Medicaid List of Covered Drugs 2020

for South Country Health Alliance programs:

Medical Assistance*
MinnesotaCare*
Minnesota Senior Care Plus (MSC+)
SingleCare (SNBC)
SharedCare (SNBC)

For members in the counties of: Brown, Dodge, Freeborn, Goodhue, Kanabec, Sibley, Steele, Wabasha, and Waseca. **South Country Health Alliance Medical Assistance and MinnesotaCare are not available in Freeborn County.*

South Country Health Alliance
2300 Park Drive, Suite 100, Owatonna MN 55060

Member Services
1-866-567-7242, TTY users call 1-800-627-3529 or 711.
Hours of Operation: Monday – Friday, 8 a.m. – 8 p.m.

Printed 04/2020. The information included in this list of covered drugs was correct as of 04/2020. To see the most current information, visit our website at www.mnscha.org. If you have questions, contact Member Services at the number listed above. You can ask for a printed copy of this Medicaid List of Covered Drugs at any time.

DHS Approved Date 3/10/20

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. Members must use network pharmacies to receive prescription drug benefits.

This list is subject to change and is not all-inclusive. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable. Note to existing members: this list of covered drugs has changed since last year.

Please review this document to make sure that it still has the drugs you take. Please contact Member Services at the number listed above with questions.

If you have Medicare, you need to get most of your prescription drugs through the Medicare Prescription Drug Program (Medicare Part D). You must be enrolled in a Medicare prescription drug plan to get prescription drug benefits.

SOUTH COUNTRY
HEALTH ALLIANCE
Bringing Wellness Home

SCHA Member Services 1-866-567-7242, TTY 1-800-627-3529 or 711

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မီတခါအံၤန့ဉ်, ကိးဘဉ်လီတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ဉ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ, ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

Civil Rights Notice

Discrimination is against the law. South Country Health Alliance (SCHA) does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Auxiliary Aids and Services: SCHA provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** SCHA Member Services at members@mnscha.org or call 1-866-567-7242 (toll free), TTY 1-800-627-3529 or 711.

Language Assistance Services: SCHA provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** SCHA Member Services at members@mnscha.org or call 1-866-567-7242 (toll free), TTY 1-800-627-3529 or 711.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by SCHA. You may contact any of the following four agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex

Contact the **OCR** directly to file a complaint:

Director
U.S. Department of Health and Human Services' Office for Civil Rights
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201
800-368-1019 (voice)
800-537-7697 (TDD)

Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.
Contact **DHS** directly to file a discrimination complaint:
Civil Rights Coordinator

Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

SCHA Complaint Notice

You have the right to file a complaint with SCHA if you believe you have been discriminated against because of any of the following:

- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information
- disability (including mental or physical impairment)
- marital status
- age
- sex (including sex stereotypes and gender identity)
- sexual orientation
- national origin
- race
- color
- religion
- creed
- public assistance status
- political belief

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

Attn: Civil Rights Coordinator
South Country Health Alliance
2300 Park Drive, Suite 100
Owatonna, MN 55060
Toll Free: 866-567-7242
TTY: 800-627-3529 or 711
Fax: 507-444-7774
Email: grievances-appeals@mnscha.org

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

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Important Information

What is a List of Covered Drugs?

A List of Covered Drugs includes the prescription drugs covered by South Country Health Alliance. The drugs on the list are selected by South Country Health Alliance with the help of a team of doctors and pharmacists. South Country Health Alliance will generally cover the drugs listed in the list of covered drugs as long as the drug is medically necessary, the prescription is filled at a South Country Health Alliance network pharmacy and other requirements related to the drug are followed.

Does the List of Covered Drugs ever change?

The South Country Health Alliance list of covered drugs can change during the course of a calendar year. If changes occur which will impact the coverage of a medication you are taking, South Country Health Alliance will make reasonable efforts to contact you and your prescriber to inform you and your prescriber about the change and possible alternative medications which will be covered.

Examples of some changes that may occur are:

1. A drug you are taking is no longer preferred.
2. A drug is removed from the list of covered drugs due to safety reasons.
3. Changes in prior authorization requirements.

How are drugs listed in the List of Covered Drugs?

There are two ways to find a drug:

- You can search by drug type, or
- You can search alphabetically (if you know how to spell the drug)

To search by drug type, find the section labeled “List of Drugs by Drug Type” starting on page 6. The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for a stomach condition, you should look in the “Gastrointestinal Drugs” category. That is where you will find drugs that treat stomach conditions.

To search alphabetically, go to the Index starting on page 148. The Index is an alphabetical list of all the drugs included in the Drug List.

What is a Preferred Drug List?

In Minnesota, all Managed Care Organizations are required to follow the Department of Human Services’ Preferred Drug List. The Preferred Drug List (PDL) is created by the Department of Human Services, in consultation with the Drug Formulary Committee, to let prescribers and members know about drugs or drug classes that are more or less cost effective. Generally, drugs that are listed on the PDL as Preferred are more cost effective; and drugs that are listed as Non-Preferred on PDL are less cost effective. Preferred Drugs are available to members with fewer restrictions. Non-Preferred Drugs will require a prior authorization. In order to receive a non-preferred drug, your doctor or health care provider will have to get prior authorization. The Preferred Drug List is a portion of your South Country Health Alliance’s List of Covered Drugs. South Country Health Alliance’s List of Covered Drugs is a complete list of all covered drugs. The Preferred Drug List is available on the Department’s website: Minnesota Fee-for-Service Medicaid Preferred Drug List (http://minnesota.magellanmedicaid.com/pdl.asp).

What are generic or biosimilar drugs?

A generic drug is approved by the Food and Drug Administration (FDA) and has the same active ingredient as the brand-name drug and produces the same clinical effect as the brand-name drug.

A biosimilar drug is an FDA-approved biologic drug (most often an injectable prescription drug) that is highly similar to and has no clinically meaningful differences in terms of safety and effectiveness from an already-approved biological product. Biosimilar drugs are not the same as generic drugs- but like generics, biosimilar drugs may offer more affordable treatment options for you.

Generic or biosimilar substitution means a generic version or biosimilar version of a drug is given instead of the brand-name or non-biosimilar version of the drug.

Brand-name or non-biosimilar version of the drug will be covered by South Country Health Alliance only when:

1. Your prescriber informs South Country Health Alliance in writing that the brand name or non-biosimilar version of the drug is medically necessary; OR
2. South Country Health Alliance may prefer the dispensing of certain brand-name version over the generic or non-biosimilar version over the biosimilar version of the drug; OR
3. Minnesota Law requires the dispensing of the brand-name or non-biosimilar version of the drug

Within the list of covered drugs, brand-name drugs are capitalized, (e.g.,Jantoven and generic drugs are listed in lower case letters (e.g., amoxicillin).

What are over-the-counter (OTC) drugs?

Drugs and products that are available for purchase without a prescription are referred to as over-the-counter (OTC). Although an OTC product is available without a prescription, if a doctor writes a prescription for an OTC product, South Country Health Alliance may cover it.

What are specialty drugs?

Specialty drugs are used by people with complex or chronic diseases. These drugs often require special handling, dispensing, or monitoring by a specially-trained pharmacist.

If an MCO uses an exclusive Specialty Drug Provider, use this language:

If you are prescribed a drug that is on the South Country Health Alliance Specialty Drug List, your prescriber will need to send the prescription of that specialty drug to South Country Health Alliance's Specialty Pharmacy.

Name of Specialty Pharmacy: AcariaHealth

Phone and TTY: 1-800-511-5144 or 711
Fax: 1-877-541-1503
Hours of Operation:

- Monday - Friday 8:00 AM – 9:00 PM CST
- Saturday 8:00 AM – 2:00 PM CST
- After hours: AcariaHealth provides an On-Call service for after hours, so patients may speak with a pharmacist 24 hours per day, 7 days per week, and 365 days per year.

You will also need to call the Specialty Pharmacy at 1-800-511-5144 or 711 to set up an account. You will need to have your South Country Health Alliance Member Identification (ID) card when you call the Specialty Pharmacy.

What if a drug is not on the list of covered drugs?

Not all drugs are covered. If a drug is not listed in the list of covered drugs, you should contact Member Services at 1-866-567-7242, TTY users call 1-800-627-3529 or 711, and ask if the drug is covered. If not, it is considered a non-formulary drug. If you need a drug that is not included in the list of covered drugs, you can do one of these things:

- Take a copy of this formulary to your doctor and ask him or her to prescribe a similar drug that is covered by South Country Health Alliance.
- Ask your doctor to request a formulary exception.*

***Note:** Generally, South Country Health Alliance will only approve your doctor's request for a formulary exception if the alternative drugs included on South Country Health Alliance's formulary would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** South Country Health Alliance requires you or your health care provider to get prior authorization for certain drugs. This means that you will need to get approval from South Country Health Alliance before you fill your prescriptions. If you don't get approval, South Country Health Alliance may not cover the drug.
- **Quantity Limits:** For certain drugs, South Country Health Alliance limits the amount of the drug that South Country Health Alliance will cover.
- **Age Requirements:** In some cases, there are age requirements for you to try certain drugs. A prior authorization is needed depending on your age and the specific drug prescribed.

You can find out if your drug requires prior authorization, has quantity limits, or has an age requirement by looking in this list of covered drugs. A drug restriction or limit can be removed if your doctor submits a statement or documentation supporting the request. Refer to your Member Handbook for more information. You can also get more information about the restrictions applied to specific covered drugs by contacting Member Services at 1-866-567-7242, TTY users call 1-800-627-3529 or 711, or by visiting our website at www.mnscha.org.

- **Excluded Drugs:** Some drugs are excluded from the list of covered drugs. Excluded drugs include the following:
  - Drugs used to treat sexual or erectile dysfunction
  - Drugs used to enhance fertility
  - Drugs used for cosmetic purposes, including drugs to treat hair loss
  - Drugs or products to promote weight loss
  - Drugs not clinically proven to be effective
  - Investigational or experimental drugs
  - Medical cannabis

Can I request an exception to the coverage restrictions?

Yes. Your healthcare provider can obtain the *Minnesota Uniform Form for Prescription Drug Prior Authorization (PA) Requests and Formulary Exceptions Form* from www.mnscha.org or by contacting, Member Services at 1-866-567-7242, TTY users call 1-800-627-3529 or 711. This form must be returned to the fax number or address listed on the document. To facilitate a thorough review and to ensure that your healthcare provider receives a response within 24 hours, South Country Health Alliance asks that all information requested in the form be provided, including documentation of which medications have been tried and failed, including the dosages used, and the identified reason for failure (e.g. side effects).

What will a prescription cost?

All copay information for prescriptions is listed in the Member Handbook. If you have additional questions, contact member services at 1-866-567-7242, TTY users call 1-800-627-3529 or 711 or by visiting our website at www.mnscha.org.

List of Covered Drugs

To search by drug type, find the section labeled “List of Drugs by Drug Type” starting on the next page. The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for a stomach condition, you should look in the “Gastronintestinal Drugs” category. That is where you will find drugs that treat stomach conditions.

To search alphabetically, go to the Index starting on page 148. The Index is an alphabetical list of all the drugs included in the Drug List.

Here are the meaning of the codes used in the tables in the “List of Drugs by Drug Type”:

Tier:	**Notes:**
Formulary = This drug is on the formulary	**AL** = Age limit applies
Non-preferred = This is a non-preferred drug. Prior authorization is required.	**PA** = Prior authorization required
Preferred = This drug is preferred on the Minnesota preferred drug list	**QL** = Quantity limit applies
	ST = Step therapy required
	OTC = Over-the-counter

Drug	Status	Notes
Antihistamine Drugs		
Ethanolamine Derivatives		
ACETAMINOPHEN PM	Formulary	OTC
ACETAMINOPHEN PM EXTRA STR	Formulary	OTC
ALER-CAP	Formulary	OTC
ALKA-SELTZER PLUS ALLERGY	Formulary	OTC
ALLER-G-TIME	Formulary	OTC
ALLERGY	Formulary	OTC
ALLERGY (DIPHENHYDRAMINE)	Formulary	OTC
ALLERGY MEDICATION	Formulary	OTC
ALLERGY MEDICINE ORAL TABLET	Formulary	OTC
ALLERGY RELIEF (CLEMASTINE)	Formulary	OTC
ALLERGY RELIEF(DIPHENHYDRAMIN)	Formulary	OTC
BANOPHEN ORAL CAPSULE 50 MG	Formulary	OTC
BANOPHEN ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ORAL TABLET	Formulary	OTC
CHILDREN'S ALLERGY (DIPHENHYD) ORAL LIQUID	Formulary	OTC
CHILDREN'S BENADRYL ALLERGY ORAL TABLET,CHEWABLE	Formulary	OTC
CHILDREN'S DIPHENHYDRAMINE	Formulary	OTC
CHILDREN'S WAL-DRYL ALLERGY ORAL LIQUID	Formulary	OTC
CHILDREN'S WAL-DRYL ALLERGY ORAL PREFILLED SPOON	Formulary	OTC
clemastine oral tablet	Formulary	
COMPLETE ALLERGY MEDICINE	Formulary	OTC
COMPLETE ALLERGY ORAL CAPSULE	Formulary	OTC
COMPLETE ALLERGY ORAL TABLET	Formulary	OTC
COMPOZ	Formulary	OTC
DAYHIST ALLERGY	Formulary	OTC
DIPHEDRYL	Formulary	OTC
DIPHEDRYL ALLERGY	Formulary	OTC
DIPHEN ORAL TABLET	Formulary	OTC
diphenhydramine hcl oral capsule	Formulary	OTC
diphenhydramine hcl oral elixir	Formulary	OTC
diphenhydramine hcl oral liquid	Formulary	OTC
diphenhydramine hcl oral syrup	Formulary	OTC
diphenhydramine hcl oral tablet 25 mg	Formulary	OTC
diphenhydramine-acetaminophen	Formulary	OTC
EAZZZE THE PAIN	Formulary	OTC
GERI-DRYL ORAL LIQUID	Formulary	OTC
GERI-DRYL ORAL TABLET	Formulary	OTC
HEADACHE PM	Formulary	OTC
MAPAP PM	Formulary	OTC
NIGHT TIME PAIN MEDICINE	Formulary	OTC
NIGHTTIME ALLERGY RELIEF	Formulary	OTC
NIGHTTIME SLEEP AID (DIPHEN) ORAL TABLET	Formulary	OTC
NON-ASPIRIN PM	Formulary	OTC
NYTOL	Formulary	OTC
PAIN AND SLEEP	Formulary	OTC
PAIN RELIEF PM	Formulary	OTC
PAIN RELIEF PM RAPID RELEASE	Formulary	OTC
PAIN RELIEVER PM EX-STRENGTH	Formulary	OTC
PAIN RELIEVER PM ORAL TABLET 25-500 MG	Formulary	OTC
PHARBEDRYL	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
SIMPLY SLEEP	Formulary	OTC
SLEEP AID (DIPHENHYDRAMINE) ORAL TABLET	Formulary	OTC
SLEEP II	Formulary	OTC
SLEEP TABLET (DIPHENHYDRAMINE)	Formulary	OTC
TOTAL ALLERGY MEDICINE	Formulary	OTC
TYLENOL PM EXTRA STRENGTH	Formulary	OTC
VALU-DRYL ALLERGY ORAL CAPSULE	Formulary	OTC
WAL-DRYL ALLERGY	Formulary	OTC
WAL-NADOL PM	Formulary	OTC
Ethylenediamine Derivatives		
MENSTRUAL RELIEF	Formulary	OTC
First Gen. Antihist. Derivatives, Misc.		
cyproheptadine	Formulary	
First Generation Antihistamines		
ALER-CAP	Formulary	OTC
ALKA-SELTZER PLUS ALLERGY	Formulary	OTC
ALLER-G-TIME	Formulary	OTC
ALLERGY	Formulary	OTC
ALLERGY (CHLORPHENIRAMINE)	Formulary	OTC
ALLERGY (DIPHENHYDRAMINE)	Formulary	OTC
ALLERGY 4-HOUR	Formulary	OTC
ALLERGY MEDICATION	Formulary	OTC
ALLERGY MEDICINE ORAL TABLET	Formulary	OTC
ALLERGY RELIEF (CLEMASTINE)	Formulary	OTC
ALLERGY RELIEF(CHLORPHENIRAMN) ORAL TABLET	Formulary	OTC
ALLERGY RELIEF(DIPHENHYDRAMIN)	Formulary	OTC
ALLERGY-TIME	Formulary	OTC
BANOPHEN ORAL CAPSULE 50 MG	Formulary	OTC
BANOPHEN ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ORAL TABLET	Formulary	OTC
CHILDREN'S ALLERGY (DIPHENHYD) ORAL LIQUID	Formulary	OTC
CHILDREN'S BENADRYL ALLERGY ORAL TABLET,CHEWABLE	Formulary	OTC
CHILDREN'S DIPHENHYDRAMINE	Formulary	OTC
CHILDREN'S WAL-DRYL ALLERGY ORAL LIQUID	Formulary	OTC
CHILDREN'S WAL-DRYL ALLERGY ORAL PREFILLED SPOON	Formulary	OTC
CHLORHIST	Formulary	OTC
chlorpheniramine maleate oral tablet	Formulary	OTC
CHLORTABS	Formulary	OTC
clemastine oral tablet	Formulary	
COMPLETE ALLERGY MEDICINE	Formulary	OTC
COMPLETE ALLERGY ORAL CAPSULE	Formulary	OTC
COMPLETE ALLERGY ORAL TABLET	Formulary	OTC
COMPOZ	Formulary	OTC
cyproheptadine	Formulary	
DAYHIST ALLERGY	Formulary	OTC
DIPHEDRYL	Formulary	OTC
DIPHEDRYL ALLERGY	Formulary	OTC
DIPHEN ORAL TABLET	Formulary	OTC
diphenhydramine hcl oral capsule	Formulary	OTC
diphenhydramine hcl oral elixir	Formulary	OTC
diphenhydramine hcl oral liquid	Formulary	OTC
diphenhydramine hcl oral syrup	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
diphenhydramine hcl oral tablet 25 mg	Formulary	OTC
ED CHLORPED JR	Formulary	OTC
GERI-DRYL ORAL LIQUID	Formulary	OTC
GERI-DRYL ORAL TABLET	Formulary	OTC
NIGHTTIME ALLERGY RELIEF	Formulary	OTC
NIGHTTIME SLEEP AID (DIPHEN) ORAL TABLET	Formulary	OTC
NYTOL	Formulary	OTC
PHARBECHLOR	Formulary	OTC
PHARBEDRYL	Formulary	OTC
SIMPLY SLEEP	Formulary	OTC
SLEEP AID (DIPHENHYDRAMINE) ORAL TABLET	Formulary	OTC
SLEEP II	Formulary	OTC
SLEEP TABLET (DIPHENHYDRAMINE)	Formulary	OTC
TOTAL ALLERGY MEDICINE	Formulary	OTC
VALU-DRYL ALLERGY ORAL CAPSULE	Formulary	OTC
WAL-DRYL ALLERGY	Formulary	OTC
WAL-FINATE	Formulary	OTC
Phenothiazine Derivatives		
promethazine injection solution	Formulary	
promethazine oral	Formulary	
promethazine rectal suppository 12.5 mg, 25 mg	Formulary	
PROMETHAZINE VC	Formulary	
promethazine-dm	Formulary	
promethazine-phenylephrine	Formulary	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Formulary	
Piperazine Derivatives		
DRAMAMINE LESS DROWSY	Formulary	OTC
hydroxyzine hcl oral solution 10 mg/5 ml	Formulary	
hydroxyzine hcl oral tablet	Formulary	
hydroxyzine pamoate	Formulary	
meclizine oral tablet 12.5 mg, 25 mg	Formulary	OTC
meclizine oral tablet,chewable	Formulary	OTC
MEDI-MECLIZINE	Formulary	OTC
MOTION RELIEF (MECLIZINE)	Formulary	OTC
MOTION SICKNESS (MECLIZINE)	Formulary	OTC
MOTION SICKNESS II	Formulary	OTC
MOTION SICKNESS RELIEF(MECLIZ)	Formulary	OTC
MOTION-TIME	Formulary	OTC
TRAVEL-EASE (MECLIZINE)	Formulary	OTC
VERTICALM	Formulary	OTC
WAL-DRAM 2	Formulary	OTC
Propylamine Derivatives		
ALLERGY (CHLORPHENIRAMINE)	Formulary	OTC
ALLERGY 4-HOUR	Formulary	OTC
ALLERGY RELIEF(CHLORPHENIRAMN) ORAL TABLET	Formulary	OTC
ALLERGY-TIME	Formulary	OTC
CHILD TRIAMINIC COLD-ALLERGY	Formulary	OTC
CHILD WAL-TAP COLD-ALLERGY	Formulary	OTC
CHILDREN'S COLD AND COUGH (PE)	Formulary	OTC
CHILDREN'S COLD-ALLERGY (PE)	Formulary	OTC
CHILDREN'S DIBROMM COLD-ALLERG	Formulary	OTC
CHILDREN'S DIBROMM DM COLD-COU	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
CHLORHIST	Formulary	OTC
chlorpheniramine maleate oral tablet	Formulary	OTC
CHLORTABS	Formulary	OTC
COLD AND ALLERGY (BROMPHEN-PE)	Formulary	OTC
COLD AND COUGH DM	Formulary	OTC
COLD AND COUGH ELIXIR	Formulary	OTC
DIMAPHEN (PE)	Formulary	OTC
DIMAPHEN DM	Formulary	OTC
DIMETAPP DM COLD-COUGH (PE)	Formulary	OTC
ED CHLORPED JR	Formulary	OTC
ENDACOF - DM	Formulary	OTC
LOHIST - D	Formulary	OTC
PHARBECHLOR	Formulary	OTC
RYNEX DM	Formulary	OTC
RYNEX PE	Formulary	OTC
RYNEX PSE	Formulary	OTC
SUDOGEST COLD AND ALLERGY	Formulary	OTC
SUDOGEST SINUS AND ALLERGY	Formulary	OTC
VALU-TAPP	Formulary	OTC
WAL-FINATE	Formulary	OTC
WAL-FINATE-D	Formulary	OTC
WAL-PHED ORAL TABLET 4-60 MG	Formulary	OTC
WAL-TAP	Formulary	OTC
WAL-TAP DM	Formulary	OTC
Second Generation Antihistamines		
ALL DAY ALLERGY (CETIRIZINE) ORAL SOLUTION	Preferred	OTC; QL (10 ML per 1 day)
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET	Preferred	OTC
ALL DAY ALLERGY-D	Preferred	OTC; QL (2 EA per 1 day)
ALLERCLEAR	Preferred	OTC
ALLERCLEAR D-12HR	Preferred	OTC
ALLERCLEAR D-24HR	Preferred	OTC
ALLERGY AND CONGESTION RELIEF	Preferred	OTC
ALLERGY COMPLETE-D	Preferred	OTC
ALLERGY RELIEF (CETIRIZINE) ORAL SOLUTION	Preferred	OTC; QL (10 ML per 1 day)
ALLERGY RELIEF (LEVOCETIRIZIN)	Non-preferred	PA; OTC
ALLERGY RELIEF (LORATADINE) ORAL SOLUTION	Preferred	OTC; QL (10 ML per 1 day)
ALLERGY RELIEF (LORATADINE) ORAL TABLET	Preferred	OTC
ALLERGY RELIEF (LORATADINE) ORAL TABLET,DISINTEGRATING	Preferred	OTC; QL (1 EA per 1 day)
ALLERGY RELIEF D12	Preferred	OTC
ALLERGY RELIEF D-24HR	Preferred	OTC
ALLERGY RELIEF,NASAL DECONGEST	Preferred	OTC
ALLERGY RELIEF-D (CETIRIZINE)	Preferred	OTC
ALLERGY RELIEF-D (LORATADINE)	Preferred	OTC
ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR	Preferred	OTC
ALLER-TEC	Preferred	OTC
ALLER-TEC D	Preferred	OTC
CETIRI-D	Preferred	OTC
cetirizine oral solution 1 mg/ml	Preferred	OTC; QL (10 ML per 1 day)
cetirizine oral tablet 10 mg	Preferred	OTC
cetirizine oral tablet 5 mg	Preferred	OTC; QL (2 EA per 1 day)

