

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.

Drug Name	Preference Details	Coverage Details
Adhd/Anti-Narcolepsy/Anti-Obesity/Aorexians		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	P	
*Adhd Agent-Selective Norepinephrine Reuptake Inhibitor***		
<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)
*Amphetamine Mixtures***		
<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)
*Amphetamines***		
<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	
*Stimulants - Misc.***		
<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

Drug Name	Preference Details	Coverage Details
<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)
Alternative Medicines		
*Alternative Medicine - Me's***		
<i>melatonin maximum strength oral tablet 5 mg</i>	P	
Aminoglycosides		
*Aminoglycosides***		
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML	P	PA
Analgesics - Anti-Inflammatory		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
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)
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
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

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

Drug Name	Preference Details	Coverage Details
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	P	QL (31 EA per 31 days)
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
<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	
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	P	

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

Drug Name	Preference Details	Coverage Details
*Soluble Tumor Necrosis Factor Receptor Agents***		
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
Analgesics - Nonnarcotic		
*Analgesics Other***		
<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 & fever childrens oral solution 160 mg/5ml</i>	P	
*Analgesics-Sedatives***		
<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)
*Salicylates***		
<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	

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

Drug Name	Preference Details	Coverage Details
<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	
Analgesics - Opioid		
*Codeine Combinations***		
<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)
*Hydrocodone Combinations***		
<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)
*Opioid Agonists***		
<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	

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

Drug Name	Preference Details	Coverage Details
<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)
*Opioid Combinations***		
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)
*Opioid Partial Agonists***		
<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	

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

Drug Name	Preference Details	Coverage Details
Androgens-Anabolic		
*Anabolic Steroids***		
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	P	PA
*Androgens***		
<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
Anorectal Agents		
*Intrarectal Steroids***		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	P	
*Rectal Steroids***		
PROCTOSOL HC RECTAL CREAM 2.5 %	P	
PROCTOZONE-HC RECTAL CREAM 2.5 %	P	
Antacids		
*Antacid & Simethicone***		
<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	
*Antacids - Aluminum Salts***		
<i>aluminum hydroxide gel oral suspension 320 mg/5ml</i>	P	
*Antacids - Bicarbonate***		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	P	
*Antacids - Calcium Salts***		
<i>calcium antacid extra strength oral tablet chewable 750 mg</i>	P	

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

Drug Name	Preference Details	Coverage Details
<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	
*Antacids - Magnesium Salts***		
<i>magnesium oxide oral tablet 250 mg, 400 mg, 420 mg</i>	P	
Anthelmintics		
*Anthelmintics***		
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	
Antianginal Agents		
*Nitrates***		
<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	
Antianxiety Agents		
*Antianxiety Agents - Misc.***		
<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)

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

Drug Name	Preference Details	Coverage Details
<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	
*Benzodiazepines***		
<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	
Antiarrhythmics		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	P	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	P	
*Antiarrhythmics Type I-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	
*Antiarrhythmics Type I-C***		
<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	
*Antiarrhythmics Type Iii***		
<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	

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

Drug Name	Preference Details	Coverage Details
Antiasthmatic And Bronchodilator Agents		
*Adrenergic Combinations***		
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)
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	P	PA
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	P	
*Beta Adrenergics***		
<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)

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

Drug Name	Preference Details	Coverage Details
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)
*Bronchodilators - Anticholinergics***		
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)
*Leukotriene Receptor Antagonists***		
<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	
*Steroid Inhalants***		
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)

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

Drug Name	Preference Details	Coverage Details
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)
*Xanthines***		
<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	
Anticoagulants		
*Coumarin Anticoagulants***		
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	
*Direct Factor Xa Inhibitors***		
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)

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

Drug Name	Preference Details	Coverage Details
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	P	QL (51 EA per 30 days)
*Heparins And Heparinoid-Like Agents***		
<i>heparin sodium lock flush intravenous solution 100 unit/ml</i>	P	
*Low Molecular Weight Heparins***		
<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)
*Synthetic Heparinoid-Like Agents***		
<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)
Anticonvulsants		
*Anticonvulsants - Benzodiazepines***		
<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)
*Anticonvulsants - Misc.***		
<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)

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

Drug Name	Preference Details	Coverage Details
<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)
*Gaba Modulators***		
GABITRIL ORAL TABLET 12 MG, 16 MG	P	
<i>tiagabine hcl oral tablet 2 mg, 4 mg</i>	P	
*Hydantoins***		
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	
*Succinimides***		
<i>ethosuximide oral capsule 250 mg</i>	P	AL (Min 3 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

Drug Name	Preference Details	Coverage Details
<i>ethosuximide oral solution 250 mg/5ml</i>	P	QL (930 ML per 31 days); AL (Min 3 Years)
*Valproic Acid***		
<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)
Antidepressants		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<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	
*Antidepressants - Misc.***		
<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	
*Modified Cyclics***		
<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	
*Monoamine Oxidase Inhibitors (Maois)***		
<i>phenelzine sulfate oral tablet 15 mg</i>	P	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	P	

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

Drug Name	Preference Details	Coverage Details
*Selective Serotonin Reuptake Inhibitors (SsrIs)***		
<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	
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
<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	
*Tricyclic Agents***		
<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	

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

Drug Name	Preference Details	Coverage Details
<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	
Antidiabetics		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	P	
*Biguanides***		
<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)
*Diabetic Other***		
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	
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	P	ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days.
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
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.
*Human Insulin***		
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)

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

Drug Name	Preference Details	Coverage Details
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML 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)

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

Drug Name	Preference Details	Coverage Details
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)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
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)
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	P	
*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***		
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.

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

Drug Name	Preference Details	Coverage Details
STEGLATRO ORAL TABLET 15 MG, 5 MG	P	ST; Must fail preferred metformin, metformin er, or riomet within the past 100 days
*Sulfonylurea-Biguanide Combinations***		
<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	
*Sulfonylureas***		
<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	
*Thiazolidinedione-Biguanide Combinations***		
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.
*Thiazolidinediones***		
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.
Antidiarrheals		
*Antidiarrheal Agents - Misc.***		
<i>bismatrol oral suspension 262 mg/15ml</i>	P	
FLORANEX ORAL PACKET	P	

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

Drug Name	Preference Details	Coverage Details
FLORASTOR KIDS ORAL PACKET 250 MG	P	
*Antidiarrheal Combinations***		
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE	P	
*Antiperistaltic Agents***		
<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	
Antidotes And Specific Antagonists		
*Antidotes And Specific Antagonists***		
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	P	
Antidotes		
*Antidotes - Chelating Agents***		
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	P	PA
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG	P	PA
*Antidotes***		
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	P	
*Opioid Antagonists***		
<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)

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

Drug Name	Preference Details	Coverage Details
Antiemetics		
*5-Ht3 Receptor Antagonists***		
<i>ondansetron hcl oral solution 4 mg/5ml</i>	P	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	P	
*Antiemetics - Anticholinergic***		
<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	
Antifungals		
*Antifungals***		
<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	
*Imidazoles***		
<i>ketoconazole oral tablet 200 mg</i>	P	
*Triazoles***		
<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	
Antihistamines		
*Antihistamines - Alkylamines***		
<i>allergy oral tablet 4 mg</i>	P	
*Antihistamines - Ethanolamines***		
<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	

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

Drug Name	Preference Details	Coverage Details
*Antihistamines - Non-Sedating***		
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	
*Antihistamines - Phenothiazines***		
<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	
*Antihistamines - Piperidines***		
<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	
Antihyperlipidemics		
*Antihyperlipidemics - Misc.***		
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	P	
*Bile Acid Sequestrants***		
<i>cholestyramine light oral packet 4 gm</i>	P	

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

Drug Name	Preference Details	Coverage Details
<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	
*Fibric Acid Derivatives***		
<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	
*Hmg Coa Reductase Inhibitors***		
<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	
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe oral tablet 10 mg</i>	P	PA
*Nicotinic Acid Derivatives***		
NIACOR ORAL TABLET 500 MG	P	
Antihypertensives		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<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	
*Ace Inhibitors & Thiazide/Thiazide-Like***		
<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	

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

Drug Name	Preference Details	Coverage Details
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	P	
*Ace Inhibitors***		
<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	
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like***		
<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	
*Angiotensin II Receptor Antagonists***		
<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	

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

Drug Name	Preference Details	Coverage Details
*Antiadrenergics - Centrally Acting***		
<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	
*Antiadrenergics - Peripherally Acting***		
<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	
*Beta Blocker & Diuretic Combinations***		
<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	
*Vasodilators***		
<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	
Anti-Infective Agents - Misc.		
*Anti-Infective Agents - Misc.***		
<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
*Anti-Infective Misc. - Combinations***		
<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	
*Antiprotozoal Agents***		
<i>atovaquone oral suspension 750 mg/5ml</i>	P	PA

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

Drug Name	Preference Details	Coverage Details
*Leprostatics***		
<i>dapsone oral tablet 100 mg, 25 mg</i>	P	
*Lincosamides***		
<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	
*Oxazolidinones***		
<i>linezolid oral tablet 600 mg</i>	P	PA
Antimalarials		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	P	
*Antimalarials***		
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	
Antimyasthenic Agents		
*Antimyasthenic Agents***		
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	
Antimycobacterial Agents		
*Antimycobacterial Agents***		
<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	

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

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	
Antineoplastics And Adjunctive Therapies		
*Alkylating Agents***		
HEXALEN ORAL CAPSULE 50 MG	P	PA
MYLERAN ORAL TABLET 2 MG	P	PA
*Androgen Biosynthesis Inhibitors***		
ZYTIGA ORAL TABLET 250 MG, 500 MG	P	PA
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG	P	PA
*Antiandrogens***		
<i>bicalutamide oral tablet 50 mg</i>	P	
<i>flutamide oral capsule 125 mg</i>	P	
*Antiestrogens***		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	P	
*Antimetabolites***		
<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
*Antineoplastic - Braf Kinase Inhibitors***		
ZELBORAF ORAL TABLET 240 MG	P	PA

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

Drug Name	Preference Details	Coverage Details
*Antineoplastic - Hedgehog Pathway Inhibitors***		
ERIVEDGE ORAL CAPSULE 150 MG	P	PA
*Antineoplastic - Histone Deacetylase Inhibitors***		
ZOLINZA ORAL CAPSULE 100 MG	P	PA
*Antineoplastic - Monoclonal Antibodies***		
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 440 MG	P	PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 40 MG/4ML	P	PA
*Antineoplastic - Mtor Kinase Inhibitors***		
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	P	PA
*Antineoplastic - Multikinase Inhibitors***		
STIVARGA ORAL TABLET 40 MG	P	PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	P	PA
*Antineoplastic - Tyrosine Kinase Inhibitors***		
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)

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

Drug Name	Preference Details	Coverage Details
*Antineoplastic Enzymes***		
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	P	PA
*Antineoplastics Misc.***		
<i>hydroxyurea oral capsule 500 mg</i>	P	
*Aromatase Inhibitors***		
<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	
*Estrogens-Antineoplastic***		
EMCYT ORAL CAPSULE 140 MG	P	PA
*Folic Acid Antagonists Rescue Agents***		
<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	
*Imidazotetrazines***		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	P	PA
*Janus Associated Kinase (Jak) Inhibitors***		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	P	PA
*Lhrh Analogs***		
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
*Mitotic Inhibitors***		
<i>etoposide oral capsule 50 mg</i>	P	PA
*Nitrogen Mustards***		
<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

