

2018

# New York Medicaid Comprehensive Preferred Drug List (List of Covered Drugs)

WellCare Health Plans, Inc.

**Please read:** This document has information about drugs we cover in this plan.

**Please note that we update this drug list quarterly.**

**Providers:** Please go to <https://newyork.wellcare.com/provider/pharmacy> to view updates to this drug list.

**Members:** Please go to <https://newyork.wellcare.com/member/default> to view updates to this drug list.

Last updated (4/01/2018)



Proudly serving New York Medicaid and *Child Health Plus*® members.

**Vaccines: Vaccines are covered under the Vaccines for Children program for members through 18 years of age. Coverage beyond the age of 18 is evaluated through the PA process.**

**This plan has a limit of 248 dosage units, unless otherwise specified through a quantity limit.**

| <b>Drug Name</b>   | <b>Preference Details</b> | <b>Coverage Details</b>                                   |
|--|---------------------------|---|
| <b>*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants*</b>   |                           |   |
| <b>*Adhd Agent - Selective Alpha Adrenergic Agonists***</b>  |                           |   |
| <i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>                             | P                         |   |
| <b>*Adhd Agent-Selective Norepinephrine Reuptake Inhibitor***</b>  |                           |   |
| <i>atomoxetine hcl oral capsule 10 mg, 100 mg, 40 mg, 60 mg, 80 mg</i>   | P                         | QL (31 EA per 31 days)                                    |
| <i>atomoxetine hcl oral capsule 18 mg</i>  | P                         | QL (62 EA per 31 days)                                    |
| <i>atomoxetine hcl oral capsule 25 mg</i>  | P                         | QL (93 EA per 31 days)                                    |
| <b>*Amphetamine Mixtures***</b>  |                           |   |
| <i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> | P                         | QL (62 EA per 31 days); AL (Min 6 Years and Max 20 Years) |
| <i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>                             | P                         |   |
| <i>amphetamine-dextroamphetamine oral tablet 20 mg</i>   | P                         | QL (93 EA per 31 days)                                    |
| <i>amphetamine-dextroamphetamine oral tablet 30 mg</i>   | P                         | QL (62 EA per 31 days)                                    |
| <b>*Amphetamines***</b>  |                           |   |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>                     | P                         | QL (31 EA per 31 days); AL (Min 6 Years and Max 20 Years) |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>   | P                         |   |
| <b>*Stimulants - Misc.***</b>  |                           |   |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>   | P                         | QL (31 EA per 31 days); AL (Min 6 Years and Max 20 Years) |
| <i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>  | P                         | QL (62 EA per 31 days); AL (Min 6 Years)                  |
| <i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>  | P                         | QL (93 EA per 31 days); AL (Min 6 Years and Max 20 Years) |

P=Preferred, Dagger=N/A, Asterisk(\*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

| <b>Drug Name</b>   | <b>Preference Details</b> | <b>Coverage Details</b>                                   |
|--|---------------------------|---|
| <i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg</i>         | P                         | QL (62 EA per 31 days); AL (Min 6 Years and Max 20 Years) |
| <i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg</i> | P                         | QL (62 EA per 31 days); AL (Min 6 Years and Max 20 Years) |
| <i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>               | P                         | QL (31 EA per 31 days); AL (Min 6 Years and Max 20 Years) |
| <i>methylphenidate hcl er oral tablet extended release 54 mg</i>                       | P                         | QL (31 EA per 31 days); AL (Min 6 Years and Max 20 Years) |
| <i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>                                     | P                         | AL (Min 6 Years)  |
| <i>methylphenidate hcl oral tablet 20 mg</i>   | P                         | QL (93 EA per 31 days); AL (Min 6 Years)                  |
| <i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>                    | P                         | AL (Min 6 Years)  |
| <b>*Alternative Medicines*</b>   |                           |   |
| <b>*Alternative Medicine - Me's***</b>   |                           |   |
| <i>melatonin maximum strength oral tablet 5 mg</i>                                     | P                         |   |
| <b>*Aminoglycosides*</b>   |                           |   |
| <b>*Aminoglycosides***</b>   |                           |   |
| BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML                                    | P                         | PA  |
| <b>*Analgesics - Anti-Inflammatory*</b>  |                           |   |
| <b>*Antirheumatic - Janus Kinase (Jak) Inhibitors***</b>                               |                           |   |
| XELJANZ ORAL TABLET 5 MG   | P                         | PA; QL (62 EA per 31 days)                                |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG                                  | P                         | PA; QL (31 EA per 31 days)                                |
| <b>*Anti-Tnf-Alpha - Monoclonal Antibodies***</b>                                      |                           |   |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML                                   | P                         | PA  |
| HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML                    | P                         | PA  |
| HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML                 | P                         | PA  |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML        | P                         | PA  |

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| <b>Drug Name</b>   | <b>Preference Details</b> | <b>Coverage Details</b>  |
|--|---------------------------|--|
| <b>*Cyclooxygenase 2 (Cox-2) Inhibitors***</b>                           |                           |  |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>              | P                         | QL (31 EA per 31 days)   |
| <b>*Nonsteroidal Anti-Inflammatory Agents (Nsaid)***</b>                 |                           |  |
| <i>childrens ibuprofen 100 oral suspension 100 mg/5ml</i>                | P                         |  |
| <i>childrens ibuprofen oral suspension 40 mg/ml</i>                      | P                         |  |
| <i>diclofenac potassium oral tablet 50 mg</i>                            | P                         |  |
| <i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>  | P                         |  |
| <i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i> | P                         |  |
| <i>etodolac oral capsule 200 mg, 300 mg</i>                              | P                         |  |
| <i>etodolac oral tablet 400 mg, 500 mg</i>                               | P                         |  |
| <i>flurbiprofen oral tablet 100 mg, 50 mg</i>                            | P                         |  |
| <i>ibuprofen oral suspension 100 mg/5ml</i>                              | P                         |  |
| <i>ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>              | P                         |  |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>                            | P                         |  |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i>                              | P                         |  |
| <i>ketorolac tromethamine oral tablet 10 mg</i>                          | P                         | Maximum of a 5 day supply per Rx per month; QL (20 EA per 31 days) |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>                               | P                         |  |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>                             | P                         |  |
| <i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>            | P                         |  |
| <i>naproxen oral suspension 125 mg/5ml</i>                               | P                         | QL (2000 ML per 31 days)   |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>                       | P                         |  |
| <i>naproxen sodium oral tablet 220 mg</i>                                | P                         |  |
| <i>oxaprozin oral tablet 600 mg</i>                                      | P                         |  |
| <i>piroxicam oral capsule 10 mg, 20 mg</i>                               | P                         |  |
| <i>sulindac oral tablet 150 mg, 200 mg</i>                               | P                         |  |
| <b>*Pyrimidine Synthesis Inhibitors***</b>                               |                           |  |
| <i>leflunomide oral tablet 10 mg, 20 mg</i>                              | P                         |  |

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| Drug Name  | Preference Details | Coverage Details        |
|--|--------------------|-------------------------|
| <b>*Soluble Tumor Necrosis Factor Receptor Agents***</b>             |                    |                         |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML | P                  | PA                      |
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG                     | P                  | PA                      |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML        | P                  | PA                      |
| <b>*Analgesics - Nonnarcotic*</b>                                    |                    |                         |
| <b>*Analgesics Other***</b>  |                    |                         |
| <i>acetaminophen oral solution 160 mg/5ml</i>                        | P                  |                         |
| <i>acetaminophen oral tablet 325 mg</i>                              | P                  | QL (279 EA per 31 days) |
| <i>acetaminophen oral tablet 500 mg</i>                              | P                  | QL (186 EA per 31 days) |
| <i>acetaminophen rectal suppository 650 mg</i>                       | P                  |                         |
| <i>apap oral tablet 325 mg</i>                                       | P                  | QL (279 EA per 31 days) |
| <i>infants silapap oral solution 100 mg/ml</i>                       | P                  |                         |
| MAPAP CHILDRENS ORAL SUSPENSION 160 MG/5ML                           | P                  |                         |
| <i>mapap oral liquid 160 mg/5ml</i>                                  | P                  |                         |
| <i>pain &amp; fever childrens oral solution 160 mg/5ml</i>           | P                  |                         |
| <b>*Analgesics-Sedatives***</b>                                      |                    |                         |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i>                | P                  | QL (186 EA per 31 days) |
| <i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>            | P                  | QL (186 EA per 31 days) |
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>             | P                  | QL (186 EA per 31 days) |
| <i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i>             | P                  |                         |
| <i>marten-tab oral tablet 50-325 mg</i>                              | P                  | QL (186 EA per 31 days) |
| <b>*Salicylates***</b>   |                    |                         |
| <i>aspir-81 oral tablet delayed release 81 mg</i>                    | P                  |                         |
| <i>aspirin adult low strength oral tablet delayed release 81 mg</i>  | P                  |                         |
| <i>aspirin ec oral tablet delayed release 325 mg</i>                 | P                  |                         |
| <i>aspirin oral tablet 325 mg</i>                                    | P                  |                         |
| <i>aspirin oral tablet chewable 81 mg</i>                            | P                  |                         |

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| <b>Drug Name</b>  | <b>Preference Details</b> | <b>Coverage Details</b>    |
|---|---------------------------|----------------------------|
| <i>aspirin rectal suppository 600 mg</i>  | P                         |                            |
| <i>diflunisal oral tablet 500 mg</i>  | P                         |                            |
| <i>eq aspirin low dose oral tablet delayed release 81 mg</i>  | P                         |                            |
| <i>salsalate oral tablet 500 mg, 750 mg</i>   | P                         |                            |
| <b>*Analgesics - Opioid*</b>  |                           |                            |
| <b>*Codeine Combinations***</b>   |                           |                            |
| <i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>   | P                         | QL (248 EA per 31 days)    |
| <i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>   | P                         | QL (248 EA per 31 days)    |
| <i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>   | P                         | QL (248 EA per 31 days)    |
| <i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>  | P                         |                            |
| ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG   | P                         | QL (186 EA per 31 days)    |
| <i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>  | P                         | QL (186 EA per 31 days)    |
| <i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>   | P                         | QL (186 EA per 31 days)    |
| <b>*Hydrocodone Combinations***</b>   |                           |                            |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>  | P                         | QL (3720 ML per 31 days)   |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>  | P                         | QL (248 EA per 31 days)    |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>   | P                         | QL (155 EA per 31 days)    |
| <b>*Opioid Agonists***</b>  |                           |                            |
| <i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>  | P                         | QL (248 EA per 31 days)    |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i> | P                         | PA; QL (10 EA per 30 days) |
| <i>hydromorphone hcl oral liquid 1 mg/ml</i>  | P                         |                            |
| <i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>   | P                         | QL (248 EA per 31 days)    |
| <i>hydromorphone hcl rectal suppository 3 mg</i>  | P                         |                            |
| <i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>  | P                         |                            |
| <i>methadone hcl oral tablet 10 mg, 5 mg</i>  | P                         | QL (248 EA per 31 days)    |
| <i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>  | P                         |                            |

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|--|---------------------------|--|
| <i>morphine sulfate (pf) injection solution 0.5 mg/ml</i>  | P                         |  |
| <i>morphine sulfate (pf) intravenous solution 2 mg/ml, 4 mg/ml, 8 mg/ml</i>                                    | P                         |  |
| <i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>                    | P                         | QL (248 EA per 31 days)  |
| <i>morphine sulfate injection solution 10 mg/ml, 15 mg/ml, 5 mg/ml, 8 mg/ml</i>                                | P                         |  |
| <i>morphine sulfate intravenous solution 1 mg/ml, 25 mg/ml, 50 mg/ml</i>                                       | P                         |  |
| <i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>   | P                         |  |
| <i>morphine sulfate oral tablet 15 mg, 30 mg</i>   | P                         | QL (248 EA per 31 days)  |
| <i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>   | P                         |  |
| <i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> | P                         | ST; Must fail preferred Morphine ER tablets within the past 100 days.; QL (62 EA per 31 days); AL (Min 11 Years) |
| <i>oxycodone hcl oral capsule 5 mg</i>   | P                         | QL (248 EA per 31 days)  |
| <i>oxycodone hcl oral solution 5 mg/5ml</i>  | P                         |  |
| <i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>  | P                         | QL (248 EA per 31 days)  |
| <i>tramadol hcl oral tablet 50 mg</i>  | P                         | QL (248 EA per 31 days)  |
| <b>*Opioid Combinations***</b>   |                           |  |
| ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG  | P                         | QL (248 EA per 31 days)  |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>                                     | P                         | QL (248 EA per 31 days)  |
| <i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>   | P                         | QL (186 EA per 31 days)  |
| <b>*Opioid Partial Agonists***</b>   |                           |  |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>   | P                         |  |
| <i>butorphanol tartrate nasal solution 10 mg/ml</i>  | P                         | QL (2.5 ML per 31 days)  |
| <i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>  | P                         |  |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18MG, 1.4-0.36MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG  | P                         |  |

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|---|--------------------|------------------|
| <b>*Androgens-Anabolic*</b>   |                    |                  |
| <b>*Anabolic Steroids***</b>  |                    |                  |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i>                              | P                  | PA               |
| <b>*Androgens***</b>  |                    |                  |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>                         | P                  |                  |
| <i>methitest oral tablet 10 mg</i>  | P                  |                  |
| TESTIM TRANSDERMAL GEL 50 MG/5GM (1%)                                     | P                  | PA               |
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i> | P                  |                  |
| <i>testosterone enanthate intramuscular solution 200 mg/ml</i>            | P                  |                  |
| <i>testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)</i>      | P                  | PA               |
| <b>*Anorectal Agents*</b>   |                    |                  |
| <b>*Intrarectal Steroids***</b>   |                    |                  |
| <i>hydrocortisone rectal enema 100 mg/60ml</i>                            | P                  |                  |
| <b>*Rectal Steroids***</b>  |                    |                  |
| PROCTOSOL HC RECTAL CREAM 2.5 %   | P                  |                  |
| PROCTOZONE-HC RECTAL CREAM 2.5 %  | P                  |                  |
| <b>*Antacids*</b>   |                    |                  |
| <b>*Antacid &amp; Simethicone***</b>                                      |                    |                  |
| <i>aluminum-magnesium-simethicone oral suspension 200-200-20 mg/5ml</i>   | P                  |                  |
| <i>antacid i oral suspension 200-200-20 mg/5ml</i>                        | P                  |                  |
| MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML             | P                  |                  |
| <b>*Antacids - Aluminum Salts***</b>                                      |                    |                  |
| <i>aluminum hydroxide gel oral suspension 320 mg/5ml</i>                  | P                  |                  |
| <b>*Antacids - Bicarbonate***</b>   |                    |                  |
| <i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>                      | P                  |                  |
| <b>*Antacids - Calcium Salts***</b>                                       |                    |                  |
| <i>calcium antacid extra strength oral tablet chewable 750 mg</i>         | P                  |                  |

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|--|---------------------------|-------------------------|
| <i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>                               | P                         |                         |
| <i>calcium carbonate antacid oral tablet 648 mg</i>  | P                         |                         |
| <i>calcium carbonate antacid oral tablet chewable 500 mg, 750 mg</i>                       | P                         |                         |
| <b>*Antacids - Magnesium Salts***</b>  |                           |                         |
| <i>magnesium oxide oral tablet 250 mg, 400 mg, 420 mg</i>                                  | P                         |                         |
| <b>*Anthelmintics*</b>   |                           |                         |
| <b>*Anthelmintics***</b>   |                           |                         |
| ALBENZA ORAL TABLET 200 MG   | P                         | PA                      |
| BILTRICIDE ORAL TABLET 600 MG  | P                         | PA                      |
| <i>ivermectin oral tablet 3 mg</i>   | P                         | QL (10 EA per 31 days)  |
| <i>pin-x oral suspension 50 mg/ml</i>  | P                         |                         |
| <i>reeses pinworm medicine oral suspension 144 mg/ml</i>                                   | P                         |                         |
| <b>*Antianginal Agents*</b>  |                           |                         |
| <b>*Nitrates***</b>  |                           |                         |
| <i>isosorbide dinitrate er oral tablet extended release 40 mg</i>                          | P                         |                         |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>                          | P                         |                         |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i> | P                         |                         |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>                                     | P                         |                         |
| NITRO-BID TRANSDERMAL OINTMENT 2 %   | P                         |                         |
| <i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>                   | P                         |                         |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>  | P                         |                         |
| <b>*Antianxiety Agents*</b>  |                           |                         |
| <b>*Antianxiety Agents - Misc.***</b>  |                           |                         |
| <i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>                         | P                         |                         |
| <i>hydroxyzine hcl oral solution 10 mg/5ml</i>   | P                         | QL (450 ML per 31 days) |
| <i>hydroxyzine hcl oral syrup 10 mg/5ml</i>  | P                         | QL (450 ML per 31 days) |

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|---|---------------------------|--------------------------|
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>            | P                         |                          |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>      | P                         |                          |
| <b>*Benzodiazepines***</b>  |                           |                          |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>         | P                         |                          |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>       | P                         |                          |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i> | P                         | AL (Min 9 Years)         |
| <i>diazepam oral solution 1 mg/ml</i>                             | P                         | QL (1240 ML per 31 days) |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>                     | P                         |                          |
| <i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>              | P                         |                          |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                   | P                         |                          |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>                  | P                         |                          |
| <b>*Antiarrhythmics*</b>  |                           |                          |
| <b>*Antiarrhythmics Type I-A***</b>                               |                           |                          |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>         | P                         |                          |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>               | P                         |                          |
| <b>*Antiarrhythmics Type I-B***</b>                               |                           |                          |
| <i>lidocaine hcl (cardiac) intravenous solution 20 mg/ml</i>      | P                         |                          |
| <i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>         | P                         |                          |
| <b>*Antiarrhythmics Type I-C***</b>                               |                           |                          |
| <i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>       | P                         |                          |
| <i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>         | P                         |                          |
| <b>*Antiarrhythmics Type Iii***</b>                               |                           |                          |
| <i>amiodarone hcl oral tablet 200 mg, 400 mg</i>                  | P                         |                          |
| MULTAQ ORAL TABLET 400 MG   | P                         | PA                       |
| PACERONE ORAL TABLET 200 MG, 400 MG                               | P                         |                          |

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| Drug Name  | Preference Details | Coverage Details   |
|--|--------------------|--|
| <b>*Antiasthmatic And Bronchodilator Agents*</b>   |                    |  |
| <b>*Adrenergic Combinations***</b>   |                    |  |
| ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE   | P                  | QL (60 EA per 30 days); AL (Min 4 Years and Max 5 Years) |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH   | P                  | QL (60 EA per 31 days)                                   |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT  | P                  | QL (4 GM per 20 days)                                    |
| DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT   | P                  | QL (13 GM per 30 days)                                   |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i> | P                  | QL (1 EA per 31 days); AL (Min 12 Years)                 |
| <i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>  | P                  | QL (720 ML per 31 days)                                  |
| SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT   | P                  | QL (10.2 GM per 30 days)                                 |
| <b>*Anti-Ige Monoclonal Antibodies***</b>  |                    |  |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG  | P                  | PA   |
| <b>*Anti-Inflammatory Agents***</b>  |                    |  |
| <i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>  | P                  |  |
| <b>*Beta Adrenergics***</b>  |                    |  |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>  | P                  | QL (720 ML per 31 days)                                  |
| <i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>   | P                  | QL (60 EA per 30 days)                                   |
| <i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>                                     | P                  | QL (300 ML per 31 days)                                  |
| <i>albuterol sulfate oral syrup 2 mg/5ml</i>   | P                  | QL (2480 ML per 31 days)                                 |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i>  | P                  |  |
| FORADIL AEROLIZER INHALATION CAPSULE 12 MCG  | P                  | QL (60 EA per 30 days)                                   |
| <i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>   | P                  | QL (30 GM per 31 days)                                   |

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| <b>Drug Name</b>   | <b>Preference Details</b> | <b>Coverage Details</b>           |
|--|---------------------------|-----------------------------------|
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT                                   | P                         | QL (4 GM per 31 days)             |
| <i>terbutaline sulfate injection solution 1 mg/ml</i>  | P                         |                                   |
| <i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>  | P                         |                                   |
| VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90BASE) MCG/ACT                                | P                         | QL (36 GM per 31 days)            |
| <b>*Bronchodilators - Anticholinergics***</b>  |                           |                                   |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT  | P                         | QL (25.8 GM per 31 days)          |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH                      | P                         | QL (1 EA per 31 days)             |
| <i>ipratropium bromide inhalation solution 0.02 %</i>  | P                         | QL (480 ML per 31 days)           |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT                       | P                         | QL (4 GM per 31 days)             |
| <b>*Leukotriene Receptor Antagonists***</b>  |                           |                                   |
| <i>montelukast sodium oral packet 4 mg</i>   | P                         | AL (Min 1 Months and Max 2 Years) |
| <i>montelukast sodium oral tablet 10 mg</i>  | P                         |                                   |
| <i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>                                    | P                         |                                   |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i>  | P                         |                                   |
| <b>*Steroid Inhalants***</b>   |                           |                                   |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT          | P                         | QL (30 EA per 31 days)            |
| ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH             | P                         | QL (1 EA per 30 days)             |
| ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH | P                         | QL (1 EA per 30 days)             |
| ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH              | P                         | QL (1 EA per 30 days)             |

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|--|--------------------|--|
| ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT  | P                  |  |
| <i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>                            | P                  | QL (120 ML per 31 days); AL (Max 8 Years)  |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST | P                  | QL (60 EA per 30 days)   |
| FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT  | P                  | QL (12 GM per 30 days)   |
| FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT  | P                  | QL (10.6 GM per 30 days)   |
| QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT  | P                  | QL (8.7 GM per 31 days)  |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT                            | P                  | QL (10.6 GM per 31 Days)   |
| <b>*Xanthines***</b>   |                    |  |
| <i>aminophylline intravenous solution 25 mg/ml</i>   | P                  |  |
| ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML  | P                  |  |
| <i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>           | P                  |  |
| <i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>                           | P                  |  |
| <i>theophylline oral solution 80 mg/15ml</i>   | P                  |  |
| <b>*Anticoagulants*</b>  |                    |  |
| <b>*Coumarin Anticoagulants***</b>   |                    |  |
| JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG                       | P                  |  |
| <i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>         | P                  |  |
| <b>*Direct Factor Xa Inhibitors***</b>   |                    |  |
| XARELTO ORAL TABLET 10 MG  | P                  |  |
| XARELTO ORAL TABLET 15 MG  | P                  | QL (62 EA per 31 days)   |
| XARELTO ORAL TABLET 20 MG  | P                  | ST; Must fail preferred Warfarin within the past 90 days; QL (31 EA per 31 days) |