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
cetirizine oral tablet,chewable	Preferred	OTC
cetirizine-pseudoephedrine	Preferred	OTC
CHILD ALLERGY RELF(CETIRIZINE) ORAL SOLUTION	Preferred	OTC; QL (10 ML per 1 day)
CHILDREN'S ALLERGY RELIEF(LOR) ORAL SOLUTION	Preferred	OTC; QL (10 ML per 1 day)
CHILDREN'S ALLERGY(CETIRIZINE)	Preferred	OTC; QL (10 ML per 1 day)
CHILDREN'S CETIRIZINE ORAL SOLUTION	Preferred	OTC; QL (10 ML per 1 day)
CHILDREN'S CETIRIZINE ORAL TABLET,CHEWABLE	Preferred	OTC
CHILDREN'S WAL-ZYR ORAL SOLUTION	Preferred	OTC; QL (10 ML per 1 day)
CHILDREN'S WAL-ZYR ORAL TABLET,CHEWABLE	Preferred	OTC
CHILD'S ALL DAY ALLERGY(CETIR)	Preferred	OTC; QL (10 ML per 1 day)
CLARINEX ORAL TABLET	Non-preferred	PA
CLARINEX-D 12 HOUR	Non-preferred	PA
desloratadine	Non-preferred	PA
levocetirizine oral solution	Preferred	
levocetirizine oral tablet	Preferred	OTC
LORATA-D	Preferred	OTC
LORATA-DINE D	Preferred	OTC
loratadine oral solution	Preferred	OTC; QL (10 ML per 1 day)
loratadine oral tablet	Preferred	OTC; QL (1 EA per 1 day)
loratadine oral tablet,disintegrating	Preferred	OTC; QL (1 EA per 1 day)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR	Preferred	OTC
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR	Preferred	OTC; QL (1 EA per 1 day)
SEMPREX-D	Non-preferred	PA
WAL-ITIN D	Preferred	OTC
WAL-ITIN D 12 HOUR	Preferred	OTC
WAL-ITIN ORAL SOLUTION	Preferred	OTC; QL (10 ML per 1 day)
WAL-ITIN ORAL TABLET	Preferred	OTC
WAL-ZYR (CETIRIZINE) ORAL SOLUTION	Preferred	OTC; QL (10 ML per 1 day)
WAL-ZYR (CETIRIZINE) ORAL TABLET	Preferred	OTC
WAL-ZYR D	Preferred	OTC
Anti-Infective Agents		
1St Generation Cephalosporin Antibiotics		
cefadroxil oral capsule	Preferred	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Preferred	
cefadroxil oral tablet	Non-preferred	PA
cephalexin oral capsule	Preferred	
cephalexin oral suspension for reconstitution	Preferred	
KEFLEX ORAL CAPSULE	Non-preferred	PA
2Nd Generation Cephalosporin Antibiotics		
cefaclor oral capsule	Preferred	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	Preferred	
cefaclor oral tablet extended release 12 hr	Non-preferred	PA
cefprozil	Preferred	
cefuroxime axetil oral suspension for reconstitution 125 mg/5 ml	Preferred	
cefuroxime axetil oral tablet	Preferred	QL (2 EA per 1 day)
3Rd Generation Cephalosporin Antibiotics		
cefdinir oral capsule	Preferred	QL (2 EA per 1 day)
cefdinir oral suspension for reconstitution	Preferred	
cefixime	Non-preferred	PA
cefpodoxime	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
SUPRAX ORAL CAPSULE	Preferred	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	Preferred	
SUPRAX ORAL TABLET,CHEWABLE	Non-preferred	PA
Adamantane Antivirals		
amantadine hcl oral capsule	Formulary	
amantadine hcl oral solution	Formulary	
GOCOVRI	Non-preferred	PA
Allylamine Antifungals		
terbinafine hcl oral	Preferred	QL (1 EA per 1 day)
Amebicides		
metronidazole oral	Formulary	
Aminoglycoside Antibiotics		
BETHKIS	Preferred	PA
KITABIS PAK	Preferred	PA
TOBI	Non-preferred	PA
TOBI PODHALER	Non-preferred	PA
tobramycin in 0.225 % nacl	Non-preferred	PA
tobramycin with nebulizer	Non-preferred	PA
Aminomethylcyclines		
NUZYRA ORAL	Non-preferred	PA
Aminopenicillin Antibiotics		
amoxicillin oral capsule	Formulary	
amoxicillin oral suspension for reconstitution	Formulary	
amoxicillin oral tablet	Formulary	
amoxicillin oral tablet,chewable 125 mg, 250 mg	Formulary	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	Preferred	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	Non-preferred	PA
amoxicillin-pot clavulanate oral tablet	Preferred	
amoxicillin-pot clavulanate oral tablet extended release 12 hr	Non-preferred	PA
amoxicillin-pot clavulanate oral tablet,chewable	Non-preferred	PA
ampicillin oral capsule	Formulary	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML, 250-62.5 MG/5 ML	Non-preferred	PA
AUGMENTIN XR	Non-preferred	PA
Anthelmintics		
praziquantel	Formulary	
Antifungals, Miscellaneous		
griseofulvin microsize	Non-preferred	PA
griseofulvin ultramicrosize	Non-preferred	PA
SSKI	Formulary	
Antimalarials		
chloroquine phosphate	Formulary	
DARAPRIM	Formulary	PA
hydroxychloroquine	Formulary	
mefloquine	Formulary	
primaquine	Formulary	
quinidine sulfate oral tablet	Formulary	
Antimycobacterials, Miscellaneous		
dapsone oral	Formulary	
Antiprotozoals, Miscellaneous		

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
dapsone oral	Formulary	
metronidazole oral	Formulary	
SOLOSEC	Non-preferred	PA
Antituberculosis Agents		
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	Non-preferred	PA
CIPRO ORAL TABLET 250 MG, 500 MG	Non-preferred	PA
CIPRO XR	Non-preferred	PA
ciprofloxacin	Non-preferred	PA
ciprofloxacin hcl oral tablet 100 mg	Preferred	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Preferred	QL (2 EA per 1 day)
clarithromycin oral suspension for reconstitution	Non-preferred	PA
clarithromycin oral tablet 500 mg	Preferred	QL (3 EA per 1 day)
clarithromycin oral tablet extended release 24 hr	Non-preferred	PA
ethambutol	Formulary	
isoniazid oral	Formulary	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	Non-preferred	PA
levofloxacin oral solution	Preferred	
levofloxacin oral tablet	Preferred	QL (14 EA per 30 days)
moxifloxacin oral	Non-preferred	PA
pyrazinamide	Formulary	
rifabutin	Formulary	
RIFADIN ORAL CAPSULE 150 MG	Formulary	
rifampin oral	Formulary	
Azole Antifungals		
CRESEMBA ORAL	Non-preferred	PA
DIFLUCAN	Non-preferred	PA
fluconazole	Preferred	
itraconazole	Non-preferred	PA
ketoconazole oral	Non-preferred	PA
NOXAFIL ORAL	Non-preferred	PA
ONMEL	Non-preferred	PA
posaconazole oral tablet,delayed release (dr/ec)	Non-preferred	PA
SPORANOX	Non-preferred	PA
SPORANOX PULSEPAK	Non-preferred	PA
TOLSURA	Non-preferred	PA
VFEND ORAL SUSPENSION FOR RECONSTITUTION	Non-preferred	PA
voriconazole oral suspension for reconstitution	Non-preferred	PA
Erythromycin Antibiotics		
E.E.S. 400 ORAL TABLET	Preferred	
E.E.S. GRANULES	Non-preferred	PA
ERYPED 200	Non-preferred	PA
ERYPED 400	Non-preferred	PA
ERY-TAB	Non-preferred	PA
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	Non-preferred	PA
erythromycin ethylsuccinate oral suspension for reconstitution	Non-preferred	PA
erythromycin ethylsuccinate oral tablet	Non-preferred	PA
erythromycin oral tablet	Non-preferred	PA
erythromycin oral tablet,delayed release (dr/ec)	Non-preferred	PA
Glycopeptide Antibiotics		
VANCOCIN	Non-preferred	PA
vancomycin oral capsule 125 mg	Preferred	QL (40 EA per 21 days)
vancomycin oral capsule 250 mg	Preferred	QL (80 EA per 21 days)

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
Hcv Polymerase Inhibitor Antivirals		
EPCLUSA	Non-preferred	PA
HARVONI ORAL TABLET 90-400 MG	Non-preferred	PA
ledipasvir-sofosbuvir	Non-preferred	PA
sofosbuvir-velpatasvir	Non-preferred	PA
SOVALDI ORAL TABLET 400 MG	Non-preferred	PA
VIEKIRA PAK	Non-preferred	PA
VOSEVI	Preferred	PA
Hcv Protease Inhibitor Antivirals		
MAVYRET	Preferred	PA
VIEKIRA PAK	Non-preferred	PA
ZEPATIER	Non-preferred	PA
Hcv Replication Complex Inhibitors		
EPCLUSA	Non-preferred	PA
HARVONI ORAL TABLET 90-400 MG	Non-preferred	PA
ledipasvir-sofosbuvir	Non-preferred	PA
MAVYRET	Preferred	PA
sofosbuvir-velpatasvir	Non-preferred	PA
VIEKIRA PAK	Non-preferred	PA
VOSEVI	Preferred	PA
ZEPATIER	Non-preferred	PA
Hiv Entry And Fusion Inhibitors		
SELZENTRY	Formulary	
Hiv Integrase Inhibitor Antiretrovirals		
BIKTARVY	Formulary	QL (1 EA per 1 day)
DOVATO	Formulary	QL (1 EA per 1 day)
GENVOYA	Formulary	
ISENTRESS HD	Formulary	
ISENTRESS ORAL POWDER IN PACKET	Formulary	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET	Formulary	
ISENTRESS ORAL TABLET,CHEWABLE	Formulary	QL (2 EA per 1 day)
TIVICAY	Formulary	QL (2 EA per 1 day)
TRIUMEQ	Formulary	
Hiv Nonnucleoside Rev.Transcrip. Inhib.		
COMPLERA	Formulary	
EDURANT	Formulary	
efavirenz	Formulary	
nevirapine oral suspension	Formulary	QL (40 ML per 1 day)
nevirapine oral tablet	Formulary	QL (2 EA per 1 day)
nevirapine oral tablet extended release 24 hr 400 mg	Formulary	QL (1 EA per 1 day)
ODEFSEY	Formulary	
RESCRIPTOR ORAL TABLET	Formulary	
Hiv Nucleoside, Nucleotide Rt Inhibitors		
abacavir oral solution	Formulary	QL (30 ML per 1 day)
abacavir oral tablet	Formulary	QL (2 EA per 1 day)
abacavir-lamivudine	Formulary	QL (1 EA per 1 day)
abacavir-lamivudine-zidovudine	Formulary	QL (2 EA per 1 day)
BIKTARVY	Formulary	QL (1 EA per 1 day)
COMPLERA	Formulary	
DESCOVY	Formulary	
didanosine	Formulary	
DOVATO	Formulary	QL (1 EA per 1 day)

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
EMTRIVA	Formulary	
EPIVIR HBV	Preferred	PA
EPIVIR ORAL SOLUTION	Preferred	QL (30 ML per 1 day)
EPIVIR ORAL TABLET	Preferred	
GENVOYA	Formulary	
lamivudine oral solution	Preferred	QL (30 ML per 1 day)
lamivudine oral tablet 100 mg	Preferred	PA
lamivudine oral tablet 150 mg	Preferred	QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	Preferred	QL (1 EA per 1 day)
ODEFSEY	Formulary	
stavudine oral capsule	Formulary	
tenofovir disoproxil fumarate	Formulary	
TRIUMEQ	Formulary	
TRUVADA ORAL TABLET 200-300 MG	Formulary	
zidovudine oral capsule	Formulary	QL (6 EA per 1 day)
zidovudine oral syrup	Formulary	
zidovudine oral tablet	Formulary	
Hiv Protease Inhibitor Antiretrovirals		
atazanavir	Formulary	
KALETRA ORAL TABLET 100-25 MG	Formulary	QL (8 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG	Formulary	
lopinavir-ritonavir	Formulary	QL (13 ML per 1 day)
NORVIR ORAL CAPSULE	Formulary	
NORVIR ORAL POWDER IN PACKET	Formulary	
NORVIR ORAL SOLUTION	Formulary	
PREZCOBIX	Formulary	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG	Formulary	
PREZISTA ORAL TABLET 800 MG	Formulary	QL (1 EA per 1 day)
ritonavir	Formulary	
VIEKIRA PAK	Non-preferred	PA
Interferon Antivirals		
PEGASYS	Preferred	PA
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	Non-preferred	PA
Lincomycin Antibiotics		
clindamycin hcl oral capsule 150 mg, 300 mg	Formulary	
clindamycin palmitate hcl	Formulary	
CLINDAMYCIN PEDIATRIC	Formulary	
Macrolide Antibiotics		
E.E.S. 400 ORAL TABLET	Preferred	
E.E.S. GRANULES	Non-preferred	PA
ERYPED 200	Non-preferred	PA
ERYPED 400	Non-preferred	PA
ERY-TAB	Non-preferred	PA
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	Non-preferred	PA
erythromycin ethylsuccinate oral suspension for reconstitution	Non-preferred	PA
erythromycin ethylsuccinate oral tablet	Non-preferred	PA
erythromycin oral tablet	Non-preferred	PA
erythromycin oral tablet,delayed release (dr/ec)	Non-preferred	PA
Monobactam Antibiotics		
CAYSTON	Non-preferred	PA
Natural Penicillin Antibiotics		
penicillin v potassium	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
Neuraminidase Inhibitor Antivirals		
oseltamivir	Formulary	
RELENZA DISKHALER	Formulary	
Nucleoside And Nucleotide Antivirals		
acyclovir oral	Preferred	
adefovir	Preferred	PA
BARACLUDE	Preferred	PA
entecavir	Preferred	PA
famciclovir	Non-preferred	PA
HEPSERA	Preferred	PA
ribavirin oral capsule	Preferred	PA
ribavirin oral tablet 200 mg	Preferred	PA
SITAVIG	Non-preferred	PA
valacyclovir	Preferred	
VALTREX	Non-preferred	PA
VEMLIDY	Non-preferred	PA
ZOVIRAX ORAL SUSPENSION	Non-preferred	PA
Other Macrolide Antibiotics		
azithromycin oral packet	Preferred	QL (2 EA per 30 days)
azithromycin oral suspension for reconstitution	Preferred	
azithromycin oral tablet 250 mg, 500 mg	Preferred	QL (6 EA per 30 days)
azithromycin oral tablet 600 mg	Preferred	QL (8 EA per 28 days)
clarithromycin oral suspension for reconstitution	Non-preferred	PA
clarithromycin oral tablet 500 mg	Preferred	QL (3 EA per 1 day)
clarithromycin oral tablet extended release 24 hr	Non-preferred	PA
ZITHROMAX ORAL PACKET	Non-preferred	PA
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	Non-preferred	PA
ZITHROMAX ORAL TABLET 250 MG	Non-preferred	PA; QL (6 EA per 30 days)
ZITHROMAX ORAL TABLET 500 MG	Non-preferred	PA
ZITHROMAX TRI-PAK	Non-preferred	PA
ZITHROMAX Z-PAK	Non-preferred	PA; QL (6 EA per 30 days)
Penicillinase-Resistant Penicillins		
dicloxacillin	Formulary	
Polyene Antifungals		
nystatin oral suspension	Preferred	
nystatin oral tablet	Non-preferred	PA
Pyrimidine Antifungals		
ANCOBON	Non-preferred	PA
flucytosine	Non-preferred	PA
Quinolone Antibiotics		
BAXDELA ORAL	Non-preferred	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	Non-preferred	PA
CIPRO ORAL TABLET 250 MG, 500 MG	Non-preferred	PA
CIPRO XR	Non-preferred	PA
ciprofloxacin	Non-preferred	PA
ciprofloxacin hcl oral tablet 100 mg	Preferred	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Preferred	QL (2 EA per 1 day)
LEVAQUIN ORAL TABLET 500 MG, 750 MG	Non-preferred	PA
levofloxacin oral solution	Preferred	
levofloxacin oral tablet	Preferred	QL (14 EA per 30 days)
moxifloxacin oral	Non-preferred	PA
ofloxacin oral tablet 300 mg, 400 mg	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
Rifamycin Antibiotics		
rifabutin	Formulary	
RIFADIN ORAL CAPSULE 150 MG	Formulary	
rifampin oral	Formulary	
XIFAXAN ORAL TABLET 200 MG	Formulary	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	Formulary	PA
Sulfonamide Antibiotics (Systemic)		
AZULFIDINE	Non-preferred	PA
AZULFIDINE EN-TABS	Non-preferred	PA
sulfadiazine	Formulary	
sulfamethoxazole-trimethoprim oral	Formulary	
sulfasalazine	Preferred	
SULFATRIM	Formulary	
Tetracycline Antibiotics		
doxycycline monohydrate oral capsule 100 mg, 50 mg	Formulary	
minocycline oral capsule 100 mg, 50 mg	Formulary	
MONDOXYNE NL ORAL CAPSULE 100 MG	Formulary	
tetracycline	Formulary	
Urinary Anti-Infectives		
nitrofurantoin	Formulary	
nitrofurantoin macrocrystal	Formulary	
nitrofurantoin monohyd/m-cryst	Formulary	
trimethoprim	Formulary	
Antineoplastic Agents		
Antineoplastic Agents		
bicalutamide	Formulary	
cyclophosphamide oral capsule	Formulary	
diclofenac sodium topical gel 3 %	Preferred	
DROXIA ORAL CAPSULE 200 MG	Formulary	QL (12 EA per 1 day)
DROXIA ORAL CAPSULE 300 MG	Formulary	QL (8 EA per 1 day)
DROXIA ORAL CAPSULE 400 MG	Formulary	QL (6 EA per 1 day)
EMCYT	Formulary	PA
FARESTON	Formulary	PA
flutamide	Formulary	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Formulary	PA
hydroxyurea	Formulary	
letrozole	Formulary	PA; QL (1 EA per 1 day)
LEUKERAN	Formulary	PA
LYSODREN	Formulary	PA
MATULANE	Formulary	PA
MEGACE ES	Non-preferred	PA
megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)	Preferred	
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	Preferred	QL (20 ML per 1 day)
megestrol oral suspension 625 mg/5 ml	Non-preferred	PA
megestrol oral tablet	Preferred	
melphalan	Formulary	PA
mercaptopurine	Formulary	
methotrexate sodium oral	Formulary	
MYLERAN	Formulary	PA
TABLOID	Formulary	
tamoxifen	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
toremifene	Formulary	
Antitoxins,Immune Glob,Toxoids,Vaccines		
Antitoxins And Immune Globulins		
VARIZIG INTRAMUSCULAR SOLUTION	Non-preferred	PA
Toxoids		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	Formulary	QL (1 VACCINE per 5 YEARSs); AL
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	Formulary	QL (1 VACCINE per 5 YEARs); AL
BOOSTRIX TDAP	Formulary	QL (1 VACCINE per 5 YEARs); AL
TDVAX	Formulary	QL (1 VACCINE per 5 YEARs); AL
TENIVAC (PF)	Formulary	QL (1 VACCINE per 5 YEARs); AL
Vaccines		
AFLURIA QD 2019-20(3YR UP)(PF)	Formulary	QL (1 Vaccine per 8 Months); AL
AFLURIA QD 2019-20(6-35MO)(PF)	Formulary	QL (1 Vaccine per 8 Months); AL
AFLURIA QUAD 2019-20(6MO UP)	Formulary	QL (1 Vaccine per 8 Months); AL
ENGERIX-B (PF)	Formulary	QL (1 VACCINE per 30 days); AL
FLUARIX QUAD 2019-2020 (PF)	Formulary	QL (1 Vaccine per 8 Months); AL
FLUBLOK QUAD 2019-2020 (PF)	Formulary	QL (1 Vaccine per 8 Months); AL
FLULAVAL QUAD 2019-2020	Formulary	QL (1 Vaccine per 8 Months); AL
FLULAVAL QUAD 2019-2020 (PF)	Formulary	QL (1 Vaccnine per 8 Months); AL
FLUZONE HIGH-DOSE 2019-20 (PF)	Formulary	QL (1 Vaccine per 8 Months); AL
FLUZONE QUAD 2019-2020	Formulary	QL (1 Vaccine per 8 Months); AL
FLUZONE QUAD 2019-2020 (PF)	Formulary	QL (1 Vaccine per 8 Months); AL
FLUZONE QUAD PEDI 2019-20 (PF)	Formulary	QL (1 Vaccine per 8 Months); AL
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	Formulary	QL (2 VACCINES per 1 LIFETIME); AL
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	Formulary	QL (2 VACCINE per 1 LIFETIME); AL
M-M-R II (PF)	Formulary	QL (3 VACCINES per 1 LIFETIME); AL
PNEUMOVAX 23	Formulary	QL (2 VACCINES per 1 LIFETIME); AL
PREVNAR 13 (PF)	Formulary	QL (1 VACCINE per 1 LIFETIME); AL
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	Formulary	QL (1 VACCINE per 30 days); AL