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

Drug Name	Preference Details	Coverage Details
*Nitrosoureas***		
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	P	PA
*Progestins-Antineoplastic***		
<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	
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	P	PA
Antiparkinson Agents		
*Antiparkinson Anticholinergics***		
<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	
*Antiparkinson Dopaminergics***		
<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	
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>selegiline hcl oral capsule 5 mg</i>	P	
<i>selegiline hcl oral tablet 5 mg</i>	P	
*Levodopa Combinations***		
<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	
*Nonergoline Dopamine Receptor Agonists***		
<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	

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

Drug Name	Preference Details	Coverage Details
Antipsychotics/Antimanic Agents		
*Antimanic Agents***		
<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	
*Antipsychotics - Misc.***		
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	P	QL (62 EA per 31 days)
*Benzisoxazoles***		
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)

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

Drug Name	Preference Details	Coverage Details
<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)
*Butyrophenones***		
<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)
*Dibenzodiazepines***		
<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)
*Dibenzo-Oxepino Pyrroles***		
SAPHRIS SUBLINGUAL TABLET 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)
*Dibenzothiazepines***		
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	P	AL (Min 10 Years)
*Dibenzoxazepines***		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	P	AL (Min 18 Years)
*Phenothiazines***		
<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)

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

Drug Name	Preference Details	Coverage Details
<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)
*Quinolinone Derivatives***		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	P	PA; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 400 MG	P	PA; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION 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 PREFILLED SYRINGE 1064 MG/3.9ML	P	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	P	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	P	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	P	PA; QL (3.2 ML per 28 days)
*Thienbenzodiazepines***		
<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)
*Thioxanthenes***		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	P	AL (Min 12 Years)
*Antiretrovirals Adjuvants***		
*Antiretrovirals Adjuvants***		
<i>tybost oral tablet 150 mg</i>	P	QL (31 EA per 31 days)

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

Drug Name	Preference Details	Coverage Details
Antiseptics & Disinfectants		
*Chlorine Antiseptics***		
<i>chlorhexidine gluconate external liquid 4 %</i>	P	QL (480 ML per 31 days)
Antivirals		
*Antiretroviral Combinations***		
<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)

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

Drug Name	Preference Details	Coverage Details
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
SELZENTRY ORAL TABLET 150 MG, 300 MG	P	
SELZENTRY TABLET 25 MG ORAL 25 MG	P	
SELZENTRY TABLET 75 MG ORAL 75 MG	P	
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	P	
*Antiretrovirals - Integrase Inhibitors***		
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)
*Antiretrovirals - Protease Inhibitors***		
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)

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

Drug Name	Preference Details	Coverage Details
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
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	
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<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	
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
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	
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	P	
RETROVIR ORAL CAPSULE 100 MG	P	

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

Drug Name	Preference Details	Coverage Details
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	
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	P	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	P	
*Hepatitis B Agents***		
<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	
*Hepatitis C Agents***		
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	
*Herpes Agents - Purine Analogues***		
<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)
*Influenza Agents***		
<i>rimantadine hcl oral tablet 100 mg</i>	P	
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	P	

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

Drug Name	Preference Details	Coverage Details
<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)
Assorted Classes		
*Antileptotics***		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	P	PA
*Cyclosporine Analogs***		
<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	
*Immunomodulators For Myelodysplastic Syndromes***		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	P	PA
*Inosine Monophosphate Dehydrogenase Inhibitors***		
<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	
*Macrolide Immunosuppressants***		
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	P	
*Potassium Removing Resins***		
<i>sodium polystyrene sulfonate oral powder</i>	P	QL (454 GM per 31 days)
SPS ORAL SUSPENSION 15 GM/60ML	P	
*Purine Analogs***		
<i>azathioprine oral tablet 50 mg</i>	P	

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

Drug Name	Preference Details	Coverage Details
Beta Blockers		
*Alpha-Beta Blockers***		
<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	
*Beta Blockers Cardio-Selective***		
<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	
*Beta Blockers Non-Selective***		
<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	
Calcium Channel Blockers		
*Calcium Channel Blockers***		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	P	

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

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

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

Drug Name	Preference Details	Coverage Details
Cardiotonics		
*Cardiac Glycosides***		
<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	
Cardiovascular Agents - Misc.		
*Peripheral Vasodilators***		
<i>no flush niacin oral tablet 500 mg</i>	P	
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
LETAIRIS ORAL TABLET 10 MG, 5 MG	P	PA
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
ADCIRCA ORAL TABLET 20 MG	P	PA
<i>sildenafil citrate oral tablet 20 mg</i>	P	PA
Cephalosporins		
*Cephalosporins - 1St Generation***		
<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)
*Cephalosporins - 2Nd Generation***		
<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	

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

Drug Name	Preference Details	Coverage Details
*Cephalosporins - 3Rd Generation***		
<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	
Contraceptives		
*Biphasic Contraceptives - Oral***		
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	P	
*Combination Contraceptives - Oral***		
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	

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

Drug Name	Preference Details	Coverage Details
<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	

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

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	
*Combination Contraceptives - Transdermal***		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	P	
*Combination Contraceptives - Vaginal***		
NUVARING VAGINALRING 0.12-0.015 MG/24HR	P	QL (1 EA per 28 days)
*Continuous Contraceptives - Oral***		
AMETHYST ORAL TABLET 90-20 MCG	P	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	P	
*Emergency Contraceptives***		
<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)
*Extended-Cycle Contraceptives - Oral***		
QUASENSE ORAL TABLET 0.15-0.03 MG	P	QL (91 EA per 91 days)
*Progestin Contraceptives - Injectable***		
<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)
*Progestin Contraceptives - Oral***		
<i>norethindrone oral tablet 0.35 mg</i>	P	

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

Drug Name	Preference Details	Coverage Details
NOR-QD ORAL TABLET 0.35 MG	P	
*Triphasic Contraceptives - Oral***		
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	
Corticosteroids		
*Glucocorticosteroids***		
<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	

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

Drug Name	Preference Details	Coverage Details
<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	
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	P	
Cough/Cold/Allergy		
*Antitussive - Nonnarcotic***		
<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	
*Antitussive - Opioid***		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	P	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	P	
*Antitussive-Antihistamine-Analgesic***		
DELSYM NIGHT TIME MULTI-SYMPT ORAL LIQUID 15-6.25-325 MG/15ML	P	
*Antitussive-Expectorant***		
<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	

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

Drug Name	Preference Details	Coverage Details
<i>tussin dm oral liquid 100-10 mg/5ml</i>	P	
*Antitussive-Expectorants-Decongestant***		
<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	
*Decongestant & Antihistamine***		
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	
*Decongestant W/ Expectorant***		
MUCINEX D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG	P	
*Expectorants***		
<i>guaifenesin oral solution 100 mg/5ml</i>	P	

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

Drug Name	Preference Details	Coverage Details
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	
*Misc. Respiratory Inhalants***		
BRONCHO SALINE INHALATION AEROSOL SOLUTION 0.9 %	P	
<i>sodium chloride inhalation nebulization solution 0.9 %, 3 %</i>	P	
*Mucolytics***		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	P	
*Non-Narc Antitussive-Antihistamine***		
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	
*Non-Narc Antitussive-Decongestant-Antihistamine***		
<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	
*Opioid Antitussive-Antihistamine***		
<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)

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

Drug Name	Preference Details	Coverage Details
*Opioid Antitussive-Decongestant-Antihistamine***		
<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)
Dermatologicals		
*Acne Antibiotics***		
<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	
*Acne Products***		
<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	

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

Drug Name	Preference Details	Coverage Details
<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)
*Antibiotic Mixtures Topical***		
<i>bacitracin-neomycin-polymyxin external ointment 400-5-5000</i>	P	
<i>double antibiotic external ointment 500-10000 unit/gm</i>	P	
*Antibiotic Steroid Combinations - Topical***		
CORTISPORIN EXTERNAL OINTMENT 1 %	P	
*Antibiotics - Topical***		
<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	
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	P	
*Antifungals - Topical***		
<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	
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac sodium transdermal gel 1 %</i>	P	QL (200 GM per 31 days)
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil external cream 5 %</i>	P	PA
<i>fluorouracil external solution 2 %, 5 %</i>	P	PA

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

Drug Name	Preference Details	Coverage Details
*Antipruritics - Topical***		
<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)
*Antipsoriatics***		
<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)
*Antiseborrheic Products***		
<i>selenium sulfide external lotion 2.25 %, 2.5 %</i>	P	
*Antivirals - Topical***		
<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)

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

Drug Name	Preference Details	Coverage Details
*Burn Products***		
<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)
*Corticosteroids - Topical***		
<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	

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

Drug Name	Preference Details	Coverage Details
<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	
*Emollient/Keratolytic Agents***		
REMEVEN EXTERNAL CREAM 50 %	P	
<i>urea external cream 40 %</i>	P	
*Emollients***		
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)
*Enzymes - Topical***		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	P	PA
*Imidazole-Related Antifungals - Topical***		
<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	
*Immunomodulators Imidazoquinolinamines - Topical***		
<i>imiquimod external cream 5 %</i>	P	PA

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

Drug Name	Preference Details	Coverage Details
*Insect Repellents***		
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	
*Keratolytic/Antimitotic Agents***		
CLEARAWAY 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	
*Local Anesthetics - Topical***		
<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)

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

Drug Name	Preference Details	Coverage Details
*Macrolide Immunosuppressants - Topical***		
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)
*Misc. Topical***		
HYPERCARE EXTERNAL SOLUTION 20 %	P	
*Rosacea Agents***		
<i>metronidazole external cream 0.75 %</i>	P	
<i>metronidazole external gel 0.75 %, 1 %</i>	P	
*Scabicide Combinations***		
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	P	
*Scabicides & Pediculicides***		
<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)
*Topical Anesthetic Combinations***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	P	QL (30 GM per 31 days)
*Topical Steroid Combinations***		
<i>hydrocortisone-aloe external cream 1 %</i>	P	
Diagnostic Products		
*Diagnostic Drugs***		
<i>dipyridamole intravenous solution 5 mg/ml</i>	P	
*Diagnostic Tests***		
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

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

Drug Name	Preference Details	Coverage Details
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	
*Multiple Urine Tests***		
KETO-DIASTIX IN VITRO STRIP	P	
Digestive Aids		
*Digestive Enzymes***		
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	
Diuretics		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	P	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	P	
*Diuretic Combinations***		
<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	
*Loop Diuretics***		
<i>bumetanide injection solution 0.25 mg/ml</i>	P	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	P	

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

Drug Name	Preference Details	Coverage Details
<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	
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral tablet 5 mg</i>	P	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	P	
*Thiazides And Thiazide-Like Diuretics***		
<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	
Endocrine And Metabolic Agents - Misc.		
*Bisphosphonates***		
<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)
*Calcitonins***		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	P	
*Carnitine Replenisher - Agents***		
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	
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>	P	PA
*Gaa Deficiency Treatment - Agents***		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	P	PA
*Growth Hormones***		
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	P	PA