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| <b>Drug Name</b>   | <b>Preference Details</b> | <b>Coverage Details</b>  |
|--|---------------------------|--------------------------|
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG                 | P                         | QL (51 EA per 30 days)   |
| <b>*Heparins And Heparinoid-Like Agents***</b>                           |                           |                          |
| <i>heparin sodium lock flush intravenous solution 100 unit/ml</i>        | P                         |                          |
| <b>*Low Molecular Weight Heparins***</b>                                 |                           |                          |
| <i>enoxaparin sodium injection solution 300 mg/3ml</i>                   | P                         | QL (93 ML per 31 days)   |
| <i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>      | P                         | QL (31 ML per 31 days)   |
| <i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i> | P                         | QL (24.8 ML per 31 days) |
| <i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>               | P                         | QL (9.3 ML per 31 days)  |
| <i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>               | P                         | QL (12.4 ML per 31 days) |
| <i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>               | P                         | QL (18.6 ML per 31 days) |
| <b>*Synthetic Heparinoid-Like Agents***</b>                              |                           |                          |
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>             | P                         | QL (11.2 ML per 31 days) |
| <i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>            | P                         | QL (16 ML per 31 days)   |
| <i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>              | P                         | QL (5.6 ML per 31 days)  |
| <i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>            | P                         | QL (8.4 ML per 31 days)  |
| <b>*Anticonvulsants*</b>   |                           |                          |
| <b>*Anticonvulsants - Benzodiazepines***</b>                             |                           |                          |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                         | P                         |                          |
| <i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>                          | P                         | QL (3 EA per 31 days)    |
| <b>*Anticonvulsants - Misc.***</b>                                       |                           |                          |
| <i>carbamazepine oral suspension 100 mg/5ml</i>                          | P                         | QL (2480 ML per 31 days) |
| <i>carbamazepine oral tablet 200 mg</i>                                  | P                         | QL (248 EA per 31 days)  |
| <i>carbamazepine oral tablet chewable 100 mg</i>                         | P                         | QL (310 EA per 31 days)  |
| EPITOL ORAL TABLET 200 MG  | P                         | QL (248 EA per 31 days)  |
| <i>gabapentin oral capsule 100 mg</i>                                    | P                         | QL (310 EA per 31 days)  |
| <i>gabapentin oral capsule 300 mg</i>                                    | P                         | QL (372 EA per 31 days)  |

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|--|---------------------------|--------------------------|
| <i>gabapentin oral capsule 400 mg</i>                                | P                         | QL (279 EA per 31 days)  |
| <i>gabapentin oral solution 250 mg/5ml</i>                           | P                         | QL (2230 ML per 31 days) |
| <i>gabapentin oral tablet 600 mg, 800 mg</i>                         | P                         |                          |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>                | P                         |                          |
| <i>lamotrigine oral tablet 25 mg</i>                                 | P                         | QL (310 EA per 31 days)  |
| <i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>                  | P                         | QL (310 EA per 31 days)  |
| <i>levetiracetam intravenous solution 500 mg/5ml</i>                 | P                         |                          |
| <i>levetiracetam oral solution 100 mg/ml</i>                         | P                         |                          |
| <i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>     | P                         |                          |
| <i>oxcarbazepine oral suspension 300 mg/5ml</i>                      | P                         |                          |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>              | P                         |                          |
| <i>primidone oral tablet 250 mg</i>                                  | P                         | QL (248 EA per 31 days)  |
| <i>primidone oral tablet 50 mg</i>                                   | P                         | QL (310 EA per 31 days)  |
| <i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>                 | P                         | QL (310 EA per 31 days)  |
| <i>topiramate oral tablet 100 mg, 25 mg, 50 mg</i>                   | P                         | QL (310 EA per 31 days)  |
| <i>topiramate oral tablet 200 mg</i>                                 | P                         | QL (248 EA per 31 days)  |
| <i>zonisamide oral capsule 100 mg</i>                                | P                         | QL (186 EA per 31 days)  |
| <i>zonisamide oral capsule 25 mg</i>                                 | P                         | QL (310 EA per 31 days)  |
| <i>zonisamide oral capsule 50 mg</i>                                 | P                         | QL (372 EA per 31 days)  |
| <b>*Gaba Modulators***</b>   |                           |                          |
| GABITRIL ORAL TABLET 12 MG, 16 MG                                    | P                         |                          |
| <i>tiagabine hcl oral tablet 2 mg, 4 mg</i>                          | P                         |                          |
| <b>*Hydantoins***</b>  |                           |                          |
| DILANTIN ORAL CAPSULE 30 MG  | P                         | QL (310 EA per 31 days)  |
| <i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>          | P                         |                          |
| PEGANONE ORAL TABLET 250 MG  | P                         | QL (372 EA per 31 days)  |
| <i>phenytoin oral suspension 125 mg/5ml</i>                          | P                         | QL (930 ML per 31 days)  |
| <i>phenytoin oral tablet chewable 50 mg</i>                          | P                         | QL (372 EA per 31 days)  |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i> | P                         |                          |
| <i>phenytoin sodium injection solution 50 mg/ml</i>                  | P                         |                          |
| <b>*Succinimides***</b>  |                           |                          |
| <i>ethosuximide oral capsule 250 mg</i>                              | P                         | AL (Min 3 Years)         |

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|--|---------------------------|---|
| <i>ethosuximide oral solution 250 mg/5ml</i>   | P                         | QL (930 ML per 31 days); AL (Min 3 Years) |
| <b>*Valproic Acid***</b>   |                           |   |
| <i>divalproex sodium er oral tablet extended release 24 hour 250 mg</i>                  | P                         | QL (310 EA per 31 days)                   |
| <i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>                  | P                         | QL (279 EA per 31 days)                   |
| <i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>                    | P                         | QL (310 EA per 31 days)                   |
| <i>divalproex sodium oral tablet delayed release 125 mg, 250 mg</i>                      | P                         | QL (310 EA per 31 days)                   |
| <i>divalproex sodium oral tablet delayed release 500 mg</i>                              | P                         | QL (279 EA per 31 days)                   |
| <i>valproic acid oral capsule 250 mg</i>   | P                         | QL (310 EA per 31 days)                   |
| <i>valproic acid oral solution 250 mg/5ml</i>  | P                         | QL (2790 ML per 31 days)                  |
| <i>valproic acid oral syrup 250 mg/5ml</i>   | P                         | QL (2790 ML per 31 days)                  |
| <b>*Antidepressants*</b>   |                           |   |
| <b>*Alpha-2 Receptor Antagonists (Tetracyclics)***</b>                                   |                           |   |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>                               | P                         |   |
| <i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>                           | P                         |   |
| <b>*Antidepressants - Misc.***</b>   |                           |   |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i> | P                         |   |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>         | P                         |   |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>   | P                         |   |
| <i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>                                   | P                         |   |
| <b>*Modified Cyclics***</b>  |                           |   |
| <i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>                  | P                         |   |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>                                   | P                         |   |
| <b>*Monoamine Oxidase Inhibitors (Maois)***</b>  |                           |   |
| <i>phenelzine sulfate oral tablet 15 mg</i>  | P                         |   |
| <i>tranylcypromine sulfate oral tablet 10 mg</i>   | P                         |   |

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|--|---------------------------|-------------------------|
| <b>*Selective Serotonin Reuptake Inhibitors (Ssris)***</b>                             |                           |                         |
| <i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>                         | P                         |                         |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>                             | P                         |                         |
| <i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>                                 | P                         |                         |
| <i>fluoxetine hcl oral solution 20 mg/5ml</i>  | P                         |                         |
| <i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>   | P                         |                         |
| <i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>                            | P                         |                         |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>                           | P                         |                         |
| <i>sertraline hcl oral concentrate 20 mg/ml</i>  | P                         |                         |
| <i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>                                 | P                         |                         |
| <b>*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***</b>                        |                           |                         |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>              | P                         | QL (62 EA per 31 days)  |
| <i>duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg</i>              | P                         | QL (31 EA per 31 days)  |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i> | P                         |                         |
| <i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                | P                         |                         |
| <b>*Tricyclic Agents***</b>  |                           |                         |
| <i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>        | P                         |                         |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>                              | P                         |                         |
| <i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>                               | P                         |                         |
| <i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>          | P                         |                         |
| <i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>             | P                         |                         |
| <i>doxepin hcl oral concentrate 10 mg/ml</i>   | P                         |                         |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                  | P                         |                         |

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|--|---------------------------|--|
| <i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>                   | P                         |  |
| <i>nortriptyline hcl oral solution 10 mg/5ml</i>                                   | P                         | QL (2325 ML per 31 days)   |
| <i>protriptyline hcl oral tablet 10 mg, 5 mg</i>                                   | P                         |  |
| <b>*Antidiabetics*</b>   |                           |  |
| <b>*Alpha-Glucosidase Inhibitors***</b>  |                           |  |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>                                   | P                         |  |
| <b>*Biguanides***</b>  |                           |  |
| <i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>        | P                         |  |
| <i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>                           | P                         |  |
| RIOMET ORAL SOLUTION 500 MG/5ML  | P                         | QL (900 ML per 31 days)  |
| <b>*Diabetic Other***</b>  |                           |  |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG                             | P                         | QL (2 EA per 31 days)  |
| GLUCAGON EMERGENCY INJECTION KIT 1 MG  | P                         | QL (2 EA per 31 days)  |
| <i>glucose oral tablet chewable 4 gm</i>   | P                         |  |
| <b>*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***</b>                               |                           |  |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG   | P                         | ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days. |
| <b>*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***</b>                 |                           |  |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG  | P                         | ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days. |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG | P                         | ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days. |
| <b>*Human Insulin***</b>   |                           |  |
| APIDRA INJECTION SOLUTION 100 UNIT/ML  | P                         | QL (60 ML per 31 days)   |
| APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML                     | P                         | QL (60 ML per 31 days)   |

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|--|---------------------------|-------------------------|
| BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML<br>SUBCUTANEOUS 100 UNIT/ML     | P                         | QL (60 ML per 31 days)  |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML                     | P                         | QL (60 ML per 31 days)  |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML                     | P                         | QL (30 ML per 30 days)  |
| HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML                      | P                         | QL (60 ML per 31 days)  |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML | P                         | QL (60 ML per 31 days)  |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML                      | P                         | QL (60 ML per 31 days)  |
| HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML  | P                         | QL (60 ML per 31 days)  |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML                                | P                         | QL (60 ML per 31 days)  |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML     | P                         | QL (60 ML per 31 days)  |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML                          | P                         | QL (60 ML per 31 days)  |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML                 | P                         | QL (60 ML per 31 days)  |
| HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML                                      | P                         | QL (60 ML per 31 days)  |
| HUMULIN R INJECTION SOLUTION 100 UNIT/ML   | P                         | QL (60 ML per 31 days)  |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML                   | P                         | QL (60 ML per 31 days)  |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML             | P                         | QL (60 ML per 31 days)  |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML                          | P                         | QL (60 ML per 31 days)  |
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML                                      | P                         | QL (60 ML per 31 days)  |

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| <b>Drug Name</b>   | <b>Preference Details</b> | <b>Coverage Details</b>  |
|--|---------------------------|--|
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML   | P                         | QL (60 ML per 31 days)   |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML                     | P                         | QL (60 ML per 31 days)   |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | P                         | QL (60 ML per 31 days)   |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML                      | P                         | QL (60 ML per 31 days)   |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML                        | P                         | QL (60 ML per 31 days)   |
| NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML  | P                         | QL (60 ML per 31 days)   |
| <b>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</b>                       |                           |  |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML                              | P                         | PA; QL (4 ML per 28 days)  |
| BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG  | P                         | PA; QL (4 EA per 28 days)  |
| BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG                             | P                         | PA; QL (4 EA per 28 days)  |
| BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML                 | P                         | ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days. |
| BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML                   | P                         | ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days. |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML                               | P                         | PA; QL (9 ML per 30 days)  |
| <b>*Meglitinide Analogues***</b>   |                           |  |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>                                       | P                         |  |
| <b>*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***</b>                      |                           |  |
| INVOKANA ORAL TABLET 100 MG, 300 MG  | P                         | ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days. |
| JARDIANCE ORAL TABLET 10 MG, 25 MG   | P                         | ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days. |

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| <b>Drug Name</b>   | <b>Preference Details</b> | <b>Coverage Details</b>  |
|--|---------------------------|--|
| STEGLATRO ORAL TABLET 15 MG, 5 MG  | P                         | ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days  |
| <b>*Sulfonylurea-Biguanide Combinations***</b>                               |                           |  |
| <i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>  | P                         |  |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>     | P                         |  |
| <b>*Sulfonylureas***</b>   |                           |  |
| <i>chlorpropamide oral tablet 100 mg, 250 mg</i>                             | P                         |  |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>                              | P                         |  |
| <i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i> | P                         |  |
| <i>glipizide oral tablet 10 mg, 5 mg</i>                                     | P                         |  |
| <i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i> | P                         |  |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>                   | P                         |  |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                           | P                         |  |
| <b>*Thiazolidinedione-Biguanide Combinations***</b>                          |                           |  |
| AVANDAMET ORAL TABLET 2-1000 MG  | P                         | ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days  |
| <i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>       | P                         | ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days. |
| <b>*Thiazolidinediones***</b>  |                           |  |
| AVANDIA ORAL TABLET 2 MG, 4 MG, 8 MG   | P                         | ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days. |
| <i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>                      | P                         | ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days. |
| <b>*Antidiarrheals*</b>  |                           |  |
| <b>*Antidiarrheal Agents - Misc.***</b>                                      |                           |  |
| <i>bismatrol oral suspension 262 mg/15ml</i>                                 | P                         |  |
| FLORANEX ORAL PACKET   | P                         |  |

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| Drug Name  | Preference Details | Coverage Details      |
|--|--------------------|-----------------------|
| FLORASTOR KIDS ORAL PACKET 250 MG  | P                  |                       |
| <b>*Antidiarrheal Combinations***</b>                                      |                    |                       |
| CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE                                   | P                  |                       |
| <b>*Antiperistaltic Agents***</b>  |                    |                       |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>                 | P                  |                       |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>                     | P                  |                       |
| <i>loperamide a-d oral tablet 2 mg</i>                                     | P                  |                       |
| <i>loperamide hcl oral capsule 2 mg</i>                                    | P                  |                       |
| <b>*Antidotes And Specific Antagonists*</b>                                |                    |                       |
| <b>*Antidotes And Specific Antagonists***</b>                              |                    |                       |
| <i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i> | P                  |                       |
| <b>*Antidotes*</b>   |                    |                       |
| <b>*Antidotes - Chelating Agents***</b>                                    |                    |                       |
| JADENU ORAL TABLET 180 MG, 360 MG, 90 MG                                   | P                  | PA                    |
| JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG                          | P                  | PA                    |
| <b>*Antidotes***</b>   |                    |                       |
| <i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i> | P                  |                       |
| <b>*Opioid Antagonists***</b>  |                    |                       |
| <i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>                | P                  |                       |
| <i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>                 | P                  |                       |
| <i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>          | P                  |                       |
| <i>naltrexone hcl oral tablet 50 mg</i>                                    | P                  |                       |
| NARCAN NASAL LIQUID 4 MG/0.1ML   | P                  |                       |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG                     | P                  | QL (1 EA per 28 days) |

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| Drug Name   | Preference Details | Coverage Details        |
|---|--------------------|-------------------------|
| <b>*Antiemetics*</b>  |                    |                         |
| <b>*5-Ht3 Receptor Antagonists***</b>                               |                    |                         |
| <i>ondansetron hcl oral solution 4 mg/5ml</i>                       | P                  |                         |
| <i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>               | P                  |                         |
| <b>*Antiemetics - Anticholinergic***</b>                            |                    |                         |
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>                     | P                  |                         |
| <i>meclizine hcl oral tablet chewable 25 mg</i>                     | P                  |                         |
| <i>travel sickness oral tablet chewable 25 mg</i>                   | P                  |                         |
| <b>*Antifungals*</b>  |                    |                         |
| <b>*Antifungals***</b>  |                    |                         |
| <i>griseofulvin microsize oral suspension 125 mg/5ml</i>            | P                  | QL (450 ML per 31 days) |
| <i>griseofulvin microsize oral tablet 500 mg</i>                    | P                  |                         |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>       | P                  |                         |
| <i>nystatin oral tablet 500000 unit</i>                             | P                  |                         |
| <i>terbinafine hcl oral tablet 250 mg</i>                           | P                  |                         |
| <b>*Imidazoles***</b>   |                    |                         |
| <i>ketoconazole oral tablet 200 mg</i>                              | P                  |                         |
| <b>*Triazoles***</b>  |                    |                         |
| <i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i> | P                  |                         |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>        | P                  |                         |
| <b>*Antihistamines*</b>   |                    |                         |
| <b>*Antihistamines - Alkylamines***</b>                             |                    |                         |
| <i>allergy oral tablet 4 mg</i>                                     | P                  |                         |
| <b>*Antihistamines - Ethanolamines***</b>                           |                    |                         |
| <i>aler-dryl oral tablet 50 mg</i>                                  | P                  |                         |
| BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML                  | P                  |                         |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i>              | P                  |                         |
| <i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>                | P                  |                         |
| <i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>                  | P                  |                         |
| <i>diphenhydramine hcl oral tablet 25 mg</i>                        | P                  |                         |

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| Drug Name  | Preference Details | Coverage Details   |
|--|--------------------|--|
| <b>*Antihistamines - Non-Sedating***</b>                       |                    |  |
| ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML            | P                  |  |
| <i>allergy oral tablet dispersible 10 mg</i>                   | P                  |  |
| <i>cetirizine hcl childrens oral solution 1 mg/ml</i>          | P                  | ST; Must fail preferred Loratadine within the past 180 days; QL (300 ML per 31 days) |
| <i>cetirizine hcl oral syrup 1 mg/ml, 5 mg/5ml</i>             | P                  | ST; Must fail preferred Loratadine within the past 180 days; QL (300 ML per 31 days) |
| <i>cetirizine hcl oral tablet 10 mg, 5 mg</i>                  | P                  | ST; Must fail preferred Loratadine within the past 180 days                          |
| <i>childrens loratadine oral syrup 5 mg/5ml</i>                | P                  | QL (310 ML per 31 days)  |
| <i>fexofenadine hcl childrens oral suspension 30 mg/5ml</i>    | P                  |  |
| <i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>              | P                  |  |
| <i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i> | P                  |  |
| <i>levocetirizine dihydrochloride oral tablet 5 mg</i>         | P                  |  |
| <i>loratadine hives relief oral solution 5 mg/5ml</i>          | P                  | QL (310 ML per 31 days)  |
| <i>loratadine oral tablet 10 mg</i>                            | P                  |  |
| <b>*Antihistamines - Phenothiazines***</b>                     |                    |  |
| <i>promethazine hcl oral syrup 6.25 mg/5ml</i>                 | P                  |  |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>      | P                  |  |
| <i>promethazine hcl rectal suppository 25 mg</i>               | P                  |  |
| PROMETHEGAN RECTAL SUPPOSITORY 25 MG                           | P                  |  |
| <b>*Antihistamines - Piperidines***</b>                        |                    |  |
| <i>cyproheptadine hcl oral syrup 2 mg/5ml</i>                  | P                  | QL (300 ML per 31 days)  |
| <i>cyproheptadine hcl oral tablet 4 mg</i>                     | P                  |  |
| <b>*Antihyperlipidemics*</b>                                   |                    |  |
| <b>*Antihyperlipidemics - Misc.***</b>                         |                    |  |
| <i>omega-3-acid ethyl esters oral capsule 1 gm</i>             | P                  |  |
| <b>*Bile Acid Sequestrants***</b>                              |                    |  |
| <i>cholestyramine light oral packet 4 gm</i>                   | P                  |  |

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| <b>Drug Name</b>  | <b>Preference Details</b> | <b>Coverage Details</b> |
|---|---------------------------|-------------------------|
| <i>cholestyramine light oral powder 4 gm/dose</i>   | P                         |                         |
| <i>cholestyramine oral packet 4 gm</i>  | P                         |                         |
| <i>cholestyramine oral powder 4 gm/dose</i>   | P                         |                         |
| <b>*Fibric Acid Derivatives***</b>  |                           |                         |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>  | P                         |                         |
| <i>fenofibrate oral tablet 145 mg, 160 mg, 54 mg</i>  | P                         |                         |
| <i>gemfibrozil oral tablet 600 mg</i>   | P                         |                         |
| <b>*Hmg Coa Reductase Inhibitors***</b>   |                           |                         |
| <i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>  | P                         |                         |
| <i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>                                     | P                         |                         |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>   | P                         |                         |
| <i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>  | P                         |                         |
| <i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>   | P                         |                         |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>   | P                         |                         |
| <b>*Intestinal Cholesterol Absorption Inhibitors***</b>   |                           |                         |
| <i>ezetimibe oral tablet 10 mg</i>  | P                         | PA                      |
| <b>*Nicotinic Acid Derivatives***</b>   |                           |                         |
| NIACOR ORAL TABLET 500 MG   | P                         |                         |
| <b>*Antihypertensives*</b>  |                           |                         |
| <b>*Ace Inhibitor &amp; Calcium Channel Blocker Combinations***</b>   |                           |                         |
| <i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | P                         |                         |
| <b>*Ace Inhibitors &amp; Thiazide/Thiazide-Like***</b>  |                           |                         |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>               | P                         |                         |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>                     | P                         |                         |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>  | P                         |                         |