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	Formulary	QL (1 VACCINE per 30 days); AL
SHINGRIX (PF)	Formulary	AL
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	Formulary	QL (2 VACCINE per 1 LIFETIME); AL
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	Formulary	QL (2 VACCINE per 1 LIFETIME); AL
Autonomic Drugs		
Alpha- And Beta-Adrenergic Agonists		
12 HOUR DECONGESTANT	Formulary	OTC
12 HOUR NASAL DECONGEST (PSE)	Formulary	OTC
ADRENALIN INJECTION SOLUTION 1 MG/ML (1 ML)	Non-preferred	PA
ADULT NASAL DECONGESTANT	Formulary	OTC
ALL DAY ALLERGY-D	Preferred	OTC; QL (2 EA per 1 day)
ALLERCLEAR D-12HR	Preferred	OTC
ALLERCLEAR D-24HR	Preferred	OTC
ALLERGY AND CONGESTION RELIEF	Preferred	OTC
ALLERGY COMPLETE-D	Preferred	OTC
ALLERGY RELIEF D12	Preferred	OTC
ALLERGY RELIEF D-24HR	Preferred	OTC
ALLERGY RELIEF,NASAL DECONGEST	Preferred	OTC
ALLERGY RELIEF-D (CETIRIZINE)	Preferred	OTC
ALLERGY RELIEF-D (LORATADINE)	Preferred	OTC
ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR	Preferred	OTC
ALLER-TEC D	Preferred	OTC
BROMFED DM	Formulary	
brompheniramine-pseudoeph-dm oral syrup	Formulary	
CETIRI-D	Preferred	OTC
cetirizine-pseudoephedrine	Preferred	OTC
CHILDREN'S SILFEDRINE	Formulary	OTC
CHILDREN'S SUDAFED	Formulary	OTC
CLARINEX-D 12 HOUR	Non-preferred	PA
epinephrine injection auto-injector 0.15 mg/0.15 ml	Non-preferred	PA; Note (IMPAX generic 00115169549)
epinephrine injection auto-injector 0.15 mg/0.3 ml	Preferred	Note (MYLAN generic NDC 49502010102 is PREFERRED; TEVA generic NDC 00093598527 is NON-PREFERRED); QL (2 EA per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml	Non-preferred	PA; Note (MYLAN generic NDC 49502010202); QL (2 EA per 30 days)
epinephrine injection solution	Non-preferred	PA
epinephrine injection syringe 0.1 mg/ml	Non-preferred	PA
EPIPEN	Non-preferred	PA
EPIPEN 2-PAK	Non-preferred	PA
EPIPEN JR	Non-preferred	PA
EPIPEN JR 2-PAK	Non-preferred	PA
LOHIST - D	Formulary	OTC
LONG ACTING NASAL DECONG (PSE)	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
LORATA-D	Preferred	OTC
LORATA-DINE D	Preferred	OTC
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR	Preferred	OTC
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR	Preferred	OTC; QL (1 EA per 1 day)
MUCUS D ORAL TABLET EXTENDED RELEASE 12 HR 60-600 MG	Formulary	OTC
MUCUS RELIEF D (PSEUDOEPHED) ORAL TABLET EXTENDED RELEASE 12 HR	Formulary	OTC
NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET	Formulary	OTC
NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET EXTENDED RELEASE	Formulary	OTC
pseudoephedrine hcl oral tablet	Formulary	OTC
pseudoephedrine hcl oral tablet extended release	Formulary	OTC
pseudoephedrine-guaifenesin oral tablet extended release 12 hr 60-600 mg	Formulary	OTC
RYNEX PSE	Formulary	OTC
SEMPREX-D	Non-preferred	PA
SINUS 12 HOUR	Formulary	OTC
SUDAFED 24 HOUR	Formulary	OTC
SUDOGEST 12-HOUR	Formulary	OTC
SUDOGEST COLD AND ALLERGY	Formulary	OTC
SUDOGEST ORAL TABLET 60 MG	Formulary	OTC
SUDOGEST SINUS AND ALLERGY	Formulary	OTC
SUPHEDRIN	Formulary	OTC
SUPHEDRINE	Formulary	OTC
SUPHEDRINE 12 HOUR	Formulary	OTC
SYMJEPI	Preferred	QL (2 EA per 30 days)
VALU-TAPP	Formulary	OTC
WAL-FINATE-D	Formulary	OTC
WAL-ITIN D	Preferred	OTC
WAL-ITIN D 12 HOUR	Preferred	OTC
WAL-PHED	Formulary	OTC
WAL-PHED 12 HOUR	Formulary	OTC
WAL-PHED D	Formulary	OTC
WAL-ZYR D	Preferred	OTC
Alpha-Adrenergic Agonists		
CHILD TRIAMINIC COLD-ALLERGY	Formulary	OTC
CHILD WAL-TAP COLD-ALLERGY	Formulary	OTC
CHILDREN'S COLD AND COUGH (PE)	Formulary	OTC
CHILDREN'S COLD-ALLERGY (PE)	Formulary	OTC
CHILDREN'S DIBROMM COLD-ALLERG	Formulary	OTC
CHILDREN'S DIBROMM DM COLD-COU	Formulary	OTC
clonidine	Formulary	
clonidine hcl oral tablet	Formulary	
COLD AND ALLERGY (BROMPHEN-PE)	Formulary	OTC
COLD AND COUGH DM	Formulary	OTC
COLD AND COUGH ELIXIR	Formulary	OTC
DIMAPHEN (PE)	Formulary	OTC
DIMAPHEN DM	Formulary	OTC
DIMETAPP DM COLD-COUGH (PE)	Formulary	OTC
ED BRON GP	Formulary	OTC
ENDACOF - DM	Formulary	OTC
methyldopa	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
methyldopa-hydrochlorothiazide	Formulary	
PROMETHAZINE VC	Formulary	
promethazine-phenylephrine	Formulary	
RYNEX DM	Formulary	OTC
RYNEX PE	Formulary	OTC
SINUS DECONGESTANT (PE)	Formulary	OTC
SINUS PE DECONGESTANT	Formulary	OTC
SINUS PRESSURE-CONG RELIEF PE	Formulary	OTC
SUPHEDRINE PE	Formulary	OTC
WAL-PHED PE	Formulary	OTC
WAL-TAP	Formulary	OTC
WAL-TAP DM	Formulary	OTC
Antimuscarinics/Antispasmodics		
ANORO ELLIPTA	Non-preferred	PA
ATROVENT HFA	Preferred	
BEVESPI AEROSPHERE	Non-preferred	PA
COMBIVENT RESPIMAT	Preferred	QL (4 GM per 30 days)
dicyclomine oral capsule	Formulary	
dicyclomine oral tablet	Formulary	
diphenoxylate-atropine	Formulary	
ED-SPAZ	Formulary	
glycopyrrolate oral tablet 1 mg	Formulary	QL (3 EA per 1 day)
glycopyrrolate oral tablet 2 mg	Formulary	
HYDROCODONE COMPOUND	Formulary	AL
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	Formulary	AL
hydrocodone-homatropine oral tablet	Formulary	AL
HYDROMET	Formulary	AL
hyoscyamine sulfate oral	Formulary	
hyoscyamine sulfate sublingual	Formulary	
HYOSYNE	Formulary	
INCRUSE ELLIPTA	Non-preferred	PA
ipratropium bromide inhalation	Preferred	
ipratropium-albuterol	Preferred	
LONHALA MAGNAIR REFILL	Non-preferred	PA
LONHALA MAGNAIR STARTER	Non-preferred	PA
NULEV	Formulary	
OSCIMIN	Formulary	
OSCIMIN SL	Formulary	
OSCIMIN SR	Formulary	
propantheline	Formulary	
SEEBRI NEOHALER	Non-preferred	PA
SPIRIVA RESPIMAT	Preferred	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER	Preferred	QL (30 EA per 30 days)
STIOLTO RESPIMAT	Preferred	QL (4 GM per 30 days)
SYMAX FASTABS	Formulary	
SYMAX-SL	Formulary	
SYMAX-SR	Formulary	
TRELEGY ELLIPTA	Non-preferred	PA
TUDORZA PRESSAIR	Preferred	
UTIBRON NEOHALER	Non-preferred	PA
YUPELRI	Non-preferred	PA
Antiparkinsonian Agents		

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
benztropine oral	Formulary	
trihexyphenidyl	Formulary	
Autonomic Drugs, Miscellaneous		
CHANTIX CONTINUING MONTH BOX	Preferred	QL (2 EA per 1 day); AL
CHANTIX ORAL TABLET 0.5 MG	Preferred	QL (2 EA per 1 day); AL
CHANTIX ORAL TABLET 1 MG	Preferred	AL
CHANTIX STARTING MONTH BOX	Preferred	QL (2 EA per 1 day); AL
NICODERM CQ	Non-preferred	PA; OTC
NICORELIEF BUCCAL GUM 2 MG	Preferred	OTC; QL (450 EA per 30 days)
NICORETTE	Non-preferred	PA; OTC
nicotine (polacrilex) buccal gum	Preferred	OTC; QL (450 EA per 30 days)
nicotine (polacrilex) buccal lozenge	Preferred	OTC; QL (450 EA per 30 days)
nicotine (polacrilex) buccal mini lozenge	Preferred	OTC; QL (20 EA per 1 day)
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	Preferred	OTC
nicotine transdermal patch, td daily, sequential	Preferred	OTC; QL (1 EA per 1 day)
NICOTROL	Non-preferred	PA
NICOTROL NS	Non-preferred	PA
QUIT 2	Preferred	OTC; QL (450 EA per 30 days)
QUIT 4	Preferred	OTC; QL (450 EA per 30 days)
STOP SMOKING AID	Preferred	OTC; QL (450 EA per 30 days)
Centrally Acting Skeletal Muscle Relaxnt		
carisoprodol-aspirin-codeine	Non-preferred	PA
chlorzoxazone oral tablet 500 mg	Formulary	
cyclobenzaprine oral tablet 10 mg	Formulary	QL (3 EA per 1 day)
cyclobenzaprine oral tablet 5 mg	Formulary	QL (6 EA per 1 day)
methocarbamol oral	Formulary	
tizanidine oral tablet	Formulary	
Gaba-Derivative Skeletal Muscle Relaxant		
baclofen oral tablet 10 mg	Formulary	QL (8 EA per 1 day)
baclofen oral tablet 20 mg	Formulary	QL (4 EA per 1 day)
Non-Sel. Beta-Adrenergic Blocking Agents		
BETAPACE AF	Non-preferred	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-preferred	PA
BYSTOLIC	Non-preferred	PA
carvedilol	Preferred	
carvedilol phosphate	Non-preferred	PA
COREG	Non-preferred	PA
COREG CR	Non-preferred	PA
CORGARD	Non-preferred	PA
HEMANGEOL	Non-preferred	PA
INDERAL LA	Non-preferred	PA
INDERAL XL	Non-preferred	PA
INNOPRAN XL	Non-preferred	PA
labetalol oral tablet 100 mg	Preferred	QL (2 EA per 1 day)
labetalol oral tablet 200 mg, 300 mg	Preferred	
nadolol	Preferred	
pindolol	Preferred	
propranolol oral	Preferred	
propranolol-hydrochlorothiazid	Formulary	
SORINE	Preferred	
SOTALOL AF	Preferred	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
sotalol oral	Preferred	
SOTYLIZE	Non-preferred	PA
timolol maleate oral	Non-preferred	PA
Non-Sel.Alpha-1-Adrenergic Blocking Agts		
CARDURA	Non-preferred	PA
CARDURA XL	Non-preferred	PA
doxazosin	Preferred	
prazosin	Formulary	
terazosin	Preferred	
Parasympathomimetic (Cholinergic Agents)		
ARICEPT	Non-preferred	PA
bethanechol chloride	Formulary	
donepezil oral tablet 10 mg, 5 mg	Preferred	QL (1 EA per 1 day); AL
donepezil oral tablet 23 mg	Non-preferred	PA
donepezil oral tablet,disintegrating	Non-preferred	PA; AL
EXELON TRANSDERMAL	Non-preferred	PA
galantamine	Non-preferred	PA
MESTINON ORAL SYRUP	Formulary	
NAMZARIC	Non-preferred	PA
pyridostigmine bromide oral tablet 60 mg	Formulary	
pyridostigmine bromide oral tablet extended release	Formulary	
RAZADYNE ER	Non-preferred	PA
RAZADYNE ORAL TABLET	Non-preferred	PA
rivastigmine	Non-preferred	PA
rivastigmine tartrate	Non-preferred	PA
Selective Alpha-1-Adrenergic Block.Agent		
alfuzosin	Preferred	QL (1 EA per 1 day)
carvedilol	Preferred	
carvedilol phosphate	Non-preferred	PA
COREG	Non-preferred	PA
COREG CR	Non-preferred	PA
dutasteride-tamsulosin	Non-preferred	PA
FLOMAX	Non-preferred	PA
JALYN	Non-preferred	PA
labetalol oral tablet 100 mg	Preferred	QL (2 EA per 1 day)
labetalol oral tablet 200 mg, 300 mg	Preferred	
RAPAFLO	Non-preferred	PA
silodosin	Non-preferred	PA
tamsulosin	Preferred	
Selective Beta-2-Adrenergic Agonists		
ADVAIR DISKUS	Non-preferred	PA
ADVAIR HFA	Preferred	
AIRDUO RESPICLICK	Non-preferred	PA
albuterol sulfate inhalation hfa aerosol inhaler	Preferred	Note (Ventolin authorized generic preferred NDC 66993001968; Proventil authorized generic NDC 00254100752 is NON-PREFERRED)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	Preferred	
albuterol sulfate inhalation solution for nebulization 5 mg/ml	Preferred	QL (300 ML per 30 days)