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

Drug Name	Preference Details	Coverage Details
*Hyperparathyroid Treatment- Vitamin D Analogs***		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	P	
<i>calcitriol oral solution 1 mcg/ml</i>	P	
*Rank Ligand (Rankl) Inhibitors***		
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML	P	PA; QL (1 ML per 180 days)
*Selective Estrogen Receptor Modulators (Serms)***		
<i>raloxifene hcl oral tablet 60 mg</i>	P	
*Vasopressin***		
<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	
Estrogens		
*Estrogen & Progestin***		
<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	
*Estrogens***		
<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	

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

Drug Name	Preference Details	Coverage Details
Fluoroquinolones		
*Fluoroquinolones***		
<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	
Gastrointestinal Agents - Misc.		
*Antiflatulents***		
<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	
*Gallstone Solubilizing Agents***		
<i>ursodiol oral capsule 300 mg</i>	P	
*Gastrointestinal Stimulants***		
<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	
*Inflammatory Bowel Agents***		
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	
*Intestinal Acidifiers***		
<i>generlac oral solution 10 gm/15ml</i>	P	QL (4185 ML per 31 days)
*Phosphate Binder Agents***		
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)
Genitourinary Agents - Miscellaneous		
*5-Alpha Reductase Inhibitors***		
<i>dutasteride oral capsule 0.5 mg</i>	P	
<i>finasteride oral tablet 5 mg</i>	P	

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

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

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

Drug Name	Preference Details	Coverage Details
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral tablet 75 mg</i>	P	
Hematopoietic Agents		
*Cobalamins***		
<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	
*Cytotoxic Agents***		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	P	
*Erythropoiesis-Stimulating Agents (Esas)***		
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
*Erythropoietins***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML	P	PA
*Folic Acid/Folate Combinations***		
<i>folbee oral tablet 2.5-25-1 mg</i>	P	
*Folic Acid/Folates***		
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	P	

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

Drug Name	Preference Details	Coverage Details
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	P	PA
*Iron Combinations***		
CENTRATEx ORAL CAPSULE 106-1 MG	P	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	P	
*Iron***		
<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	
*Hepatitis C Agent - Combinations***		
*Hepatitis C Agent - Combinations***		
MAVYRET ORAL TABLET 100-40 MG	P	PA
Hypnotics		
*Antihistamine Hypnotics***		
<i>diphenhydramine hcl (sleep) oral tablet 50 mg</i>	P	
<i>sleep aid oral tablet 25 mg</i>	P	
*Barbiturate Hypnotics***		
<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)

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

Drug Name	Preference Details	Coverage Details
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	P	
*Benzodiazepine Hypnotics***		
<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)
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	P	QL (31 EA per 31 days); AL (Min 18 Years)
*Interleukin-5 Antagonists (Igg1 Kappa)***		
*Interleukin-5 Antagonists (Igg1 Kappa)***		
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	P	PA
*Interleukin-5 Antagonists (Igg4 Kappa)***		
*Interleukin-5 Antagonists (Igg4 Kappa)***		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	P	PA
Laxatives		
*Bowel Evacuant Combinations***		
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)
*Bulk Laxatives***		
<i>fiber oral tablet 625 mg</i>	P	
METAMUCIL ORAL CAPSULE 0.52 GM	P	

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

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	
*Laxatives - Miscellaneous***		
<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	
*Laxatives & Dss***		
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	P	
*Saline Laxative Mixtures***		
<i>enema disposable rectal enema</i>	P	
FLEET PEDIATRIC RECTAL ENEMA 3.5-9.5 GM/59ML	P	
*Saline Laxatives***		
<i>milk of magnesia oral suspension 1200 mg/15ml</i>	P	
*Stimulant Laxatives***		
<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	
*Surfactant Laxatives***		
<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	
Local Anesthetics-Parenteral		
*Local Anesthetics - Amides***		
<i>lidocaine hcl (pf) injection solution 1.5 %, 2 %</i>	P	
<i>lidocaine hcl injection solution 0.5 %, 1 %, 1.5 %</i>	P	

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

Drug Name	Preference Details	Coverage Details
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***		
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***		
XIIDRA OPHTHALMIC SOLUTION 5 %	P	QL (60 EA per 30 days)
Macrolides		
*Azithromycin***		
<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	
*Clarithromycin***		
<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	
*Erythromycins***		
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	

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

Drug Name	Preference Details	Coverage Details
Medical Devices		
*Applicators,Cotton Balls,Etc***		
<i>alcohol pads pad 70 %</i>	P	
*Glucose Monitoring Test Supplies***		
<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)
*Hearing Aid Supplies-Batteries***		
<i>hearing aid battery</i>	P	
*Needles & Syringes***		
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)

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

Drug Name	Preference Details	Coverage Details
BD PEN NEEDLE MINI U/F 31G X 5 MM 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 (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 (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 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 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)
*Peak Flow Meters***		
<i>peak flow meter device</i>	P	QL (2 EA per 365 days)
*Respiratory Therapy Supplies***		
IN-CHECK DIAL FLOW TRAINER DEVICE	P	QL (2 EA per 365 days)
*Spacer/Aerosol-Holding Chambers & Supplies***		
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 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)

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

Drug Name	Preference Details	Coverage Details
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)
Migraine Products		
*Selective Serotonin Agonists 5-Ht(1)***		
<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)
Minerals & Electrolytes		
*Calcium Combinations***		
<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	
*Calcium***		
<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	

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

Drug Name	Preference Details	Coverage Details
<i>oyster calcium oral tablet 500 mg</i>	P	
<i>oyster shell calcium oral tablet 500 mg</i>	P	
*Electrolytes Oral***		
ORALYTE FREEZER POPS ORAL SOLUTION	P	QL (4000 ML per 31 days)
ORALYTE ORAL SOLUTION	P	QL (4000 ML per 31 days)
*Electrolytes Parenteral***		
<i>lactated ringers intravenous solution</i>	P	
<i>potassium chloride in nacl intravenous solution 20-0.9 meq/l-%, 40 meq/250ml</i>	P	
*Fluoride Combinations***		
FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG, 0.5 (F)-236.79 MG, 1 (F)-236.79 MG	P	
*Fluoride***		
<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	
*Iodine Products***		
SSKI ORAL SOLUTION 1 GM/ML	P	
*Magnesium***		
<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	
*Phosphate***		
<i>phos-nak oral packet 280-160-250 mg</i>	P	
*Potassium***		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10MEQ	P	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	P	

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

Drug Name	Preference Details	Coverage Details
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	
*Sodium***		
<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	
*Zinc***		
<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	
Mouth/Throat/Dental Agents		
*Anesthetics Topical Oral***		
<i>lidocaine viscous mouth/throat solution 2 %</i>	P	
*Anti-Infectives - Throat***		
<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)
*Antiseptics - Mouth/Throat***		
<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)

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

Drug Name	Preference Details	Coverage Details
*Fluoride Dental Products***		
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	
*Saliva Stimulants***		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	P	
*Steroids - Mouth/Throat***		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	P	
Multivitamins		
*B-Complex Vitamins***		
<i>b complex oral capsule</i>	P	
*B-Complex W/ C & Folic Acid***		
DIALYVITE ORAL TABLET	P	
<i>rena-vite oral tablet</i>	P	
<i>triphrocaps oral capsule 1 mg</i>	P	
*B-Complex W/ C***		
<i>vitamin b complex-c oral capsule</i>	P	
*Multiple Vitamins W/ Iron***		
<i>tab-a-vite/iron oral tablet</i>	P	
*Multiple Vitamins W/ Minerals***		
AQUADEKS ORAL CAPSULE	P	
CERTAVITE/ANTIOXIDANTS ORAL TABLET	P	
*Multivitamins***		
<i>multi-vitamins oral tablet</i>	P	
*Ped Multi Vitamins W/Fl & Fe***		
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	P	
*Ped Multiple Vitamins W/ Minerals & C***		
VITAMAX PEDIATRIC ORAL SOLUTION	P	

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

Drug Name	Preference Details	Coverage Details
*Ped Mv W/ Fluoride***		
<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)
*Ped Mv W/ Iron***		
<i>polyvitamin/iron oral solution 10 mg/ml</i>	P	
*Ped Vitamins Acid Fluoride & Iron***		
<i>tri-vit/fluoride/iron oral solution 0.25-10 mg/ml</i>	P	
*Ped Vitamins Acid W/ Fluoride***		
<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	
*Pediatric Multiple Vitamins W/ C***		
<i>polyvitamin oral solution 35 mg/ml</i>	P	
*Pediatric Vitamins A & D W/ C***		
<i>tri-vitamin oral solution 1500-400-35</i>	P	
*Prenatal Mv & Min W/Fe-Fa***		
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 & 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	

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

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	
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***		
PR NATAL 400 EC ORAL 29-1-200 & 400 MG (DR)	P	
Musculoskeletal Therapy Agents		
*Central Muscle Relaxants***		
<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	
*Direct Muscle Relaxants***		
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	P	
*Viscosupplements***		
SUPARTZ INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML	P	PA
Nasal Agents - Systemic And Topical		
*Nasal Agents - Misc.***		
<i>saline nasal spray nasal solution 0.65 %</i>	P	
*Nasal Anticholinergics***		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	P	

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

Drug Name	Preference Details	Coverage Details
*Nasal Antihistamines***		
<i>azelastine hcl nasal solution 0.1 %</i>	P	
*Nasal Mast Cell Stabilizers***		
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	P	
*Nasal Steroids***		
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	
*Systemic Decongestants***		
<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	
*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***		
*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	P	PA
Nutrients		
*Misc. Nutritional Substances***		
<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	
Ophthalmic Agents		
*Artificial Tear Ointments***		
<i>eye lubricant ophthalmic ointment</i>	P	
*Artificial Tears And Lubricants***		
<i>artificial tears ophthalmic solution 1.4 %</i>	P	QL (15 ML per 31 days)

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

Drug Name	Preference Details	Coverage Details
*Beta-Blockers - Ophthalmic Combinations***		
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	P	
*Beta-Blockers - Ophthalmic***		
<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	
*Cycloplegic Mydriatics***		
<i>atropine sulfate ophthalmic ointment 1 %</i>	P	
<i>atropine sulfate ophthalmic solution 1 %</i>	P	
*Miotics - Direct Acting***		
<i>pilocarpine hcl ophthalmic solution 2 %</i>	P	
*Ophthalmic Antiallergic***		
<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	
*Ophthalmic Antibiotics***		
<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	
*Ophthalmic Anti-Infective Combinations***		
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	P	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	P	

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

Drug Name	Preference Details	Coverage Details
<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	
*Ophthalmic Antivirals***		
<i>trifluridine ophthalmic solution 1 %</i>	P	
*Ophthalmic Carbonic Anhydrase Inhibitors***		
AZOPT OPHTHALMIC SUSPENSION 1 %	P	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	P	
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
<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	
*Ophthalmic Selective Alpha Adrenergic Agonists***		
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	P	
*Ophthalmic Steroid Combinations***		
<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	
*Ophthalmic Steroids***		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	P	

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

Drug Name	Preference Details	Coverage Details
<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	
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	P	
*Prostaglandins - Ophthalmic***		
<i>latanoprost ophthalmic solution 0.005 %</i>	P	QL (5 ML per 31 days)
Otic Agents		
*Otic Agents - Miscellaneous***		
<i>acetic acid otic solution 2 %</i>	P	
<i>carbamide ear drops otic solution 6.5 %</i>	P	
*Otic Analgesic Combinations***		
<i>antipyrine-benzocaine otic solution 5.4-1.4 %, 5.5-1.4 %</i>	P	
*Otic Anti-Infectives***		
<i>ofloxacin otic solution 0.3 %</i>	P	
*Otic Steroid-Anti-Infective Combinations***		
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	