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| <b>Drug Name</b>  | <b>Preference Details</b> | <b>Coverage Details</b>  |
|---|---------------------------|--|
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>                          | P                         |  |
| <b>*Ace Inhibitors***</b>   |                           |  |
| <i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>   | P                         |  |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>  | P                         |  |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>   | P                         |  |
| <i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>  | P                         |  |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>                                      | P                         |  |
| <i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>  | P                         |  |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>   | P                         |  |
| <b>*Angiotensin II Receptor Antag &amp; Thiazide/Thiazide-Like***</b>                                       |                           |  |
| <i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>                               | P                         | QL (31 EA per 31 days)   |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | P                         |  |
| <b>*Angiotensin II Receptor Antagonists***</b>  |                           |  |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>   | P                         |  |
| <i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>  | P                         | QL (31 EA per 31 days)   |
| <i>olmesartan medoxomil oral tablet 20 mg, 5 mg</i>   | P                         | ST; Must fail 2 of 3 preferred(losartan potassium, irbesartan, and valsartan tablets) within the past 100 days |
| <i>olmesartan medoxomil oral tablet 40 mg</i>   | P                         | ST; Must fail 2 of 3 preferred(losartan potassium, irbesartan, and valsartan tablets) within the past 100 days |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>   | P                         |  |

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| <b>Drug Name</b>  | <b>Preference Details</b> | <b>Coverage Details</b>  |
|---|---------------------------|--------------------------|
| <b>*Antiadrenergics - Centrally Acting***</b>   |                           |                          |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>   | P                         |                          |
| <i>guanfacine hcl oral tablet 1 mg, 2 mg</i>  | P                         |                          |
| <i>methyldopa oral tablet 250 mg, 500 mg</i>  | P                         |                          |
| <b>*Antiadrenergics - Peripherally Acting***</b>  |                           |                          |
| <i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>                                    | P                         |                          |
| <i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>   | P                         |                          |
| <i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                                       | P                         |                          |
| <b>*Beta Blocker &amp; Diuretic Combinations***</b>   |                           |                          |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>                                  | P                         |                          |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>            | P                         |                          |
| <b>*Vasodilators***</b>   |                           |                          |
| <i>hydralazine hcl injection solution 20 mg/ml</i>  | P                         |                          |
| <i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                                  | P                         |                          |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>  | P                         |                          |
| <b>*Anti-Infective Agents - Misc.*</b>  |                           |                          |
| <b>*Anti-Infective Agents - Misc.***</b>  |                           |                          |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>   | P                         |                          |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>  | P                         |                          |
| <i>trimethoprim oral tablet 100 mg</i>  | P                         |                          |
| <i>vancomycin hcl intravenous solution reconstituted 10 gm, 100 gm, 1000 mg, 500 mg, 750 mg</i> | P                         |                          |
| <i>vancomycin hcl oral capsule 125 mg, 250 mg</i>   | P                         | PA                       |
| <b>*Anti-Infective Misc. - Combinations***</b>  |                           |                          |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>                              | P                         | QL (1200 ML per 31 days) |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>                          | P                         |                          |
| <b>*Antiprotozoal Agents***</b>   |                           |                          |
| <i>atovaquone oral suspension 750 mg/5ml</i>  | P                         | PA                       |

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|---|---------------------------|--------------------------|
| <b>*Leprostatics***</b>   |                           |                          |
| <i>dapsone oral tablet 100 mg, 25 mg</i>  | P                         |                          |
| <b>*Lincosamides***</b>   |                           |                          |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>                                     | P                         |                          |
| <i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>                        | P                         | QL (2400 ML per 31 days) |
| <i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gm/60ml, 900 mg/6ml</i> | P                         |                          |
| <i>clindamycin phosphate intravenous solution 150 mg/ml</i>                                   | P                         |                          |
| <b>*Oxazolidinones***</b>   |                           |                          |
| <i>linezolid oral tablet 600 mg</i>   | P                         | PA                       |
| <b>*Antimalarials*</b>  |                           |                          |
| <b>*Antimalarial Combinations***</b>  |                           |                          |
| <i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>                            | P                         |                          |
| <b>*Antimalarials***</b>  |                           |                          |
| DARAPRIM ORAL TABLET 25 MG  | P                         | PA                       |
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i>  | P                         |                          |
| <i>mefloquine hcl oral tablet 250 mg</i>  | P                         |                          |
| <i>primaquine phosphate oral tablet 26.3 mg</i>   | P                         |                          |
| <b>*Antimyasthenic Agents*</b>  |                           |                          |
| <b>*Antimyasthenic Agents***</b>  |                           |                          |
| MESTINON ORAL SYRUP 60 MG/5ML   | P                         |                          |
| <i>pyridostigmine bromide er oral tablet extended release 180 mg</i>                          | P                         |                          |
| <i>pyridostigmine bromide oral tablet 60 mg</i>   | P                         |                          |
| <b>*Antimycobacterial Agents*</b>   |                           |                          |
| <b>*Antimycobacterial Agents***</b>   |                           |                          |
| <i>ethambutol hcl oral tablet 100 mg, 400 mg</i>  | P                         |                          |
| <i>isoniazid injection solution 100 mg/ml</i>   | P                         |                          |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>   | P                         |                          |
| <i>pyrazinamide oral tablet 500 mg</i>  | P                         |                          |
| <i>rifabutin oral capsule 150 mg</i>  | P                         |                          |

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| Drug Name  | Preference Details | Coverage Details |
|--|--------------------|------------------|
| <i>rifampin intravenous solution reconstituted 600 mg</i>  | P                  |                  |
| <i>rifampin oral capsule 150 mg, 300 mg</i>  | P                  |                  |
| <b>*Antineoplastics And Adjunctive Therapies*</b>  |                    |                  |
| <b>*Alkylating Agents***</b>   |                    |                  |
| HEXALEN ORAL CAPSULE 50 MG   | P                  | PA               |
| MYLERAN ORAL TABLET 2 MG   | P                  | PA               |
| <b>*Androgen Biosynthesis Inhibitors***</b>  |                    |                  |
| ZYTIGA ORAL TABLET 250 MG, 500 MG  | P                  | PA               |
| <b>*Antiadrenals***</b>  |                    |                  |
| LYSODREN ORAL TABLET 500 MG  | P                  | PA               |
| <b>*Antiandrogens***</b>   |                    |                  |
| <i>bicalutamide oral tablet 50 mg</i>  | P                  |                  |
| <i>flutamide oral capsule 125 mg</i>   | P                  |                  |
| <b>*Antiestrogens***</b>   |                    |                  |
| <i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>  | P                  |                  |
| <b>*Antimetabolites***</b>   |                    |                  |
| <i>capecitabine oral tablet 150 mg, 500 mg</i>   | P                  | PA               |
| <i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>                               | P                  | PA               |
| <i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>                                    | P                  | PA               |
| <i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>   | P                  | PA               |
| <i>mercaptopurine oral tablet 50 mg</i>  | P                  |                  |
| <i>methotrexate oral tablet 2.5 mg</i>   | P                  |                  |
| <i>methotrexate sodium (pf) injection solution 1 gm/40ml, 100 mg/4ml, 200 mg/8ml, 25 mg/ml, 250 mg/10ml, 50 mg/2ml</i> | P                  |                  |
| <i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>   | P                  |                  |
| <i>methotrexate sodium injection solution reconstituted 1 gm</i>   | P                  |                  |
| TABLOID ORAL TABLET 40 MG  | P                  | PA               |
| <b>*Antineoplastic - Braf Kinase Inhibitors***</b>   |                    |                  |
| ZELBORAF ORAL TABLET 240 MG  | P                  | PA               |

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|--|--------------------|-----------------------------|
| <b>*Antineoplastic - Hedgehog Pathway Inhibitors***</b>        |                    |                             |
| ERIVEDGE ORAL CAPSULE 150 MG                                   | P                  | PA                          |
| <b>*Antineoplastic - Histone Deacetylase Inhibitors***</b>     |                    |                             |
| ZOLINZA ORAL CAPSULE 100 MG                                    | P                  | PA                          |
| <b>*Antineoplastic - Monoclonal Antibodies***</b>              |                    |                             |
| HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 440 MG    | P                  | PA                          |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 40 MG/4ML             | P                  | PA                          |
| <b>*Antineoplastic - Mtor Kinase Inhibitors***</b>             |                    |                             |
| AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG               | P                  | PA                          |
| <b>*Antineoplastic - Multikinase Inhibitors***</b>             |                    |                             |
| STIVARGA ORAL TABLET 40 MG                                     | P                  | PA                          |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG             | P                  | PA                          |
| <b>*Antineoplastic - Tyrosine Kinase Inhibitors***</b>         |                    |                             |
| BOSULIF ORAL TABLET 100 MG, 500 MG                             | P                  | PA                          |
| CAPRELSA ORAL TABLET 100 MG, 300 MG                            | P                  | PA                          |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG                       | P                  | PA; QL (31 EA per 31 days)  |
| ICLUSIG ORAL TABLET 15 MG, 45 MG                               | P                  | PA                          |
| <i>imatinib mesylate oral tablet 100 mg, 400 mg</i>            | P                  | PA                          |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG | P                  | PA                          |
| TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG                      | P                  | PA                          |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG                            | P                  | PA                          |
| TYKERB ORAL TABLET 250 MG                                      | P                  | PA                          |
| XALKORI ORAL CAPSULE 200 MG, 250 MG                            | P                  | PA                          |
| ZYKADIA ORAL CAPSULE 150 MG                                    | P                  | PA; QL (155 EA per 31 days) |

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| Drug Name  | Preference Details | Coverage Details           |
|--|--------------------|----------------------------|
| <b>*Antineoplastic Enzymes***</b>  |                    |                            |
| ONCASPAR INJECTION SOLUTION 750 UNIT/ML  | P                  | PA                         |
| <b>*Antineoplastics Misc.***</b>   |                    |                            |
| <i>hydroxyurea oral capsule 500 mg</i>   | P                  |                            |
| <b>*Aromatase Inhibitors***</b>  |                    |                            |
| <i>anastrozole oral tablet 1 mg</i>  | P                  |                            |
| <i>exemestane oral tablet 25 mg</i>  | P                  | PA; QL (31 EA per 31 days) |
| <i>letrozole oral tablet 2.5 mg</i>  | P                  |                            |
| <b>*Estrogens-Antineoplastic***</b>  |                    |                            |
| EMCYT ORAL CAPSULE 140 MG  | P                  | PA                         |
| <b>*Folic Acid Antagonists Rescue Agents***</b>  |                    |                            |
| <i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg</i> | P                  |                            |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>                          | P                  |                            |
| <b>*Imidazotetrazines***</b>   |                    |                            |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>             | P                  | PA                         |
| <b>*Janus Associated Kinase (Jak) Inhibitors***</b>                                      |                    |                            |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG                                      | P                  | PA                         |
| <b>*Lhrh Analogs***</b>  |                    |                            |
| TRELSTAR INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG                        | P                  | PA                         |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG       | P                  | PA                         |
| <b>*Mitotic Inhibitors***</b>  |                    |                            |
| <i>etoposide oral capsule 50 mg</i>  | P                  | PA                         |
| <b>*Nitrogen Mustards***</b>   |                    |                            |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>  | P                  | PA                         |
| LEUKERAN ORAL TABLET 2 MG  | P                  | PA                         |
| <i>melphalan oral tablet 2 mg</i>  | P                  | PA                         |

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|---|---------------------------|-------------------------|
| <b>*Nitrosoureas***</b>   |                           |                         |
| <i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>  | P                         | PA                      |
| <b>*Progestins-Antineoplastic***</b>  |                           |                         |
| <i>megestrol acetate oral suspension 40 mg/ml</i>   | P                         | QL (600 ML per 31 days) |
| <i>megestrol acetate oral tablet 20 mg, 40 mg</i>   | P                         |                         |
| <b>*Vascular Endothelial Growth Factor (Vegf) Inhibitors***</b>                                 |                           |                         |
| AVASTIN INTRAVENOUS SOLUTION<br>100 MG/4ML, 400 MG/16ML   | P                         | PA                      |
| <b>*Antiparkinson Agents*</b>   |                           |                         |
| <b>*Antiparkinson Anticholinergics***</b>   |                           |                         |
| <i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>                                      | P                         |                         |
| <i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>  | P                         |                         |
| <i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>   | P                         |                         |
| <b>*Antiparkinson Dopaminergics***</b>  |                           |                         |
| <i>amantadine hcl oral capsule 100 mg</i>   | P                         |                         |
| <i>amantadine hcl oral syrup 50 mg/5ml</i>  | P                         |                         |
| <i>amantadine hcl oral tablet 100 mg</i>  | P                         |                         |
| <i>bromocriptine mesylate oral capsule 5 mg</i>   | P                         |                         |
| <i>bromocriptine mesylate oral tablet 2.5 mg</i>  | P                         |                         |
| <b>*Antiparkinson Monoamine Oxidase Inhibitors***</b>   |                           |                         |
| <i>selegiline hcl oral capsule 5 mg</i>   | P                         |                         |
| <i>selegiline hcl oral tablet 5 mg</i>  | P                         |                         |
| <b>*Levodopa Combinations***</b>  |                           |                         |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>                  | P                         |                         |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>                           | P                         |                         |
| <b>*Nonergoline Dopamine Receptor Agonists***</b>   |                           |                         |
| <i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | P                         |                         |
| <i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>                 | P                         |                         |

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| <b>Drug Name</b>   | <b>Preference Details</b> | <b>Coverage Details</b>                   |
|--|---------------------------|---|
| <b>*Antipsychotics/Antimanic Agents*</b>   |                           |   |
| <b>*Antimanic Agents***</b>  |                           |   |
| <i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>                | P                         |   |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>                           | P                         |   |
| <i>lithium carbonate oral tablet 300 mg</i>  | P                         |   |
| <i>lithium oral solution 8 meq/5ml</i>   | P                         |   |
| <b>*Antipsychotics - Misc.***</b>  |                           |   |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>                         | P                         | QL (62 EA per 31 days)                    |
| <b>*Benzisoxazoles***</b>  |                           |   |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML                                 | P                         | PA; QL (0.75 ML per 28 days)              |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 156 MG/ML                                     | P                         | PA; QL (1 ML per 28 days)                 |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 234 MG/1.5ML                                  | P                         | PA; QL (1.5 ML per 28 days)               |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 39 MG/0.25ML                                  | P                         | PA; QL (0.25 ML per 28 days)              |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 78 MG/0.5ML                                   | P                         | PA; QL (0.5 ML per 28 days)               |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION 273 MG/0.875ML                                  | P                         | PA; QL (0.88 ML per 91 days)              |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION 410 MG/1.315ML                                  | P                         | PA; QL (1.31 ML per 91 days)              |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION 546 MG/1.75ML                                   | P                         | PA; QL (1.75 ML per 91 days)              |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION 819 MG/2.625ML                                  | P                         | PA; QL (2.63 ML per 91 days)              |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG, 50 MG | P                         | PA; QL (2 EA per 28 days)                 |
| RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG               | P                         | QL (62 EA per 31 days); AL (Min 5 Years)  |
| <i>risperidone oral solution 1 mg/ml</i>   | P                         | QL (496 ML per 31 days); AL (Min 5 Years) |

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| <b>Drug Name</b>  | <b>Preference Details</b> | <b>Coverage Details</b>   |
|---|---------------------------|---|
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>              | P                         | QL (62 EA per 31 days); AL (Min 5 Years)  |
| <i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>  | P                         | QL (62 EA per 31 days); AL (Min 5 Years)  |
| <b>*Butyrophenones***</b>   |                           |   |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>             | P                         | AL (Min 18 Years)   |
| <i>haloperidol lactate injection solution 5 mg/ml</i>                               | P                         | AL (Min 3 Years)  |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>                                 | P                         | AL (Min 3 Years)  |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>                      | P                         | AL (Min 3 Years)  |
| <b>*Dibenzodiazepines***</b>  |                           |   |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                           | P                         | AL (Min 18 Years)   |
| <i>clozapine oral tablet dispersible 12.5 mg</i>                                    | P                         | QL (31 EA per 31 days); AL (Min 18 Years)   |
| <b>*Dibenzo-Oxepino Pyrroles***</b>   |                           |   |
| SAPHRIS SUBLINGUAL TABLET<br>SUBLINGUAL 10 MG, 2.5 MG, 5 MG                         | P                         | ST; Must fail preferred quetiapine, olanzapine, or risperidone within the past 100 days.; AL (Min 10 Years) |
| <b>*Dibenzothiazepines***</b>   |                           |   |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | P                         | AL (Min 10 Years)   |
| <b>*Dibenzoxazepines***</b>   |                           |   |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>                    | P                         | AL (Min 18 Years)   |
| <b>*Phenothiazines***</b>   |                           |   |
| <i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>           | P                         | AL (Min 6 Months)   |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i>                           | P                         | AL (Min 12 Years)   |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>                                    | P                         | QL (248 ML per 31 days); AL (Min 18 Years)  |
| <i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>                                      | P                         | QL (2480 ML per 31 days); AL (Min 18 Years)   |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>                       | P                         | AL (Min 18 Years)   |

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| <b>Drug Name</b>  | <b>Preference Details</b> | <b>Coverage Details</b>                   |
|---|---------------------------|---|
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>                         | P                         | AL (Min 12 Years)                         |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>                         | P                         | AL (Min 2 Years)                          |
| <i>prochlorperazine rectal suppository 25 mg</i>                                | P                         | AL (Min 2 Years)                          |
| <i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                 | P                         | AL (Min 2 Years)                          |
| <i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>                  | P                         | AL (Min 6 Years)                          |
| <b>*Quinolinone Derivatives***</b>  |                           |   |
| ABILIFY MAINTENA<br>INTRAMUSCULAR PREFILLED<br>SYRINGE 300 MG, 400 MG           | P                         | PA; QL (1 EA per 28 days)                 |
| ABILIFY MAINTENA<br>INTRAMUSCULAR SUSPENSION<br>RECONSTITUTED 300 MG, 400 MG    | P                         | PA; QL (1 EA per 28 days)                 |
| ABILIFY MAINTENA<br>INTRAMUSCULAR SUSPENSION<br>RECONSTITUTED ER 300 MG, 400 MG | P                         | PA; QL (1 EA per 28 days)                 |
| <i>aripiprazole oral solution 1 mg/ml</i>                                       | P                         |   |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>          | P                         |   |
| ARISTADA INTRAMUSCULAR<br>PREFILLED SYRINGE 1064 MG/3.9ML                       | P                         | PA; QL (3.9 ML per 56 days)               |
| ARISTADA INTRAMUSCULAR<br>PREFILLED SYRINGE 441 MG/1.6ML                        | P                         | PA; QL (1.6 ML per 28 days)               |
| ARISTADA INTRAMUSCULAR<br>PREFILLED SYRINGE 662 MG/2.4ML                        | P                         | PA; QL (2.4 ML per 28 days)               |
| ARISTADA INTRAMUSCULAR<br>PREFILLED SYRINGE 882 MG/3.2ML                        | P                         | PA; QL (3.2 ML per 28 days)               |
| <b>*Thienbenzodiazepines***</b>   |                           |   |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>         | P                         | QL (31 EA per 31 days); AL (Min 13 Years) |
| <b>*Thioxanthenes***</b>  |                           |   |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                         | P                         | AL (Min 12 Years)                         |
| <b>*Antiretrovirals Adjuvants***</b>  |                           |   |
| <b>*Antiretrovirals Adjuvants***</b>  |                           |   |
| <i>tybost oral tablet 150 mg</i>  | P                         | QL (31 EA per 31 days)                    |

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|--|--------------------|----------------------------|
| <b>*Antiseptics &amp; Disinfectants*</b>                         |                    |                            |
| <b>*Chlorine Antiseptics***</b>                                  |                    |                            |
| <i>chlorhexidine gluconate external liquid 4 %</i>               | P                  | QL (480 ML per 31 days)    |
| <b>*Antivirals*</b>  |                    |                            |
| <b>*Antiretroviral Combinations***</b>                           |                    |                            |
| <i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>        | P                  | QL (31 EA per 31 days)     |
| <i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> | P                  | QL (62 EA per 31 days)     |
| ATRIPLA ORAL TABLET 600-200-300 MG                               | P                  |                            |
| COMBIVIR ORAL TABLET 150-300 MG                                  | P                  |                            |
| COMPLERA ORAL TABLET 200-25-300 MG                               | P                  |                            |
| DESCOVY ORAL TABLET 200-25 MG                                    | P                  | QL (31 EA per 31 days)     |
| EPZICOM ORAL TABLET 600-300 MG                                   | P                  |                            |
| EVOTAZ ORAL TABLET 300-150 MG                                    | P                  |                            |
| GENVOYA ORAL TABLET 150-150-200-10 MG                            | P                  | QL (31 EA per 31 days)     |
| JULUCA ORAL TABLET 50-25 MG                                      | P                  | PA; QL (31 EA per 31 days) |
| KALETRA ORAL SOLUTION 400-100 MG/5ML                             | P                  |                            |
| KALETRA ORAL TABLET 100-25 MG, 200-50 MG                         | P                  |                            |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>              | P                  |                            |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>          | P                  |                            |
| ODEFSEY ORAL TABLET 200-25-25 MG                                 | P                  | QL (31 EA per 31 days)     |
| PREZCOBIX ORAL TABLET 800-150 MG                                 | P                  |                            |
| STRIBILD ORAL TABLET 150-150-200-300 MG                          | P                  | QL (31 EA per 31 days)     |
| TRIUMEQ ORAL TABLET 600-50-300 MG                                | P                  | QL (31 EA per 31 days)     |
| TRIZIVIR ORAL TABLET 300-150-300 MG                              | P                  |                            |
| TRUVADA ORAL TABLET 100-150 MG                                   | P                  | QL (62 EA per 31 days)     |
| TRUVADA ORAL TABLET 133-200 MG, 167-250 MG, 200-300 MG           | P                  | QL (31 EA per 31 days)     |