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
albuterol sulfate oral syrup	Preferred	
albuterol sulfate oral tablet	Non-preferred	PA
albuterol sulfate oral tablet extended release 12 hr	Non-preferred	PA
ANORO ELLIPTA	Non-preferred	PA
ARCAPTA NEOHALER	Non-preferred	PA
BEVESPI AEROSPHERE	Non-preferred	PA
BREO ELLIPTA	Non-preferred	PA
BROVANA	Non-preferred	PA
COMBIVENT RESPIMAT	Preferred	QL (4 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	Preferred	
fluticasone propion-salmeterol	Non-preferred	PA
ipratropium-albuterol	Preferred	
levalbuterol hcl	Non-preferred	PA
levalbuterol tartrate	Non-preferred	PA
PERFOROMIST	Non-preferred	PA
PROAIR HFA	Preferred	
PROAIR RESPICLICK	Non-preferred	PA
PROVENTIL HFA	Preferred	
SEREVENT DISKUS	Preferred	
STIOLTO RESPIMAT	Preferred	QL (4 GM per 30 days)
STRIVERDI RESPIMAT	Non-preferred	PA
SYMBICORT	Preferred	QL (10.2 GM per 30 days)
terbutaline oral	Formulary	
TRELEGY ELLIPTA	Non-preferred	PA
UTIBRON NEOHALER	Non-preferred	PA
VENTOLIN HFA	Non-preferred	PA
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 500-50 MCG/DOSE	Preferred	QL (60 EA per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 250-50 MCG/DOSE	Preferred	QL (60 1EA per 30 days)
XOPENEX	Non-preferred	PA
XOPENEX CONCENTRATE	Non-preferred	PA
XOPENEX HFA	Non-preferred	PA
Selective Beta-Adrenergic Blocking Agent		
acebutolol	Non-preferred	PA
atenolol	Preferred	
atenolol-chlorthalidone	Formulary	
betaxolol oral	Non-preferred	PA
bisoprolol fumarate	Preferred	
bisoprolol-hydrochlorothiazide	Formulary	QL (2 EA per 1 day)
LOPRESSOR ORAL	Non-preferred	PA
metoprolol succinate	Preferred	
metoprolol tartrate oral	Preferred	
TENORETIC 100	Non-preferred	PA
TENORETIC 50	Non-preferred	PA
TENORMIN	Non-preferred	PA
TOPROL XL	Non-preferred	PA
ZIAC	Non-preferred	PA
Blood Formation, Coagulation, Thrombosis		
Anticoagulants, Miscellaneous		
ARIXTRA	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
fondaparinux	Non-preferred	PA
Coumarin Derivatives		
COUMADIN ORAL	Non-preferred	PA
JANTOVEN	Preferred	
warfarin	Preferred	
Direct Factor Xa Inhibitors		
ARIXTRA	Non-preferred	PA
BEVYXXA	Non-preferred	PA
ELIQUIS	Non-preferred	PA
ELIQUIS DVT-PE TREAT 30D START	Non-preferred	PA
fondaparinux	Non-preferred	PA
SAVAYSA	Non-preferred	PA
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	Preferred	
XARELTO ORAL TABLETS,DOSE PACK	Non-preferred	PA
Direct Thrombin Inhibitors		
PRADAXA	Preferred	
Hematopoietic Agents		
ARANESP (IN POLYSORBATE)	Preferred	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Non-preferred	PA
PROCRIT	Preferred	PA
RETACRIT	Formulary	PA
ZARXIO	Formulary	PA
Hemorrheologic Agents		
pentoxifylline	Formulary	
Hemostatics		
aminocaproic acid oral	Formulary	
desmopressin oral	Formulary	AL
HEMLIBRA	Formulary	PA
Heparins		
enoxaparin subcutaneous solution	Preferred	
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	Preferred	QL (56 ML per 21 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 30 mg/0.3 ml, 80 mg/0.8 ml	Preferred	
enoxaparin subcutaneous syringe 40 mg/0.4 ml	Preferred	QL (0.8 ML per 1 day)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	Preferred	QL (1.2 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION	Preferred	
FRAGMIN SUBCUTANEOUS SYRINGE	Non-preferred	PA
LOVENOX	Non-preferred	PA
Iron Preparations		
A THRU Z ADVANCED FORMULA	Formulary	
A THRU Z MEN'S ULTIMATE	Formulary	
A THRU Z SELECT WOMEN'S	Formulary	
ADULTS MULTIVITAMIN	Formulary	
ANIMAL SHAPES COMPLETE ORAL TABLET,CHEWABLE 18 MG IRON	Formulary	
BIOTECT PLUS	Formulary	
CENTAMIN	Formulary	
CENTRAL-VITE ORAL TABLET , 18 MG IRON-400 MCG-25 MCG	Formulary	
CENTRAL-VITE WOMEN'S MATURE	Formulary	
CENTRAM-CARE	Formulary	
CENTRAVITES ADULTS	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
CENTRUM COMPLETE	Formulary	
CENTRUM ORAL TABLET	Formulary	
CENTRUM WOMEN	Formulary	
CENTURY ORAL TABLET 18-400 MG-MCG	Formulary	
CENTURY ULTIMATE MEN'S ORAL TABLET 8 MG IRON- 200 MCG-600 MCG	Formulary	
CENTURY ULTIMATE WOMEN'S	Formulary	
CERTA PLUS	Formulary	
CERTAVITE-ANTIOXIDANT	Formulary	
CHILDREN'S IRON	Formulary	
CLASSIC PRENATAL	Formulary	
COMPLETE MEN	Formulary	
COMPLETE MULTIVITAMIN ORAL TABLET	Formulary	
COMPLETE MULTIVITAMIN-MINERAL	Formulary	
COMPLETE PREMIUM VITAMIN	Formulary	
COMPLETE WOMEN	Formulary	
DAILY MULTIPLE FOR WOMEN	Formulary	
DAILY MULTIPLE ORAL TABLET 18-400 MG-MCG	Formulary	
DAILY MULTIPLE VITAMINS/IRON	Formulary	
DAILY MULTIVITAMIN WITH IRON	Formulary	
DAILY VITAMIN FORMULA-IRON	Formulary	
DAILY VITAMIN WITH IRON	Formulary	
DINO-LIFE WITH IRON-ZINC	Formulary	
ESSENTIA	Formulary	
EZFE 200	Formulary	
FE C PLUS	Formulary	
FEOSOL ORAL TABLET 325 MG (65 MG IRON)	Formulary	
FERATE ORAL TABLET 240 MG (27 MG IRON)	Formulary	
FERGON ORAL TABLET 240 MG (27 MG IRON)	Formulary	
FEROSUL ORAL TABLET	Formulary	
FERREX 150	Formulary	
FERRIC X-150	Formulary	
FERROCITE	Formulary	
FERRO-TIME	Formulary	
ferrous fumarate oral tablet 324 mg (106 mg iron)	Formulary	
ferrous gluconate oral tablet 236 mg (27 mg iron), 240 mg (27 mg iron), 324 mg (38 mg iron)	Formulary	
ferrous sulfate oral drops	Formulary	
ferrous sulfate oral elixir	Formulary	
ferrous sulfate oral solution	Formulary	
ferrous sulfate oral tablet 325 mg (65 mg iron)	Formulary	
ferrous sulfate oral tablet,delayed release (dr/ec)	Formulary	
FERROUSUL	Formulary	
HAIR VITAMINS	Formulary	
HEMOCYTE	Formulary	
HONEY BEARS WITH IRON-ZINC	Formulary	
IFEREX 150	Formulary	
IRON (DRIED)	Formulary	
IRON (FERROUS SULFATE)	Formulary	
IRON 100 PLUS	Formulary	
IRON ORAL TABLET 325 MG (65 MG IRON)	Formulary	
IRON ORAL TABLET EXTENDED RELEASE 159 MG (45 MG IRON)	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
K-PAX IMMUNE SUPPORT	Formulary	
KPN ORAL TABLET 9 MG IRON- 267 MCG	Formulary	
MAXIMUM DAILY MULTIVITAMIN	Formulary	
MEGA MULTI FOR WOMEN	Formulary	
MEGA MULTIVITAMIN WITH MINERAL ORAL TABLET 13.5-200-250 MG-MCG-MCG	Formulary	
MEN UNDER 50 MULTIVITAMIN	Formulary	
MINI PRENATAL	Formulary	
M-NATAL PLUS	Formulary	
MULTI COMPLETE WITH IRON	Formulary	
MULTI VITAMIN	Formulary	
MULTI-DAY WITH IRON	Formulary	
MULTIGEN	Formulary	
MULTIGEN FOLIC	Formulary	
MULTIGEN PLUS	Formulary	
MULTIPLE VITAMIN, WOMENS	Formulary	
MULTI-VIT WITH FLUORIDE-IRON	Formulary	
multivitamin with iron	Formulary	
MULTIVITAMIN WITH MINERALS ORAL LIQUID	Formulary	
MULTIVITAMIN WOMEN 50 PLUS	Formulary	
MULTI-VITE	Formulary	
MYFERON 150	Formulary	
MYNATAL ADVANCE	Formulary	
MYNATAL PLUS	Formulary	
MYNATAL-Z	Formulary	
NIVA-PLUS	Formulary	
O-CAL PRENATAL	Formulary	
ONE DAILY CALCIUM/IRON	Formulary	
ONE DAILY ENERGY ORAL TABLET 9 MG IRON-400 MCG-200 MG	Formulary	
ONE DAILY FOR WOMEN	Formulary	
ONE DAILY MAXIMUM	Formulary	
ONE DAILY MULTIVIT-IRON(FOLIC)	Formulary	
ONE DAILY PRENATAL	Formulary	
ONE DAILY WITH IRON	Formulary	
ONE DAILY WOMEN'S HEALTH	Formulary	
ONE DAILY WOMEN'S ORAL TABLET 18 MG IRON-400 MCG-450 MG CA, 27-0.4 MG	Formulary	
ONE-A-DAY TEEN ADVANTAGE	Formulary	
ONE-A-DAY WOMEN'S HEALTHY SKIN	Formulary	
ONE-A-DAY WOMEN'S PETITES	Formulary	
PEDIA IRON	Formulary	
PERRY PRENATAL	Formulary	
pnv cmb#95-ferrous fumarate-fa	Formulary	
POLY-IRON	Formulary	
PRENATA	Formulary	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	Formulary	
PRENATAL COMPLETE	Formulary	
PRENATAL FORMULA	Formulary	
PRENATAL LOW IRON	Formulary	
PRENATAL MULTI	Formulary	
PRENATAL MULTI-DHA (ALGAL OIL)	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
PRENATAL MULTI-DHA(WITH VIT K)	Formulary	
PRENATAL MULTIVITAMINS	Formulary	
PRENATAL ONE DAILY	Formulary	
PRENATAL ORAL TABLET	Formulary	
PRENATAL PLUS	Formulary	
PRENATAL PLUS (CALCIUM CARB)	Formulary	
PRENATAL TABLET	Formulary	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG	Formulary	
PRENATAL VITAMIN PLUS LOW IRON	Formulary	
PRENATAL VITAMIN WITH MINERALS	Formulary	
prenatal vit-iron fum-folic ac	Formulary	
prenatal vits96-iron fum-folic	Formulary	
PREPLUS	Formulary	
PRORENAL	Formulary	
PRORENAL QD	Formulary	
QUINTABS-M	Formulary	
SENTRY	Formulary	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 142 MG (45 MG IRON), 160 MG (50 MG IRON)	Formulary	
SPECTRAVITE ADVANCED FORMULA ORAL TABLET 18-400 MG-MCG	Formulary	
SPECTRAVITE MEN'S	Formulary	
SPECTRAVITE ULTRA WOMEN	Formulary	
SPECTRAVITE ULTRA WOMEN'S SR	Formulary	
STRESS FORMULA WITH IRON(SULF)	Formulary	
SUPER MULTIPLE ORAL TABLET	Formulary	
TAB-A-VITE/IRON	Formulary	
THERA M PLUS (FERROUS FUMARAT)	Formulary	
THERADEX M	Formulary	
THERA-M ORAL TABLET	Formulary	
THERAPEUTIC-M ORAL TABLET 9 MG IRON-400 MCG	Formulary	
THERAPEUTIC-M VITAMIN/MINERALS	Formulary	
THERATRUM COMPLETE WITH LUTEIN	Formulary	
TRINATAL RX 1	Formulary	
TYR COOLER ORAL LIQUID	Formulary	
ULTIMATE WOMEN'S COMPLETE 50+	Formulary	
VINATE M	Formulary	
VINATE ONE	Formulary	
VITAMIN D3 COMPLETE	Formulary	
VITAMINS B COMPLEX ORAL TABLET 500 MG-400 MCG- 18 MG IRON	Formulary	
WOMEN'S DAILY CAPLET	Formulary	
WOMEN'S DAILY FORMULA ORAL TABLET 18 MG IRON-400 MCG-500 MG CA, 27-0.4 MG	Formulary	
WOMEN'S ONE DAILY	Formulary	
WOMEN'S PRENATAL PLUS DHA	Formulary	
YELETS	Formulary	
Platelet-Aggregation Inhibitors		
ADDED STRENGTH HEADACHE RELIEF	Formulary	OTC
ADULT ASPIRIN REGIMEN	Formulary	OTC
ADULT LOW DOSE ASPIRIN	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
AGGRENOX	Preferred	
ASPIR-81	Formulary	OTC
ASPIRIN CHILDRENS	Formulary	OTC
ASPIRIN LOW DOSE	Formulary	OTC
aspirin oral tablet	Formulary	OTC
aspirin oral tablet,chewable	Formulary	OTC
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	Formulary	OTC
aspirin rectal	Formulary	OTC
aspirin,buffd-calcium carb-mag	Formulary	OTC
aspirin-dipyridamole	Non-preferred	PA
aspirin-omeprazole oral tablet,ir,delayed rel,biphasic 81-40 mg	Non-preferred	PA
ASPIR-TRIN	Formulary	OTC
BAYER ASPIRIN	Formulary	OTC
BRILINTA	Non-preferred	PA
BUFFERED ASPIRIN	Formulary	OTC
BUFFERIN	Formulary	OTC
butalbital-aspirin-caffeine oral tablet	Formulary	QL (6 EA per 1 day)
CHILDREN'S ASPIRIN	Formulary	OTC
cilostazol	Formulary	
clopidogrel oral tablet 300 mg	Preferred	QL (1 EA per 365 days)
clopidogrel oral tablet 75 mg	Preferred	QL (1 EA per 1 day)
dipyridamole oral	Preferred	
E.C. PRIN	Formulary	OTC
ECOTRIN LOW STRENGTH	Formulary	OTC
EFFIENT	Non-preferred	PA
ENTERIC COATED ASPIRIN	Formulary	OTC
EXTRAPRIN	Formulary	OTC
HEADACHE RELIEF (ASA-ACET-CAF)	Formulary	OTC
LITE COAT ASPIRIN	Formulary	OTC
LO-DOSE ASPIRIN	Formulary	OTC
MIGRAINE FORMULA	Formulary	OTC
MIGRAINE RELIEF	Formulary	OTC
PAIN RELIEVER (ACETAM-ASPIRIN)	Formulary	OTC
PAIN RELIEVER PLUS	Formulary	OTC
PAIN-OFF	Formulary	OTC
PLAVIX ORAL TABLET 75 MG	Non-preferred	PA
prasugrel	Non-preferred	PA
ST JOSEPH ASPIRIN	Formulary	OTC
ST. JOSEPH ASPIRIN	Formulary	OTC
TRI-BUFFERED ASPIRIN	Formulary	OTC
YOSPRALA	Non-preferred	PA
ZONTIVITY	Non-preferred	PA
Thrombolytic Agents		
ADDED STRENGTH HEADACHE RELIEF	Formulary	OTC
ADULT ASPIRIN REGIMEN	Formulary	OTC
ADULT LOW DOSE ASPIRIN	Formulary	OTC
ASPIR-81	Formulary	OTC
ASPIRIN CHILDRENS	Formulary	OTC
ASPIRIN LOW DOSE	Formulary	OTC
aspirin oral tablet	Formulary	OTC
aspirin oral tablet,chewable	Formulary	OTC
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
aspirin rectal	Formulary	OTC
aspirin,buffd-calcium carb-mag	Formulary	OTC
aspirin-omeprazole oral tablet,ir,delayed rel,biphasic 81-40 mg	Non-preferred	PA
ASPIR-TRIN	Formulary	OTC
BAYER ASPIRIN	Formulary	OTC
BUFFERED ASPIRIN	Formulary	OTC
BUFFERIN	Formulary	OTC
butalbital-aspirin-caffeine oral tablet	Formulary	QL (6 EA per 1 day)
CHILDREN'S ASPIRIN	Formulary	OTC
E.C. PRIN	Formulary	OTC
ECOTRIN LOW STRENGTH	Formulary	OTC
ENTERIC COATED ASPIRIN	Formulary	OTC
EXTRAPRIN	Formulary	OTC
HEADACHE RELIEF (ASA-ACET-CAF)	Formulary	OTC
LITE COAT ASPIRIN	Formulary	OTC
LO-DOSE ASPIRIN	Formulary	OTC
MIGRAINE FORMULA	Formulary	OTC
MIGRAINE RELIEF	Formulary	OTC
PAIN RELIEVER (ACETAM-ASPIRIN)	Formulary	OTC
PAIN RELIEVER PLUS	Formulary	OTC
PAIN-OFF	Formulary	OTC
ST JOSEPH ASPIRIN	Formulary	OTC
ST. JOSEPH ASPIRIN	Formulary	OTC
TRI-BUFFERED ASPIRIN	Formulary	OTC
YOSPRALA	Non-preferred	PA
Cardiovascular Drugs		
Alpha-Adrenergic Blocking Agents		
CARDURA	Non-preferred	PA
CARDURA XL	Non-preferred	PA
carvedilol	Preferred	
carvedilol phosphate	Non-preferred	PA
COREG	Non-preferred	PA
COREG CR	Non-preferred	PA
doxazosin	Preferred	
labetalol oral tablet 100 mg	Preferred	QL (2 EA per 1 day)
labetalol oral tablet 200 mg, 300 mg	Preferred	
prazosin	Formulary	
terazosin	Preferred	
Alpha-Adrenergic Blocking Agt.(Hypoten)		
CARDURA	Non-preferred	PA
CARDURA XL	Non-preferred	PA
doxazosin	Preferred	
labetalol oral tablet 100 mg	Preferred	QL (2 EA per 1 day)
labetalol oral tablet 200 mg, 300 mg	Preferred	
prazosin	Formulary	
terazosin	Preferred	
Angiotensin Ii Receptor Antagon.(Hypotn)		
amlodipine-olmesartan	Non-preferred	PA
amlodipine-valsartan	Preferred	
amlodipine-valsartan-hcthiazid	Preferred	
ATACAND	Non-preferred	PA
ATACAND HCT	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
AVALIDE	Non-preferred	PA
AVAPRO	Non-preferred	PA
AZOR	Non-preferred	PA
BENICAR	Non-preferred	PA
BENICAR HCT	Non-preferred	PA
candesartan	Non-preferred	PA
candesartan-hydrochlorothiazid	Non-preferred	PA
COZAAR	Non-preferred	PA
DIOVAN	Non-preferred	PA
DIOVAN HCT	Non-preferred	PA
EDARBI	Non-preferred	PA
EDARBYCLOR	Non-preferred	PA
eprosartan	Non-preferred	PA
EXFORGE	Non-preferred	PA
EXFORGE HCT	Non-preferred	PA
HYZAAR	Non-preferred	PA
irbesartan	Preferred	
irbesartan-hydrochlorothiazide	Preferred	
losartan oral tablet 100 mg, 25 mg	Preferred	QL (2 EA per 1 day)
losartan oral tablet 50 mg	Preferred	QL (1 EA per 1 day)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg	Preferred	
losartan-hydrochlorothiazide oral tablet 100-25 mg, 50-12.5 mg	Preferred	QL (1 EA per 1 day)
MICARDIS	Non-preferred	PA
MICARDIS HCT	Non-preferred	PA
olmesartan	Non-preferred	PA
olmesartan-amlodipin-hcthiazid	Non-preferred	PA
olmesartan-hydrochlorothiazide	Non-preferred	PA
telmisartan	Non-preferred	PA
telmisartan-amlodipine	Non-preferred	PA
telmisartan-hydrochlorothiazid	Non-preferred	PA
TRIBENZOR	Non-preferred	PA
TWYNSTA	Non-preferred	PA
valsartan	Preferred	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	Preferred	
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	Preferred	QL (1 EA per 1 day)
Angiotensin Ii Receptor Antagonists		
amlodipine-olmesartan	Non-preferred	PA
amlodipine-valsartan	Preferred	
amlodipine-valsartan-hcthiazid	Preferred	
ATACAND	Non-preferred	PA
ATACAND HCT	Non-preferred	PA
AVALIDE	Non-preferred	PA
AVAPRO	Non-preferred	PA
AZOR	Non-preferred	PA
BENICAR	Non-preferred	PA
BENICAR HCT	Non-preferred	PA
candesartan	Non-preferred	PA
candesartan-hydrochlorothiazid	Non-preferred	PA
COZAAR	Non-preferred	PA
DIOVAN	Non-preferred	PA
DIOVAN HCT	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
EDARBI	Non-preferred	PA
EDARBYCLOR	Non-preferred	PA
ENTRESTO	Non-preferred	PA
eprosartan	Non-preferred	PA
EXFORGE	Non-preferred	PA
EXFORGE HCT	Non-preferred	PA
HYZAAR	Non-preferred	PA
irbesartan	Preferred	
irbesartan-hydrochlorothiazide	Preferred	
losartan oral tablet 100 mg, 25 mg	Preferred	QL (2 EA per 1 day)
losartan oral tablet 50 mg	Preferred	QL (1 EA per 1 day)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg	Preferred	
losartan-hydrochlorothiazide oral tablet 100-25 mg, 50-12.5 mg	Preferred	QL (1 EA per 1 day)
MICARDIS	Non-preferred	PA
MICARDIS HCT	Non-preferred	PA
olmesartan	Non-preferred	PA
olmesartan-amlodipin-hcthiazid	Non-preferred	PA
olmesartan-hydrochlorothiazide	Non-preferred	PA
telmisartan	Non-preferred	PA
telmisartan-amlodipine	Non-preferred	PA
telmisartan-hydrochlorothiazid	Non-preferred	PA
TRIBENZOR	Non-preferred	PA
TWYNSTA	Non-preferred	PA
valsartan	Preferred	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	Preferred	
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	Preferred	QL (1 EA per 1 day)
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
ACCUPRIL	Non-preferred	PA
ACCURETIC	Non-preferred	PA
ALTACE	Non-preferred	PA
amlodipine-benazepril	Preferred	
benazepril	Preferred	QL (2 EA per 1 day)
benazepril-hydrochlorothiazide	Preferred	QL (2 EA per 1 day)
captopril	Preferred	
captopril-hydrochlorothiazide	Preferred	
enalapril maleate oral tablet 10 mg	Preferred	QL (4 EA per 1 day)
enalapril maleate oral tablet 2.5 mg	Preferred	QL (16 EA per 1 day)
enalapril maleate oral tablet 20 mg	Preferred	QL (2 EA per 1 day)
enalapril maleate oral tablet 5 mg	Preferred	QL (8 EA per 1 day)
enalapril-hydrochlorothiazide	Preferred	
fosinopril oral tablet 10 mg, 20 mg	Preferred	QL (1 EA per 1 day)
fosinopril oral tablet 40 mg	Preferred	QL (2 EA per 1 day)
fosinopril-hydrochlorothiazide	Preferred	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Preferred	QL (1 EA per 1 day)
lisinopril oral tablet 30 mg, 40 mg	Preferred	QL (2 EA per 1 day)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-25 mg	Preferred	QL (1 EA per 1 day)
lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg	Preferred	QL (2 EA per 1 day)
LOTENSIN HCT	Non-preferred	PA
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	Non-preferred	PA
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non-preferred	PA
moexipril	Preferred	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
perindopril erbumine	Preferred	
PRESTALIA	Non-preferred	PA
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	Non-preferred	PA
QBRELIS	Non-preferred	PA
quinapril	Preferred	
quinapril-hydrochlorothiazide	Preferred	
ramipril	Preferred	
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	Non-preferred	PA
trandolapril	Preferred	
VASERETIC	Non-preferred	PA
VASOTEC	Non-preferred	PA
ZESTORETIC	Non-preferred	PA
ZESTRIL	Non-preferred	PA
Angiotensin-Converting Enzyme Inhibitors		
ACCUPRIL	Non-preferred	PA
ACCURETIC	Non-preferred	PA
ALTACE	Non-preferred	PA
amlodipine-benazepril	Preferred	
benazepril	Preferred	QL (2 EA per 1 day)
benazepril-hydrochlorothiazide	Preferred	QL (2 EA per 1 day)
captopril	Preferred	
captopril-hydrochlorothiazide	Preferred	
enalapril maleate oral tablet 10 mg	Preferred	QL (4 EA per 1 day)
enalapril maleate oral tablet 2.5 mg	Preferred	QL (16 EA per 1 day)
enalapril maleate oral tablet 20 mg	Preferred	QL (2 EA per 1 day)
enalapril maleate oral tablet 5 mg	Preferred	QL (8 EA per 1 day)
enalapril-hydrochlorothiazide	Preferred	
fosinopril oral tablet 10 mg, 20 mg	Preferred	QL (1 EA per 1 day)
fosinopril oral tablet 40 mg	Preferred	QL (2 EA per 1 day)
fosinopril-hydrochlorothiazide	Preferred	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Preferred	QL (1 EA per 1 day)
lisinopril oral tablet 30 mg, 40 mg	Preferred	QL (2 EA per 1 day)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-25 mg	Preferred	QL (1 EA per 1 day)
lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg	Preferred	QL (2 EA per 1 day)
LOTENSIN HCT	Non-preferred	PA
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	Non-preferred	PA
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non-preferred	PA
moexipril	Preferred	
perindopril erbumine	Preferred	
PRESTALIA	Non-preferred	PA
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	Non-preferred	PA
QBRELIS	Non-preferred	PA
quinapril	Preferred	
quinapril-hydrochlorothiazide	Preferred	
ramipril	Preferred	
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	Non-preferred	PA
trandolapril	Preferred	
VASERETIC	Non-preferred	PA
VASOTEC	Non-preferred	PA
ZESTORETIC	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
ZESTRIL	Non-preferred	PA
Antiarrhythmics, Miscellaneous		
DIGITEK ORAL TABLET 125 MCG (0.125 MG)	Formulary	QL (3 EA per 1 day)
DIGITEK ORAL TABLET 250 MCG (0.25 MG)	Formulary	QL (1 EA per 1 day)
DIGOX	Formulary	
digoxin oral tablet	Formulary	
Antilipemic Agents, Miscellaneous		
ENDUR-ACIN	Formulary	
FISH OIL CONCENTRATE	Formulary	
FISH OIL ORAL CAPSULE 1,000 MG (120 MG-180 MG), 100-160-1,000 MG, 300-1,000 MG, 300-500 MG, 340-1,000 MG	Formulary	
FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 300-1,000 MG, 60-90-500 MG	Formulary	
JUXTAPID ORAL CAPSULE 30 MG, 40 MG, 60 MG	Non-preferred	PA
LOVAZA	Non-preferred	PA
niacin (inositol niacinate) oral tablet	Formulary	
niacin oral capsule, extended release 250 mg, 500 mg	Preferred	
niacin oral tablet 100 mg	Preferred	
niacin oral tablet 250 mg, 50 mg	Formulary	
niacin oral tablet 500 mg	Preferred	OTC
niacin oral tablet extended release 1,000 mg, 750 mg	Preferred	
niacin oral tablet extended release 24 hr	Preferred	
niacin oral tablet extended release 250 mg, 500 mg	Formulary	
NIACOR	Non-preferred	PA
NIASPAN EXTENDED-RELEASE	Preferred	
omega 3-dha-epa-fish oil oral capsule 1,000 mg (120 mg-180 mg), 250-500-1,000 mg, 300-1,000 mg, 500-1,000 mg	Formulary	
omega 3-dha-epa-fish oil oral capsule,delayed release(dr/ec) 300-1,000 mg	Formulary	
omega-3 acid ethyl esters	Non-preferred	PA
omega-3 fatty acids oral capsule	Formulary	
omega-3 fatty acids-fish oil oral capsule 300-1,000 mg	Formulary	
SUPER OMEGA-3 ORAL CAPSULE 1,000 MG	Formulary	
THEROMEGA	Formulary	
THEROMEGA SPORT	Formulary	
ULTRA OMEGA-3 ORAL CAPSULE 500-1,000 MG	Formulary	
VASCEPA	Non-preferred	PA
Beta-Adrenergic Blocking Agents		
acebutolol	Non-preferred	PA
atenolol	Preferred	
atenolol-chlorthalidone	Formulary	
BETAPACE AF	Non-preferred	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-preferred	PA
betaxolol oral	Non-preferred	PA
bisoprolol fumarate	Preferred	
bisoprolol-hydrochlorothiazide	Formulary	QL (2 EA per 1 day)
BYSTOLIC	Non-preferred	PA
carvedilol	Preferred	
carvedilol phosphate	Non-preferred	PA
COREG	Non-preferred	PA
COREG CR	Non-preferred	PA
CORGARD	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
HEMANGEOL	Non-preferred	PA
INDERAL LA	Non-preferred	PA
INDERAL XL	Non-preferred	PA
INNOPRAN XL	Non-preferred	PA
labetalol oral tablet 100 mg	Preferred	QL (2 EA per 1 day)
labetalol oral tablet 200 mg, 300 mg	Preferred	
LOPRESSOR ORAL	Non-preferred	PA
metoprolol succinate	Preferred	
metoprolol tartrate oral	Preferred	
nadolol	Preferred	
pindolol	Preferred	
propranolol oral	Preferred	
propranolol-hydrochlorothiazid	Formulary	
SORINE	Preferred	
SOTALOL AF	Preferred	
sotalol oral	Preferred	
SOTYLIZE	Non-preferred	PA
TENORETIC 100	Non-preferred	PA
TENORETIC 50	Non-preferred	PA
TENORMIN	Non-preferred	PA
timolol maleate oral	Non-preferred	PA
TOPROL XL	Non-preferred	PA
ZIAC	Non-preferred	PA
Beta-Adrenergic Blocking Agt.(Hypoten)		
acebutolol	Non-preferred	PA
atenolol	Preferred	
atenolol-chlorthalidone	Formulary	
BETAPACE AF	Non-preferred	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-preferred	PA
betaxolol oral	Non-preferred	PA
bisoprolol fumarate	Preferred	
bisoprolol-hydrochlorothiazide	Formulary	QL (2 EA per 1 day)
CORGARD	Non-preferred	PA
HEMANGEOL	Non-preferred	PA
INDERAL LA	Non-preferred	PA
INDERAL XL	Non-preferred	PA
INNOPRAN XL	Non-preferred	PA
labetalol oral tablet 100 mg	Preferred	QL (2 EA per 1 day)
labetalol oral tablet 200 mg, 300 mg	Preferred	
LOPRESSOR ORAL	Non-preferred	PA
metoprolol succinate	Preferred	
metoprolol tartrate oral	Preferred	
nadolol	Preferred	
pindolol	Preferred	
propranolol oral	Preferred	
propranolol-hydrochlorothiazid	Formulary	
SORINE	Preferred	
SOTALOL AF	Preferred	
sotalol oral	Preferred	
SOTYLIZE	Non-preferred	PA
TENORETIC 100	Non-preferred	PA
TENORETIC 50	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
TENORMIN	Non-preferred	PA
timolol maleate oral	Non-preferred	PA
TOPROL XL	Non-preferred	PA
ZIAC	Non-preferred	PA
Bile Acid Sequestrants		
cholestyramine (with sugar) oral powder	Preferred	QL (24 GM per 1 day)
cholestyramine (with sugar) oral powder in packet	Preferred	
CHOLESTYRAMINE LIGHT ORAL POWDER	Preferred	QL (24 GM per 1 day)
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET	Preferred	
colesevelam	Non-preferred	PA
COLESTID	Non-preferred	PA
COLESTID FLAVORED	Non-preferred	PA
colestipol	Preferred	
PREVALITE ORAL POWDER	Preferred	QL (24 GM per 1 day)
PREVALITE ORAL POWDER IN PACKET	Preferred	
QUESTRAN	Non-preferred	PA
QUESTRAN LIGHT ORAL POWDER	Non-preferred	PA
WELCHOL	Non-preferred	PA
Calcium-Channel Block.Agt,Misc(Hypoten)		
CALAN SR	Non-preferred	PA
CARDIZEM CD	Non-preferred	PA
CARDIZEM LA	Non-preferred	PA
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	Non-preferred	PA
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 240 MG, 300 MG	Preferred	QL (1 EA per 1 day)
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 180 MG	Preferred	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg	Preferred	QL (4 EA per 1 day)
diltiazem hcl oral capsule,ext.rel 24h degradable 180 mg	Preferred	QL (3 EA per 1 day)
diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg	Preferred	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg	Preferred	QL (3 EA per 1 day)
diltiazem hcl oral capsule,extended release 12 hr 90 mg	Preferred	
diltiazem hcl oral capsule,extended release 24 hr 120 mg	Preferred	QL (4 EA per 1 day)
diltiazem hcl oral capsule,extended release 24 hr 180 mg	Preferred	
diltiazem hcl oral capsule,extended release 24 hr 240 mg	Preferred	QL (2 EA per 1 day)
diltiazem hcl oral capsule,extended release 24 hr 300 mg, 360 mg, 420 mg	Preferred	QL (1 EA per 1 day)
diltiazem hcl oral capsule,extended release 24hr	Preferred	
diltiazem hcl oral tablet 120 mg	Preferred	QL (3 EA per 1 day)
diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg	Preferred	
diltiazem hcl oral tablet extended release 24 hr	Preferred	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG	Preferred	QL (4 EA per 1 day)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 180 MG	Preferred	QL (3 EA per 1 day)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 240 MG	Preferred	QL (2 EA per 1 day)
MATZIM LA	Preferred	
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	Non-preferred	PA
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG	Preferred	QL (4 EA per 1 day)
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 180 MG, 300 MG, 360 MG	Preferred	
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 240 MG	Preferred	QL (2 EA per 1 day)
TIAZAC	Non-preferred	PA
verapamil oral capsule, 24 hr er pellet ct	Preferred	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
verapamil oral capsule,ext rel. pellets 24 hr	Preferred	
verapamil oral tablet 120 mg	Preferred	QL (4 EA per 1 day)
verapamil oral tablet 40 mg, 80 mg	Preferred	
verapamil oral tablet extended release 120 mg	Preferred	QL (1 EA per 1 day)
verapamil oral tablet extended release 180 mg, 240 mg	Preferred	QL (2 EA per 1 day)
VERELAN	Non-preferred	PA
VERELAN PM	Non-preferred	PA
Calcium-Channel Blocking Agents		
ADALAT CC	Non-preferred	PA
amlodipine	Preferred	QL (1 EA per 1 day)
amlodipine-atorvastatin	Non-preferred	PA
amlodipine-benazepril	Preferred	
amlodipine-olmesartan	Non-preferred	PA
amlodipine-valsartan	Preferred	
amlodipine-valsartan-hcthiazid	Preferred	
AZOR	Non-preferred	PA
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Non-preferred	PA
CALAN SR	Non-preferred	PA
CARDIZEM CD	Non-preferred	PA
CARDIZEM LA	Non-preferred	PA
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	Non-preferred	PA
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 240 MG, 300 MG	Preferred	QL (1 EA per 1 day)
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 180 MG	Preferred	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg	Preferred	QL (4 EA per 1 day)
diltiazem hcl oral capsule,ext.rel 24h degradable 180 mg	Preferred	QL (3 EA per 1 day)
diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg	Preferred	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg	Preferred	QL (3 EA per 1 day)
diltiazem hcl oral capsule,extended release 12 hr 90 mg	Preferred	
diltiazem hcl oral capsule,extended release 24 hr 120 mg	Preferred	QL (4 EA per 1 day)
diltiazem hcl oral capsule,extended release 24 hr 180 mg	Preferred	
diltiazem hcl oral capsule,extended release 24 hr 240 mg	Preferred	QL (2 EA per 1 day)
diltiazem hcl oral capsule,extended release 24 hr 300 mg, 360 mg, 420 mg	Preferred	QL (1 EA per 1 day)
diltiazem hcl oral capsule,extended release 24hr	Preferred	
diltiazem hcl oral tablet 120 mg	Preferred	QL (3 EA per 1 day)
diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg	Preferred	
diltiazem hcl oral tablet extended release 24 hr	Preferred	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG	Preferred	QL (4 EA per 1 day)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 180 MG	Preferred	QL (3 EA per 1 day)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 240 MG	Preferred	QL (2 EA per 1 day)
EXFORGE	Non-preferred	PA
EXFORGE HCT	Non-preferred	PA
felodipine	Preferred	
isradipine	Preferred	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non-preferred	PA
MATZIM LA	Preferred	
nicardipine oral	Preferred	
nifedipine oral capsule	Preferred	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg	Preferred	QL (1 EA per 1 day)
nifedipine oral tablet extended release 24hr 90 mg	Preferred	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
nifedipine oral tablet extended release 30 mg, 60 mg	Preferred	
nifedipine oral tablet extended release 90 mg	Preferred	QL (1 EA per 1 day)
nimodipine	Non-preferred	PA
nisoldipine	Non-preferred	PA
NORVASC	Non-preferred	PA
NYMALIZE	Non-preferred	PA
olmesartan-amlodipin-hcthiazid	Non-preferred	PA
PRESTALIA	Non-preferred	PA
PROCARDIA	Non-preferred	PA
PROCARDIA XL	Non-preferred	PA
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	Non-preferred	PA
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	Non-preferred	PA
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG	Preferred	QL (4 EA per 1 day)
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 180 MG, 300 MG, 360 MG	Preferred	
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 240 MG	Preferred	QL (2 EA per 1 day)
telmisartan-amlodipine	Non-preferred	PA
TIAZAC	Non-preferred	PA
TRIBENZOR	Non-preferred	PA
TWYNSTA	Non-preferred	PA
verapamil oral capsule, 24 hr er pellet ct	Preferred	
verapamil oral capsule,ext rel. pellets 24 hr	Preferred	
verapamil oral tablet 120 mg	Preferred	QL (4 EA per 1 day)
verapamil oral tablet 40 mg, 80 mg	Preferred	
verapamil oral tablet extended release 120 mg	Preferred	QL (1 EA per 1 day)
verapamil oral tablet extended release 180 mg, 240 mg	Preferred	QL (2 EA per 1 day)
VERELAN	Non-preferred	PA
VERELAN PM	Non-preferred	PA
Calcium-Channel Blocking Agents(Hypoten)		
CALAN SR	Non-preferred	PA
CARDIZEM CD	Non-preferred	PA
CARDIZEM LA	Non-preferred	PA
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	Non-preferred	PA
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 240 MG, 300 MG	Preferred	QL (1 EA per 1 day)
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 180 MG	Preferred	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg	Preferred	QL (4 EA per 1 day)
diltiazem hcl oral capsule,ext.rel 24h degradable 180 mg	Preferred	QL (3 EA per 1 day)
diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg	Preferred	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg	Preferred	QL (3 EA per 1 day)
diltiazem hcl oral capsule,extended release 12 hr 90 mg	Preferred	
diltiazem hcl oral capsule,extended release 24 hr 120 mg	Preferred	QL (4 EA per 1 day)
diltiazem hcl oral capsule,extended release 24 hr 180 mg	Preferred	
diltiazem hcl oral capsule,extended release 24 hr 240 mg	Preferred	QL (2 EA per 1 day)
diltiazem hcl oral capsule,extended release 24 hr 300 mg, 360 mg, 420 mg	Preferred	QL (1 EA per 1 day)
diltiazem hcl oral capsule,extended release 24hr	Preferred	
diltiazem hcl oral tablet 120 mg	Preferred	QL (3 EA per 1 day)
diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg	Preferred	
diltiazem hcl oral tablet extended release 24 hr	Preferred	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG	Preferred	QL (4 EA per 1 day)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 180 MG	Preferred	QL (3 EA per 1 day)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 240 MG	Preferred	QL (2 EA per 1 day)
MATZIM LA	Preferred	
PRESTALIA	Non-preferred	PA
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG	Preferred	QL (4 EA per 1 day)
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 180 MG, 300 MG, 360 MG	Preferred	
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 240 MG	Preferred	QL (2 EA per 1 day)
TIAZAC	Non-preferred	PA
verapamil oral capsule, 24 hr er pellet ct	Preferred	
verapamil oral capsule,ext rel. pellets 24 hr	Preferred	
verapamil oral tablet 120 mg	Preferred	QL (4 EA per 1 day)
verapamil oral tablet 40 mg, 80 mg	Preferred	
verapamil oral tablet extended release 120 mg	Preferred	QL (1 EA per 1 day)
verapamil oral tablet extended release 180 mg, 240 mg	Preferred	QL (2 EA per 1 day)
VERELAN	Non-preferred	PA
VERELAN PM	Non-preferred	PA
Calcium-Channel Blocking Agents, Misc.		
CALAN SR	Non-preferred	PA
CARDIZEM CD	Non-preferred	PA
CARDIZEM LA	Non-preferred	PA
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	Non-preferred	PA
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 240 MG, 300 MG	Preferred	QL (1 EA per 1 day)
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 180 MG	Preferred	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg	Preferred	QL (4 EA per 1 day)
diltiazem hcl oral capsule,ext.rel 24h degradable 180 mg	Preferred	QL (3 EA per 1 day)
diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg	Preferred	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg	Preferred	QL (3 EA per 1 day)
diltiazem hcl oral capsule,extended release 12 hr 90 mg	Preferred	
diltiazem hcl oral capsule,extended release 24 hr 120 mg	Preferred	QL (4 EA per 1 day)
diltiazem hcl oral capsule,extended release 24 hr 180 mg	Preferred	
diltiazem hcl oral capsule,extended release 24 hr 240 mg	Preferred	QL (2 EA per 1 day)
diltiazem hcl oral capsule,extended release 24 hr 300 mg, 360 mg, 420 mg	Preferred	QL (1 EA per 1 day)
diltiazem hcl oral capsule,extended release 24hr	Preferred	
diltiazem hcl oral tablet 120 mg	Preferred	QL (3 EA per 1 day)
diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg	Preferred	
diltiazem hcl oral tablet extended release 24 hr	Preferred	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG	Preferred	QL (4 EA per 1 day)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 180 MG	Preferred	QL (3 EA per 1 day)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 240 MG	Preferred	QL (2 EA per 1 day)
MATZIM LA	Preferred	
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	Non-preferred	PA
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG	Preferred	QL (4 EA per 1 day)
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 180 MG, 300 MG, 360 MG	Preferred	
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 240 MG	Preferred	QL (2 EA per 1 day)
TIAZAC	Non-preferred	PA
verapamil oral capsule, 24 hr er pellet ct	Preferred	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
verapamil oral capsule,ext rel. pellets 24 hr	Preferred	
verapamil oral tablet 120 mg	Preferred	QL (4 EA per 1 day)
verapamil oral tablet 40 mg, 80 mg	Preferred	
verapamil oral tablet extended release 120 mg	Preferred	QL (1 EA per 1 day)
verapamil oral tablet extended release 180 mg, 240 mg	Preferred	QL (2 EA per 1 day)
VERELAN	Non-preferred	PA
VERELAN PM	Non-preferred	PA
Carbonic Anhydrase Inhibitors(Hypoten)		
acetazolamide oral capsule, extended release	Formulary	QL (2 EA per 1 day)
acetazolamide oral tablet	Formulary	
Cardiotonic Agents		
DIGITEK ORAL TABLET 125 MCG (0.125 MG)	Formulary	QL (3 EA per 1 day)
DIGITEK ORAL TABLET 250 MCG (0.25 MG)	Formulary	QL (1 EA per 1 day)
DIGOX	Formulary	
digoxin oral tablet	Formulary	
Central Alpha-Agonists		
clonidine	Formulary	
clonidine hcl oral tablet	Formulary	
guanfacine oral tablet 1 mg	Formulary	QL (4 EA per 1 day)
guanfacine oral tablet 2 mg	Formulary	QL (2 EA per 1 day)
guanfacine oral tablet extended release 24 hr 1 mg	Preferred	QL (7 EA per 1 day)
guanfacine oral tablet extended release 24 hr 2 mg	Preferred	QL (3 EA per 1 day)
guanfacine oral tablet extended release 24 hr 3 mg	Preferred	QL (2 EA per 1 day)
guanfacine oral tablet extended release 24 hr 4 mg	Preferred	QL (1 EA per 1 day)
INTUNIV ER	Non-preferred	PA
methyldopa	Formulary	
methyldopa-hydrochlorothiazide	Formulary	
Cholesterol Absorption Inhibitors		
ezetimibe	Preferred	
ezetimibe-simvastatin	Non-preferred	PA
VYTORIN 10-10	Non-preferred	PA
VYTORIN 10-20	Non-preferred	PA
VYTORIN 10-40	Non-preferred	PA
VYTORIN 10-80	Non-preferred	PA
ZETIA	Non-preferred	PA
Class Ia Antiarrhythmics		
disopyramide phosphate oral capsule	Formulary	
NORPACE CR	Formulary	
quinidine sulfate oral tablet	Formulary	
Class Ib Antiarrhythmics		
DILANTIN	Preferred	QL (20 EA per 1 day)
DILANTIN EXTENDED	Preferred	QL (6 EA per 1 day)
DILANTIN INFATABS	Non-preferred	PA
DILANTIN KAPSEAL ORAL CAPSULE 100 MG	Preferred	
DILANTIN-125	Non-preferred	PA
mexiletine	Formulary	
PHENYTEK	Preferred	
phenytoin oral suspension	Preferred	
phenytoin oral tablet,chewable	Preferred	QL (12 EA per 1 day)
phenytoin sodium extended oral capsule 100 mg	Preferred	QL (6 EA per 1 day)
phenytoin sodium extended oral capsule 200 mg, 300 mg	Preferred	
Class Ic Antiarrhythmics		