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

Drug Name	Preference Details	Coverage Details
Oxytocics		
*Oxytocics***		
<i>methylergonovine maleate injection solution 0.2 mg/ml</i>	P	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	P	
Passive Immunizing Agents		
*Antiviral Monoclonal Antibodies***		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	P	PA
Penicillins		
*Aminopenicillins***		
<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	
*Natural Penicillins***		
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	
*Penicillin Combinations***		
<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)

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

Drug Name	Preference Details	Coverage Details
<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	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	P	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000UNIT/2ML	P	
*Penicillinase-Resistant Penicillins***		
<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	
*Potassium Removing Agents***		
*Potassium Removing Agents***		
<i>sodium polystyrene sulfonate oral powder</i>	P	QL (454 GM per 31 days)
SPS ORAL SUSPENSION 15 GM/60ML	P	
Progestins		
*Progestins***		
MAKENA INTRAMUSCULAR OIL 250 MG/ML	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	
Psychotherapeutic And Neurological Agents - Misc.		
*Alcohol Deterrents***		
<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	
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	P	
*Cholinomimetics - Ache Inhibitors***		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	P	

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

Drug Name	Preference Details	Coverage Details
<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	
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
AUBAGIO ORAL TABLET 14 MG, 7 MG	P	PA
*Multiple Sclerosis Agents - Interferons***		
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
*Multiple Sclerosis Agents***		
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	P	PA
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	P	PA
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<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	

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

Drug Name	Preference Details	Coverage Details
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	P	
*Psychotherapeutic And Neurological Agents - Misc.***		
<i>pimozide oral tablet 1 mg, 2 mg</i>	P	AL (Min 12 Years)
*Smoking Deterrents***		
<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)
Respiratory Agents - Misc.		
*Cftr Potentiators***		
KALYDECO ORAL PACKET 50 MG, 75 MG	P	PA
KALYDECO ORAL TABLET 150 MG	P	PA
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 1 MG/ML	P	PA

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

Drug Name	Preference Details	Coverage Details
*Sinus Node Inhibitors**		
*Sinus Node Inhibitors**		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	P	PA
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
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
Tetracyclines		
*Tetracyclines***		
<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	
Thyroid Agents		
*Antithyroid Agents***		
<i>methimazole oral tablet 10 mg, 5 mg</i>	P	
<i>propylthiouracil oral tablet 50 mg</i>	P	QL (558 EA per 31 days)
*Thyroid Hormones***		
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	

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

Drug Name	Preference Details	Coverage Details
<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	
Toxoids		
*Toxoid Combinations***		
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)
Ulcer Drugs		
*Antispasmodics***		
<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	
*Belladonna Alkaloids***		
<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	
*H-2 Antagonists***		
<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	

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

Drug Name	Preference Details	Coverage Details
<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	
*Misc. Anti-Ulcer***		
CARAFATE ORAL SUSPENSION 1 GM/10ML	P	QL (1240 ML per 31 days)
<i>sucralfate oral tablet 1 gm</i>	P	
*Proton Pump Inhibitor-Antacid Combinations***		
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	P	OTC only
ZEGERID OTC ORAL CAPSULE 20-1100 MG	P	OTC only
*Proton Pump Inhibitors***		
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	

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

Drug Name	Preference Details	Coverage Details
*Quaternary Anticholinergics***		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	P	
<i>propantheline bromide oral tablet 15 mg</i>	P	
*Ulcer Drugs - Prostaglandins***		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	P	
Urinary Anti-Infectives		
*Urinary Anti-Infectives***		
<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	
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***		
<i>uticap oral capsule 120 mg</i>	P	
Urinary Antispasmodics		
*Urinary Antispasmodic - Antimuscarinics (Antichol)*** (New)		
<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.
*Urinary Antispasmodics - Cholinergic Agonists*** (New)		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	P	
Vaccines		
*Bacterial Vaccines***		
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML	P	AL (Min 19 Years)
PREVNAR 13 INTRAMUSCULAR SUSPENSION	P	AL (Min 19 Years)
*Viral Vaccines***		
CERVARIX INTRAMUSCULAR SUSPENSION	P	AL (Min 19 Years and Max 26 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

Drug Name	Preference Details	Coverage Details
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)
Vaginal Products		
*Imidazole-Related Antifungals***		
<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 & 2 mg-% (9gm)</i>	P	
<i>miconazole 3 combo pack vaginal kit 200 & 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	
*Vaginal Anti-Infectives***		
<i>clindamycin phosphate vaginal cream 2 %</i>	P	
<i>metronidazole vaginal gel 0.75 %</i>	P	
VANDAZOLE VAGINAL GEL 0.75 %	P	
*Vaginal Estrogens***		
PREMARIN VAGINAL CREAM 0.625 MG/GM	P	

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

Drug Name	Preference Details	Coverage Details
Vasopressors		
*Anaphylaxis Therapy Agents***		
<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)
*Vasopressors***		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	P	
Vitamins		
*Biotin***		
<i>biotin 5000 oral capsule 5 mg</i>	P	
<i>biotin maximum strength oral capsule 5000 mcg</i>	P	
*Vitamin A***		
<i>vitamin a oral capsule 10000 unit, 8000 unit</i>	P	
*Vitamin B-1***		
<i>thiamine hcl injection solution 100 mg/ml</i>	P	
<i>vitamin b-1 oral tablet 100 mg, 250 mg, 50 mg</i>	P	
*Vitamin B-3***		
<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	
*Vitamin B-6***		
<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	
*Vitamin C***		
<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	
*Vitamin D***		
<i>d2000 ultra strength oral capsule 2000 unit</i>	P	

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

Drug Name	Preference Details	Coverage Details
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	
*Vitamin E***		
<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	
*Vitamin K***		
MEPHYTON ORAL TABLET 5 MG	P	QL (31 EA per 31 days)
<i>vitamin k (phytonadione) oral tablet 100 mcg</i>	P	

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

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

Index

<i>3 day vaginal</i>	87	<i>allergy</i>	22, 23	ARNUITY ELLIPTA.....	11
<i>abacavir sulfate</i>	37	<i>allergy relief/nasal decongest</i>	48	<i>artificial tears</i>	75
<i>abacavir sulfate-lamivudine</i>	35	<i>allopurinol</i>	61	ASCOMP-CODEINE.....	5
<i>abacavir-lamivudine-zidovudine</i>	35	<i>alprazolam</i>	9	<i>ascorbic acid</i>	88
ABILIFY MAINTENA.....	34	ALTAVERA.....	43	ASMANEX 120 METERED	
<i>acamprosate calcium</i>	80	<i>aluminum hydroxide gel</i>	7	DOSES.....	11
<i>acarbose</i>	17	<i>aluminum-magnesium-</i>		ASMANEX 30 METERED	
<i>acebutolol hcl</i>	40	<i>simethicone</i>	7	DOSES.....	11
<i>acetaminophen</i>	4	<i>amantadine hcl</i>	31	ASMANEX 60 METERED	
<i>acetaminophen-codeine</i>	5	AMETHYST.....	45	DOSES.....	11
<i>acetaminophen-codeine #2</i>	5	<i>amiloride hcl</i>	58	ASMANEX HFA.....	12
<i>acetaminophen-codeine #3</i>	5	<i>amiloride-hydrochlorothiazide</i> ..	57	<i>aspir-81</i>	4
<i>acetaminophen-codeine #4</i>	5	<i>aminophylline</i>	12	<i>aspirin</i>	4, 5
<i>acetazolamide</i>	57	<i>amiodarone hcl</i>	9	<i>aspirin adult low strength</i>	4
<i>acetic acid</i>	78	<i>amitriptyline hcl</i>	16	<i>aspirin ec</i>	4
<i>acetylcysteine</i>	49	AMLACTIN.....	54	<i>atazanavir sulfate</i>	36
<i>acid reducer</i>	84	<i>amlodipine besy-benazepril hcl</i> ..	24	<i>atenolol</i>	40
<i>acne medication 10</i>	50	<i>amlodipine besylate</i>	40	<i>atenolol-chlorthalidone</i>	26
<i>acne medication 5</i>	50	<i>ammonium lactate</i>	54	<i>atomoxetine hcl</i>	1
<i>acyclovir</i>	38, 52	AMNESTEEM.....	50	<i>atorvastatin calcium</i>	24
ADACEL.....	84	<i>amoxapine</i>	16	<i>atovaquone</i>	26
ADCIRCA.....	42	<i>amoxicillin</i>	79	<i>atovaquone-proguanil hcl</i>	27
ADVAIR DISKUS.....	10	<i>amoxicillin-pot clavulanate</i> ..	79, 80	ATRIPLA.....	35
AEROCHAMBER PLUS		<i>amphetamine-dextroamphet er</i> ..	1	<i>atropine sulfate</i>	76
FLO-VU.....	68	<i>amphetamine-</i>		ATROVENT HFA.....	11
AEROCHAMBER PLUS		<i>dextroamphetamine</i>	1	AUBAGIO.....	81
FLO-VU LARGE.....	68	<i>ampicillin</i>	79	AURYXIA.....	60
AEROCHAMBER PLUS		<i>anagrelide hcl</i>	61	AVANDAMET.....	20
FLO-VU SMALL.....	68	<i>anastrozole</i>	30	AVANDIA.....	20
AEROCHAMBER PLUS		ANORO ELLIPTA.....	10	AVASTIN.....	31
FLO-VU W/MASK.....	68	<i>antacid i</i>	7	AVIANE.....	43
AFINITOR.....	29	<i>antipyrine-benzocaine</i>	78	AVITA.....	50
<i>ak-poly-bac</i>	76	<i>apap</i>	4	AVONEX.....	81
ALAVERT		APIDRA.....	17	AVONEX PEN.....	81
ALLERGY/SINUS.....	48	APIDRA SOLOSTAR.....	17	AVONEX PREFILLED.....	81
ALBENZA.....	8	APRI.....	43	<i>azathioprine</i>	39
<i>albuterol sulfate</i>	10	APRISO.....	60	<i>azelastine hcl</i>	75
<i>alclometasone dipropionate</i>	53	APTIVUS.....	36	<i>azithromycin</i>	66
<i>alcohol pads</i>	67	AQUADEKS.....	72	<i>azithromycin hydrogencitrate</i> ..	66
<i>alendronate sodium</i>	58	ARANESP (ALBUMIN		AZOPT.....	77
<i>aler-dryl</i>	22	FREE).....	62	<i>b complex</i>	72
<i>alfuzosin hcl er</i>	61	ARGYLE STERILE		<i>b-12</i>	62
ALLEGRA ALLERGY		SALINE.....	61	<i>bacitracin</i>	51, 76
CHILDRENS.....	23	<i>aripiprazole</i>	34	<i>bacitracin zinc</i>	51
ALLEGRA-D ALLERGY &		ARISTADA.....	34	<i>bacitracin-neomycin-</i>	
CONGESTION.....	48	ARMOUR THYROID.....	83	<i>polymyxin</i>	51