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|---|--------------------|-------------------------|
| <b>*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***</b> |                    |                         |
| SELZENTRY ORAL TABLET 150 MG, 300 MG                            | P                  |                         |
| SELZENTRY TABLET 25 MG ORAL 25 MG                               | P                  |                         |
| SELZENTRY TABLET 75 MG ORAL 75 MG                               | P                  |                         |
| <b>*Antiretrovirals - Fusion Inhibitors***</b>                  |                    |                         |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG                | P                  |                         |
| <b>*Antiretrovirals - Integrase Inhibitors***</b>               |                    |                         |
| ISENTRESS HD ORAL TABLET 600 MG                                 | P                  |                         |
| ISENTRESS ORAL PACKET 100 MG                                    | P                  |                         |
| ISENTRESS ORAL TABLET 400 MG                                    | P                  |                         |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG                    | P                  |                         |
| TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG                         | P                  | QL (62 EA per 31 days)  |
| <b>*Antiretrovirals - Protease Inhibitors***</b>                |                    |                         |
| APTIVUS ORAL CAPSULE 250 MG                                     | P                  |                         |
| <i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>   | P                  | QL (62 EA per 31 Days)  |
| CRIXIVAN ORAL CAPSULE 200 MG, 400 MG                            | P                  |                         |
| INVIRASE ORAL CAPSULE 200 MG                                    | P                  |                         |
| INVIRASE ORAL TABLET 500 MG                                     | P                  |                         |
| LEXIVA ORAL SUSPENSION 50 MG/ML                                 | P                  |                         |
| LEXIVA ORAL TABLET 700 MG                                       | P                  | QL (124 EA per 31 days) |
| NORVIR ORAL CAPSULE 100 MG                                      | P                  |                         |
| NORVIR ORAL SOLUTION 80 MG/ML                                   | P                  |                         |
| NORVIR ORAL TABLET 100 MG                                       | P                  |                         |
| PREZISTA ORAL SUSPENSION 100 MG/ML                              | P                  |                         |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG              | P                  |                         |
| VIRACEPT ORAL TABLET 250 MG, 625 MG                             | P                  | QL (310 EA per 31 days) |

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| Drug Name   | Preference Details | Coverage Details        |
|---|--------------------|-------------------------|
| <b>*Antiretrovirals - Rti-Non-Nucleoside Analogues***</b>                     |                    |                         |
| EDURANT ORAL TABLET 25 MG   | P                  | QL (31 EA per 31 days)  |
| <i>efavirenz oral capsule 200 mg, 50 mg</i>                                   | P                  |                         |
| INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG                                   | P                  |                         |
| <i>nevirapine oral suspension 50 mg/5ml</i>                                   | P                  |                         |
| <i>nevirapine oral tablet 200 mg</i>  | P                  |                         |
| RESCRIPTOR ORAL TABLET 100 MG, 200 MG   | P                  |                         |
| SUSTIVA ORAL TABLET 600 MG  | P                  |                         |
| VIRAMUNE ORAL SUSPENSION 50 MG/5ML  | P                  |                         |
| <b>*Antiretrovirals - Rti-Nucleoside Analogues-Purines***</b>                 |                    |                         |
| <i>abacavir sulfate oral tablet 300 mg</i>                                    | P                  |                         |
| <i>didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg</i> | P                  |                         |
| VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG                                  | P                  |                         |
| VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM                                  | P                  |                         |
| ZIAGEN ORAL SOLUTION 20 MG/ML   | P                  |                         |
| ZIAGEN ORAL TABLET 300 MG   | P                  |                         |
| <b>*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***</b>             |                    |                         |
| EMTRIVA ORAL CAPSULE 200 MG   | P                  | QL (31 EA per 31 days)  |
| EMTRIVA ORAL SOLUTION 10 MG/ML  | P                  | QL (170 ML per 31 days) |
| EPIVIR ORAL SOLUTION 10 MG/ML   | P                  |                         |
| EPIVIR ORAL TABLET 150 MG, 300 MG   | P                  |                         |
| <i>lamivudine oral solution 10 mg/ml</i>                                      | P                  |                         |
| <i>lamivudine oral tablet 150 mg, 300 mg</i>                                  | P                  |                         |
| <b>*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***</b>              |                    |                         |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML  | P                  |                         |
| RETROVIR ORAL CAPSULE 100 MG  | P                  |                         |

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| <b>Drug Name</b>  | <b>Preference Details</b> | <b>Coverage Details</b>  |
|---|---------------------------|--------------------------|
| RETROVIR ORAL SYRUP 50 MG/5ML                                       | P                         |                          |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>            | P                         |                          |
| <i>stavudine oral solution reconstituted 1 mg/ml</i>                | P                         |                          |
| <i>zidovudine oral capsule 100 mg</i>                               | P                         |                          |
| <i>zidovudine oral syrup 50 mg/5ml</i>                              | P                         | QL (1860 ML per 31 days) |
| <i>zidovudine oral tablet 300 mg</i>                                | P                         |                          |
| <b>*Antiretrovirals - Rti-Nucleotide Analogues***</b>               |                           |                          |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i>             | P                         |                          |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                           | P                         |                          |
| <b>*Hepatitis B Agents***</b>                                       |                           |                          |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i>                           | P                         | PA                       |
| EPIVIR HBV ORAL SOLUTION 5 MG/ML                                    | P                         |                          |
| <i>lamivudine oral tablet 100 mg</i>                                | P                         |                          |
| <b>*Hepatitis C Agents***</b>                                       |                           |                          |
| MODERIBA ORAL TABLET 200 MG   | P                         |                          |
| PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML | P                         | PA                       |
| PEGASYS SUBCUTANEOUSKIT 180 MCG/0.5ML                               | P                         | PA                       |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML             | P                         | PA                       |
| RIBASPHERE ORAL TABLET 200 MG                                       | P                         |                          |
| <i>ribavirin oral tablet 200 mg</i>                                 | P                         |                          |
| <b>*Herpes Agents - Purine Analogues***</b>                         |                           |                          |
| <i>acyclovir oral capsule 200 mg</i>                                | P                         |                          |
| <i>acyclovir oral suspension 200 mg/5ml</i>                         | P                         | QL (3500 ML per 31 days) |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                         | P                         |                          |
| <i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>                    | P                         | QL (62 EA per 31 days)   |
| <b>*Influenza Agents***</b>   |                           |                          |
| <i>rimantadine hcl oral tablet 100 mg</i>                           | P                         |                          |
| <b>*Neuraminidase Inhibitors***</b>                                 |                           |                          |
| <i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>       | P                         |                          |

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| <b>Drug Name</b>  | <b>Preference Details</b> | <b>Coverage Details</b>                     |
|---|---------------------------|---|
| <i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>        | P                         | QL (360 ML per 365 days); AL (Max 18 Years) |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER | P                         | QL (40 EA per 365 days); AL (Min 7 Years)   |
| <b>*Assorted Classes*</b>   |                           |   |
| <b>*Antileptotics***</b>  |                           |   |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG                       | P                         | PA  |
| <b>*Cyclosporine Analogs***</b>   |                           |   |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>            | P                         |   |
| <i>cyclosporine modified oral solution 100 mg/ml</i>                      | P                         |   |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i>                            | P                         |   |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG  | P                         |   |
| GENGRAF ORAL SOLUTION 100 MG/ML   | P                         |   |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML  | P                         |   |
| <b>*Immunomodulators For Myelodysplastic Syndromes***</b>                 |                           |   |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG            | P                         | PA  |
| <b>*Inosine Monophosphate Dehydrogenase Inhibitors***</b>                 |                           |   |
| <i>mycophenolate mofetil oral capsule 250 mg</i>                          | P                         |   |
| <i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>      | P                         |   |
| <i>mycophenolate mofetil oral tablet 500 mg</i>                           | P                         |   |
| <b>*Macrolide Immunosuppressants***</b>                                   |                           |   |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>                         | P                         |   |
| <b>*Potassium Removing Resins***</b>                                      |                           |   |
| <i>sodium polystyrene sulfonate oral powder</i>                           | P                         | QL (454 GM per 31 days)                     |
| SPS ORAL SUSPENSION 15 GM/60ML  | P                         |   |
| <b>*Purine Analogs***</b>   |                           |   |
| <i>azathioprine oral tablet 50 mg</i>                                     | P                         |   |

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| <b>Drug Name</b>   | <b>Preference Details</b> | <b>Coverage Details</b> |
|--|---------------------------|-------------------------|
| <b>*Beta Blockers*</b>   |                           |                         |
| <b>*Alpha-Beta Blockers***</b>   |                           |                         |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>                                  | P                         |                         |
| <i>labetalol hcl intravenous solution 5 mg/ml</i>  | P                         |                         |
| <i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>  | P                         |                         |
| <b>*Beta Blockers Cardio-Selective***</b>  |                           |                         |
| <i>acebutolol hcl oral capsule 200 mg, 400 mg</i>  | P                         |                         |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>   | P                         |                         |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>   | P                         |                         |
| <i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i> | P                         |                         |
| <i>metoprolol tartrate intravenous solution 1 mg/ml</i>  | P                         |                         |
| <i>metoprolol tartrate intravenous solution cartridge 5 mg/5ml</i>                               | P                         |                         |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                      | P                         |                         |
| <b>*Beta Blockers Non-Selective***</b>   |                           |                         |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>   | P                         |                         |
| <i>pindolol oral tablet 10 mg, 5 mg</i>  | P                         |                         |
| <i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>     | P                         |                         |
| <i>propranolol hcl intravenous solution 1 mg/ml</i>  | P                         |                         |
| <i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>  | P                         |                         |
| <i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                             | P                         |                         |
| <i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>  | P                         |                         |
| <i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>                                     | P                         |                         |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>  | P                         |                         |
| <b>*Calcium Channel Blockers*</b>  |                           |                         |
| <b>*Calcium Channel Blockers***</b>  |                           |                         |
| <i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>                                       | P                         |                         |

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| <b>Drug Name</b>   | <b>Preference Details</b> | <b>Coverage Details</b> |
|--|---------------------------|-------------------------|
| CARTIA XT ORAL CAPSULE<br>EXTENDED RELEASE 24 HOUR 120 MG,<br>180 MG, 240 MG, 300 MG   | P                         |                         |
| <i>diltiazem hcl er beads oral capsule extended<br/>release 24 hour 120 mg, 180 mg, 240 mg, 300<br/>mg, 360 mg, 420 mg</i>   | P                         |                         |
| <i>diltiazem hcl er coated beads oral capsule<br/>extended release 24 hour 120 mg, 180 mg, 240<br/>mg, 300 mg, 360 mg</i>    | P                         |                         |
| <i>diltiazem hcl er oral capsule extended release 12<br/>hour 120 mg, 60 mg, 90 mg</i>                                       | P                         |                         |
| <i>diltiazem hcl er oral capsule extended release 24<br/>hour 240 mg</i>   | P                         |                         |
| <i>diltiazem hcl intravenous solution 125 mg/25ml,<br/>25 mg/5ml, 50 mg/10ml</i>   | P                         |                         |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg,<br/>90 mg</i>   | P                         |                         |
| <i>dilt-xr oral capsule extended release 24 hour 120<br/>mg, 180 mg, 240 mg</i>  | P                         |                         |
| <i>felodipine er oral tablet extended release 24 hour<br/>10 mg, 2.5 mg, 5 mg</i>  | P                         | QL (31 EA per 31 days)  |
| MATZIM LA ORAL TABLET EXTENDED<br>RELEASE 24 HOUR 180 MG, 240 MG, 300<br>MG, 360 MG, 420 MG                                  | P                         |                         |
| NIFEDIAC CC ORAL TABLET<br>EXTENDED RELEASE 24 HOUR 30 MG  | P                         |                         |
| NIFEDICAL XL ORAL TABLET<br>EXTENDED RELEASE 24 HOUR 30 MG,<br>60 MG   | P                         |                         |
| <i>nifedipine er oral tablet extended release 24 hour<br/>60 mg, 90 mg</i>   | P                         |                         |
| <i>nifedipine er osmotic release oral tablet extended<br/>release 24 hour 30 mg, 60 mg, 90 mg</i>                            | P                         |                         |
| <i>nifedipine oral capsule 10 mg</i>   | P                         |                         |
| <i>verapamil hcl er oral capsule extended release 24<br/>hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg,<br/>300 mg, 360 mg</i> | P                         |                         |
| <i>verapamil hcl er oral tablet extended release 120<br/>mg, 180 mg, 240 mg</i>  | P                         |                         |
| <i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>  | P                         |                         |

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| Drug Name  | Preference Details | Coverage Details        |
|--|--------------------|-------------------------|
| <b>*Cardiotonics*</b>  |                    |                         |
| <b>*Cardiac Glycosides***</b>  |                    |                         |
| <i>digoxin injection solution 0.25 mg/ml</i>                           | P                  |                         |
| <i>digoxin oral solution 0.05 mg/ml</i>                                | P                  |                         |
| <i>digoxin oral tablet 125 mcg, 250 mcg</i>                            | P                  |                         |
| <b>*Cardiovascular Agents - Misc.*</b>                                 |                    |                         |
| <b>*Peripheral Vasodilators***</b>                                     |                    |                         |
| <i>no flush niacin oral tablet 500 mg</i>                              | P                  |                         |
| <b>*Pulmonary Hypertension - Endothelin Receptor Antagonists***</b>    |                    |                         |
| LETAIRIS ORAL TABLET 10 MG, 5 MG                                       | P                  | PA                      |
| <b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors***</b>       |                    |                         |
| ADCIRCA ORAL TABLET 20 MG  | P                  | PA                      |
| <i>sildenafil citrate oral tablet 20 mg</i>                            | P                  | PA                      |
| <b>*Cephalosporins*</b>  |                    |                         |
| <b>*Cephalosporins - 1St Generation***</b>                             |                    |                         |
| <i>cefadroxil oral capsule 500 mg</i>                                  | P                  |                         |
| <i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i> | P                  |                         |
| <i>cefadroxil oral tablet 1 gm</i>                                     | P                  |                         |
| <i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm</i>   | P                  |                         |
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>                  | P                  |                         |
| <i>cephalexin oral suspension reconstituted 125 mg/5ml</i>             | P                  |                         |
| <i>cephalexin oral suspension reconstituted 250 mg/5ml</i>             | P                  | QL (300 ML per 31 days) |
| <b>*Cephalosporins - 2Nd Generation***</b>                             |                    |                         |
| <i>cefaclor oral capsule 250 mg, 500 mg</i>                            | P                  |                         |
| <i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>  | P                  |                         |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>                            | P                  |                         |
| CEFTIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML                        | P                  |                         |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                    | P                  |                         |

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| Drug Name   | Preference Details | Coverage Details |
|---|--------------------|------------------|
| <b>*Cephalosporins - 3Rd Generation***</b>  |                    |                  |
| <i>cefдинир oral capsule 300 mg</i>   | P                  |                  |
| <i>cefдинир oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                  | P                  |                  |
| <i>cefподoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>       | P                  |                  |
| <i>cefподoxime proxetil oral tablet 100 mg, 200 mg</i>                                | P                  |                  |
| <i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i> | P                  |                  |
| <b>*Contraceptives*</b>   |                    |                  |
| <b>*Biphasic Contraceptives - Oral***</b>   |                    |                  |
| KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)   | P                  |                  |
| <b>*Combination Contraceptives - Oral***</b>  |                    |                  |
| ALTAVERA ORAL TABLET 0.15-30 MG-MCG   | P                  |                  |
| APRI ORAL TABLET 0.15-30 MG-MCG   | P                  |                  |
| AVIANE ORAL TABLET 0.1-20 MG-MCG  | P                  |                  |
| BALZIVA ORAL TABLET 0.4-35 MG-MCG   | P                  |                  |
| CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG  | P                  |                  |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>                       | P                  |                  |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>                           | P                  |                  |
| ESTARYLLA ORAL TABLET 0.25-35 MG-MCG  | P                  |                  |
| GIANVI ORAL TABLET 3-0.02 MG  | P                  |                  |
| JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG  | P                  |                  |
| JUNEL 1/20 ORAL TABLET 1-20 MG-MCG  | P                  |                  |
| JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG   | P                  |                  |
| JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG   | P                  |                  |
| KELNOR 1/35 ORAL TABLET 1-35 MG-MCG   | P                  |                  |
| LESSINA ORAL TABLET 0.1-20 MG-MCG   | P                  |                  |

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|---|---------------------------|-------------------------|
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>      | P                         |                         |
| LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG                      | P                         |                         |
| LORYNA ORAL TABLET 3-0.02 MG  | P                         |                         |
| LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG                              | P                         |                         |
| LUTERA ORAL TABLET 0.1-20 MG-MCG                                    | P                         |                         |
| MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG                        | P                         |                         |
| MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG                            | P                         |                         |
| MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG                     | P                         |                         |
| MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG                         | P                         |                         |
| MONONESSA ORAL TABLET 0.25-35 MG-MCG                                | P                         |                         |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG                         | P                         |                         |
| NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG                             | P                         |                         |
| <i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i> | P                         |                         |
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>        | P                         |                         |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG                       | P                         |                         |
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG                           | P                         |                         |
| NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG                           | P                         |                         |
| OCELLA ORAL TABLET 3-0.03 MG  | P                         |                         |
| PORTIA-28 ORAL TABLET 0.15-30 MG-MCG                                | P                         |                         |
| PREVIFEM ORAL TABLET 0.25-35 MG-MCG                                 | P                         |                         |
| RECLIPSEN ORAL TABLET 0.15-30 MG-MCG                                | P                         |                         |

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| Drug Name   | Preference Details | Coverage Details           |
|---|--------------------|----------------------------|
| SOLIA ORAL TABLET 0.15-30 MG-MCG  | P                  |                            |
| SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG  | P                  |                            |
| SRONYX ORAL TABLET 0.1-20 MG-MCG  | P                  |                            |
| SYEDA ORAL TABLET 3-0.03 MG   | P                  |                            |
| VESTURA ORAL TABLET 3-0.02 MG   | P                  |                            |
| ZARAH ORAL TABLET 3-0.03 MG   | P                  |                            |
| ZENCHENT FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG  | P                  |                            |
| ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG  | P                  |                            |
| <b>*Combination Contraceptives - Transdermal***</b>                                     |                    |                            |
| XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR   | P                  |                            |
| <b>*Combination Contraceptives - Vaginal***</b>   |                    |                            |
| NUVARING VAGINALRING 0.12-0.015 MG/24HR   | P                  | QL (1 EA per 28 days)      |
| <b>*Continuous Contraceptives - Oral***</b>   |                    |                            |
| AMETHYST ORAL TABLET 90-20 MCG  | P                  |                            |
| <i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>                              | P                  |                            |
| <b>*Emergency Contraceptives***</b>   |                    |                            |
| <i>levonorgestrel oral tablet 0.75 mg</i>   | P                  | QL (4 EA per 31 days)      |
| NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG   | P                  | QL (6 EA per 365 days)     |
| OPTION 2 ORAL TABLET 1.5 MG   | P                  | QL (6 Tablet per 365 days) |
| PLAN B ONE-STEP ORAL TABLET 1.5 MG  | P                  | QL (6 Tablet per 365 days) |
| <b>*Extended-Cycle Contraceptives - Oral***</b>   |                    |                            |
| QUASENSE ORAL TABLET 0.15-0.03 MG   | P                  | QL (91 EA per 91 days)     |
| <b>*Progestin Contraceptives - Injectable***</b>  |                    |                            |
| <i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>                   | P                  | QL (1 ML per 93 days)      |
| <i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i> | P                  | QL (1 ML per 93 days)      |
| <b>*Progestin Contraceptives - Oral***</b>  |                    |                            |
| <i>norethindrone oral tablet 0.35 mg</i>  | P                  |                            |

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| Drug Name  | Preference Details | Coverage Details |
|--|--------------------|------------------|
| NOR-QD ORAL TABLET 0.35 MG   | P                  |                  |
| <b>*Triphasic Contraceptives - Oral***</b>   |                    |                  |
| CAZIAN T ORAL TABLET 0.1/0.125/0.15 - 0.025 MG   | P                  |                  |
| ENPRESSE-28 ORAL TABLET  | P                  |                  |
| NECON 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG   | P                  |                  |
| <i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i> | P                  |                  |
| NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG   | P                  |                  |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG  | P                  |                  |
| TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG  | P                  |                  |
| TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG   | P                  |                  |
| TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG   | P                  |                  |
| TRIVORA (28) ORAL TABLET   | P                  |                  |
| VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG  | P                  |                  |
| <b>*Corticosteroids*</b>   |                    |                  |
| <b>*Glucocorticosteroids***</b>  |                    |                  |
| <i>cortisone acetate oral tablet 25 mg</i>   | P                  |                  |
| <i>dexamethasone oral elixir 0.5 mg/5ml</i>  | P                  |                  |
| <i>dexamethasone oral solution 0.5 mg/5ml</i>  | P                  |                  |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>                       | P                  |                  |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>                             | P                  |                  |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>   | P                  |                  |
| <i>methylprednisolone (pak) oral tablet 4 mg</i>   | P                  |                  |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>                              | P                  |                  |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>   | P                  |                  |

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| <b>Drug Name</b>  | <b>Preference Details</b> | <b>Coverage Details</b> |
|---|---------------------------|-------------------------|
| <i>methylprednisolone oral tablet therapy pack 4 mg</i>                                       | P                         |                         |
| <i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i> | P                         |                         |
| <i>prednisolone oral solution 15 mg/5ml</i>   | P                         |                         |
| <i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>  | P                         |                         |
| <i>prednisone oral solution 5 mg/5ml</i>  | P                         |                         |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>                         | P                         |                         |
| <i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>       | P                         |                         |
| <b>*Mineralocorticoids***</b>   |                           |                         |
| <i>fludrocortisone acetate oral tablet 0.1 mg</i>   | P                         |                         |
| <b>*Cough/Cold/Allergy*</b>   |                           |                         |
| <b>*Antitussive - Nonnarcotic***</b>  |                           |                         |
| <i>benzonatate oral capsule 100 mg, 200 mg</i>  | P                         |                         |
| <i>dextromethorphan polistirex er oral suspension extended release 30 mg/5ml</i>              | P                         |                         |
| ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP 7.5 MG/5ML   | P                         |                         |
| <b>*Antitussive - Opioid***</b>   |                           |                         |
| <i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>  | P                         |                         |
| <i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>   | P                         |                         |
| <b>*Antitussive-Antihistamine-Analgesic***</b>  |                           |                         |
| DELSYM NIGHT TIME MULTI-SYMPT ORAL LIQUID 15-6.25-325 MG/15ML                                 | P                         |                         |
| <b>*Antitussive-Expectorant***</b>  |                           |                         |
| <i>cheratussin ac oral solution 100-10 mg/5ml</i>   | P                         | AL (Min 6 Years)        |
| <i>cheratussin ac oral syrup 100-10 mg/5ml</i>  | P                         | AL (Min 6 Years)        |
| DIABETIC TUSSIN MAX ST ORAL LIQUID 10-200 MG/5ML  | P                         |                         |
| <i>extra action cough oral syrup 100-10 mg/5ml</i>  | P                         |                         |
| MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML  | P                         |                         |
| <i>mucus relief dm cough oral tablet 20-400 mg</i>  | P                         |                         |