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
flecainide	Formulary	
propafenone oral tablet	Formulary	
Class Ii Antiarrhythmics		
acebutolol	Non-preferred	PA
atenolol	Preferred	
atenolol-chlorthalidone	Formulary	
BETAPACE AF	Non-preferred	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-preferred	PA
betaxolol oral	Non-preferred	PA
bisoprolol fumarate	Preferred	
bisoprolol-hydrochlorothiazide	Formulary	QL (2 EA per 1 day)
carvedilol	Preferred	
carvedilol phosphate	Non-preferred	PA
COREG	Non-preferred	PA
COREG CR	Non-preferred	PA
CORGARD	Non-preferred	PA
HEMANGEOL	Non-preferred	PA
INDERAL LA	Non-preferred	PA
INDERAL XL	Non-preferred	PA
INNOPRAN XL	Non-preferred	PA
labetalol oral tablet 100 mg	Preferred	QL (2 EA per 1 day)
labetalol oral tablet 200 mg, 300 mg	Preferred	
LOPRESSOR ORAL	Non-preferred	PA
metoprolol succinate	Preferred	
metoprolol tartrate oral	Preferred	
nadolol	Preferred	
pindolol	Preferred	
propranolol oral	Preferred	
propranolol-hydrochlorothiazid	Formulary	
SORINE	Preferred	
SOTALOL AF	Preferred	
sotalol oral	Preferred	
SOTYLIZE	Non-preferred	PA
TENORETIC 100	Non-preferred	PA
TENORETIC 50	Non-preferred	PA
TENORMIN	Non-preferred	PA
timolol maleate oral	Non-preferred	PA
TOPROL XL	Non-preferred	PA
ZIAC	Non-preferred	PA
Class Iii Antiarrhythmics		
amiodarone oral tablet 200 mg	Formulary	
BETAPACE AF	Non-preferred	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-preferred	PA
PACERONE ORAL TABLET 200 MG	Formulary	
SORINE	Preferred	
SOTALOL AF	Preferred	
sotalol oral	Preferred	
SOTYLIZE	Non-preferred	PA
Class Iv Antiarrhythmics		
CALAN SR	Non-preferred	PA
CARDIZEM CD	Non-preferred	PA
CARDIZEM LA	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	Non-preferred	PA
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 240 MG, 300 MG	Preferred	QL (1 EA per 1 day)
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 180 MG	Preferred	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg	Preferred	QL (4 EA per 1 day)
diltiazem hcl oral capsule,ext.rel 24h degradable 180 mg	Preferred	QL (3 EA per 1 day)
diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg	Preferred	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg	Preferred	QL (3 EA per 1 day)
diltiazem hcl oral capsule,extended release 12 hr 90 mg	Preferred	
diltiazem hcl oral capsule,extended release 24 hr 120 mg	Preferred	QL (4 EA per 1 day)
diltiazem hcl oral capsule,extended release 24 hr 180 mg	Preferred	
diltiazem hcl oral capsule,extended release 24 hr 240 mg	Preferred	QL (2 EA per 1 day)
diltiazem hcl oral capsule,extended release 24 hr 300 mg, 360 mg, 420 mg	Preferred	QL (1 EA per 1 day)
diltiazem hcl oral capsule,extended release 24hr	Preferred	
diltiazem hcl oral tablet 120 mg	Preferred	QL (3 EA per 1 day)
diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg	Preferred	
diltiazem hcl oral tablet extended release 24 hr	Preferred	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG	Preferred	QL (4 EA per 1 day)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 180 MG	Preferred	QL (3 EA per 1 day)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 240 MG	Preferred	QL (2 EA per 1 day)
MATZIM LA	Preferred	
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG	Preferred	QL (4 EA per 1 day)
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 180 MG, 300 MG, 360 MG	Preferred	
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 240 MG	Preferred	QL (2 EA per 1 day)
TIAZAC	Non-preferred	PA
verapamil oral capsule, 24 hr er pellet ct	Preferred	
verapamil oral capsule,ext rel. pellets 24 hr	Preferred	
verapamil oral tablet 120 mg	Preferred	QL (4 EA per 1 day)
verapamil oral tablet 40 mg, 80 mg	Preferred	
verapamil oral tablet extended release 120 mg	Preferred	QL (1 EA per 1 day)
verapamil oral tablet extended release 180 mg, 240 mg	Preferred	QL (2 EA per 1 day)
VERELAN	Non-preferred	PA
VERELAN PM	Non-preferred	PA
Dihydropyridines		
ADALAT CC	Non-preferred	PA
amlodipine	Preferred	QL (1 EA per 1 day)
amlodipine-atorvastatin	Non-preferred	PA
amlodipine-benazepril	Preferred	
amlodipine-olmesartan	Non-preferred	PA
amlodipine-valsartan	Preferred	
amlodipine-valsartan-hcthiazid	Preferred	
AZOR	Non-preferred	PA
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Non-preferred	PA
EXFORGE	Non-preferred	PA
EXFORGE HCT	Non-preferred	PA
felodipine	Preferred	
isradipine	Preferred	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non-preferred	PA
nicardipine oral	Preferred	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
nifedipine oral capsule	Preferred	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg	Preferred	QL (1 EA per 1 day)
nifedipine oral tablet extended release 24hr 90 mg	Preferred	
nifedipine oral tablet extended release 30 mg, 60 mg	Preferred	
nifedipine oral tablet extended release 90 mg	Preferred	QL (1 EA per 1 day)
nimodipine	Non-preferred	PA
nisoldipine	Non-preferred	PA
NORVASC	Non-preferred	PA
NYMALIZE	Non-preferred	PA
olmesartan-amlodipin-hcthiazid	Non-preferred	PA
PRESTALIA	Non-preferred	PA
PROCARDIA	Non-preferred	PA
PROCARDIA XL	Non-preferred	PA
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	Non-preferred	PA
telmisartan-amlodipine	Non-preferred	PA
TRIBENZOR	Non-preferred	PA
TWYNSTA	Non-preferred	PA
Dihydropyridines (Antihypertensive)		
ADALAT CC	Non-preferred	PA
amlodipine	Preferred	QL (1 EA per 1 day)
amlodipine-atorvastatin	Non-preferred	PA
amlodipine-benazepril	Preferred	
amlodipine-olmesartan	Non-preferred	PA
amlodipine-valsartan	Preferred	
amlodipine-valsartan-hcthiazid	Preferred	
AZOR	Non-preferred	PA
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Non-preferred	PA
EXFORGE	Non-preferred	PA
EXFORGE HCT	Non-preferred	PA
felodipine	Preferred	
isradipine	Preferred	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non-preferred	PA
nicardipine oral	Preferred	
nifedipine oral capsule	Preferred	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg	Preferred	QL (1 EA per 1 day)
nifedipine oral tablet extended release 24hr 90 mg	Preferred	
nifedipine oral tablet extended release 30 mg, 60 mg	Preferred	
nifedipine oral tablet extended release 90 mg	Preferred	QL (1 EA per 1 day)
nimodipine	Non-preferred	PA
nisoldipine	Non-preferred	PA
NORVASC	Non-preferred	PA
NYMALIZE	Non-preferred	PA
olmesartan-amlodipin-hcthiazid	Non-preferred	PA
PRESTALIA	Non-preferred	PA
PROCARDIA	Non-preferred	PA
PROCARDIA XL	Non-preferred	PA
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	Non-preferred	PA
telmisartan-amlodipine	Non-preferred	PA
TRIBENZOR	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
TWYNSTA	Non-preferred	PA
Direct Vasodilators		
BIDIL	Preferred	
hydralazine oral	Formulary	
minoxidil oral	Formulary	
Diuretics, Miscellaneous (Hypotensive)		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG	Formulary	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 300 MG	Formulary	
theophylline oral tablet extended release 12 hr 200 mg, 300 mg	Formulary	
theophylline oral tablet extended release 24 hr	Formulary	
Fibric Acid Derivatives		
ANTARA ORAL CAPSULE 30 MG, 90 MG	Non-preferred	PA
fenofibrate micronized oral capsule 130 mg, 43 mg	Non-preferred	PA
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Preferred	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	Non-preferred	PA
fenofibrate oral capsule	Non-preferred	PA
fenofibrate oral tablet 120 mg, 40 mg	Non-preferred	PA
fenofibrate oral tablet 160 mg, 54 mg	Preferred	
fenofibric acid	Non-preferred	PA
fenofibric acid (choline)	Non-preferred	PA
FENOGLIDE	Non-preferred	PA
FIBRICOR	Non-preferred	PA
gemfibrozil	Preferred	QL (2 EA per 1 day)
LIPOFEN	Non-preferred	PA
LOPID	Non-preferred	PA
TRICOR	Non-preferred	PA
TRIGLIDE ORAL TABLET 160 MG	Non-preferred	PA
TRILIPIX	Non-preferred	PA
Hmg-Coa Reductase Inhibitors		
ALTOPREV	Non-preferred	PA
amlodipine-atorvastatin	Non-preferred	PA
atorvastatin	Preferred	QL (1 EA per 1 day)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Non-preferred	PA
CRESTOR	Non-preferred	PA
EZALLOR SPRINKLE	Non-preferred	PA
ezetimibe-simvastatin	Non-preferred	PA
fluvastatin	Non-preferred	PA
LESCOL XL	Non-preferred	PA
LIPITOR	Non-preferred	PA
LIVALO	Non-preferred	PA
lovastatin oral tablet 10 mg, 20 mg	Preferred	QL (3 EA per 1 day)
lovastatin oral tablet 40 mg	Preferred	QL (2 EA per 1 day)
PRAVACHOL ORAL TABLET 20 MG, 40 MG	Non-preferred	PA
pravastatin oral tablet 10 mg, 20 mg, 80 mg	Preferred	QL (1 EA per 1 day)
pravastatin oral tablet 40 mg	Preferred	QL (2 EA per 1 day)
rosuvastatin	Preferred	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Preferred	QL (1 EA per 1 day)
simvastatin oral tablet 80 mg	Preferred	
VYTORIN 10-10	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
VYTORIN 10-20	Non-preferred	PA
VYTORIN 10-40	Non-preferred	PA
VYTORIN 10-80	Non-preferred	PA
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	Non-preferred	PA
ZYPITAMAG	Non-preferred	PA
Hypotensive Agents, Miscellaneous		
acebutolol	Non-preferred	PA
ADALAT CC	Non-preferred	PA
amlodipine	Preferred	QL (1 EA per 1 day)
amlodipine-benazepril	Preferred	
amlodipine-olmesartan	Non-preferred	PA
amlodipine-valsartan	Preferred	
AZOR	Non-preferred	PA
BETAPACE AF	Non-preferred	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-preferred	PA
betaxolol oral	Non-preferred	PA
CARDURA	Non-preferred	PA
CARDURA XL	Non-preferred	PA
carvedilol	Preferred	
carvedilol phosphate	Non-preferred	PA
COREG	Non-preferred	PA
COREG CR	Non-preferred	PA
doxazosin	Preferred	
EXFORGE	Non-preferred	PA
felodipine	Preferred	
HEMANGEOL	Non-preferred	PA
INDERAL LA	Non-preferred	PA
INDERAL XL	Non-preferred	PA
INNOPRAN XL	Non-preferred	PA
isradipine	Preferred	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non-preferred	PA
nicardipine oral	Preferred	
nifedipine oral capsule	Preferred	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg	Preferred	QL (1 EA per 1 day)
nifedipine oral tablet extended release 24hr 90 mg	Preferred	
nifedipine oral tablet extended release 30 mg, 60 mg	Preferred	
nifedipine oral tablet extended release 90 mg	Preferred	QL (1 EA per 1 day)
nimodipine	Non-preferred	PA
nisoldipine	Non-preferred	PA
NORVASC	Non-preferred	PA
NYMALIZE	Non-preferred	PA
pindolol	Preferred	
PROCARDIA	Non-preferred	PA
PROCARDIA XL	Non-preferred	PA
propranolol oral	Preferred	
SORINE	Preferred	
SOTALOL AF	Preferred	
sotalol oral	Preferred	
SOTYLIZE	Non-preferred	PA
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	Non-preferred	PA
terazosin	Preferred	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
timolol maleate oral	Non-preferred	PA
Loop Diuretics (Hypotensive Agents)		
bumetanide oral	Formulary	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	Formulary	
furosemide oral tablet	Formulary	
torsemide oral	Formulary	
Mineralocorticoid (Aldosterone) Antagnts		
ALDACTAZIDE ORAL TABLET 50-50 MG	Formulary	
spironolactone	Formulary	
spironolacton-hydrochlorothiaz	Formulary	
Mineralocorticoid(Aldoster.)Antag(Hypot)		
ALDACTAZIDE ORAL TABLET 50-50 MG	Formulary	
spironolactone	Formulary	
spironolacton-hydrochlorothiaz	Formulary	
Nitrates And Nitrites		
BIDIL	Preferred	
ISOCHRON	Formulary	
isosorbide dinitrate oral	Formulary	
isosorbide mononitrate	Formulary	
MINITRAN	Formulary	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Formulary	
nitroglycerin oral	Formulary	
nitroglycerin sublingual	Formulary	
nitroglycerin transdermal patch 24 hour	Formulary	
NITRO-TIME	Formulary	
Pcsk9 Inhibitors		
PRALUENT PEN	Non-preferred	PA
REPATHA PUSHTRONEX	Non-preferred	PA
REPATHA SURECLICK	Non-preferred	PA
REPATHA SYRINGE	Non-preferred	PA
Phosphodiesterase Type 5 Inhibitors		
ADCIRCA	Non-preferred	PA
ALYQ	Non-preferred	PA
cilostazol	Formulary	
REVATIO ORAL	Non-preferred	PA
sildenafil (pulm.hypertension) oral suspension for reconstitution	Non-preferred	PA
sildenafil (pulm.hypertension) oral tablet	Preferred	PA; QL (3 EA per 1 day)
tadalafil (pulm. hypertension)	Non-preferred	PA
Potassium-Sparing Diuretics (Hypoten)		
ALDACTAZIDE ORAL TABLET 50-50 MG	Formulary	
amiloride	Formulary	
amiloride-hydrochlorothiazide	Formulary	
DYRENIUM	Formulary	
spironolactone	Formulary	
spironolacton-hydrochlorothiaz	Formulary	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	Formulary	
triamterene-hydrochlorothiazid oral tablet	Formulary	
Renin Inhibitors		
aliskiren	Non-preferred	PA
TEKTURNA	Non-preferred	PA
TEKTURNA HCT	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
Renin-Angioten.-Aldost. Sys. Inhib, Misc		
ENTRESTO	Non-preferred	PA
Thiazide Diuretics(Hypotensive Agents)		
ACCURETIC	Non-preferred	PA
ALDACTAZIDE ORAL TABLET 50-50 MG	Formulary	
amiloride-hydrochlorothiazide	Formulary	
amlodipine-valsartan-hcthiazid	Preferred	
ATACAND HCT	Non-preferred	PA
AVALIDE	Non-preferred	PA
benazepril-hydrochlorothiazide	Preferred	QL (2 EA per 1 day)
BENICAR HCT	Non-preferred	PA
bisoprolol-hydrochlorothiazide	Formulary	QL (2 EA per 1 day)
candesartan-hydrochlorothiazid	Non-preferred	PA
captopril-hydrochlorothiazide	Preferred	
chlorothiazide oral tablet 500 mg	Formulary	
DIOVAN HCT	Non-preferred	PA
DIURIL	Formulary	
enalapril-hydrochlorothiazide	Preferred	
EXFORGE HCT	Non-preferred	PA
fosinopril-hydrochlorothiazide	Preferred	
hydrochlorothiazide	Formulary	
HYZAAR	Non-preferred	PA
irbesartan-hydrochlorothiazide	Preferred	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-25 mg	Preferred	QL (1 EA per 1 day)
lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg	Preferred	QL (2 EA per 1 day)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg	Preferred	
losartan-hydrochlorothiazide oral tablet 100-25 mg, 50-12.5 mg	Preferred	QL (1 EA per 1 day)
LOTENSIN HCT	Non-preferred	PA
methyldopa-hydrochlorothiazide	Formulary	
MICARDIS HCT	Non-preferred	PA
olmesartan-amlodipin-hcthiazid	Non-preferred	PA
olmesartan-hydrochlorothiazide	Non-preferred	PA
propranolol-hydrochlorothiazid	Formulary	
quinapril-hydrochlorothiazide	Preferred	
spironolacton-hydrochlorothiaz	Formulary	
TEKTURNA HCT	Non-preferred	PA
telmisartan-hydrochlorothiazid	Non-preferred	PA
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	Formulary	
triamterene-hydrochlorothiazid oral tablet	Formulary	
TRIBENZOR	Non-preferred	PA
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	Preferred	
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	Preferred	QL (1 EA per 1 day)
VASERETIC	Non-preferred	PA
ZESTORETIC	Non-preferred	PA
ZIAC	Non-preferred	PA
Thiazide-Like Diuretics(Hypotensive Agt)		
atenolol-chlorthalidone	Formulary	
chlorthalidone oral tablet 25 mg, 50 mg	Formulary	
EDARBYCLOR	Non-preferred	PA
indapamide	Formulary	
metolazone	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
TENORETIC 100	Non-preferred	PA
TENORETIC 50	Non-preferred	PA
Vasodilating Agents, Miscellaneous		
ADALAT CC	Non-preferred	PA
ADEMPAS	Non-preferred	PA
AGGRENOX	Preferred	
ambrisentan	Non-preferred	PA
amlodipine	Preferred	QL (1 EA per 1 day)
amlodipine-atorvastatin	Non-preferred	PA
amlodipine-benazepril	Preferred	
amlodipine-olmesartan	Non-preferred	PA
amlodipine-valsartan	Preferred	
aspirin-dipyridamole	Non-preferred	PA
AZOR	Non-preferred	PA
bosentan	Non-preferred	PA
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Non-preferred	PA
CALAN SR	Non-preferred	PA
CARDIZEM CD	Non-preferred	PA
CARDIZEM LA	Non-preferred	PA
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	Non-preferred	PA
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 240 MG, 300 MG	Preferred	QL (1 EA per 1 day)
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 180 MG	Preferred	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg	Preferred	QL (4 EA per 1 day)
diltiazem hcl oral capsule,ext.rel 24h degradable 180 mg	Preferred	QL (3 EA per 1 day)
diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg	Preferred	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg	Preferred	QL (3 EA per 1 day)
diltiazem hcl oral capsule,extended release 12 hr 90 mg	Preferred	
diltiazem hcl oral capsule,extended release 24 hr 120 mg	Preferred	QL (4 EA per 1 day)
diltiazem hcl oral capsule,extended release 24 hr 180 mg	Preferred	
diltiazem hcl oral capsule,extended release 24 hr 240 mg	Preferred	QL (2 EA per 1 day)
diltiazem hcl oral capsule,extended release 24 hr 300 mg, 360 mg, 420 mg	Preferred	QL (1 EA per 1 day)
diltiazem hcl oral capsule,extended release 24hr	Preferred	
diltiazem hcl oral tablet 120 mg	Preferred	QL (3 EA per 1 day)
diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg	Preferred	
diltiazem hcl oral tablet extended release 24 hr	Preferred	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG	Preferred	QL (4 EA per 1 day)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 180 MG	Preferred	QL (3 EA per 1 day)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 240 MG	Preferred	QL (2 EA per 1 day)
dipyridamole oral	Preferred	
EXFORGE	Non-preferred	PA
felodipine	Preferred	
isradipine	Preferred	
LETAIRIS	Preferred	PA
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non-preferred	PA
MATZIM LA	Preferred	
nicardipine oral	Preferred	
nifedipine oral capsule	Preferred	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg	Preferred	QL (1 EA per 1 day)
nifedipine oral tablet extended release 24hr 90 mg	Preferred	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
nifedipine oral tablet extended release 30 mg, 60 mg	Preferred	
nifedipine oral tablet extended release 90 mg	Preferred	QL (1 EA per 1 day)
nimodipine	Non-preferred	PA
nisoldipine	Non-preferred	PA
NORVASC	Non-preferred	PA
NYMALIZE	Non-preferred	PA
olmesartan-amlodipin-hcthiazid	Non-preferred	PA
OPSUMIT	Non-preferred	PA
ORENITRAM	Non-preferred	PA
PRESTALIA	Non-preferred	PA
PROCARDIA	Non-preferred	PA
PROCARDIA XL	Non-preferred	PA
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	Non-preferred	PA
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	Non-preferred	PA
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG	Preferred	QL (4 EA per 1 day)
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 180 MG, 300 MG, 360 MG	Preferred	
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 240 MG	Preferred	QL (2 EA per 1 day)
telmisartan-amlodipine	Non-preferred	PA
TIAZAC	Non-preferred	PA
TRACLEER ORAL TABLET	Preferred	PA
TRACLEER ORAL TABLET FOR SUSPENSION	Non-preferred	PA
TRIBENZOR	Non-preferred	PA
TWYNSTA	Non-preferred	PA
TYVASO	Non-preferred	PA
TYVASO INSTITUTIONAL START KIT	Non-preferred	PA
TYVASO REFILL KIT	Non-preferred	PA
UPTRAVI	Non-preferred	PA
VENTAVIS	Non-preferred	PA
verapamil oral capsule, 24 hr er pellet ct	Preferred	
verapamil oral capsule,ext rel. pellets 24 hr	Preferred	
verapamil oral tablet 120 mg	Preferred	QL (4 EA per 1 day)
verapamil oral tablet 40 mg, 80 mg	Preferred	
verapamil oral tablet extended release 120 mg	Preferred	QL (1 EA per 1 day)
verapamil oral tablet extended release 180 mg, 240 mg	Preferred	QL (2 EA per 1 day)
VERELAN	Non-preferred	PA
VERELAN PM	Non-preferred	PA
Central Nervous System Agents		
Adamantanes (Cns)		
amantadine hcl oral capsule	Formulary	
amantadine hcl oral solution	Formulary	
GOCOVRI	Non-preferred	PA
Amphetamines		
ADDERALL XR	Non-preferred	PA
ADZENYS ER	Non-preferred	PA
ADZENYS XR-ODT	Non-preferred	PA
amphetamine sulfate	Non-preferred	PA
DEXEDRINE SPANSULE	Non-preferred	PA
dextroamphetamine oral capsule, extended release	Preferred	QL (4 EA per 1 day)
dextroamphetamine oral solution	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
dextroamphetamine oral tablet	Preferred	QL (4 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr	Preferred	
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg	Preferred	QL (4 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 20 mg	Preferred	QL (3 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 30 mg	Preferred	QL (2 EA per 1 day)
DYANAVEL XR	Non-preferred	PA
EVEKEO	Non-preferred	PA
MYDAYIS	Non-preferred	PA
PROCENTRA	Non-preferred	PA
VYVANSE ORAL CAPSULE 10 MG	Preferred	QL (7 EA per 1 day)
VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Preferred	QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE	Non-preferred	PA
ZENZEDI	Non-preferred	PA
Analgesics And Antipyretics, Misc.		
8 HOUR PAIN RELIEVER	Formulary	OTC
8HR MUSCLE ACHES-PAIN	Formulary	OTC
ACETADRYL	Formulary	OTC
ACETAMINOPHEN EXTRA STRENGTH	Formulary	OTC
acetaminophen oral elixir	Formulary	OTC
acetaminophen oral liquid 160 mg/5 ml, 500 mg/15 ml	Formulary	OTC
acetaminophen oral solution	Formulary	OTC
acetaminophen oral suspension 160 mg/5 ml	Formulary	OTC
acetaminophen oral tablet	Formulary	OTC
acetaminophen oral tablet extended release	Formulary	OTC
acetaminophen oral tablet,disintegrating	Formulary	OTC
ACETAMINOPHEN PAIN RELIEF	Formulary	OTC
ACETAMINOPHEN PM	Formulary	OTC
ACETAMINOPHEN PM EXTRA STR	Formulary	OTC
acetaminophen rectal	Formulary	OTC
acetaminophen-codeine oral solution 120-12 mg/5 ml	Formulary	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	Formulary	QL (12 EA per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	Formulary	QL (6 EA per 1 day)
ADDED STRENGTH HEADACHE RELIEF	Formulary	OTC
ARTHRITIS PAIN RELIEF (ACETAM)	Formulary	OTC
ARTHRITIS PAIN RELIEVER	Formulary	OTC
ATHENOL	Formulary	OTC
BETATEMP	Formulary	OTC
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	Formulary	QL (5 EA per 1 day); AL
butalbital-acetaminophen oral tablet 50-325 mg	Formulary	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	Formulary	
CHILD PAIN REL-FEVER REDUCER	Formulary	OTC
CHILDREN'S ACETAMINOPHEN ORAL SUSPENSION	Formulary	OTC
CHILDREN'S ACETAMINOPHEN ORAL TABLET,CHEWABLE	Formulary	OTC
CHILDREN'S ACETAMINOPHEN ORAL TABLET,DISINTEGRATING	Formulary	OTC
CHILDREN'S EASY-MELTS	Formulary	OTC
CHILDREN'S FEVER REDUCING	Formulary	OTC
CHILDREN'S MAPAP ORAL TABLET,CHEWABLE 160 MG	Formulary	OTC
CHILDREN'S NON-ASPIRIN ORAL SUSPENSION	Formulary	OTC
CHILDREN'S PAIN RELIEF ORAL SUSPENSION	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
CHILDREN'S PAIN RELIEF ORAL TABLET,CHEWABLE	Formulary	OTC
CHILDREN'S PAIN RELIEVER ORAL SUSPENSION	Formulary	OTC
CHILDREN'S PAIN-FEVER RELIEF ORAL SUSPENSION	Formulary	OTC
CHILDREN'S PAIN-FEVER RELIEF ORAL TABLET,CHEWABLE 160 MG	Formulary	OTC
CHILDREN'S PAIN-FEVER RELIEF ORAL TABLET,DISINTEGRATING	Formulary	OTC
CHILDREN'S SILAPAP	Formulary	OTC
CHILDREN'S TACTINAL	Formulary	OTC
CHILDREN'S TYLENOL ORAL TABLET,CHEWABLE	Formulary	OTC
diphenhydramine-acetaminophen	Formulary	OTC
EAZZZE THE PAIN	Formulary	OTC
ED-APAP	Formulary	OTC
ENDOCET ORAL TABLET 5-325 MG	Formulary	QL (12 EA per 1 day)
EXTRAPRIN	Formulary	OTC
FEVER REDUCER	Formulary	OTC
FEVER REDUCER AN PAIN RELIEVER ORAL SUSPENSION	Formulary	OTC
FEVERALL RECTAL SUPPOSITORY 80 MG	Formulary	OTC
gabapentin oral capsule 100 mg	Preferred	
gabapentin oral capsule 300 mg	Preferred	QL (12 EA per 1 day)
gabapentin oral capsule 400 mg	Preferred	QL (9 EA per 1 day)
gabapentin oral solution	Preferred	
gabapentin oral tablet 600 mg, 800 mg	Preferred	
GRALISE	Non-preferred	PA
HEADACHE PM	Formulary	OTC
HEADACHE RELIEF (ASA-ACET-CAF)	Formulary	OTC
HORIZANT	Non-preferred	PA
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	Formulary	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Formulary	QL (12 EA per 1 day)
INFANT FEVER REDUCER-PAIN RELF	Formulary	OTC
INFANT PAIN RELIEVER	Formulary	OTC
INFANT'S ACETAMINOPHEN	Formulary	OTC
INFANTS' PAIN AND FEVER	Formulary	OTC
INFANTS' PAIN RELIEF	Formulary	OTC
INFANT'S PAIN RELIEF ORAL DROPS,SUSPENSION 80 MG/0.8 ML	Formulary	OTC
INFANT'S PAIN RELIEF ORAL SUSPENSION	Formulary	OTC
INFANT'S PAIN RELIEVER	Formulary	OTC
JR. ACETAMINOPHEN	Formulary	OTC
JR. STR NON-ASPIRIN PAIN	Formulary	OTC
JR. STRENGTH PAIN RELIEVER	Formulary	OTC
LITTLE REMEDIES FEVER AND PAIN	Formulary	OTC
LORCET (HYDROCODONE)	Formulary	QL (12 EA per 1 day)
LORCET HD	Formulary	QL (12 EA per 1 day)
LORCET PLUS ORAL TABLET 7.5-325 MG	Formulary	QL (12 EA per 1 day)
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	Formulary	
LYRICA	Non-preferred	PA
LYRICA CR	Non-preferred	PA
MAPAP (ACETAMINOPHEN) ORAL CAPSULE	Formulary	OTC
MAPAP (ACETAMINOPHEN) ORAL LIQUID 500 MG/15 ML	Formulary	OTC
MAPAP ARTHRITIS PAIN	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
MAPAP PM	Formulary	OTC
MASOPHEN	Formulary	OTC
MENSTRUAL RELIEF	Formulary	OTC
MIGRAINE FORMULA	Formulary	OTC
MIGRAINE RELIEF	Formulary	OTC
NEURONTIN	Non-preferred	PA
NIGHT TIME PAIN MEDICINE	Formulary	OTC
NON-ASPIRIN CHILDRENS	Formulary	OTC
NON-ASPIRIN EXTRA STRENGTH ORAL LIQUID	Formulary	OTC
NON-ASPIRIN EXTRA STRENGTH ORAL TABLET	Formulary	OTC
NON-ASPIRIN ORAL ELIXIR	Formulary	OTC
NON-ASPIRIN ORAL SUSPENSION	Formulary	OTC
NON-ASPIRIN ORAL TABLET	Formulary	OTC
NON-ASPIRIN ORAL TABLET,CHEWABLE 80 MG	Formulary	OTC
NON-ASPIRIN PAIN RELIEF ORAL TABLET 500 MG	Formulary	OTC
NON-ASPIRIN PM	Formulary	OTC
NORTEMP	Formulary	OTC
oxycodone-acetaminophen oral tablet 5-325 mg	Formulary	QL (12 EA per 1 day)
PAIN AND SLEEP	Formulary	OTC
PAIN RELIEF ADULT	Formulary	OTC
PAIN RELIEF EXTRA STRENGTH	Formulary	OTC
PAIN RELIEF ORAL LIQUID	Formulary	OTC
PAIN RELIEF ORAL TABLET	Formulary	OTC
PAIN RELIEF ORAL TABLET EXTENDED RELEASE	Formulary	OTC
PAIN RELIEF PM	Formulary	OTC
PAIN RELIEF PM RAPID RELEASE	Formulary	OTC
PAIN RELIEF REGULAR STRENGTH	Formulary	OTC
PAIN RELIEVER (ACETAM-ASPIRIN)	Formulary	OTC
PAIN RELIEVER EXTRA STRENGTH	Formulary	OTC
PAIN RELIEVER JR STRENGTH	Formulary	OTC
PAIN RELIEVER ORAL TABLET	Formulary	OTC
PAIN RELIEVER PLUS	Formulary	OTC
PAIN RELIEVER PM EX-STRENGTH	Formulary	OTC
PAIN RELIEVER PM ORAL TABLET 25-500 MG	Formulary	OTC
PAIN-OFF	Formulary	OTC
PEDIACARE FEVER REDUCER	Formulary	OTC
pregabalin oral capsule	Preferred	QL (2 EA per 1 day)
pregabalin oral solution	Non-preferred	PA
SHAKE THAT ACHE	Formulary	OTC
TACTINAL EXTRA STRENGTH	Formulary	OTC
TENCON ORAL TABLET 50-325 MG	Formulary	
TYLENOL PM EXTRA STRENGTH	Formulary	OTC
TYLOPHEN	Formulary	OTC
WAL-NADOL PM	Formulary	OTC
Anticholinergic Agents (Cns)		
benztropine oral	Formulary	
trihexyphenidyl	Formulary	
Anticonvulsants, Miscellaneous		
APTIOM	Non-preferred	PA
BANZEL	Non-preferred	PA
BRIVIACT ORAL	Non-preferred	PA
carbamazepine oral capsule, er multiphase 12 hr	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
carbamazepine oral suspension	Preferred	
carbamazepine oral tablet	Preferred	QL (8 EA per 1 day)
carbamazepine oral tablet extended release 12 hr	Preferred	
carbamazepine oral tablet,chewable	Preferred	
CARBATROL	Non-preferred	PA
DEPAKOTE	Non-preferred	PA
DEPAKOTE ER	Non-preferred	PA
DEPAKOTE SPRINKLES	Non-preferred	PA
DIACOMIT	Non-preferred	PA
divalproex oral capsule, delayed rel sprinkle	Preferred	
divalproex oral tablet extended release 24 hr 250 mg	Preferred	QL (3 EA per 1 day)
divalproex oral tablet extended release 24 hr 500 mg	Preferred	QL (4 EA per 1 day)
divalproex oral tablet,delayed release (dr/ec) 125 mg	Preferred	
divalproex oral tablet,delayed release (dr/ec) 250 mg	Preferred	QL (16 EA per 1 day)
divalproex oral tablet,delayed release (dr/ec) 500 mg	Preferred	QL (8 EA per 1 day)
EPIDIOLEX	Non-preferred	PA
EPITOL	Preferred	QL (8 EA per 1 day)
felbamate	Preferred	
FELBATOL ORAL SUSPENSION	Preferred	
FELBATOL ORAL TABLET	Non-preferred	PA
FYCOMPA ORAL SUSPENSION	Non-preferred	PA
FYCOMPA ORAL TABLET	Non-preferred	PA
gabapentin oral capsule 100 mg	Preferred	
gabapentin oral capsule 300 mg	Preferred	QL (12 EA per 1 day)
gabapentin oral capsule 400 mg	Preferred	QL (9 EA per 1 day)
gabapentin oral solution	Preferred	
gabapentin oral tablet 600 mg, 800 mg	Preferred	
GABITRIL	Preferred	
GRALISE	Non-preferred	PA
HORIZANT	Non-preferred	PA
KEPPRA ORAL	Non-preferred	PA
KEPPRA XR	Non-preferred	PA
LAMICTAL ODT	Non-preferred	PA
LAMICTAL ODT STARTER (BLUE)	Non-preferred	PA
LAMICTAL ODT STARTER (GREEN)	Non-preferred	PA
LAMICTAL ODT STARTER (ORANGE)	Non-preferred	PA
LAMICTAL ORAL TABLET	Non-preferred	PA
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	Non-preferred	PA
LAMICTAL STARTER (BLUE) KIT	Non-preferred	PA
LAMICTAL STARTER (GREEN) KIT	Non-preferred	PA
LAMICTAL STARTER (ORANGE) KIT	Non-preferred	PA
LAMICTAL XR	Non-preferred	PA
LAMICTAL XR STARTER (BLUE)	Non-preferred	PA
LAMICTAL XR STARTER (GREEN)	Non-preferred	PA
LAMICTAL XR STARTER (ORANGE)	Non-preferred	PA
lamotrigine oral tablet 100 mg	Preferred	QL (5 EA per 1 day)
lamotrigine oral tablet 150 mg	Preferred	QL (3 EA per 1 day)
lamotrigine oral tablet 200 mg	Preferred	QL (2.5 EA per 1 day)
lamotrigine oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
lamotrigine oral tablet disintegrating, dose pk	Non-preferred	PA
lamotrigine oral tablet extended release 24hr	Preferred	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
lamotrigine oral tablet, chewable dispersible	Preferred	
lamotrigine oral tablet,disintegrating	Non-preferred	PA
lamotrigine oral tablets,dose pack	Preferred	
levetiracetam oral solution 100 mg/ml	Preferred	QL (30 ML per 1 day)
levetiracetam oral solution 500 mg/5 ml (5 ml)	Preferred	
levetiracetam oral tablet 1,000 mg	Preferred	QL (3 EA per 1 day)
levetiracetam oral tablet 250 mg, 500 mg, 750 mg	Preferred	
levetiracetam oral tablet extended release 24 hr	Preferred	
LYRICA	Non-preferred	PA
LYRICA CR	Non-preferred	PA
NEURONTIN	Non-preferred	PA
oxcarbazepine	Preferred	
OXTELLAR XR	Non-preferred	PA
pregabalin oral capsule	Preferred	QL (2 EA per 1 day)
pregabalin oral solution	Non-preferred	PA
QUDEXY XR	Non-preferred	PA
ROWEEPRA ORAL TABLET 1,000 MG	Preferred	QL (3 EA per 1 day)
ROWEEPRA ORAL TABLET 500 MG, 750 MG	Preferred	
ROWEEPRA XR	Preferred	
SABRIL	Non-preferred	PA
SPRITAM	Non-preferred	PA
SUBVENITE ORAL TABLET 100 MG	Preferred	QL (5 EA per 1 day)
SUBVENITE ORAL TABLET 150 MG	Preferred	QL (3 EA per 1 day)
SUBVENITE ORAL TABLET 200 MG	Preferred	QL (2.5 EA per 1 day)
SUBVENITE ORAL TABLET 25 MG	Preferred	QL (6 EA per 1 day)
SUBVENITE STARTER (BLUE) KIT	Preferred	
SUBVENITE STARTER (GREEN) KIT	Preferred	
SUBVENITE STARTER (ORANGE) KIT	Preferred	
TEGRETOL ORAL SUSPENSION	Non-preferred	PA
TEGRETOL ORAL TABLET	Non-preferred	PA
TEGRETOL XR	Non-preferred	PA
tiagabine	Non-preferred	PA
TOPAMAX	Non-preferred	PA
topiramate oral capsule, sprinkle 15 mg	Preferred	
topiramate oral capsule, sprinkle 25 mg	Preferred	QL (6 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr	Non-preferred	PA
topiramate oral tablet 100 mg, 25 mg, 50 mg	Preferred	QL (6 EA per 1 day)
topiramate oral tablet 200 mg	Preferred	QL (8 EA per 1 day)
TRILEPTAL	Non-preferred	PA
TROKENDI XR	Non-preferred	PA
valproic acid	Preferred	
valproic acid (as sodium salt) oral solution	Preferred	
vigabatrin	Non-preferred	PA
VIGADRONE	Non-preferred	PA
VIMPAT ORAL	Non-preferred	PA
zonisamide	Preferred	
Antidepressants, Miscellaneous		
APLENZIN	Non-preferred	PA
bupropion hcl (smoking deter)	Preferred	QL (2 EA per 1 day)
bupropion hcl oral tablet 100 mg	Preferred	QL (4 EA per 1 day)
bupropion hcl oral tablet 75 mg	Preferred	QL (6 EA per 1 day)
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	Preferred	QL (1 EA per 1 day)