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

<i>bacitracin-polymyxin b</i>	76	BOOSTRIX	84	<i>carbidopa-levodopa er</i>	31
<i>baclofen</i>	74	BOSULIF.....	29	<i>carisoprodol</i>	74
<i>balsalazide disodium</i>	60	<i>brimonidine tartrate</i>	77	CARNITOR	58
BALZIVA.....	43	<i>bromocriptine mesylate</i>	31	<i>carteolol hcl</i>	76
BASAGLAR KWIKPEN	18	BRONCHO SALINE	49	CARTIA XT.....	41
<i>baza antifungal</i>	54	BROTAPP	48	<i>carvedilol</i>	40
BD AUTOSHIELD.....	67	<i>brotapp dm</i>	49	CAZIAN T	46
BD AUTOSHIELD DUO.....	67	<i>budesonide</i>	12	<i>cefactor</i>	42
BD INSULIN SYRINGE		<i>bumetanide</i>	57	<i>cefadroxil</i>	42
ULTRAFINE.....	67	<i>buprenorphine hcl</i>	6	<i>cefazolin sodium</i>	42
BD PEN NEEDLE MINI U/F		<i>bupropion hcl</i>	15	<i>cefdinir</i>	43
.....	68	<i>bupropion hcl er (smoking det)</i>	82	<i>cefpodoxime proxetil</i>	43
BD PEN NEEDLE NANO		<i>bupropion hcl er (sr)</i>	15	<i>cefprozil</i>	42
U/F.....	68	<i>bupropion hcl er (xl)</i>	15	CEFTIN.....	42
BD PEN NEEDLE SHORT		<i>buspirone hcl</i>	8	<i>ceftriaxone sodium</i>	43
U/F.....	68	<i>butalbital-acetaminophen</i>	4	<i>cefuroxime axetil</i>	42
BD PEN NEEDLE		<i>butalbital-apap-caff-cod</i>	5	<i>celecoxib</i>	3
ULTRAFINE.....	68	<i>butalbital-apap-caffeine</i>	4	CENTRATEX.....	63
BENADRYL ALLERGY		<i>butalbital-asa-caff-codeine</i>	5	<i>cephalexin</i>	42
CHILDRENS	22	<i>butalbital-asa-caffeine</i>	4	CERTAVITE/ANTIOXIDA	
BENADRYL-D		<i>butorphanol tartrate</i>	6	NTS	72
ALLERGY/SINUS CHILD..	48	BYDUREON	19	CERVARIX.....	86
<i>benazepril hcl</i>	25	BYDUREON BCISE.....	19	<i>cetirizine hcl</i>	23
<i>benazepril-hydrochlorothiazide</i>	24	BYETTA 10 MCG PEN.....	19	<i>cetirizine hcl childrens</i>	23
<i>benzonatate</i>	47	BYETTA 5 MCG PEN.....	19	<i>cetirizine-pseudoephedrine er</i>	48
<i>benzoyl peroxide</i>	50	<i>cabergoline</i>	58	CHANTIX	82
<i>benztropine mesylate</i>	31	<i>calcipotriene</i>	52	CHANTIX CONTINUING	
<i>betamethasone dipropionate</i>	53	<i>calcitonin (salmon)</i>	58	MONTH PAK	82
<i>betamethasone dipropionate</i>		<i>calcitriol</i>	59	CHANTIX STARTING	
<i>aug</i>	53	<i>calcium</i>	69	MONTH PAK	82
<i>betamethasone valerate</i>	53	<i>calcium acetate (phos binder)</i> ..	60	<i>cheratussin ac</i>	47
<i>betaxolol hcl</i>	76	<i>calcium antacid extra strength</i>	7	<i>cheratussin dac</i>	48
<i>bethanechol chloride</i>	86	<i>calcium carbonate</i>	69	<i>childrens ibuprofen</i>	3
BETHKIS	2	<i>calcium carbonate antacid</i>	8	<i>childrens ibuprofen 100</i>	3
BETOPTIC-S	76	<i>calcium carbonate-vitamin d</i>	69	<i>childrens loratadine</i>	23
<i>bicalutamide</i>	28	<i>calcium lactate</i>	69	<i>childrens silfedrine</i>	75
BICILLIN C-R	80	<i>calcium+d3</i>	69	<i>chlordiazepoxide hcl</i>	9
BICILLIN C-R 900/300.....	80	<i>cal-lac</i>	69	<i>chlordiazepoxide-amitriptyline</i>	80
BICILLIN L-A	79	<i>capecitabine</i>	28	<i>chlorhexidine gluconate</i>	35, 71
BILTRICIDE.....	8	CAPRELSA.....	29	<i>chlorothiazide</i>	58
<i>biotin 5000</i>	88	<i>capsaicin</i>	55	<i>chlorpromazine hcl</i>	33
<i>biotin maximum strength</i>	88	<i>captopril</i>	25	<i>chlorpropamide</i>	20
<i>bisacodyl</i>	65	<i>captopril-hydrochlorothiazide</i> ...	24	<i>chlorthalidone</i>	58
<i>bisacodyl ec</i>	65	CARAFATE.....	85	<i>chlorzoxazone</i>	74
<i>bismatrol</i>	20	<i>carbamazepine</i>	13	<i>cholestyramine</i>	24
<i>bisoprolol fumarate</i>	40	<i>carbamide ear drops</i>	78	<i>cholestyramine light</i>	23, 24
<i>bisoprolol-hydrochlorothiazide</i> ..	26	<i>carbidopa-levodopa</i>	31	<i>ciclopirox</i>	51

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

<i>ciclopirox olamine</i>	51	CUTTER BACKWOODS.....	55	<i>diclofenac sodium</i>	3, 51, 77
<i>cilostazol</i>	61	CUTTER SKINSATIONS	55	<i>diclofenac sodium er</i>	3
<i>cimetidine</i>	84	<i>cvs creamy acne face wash</i>	50	<i>dicloxacillin sodium</i>	80
<i>cimetidine hcl</i>	84	<i>cvs glycerin adult</i>	65	<i>dicyclomine hcl</i>	84
CINQAIR	64	<i>cyanocobalamin</i>	62	<i>didanosine</i>	37
CIPRODEX	78	<i>cyclobenzaprine hcl</i>	74	<i>diflunisal</i>	5
<i>ciprofloxacin hcl</i>	60, 76	<i>cyclophosphamide</i>	30	<i>digoxin</i>	42
<i>citalopram hydrobromide</i>	16	<i>cyclosporine</i>	39	DILANTIN.....	14
CLARAVIS	50	<i>cyclosporine modified</i>	39	<i>diltiazem hcl</i>	41
<i>clarithromycin</i>	66	<i>cyproheptadine hcl</i>	23	<i>diltiazem hcl er</i>	41
<i>clarithromycin er</i>	66	<i>cytra-2</i>	61	<i>diltiazem hcl er beads</i>	41
CLEAR AWAY 1-STEP		<i>d2000 ultra strength</i>	88	<i>diltiazem hcl er coated beads</i>	41
WART REMOVER.....	55	DALLERGY.....	48	<i>dilt-xr</i>	41
<i>clindamycin hcl</i>	27	<i>danazol</i>	7	DIMETAPP	
<i>clindamycin palmitate hcl</i>	27	<i>dantrolene sodium</i>	74	COLD/ALLERGY	48
<i>clindamycin phosphate</i> ..	27, 50, 87	<i>dapsone</i>	27	DIMETAPP LONG ACT	
CLINISTIX.....	56	DARAPRIM	27	COUGH/COLD	49
<i>clobetasol propionate</i>	53	<i>deferoxamine mesylate</i>	21	<i>diphenhydramine hcl</i>	22
<i>clomipramine hcl</i>	16	DELSYM NIGHT TIME		<i>diphenhydramine hcl (sleep)</i>	63
<i>clonazepam</i>	13	COUGH/COLD	48	<i>diphenoxylate-atropine</i>	21
<i>clonidine hcl</i>	26	DELSYM NIGHT TIME		<i>dipyridamole</i>	56, 61
<i>clopidogrel bisulfate</i>	62	MULTI-SYMPT	47	<i>disopyramide phosphate</i>	9
<i>clorazepate dipotassium</i>	9	DENAVIR	52	<i>disulfiram</i>	80
<i>clotrimazole</i>	54, 71, 87	DENTA 5000 PLUS.....	72	DIURIL	58
<i>clotrimazole-betamethasone</i>	51	DENTAGEL	72	<i>divalproex sodium</i>	15
<i>clozapine</i>	33	DESCOVY	35	<i>divalproex sodium er</i>	15
<i>codeine sulfate</i>	5	<i>desipramine hcl</i>	16	<i>docusate calcium</i>	65
<i>colchicine</i>	61	<i>desmopressin ace rhinal tube</i>	59	<i>docusate sodium</i>	65
<i>colchicine-probenecid</i>	61	<i>desmopressin ace spray refrig</i> ...	59	<i>donepezil hcl</i>	80
<i>cold/cough childrens</i>	49	<i>desmopressin acetate</i>	59	<i>dorzolamide hcl</i>	77
COMBIVENT RESPIMAT	10	<i>desmopressin acetate spray</i>	59	<i>dorzolamide hcl-timolol mal</i>	76
COMBIVIR	35	<i>desogestrel-ethinyl estradiol</i>	43	<i>double antibiotic</i>	51
COMPLERA	35	<i>desonide</i>	53	<i>doxazosin mesylate</i>	26
COMPOUND W	55	<i>dexamethasone</i>	46	<i>doxepin hcl</i>	16, 52
COMPOUND W		<i>dexamethasone sodium</i>		<i>doxycycline hyclate</i>	83
MAXIMUM STRENGTH	55	<i>phosphate</i>	46, 77	<i>doxycycline monohydrate</i>	83
CO-NATAL FA	73	<i>dexmethylphenidate hcl</i>	1	DRITHO-CREME HP	52
CONDYLOX.....	55	<i>dexmethylphenidate hcl er</i>	1	<i>drospirenone-ethinyl estradiol</i> ...	43
CORLANOR.....	83	<i>dextroamphetamine sulfate</i>	1	DROXIA	62
<i>cortisone acetate</i>	46	<i>dextroamphetamine sulfate er</i>	1	DULERA	10
CORTISPORIN.....	51	<i>dextromethorphan polistirex er</i>	47	<i>duloxetine hcl</i>	16
CREON.....	57	DIABETIC TUSSIN MAX		<i>dutasteride</i>	60
CRIVIVAN.....	36	ST.....	47	E.E.S. GRANULES	66
<i>cromolyn sodium</i>	10, 75, 76	DIALYVITE.....	72	<i>econazole nitrate</i>	54
CRYSSELLE-28	43	DIASTIX	56	EDURANT.....	37
CULTURELLE		<i>diazepam</i>	9, 13	<i>efavirenz</i>	37
DIGESTIVE HEALTH	21	<i>diclofenac potassium</i>	3	ELIDEL	56