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|--|--------------------|------------------|
| <i>tussin dm oral liquid 100-10 mg/5ml</i>   | P                  |                  |
| <b>*Antitussive-Expectorants-Decongestant***</b>                                     |                    |                  |
| <i>cheratussin dac oral solution 30-10-100 mg/5ml</i>                                | P                  | AL (Min 6 Years) |
| <i>robafen cf cough/cold oral syrup 5-10-100 mg/5ml</i>                              | P                  |                  |
| ROBITUSSIN TO GO COUGH/COLD CF ORAL LIQUID 5-10-100 MG/5ML                           | P                  |                  |
| <b>*Decongestant &amp; Antihistamine***</b>  |                    |                  |
| ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG                  | P                  |                  |
| ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG        | P                  |                  |
| <i>allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg</i> | P                  |                  |
| BENADRYL-D ALLERGY/SINUS CHILD ORAL SOLUTION 12.5-5 MG/5ML                           | P                  |                  |
| BROTAPP ORAL LIQUID 1-15 MG/5ML  | P                  |                  |
| <i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>   | P                  |                  |
| DALLERGY ORAL LIQUID 1-2 MG/ML   | P                  |                  |
| DELSYM NIGHT TIME COUGH/COLD ORAL LIQUID 6.25-2.5 MG/5ML                             | P                  |                  |
| DIMETAPP COLD/ALLERGY ORAL ELIXIR 1-2.5 MG/5ML                                       | P                  |                  |
| <i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>   | P                  |                  |
| <i>promethazine vc oral syrup 6.25-5 mg/5ml</i>                                      | P                  |                  |
| <i>promethazine vc plain oral syrup 6.25-5 mg/5ml</i>                                | P                  |                  |
| SUDOGEST SINUS/ALLERGY ORAL TABLET 4-60 MG   | P                  |                  |
| <i>triprolidine-pse oral tablet 2.5-60 mg</i>  | P                  |                  |
| <b>*Decongestant W/ Expectorant***</b>   |                    |                  |
| MUCINEX D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG                             | P                  |                  |
| <b>*Expectorants***</b>  |                    |                  |
| <i>guaifenesin oral solution 100 mg/5ml</i>  | P                  |                  |

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|---|---------------------------|-------------------------|
| MUCINEX MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 1200 MG           | P                         |                         |
| <i>mucus relief er oral tablet extended release 12 hour 600 mg</i>              | P                         |                         |
| <i>mucus relief oral tablet 400 mg</i>  | P                         |                         |
| <i>refenesen 400 oral tablet 400 mg</i>   | P                         |                         |
| <i>refenesen oral tablet 200 mg</i>   | P                         |                         |
| <i>robafen oral syrup 100 mg/5ml</i>  | P                         |                         |
| <b>*Misc. Respiratory Inhalants***</b>  |                           |                         |
| BRONCHO SALINE INHALATION AEROSOL SOLUTION 0.9 %                                | P                         |                         |
| <i>sodium chloride inhalation nebulization solution 0.9 %, 3 %</i>              | P                         |                         |
| <b>*Mucolytics***</b>   |                           |                         |
| <i>acetylcysteine inhalation solution 10 %, 20 %</i>                            | P                         |                         |
| <b>*Non-Narc Antitussive-Antihistamine***</b>                                   |                           |                         |
| DIMETAPP LONG ACT COUGH/COLD ORAL SYRUP 1-7.5 MG/5ML                            | P                         |                         |
| <i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>                                | P                         |                         |
| ROBITUSSIN CHILD COUGH/COLD LA ORAL LIQUID 1-7.5 MG/5ML                         | P                         |                         |
| <b>*Non-Narc Antitussive-Decongestant-Antihistamine***</b>                      |                           |                         |
| <i>brotapp dm oral liquid 15-1-5 mg/5ml</i>                                     | P                         |                         |
| <i>cold/cough childrens oral elixir 2.5-1-5 mg/5ml</i>                          | P                         |                         |
| <i>kidkare cough/cold oral liquid 15-1-5 mg/5ml</i>                             | P                         |                         |
| <i>m-end dm oral liquid 15-2-15 mg/5ml</i>                                      | P                         |                         |
| <i>nohist-dm oral liquid 10-4-15 mg/5ml</i>                                     | P                         |                         |
| <i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>                          | P                         |                         |
| <i>rynex dm oral liquid 2.5-1-5 mg/5ml</i>                                      | P                         |                         |
| <b>*Opioid Antitussive-Antihistamine***</b>                                     |                           |                         |
| <i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i> | P                         | AL (Min 6 Years)        |
| <i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>                           | P                         | AL (Min 6 Years)        |

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|---|--------------------|---|
| <b>*Opioid Antitussive-Decongestant-Antihistamine***</b>      |                    |   |
| <i>phenyleph-promethazine-cod oral syrup 5-6.25-10 mg/5ml</i> | P                  | AL (Max 6 Years)  |
| <i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>    | P                  | AL (Max 6 Years)  |
| <b>*Dermatologicals*</b>                                      |                    |   |
| <b>*Acne Antibiotics***</b>                                   |                    |   |
| <i>clindamycin phosphate external gel 1 %</i>                 | P                  |   |
| <i>clindamycin phosphate external lotion 1 %</i>              | P                  |   |
| <i>clindamycin phosphate external solution 1 %</i>            | P                  |   |
| <i>clindamycin phosphate external swab 1 %</i>                | P                  | QL (60 EA per 30 days)  |
| <i>erythromycin external gel 2 %</i>                          | P                  |   |
| <i>erythromycin external solution 2 %</i>                     | P                  |   |
| <i>sulfacetamide sodium external suspension 10 %</i>          | P                  |   |
| <b>*Acne Products***</b>                                      |                    |   |
| <i>acne medication 10 external lotion 10 %</i>                | P                  |   |
| <i>acne medication 5 external gel 5 %</i>                     | P                  |   |
| <i>acne medication 5 external lotion 5 %</i>                  | P                  |   |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG                    | P                  | ST; Must fail preferred oral antibiotics for at least 6-8 weeks.; Max duration of therapy 20 weeks.; QL (62 EA per 31 days); AL (Min 12 Years and Max 20 Years) |
| AVITA EXTERNAL CREAM 0.025 %                                  | P                  | QL (45 GM per 31 days); AL (Max 20 Years)   |
| AVITA EXTERNAL GEL 0.025 %                                    | P                  | QL (45 GM per 31 days); AL (Max 20 Years)   |
| <i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %</i>         | P                  |   |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG              | P                  | ST; Must fail preferred oral antibiotics for at least 6-8 weeks.; Max duration of therapy 20 weeks.; QL (62 EA per 31 days); AL (Min 12 Years and Max 20 Years) |
| <i>cvs creamy acne face wash external liquid 4 %</i>          | P                  |   |

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|---|---------------------------|---|
| <i>kp benzoyl peroxide wash external liquid 10 %, 5 %</i>         | P                         |   |
| <i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>            | P                         | QL (45 GM per 31 days); AL (Max 20 Years) |
| <i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>             | P                         | QL (45 GM per 31 days); AL (Max 20 Years) |
| <b>*Antibiotic Mixtures Topical***</b>                            |                           |   |
| <i>bacitracin-neomycin-polymyxin external ointment 400-5-5000</i> | P                         |   |
| <i>double antibiotic external ointment 500-10000 unit/gm</i>      | P                         |   |
| <b>*Antibiotic Steroid Combinations - Topical***</b>              |                           |   |
| CORTISPORIN EXTERNAL OINTMENT 1 %                                 | P                         |   |
| <b>*Antibiotics - Topical***</b>                                  |                           |   |
| <i>bacitracin external ointment 500 unit/gm</i>                   | P                         |   |
| <i>bacitracin zinc external ointment 500 unit/gm</i>              | P                         |   |
| <i>gentamicin sulfate external cream 0.1 %</i>                    | P                         |   |
| <i>gentamicin sulfate external ointment 0.1 %</i>                 | P                         |   |
| <i>mupirocin external ointment 2 %</i>                            | P                         |   |
| <b>*Antifungals - Topical Combinations***</b>                     |                           |   |
| <i>clotrimazole-betamethasone external cream 1-0.05 %</i>         | P                         |   |
| <b>*Antifungals - Topical***</b>                                  |                           |   |
| <i>ciclopirox external solution 8 %</i>                           | P                         |   |
| <i>ciclopirox olamine external cream 0.77 %</i>                   | P                         |   |
| <i>ciclopirox olamine external suspension 0.77 %</i>              | P                         |   |
| <i>nystatin external cream 100000 unit/gm</i>                     | P                         |   |
| <i>nystatin external ointment 100000 unit/gm</i>                  | P                         |   |
| <i>nystatin external powder 100000 unit/gm</i>                    | P                         |   |
| <i>terbinafine hcl external cream 1 %</i>                         | P                         |   |
| <b>*Anti-Inflammatory Agents - Topical***</b>                     |                           |   |
| <i>diclofenac sodium transdermal gel 1 %</i>                      | P                         | QL (200 GM per 31 days)                   |
| <b>*Antineoplastic Antimetabolites - Topical***</b>               |                           |   |
| <i>fluorouracil external cream 5 %</i>                            | P                         | PA  |
| <i>fluorouracil external solution 2 %, 5 %</i>                    | P                         | PA  |

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|---|--------------------|---|
| <b>*Antipruritics - Topical***</b>                    |                    |   |
| <i>doxepin hcl external cream 5 %</i>                 | P                  | ST; Must fail preferred Corticosteroid-Topicals within the past 365 days.; QL (90 GM per 31 days)       |
| PRUDOXIN EXTERNAL CREAM 5 %                           | P                  | ST; Must fail preferred Corticosteroid-Topicals within the past 365 days.; QL (90 GM per 31 days)       |
| ZONALON EXTERNAL CREAM 5 %                            | P                  | ST; Must fail preferred Corticosteroid-Topicals within the past 365 days.; QL (90 GM per 31 days)       |
| <b>*Antipsoriatics***</b>                             |                    |   |
| <i>calcipotriene external cream 0.005 %</i>           | P                  | QL (120 GM per 31 days)   |
| <i>calcipotriene external ointment 0.005 %</i>        | P                  | QL (120 GM per 31 days)   |
| <i>calcipotriene external solution 0.005 %</i>        | P                  | QL (120 ML per 31 days)   |
| DRITHO-CREME HP EXTERNAL CREAM 1 %                    | P                  |   |
| <i>tazarotene external cream 0.1 %</i>                | P                  | QL (30 GM per 31 days); AL (Max 20 Years)   |
| TAZORAC EXTERNAL CREAM 0.05 %                         | P                  | QL (30 GM per 31 days); AL (Max 20 Years)   |
| TAZORAC EXTERNAL GEL 0.05 %, 0.1 %                    | P                  | QL (30 GM per 31 days); AL (Max 20 Years)   |
| <b>*Antiseborrheic Products***</b>                    |                    |   |
| <i>selenium sulfide external lotion 2.25 %, 2.5 %</i> | P                  |   |
| <b>*Antivirals - Topical***</b>                       |                    |   |
| <i>acyclovir external ointment 5 %</i>                | P                  | ST; Must fail preferred oral acyclovir or valacyclovir within the past 100 days.                        |
| DENAVIR EXTERNAL CREAM 1 %                            | P                  | ST; Must fail preferred oral acyclovir or valacyclovir within the past 100 days.; QL (5 GM per 28 days) |
| ZOVIRAX EXTERNAL CREAM 5 %                            | P                  | ST; Must fail preferred oral acyclovir or valacyclovir within the past 100 days.; QL (5 GM per 28 days) |

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|--|--------------------|-------------------------|
| <b>*Burn Products***</b>                                     |                    |                         |
| <i>silver sulfadiazine external cream 1 %</i>                | P                  | QL (400 GM per 31 days) |
| SSD EXTERNAL CREAM 1 %                                       | P                  | QL (400 GM per 31 days) |
| <b>*Corticosteroids - Topical***</b>                         |                    |                         |
| <i>alclometasone dipropionate external cream 0.05 %</i>      | P                  |                         |
| <i>alclometasone dipropionate external ointment 0.05 %</i>   | P                  |                         |
| <i>betamethasone dipropionate aug external cream 0.05 %</i>  | P                  |                         |
| <i>betamethasone dipropionate external cream 0.05 %</i>      | P                  |                         |
| <i>betamethasone dipropionate external lotion 0.05 %</i>     | P                  |                         |
| <i>betamethasone dipropionate external ointment 0.05 %</i>   | P                  |                         |
| <i>betamethasone valerate external cream 0.1 %</i>           | P                  |                         |
| <i>betamethasone valerate external lotion 0.1 %</i>          | P                  |                         |
| <i>betamethasone valerate external ointment 0.1 %</i>        | P                  |                         |
| <i>clobetasol propionate external solution 0.05 %</i>        | P                  |                         |
| <i>desonide external cream 0.05 %</i>                        | P                  |                         |
| <i>desonide external ointment 0.05 %</i>                     | P                  |                         |
| <i>fluocinolone acetonide body external oil 0.01 %</i>       | P                  |                         |
| <i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i> | P                  |                         |
| <i>fluocinolone acetonide external ointment 0.025 %</i>      | P                  |                         |
| <i>fluocinolone acetonide external solution 0.01 %</i>       | P                  |                         |
| <i>fluocinolone acetonide scalp external oil 0.01 %</i>      | P                  |                         |
| <i>fluocinonide external cream 0.05 %</i>                    | P                  |                         |
| <i>fluocinonide external gel 0.05 %</i>                      | P                  |                         |
| <i>fluocinonide external ointment 0.05 %</i>                 | P                  |                         |
| <i>fluocinonide external solution 0.05 %</i>                 | P                  |                         |
| <i>fluocinonide-e external cream 0.05 %</i>                  | P                  |                         |
| <i>fluticasone propionate external cream 0.05 %</i>          | P                  |                         |
| <i>fluticasone propionate external ointment 0.005 %</i>      | P                  |                         |

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|--|---------------------------|-------------------------|
| <i>halobetasol propionate external cream 0.05 %</i>                    | P                         |                         |
| <i>halobetasol propionate external ointment 0.05 %</i>                 | P                         |                         |
| <i>hydrocortisone external cream 0.5 %, 1 %, 2.5 %</i>                 | P                         |                         |
| <i>hydrocortisone external lotion 1 %, 2.5 %</i>                       | P                         |                         |
| <i>hydrocortisone external ointment 1 %, 2.5 %</i>                     | P                         |                         |
| <i>hydrocortisone valerate external cream 0.2 %</i>                    | P                         |                         |
| <i>hydrocortisone valerate external ointment 0.2 %</i>                 | P                         |                         |
| <i>mometasone furoate external cream 0.1 %</i>                         | P                         |                         |
| <i>mometasone furoate external ointment 0.1 %</i>                      | P                         |                         |
| <i>mometasone furoate external solution 0.1 %</i>                      | P                         |                         |
| <i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>    | P                         |                         |
| <i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i> | P                         |                         |
| <b>*Emollient/Keratolytic Agents***</b>                                |                           |                         |
| REMEVEN EXTERNAL CREAM 50 %  | P                         |                         |
| <i>urea external cream 40 %</i>  | P                         |                         |
| <b>*Emollients***</b>  |                           |                         |
| AMLACTIN EXTERNAL LOTION 12 %  | P                         | QL (400 GM per 31 days) |
| <i>ammonium lactate external cream 12 %</i>                            | P                         | QL (400 GM per 31 days) |
| <i>ammonium lactate external lotion 12 %</i>                           | P                         | QL (400 GM per 31 days) |
| <b>*Enzymes - Topical***</b>   |                           |                         |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM                                   | P                         | PA                      |
| <b>*Imidazole-Related Antifungals - Topical***</b>                     |                           |                         |
| <i>baza antifungal external cream 2 %</i>                              | P                         |                         |
| <i>clotrimazole external cream 1 %</i>                                 | P                         |                         |
| <i>clotrimazole external solution 1 %</i>                              | P                         |                         |
| <i>econazole nitrate external cream 1 %</i>                            | P                         |                         |
| <i>ketconazole external cream 2 %</i>                                  | P                         |                         |
| <i>ketconazole external shampoo 2 %</i>                                | P                         |                         |
| <i>miconazole nitrate external cream 2 %</i>                           | P                         |                         |
| <b>*Immunomodulators Imidazoquinolinamines - Topical***</b>            |                           |                         |
| <i>imiquimod external cream 5 %</i>                                    | P                         | PA                      |

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|--|--------------------|------------------------|
| <b>*Insect Repellents***</b>                       |                    |                        |
| CUTTER BACKWOODSEXTERNAL AEROSOL                   | P                  |                        |
| CUTTER SKINSATIONS EXTERNAL LIQUID 7 %             | P                  |                        |
| NATRAPEL 12-HOUR TICK/INSECT EXTERNAL AEROSOL 20 % | P                  |                        |
| OFF ACTIVE EXTERNAL AEROSOL 15 %                   | P                  |                        |
| OFF DEEP WOODS DRY EXTERNAL AEROSOL                | P                  |                        |
| OFF DEEP WOODS EXTERNAL AEROSOL                    | P                  |                        |
| OFF SMOOTH & DRY EXTERNAL AEROSOL 15 %             | P                  |                        |
| REPEL SPORTSMEN EXTERNAL AEROSOL                   | P                  |                        |
| REPEL SPORTSMEN MAX EXTERNAL AEROSOL 40 %          | P                  |                        |
| SAWYER INSECT REPELLENT EXTERNAL LIQUID 20 %       | P                  |                        |
| <b>*Keratolytic/Antimitotic Agents***</b>          |                    |                        |
| CLEAR AWAY 1-STEP WART REMOVER EXTERNAL PAD 40 %   | P                  |                        |
| COMPOUND W EXTERNAL LIQUID 17 %                    | P                  |                        |
| COMPOUND W MAXIMUM STRENGTH EXTERNAL GEL 17 %      | P                  |                        |
| CONDYLOX EXTERNAL GEL 0.5 %                        | P                  | PA                     |
| <i>podofilox external solution 0.5 %</i>           | P                  |                        |
| SALACTIC FILM EXTERNAL SOLUTION 17 %               | P                  |                        |
| <b>*Local Anesthetics - Topical***</b>             |                    |                        |
| <i>capsaicin external cream 0.025 %</i>            | P                  |                        |
| <i>lidocaine external ointment 5 %</i>             | P                  | QL (50 GM per 31 days) |
| <i>lidocaine hcl external gel 2 %</i>              | P                  |                        |
| <i>lidocaine hcl external solution 4 %</i>         | P                  |                        |
| <i>lidocaine pak external ointment 5 %</i>         | P                  | QL (50 GM per 31 days) |

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| Drug Name  | Preference Details | Coverage Details   |
|--|--------------------|--|
| <b>*Macrolide Immunosuppressants - Topical***</b>              |                    |  |
| ELIDEL EXTERNAL CREAM 1 %                                      | P                  | ST; Must fail preferred topical steroid for 4 weeks, within the past 100 days, unless contraindicated.; QL (30 GM per 31 days); AL (Min 2 Years) |
| <b>*Misc. Topical***</b>                                       |                    |  |
| HYPERCARE EXTERNAL SOLUTION 20 %                               | P                  |  |
| <b>*Rosacea Agents***</b>                                      |                    |  |
| <i>metronidazole external cream 0.75 %</i>                     | P                  |  |
| <i>metronidazole external gel 0.75 %, 1 %</i>                  | P                  |  |
| <b>*Scabicide Combinations***</b>                              |                    |  |
| <i>lice killing maximum strength external shampoo 0.33-4 %</i> | P                  |  |
| <b>*Scabicides &amp; Pediculicides***</b>                      |                    |  |
| <i>malathion external lotion 0.5 %</i>                         | P                  | QL (118 ML per 31 days); AL (Min 6 Years)  |
| <i>permethrin external cream 5 %</i>                           | P                  | QL (60 GM per 31 days)   |
| <i>permethrin external lotion 1 %</i>                          | P                  | QL (60 ML per 31 days)   |
| <i>spinosad external suspension 0.9 %</i>                      | P                  | AL (Min 6 Months)  |
| <b>*Topical Anesthetic Combinations***</b>                     |                    |  |
| <i>lidocaine-prilocaine external cream 2.5-2.5 %</i>           | P                  | QL (30 GM per 31 days)   |
| <b>*Topical Steroid Combinations***</b>                        |                    |  |
| <i>hydrocortisone-aloe external cream 1 %</i>                  | P                  |  |
| <b>*Diagnostic Products*</b>                                   |                    |  |
| <b>*Diagnostic Drugs***</b>                                    |                    |  |
| <i>dipyridamole intravenous solution 5 mg/ml</i>               | P                  |  |
| <b>*Diagnostic Tests***</b>                                    |                    |  |
| CLINISTIX IN VITRO STRIP                                       | P                  | QL (100 EA per 31 days)  |
| DIASTIX IN VITRO STRIP   | P                  | QL (100 EA per 31 days)  |
| KETOSTIX IN VITRO STRIP  | P                  | QL (100 EA per 31 days)  |
| ONETOUCH ULTRA BLUE STRIP IN VITRO                             | P                  | QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old  |