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
bupropion hcl oral tablet extended release 24 hr 450 mg	Preferred	
bupropion hcl oral tablet sustained-release 12 hr 100 mg	Preferred	QL (4 EA per 1 day)
bupropion hcl oral tablet sustained-release 12 hr 150 mg	Preferred	QL (3 EA per 1 day)
bupropion hcl oral tablet sustained-release 12 hr 200 mg	Preferred	QL (2 EA per 1 day)
FORFIVO XL	Non-preferred	PA
mirtazapine oral tablet	Preferred	QL (1 EA per 1 day)
mirtazapine oral tablet,disintegrating	Preferred	
REMERON ORAL TABLET 15 MG, 30 MG	Non-preferred	PA
REMERON SOLTAB	Non-preferred	PA
WELLBUTRIN SR	Non-preferred	PA
WELLBUTRIN XL	Non-preferred	PA
Antimanic Agents		
ABILIFY MAINTENA	Preferred	
ABILIFY ORAL TABLET	Non-preferred	PA
aripiprazole oral solution	Preferred	QL (30 ML per 1 day)
aripiprazole oral tablet	Preferred	
aripiprazole oral tablet,disintegrating	Non-preferred	PA
ARISTADA	Non-preferred	PA
ARISTADA INITIO	Non-preferred	PA
carbamazepine oral capsule, er multiphase 12 hr	Non-preferred	PA
carbamazepine oral suspension	Preferred	
carbamazepine oral tablet	Preferred	QL (8 EA per 1 day)
carbamazepine oral tablet extended release 12 hr	Preferred	
carbamazepine oral tablet,chewable	Preferred	
CARBATROL	Non-preferred	PA
DEPAKOTE	Non-preferred	PA
DEPAKOTE ER	Non-preferred	PA
DEPAKOTE SPRINKLES	Non-preferred	PA
divalproex oral capsule, delayed rel sprinkle	Preferred	
divalproex oral tablet extended release 24 hr 250 mg	Preferred	QL (3 EA per 1 day)
divalproex oral tablet extended release 24 hr 500 mg	Preferred	QL (4 EA per 1 day)
divalproex oral tablet,delayed release (dr/ec) 125 mg	Preferred	
divalproex oral tablet,delayed release (dr/ec) 250 mg	Preferred	QL (16 EA per 1 day)
divalproex oral tablet,delayed release (dr/ec) 500 mg	Preferred	QL (8 EA per 1 day)
EPITOL	Preferred	QL (8 EA per 1 day)
GEODON	Non-preferred	PA
LAMICTAL ODT	Non-preferred	PA
LAMICTAL ODT STARTER (BLUE)	Non-preferred	PA
LAMICTAL ODT STARTER (GREEN)	Non-preferred	PA
LAMICTAL ODT STARTER (ORANGE)	Non-preferred	PA
LAMICTAL ORAL TABLET	Non-preferred	PA
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	Non-preferred	PA
LAMICTAL STARTER (BLUE) KIT	Non-preferred	PA
LAMICTAL STARTER (GREEN) KIT	Non-preferred	PA
LAMICTAL STARTER (ORANGE) KIT	Non-preferred	PA
lamotrigine oral tablet 100 mg	Preferred	QL (5 EA per 1 day)
lamotrigine oral tablet 150 mg	Preferred	QL (3 EA per 1 day)
lamotrigine oral tablet 200 mg	Preferred	QL (2.5 EA per 1 day)
lamotrigine oral tablet 25 mg	Preferred	QL (6 EA per 1 day)
lamotrigine oral tablet disintegrating, dose pk	Non-preferred	PA
lamotrigine oral tablet, chewable dispersible	Preferred	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
lamotrigine oral tablet,disintegrating	Non-preferred	PA
lamotrigine oral tablets,dose pack	Preferred	
lithium carbonate	Formulary	
lithium citrate oral solution 8 meq/5 ml	Formulary	
olanzapine intramuscular	Preferred	
olanzapine oral tablet	Preferred	
olanzapine oral tablet,disintegrating	Non-preferred	PA
quetiapine	Preferred	
RISPERDAL CONSTA	Preferred	
RISPERDAL ORAL SOLUTION	Non-preferred	PA
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Non-preferred	PA
risperidone oral solution	Preferred	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Preferred	
risperidone oral tablet,disintegrating	Preferred	
SAPHRIS SUBLINGUAL TABLET 10 MG, 5 MG	Preferred	QL (2 EA per 1 day)
SAPHRIS SUBLINGUAL TABLET 2.5 MG	Preferred	
SEROQUEL	Non-preferred	PA
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	Non-preferred	PA
SUBVENITE ORAL TABLET 100 MG	Preferred	QL (5 EA per 1 day)
SUBVENITE ORAL TABLET 150 MG	Preferred	QL (3 EA per 1 day)
SUBVENITE ORAL TABLET 200 MG	Preferred	QL (2.5 EA per 1 day)
SUBVENITE ORAL TABLET 25 MG	Preferred	QL (6 EA per 1 day)
SUBVENITE STARTER (BLUE) KIT	Preferred	
SUBVENITE STARTER (GREEN) KIT	Preferred	
SUBVENITE STARTER (ORANGE) KIT	Preferred	
TEGRETOL ORAL SUSPENSION	Non-preferred	PA
TEGRETOL ORAL TABLET	Non-preferred	PA
TEGRETOL XR	Non-preferred	PA
valproic acid	Preferred	
valproic acid (as sodium salt) oral solution	Preferred	
ziprasidone hcl	Preferred	QL (2 EA per 1 day)
ZYPREXA	Non-preferred	PA
ZYPREXA RELPREVV	Non-preferred	PA
ZYPREXA ZYDIS	Non-preferred	PA
Antimigraine Agents, Miscellaneous		
ADDED STRENGTH HEADACHE RELIEF	Formulary	OTC
ADULT ASPIRIN REGIMEN	Formulary	OTC
ADULT LOW DOSE ASPIRIN	Formulary	OTC
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	Non-preferred	PA
AJOVY	Non-preferred	PA
ASCOMP WITH CODEINE	Formulary	AL
ASPIR-81	Formulary	OTC
ASPIRIN CHILDRENS	Formulary	OTC
ASPIRIN LOW DOSE	Formulary	OTC
aspirin oral tablet	Formulary	OTC
aspirin oral tablet,chewable	Formulary	OTC
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	Formulary	OTC
aspirin rectal	Formulary	OTC
aspirin,buffd-calcium carb-mag	Formulary	OTC
ASPIR-TRIN	Formulary	OTC
BAYER ASPIRIN	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
BUFFERED ASPIRIN	Formulary	OTC
BUFFERIN	Formulary	OTC
BUTALBITAL COMPOUND W/CODEINE	Formulary	AL
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	Formulary	QL (5 EA per 1 day); AL
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	Formulary	
butalbital-aspirin-caffeine oral tablet	Formulary	QL (6 EA per 1 day)
CHILDREN'S ASPIRIN	Formulary	OTC
codeine-butalbital-asa-caff	Formulary	AL
DEPAKOTE	Non-preferred	PA
DEPAKOTE ER	Non-preferred	PA
DEPAKOTE SPRINKLES	Non-preferred	PA
divalproex oral capsule, delayed rel sprinkle	Preferred	
divalproex oral tablet extended release 24 hr 250 mg	Preferred	QL (3 EA per 1 day)
divalproex oral tablet extended release 24 hr 500 mg	Preferred	QL (4 EA per 1 day)
divalproex oral tablet,delayed release (dr/ec) 125 mg	Preferred	
divalproex oral tablet,delayed release (dr/ec) 250 mg	Preferred	QL (16 EA per 1 day)
divalproex oral tablet,delayed release (dr/ec) 500 mg	Preferred	QL (8 EA per 1 day)
E.C. PRIN	Formulary	OTC
ECOTRIN LOW STRENGTH	Formulary	OTC
EMGALITY PEN	Preferred	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Preferred	PA
ENTERIC COATED ASPIRIN	Formulary	OTC
EXTRAPRIN	Formulary	OTC
HEADACHE RELIEF (ASA-ACET-CAF)	Formulary	OTC
HEMANGEOL	Non-preferred	PA
INDERAL LA	Non-preferred	PA
INDERAL XL	Non-preferred	PA
INNOPRAN XL	Non-preferred	PA
LITE COAT ASPIRIN	Formulary	OTC
LO-DOSE ASPIRIN	Formulary	OTC
MIGRAINE FORMULA	Formulary	OTC
MIGRAINE RELIEF	Formulary	OTC
PAIN RELIEVER (ACETAM-ASPIRIN)	Formulary	OTC
PAIN RELIEVER PLUS	Formulary	OTC
PAIN-OFF	Formulary	OTC
propranolol oral	Preferred	
ST JOSEPH ASPIRIN	Formulary	OTC
ST. JOSEPH ASPIRIN	Formulary	OTC
timolol maleate oral	Non-preferred	PA
TRI-BUFFERED ASPIRIN	Formulary	OTC
valproic acid	Preferred	
valproic acid (as sodium salt) oral solution	Preferred	
Antipsychotics, Miscellaneous		
loxapine succinate	Formulary	
pimozide	Formulary	
Anxiolytics,Sedatives,And Hypnotics,Misc		
ALKA-SELTZER PLUS ALLERGY	Formulary	OTC
AMBIEN	Non-preferred	PA
AMBIEN CR	Non-preferred	PA
BELSOMRA	Non-preferred	PA
buspirone oral tablet 10 mg	Formulary	QL (6 EA per 1 day)
buspirone oral tablet 15 mg	Formulary	QL (4 EA per 1 day)