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

ELIPHOS.....	60	<i>famotidine</i>	85	<i>fluvastatin sodium er</i>	24
ELITE-OB.....	73	<i>felodipine er</i>	41	<i>fluvoxamine maleate</i>	16
ELIXOPHYLLIN.....	12	<i>fenofibrate</i>	24	FML FORTE.....	78
<i>elmiron</i>	61	<i>fenofibrate micronized</i>	24	<i>folbee</i>	62
EMCYT.....	30	<i>fentanyl</i>	5	<i>folic acid</i>	62
EMTRIVA.....	37	<i>ferretts</i>	63	FOLIVANE-OB.....	73
<i>enalapril maleate</i>	25	<i>ferrous fumarate</i>	63	<i>fondaparinux sodium</i>	13
<i>enalapril-hydrochlorothiazide</i> ...	24	<i>ferrous gluconate</i>	63	FORADIL AEROLIZER.....	10
ENBREL.....	4	<i>ferrous sulfate</i>	63	<i>fosinopril sodium</i>	25
ENBREL SURECLICK.....	4	<i>fexofenadine hcl</i>	23	<i>fosphenytoin sodium</i>	14
ENDOCET.....	6	<i>fexofenadine hcl childrens</i>	23	<i>furosemide</i>	58
<i>enema disposable</i>	65	<i>fexofenadine-pseudoephed er</i>	48	FUZEON.....	36
<i>enoxaparin sodium</i>	13	<i>fiber</i>	64	<i>gabapentin</i>	13, 14
ENPRESSE-28.....	46	<i>finasteride</i>	60	GABITRIL.....	14
<i>entecavir</i>	38	FIRAZYR.....	61	GARDASIL.....	87
ENTRESTO.....	75	FIRST-LANSOPRAZOLE.....	85	GARDASIL 9.....	87
<i>epinephrine</i>	88	<i>fish oil</i>	75	<i>gas relief</i>	60
EPITOL.....	13	<i>fish oil concentrate</i>	75	GAVILYTE-G.....	64
EPIVIR.....	37	<i>flecainide acetate</i>	9	GAVILYTE-N WITH	
EPIVIR HBV.....	38	FLEET PEDIATRIC.....	65	FLAVOR PACK.....	64
EPZICOM.....	35	FLONASE ALLERGY		<i>gemcitabine hcl</i>	28
<i>eq aspirin low dose</i>	5	RELIEF.....	75	<i>gemfibrozil</i>	24
ERIVEDGE.....	29	FLORANEX.....	20	<i>generlac</i>	60
ERYPED 200.....	66	FLORASTOR KIDS.....	21	GENGRAF.....	39
ERYPED 400.....	66	FLOVENT DISKUS.....	12	<i>gentamicin sulfate</i>	51, 76
ERY-TAB.....	66	FLOVENT HFA.....	12	GENVOYA.....	35
ERYTHROCIN STEARATE.....	66	<i>fluconazole</i>	22	GIANVI.....	43
<i>erythromycin</i>	50, 76	<i>fludrocortisone acetate</i>	47	GILOTRIF.....	29
<i>erythromycin base</i>	66	<i>flunisolide</i>	75	<i>glatiramer acetate</i>	81
<i>erythromycin ethylsuccinate</i>	66	<i>fluocinolone acetonide</i>	53	GLATOPA.....	81
<i>escitalopram oxalate</i>	16	<i>fluocinolone acetonide body</i>	53	<i>glimepiride</i>	20
ESTARYLLA.....	43	<i>fluocinolone acetonide scalp</i>	53	<i>glipizide</i>	20
<i>estazolam</i>	64	<i>fluocinonide</i>	53	<i>glipizide er</i>	20
<i>estradiol</i>	59	<i>fluocinonide-e</i>	53	<i>glipizide xl</i>	20
<i>estradiol-norethindrone acet</i>	59	FLUOR-A-DAY.....	70	<i>glipizide-metformin hcl</i>	20
<i>estropiate</i>	59	FLUORIDEX DAILY		GLUCAGEN HYPOKIT.....	17
<i>ethambutol hcl</i>	27	DEFENSE.....	72	GLUCAGON	
<i>ethosuximide</i>	14, 15	<i>fluorometholone</i>	78	EMERGENCY.....	17
<i>etodolac</i>	3	<i>fluorouracil</i>	28, 51	<i>glucose</i>	17
<i>etoposide</i>	30	<i>fluoxetine hcl</i>	16	<i>glucose control</i>	67
EVOTAZ.....	35	<i>fluphenazine decanoate</i>	33	<i>glyburide</i>	20
<i>exemestane</i>	30	<i>fluphenazine hcl</i>	33	<i>glyburide micronized</i>	20
EXTAVIA.....	81	<i>flurbiprofen</i>	3	<i>glyburide-metformin</i>	20
<i>extra action cough</i>	47	<i>flurbiprofen sodium</i>	77	<i>glycopyrrolate</i>	86
<i>eye lubricant</i>	75	<i>flutamide</i>	28	GOLYTELY.....	64
E-Z SPACER.....	68	<i>fluticasone propionate</i>	53, 75	<i>griseofulvin microsize</i>	22
<i>ezetimibe</i>	24	<i>fluticasone-salmeterol</i>	10	<i>griseofulvin ultramicronsize</i>	22

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

<i>guaifenesin</i>	48	<i>hydroxyzine pamoate</i>	9	KALETRA.....	35
<i>guanfacine hcl</i>	26	<i>hyoscyamine sulfate</i>	84	KALYDECO	82
<i>guanfacine hcl er</i>	1	<i>hyoscyamine sulfate er</i>	84	KARIGEL	72
GYNE-LOTRIMIN 3	87	HYPERCARE	56	KARIVA.....	43
<i>halobetasol propionate</i>	54	<i>ibandronate sodium</i>	58	KELNOR 1/35.....	43
<i>haloperidol</i>	33	<i>ibuprofen</i>	3	<i>ketoconazole</i>	22, 54
<i>haloperidol decanoate</i>	33	ICLUSIG.....	29	KETO-DIASTIX	57
<i>haloperidol lactate</i>	33	<i>imatinib mesylate</i>	29	<i>ketoprofen</i>	3
<i>hearing aid battery</i>	67	<i>imipramine hcl</i>	16	<i>ketorolac tromethamine</i>	3, 77
<i>heparin sodium lock flush</i>	13	<i>imiquimod</i>	54	KETOSTIX.....	56
HERCEPTIN	29	IN-CHECK DIAL FLOW		<i>ketotifen fumarate</i>	76
HEXALEN	28	TRAINER.....	68	<i>kidkare cough/cold</i>	49
HUMALOG	18	INCRUSE ELLIPTA	11	KLOR-CON.....	71
HUMALOG KWIKPEN	18	<i>indapamide</i>	58	KLOR-CON 10.....	70
HUMALOG MIX 50/50	18	<i>indomethacin</i>	3	KLOR-CON M10.....	70
HUMALOG MIX 75/25	18	<i>infants silapap</i>	4	KLOR-CON M20.....	71
HUMALOG MIX 75/25		<i>insulin syringe</i>	68	<i>kp benzoyl peroxide wash</i>	51
KWIKPEN	18	INTELENCE	37	<i>labetalol hcl</i>	40
HUMIRA.....	2	INVEGA SUSTENNA.....	32	<i>lactated ringers</i>	70
HUMIRA PEN	2	INVEGA TRINZA	32	<i>lactulose</i>	65
HUMIRA PEN-CROHNS		INVIRASE.....	36	<i>lamivudine</i>	37, 38
STARTER.....	2	INVOKAMET	83	<i>lamivudine-zidovudine</i>	35
HUMIRA PEN-PSORIASIS		INVOKANA.....	19	<i>lamotrigine</i>	14
STARTER	2	<i>ipratropium bromide</i>	11, 74	<i>lancet device</i>	67
HUMULIN 70/30.....	18	<i>ipratropium-albuterol</i>	10	<i>lancets</i>	67
HUMULIN 70/30		<i>irbesartan</i>	25	<i>lansoprazole</i>	85
KWIKPEN	18	ISENTRESS	36	<i>latanoprost</i>	78
HUMULIN N.....	18	ISENTRESS HD.....	36	<i>leflunomide</i>	3
HUMULIN N KWIKPEN	18	<i>isoniazid</i>	27	LESSINA	43
HUMULIN R	18	<i>isosorbide dinitrate</i>	8	LETAIRIS.....	42
HUMULIN R U-500		<i>isosorbide dinitrate er</i>	8	<i>letrozole</i>	30
(CONCENTRATED).....	18	<i>isosorbide mononitrate</i>	8	<i>leucovorin calcium</i>	30
HUMULIN R U-500		<i>isosorbide mononitrate er</i>	8	LEUKERAN	30
KWIKPEN	18	<i>ivermectin</i>	8	<i>levabuterol tartrate</i>	10
<i>hydralazine hcl</i>	26	JADENU.....	21	<i>levetiracetam</i>	14
<i>hydrochlorothiazide</i>	58	JADENU SPRINKLE.....	21	<i>levobunolol hcl</i>	76
<i>hydrocod polst-cpm polst er</i>	49	JAKAFI	30	<i>levocarnitine</i>	58
<i>hydrocodone-acetaminophen</i>	5	JANTOVEN	12	<i>levocetirizine dihydrochloride</i> ...	23
<i>hydrocodone-homatropine</i>	47	JANUMET.....	17	<i>levofloxacin</i>	60
<i>hydrocodone-ibuprofen</i>	5	JANUMET XR	17	<i>levonorgestrel</i>	45
<i>hydrocortisone</i>	7, 46, 54	JANUVIA	17	<i>levonorgestrel-ethinyl estrad</i> 44, 45	
<i>hydrocortisone valerate</i>	54	JARDIANCE	19	LEVORA 0.15/30 (28).....	44
<i>hydrocortisone-aloe</i>	56	JULUCA.....	35	<i>levothyroxine sodium</i>	83
<i>hydromorphone hcl</i>	5	JUNEL 1.5/30.....	43	LEXIVA.....	36
<i>hydroxychloroquine sulfate</i>	27	JUNEL 1/20.....	43	<i>lice killing maximum strength</i> ...	56
<i>hydroxyurea</i>	30	JUNEL FE 1.5/30.....	43	<i>lidocaine</i>	55
<i>hydroxyzine hcl</i>	8, 9	JUNEL FE 1/20.....	43	<i>lidocaine hcl</i>	55, 65