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| <b>Drug Name</b>  | <b>Preference Details</b> | <b>Coverage Details</b>   |
|---|---------------------------|---|
| ONETOUCH VERIO STRIP IN VITRO (OTC)   | P                         | QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old |
| ONETOUCH VERIO STRIP IN VITRO (RX)  | P                         | QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old |
| PRECISION XTRA KETONE IN VITRO STRIP  | P                         |   |
| <b>*Multiple Urine Tests***</b>   |                           |   |
| KETO-DIASTIX IN VITRO STRIP   | P                         |   |
| <b>*Digestive Aids*</b>   |                           |   |
| <b>*Digestive Enzymes***</b>  |                           |   |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT  | P                         |   |
| VIOKACE ORAL TABLET 10440 UNIT, 20880 UNIT  | P                         |   |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000 UNIT, 20000-63000 UNIT, 25000 UNIT, 3000-10000 UNIT, 40000-136000 UNIT, 5000 UNIT | P                         |   |
| <b>*Diuretics*</b>  |                           |   |
| <b>*Carbonic Anhydrase Inhibitors***</b>  |                           |   |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i>   | P                         |   |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>   | P                         |   |
| <b>*Diuretic Combinations***</b>  |                           |   |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>  | P                         |   |
| <i>spironolactone-hctz oral tablet 25-25 mg</i>   | P                         |   |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i>   | P                         |   |
| <i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>  | P                         |   |
| <b>*Loop Diuretics***</b>   |                           |   |
| <i>bumetanide injection solution 0.25 mg/ml</i>   | P                         |   |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>  | P                         |   |

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| <b>Drug Name</b>   | <b>Preference Details</b> | <b>Coverage Details</b> |
|--|---------------------------|-------------------------|
| <i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>                      | P                         |                         |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>                      | P                         |                         |
| <i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>               | P                         |                         |
| <b>*Potassium Sparing Diuretics***</b>                                 |                           |                         |
| <i>amiloride hcl oral tablet 5 mg</i>                                  | P                         |                         |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>                 | P                         |                         |
| <b>*Thiazides And Thiazide-Like Diuretics***</b>                       |                           |                         |
| <i>chlorothiazide oral tablet 250 mg, 500 mg</i>                       | P                         |                         |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                         | P                         |                         |
| DIURIL ORAL SUSPENSION 250 MG/5ML                                      | P                         |                         |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>                        | P                         |                         |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>           | P                         |                         |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                          | P                         |                         |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>                      | P                         |                         |
| <b>*Endocrine And Metabolic Agents - Misc.*</b>                        |                           |                         |
| <b>*Bisphosphonates***</b>   |                           |                         |
| <i>alendronate sodium oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg</i> | P                         |                         |
| <i>ibandronate sodium oral tablet 150 mg</i>                           | P                         | QL (1 EA per 28 days)   |
| <b>*Calcitonins***</b>   |                           |                         |
| <i>calcitonin (salmon) nasal solution 200 unit/act</i>                 | P                         |                         |
| <b>*Carnitine Replenisher - Agents***</b>                              |                           |                         |
| CARNITOR INTRAVENOUS SOLUTION 200 MG/ML                                | P                         |                         |
| <i>levocarnitine oral solution 1 gm/10ml</i>                           | P                         | QL (900 ML per 31 days) |
| <i>levocarnitine oral tablet 330 mg</i>                                | P                         |                         |
| <b>*Dopamine Receptor Agonists***</b>                                  |                           |                         |
| <i>cabergoline oral tablet 0.5 mg</i>                                  | P                         | PA                      |
| <b>*Gaa Deficiency Treatment - Agents***</b>                           |                           |                         |
| LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG                      | P                         | PA                      |
| <b>*Growth Hormones***</b>   |                           |                         |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG                   | P                         | PA                      |

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| <b>Drug Name</b>  | <b>Preference Details</b> | <b>Coverage Details</b>    |
|---|---------------------------|----------------------------|
| <b>*Hyperparathyroid Treatment- Vitamin D Analogs***</b>  |                           |                            |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>  | P                         |                            |
| <i>calcitriol oral solution 1 mcg/ml</i>  | P                         |                            |
| <b>*Rank Ligand (Rankl) Inhibitors***</b>   |                           |                            |
| PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML   | P                         | PA; QL (1 ML per 180 days) |
| <b>*Selective Estrogen Receptor Modulators (Serms)***</b>   |                           |                            |
| <i>raloxifene hcl oral tablet 60 mg</i>   | P                         |                            |
| <b>*Vasopressin***</b>  |                           |                            |
| <i>desmopressin ace rhinal tube nasal solution 0.01 %</i>   | P                         |                            |
| <i>desmopressin ace spray refrig nasal solution 0.01 %</i>  | P                         |                            |
| <i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>  | P                         |                            |
| <i>desmopressin acetate spray nasal solution 0.01 %</i>   | P                         |                            |
| <b>*Estrogens*</b>  |                           |                            |
| <b>*Estrogen &amp; Progestin***</b>   |                           |                            |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>  | P                         |                            |
| PREMPHASE ORAL TABLET 0.625-5 MG  | P                         |                            |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG   | P                         |                            |
| <b>*Estrogens***</b>  |                           |                            |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>   | P                         |                            |
| <i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>         | P                         |                            |
| <i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> | P                         |                            |
| <i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>  | P                         |                            |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG   | P                         |                            |

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|---|--------------------|---|
| <b>*Fluoroquinolones*</b>                                   |                    |   |
| <b>*Fluoroquinolones***</b>                                 |                    |   |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i> | P                  |   |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>      | P                  |   |
| <b>*Gastrointestinal Agents - Misc.*</b>                    |                    |   |
| <b>*Antiflatulents***</b>                                   |                    |   |
| <i>gas relief oral suspension 20 mg/0.3ml</i>               | P                  |   |
| <i>simethicone oral suspension 40 mg/0.6ml</i>              | P                  |   |
| <i>simethicone oral tablet chewable 80 mg</i>               | P                  |   |
| <b>*Gallstone Solubilizing Agents***</b>                    |                    |   |
| <i>ursodiol oral capsule 300 mg</i>                         | P                  |   |
| <b>*Gastrointestinal Stimulants***</b>                      |                    |   |
| <i>metoclopramide hcl oral solution 5 mg/5ml</i>            | P                  | QL (1500 ML per 31 days)  |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>           | P                  |   |
| <b>*Inflammatory Bowel Agents***</b>                        |                    |   |
| APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM       | P                  |   |
| <i>balsalazide disodium oral capsule 750 mg</i>             | P                  |   |
| <i>mesalamine rectal enema 4 gm</i>                         | P                  | QL (1800 ML per 31 days)  |
| <i>sulfasalazine oral tablet 500 mg</i>                     | P                  |   |
| <i>sulfasalazine oral tablet delayed release 500 mg</i>     | P                  |   |
| <b>*Intestinal Acidifiers***</b>                            |                    |   |
| <i>generlac oral solution 10 gm/15ml</i>                    | P                  | QL (4185 ML per 31 days)  |
| <b>*Phosphate Binder Agents***</b>                          |                    |   |
| AURYXIA ORAL TABLET 1 GM 210 MG(Fe)                         | P                  | ST; Must fail preferred Calcium acetate tablet or Calcium acetate capsule within the past 100 days. |
| <i>calcium acetate (phos binder) oral tablet 667 mg</i>     | P                  | QL (372 EA per 31 days)   |
| ELIPHOS ORAL TABLET 667 MG                                  | P                  | QL (372 EA per 31 days)   |
| <b>*Genitourinary Agents - Miscellaneous*</b>               |                    |   |
| <b>*5-Alpha Reductase Inhibitors***</b>                     |                    |   |
| <i>dutasteride oral capsule 0.5 mg</i>                      | P                  |   |
| <i>finasteride oral tablet 5 mg</i>                         | P                  |   |

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|--|--------------------|--------------------------|
| <b>*Alpha 1-Adrenoceptor Antagonists***</b>                        |                    |                          |
| <i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i> | P                  |                          |
| <i>tamsulosin hcl oral capsule 0.4 mg</i>                          | P                  |                          |
| <b>*Citrates***</b>  |                    |                          |
| <i>cytra-2 oral solution 500-334 mg/5ml</i>                        | P                  | QL (3600 ML per 31 days) |
| <b>*Genitourinary Irrigants***</b>                                 |                    |                          |
| ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 %                    | P                  | QL (1000 ML per 31 days) |
| <i>sodium chloride irrigation solution 0.9 %</i>                   | P                  | QL (1000 ML per 31 days) |
| <b>*Interstitial Cystitis Agents***</b>                            |                    |                          |
| <i>elmiron oral capsule 100 mg</i>                                 | P                  | PA                       |
| <b>*Urinary Analgesics***</b>                                      |                    |                          |
| <i>phenazopyridine hcl oral tablet 100 mg</i>                      | P                  |                          |
| <i>phenazopyridine hcl oral tablet 200 mg</i>                      | P                  | QL (12 EA per 31 days)   |
| <b>*Gout Agents*</b>   |                    |                          |
| <b>*Gout Agent Combinations***</b>                                 |                    |                          |
| <i>colchicine-probenecid oral tablet 0.5-500 mg</i>                | P                  |                          |
| <b>*Gout Agents***</b>   |                    |                          |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>                      | P                  |                          |
| <i>colchicine oral tablet 0.6 mg</i>                               | P                  |                          |
| <b>*Uricosurics***</b>   |                    |                          |
| <i>probenecid oral tablet 500 mg</i>                               | P                  |                          |
| <b>*Hematological Agents - Misc.*</b>                              |                    |                          |
| <b>*Bradykinin B2 Receptor Antagonists***</b>                      |                    |                          |
| FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML                            | P                  | PA                       |
| <b>*Hematorheologic Agents***</b>                                  |                    |                          |
| <i>pentoxifylline er oral tablet extended release 400 mg</i>       | P                  |                          |
| <b>*Phosphodiesterase Iii Inhibitors***</b>                        |                    |                          |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>                        | P                  |                          |
| <b>*Platelet Aggregation Inhibitors***</b>                         |                    |                          |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>                | P                  |                          |
| <b>*Quinazoline Agents***</b>                                      |                    |                          |
| <i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>                    | P                  |                          |

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|---|---------------------------|-------------------------|
| <b>*Thienopyridine Derivatives***</b>   |                           |                         |
| <i>clopidogrel bisulfate oral tablet 75 mg</i>  | P                         |                         |
| <b>*Hematopoietic Agents*</b>   |                           |                         |
| <b>*Cobalamins***</b>   |                           |                         |
| <i>b-12 oral tablet dispersible 1000 mcg</i>  | P                         |                         |
| <i>cyanocobalamin injection solution 1000 mcg/ml</i>  | P                         |                         |
| <i>vitamin b-12 er oral tablet extended release 1000 mcg</i>  | P                         |                         |
| <i>vitamin b-12 oral tablet 1000 mcg, 250 mcg, 500 mcg</i>  | P                         |                         |
| <i>vitamin b-12 sublingual tablet sublingual 1000 mcg</i>   | P                         |                         |
| <b>*Cytotoxic Agents***</b>   |                           |                         |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG  | P                         |                         |
| <b>*Erythropoiesis-Stimulating Agents (Esas)***</b>   |                           |                         |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 150 MCG/0.75ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML                                   | P                         | PA                      |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML | P                         | PA                      |
| <b>*Erythropoietins***</b>  |                           |                         |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML  | P                         | PA                      |
| <b>*Folic Acid/Folate Combinations***</b>   |                           |                         |
| <i>folbee oral tablet 2.5-25-1 mg</i>   | P                         |                         |
| <b>*Folic Acid/Folates***</b>   |                           |                         |
| <i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>  | P                         |                         |

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|---|--------------------|--------------------------|
| <b>*Granulocyte Colony-Stimulating Factors (G-Csf)***</b>                         |                    |                          |
| ZARXIO INJECTION SOLUTION<br>PREFILLED SYRINGE 300 MCG/0.5ML,<br>480 MCG/0.8ML    | P                  | PA                       |
| <b>*Iron Combinations***</b>  |                    |                          |
| CENTRATEx ORAL CAPSULE 106-1 MG   | P                  |                          |
| <i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>                        | P                  |                          |
| <b>*Iron***</b>   |                    |                          |
| <i>ferretts oral tablet 325 (106 fe) mg</i>                                       | P                  |                          |
| <i>ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg</i>                       | P                  |                          |
| <i>ferrous gluconate oral tablet 239 (27 fe) mg, 324 (38 fe) mg</i>               | P                  |                          |
| <i>ferrous sulfate oral elixir 220 (44 fe) mg/5ml</i>                             | P                  |                          |
| <i>ferrous sulfate oral liquid 220 (44 fe) mg/5ml</i>                             | P                  |                          |
| <i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>                             | P                  |                          |
| <i>ferrous sulfate oral tablet 325 (65 fe) mg</i>                                 | P                  |                          |
| <i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i> | P                  |                          |
| POLY-IRON 150 ORAL CAPSULE 150 MG   | P                  |                          |
| <i>slow release iron oral tablet extended release 160 (50 fe) mg</i>              | P                  |                          |
| <b>*Hepatitis C Agent - Combinations***</b>                                       |                    |                          |
| <b>*Hepatitis C Agent - Combinations***</b>                                       |                    |                          |
| MAVYRET ORAL TABLET 100-40 MG   | P                  | PA                       |
| <b>*Hypnotics*</b>  |                    |                          |
| <b>*Antihistamine Hypnotics***</b>  |                    |                          |
| <i>diphenhydramine hcl (sleep) oral tablet 50 mg</i>                              | P                  |                          |
| <i>sleep aid oral tablet 25 mg</i>  | P                  |                          |
| <b>*Barbiturate Hypnotics***</b>  |                    |                          |
| <i>phenobarbital oral elixir 20 mg/5ml</i>  | P                  | QL (2000 ML per 31 days) |
| <i>phenobarbital oral tablet 100 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>  | P                  |                          |
| <i>phenobarbital oral tablet 15 mg</i>  | P                  | QL (310 EA per 31 days)  |
| <i>phenobarbital oral tablet 16.2 mg</i>  | P                  | QL (383 EA per 31 days)  |

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|---|--------------------|---|
| <i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>    | P                  |   |
| <b>*Benzodiazepine Hypnotics***</b>                                   |                    |   |
| <i>estazolam oral tablet 1 mg, 2 mg</i>                               | P                  |   |
| <i>temazepam oral capsule 15 mg, 30 mg</i>                            | P                  |   |
| <i>triazolam oral tablet 0.125 mg, 0.25 mg</i>                        | P                  | AL (Min 18 Years)                         |
| <b>*Non-Benzodiazepine - Gaba-Receptor Modulators***</b>              |                    |   |
| <i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>                      | P                  | QL (31 EA per 31 days); AL (Min 18 Years) |
| <b>*Interleukin-5 Antagonists (Igg1 Kappa)***</b>                     |                    |   |
| <b>*Interleukin-5 Antagonists (Igg1 Kappa)***</b>                     |                    |   |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG                     | P                  | PA  |
| <b>*Interleukin-5 Antagonists (Igg4 Kappa)***</b>                     |                    |   |
| <b>*Interleukin-5 Antagonists (Igg4 Kappa)***</b>                     |                    |   |
| CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML                              | P                  | PA  |
| <b>*Laxatives*</b>  |                    |   |
| <b>*Bowel Evacuant Combinations***</b>                                |                    |   |
| GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM                         | P                  | QL (4000 ML per 31 days)                  |
| GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM        | P                  | QL (4000 ML per 31 days)                  |
| GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM                         | P                  | QL (1 EA per 31 days)                     |
| <i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>       | P                  | QL (4000 ML per 31 days)                  |
| <i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i> | P                  | QL (4000 ML per 31 days)                  |
| <i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>       | P                  | QL (4000 ML per 31 days)                  |
| TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM                            | P                  | QL (4000 ML per 31 days)                  |
| <b>*Bulk Laxatives***</b>   |                    |   |
| <i>fiber oral tablet 625 mg</i>                                       | P                  |   |
| METAMUCIL ORAL CAPSULE 0.52 GM  | P                  |   |

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| Drug Name   | Preference Details | Coverage Details         |
|---|--------------------|--------------------------|
| <i>metamucil oral powder 48.57 %</i>                      | P                  |                          |
| METAMUCIL ORAL WAFER                                      | P                  |                          |
| METAMUCIL SMOOTH TEXTURE ORAL POWDER 28.3 %, 58.6 %       | P                  |                          |
| <i>natural fiber laxative oral powder 48.57 %</i>         | P                  |                          |
| <b>*Laxatives - Miscellaneous***</b>                      |                    |                          |
| <i>cvs glycerin adult rectal suppository 2 gm</i>         | P                  |                          |
| <i>lactulose oral solution 10 gm/15ml</i>                 | P                  | QL (4185 ML per 31 days) |
| <i>polyethylene glycol 3350 oral packet</i>               | P                  |                          |
| <i>polyethylene glycol 3350 oral powder</i>               | P                  | QL (527 GM per 31 days)  |
| <i>sorbitol oral solution 70 %</i>                        | P                  |                          |
| <b>*Laxatives &amp; Dss***</b>                            |                    |                          |
| <i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>   | P                  |                          |
| <b>*Saline Laxative Mixtures***</b>                       |                    |                          |
| <i>enema disposable rectal enema</i>                      | P                  |                          |
| FLEET PEDIATRIC RECTAL ENEMA 3.5-9.5 GM/59ML              | P                  |                          |
| <b>*Saline Laxatives***</b>                               |                    |                          |
| <i>milk of magnesia oral suspension 1200 mg/15ml</i>      | P                  |                          |
| <b>*Stimulant Laxatives***</b>                            |                    |                          |
| <i>bisacodyl ec oral tablet delayed release 5 mg</i>      | P                  |                          |
| <i>bisacodyl rectal suppository 10 mg</i>                 | P                  |                          |
| <i>senna laxative oral tablet 8.6 mg</i>                  | P                  |                          |
| <i>senna oral syrup 8.8 mg/5ml</i>                        | P                  |                          |
| <i>senna oral tablet 8.6 mg</i>                           | P                  |                          |
| <b>*Surfactant Laxatives***</b>                           |                    |                          |
| <i>docusate calcium oral capsule 240 mg</i>               | P                  |                          |
| <i>docusate sodium oral liquid 50 mg/5ml</i>              | P                  |                          |
| <i>docusate sodium oral tablet 100 mg</i>                 | P                  |                          |
| <i>stool softener oral capsule 100 mg, 250 mg</i>         | P                  |                          |
| <b>*Local Anesthetics-Parenteral*</b>                     |                    |                          |
| <b>*Local Anesthetics - Amides***</b>                     |                    |                          |
| <i>lidocaine hcl (pf) injection solution 1.5 %, 2 %</i>   | P                  |                          |
| <i>lidocaine hcl injection solution 0.5 %, 1 %, 1.5 %</i> | P                  |                          |

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| Drug Name   | Preference Details | Coverage Details       |
|---|--------------------|------------------------|
| <b>*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***</b>             |                    |                        |
| <b>*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***</b>             |                    |                        |
| XIIDRA OPHTHALMIC SOLUTION 5 %  | P                  | QL (60 EA per 30 days) |
| <b>*Macrolides*</b>   |                    |                        |
| <b>*Azithromycin***</b>   |                    |                        |
| <i>azithromycin hydrogencitrate intravenous solution reconstituted 2.5 gm</i> | P                  |                        |
| <i>azithromycin intravenous solution reconstituted 500 mg</i>                 | P                  |                        |
| <i>azithromycin oral packet 1 gm</i>  | P                  |                        |
| <i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>      | P                  |                        |
| <i>azithromycin oral tablet 250 mg</i>  | P                  | QL (12 EA per 31 days) |
| <i>azithromycin oral tablet 500 mg, 600 mg</i>                                | P                  |                        |
| <b>*Clarithromycin***</b>   |                    |                        |
| <i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>          | P                  |                        |
| <i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>    | P                  |                        |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>                              | P                  |                        |
| <b>*Erythromycins***</b>  |                    |                        |
| E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML                      | P                  |                        |
| ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML                           | P                  |                        |
| ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML                           | P                  |                        |
| ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG                    | P                  |                        |
| ERYTHROCIN STEARATE ORAL TABLET 250 MG  | P                  |                        |
| <i>erythromycin base oral capsule delayed release particles 250 mg</i>        | P                  |                        |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i>                         | P                  |                        |

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| <b>Drug Name</b>                                 | <b>Preference Details</b> | <b>Coverage Details</b>   |
|--|---------------------------|---|
| <b>*Medical Devices*</b>                         |                           |   |
| <b>*Applicators,Cotton Balls,Etc***</b>          |                           |   |
| <i>alcohol pads pad 70 %</i>                     | P                         |   |
| <b>*Glucose Monitoring Test Supplies***</b>      |                           |   |
| <i>glucose control in vitro solution</i>         | P                         |   |
| <i>lancet device</i>                             | P                         |   |
| <i>lancets</i>                                   | P                         | QL (200 EA per 31 days)   |
| ONETOUCH ULTRA 2 KIT W/DEVICE W/DEVICE           | P                         | QL (1 EA per 365 days)  |
| ONETOUCH ULTRA MINI KIT W/DEVICE W/DEVICE        | P                         | QL (1 EA per 365 days)  |
| ONETOUCH ULTRALINK KIT W/DEVICE W/DEVICE         | P                         | QL (1 EA per 365 days)  |
| ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE W/DEVICE | P                         | QL (1 EA per 365 days)  |
| ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE W/DEVICE   | P                         | QL (1 EA per 365 days)  |
| ONETOUCH VERIO KIT W/DEVICE W/DEVICE             | P                         | QL (1 EA per 365 days)  |
| ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE W/DEVICE | P                         | QL (1 EA per 365 days)  |
| <b>*Hearing Aid Supplies-Batteries***</b>        |                           |   |
| <i>hearing aid battery</i>                       | P                         |   |
| <b>*Needles &amp; Syringes***</b>                |                           |   |
| BD AUTOSHIELD 29G X 5MM 29G X 5MM                | P                         | QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old |
| BD AUTOSHIELD 29G X 8MM 29G X 8MM                | P                         | QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old |
| BD AUTOSHIELD DUO 30G X 5 MM 30G X 5 MM          | P                         | QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old |
| BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML    | P                         | All Syringes Are Covered; QL (100 EA per 31 days)   |