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
buspirone oral tablet 30 mg, 7.5 mg	Formulary	QL (2 EA per 1 day)
buspirone oral tablet 5 mg	Formulary	QL (12 EA per 1 day)
COMPOZ	Formulary	OTC
droperidol injection solution	Formulary	
EDLUAR	Non-preferred	PA
eszopiclone	Preferred	
HETLIOZ	Non-preferred	PA
hydroxyzine hcl oral solution 10 mg/5 ml	Formulary	
hydroxyzine hcl oral tablet	Formulary	
hydroxyzine pamoate	Formulary	
INTERMEZZO	Non-preferred	PA
LUNESTA	Non-preferred	PA
meprobamate	Formulary	
NIGHTTIME SLEEP AID (DIPHEN) ORAL TABLET	Formulary	OTC
NYTOL	Formulary	OTC
promethazine injection solution	Formulary	
promethazine oral	Formulary	
promethazine rectal suppository 12.5 mg, 25 mg	Formulary	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Formulary	
ramelteon	Non-preferred	PA
ROZEREM	Preferred	
SIMPLY SLEEP	Formulary	OTC
SLEEP AID (DIPHENHYDRAMINE) ORAL TABLET	Formulary	OTC
SLEEP II	Formulary	OTC
SLEEP TABLET (DIPHENHYDRAMINE)	Formulary	OTC
zaleplon oral capsule 10 mg	Preferred	QL (2 EA per 1 day)
zaleplon oral capsule 5 mg	Preferred	QL (1 EA per 1 day)
zolpidem oral tablet	Preferred	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase	Non-preferred	PA
zolpidem sublingual	Non-preferred	PA
ZOLPIMIST	Non-preferred	PA
Atypical Antipsychotics		
ABILIFY MAINTENA	Preferred	
ABILIFY ORAL TABLET	Non-preferred	PA
aripiprazole oral solution	Preferred	QL (30 ML per 1 day)
aripiprazole oral tablet	Preferred	
aripiprazole oral tablet,disintegrating	Non-preferred	PA
ARISTADA	Non-preferred	PA
ARISTADA INITIO	Non-preferred	PA
clozapine oral tablet 100 mg	Preferred	QL (9 EA per 1 day)
clozapine oral tablet 200 mg, 25 mg, 50 mg	Preferred	
clozapine oral tablet,disintegrating	Preferred	
CLOZARIL ORAL TABLET 100 MG, 25 MG	Non-preferred	PA
FANAPT	Preferred	
GEODON	Non-preferred	PA
INVEGA	Non-preferred	PA
INVEGA SUSTENNA	Preferred	
INVEGA TRINZA	Preferred	
LATUDA	Preferred	
NUPLAZID ORAL CAPSULE	Non-preferred	PA
NUPLAZID ORAL TABLET 10 MG	Non-preferred	PA
olanzapine intramuscular	Preferred	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
olanzapine oral tablet	Preferred	
olanzapine oral tablet,disintegrating	Non-preferred	PA
olanzapine-fluoxetine	Non-preferred	PA
paliperidone	Non-preferred	PA
quetiapine	Preferred	
REXULTI	Non-preferred	PA
RISPERDAL CONSTA	Preferred	
RISPERDAL ORAL SOLUTION	Non-preferred	PA
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Non-preferred	PA
risperidone oral solution	Preferred	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Preferred	
risperidone oral tablet,disintegrating	Preferred	
SAPHRIS SUBLINGUAL TABLET 10 MG, 5 MG	Preferred	QL (2 EA per 1 day)
SAPHRIS SUBLINGUAL TABLET 2.5 MG	Preferred	
SEROQUEL	Non-preferred	PA
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	Non-preferred	PA
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	Non-preferred	PA
VERSACLOZ	Non-preferred	PA
VRAYLAR	Non-preferred	PA
ziprasidone hcl	Preferred	QL (2 EA per 1 day)
ZYPREXA	Non-preferred	PA
ZYPREXA RELPREVV	Non-preferred	PA
ZYPREXA ZYDIS	Non-preferred	PA
Barbiturates (Anticonvulsants)		
MYSOLINE	Non-preferred	PA
phenobarbital	Formulary	
primidone	Preferred	
Barbiturates (Anxiolytic, Sedative/Hyp)		
ASCOMP WITH CODEINE	Formulary	AL
BUTALBITAL COMPOUND W/CODEINE	Formulary	AL
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	Formulary	QL (5 EA per 1 day); AL
butalbital-acetaminophen oral tablet 50-325 mg	Formulary	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	Formulary	
butalbital-aspirin-caffeine oral tablet	Formulary	QL (6 EA per 1 day)
codeine-butalbital-asa-caff	Formulary	AL
phenobarbital	Formulary	
TENCON ORAL TABLET 50-325 MG	Formulary	
Benzodiazepines (Anticonvulsants)		
clobazam oral suspension	Non-preferred	PA
clobazam oral tablet	Preferred	
clonazepam oral tablet	Formulary	
clorazepate dipotassium	Formulary	
DIASTAT	Preferred	
DIASTAT ACUDIAL	Preferred	
diazepam oral tablet	Formulary	
diazepam rectal	Non-preferred	PA
lorazepam oral tablet	Formulary	
NAYZILAM	Non-preferred	PA
ONFI ORAL SUSPENSION	Non-preferred	PA
ONFI ORAL TABLET 10 MG, 20 MG	Non-preferred	PA
Benzodiazepines (Anxiolytic,Sedativ/Hyp)		
alprazolam oral tablet	Formulary	QL (4 EA per 1 day)