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

<i>lidocaine hcl (cardiac)</i>	9	<i>medroxyprogesterone acetate</i>	MICROGESTIN 1.5/30.....	44
<i>lidocaine hcl (pf)</i>	65	MICROGESTIN 1/20.....	44
<i>lidocaine pak</i>	55	<i>mefloquine hcl</i>	MICROGESTIN FE 1.5/30 ...	44
<i>lidocaine viscous</i>	71	<i>megestrol acetate</i>	MICROGESTIN FE 1/20.....	44
<i>lidocaine-prilocaine</i>	56	<i>melatonin maximum strength</i>	MICROSPACER.....	68
<i>linezolid</i>	27	<i>meloxicam</i>	<i>midodrine hcl</i>	88
<i>liothyronine sodium</i>	84	<i>melfhalan</i>	<i>milk of magnesia</i>	65
<i>lisinopril</i>	25	<i>memantine hcl</i>	<i>minocycline hcl</i>	83
<i>lisinopril-hydrochlorothiazide</i> ...	25	<i>m-end dm</i>	<i>minoxidil</i>	26
<i>lithium</i>	32	MEPHYTON.....	<i>mirtazapine</i>	15
<i>lithium carbonate</i>	32	<i>mercaptopurine</i>	<i>misoprostol</i>	86
<i>lithium carbonate er</i>	32	<i>mesalamine</i>	MODERIBA.....	38
<i>lomustine</i>	31	MESTINON.....	<i>mometasone furoate</i>	54
<i>loperamide a-d</i>	21	METAMUCIL.....	MONISTAT 3.....	87
<i>loperamide hcl</i>	21	<i>metamucil</i>	MONONESSA.....	44
<i>lopinavir-ritonavir</i>	35	METAMUCIL SMOOTH	<i>montelukast sodium</i>	11
<i>loratadine</i>	23	TEXTURE.....	<i>morphine sulfate</i>	6
<i>loratadine hives relief</i>	23	<i>metformin hcl</i>	<i>morphine sulfate (concentrate)</i> ..	5
<i>lorazepam</i>	9	<i>metformin hcl er</i>	<i>morphine sulfate (pf)</i>	6
LORYNA.....	44	<i>methadone hcl</i>	<i>morphine sulfate er</i>	6
<i>losartan potassium</i>	25	<i>methazolamide</i>	MUCINEX D.....	48
<i>losartan potassium-hctz</i>	25	<i>methimazole</i>	MUCINEX FAST-MAX DM	
LOTEMAX.....	78	<i>methitest</i>	MAX.....	47
<i>lovastatin</i>	24	<i>methocarbamol</i>	MUCINEX MAXIMUM	
LOW-OGESTREL.....	44	<i>methotrexate</i>	STRENGTH.....	49
<i>loxapine succinate</i>	33	<i>methotrexate sodium</i>	<i>mucus relief</i>	49
LUMIZYME.....	58	<i>methotrexate sodium (pf)</i>	<i>mucus relief dm cough</i>	47
LUTERA.....	44	<i>methyl dopa</i>	<i>mucus relief er</i>	49
LYSODREN.....	28	<i>methylergonovine maleate</i>	MULTAQ.....	9
MAALOX MULTI		<i>methylphenidate hcl</i>	<i>multi-vit/fluoride</i>	73
SYMPTOM MAX ST.....	7	<i>methylphenidate hcl er</i>	<i>multivitamin/fluoride</i>	73
<i>magdelay</i>	70	<i>methylprednisolone</i>	<i>multi-vitamin/fluoride</i>	73
<i>mag-delay</i>	70	<i>methylprednisolone (pak)</i>	<i>multi-vitamin/fluoride/iron</i>	72
<i>magnesium oxide</i>	8, 70	<i>methylprednisolone acetate</i>	<i>multi-vitamins</i>	72
MAG-TAB SR.....	70	<i>methylprednisolone sodium</i>	<i>mupirocin</i>	51
MAKENA.....	80	<i>succ</i>	<i>mycophenolate mofetil</i>	39
<i>malathion</i>	56	<i>metoclopramide hcl</i>	MYLERAN.....	28
<i>mapap</i>	4	<i>metolazone</i>	MYNATAL ADVANCE.....	73
MAPAP CHILDRENS.....	4	<i>metoprolol succinate er</i>	<i>mynatal-z</i>	73
<i>maprotiline hcl</i>	15	<i>metoprolol tartrate</i>	<i>mynate 90 plus</i>	73
<i>marten-tab</i>	4	<i>metronidazole</i>	<i>nabumetone</i>	3
MATZIM LA.....	41	<i>mexiletine hcl</i>	<i>nadolol</i>	40
MAVYRET.....	63	<i>miconazole 3</i>	<i>naloxone hcl</i>	21
MAXIDEX.....	78	<i>miconazole 3 combo pack</i>	<i>naltrexone hcl</i>	21
<i>meclizine hcl</i>	22	<i>miconazole 3 combo pack app</i> ..	<i>naproxen</i>	3
		<i>miconazole nitrate</i>	<i>naproxen dr</i>	3
		MICROCHAMBER.....	<i>naproxen sodium</i>	3

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

<i>naratriptan hcl</i>	69	NORTREL 0.5/35 (28).....	44	ONETOUCH VERIO IQ	
NARCAN	21	NORTREL 1/35 (21).....	44	SYSTEM.....	67
<i>nasal decongestant</i>	75	NORTREL 1/35 (28).....	44	ONETOUCH VERIO SYNC	
<i>nateglinide</i>	19	NORTREL 7/7/7	46	SYSTEM.....	67
NATRAPEL 12-HOUR		<i>nortriptyline hcl</i>	17	OPDIVO	29
TICK/INSECT	55	NORVIR.....	36	OPTICHAMBER	
<i>natural c/rose hips</i>	88	NOVOLIN 70/30.....	18	ADVANTAGE.....	68
<i>natural fiber laxative</i>	65	NOVOLIN N	18	OPTICHAMBER	
<i>natural vitamin e</i>	89	NOVOLIN R	19	ADVANTAGE-LG MASK....	68
NECON 0.5/35 (28)	44	NOVOLOG	19	OPTICHAMBER	
NECON 1/35 (28).....	44	NOVOLOG FLEXPEN	19	ADVANTAGE-MED MASK	69
NECON 7/7/7	46	NOVOLOG MIX 70/30	19	OPTICHAMBER	
<i>nefazodone hcl</i>	15	NOVOLOG MIX 70/30		ADVANTAGE-SM MASK ...	69
<i>neomycin-bacitracin zn-</i>		FLEXPEN.....	19	OPTICHAMBER FACE	
<i>polymyx</i>	77	NOVOLOG PENFILL.....	19	MASK-LARGE	69
<i>neomycin-polymyxin-dexameth</i>	77	<i>np thyroid</i>	84	OPTICHAMBER FACE	
<i>neomycin-polymyxin-</i>		NUCALA.....	64	MASK-MEDIUM.....	69
<i>gramicidin</i>	77	NUVARING	45	OPTICHAMBER FACE	
<i>neomycin-polymyxin-hc</i>	77, 78	<i>nystatin</i>	22, 51, 71	MASK-SMALL	69
<i>nevirapine</i>	37	OCELLA.....	44	OPTIHALER	69
NEXIUM 24HR	85	ODEFSEY	35	OPTIMAL-D	89
NEXT CHOICE ONE DOSE.	45	OFF ACTIVE	55	OPTION 2.....	45
<i>niacin</i>	88	OFF DEEP WOODS	55	ORALYTE.....	70
<i>niacin er</i>	88	OFF DEEP WOODS DRY ...	55	ORALYTE FREEZER POPS	70
NIACOR.....	24	OFF SMOOTH & DRY.....	55	<i>orphenadrine citrate er</i>	74
<i>nicotine</i>	82	<i>ofloxacin</i>	76, 78	<i>oseltamivir phosphate</i>	38, 39
<i>nicotine polacrilex</i>	82	<i>olanzapine</i>	34	<i>oxacillin sodium</i>	80
NICOTROL.....	82	<i>olmesartan medoxomil</i>	25	<i>oxandrolone</i>	7
NICOTROL NS.....	82	<i>olopatadine hcl</i>	76	<i>oxaprozin</i>	3
NIFEDIAC CC.....	41	<i>omega-3</i>	75	<i>oxazepam</i>	9
NIFEDICAL XL	41	<i>omega-3-acid ethyl esters</i>	23	<i>oxcarbazepine</i>	14
<i>nifedipine</i>	41	<i>omeprazole</i>	85	<i>oxybutynin chloride</i>	86
<i>nifedipine er</i>	41	<i>omeprazole-sodium</i>		<i>oxybutynin chloride er</i>	86
<i>nifedipine er osmotic release</i>	41	<i>bicarbonate</i>	85	<i>oxycodone hcl</i>	6
NITRO-BID.....	8	OMNITROPE.....	58	<i>oxycodone hcl er</i>	6
<i>nitrofurantoin macrocrystal</i>	86	ONCASPAR.....	30	<i>oxycodone-acetaminophen</i>	6
<i>nitrofurantoin monohyd macro</i> .	86	<i>ondansetron</i>	22	<i>oxycodone-aspirin</i>	6
<i>nitroglycerin</i>	8	<i>ondansetron hcl</i>	22	<i>oyster calcium</i>	70
<i>no flush niacin</i>	42	ONETOUCH ULTRA 2.....	67	<i>oyster shell calcium</i>	70
<i>nohist-dm</i>	49	ONETOUCH ULTRA		PACERONE	9
<i>norethindrone</i>	45	BLUE.....	56	<i>pain & fever childrens</i>	4
<i>norethindrone acetate</i>	80	ONETOUCH ULTRA MINI.	67	<i>pantoprazole sodium</i>	85
<i>norethin-eth estradiol-fe</i>	44	ONETOUCH ULTRALINK.	67	<i>paroxetine hcl</i>	16
<i>norgestimate-eth estradiol</i>	44	ONETOUCH VERIO.....	57, 67	<i>peak flow meter</i>	68
<i>norgestim-eth estrad triphasic</i> ...46		ONETOUCH VERIO FLEX		<i>peg 3350/electrolytes</i>	64
<i>normal saline flush</i>	71	SYSTEM.....	67	<i>peg 3350-kcl-na bicarb-nacl</i>	64
NOR-QD.....	46			<i>peg-3350/electrolytes</i>	64