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| <b>Drug Name</b>   | <b>Preference Details</b> | <b>Coverage Details</b>   |
|--|---------------------------|---|
| BD PEN NEEDLE MINI U/F 31G X 5 MM<br>31G X 5 MM              | P                         | QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old |
| BD PEN NEEDLE NANO U/F 32G X 4 MM<br>(OTC) 32G X 4 MM        | P                         | QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old |
| BD PEN NEEDLE NANO U/F 32G X 4 MM<br>(RX) 32G X 4 MM         | P                         | QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old |
| BD PEN NEEDLE SHORT U/F 31G X 8 MM<br>31G X 8 MM             | P                         | QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old |
| BD PEN NEEDLE ULTRAFINE 29G X<br>12.7MM 29G X 12.7MM         | P                         | QL: 200/31 days for members 21 years old and younger; QL: 100/31 days for members over 21 years old |
| <i>insulin syringe 29g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml</i> | P                         | All Syringes Are Covered; QL (100 EA per 31 days)   |
| <b>*Peak Flow Meters***</b>                                  |                           |   |
| <i>peak flow meter device</i>                                | P                         | QL (2 EA per 365 days)  |
| <b>*Respiratory Therapy Supplies***</b>                      |                           |   |
| IN-CHECK DIAL FLOW TRAINER<br>DEVICE                         | P                         | QL (2 EA per 365 days)  |
| <b>*Spacer/Aerosol-Holding Chambers &amp; Supplies***</b>    |                           |   |
| AEROCHAMBER PLUS FLO-VU                                      | P                         | QL (2 EA per 365 days)  |
| AEROCHAMBER PLUS FLO-VU LARGE                                | P                         | QL (2 EA per 365 days)  |
| AEROCHAMBER PLUS FLO-VU SMALL                                | P                         | QL (2 EA per 365 days)  |
| AEROCHAMBER PLUS FLO-VU<br>W/MASK                            | P                         | QL (2 EA per 365 days)  |
| E-Z SPACER DEVICE  | P                         | QL (2 EA per 365 days)  |
| MICROCHAMBER   | P                         | QL (2 EA per 365 days)  |
| MICROSPACER  | P                         | QL (2 EA per 365 days)  |
| OPTICHAMBER ADVANTAGE  | P                         | QL (2 EA per 365 days)  |
| OPTICHAMBER ADVANTAGE-LGMASK                                 | P                         | QL (2 EA per 365 days)  |

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| <b>Drug Name</b>  | <b>Preference Details</b> | <b>Coverage Details</b>  |
|---|---------------------------|--|
| OPTICHAMBER ADVANTAGE-MED MASK  | P                         | QL (2 EA per 365 days)   |
| OPTICHAMBER ADVANTAGE-SM MASK   | P                         | QL (2 EA per 365 days)   |
| OPTICHAMBER FACE MASK-LARGE   | P                         | QL (2 EA per 365 days)   |
| OPTICHAMBER FACE MASK-MEDIUM  | P                         | QL (2 EA per 365 days)   |
| OPTICHAMBER FACE MASK-SMALL   | P                         | QL (2 EA per 365 days)   |
| OPTIHALER   | P                         | QL (2 EA per 365 days)   |
| <b>*Migraine Products*</b>  |                           |  |
| <b>*Selective Serotonin Agonists 5-Ht(1)***</b>                                 |                           |  |
| <i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>                                 | P                         | ST; Must fail preferred sumatriptan, rizatriptan, rizatriptan odt tablets within the past 100 days.; QL (9 EA per 31 days) |
| <i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>                             | P                         |  |
| <i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>                 | P                         |  |
| <i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>                           | P                         | QL (12 EA per 31 days)   |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>                   | P                         | QL (9 EA per 31 days)  |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>                   | P                         | QL (4 ML per 31 days)  |
| <i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i> | P                         | QL (4 ML per 31 days)  |
| <b>*Minerals &amp; Electrolytes*</b>  |                           |  |
| <b>*Calcium Combinations***</b>   |                           |  |
| <i>calcium carbonate-vitamin d oral tablet 600-400 mg-unit</i>                  | P                         |  |
| <i>calcium oral tablet chewable 500-100 mg-unit</i>                             | P                         |  |
| <i>calcium+d3 oral tablet 600-800 mg-unit</i>                                   | P                         |  |
| <b>*Calcium***</b>  |                           |  |
| <i>calcium carbonate oral suspension 1250 (500 ca) mg/5ml</i>                   | P                         |  |
| <i>calcium carbonate oral tablet 1250 (500 ca) mg, 600 mg</i>                   | P                         |  |
| <i>calcium lactate oral tablet 648 mg</i>                                       | P                         |  |
| <i>cal-lac oral capsule 500 mg</i>  | P                         |  |

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| <b>Drug Name</b>  | <b>Preference Details</b> | <b>Coverage Details</b>  |
|---|---------------------------|--------------------------|
| <i>oyster calcium oral tablet 500 mg</i>  | P                         |                          |
| <i>oyster shell calcium oral tablet 500 mg</i>  | P                         |                          |
| <b>*Electrolytes Oral***</b>  |                           |                          |
| ORALYTE FREEZER POPS ORAL SOLUTION  | P                         | QL (4000 ML per 31 days) |
| ORALYTE ORAL SOLUTION   | P                         | QL (4000 ML per 31 days) |
| <b>*Electrolytes Parenteral***</b>  |                           |                          |
| <i>lactated ringers intravenous solution</i>  | P                         |                          |
| <i>potassium chloride in nacl intravenous solution 20-0.9 meq/l-%, 40 meq/250ml</i>       | P                         |                          |
| <b>*Fluoride Combinations***</b>  |                           |                          |
| FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG, 0.5 (F)-236.79 MG, 1 (F)-236.79 MG   | P                         |                          |
| <b>*Fluoride***</b>   |                           |                          |
| <i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>                                    | P                         |                          |
| <i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f)mg</i> | P                         |                          |
| <b>*Iodine Products***</b>  |                           |                          |
| SSKI ORAL SOLUTION 1 GM/ML  | P                         |                          |
| <b>*Magnesium***</b>  |                           |                          |
| <i>magdelay oral tablet delayed release 70 mg</i>   | P                         |                          |
| <i>mag-delay oral tablet extended release 535 (64 mg) mg</i>                              | P                         |                          |
| <i>magnesium oxide oral tablet 400 (240 mg) mg, 400 (241.3 mg) mg, 500 mg</i>             | P                         |                          |
| MAG-TAB SR ORAL TABLET EXTENDED RELEASE 84 MG (7MEQ)                                      | P                         |                          |
| <i>sm magnesium oxide oral tablet 250 mg</i>  | P                         |                          |
| <b>*Phosphate***</b>  |                           |                          |
| <i>phos-nak oral packet 280-160-250 mg</i>  | P                         |                          |
| <b>*Potassium***</b>  |                           |                          |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10MEQ  | P                         |                          |
| KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ  | P                         |                          |

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|---|---------------------------|-------------------------|
| KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ  | P                         |                         |
| KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ   | P                         |                         |
| <i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>                   | P                         |                         |
| <i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>                        | P                         |                         |
| <i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>                 | P                         |                         |
| <i>potassium chloride intravenous solution 0.4 meq/ml, 10 meq/100ml, 2 meq/ml, 40 meq/100ml</i> | P                         |                         |
| <i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>                    | P                         |                         |
| <b>*Sodium***</b>   |                           |                         |
| <i>normal saline flush intravenous solution 0.9 %</i>   | P                         |                         |
| <i>saline flush intravenous solution 0.9 %</i>  | P                         |                         |
| <i>sodium chloride injection solution 0.9 %</i>   | P                         | QL (310 ML per 31 days) |
| <i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>                                       | P                         |                         |
| <i>sodium chloride oral tablet 1 gm</i>   | P                         |                         |
| <b>*Zinc***</b>   |                           |                         |
| <i>zinc sulfate oral capsule 220 (50 zn) mg</i>   | P                         |                         |
| <i>zinc sulfate oral tablet 220 (50 zn) mg</i>  | P                         |                         |
| <i>zinc-220 oral capsule 220 (50 zn) mg</i>   | P                         |                         |
| <b>*Mouth/Throat/Dental Agents*</b>   |                           |                         |
| <b>*Anesthetics Topical Oral***</b>   |                           |                         |
| <i>lidocaine viscous mouth/throat solution 2 %</i>  | P                         |                         |
| <b>*Anti-Infectives - Throat***</b>   |                           |                         |
| <i>clotrimazole mouth/throat lozenge 10 mg</i>  | P                         |                         |
| <i>clotrimazole mouth/throat troche 10 mg</i>   | P                         |                         |
| <i>nystatin mouth/throat suspension 100000 unit/ml</i>  | P                         | QL (300 ML per 31 days) |
| <b>*Antiseptics - Mouth/Throat***</b>   |                           |                         |
| <i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>                                     | P                         | QL (480 ML per 31 days) |
| PERIOGARD MOUTH/THROAT SOLUTION 0.12 %  | P                         | QL (480 ML per 31 days) |

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|--|--------------------|------------------|
| <b>*Fluoride Dental Products***</b>                            |                    |                  |
| DENTA 5000 PLUS DENTAL CREAM 1.1 %                             | P                  |                  |
| DENTAGEL DENTAL GEL 1.1 %                                      | P                  |                  |
| FLUORIDEX DAILY DEFENSE DENTAL GEL 1.1 %                       | P                  |                  |
| KARIGEL DENTAL GEL 1.1 %                                       | P                  |                  |
| PHOS-FLUR DENTAL GEL 1.1 %                                     | P                  |                  |
| <i>sf 5000 plus dental cream 1.1 %</i>                         | P                  |                  |
| <b>*Saliva Stimulants***</b>                                   |                    |                  |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>                | P                  |                  |
| <b>*Steroids - Mouth/Throat***</b>                             |                    |                  |
| <i>triamcinolone acetonide mouth/throat paste 0.1 %</i>        | P                  |                  |
| <b>*Multivitamins*</b>   |                    |                  |
| <b>*B-Complex Vitamins***</b>                                  |                    |                  |
| <i>b complex oral capsule</i>                                  | P                  |                  |
| <b>*B-Complex W/ C &amp; Folic Acid***</b>                     |                    |                  |
| DIALYVITE ORAL TABLET  | P                  |                  |
| <i>rena-vite oral tablet</i>                                   | P                  |                  |
| <i>triphrocaps oral capsule 1 mg</i>                           | P                  |                  |
| <b>*B-Complex W/ C***</b>                                      |                    |                  |
| <i>vitamin b complex-c oral capsule</i>                        | P                  |                  |
| <b>*Multiple Vitamins W/ Iron***</b>                           |                    |                  |
| <i>tab-a-vite/iron oral tablet</i>                             | P                  |                  |
| <b>*Multiple Vitamins W/ Minerals***</b>                       |                    |                  |
| AQUADEKS ORAL CAPSULE  | P                  |                  |
| CERTAVITE/ANTIOXIDANTS ORAL TABLET                             | P                  |                  |
| <b>*Multivitamins***</b>                                       |                    |                  |
| <i>multi-vitamins oral tablet</i>                              | P                  |                  |
| <b>*Ped Multi Vitamins W/Fl &amp; Fe***</b>                    |                    |                  |
| <i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i> | P                  |                  |
| <b>*Ped Multiple Vitamins W/ Minerals &amp; C***</b>           |                    |                  |
| VITAMAX PEDIATRIC ORAL SOLUTION                                | P                  |                  |

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|---|---------------------------|-------------------------|
| <b>*Ped Mv W/ Fluoride***</b>   |                           |                         |
| <i>multi-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>           | P                         |                         |
| <i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i> | P                         |                         |
| <i>multi-vitamin/fluoride oral tablet chewable 0.5 mg</i>               | P                         | AL (Max 17 Years)       |
| <b>*Ped Mv W/ Iron***</b>   |                           |                         |
| <i>polyvitamin/iron oral solution 10 mg/ml</i>                          | P                         |                         |
| <b>*Ped Vitamins Acid Fluoride &amp; Iron***</b>                        |                           |                         |
| <i>tri-vit/fluoride/iron oral solution 0.25-10 mg/ml</i>                | P                         |                         |
| <b>*Ped Vitamins Acid W/ Fluoride***</b>                                |                           |                         |
| <i>tri-vit/fluoride oral solution 0.25 mg/ml</i>                        | P                         |                         |
| <i>tri-vitamin/fluoride oral solution 0.5 mg/ml</i>                     | P                         |                         |
| <i>vitamins acid-fluoride oral solution 0.25 mg/ml</i>                  | P                         |                         |
| <b>*Pediatric Multiple Vitamins W/ C***</b>                             |                           |                         |
| <i>polyvitamin oral solution 35 mg/ml</i>                               | P                         |                         |
| <b>*Pediatric Vitamins A &amp; D W/ C***</b>                            |                           |                         |
| <i>tri-vitamin oral solution 1500-400-35</i>                            | P                         |                         |
| <b>*Prenatal Mv &amp; Min W/Fe-Fa***</b>                                |                           |                         |
| CO-NATAL FA ORAL TABLET   | P                         |                         |
| ELITE-OB ORAL TABLET 50-1.25 MG   | P                         |                         |
| FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG                                  | P                         |                         |
| MYNATAL ADVANCE ORAL TABLET   | P                         |                         |
| <i>mynatal-z oral tablet</i>  | P                         |                         |
| <i>mynate 90 plus oral tablet extended release</i>                      | P                         |                         |
| <i>pnv prenatal plus multivit+dha oral 27-1 &amp; 312 mg</i>            | P                         |                         |
| PRENATABS RX ORAL TABLET 29-1 MG  | P                         |                         |
| <i>prenatal 19 oral tablet chewable</i>                                 | P                         |                         |
| <i>prenatal low iron oral tablet 27-0.8 mg</i>                          | P                         |                         |
| <i>prenatal oral tablet 28-0.8 mg</i>                                   | P                         |                         |
| <i>prenatal plus iron oral tablet 29-1 mg</i>                           | P                         |                         |
| <i>prenatal plus oral tablet 27-1 mg</i>                                | P                         |                         |

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| Drug Name  | Preference Details | Coverage Details        |
|--|--------------------|-------------------------|
| PRENATAL-UORAL CAPSULE 106.5-1 MG  | P                  |                         |
| TARON-C DHA ORAL CAPSULE 53.5-38-1 MG                                      | P                  |                         |
| <i>trinatal rx 1 oral tablet 60-1 mg</i>                                   | P                  |                         |
| TRINATE ORAL TABLET  | P                  |                         |
| VINATE AZ EXTRA ORAL TABLET 29-1 MG  | P                  |                         |
| VINATE II ORAL TABLET 29-1 MG  | P                  |                         |
| VINATE M ORAL TABLET 27-1 MG   | P                  |                         |
| <b>*Prenatal Mv &amp; Min W/Fe-Fa-Ca-Omega 3 Fish Oil***</b>               |                    |                         |
| PR NATAL 400 EC ORAL 29-1-200 & 400 MG (DR)                                | P                  |                         |
| <b>*Musculoskeletal Therapy Agents*</b>                                    |                    |                         |
| <b>*Central Muscle Relaxants***</b>  |                    |                         |
| <i>baclofen oral tablet 10 mg, 20 mg</i>                                   | P                  |                         |
| <i>carisoprodol oral tablet 350 mg</i>                                     | P                  | QL (124 EA per 31 days) |
| <i>chlorzoxazone oral tablet 500 mg</i>                                    | P                  |                         |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>                         | P                  | QL (93 EA per 31 days)  |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>                            | P                  |                         |
| <i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i> | P                  |                         |
| <i>tizanidine hcl oral tablet 2 mg, 4 mg</i>                               | P                  |                         |
| <b>*Direct Muscle Relaxants***</b>   |                    |                         |
| <i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>                 | P                  |                         |
| <b>*Viscosupplements***</b>  |                    |                         |
| SUPARTZ INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML             | P                  | PA                      |
| <b>*Nasal Agents - Systemic And Topical*</b>                               |                    |                         |
| <b>*Nasal Agents - Misc.***</b>  |                    |                         |
| <i>saline nasal spray nasal solution 0.65 %</i>                            | P                  |                         |
| <b>*Nasal Anticholinergics***</b>  |                    |                         |
| <i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>                   | P                  |                         |

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| <b>Drug Name</b>  | <b>Preference Details</b> | <b>Coverage Details</b> |
|---|---------------------------|-------------------------|
| <b>*Nasal Antihistamines***</b>   |                           |                         |
| <i>azelastine hcl nasal solution 0.1 %</i>                                | P                         |                         |
| <b>*Nasal Mast Cell Stabilizers***</b>                                    |                           |                         |
| <i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>                  | P                         |                         |
| <b>*Nasal Steroids***</b>   |                           |                         |
| FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT                        | P                         |                         |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i>                     | P                         |                         |
| <i>fluticasone propionate nasal suspension 50 mcg/act</i>                 | P                         |                         |
| <b>*Systemic Decongestants***</b>   |                           |                         |
| <i>childrens silfedrine oral liquid 15 mg/5ml</i>                         | P                         |                         |
| <i>nasal decongestant oral syrup 30 mg/5ml</i>                            | P                         |                         |
| <i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i> | P                         |                         |
| <i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>                       | P                         |                         |
| SUDAFED PE MAXIMUM STRENGTH ORAL TABLET 10 MG                             | P                         |                         |
| <b>*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***</b>       |                           |                         |
| <b>*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***</b>       |                           |                         |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG                        | P                         | PA                      |
| <b>*Nutrients*</b>  |                           |                         |
| <b>*Misc. Nutritional Substances***</b>                                   |                           |                         |
| <i>fish oil concentrate oral capsule 1000 mg</i>                          | P                         |                         |
| <i>fish oil oral capsule 1000 mg</i>                                      | P                         |                         |
| <i>omega-3 oral capsule 1000 mg</i>                                       | P                         |                         |
| <b>*Ophthalmic Agents*</b>  |                           |                         |
| <b>*Artificial Tear Ointments***</b>                                      |                           |                         |
| <i>eye lubricant ophthalmic ointment</i>                                  | P                         |                         |
| <b>*Artificial Tears And Lubricants***</b>                                |                           |                         |
| <i>artificial tears ophthalmic solution 1.4 %</i>                         | P                         | QL (15 ML per 31 days)  |

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| Drug Name   | Preference Details | Coverage Details |
|---|--------------------|------------------|
| <b>*Beta-Blockers - Ophthalmic Combinations***</b>                    |                    |                  |
| <i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i> | P                  |                  |
| <b>*Beta-Blockers - Ophthalmic***</b>                                 |                    |                  |
| <i>betaxolol hcl ophthalmic solution 0.5 %</i>                        | P                  |                  |
| BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %                               | P                  |                  |
| <i>carteolol hcl ophthalmic solution 1 %</i>                          | P                  |                  |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i>                      | P                  |                  |
| <i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>  | P                  |                  |
| <i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>              | P                  |                  |
| <b>*Cycloplegic Mydriatics***</b>                                     |                    |                  |
| <i>atropine sulfate ophthalmic ointment 1 %</i>                       | P                  |                  |
| <i>atropine sulfate ophthalmic solution 1 %</i>                       | P                  |                  |
| <b>*Miotics - Direct Acting***</b>                                    |                    |                  |
| <i>pilocarpine hcl ophthalmic solution 2 %</i>                        | P                  |                  |
| <b>*Ophthalmic Antiallergic***</b>                                    |                    |                  |
| <i>cromolyn sodium ophthalmic solution 4 %</i>                        | P                  |                  |
| <i>ketotifen fumarate ophthalmic solution 0.025 %</i>                 | P                  |                  |
| <i>olopatadine hcl ophthalmic solution 0.1 %</i>                      | P                  |                  |
| <b>*Ophthalmic Antibiotics***</b>                                     |                    |                  |
| <i>bacitracin ophthalmic ointment 500 unit/gm</i>                     | P                  |                  |
| <i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>                    | P                  |                  |
| <i>erythromycin ophthalmic ointment 5 mg/gm</i>                       | P                  |                  |
| <i>gentamicin sulfate ophthalmic ointment 0.3 %</i>                   | P                  |                  |
| <i>gentamicin sulfate ophthalmic solution 0.3 %</i>                   | P                  |                  |
| <i>ofloxacin ophthalmic solution 0.3 %</i>                            | P                  |                  |
| <i>tobramycin ophthalmic solution 0.3 %</i>                           | P                  |                  |
| <b>*Ophthalmic Anti-Infective Combinations***</b>                     |                    |                  |
| <i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>              | P                  |                  |
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>   | P                  |                  |

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|--|---------------------------|-------------------------|
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>    | P                         |                         |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i> | P                         |                         |
| <i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>  | P                         |                         |
| <b>*Ophthalmic Antivirals***</b>   |                           |                         |
| <i>trifluridine ophthalmic solution 1 %</i>                              | P                         |                         |
| <b>*Ophthalmic Carbonic Anhydrase Inhibitors***</b>                      |                           |                         |
| AZOPT OPHTHALMIC SUSPENSION 1 %  | P                         |                         |
| <i>dorzolamide hcl ophthalmic solution 2 %</i>                           | P                         |                         |
| <b>*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***</b>              |                           |                         |
| <i>diclofenac sodium ophthalmic solution 0.1 %</i>                       | P                         |                         |
| <i>flurbiprofen sodium ophthalmic solution 0.03 %</i>                    | P                         |                         |
| <i>ketorolac tromethamine ophthalmic solution 0.5 %</i>                  | P                         |                         |
| <b>*Ophthalmic Selective Alpha Adrenergic Agonists***</b>                |                           |                         |
| <i>brimonidine tartrate ophthalmic solution 0.2 %</i>                    | P                         |                         |
| <b>*Ophthalmic Steroid Combinations***</b>                               |                           |                         |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>     | P                         |                         |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>   | P                         |                         |
| <i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>           | P                         |                         |
| PRED-G OPHTHALMIC SUSPENSION 0.3-1 %                                     | P                         |                         |
| <i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>          | P                         |                         |
| TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %                                   | P                         |                         |
| <i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>          | P                         |                         |
| <b>*Ophthalmic Steroids***</b>   |                           |                         |
| <i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>          | P                         |                         |

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|---|---------------------------|--|
| <i>fluorometholone ophthalmic suspension 0.1 %</i>              | P                         |  |
| FML FORTE OPHTHALMIC SUSPENSION 0.25 %                          | P                         |  |
| LOTEMAX OPHTHALMIC GEL 0.5 %                                    | P                         |  |
| LOTEMAX OPHTHALMIC SUSPENSION 0.5 %                             | P                         |  |
| MAXIDEX OPHTHALMIC SUSPENSION 0.1 %                             | P                         |  |
| <i>prednisolone acetate ophthalmic suspension 1 %</i>           | P                         |  |
| VEXOL OPHTHALMIC SUSPENSION 1 %                                 | P                         |  |
| <b>*Ophthalmic Sulfonamides***</b>                              |                           |  |
| <i>sulfacetamide sodium ophthalmic solution 10 %</i>            | P                         |  |
| <b>*Prostaglandins - Ophthalmic***</b>                          |                           |  |
| <i>latanoprost ophthalmic solution 0.005 %</i>                  | P                         | QL (5 ML per 31 days)  |
| <b>*Otic Agents*</b>  |                           |  |
| <b>*Otic Agents - Miscellaneous***</b>                          |                           |  |
| <i>acetic acid otic solution 2 %</i>                            | P                         |  |
| <i>carbamide ear drops otic solution 6.5 %</i>                  | P                         |  |
| <b>*Otic Analgesic Combinations***</b>                          |                           |  |
| <i>antipyrine-benzocaine otic solution 5.4-1.4 %, 5.5-1.4 %</i> | P                         |  |
| <b>*Otic Anti-Infectives***</b>                                 |                           |  |
| <i>ofloxacin otic solution 0.3 %</i>                            | P                         |  |
| <b>*Otic Steroid-Anti-Infective Combinations***</b>             |                           |  |
| CIPRODEX OTIC SUSPENSION 0.3-0.1 %                              | P                         | ST; Members above 6 years old must fail ofloxacin 0.3% ear drops within the past 100 days.; Preferred for members 6 years old and younger; Members 7 years old and older covered with step edit.; AL (Max 6 Years) |
| <i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>          | P                         |  |
| <i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>        | P                         |  |

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|---|--------------------|-------------------------|
| <b>*Oxytocics*</b>  |                    |                         |
| <b>*Oxytocics***</b>  |                    |                         |
| <i>methylergonovine maleate injection solution 0.2 mg/ml</i>  | P                  |                         |
| <i>methylergonovine maleate oral tablet 0.2 mg</i>  | P                  |                         |
| <b>*Passive Immunizing Agents*</b>  |                    |                         |
| <b>*Antiviral Monoclonal Antibodies***</b>  |                    |                         |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML   | P                  | PA                      |
| <b>*Penicillins*</b>  |                    |                         |
| <b>*Aminopenicillins***</b>   |                    |                         |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>  | P                  |                         |
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>                                   | P                  | QL (300 ML per 31 days) |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>   | P                  |                         |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>  | P                  |                         |
| <i>ampicillin oral capsule 250 mg, 500 mg</i>   | P                  |                         |
| <i>ampicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>  | P                  |                         |
| <b>*Natural Penicillins***</b>  |                    |                         |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML  | P                  |                         |
| <i>penicillin g potassium injection solution reconstituted 5000000 unit</i>   | P                  |                         |
| <i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>  | P                  |                         |
| <i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>  | P                  | QL (300 ML per 31 days) |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>  | P                  |                         |
| PFIZERPEN-G INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT  | P                  |                         |
| <b>*Penicillin Combinations***</b>  |                    |                         |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i> | P                  | QL (300 ML per 31 days) |

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| <b>Drug Name</b>  | <b>Preference Details</b> | <b>Coverage Details</b> |
|---|---------------------------|-------------------------|
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i> | P                         |                         |
| <i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>    | P                         |                         |
| <b>BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML</b>       | P                         |                         |
| <b>BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000UNIT/2ML</b>                      | P                         |                         |
| <b>*Penicillinase-Resistant Penicillins***</b>                                    |                           |                         |
| <i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>                           | P                         |                         |
| <i>oxacillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm</i>        | P                         |                         |
| <b>*Potassium Removing Agents***</b>  |                           |                         |
| <b>*Potassium Removing Agents***</b>  |                           |                         |
| <i>sodium polystyrene sulfonate oral powder</i>                                   | P                         | QL (454 GM per 31 days) |
| <b>SPS ORAL SUSPENSION 15 GM/60ML</b>   | P                         |                         |
| <b>*Progestins*</b>   |                           |                         |
| <b>*Progestins***</b>   |                           |                         |
| <b>MAKENA INTRAMUSCULAR OIL 250 MG/ML</b>   | P                         | PA                      |
| <i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>                | P                         |                         |
| <i>norethindrone acetate oral tablet 5 mg</i>                                     | P                         |                         |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i>                        | P                         |                         |
| <b>*Psychotherapeutic And Neurological Agents - Misc.*</b>                        |                           |                         |
| <b>*Alcohol Deterrents***</b>   |                           |                         |
| <i>acamprosate calcium oral tablet delayed release 333 mg</i>                     | P                         | QL (186 EA per 31 days) |
| <i>disulfiram oral tablet 250 mg, 500 mg</i>                                      | P                         |                         |
| <b>*Benzodiazepines &amp; Tricyclic Agents***</b>                                 |                           |                         |
| <i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>             | P                         |                         |
| <b>*Cholinomimetics - Ache Inhibitors***</b>                                      |                           |                         |
| <i>donepezil hcl oral tablet 10 mg, 5 mg</i>                                      | P                         |                         |

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|--|---------------------------|-------------------------|
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>                 | P                         |                         |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i> | P                         |                         |
| <b>*Ms Agents - Pyrimidine Synthesis Inhibitors***</b>                               |                           |                         |
| AUBAGIO ORAL TABLET 14 MG, 7 MG  | P                         | PA                      |
| <b>*Multiple Sclerosis Agents - Interferons***</b>                                   |                           |                         |
| AVONEX INTRAMUSCULAR KIT 30 MCG  | P                         | PA                      |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML                              | P                         | PA                      |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML                    | P                         | PA                      |
| EXTAVIA SUBCUTANEOUS KIT 0.3 MG  | P                         | PA                      |
| REBIF REBIDOSESUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML         | P                         | PA                      |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG   | P                         | PA                      |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML             | P                         | PA                      |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG        | P                         | PA                      |
| <b>*Multiple Sclerosis Agents***</b>   |                           |                         |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>           | P                         | PA                      |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML                             | P                         | PA                      |
| <b>*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***</b>                          |                           |                         |
| <i>memantine hcl oral solution 2 mg/ml</i>   | P                         |                         |
| <i>memantine hcl oral tablet 10 mg, 5 (28)-10 (21) mg, 5 mg</i>                      | P                         |                         |

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|---|--------------------|---|
| <b>*Phenothiazines &amp; Tricyclic Agents***</b>  |                    |   |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | P                  |   |
| <b>*Psychotherapeutic And Neurological Agents - Misc.***</b>                              |                    |   |
| <i>pimozide oral tablet 1 mg, 2 mg</i>  | P                  | AL (Min 12 Years)                           |
| <b>*Smoking Deterrents***</b>   |                    |   |
| <i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>         | P                  |   |
| CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG   | P                  | QL (280 EA per 365 days); AL (Min 18 Years) |
| CHANTIX ORAL TABLET 0.5 MG  | P                  | QL (336 EA per 365 days); AL (Min 18 Years) |
| CHANTIX ORAL TABLET 1 MG  | P                  | QL (280 EA per 365 days); AL (Min 18 Years) |
| CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42                            | P                  | QL (106 EA per 365 days); AL (Min 18 Years) |
| <i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>                                    | P                  | QL (740 EA per 31 days)                     |
| <i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                                | P                  | QL (620 EA per 31 days)                     |
| <i>nicotine transdermal kit 21-14-7 mg/24hr</i>   | P                  | QL (56 EA per 365 days)                     |
| <i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>               | P                  | QL (28 EA per 28 days)                      |
| NICOTROL INHALATION INHALER 10 MG   | P                  | QL (504 EA per 31 days); AL (Min 18 Years)  |
| NICOTROL NS NASAL SOLUTION 10 MG/ML   | P                  | QL (120 ML per 31 days); AL (Min 18 Years)  |
| <b>*Respiratory Agents - Misc.*</b>   |                    |   |
| <b>*Cftr Potentiators***</b>  |                    |   |
| KALYDECO ORAL PACKET 50 MG, 75 MG   | P                  | PA  |
| KALYDECO ORAL TABLET 150 MG   | P                  | PA  |
| <b>*Hydrolytic Enzymes***</b>   |                    |   |
| PULMOZYME INHALATION SOLUTION 1 MG/ML   | P                  | PA  |

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|--|--------------------|--|
| <b>*Sinus Node Inhibitors**</b>  |                    |  |
| <b>*Sinus Node Inhibitors**</b>  |                    |  |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG  | P                  | PA   |
| <b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>  |                    |  |
| <b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>  |                    |  |
| INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG   | P                  | ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days. |
| SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG  | P                  | ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days  |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG  | P                  | ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days  |
| <b>*Tetracyclines*</b>   |                    |  |
| <b>*Tetracyclines***</b>   |                    |  |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>  | P                  |  |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>   | P                  |  |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>  | P                  |  |
| <i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>   | P                  |  |
| <i>tetracycline hcl oral capsule 250 mg, 500 mg</i>  | P                  |  |
| <b>*Thyroid Agents*</b>  |                    |  |
| <b>*Antithyroid Agents***</b>  |                    |  |
| <i>methimazole oral tablet 10 mg, 5 mg</i>   | P                  |  |
| <i>propylthiouracil oral tablet 50 mg</i>  | P                  | QL (558 EA per 31 days)  |
| <b>*Thyroid Hormones***</b>  |                    |  |
| ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG  | P                  |  |
| <i>levothyroxine sodium intravenous solution reconstituted 500 mcg</i>   | P                  |  |
| <i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | P                  |  |

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| <b>Drug Name</b>   | <b>Preference Details</b> | <b>Coverage Details</b> |
|--|---------------------------|-------------------------|
| <i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>   | P                         |                         |
| <i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>   | P                         |                         |
| UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | P                         |                         |
| <b>*Toxoids*</b>   |                           |                         |
| <b>*Toxoid Combinations***</b>   |                           |                         |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5  | P                         |                         |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5   | P                         |                         |
| TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU   | P                         | AL (Min 19 Years)       |
| <i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>   | P                         | AL (Min 19 Years)       |
| <b>*Ulcer Drugs*</b>   |                           |                         |
| <b>*Antispasmodics***</b>  |                           |                         |
| <i>dicyclomine hcl oral capsule 10 mg</i>  | P                         |                         |
| <i>dicyclomine hcl oral solution 10 mg/5ml</i>   | P                         |                         |
| <i>dicyclomine hcl oral tablet 20 mg</i>   | P                         |                         |
| <b>*Belladonna Alkaloids***</b>  |                           |                         |
| <i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>  | P                         |                         |
| <i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>  | P                         |                         |
| <i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>   | P                         |                         |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i>  | P                         |                         |
| <i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>  | P                         |                         |
| <i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>   | P                         |                         |
| <b>*H-2 Antagonists***</b>   |                           |                         |
| <i>acid reducer oral tablet 75 mg</i>  | P                         |                         |
| <i>cimetidine hcl oral solution 300 mg/5ml</i>   | P                         |                         |
| <i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>   | P                         |                         |

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| <b>Drug Name</b>  | <b>Preference Details</b> | <b>Coverage Details</b>   |
|---|---------------------------|---|
| <i>famotidine oral tablet 10 mg, 20 mg, 40 mg</i>                   | P                         |   |
| <i>ranitidine acid reducer oral tablet 75 mg</i>                    | P                         |   |
| <i>ranitidine hcl injection solution 50 mg/2ml</i>                  | P                         |   |
| <i>ranitidine hcl oral capsule 150 mg, 300 mg</i>                   | P                         |   |
| <i>ranitidine hcl oral syrup 15 mg/ml</i>                           | P                         | QL (620 ML per 31 days)   |
| <i>ranitidine hcl oral tablet 150 mg, 300 mg</i>                    | P                         |   |
| <i>ranitidine hcl solution 150 mg/6ml injection 150 mg/6ml</i>      | P                         |   |
| ZANTAC INJECTION SOLUTION 1000 MG/40ML                              | P                         |   |
| <b>*Misc. Anti-Ulcer***</b>   |                           |   |
| CARAFATE ORAL SUSPENSION 1 GM/10ML                                  | P                         | QL (1240 ML per 31 days)  |
| <i>sucralfate oral tablet 1 gm</i>                                  | P                         |   |
| <b>*Proton Pump Inhibitor-Antacid Combinations***</b>               |                           |   |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>        | P                         | OTC only  |
| ZEGERID OTC ORAL CAPSULE 20-1100 MG                                 | P                         | OTC only  |
| <b>*Proton Pump Inhibitors***</b>                                   |                           |   |
| FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML                          | P                         | ST; Must fail preferred omeprazole capsule and ranitidine syrup within the past 100 days. |
| <i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>       | P                         |   |
| NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG                      | P                         | OTC only  |
| NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG                       | P                         | OTC only  |
| <i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>  | P                         |   |
| <i>omeprazole oral tablet delayed release 20 mg</i>                 | P                         |   |
| <i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i> | P                         |   |
| PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG                      | P                         |   |

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| <b>Drug Name</b>  | <b>Preference Details</b> | <b>Coverage Details</b>   |
|---|---------------------------|---|
| <b>*Quaternary Anticholinergics***</b>  |                           |   |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>  | P                         |   |
| <i>propantheline bromide oral tablet 15 mg</i>  | P                         |   |
| <b>*Ulcer Drugs - Prostaglandins***</b>   |                           |   |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i>                                       | P                         |   |
| <b>*Urinary Anti-Infectives*</b>  |                           |   |
| <b>*Urinary Anti-Infectives***</b>  |                           |   |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>                         | P                         |   |
| <i>nitrofurantoin macrocrystal oral capsule 25 mg</i>                                 | P                         | AL (Max 8 Years)  |
| <i>nitrofurantoin monohyd macro oral capsule 100 mg</i>                               | P                         |   |
| <b>*Urinary Antiseptic-Antispasmodic &amp;/Or Analgesics***</b>                       |                           |   |
| <i>uticap oral capsule 120 mg</i>   | P                         |   |
| <b>*Urinary Antispasmodics*</b>   |                           |   |
| <b>*Urinary Antispasmodic - Antimuscarinics (Antichol)*** (New)</b>                   |                           |   |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i> | P                         |   |
| <i>oxybutynin chloride oral syrup 5 mg/5ml</i>  | P                         |   |
| <i>oxybutynin chloride oral tablet 5 mg</i>   | P                         |   |
| <i>tropium chloride oral tablet 20 mg</i>   | P                         | ST; Must fail preferred oxybutynin er tablets within the past 100 days. |
| <b>*Urinary Antispasmodics - Cholinergic Agonists*** (New)</b>                        |                           |   |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>                     | P                         |   |
| <b>*Vaccines*</b>   |                           |   |
| <b>*Bacterial Vaccines***</b>   |                           |   |
| PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML  | P                         | AL (Min 19 Years)   |
| PREVNAR 13 INTRAMUSCULAR SUSPENSION   | P                         | AL (Min 19 Years)   |
| <b>*Viral Vaccines***</b>   |                           |   |
| CERVARIX INTRAMUSCULAR SUSPENSION   | P                         | AL (Min 19 Years and Max 26 Years)                                      |

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| <b>Drug Name</b>  | <b>Preference Details</b> | <b>Coverage Details</b>            |
|---|---------------------------|------------------------------------|
| GARDASIL 9 INTRAMUSCULAR SUSPENSION                                   | P                         | AL (Min 19 Years and Max 26 Years) |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                 | P                         | AL (Min 19 Years and Max 26 Years) |
| GARDASIL INTRAMUSCULAR SUSPENSION                                     | P                         | AL (Min 19 Years and Max 26 Years) |
| ZOSTAVAX SUBCUTANEOUS SOLUTION RECONSTITUTED 19400 UNT/0.65ML         | P                         | AL (Min 50 Years)                  |
| ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML       | P                         | AL (Min 50 Years)                  |
| <b>*Vaginal Products*</b>   |                           |                                    |
| <b>*Imidazole-Related Antifungals***</b>                              |                           |                                    |
| <i>3 day vaginal vaginal cream 2 %</i>                                | P                         |                                    |
| <i>clotrimazole vaginal cream 1 %</i>                                 | P                         |                                    |
| GYNE-LOTTRIMIN 3 VAGINAL CREAM 2 %                                    | P                         |                                    |
| <i>miconazole 3 combo pack app vaginal kit 200 &amp; 2 mg-% (9gm)</i> | P                         |                                    |
| <i>miconazole 3 combo pack vaginal kit 200 &amp; 2 mg-% (9gm)</i>     | P                         |                                    |
| <i>miconazole 3 vaginal suppository 200 mg</i>                        | P                         |                                    |
| <i>miconazole nitrate vaginal cream 2 %</i>                           | P                         |                                    |
| <i>miconazole nitrate vaginal suppository 100 mg</i>                  | P                         |                                    |
| MONISTAT 3 VAGINAL CREAM 4 %  | P                         |                                    |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                         | P                         |                                    |
| <i>terconazole vaginal suppository 80 mg</i>                          | P                         |                                    |
| <b>*Vaginal Anti-Infectives***</b>                                    |                           |                                    |
| <i>clindamycin phosphate vaginal cream 2 %</i>                        | P                         |                                    |
| <i>metronidazole vaginal gel 0.75 %</i>                               | P                         |                                    |
| VANAZOLE VAGINAL GEL 0.75 %   | P                         |                                    |
| <b>*Vaginal Estrogens***</b>  |                           |                                    |
| PREMARIN VAGINAL CREAM 0.625 MG/GM                                    | P                         |                                    |

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| <b>Drug Name</b>  | <b>Preference Details</b> | <b>Coverage Details</b> |
|---|---------------------------|-------------------------|
| <b>*Vasopressors*</b>   |                           |                         |
| <b>*Anaphylaxis Therapy Agents***</b>   |                           |                         |
| <i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i> | P                         | QL (6 EA per 180 days)  |
| <b>*Vasopressors***</b>   |                           |                         |
| <i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>  | P                         |                         |
| <b>*Vitamins*</b>   |                           |                         |
| <b>*Biotin***</b>   |                           |                         |
| <i>biotin 5000 oral capsule 5 mg</i>  | P                         |                         |
| <i>biotin maximum strength oral capsule 5000 mcg</i>  | P                         |                         |
| <b>*Vitamin A***</b>  |                           |                         |
| <i>vitamin a oral capsule 10000 unit, 8000 unit</i>   | P                         |                         |
| <b>*Vitamin B-1***</b>  |                           |                         |
| <i>thiamine hcl injection solution 100 mg/ml</i>  | P                         |                         |
| <i>vitamin b-1 oral tablet 100 mg, 250 mg, 50 mg</i>  | P                         |                         |
| <b>*Vitamin B-3***</b>  |                           |                         |
| <i>niacin er oral capsule extended release 500 mg</i>   | P                         |                         |
| <i>niacin er oral tablet extended release 500 mg</i>  | P                         |                         |
| <i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>   | P                         |                         |
| <b>*Vitamin B-6***</b>  |                           |                         |
| <i>vitamin b-6 er oral tablet extended release 200 mg</i>                                       | P                         |                         |
| <i>vitamin b-6 oral tablet 100 mg, 25 mg, 250 mg, 50 mg, 500 mg</i>                             | P                         |                         |
| <b>*Vitamin C***</b>  |                           |                         |
| <i>ascorbic acid oral tablet 1000 mg, 250 mg, 500 mg</i>  | P                         |                         |
| <i>natural c/rose hips oral tablet 500 mg</i>   | P                         |                         |
| <i>sm chewable vitamin c oral tablet chewable 500 mg</i>  | P                         |                         |
| <i>vitamin c oral tablet 500 mg</i>   | P                         |                         |
| <i>vitamin c oral tablet chewable 250 mg</i>  | P                         |                         |
| <i>vitamin c-rose hips oral tablet 500 mg</i>   | P                         |                         |
| <b>*Vitamin D***</b>  |                           |                         |
| <i>d2000 ultra strength oral capsule 2000 unit</i>  | P                         |                         |

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| <b>Drug Name</b>   | <b>Preference Details</b> | <b>Coverage Details</b> |
|--|---------------------------|-------------------------|
| OPTIMAL-D ORAL CAPSULE 50000 UNIT                              | P                         |                         |
| <i>vitamin d (cholecalciferol) oral tablet 1000 unit</i>       | P                         |                         |
| <i>vitamin d (ergocalciferol) oral capsule 50000 unit</i>      | P                         | QL (4 EA per 28 Days)   |
| <i>vitamin d oral capsule 2000 unit</i>                        | P                         |                         |
| <i>vitamin d oral tablet 1000 unit</i>                         | P                         |                         |
| <i>vitamin d3 oral capsule 1000 unit, 2000 unit, 5000 unit</i> | P                         |                         |
| <i>vitamin d3 oral liquid 400 unit/ml</i>                      | P                         |                         |
| <i>vitamin d3 oral tablet 1000 unit, 2000 unit</i>             | P                         |                         |
| <i>vitamin d-3 oral tablet 5000 unit</i>                       | P                         |                         |
| <i>vitamin d-400 oral tablet 400 unit</i>                      | P                         |                         |
| <b>*Vitamin E***</b>   |                           |                         |
| <i>natural vitamin e oral capsule 400 unit</i>                 | P                         |                         |
| <i>vitamin e oral capsule 400 unit</i>                         | P                         |                         |
| <i>vitamin e water soluble oral capsule 400 unit</i>           | P                         |                         |
| <i>vitamin e/d-alpha natural oral capsule 400 unit</i>         | P                         |                         |
| <b>*Vitamin K***</b>   |                           |                         |
| MEPHYTON ORAL TABLET 5 MG                                      | P                         | QL (31 EA per 31 days)  |
| <i>vitamin k (phytonadione) oral tablet 100 mcg</i>            | P                         |                         |

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|   |            |  |        |  |        |
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| <i>ropinirole hcl</i> .....             | 31         | SSKI.....                                  | 70     | <i>testosterone enanthate</i> .....      | 7      |
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