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

PEGANONE.....	14	<i>pravastatin sodium</i>	24	<i>pseudoeph-bromphen-dm</i>	49
PEGASYS	38	<i>prazosin hcl</i>	26	<i>pseudoephedrine hcl</i>	75
PEGASYS PROCLICK	38	PRECISION XTRA		<i>pseudoephedrine hcl er</i>	75
<i>penicillin g potassium</i>	79	KETONE	57	PULMOZYME	82
<i>penicillin g procaine</i>	79	PRED-G.....	77	<i>pyrazinamide</i>	27
<i>penicillin v potassium</i>	79	<i>prednisolone</i>	47	<i>pyridostigmine bromide</i>	27
<i>pentazocine-naloxone hcl</i>	6	<i>prednisolone acetate</i>	78	<i>pyridostigmine bromide er</i>	27
<i>pentoxifylline er</i>	61	<i>prednisolone sodium phosphate</i> . 47		QUASENSE.....	45
PERIOGARD	71	<i>prednisone</i>	47	<i>quetiapine fumarate</i>	33
<i>permethrin</i>	56	PREMARIN.....	59, 87	<i>quinapril hcl</i>	25
<i>perphenazine</i>	34	PREMPHASE.....	59	<i>quinidine sulfate</i>	9
<i>perphenazine-amitriptyline</i>	82	PREMPRO.....	59	QVAR	12
PFIZERPEN-G.....	79	PRENATABS RX	73	QVAR REDIHALER.....	12
<i>phenazopyridine hcl</i>	61	<i>prenatal</i>	73	<i>raloxifene hcl</i>	59
<i>phenelzine sulfate</i>	15	<i>prenatal 19</i>	73	<i>ramipril</i>	25
<i>phenobarbital</i>	63	<i>prenatal low iron</i>	73	<i>ranitidine acid reducer</i>	85
<i>phenobarbital sodium</i>	64	<i>prenatal plus</i>	73	<i>ranitidine hcl</i>	85
<i>phenyleph-promethazine-cod</i>	50	<i>prenatal plus iron</i>	73	REBIF	81
<i>phenytoin</i>	14	PRENATAL-U	74	REBIF REBIDOSE	81
<i>phenytoin sodium</i>	14	PREVIFEM	44	REBIF REBIDOSE	
<i>phenytoin sodium extended</i>	14	PREVNAR 13	86	TITRATION PACK.....	81
PHOS-FLUR	72	PREZCOBIX.....	35	REBIF TITRATION PACK..	81
<i>phos-nak</i>	70	PREZISTA.....	36	RECLIPSEN	44
<i>pilocarpine hcl</i>	72, 76	PRILOSEC OTC	85	<i>reeses pinworm medicine</i>	8
<i>pimozide</i>	82	<i>primaquine phosphate</i>	27	<i>refenesen</i>	49
<i>pindolol</i>	40	<i>primidone</i>	14	<i>refenesen 400</i>	49
<i>pin-x</i>	8	<i>probenecid</i>	61	RELENZA DISKHALER.....	39
<i>pioglitazone hcl</i>	20	<i>prochlorperazine</i>	34	REMEVEN	54
<i>pioglitazone hcl-metformin hcl</i> ..20		<i>prochlorperazine maleate</i>	34	<i>rena-vite</i>	72
<i>piroxicam</i>	3	PROCTOSOL HC	7	REPEL SPORTSMEN	55
PLAN B ONE-STEP.....	45	PROCTOZONE-HC.....	7	REPEL SPORTSMENMAX. 55	
PNEUMOVAX 23	86	<i>progesterone micronized</i>	80	RESCRIPTOR	37
<i>pnv prenatal plus multivit+dha</i> ..73		PROLIA.....	59	RETROVIR.....	37, 38
<i>podofilox</i>	55	<i>promethazine hcl</i>	23	REVLIMID.....	39
<i>polyethylene glycol 3350</i>	65	<i>promethazine vc</i>	48	RIBASPHERE	38
POLY-IRON 150	63	<i>promethazine vc plain</i>	48	<i>ribavirin</i>	38
<i>poly-iron 150 forte</i>	63	<i>promethazine vc/codeine</i>	50	<i>rifabutin</i>	27
<i>polymyxin b-trimethoprim</i>	77	<i>promethazine-codeine</i>	49	<i>rifampin</i>	28
<i>polyvitamin</i>	73	<i>promethazine-dm</i>	49	<i>rimantadine hcl</i>	38
<i>polyvitamin/iron</i>	73	PROMETHEGAN	23	RIOMET	17
PORTIA-28	44	<i>propafenone hcl</i>	9	RISPERDAL CONSTA	32
<i>potassium chloride</i>	71	<i>propantheline bromide</i>	86	<i>risperidone</i>	32, 33
<i>potassium chloride crys er</i>	71	<i>propranolol hcl</i>	40	RISPERIDONE M-TAB.....	32
<i>potassium chloride er</i>	71	<i>propranolol hcl er</i>	40	<i>rivastigmine</i>	81
<i>potassium chloride in nacl</i>	70	<i>propylthiouracil</i>	83	<i>rivastigmine tartrate</i>	81
PR NATAL 400 EC.....	74	<i>protriptyline hcl</i>	17	<i>rizatriptan benzoate</i>	69
<i>pramipexole dihydrochloride</i>	31	PRUDOXIN.....	52	<i>robafen</i>	49

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

<i>robafen cf cough/cold</i>	48	<i>spironolactone</i>	58	<i>terazosin hcl</i>	26
ROBITUSSIN CHILD		<i>spironolactone-hctz</i>	57	<i>terbinafine hcl</i>	22, 51
COUGH/COLD LA	49	SPRINTEC 28	45	<i>terbutaline sulfate</i>	11
ROBITUSSIN CHILDRENS		SPRYCEL.....	29	<i>terconazole</i>	87
COUGH LA	47	SPS.....	39, 80	TESTIM	7
ROBITUSSIN TO GO		SRONYX.....	45	<i>testosterone</i>	7
COUGH/COLD CF.....	48	SSD	53	<i>testosterone cypionate</i>	7
<i>ropinirole hcl</i>	31	SSKI.....	70	<i>testosterone enanthate</i>	7
<i>rosuvastatin calcium</i>	24	<i>stavudine</i>	38	<i>tetanus-diphtheria toxoids td</i> ...	84
<i>rynex dm</i>	49	STEGLATRO.....	20	<i>tetracycline hcl</i>	83
SALACTIC FILM.....	55	STIVARGA	29	THALOMID	39
<i>saline flush</i>	71	<i>stool softener</i>	65	<i>theophylline</i>	12
<i>saline nasal spray</i>	74	STRIBILD	35	<i>theophylline er</i>	12
<i>salsalate</i>	5	STRIVERDI RESPIMAT.....	11	<i>thiamine hcl</i>	88
SANDIMMUNE	39	<i>sucralfate</i>	85	<i>thioridazine hcl</i>	34
SANTYL	54	SUDAFED PE MAXIMUM		<i>thiothixene</i>	34
SAPHRIS.....	33	STRENGTH	75	<i>tiagabine hcl</i>	14
SAWYER INSECT		SUDOGEST		<i>timolol maleate</i>	40, 76
REPELLENT	55	SINUS/ALLERGY.....	48	<i>tinidazole</i>	26
SEGLUROMET	83	<i>sulfacetamide sodium</i>	50, 78	TIVICAY	36
<i>selegiline hcl</i>	31	<i>sulfacetamide-prednisolone</i>	77	<i>tizanidine hcl</i>	74
<i>selenium sulfide</i>	52	<i>sulfamethoxazole-trimethoprim</i>	26	TOBRADEX.....	77
SELZENTRY	36	<i>sulfasalazine</i>	60	<i>tobramycin</i>	76
<i>senna</i>	65	<i>sulindac</i>	3	<i>tobramycin-dexamethasone</i>	77
<i>senna laxative</i>	65	<i>sumatriptan</i>	69	<i>topiramate</i>	14
<i>sennosides-docusate sodium</i>	65	<i>sumatriptan succinate</i>	69	<i>torseamide</i>	58
<i>sertraline hcl</i>	16	SUPARTZ	74	<i>tramadol hcl</i>	6
<i>sf 5000 plus</i>	72	SUSTIVA	37	<i>tranylcpromine sulfate</i>	15
<i>sildenafil citrate</i>	42	SUTENT	29	<i>travel sickness</i>	22
<i>silver sulfadiazine</i>	53	SYEDA	45	<i>trazodone hcl</i>	15
<i>simethicone</i>	60	SYMBICORT.....	10	TRELSTAR	30
<i>simvastatin</i>	24	SYNAGIS	79	TRELSTAR MIXJECT	30
<i>sleep aid</i>	63	SYNJARDY	83	<i>tretinoin</i>	51
<i>slow release iron</i>	63	<i>tab-a-vite/iron</i>	72	<i>triamcinolone acetonide</i>	54, 72
<i>sm chewable vitamin c</i>	88	TABLOID.....	28	<i>triamterene-hctz</i>	57
<i>sm magnesium oxide</i>	70	<i>tacrolimus</i>	39	<i>triazolam</i>	64
<i>sodium bicarbonate</i>	7	<i>tamoxifen citrate</i>	28	TRI-ESTARYLLA	46
<i>sodium chloride</i>	49, 61, 71	<i>tamsulosin hcl</i>	61	<i>trifluoperazine hcl</i>	34
<i>sodium fluoride</i>	70	TARCEVA	29	<i>trifluridine</i>	77
<i>sodium polystyrene sulfonate</i>		TARON-C DHA	74	<i>trihexyphenidyl hcl</i>	31
.....	39, 80	TASIGNA.....	29	TRILYTE.....	64
SOLIA	45	<i>tazarotene</i>	52	<i>trimethoprim</i>	26
<i>sorbitol</i>	65	TAZORAC	52	<i>trinatal rx 1</i>	74
<i>sotalol hcl</i>	40	<i>temazepam</i>	64	TRINATE.....	74
<i>sotalol hcl (af)</i>	40	<i>temozolomide</i>	30	TRINESSA (28).....	46
<i>spinosad</i>	56	TENIVAC.....	84	<i>triphrocaps</i>	72
SPIRIVA RESPIMAT	11	<i>tenofovir disoproxil fumarate</i>	38	TRI-PREVIFEM.....	46

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

<i>triprolidine-pse</i>	48	<i>vitamin b-12 er</i>	62	ZUBSOLV.....	6
TRI-SPRINTEC.....	46	<i>vitamin b-6</i>	88	ZYKADIA.....	29
TRIUMEQ.....	35	<i>vitamin b-6 er</i>	88	ZYTIGA.....	28
<i>tri-vit/fluoride</i>	73	<i>vitamin c</i>	88		
<i>tri-vit/fluoride/iron</i>	73	<i>vitamin c-rose hips</i>	88		
<i>tri-vitamin</i>	73	<i>vitamin d</i>	89		
<i>tri-vitamin/fluoride</i>	73	<i>vitamin d (cholecalciferol)</i>	89		
TRIVORA (28).....	46	<i>vitamin d (ergocalciferol)</i>	89		
TRIZIVIR.....	35	<i>vitamin d3</i>	89		
<i>tropium chloride</i>	86	<i>vitamin d-3</i>	89		
TRUVADA.....	35	<i>vitamin d-400</i>	89		
<i>tussin dm</i>	48	<i>vitamin e</i>	89		
<i>tybost</i>	34	<i>vitamin e water soluble</i>	89		
TYKERB.....	29	<i>vitamin e/d-alpha natural</i>	89		
UNITHROID.....	84	<i>vitamin k (phytonadione)</i>	89		
<i>urea</i>	54	<i>vitamins acd-fluoride</i>	73		
<i>ursodiol</i>	60	VIVITROL.....	21		
<i>uticap</i>	86	<i>warfarin sodium</i>	12		
<i>valacyclovir hcl</i>	38	XALKORI.....	29		
<i>valproic acid</i>	15	XARELTO.....	12		
<i>valsartan</i>	25	XARELTO STARTER PACK.....	13		
<i>valsartan-hydrochlorothiazide</i> ...25		XELJANZ.....	2		
<i>vancomycin hcl</i>	26	XELJANZ XR.....	2		
VANDAZOLE.....	87	XIIDRA.....	66		
VELIVET.....	46	XOLAIR.....	10		
<i>venlafaxine hcl</i>	16	XULANE.....	45		
<i>venlafaxine hcl er</i>	16	<i>zafirlukast</i>	11		
VENTOLIN HFA.....	11	ZANTAC.....	85		
<i>verapamil hcl</i>	41	ZARAH.....	45		
<i>verapamil hcl er</i>	41	ZARXIO.....	63		
VESTURA.....	45	ZEGERID OTC.....	85		
VEXOL.....	78	ZELBORAF.....	28		
VICTOZA.....	19	ZENCHENT FE.....	45		
VIDEX.....	37	ZENPEP.....	57		
VIDEX EC.....	37	ZIAGEN.....	37		
VINATE AZ EXTRA.....	74	<i>zidovudine</i>	38		
VINATE II.....	74	<i>zinc sulfate</i>	71		
VINATE M.....	74	<i>zinc-220</i>	71		
VIOKACE.....	57	<i>ziprasidone hcl</i>	32		
VIRACEPT.....	36	ZOLINZA.....	29		
VIRAMUNE.....	37	<i>zolpidem tartrate</i>	64		
VIREAD.....	38	ZONALON.....	52		
VITAMAX PEDIATRIC.....	72	<i>zonisamide</i>	14		
<i>vitamin a</i>	88	ZOSTAVAX.....	87		
<i>vitamin b complex-c</i>	72	ZOVIA 1/35E (28).....	45		
<i>vitamin b-1</i>	88	ZOVIRAX.....	52		
<i>vitamin b-12</i>	62				

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