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
chlordiazepoxide hcl	Formulary	
clobazam oral suspension	Non-preferred	PA
clobazam oral tablet	Preferred	
clonazepam oral tablet	Formulary	
clorazepate dipotassium	Formulary	
DIASTAT	Preferred	
DIASTAT ACUDIAL	Preferred	
diazepam oral tablet	Formulary	
diazepam rectal	Non-preferred	PA
estazolam	Formulary	QL (1 EA per 1 day)
lorazepam oral tablet	Formulary	
NAYZILAM	Non-preferred	PA
ONFI ORAL SUSPENSION	Non-preferred	PA
ONFI ORAL TABLET 10 MG, 20 MG	Non-preferred	PA
oxazepam	Formulary	
temazepam oral capsule 15 mg, 30 mg	Formulary	
triazolam	Formulary	QL (2 EA per 1 day)
Butyrophenones		
haloperidol decanoate	Formulary	
haloperidol lactate injection	Formulary	
haloperidol lactate oral	Formulary	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg	Formulary	
haloperidol oral tablet 5 mg	Formulary	QL (6 EA per 1 day)
Calcitonin Gene-Related Peptide Antag.		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	Non-preferred	PA
AJOVY	Non-preferred	PA
EMGALITY PEN	Preferred	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Preferred	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Formulary	PA
Central Nervous System Agents, Misc.		
atomoxetine oral capsule 10 mg	Preferred	QL (10 EA per 1 day)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	Preferred	QL (1 EA per 1 day)
atomoxetine oral capsule 18 mg	Preferred	QL (5 EA per 1 day)
atomoxetine oral capsule 25 mg	Preferred	QL (4 EA per 1 day)
atomoxetine oral capsule 40 mg	Preferred	QL (2 EA per 1 day)
guanfacine oral tablet 1 mg	Formulary	QL (4 EA per 1 day)
guanfacine oral tablet 2 mg	Formulary	QL (2 EA per 1 day)
guanfacine oral tablet extended release 24 hr 1 mg	Preferred	QL (7 EA per 1 day)
guanfacine oral tablet extended release 24 hr 2 mg	Preferred	QL (3 EA per 1 day)
guanfacine oral tablet extended release 24 hr 3 mg, 4 mg	Preferred	QL (1 EA per 1 day)
INTUNIV ER	Non-preferred	PA
memantine oral capsule,sprinkle,er 24hr	Non-preferred	PA
memantine oral solution	Non-preferred	PA
memantine oral tablet	Preferred	AL
memantine oral tablets,dose pack	Preferred	AL
NAMENDA ORAL TABLET	Non-preferred	PA
NAMENDA TITRATION PAK	Non-preferred	PA
NAMENDA XR	Non-preferred	PA
NAMZARIC	Non-preferred	PA
NOURIANZ	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
riluzole	Formulary	
STRATTERA	Non-preferred	PA
Cyclooxygenase-2 (Cox-2) Inhibitors		
CELEBREX	Non-preferred	PA
celecoxib oral capsule 100 mg, 200 mg, 50 mg	Preferred	
celecoxib oral capsule 400 mg	Preferred	QL (2 EA per 1 day)
Dopamine Precursors		
carbidopa-levodopa	Preferred	
INBRIJA	Non-preferred	PA
RYTARY	Non-preferred	PA
SINEMET	Non-preferred	PA
SINEMET CR	Non-preferred	PA
Ergot-Deriv. Dopamine Receptor Agonists		
bromocriptine	Formulary	
Fibromyalgia Agents		
CYMBALTA	Non-preferred	PA
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Preferred	
duloxetine oral capsule,delayed release(dr/ec) 40 mg	Non-preferred	PA
LYRICA	Non-preferred	PA
LYRICA CR	Non-preferred	PA
pregabalin oral capsule	Preferred	QL (2 EA per 1 day)
pregabalin oral solution	Non-preferred	PA
SAVELLA ORAL TABLET	Preferred	QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK	Preferred	
Hydantoins		
DILANTIN	Preferred	QL (20 EA per 1 day)
DILANTIN EXTENDED	Preferred	QL (6 EA per 1 day)
DILANTIN INFATABS	Non-preferred	PA
DILANTIN KAPSEAL ORAL CAPSULE 100 MG	Preferred	
DILANTIN-125	Non-preferred	PA
PEGANONE	Preferred	
PHENYTEK	Preferred	
phenytoin oral suspension	Preferred	
phenytoin oral tablet,chewable	Preferred	QL (12 EA per 1 day)
phenytoin sodium extended oral capsule 100 mg	Preferred	QL (6 EA per 1 day)
phenytoin sodium extended oral capsule 200 mg, 300 mg	Preferred	
Monoamine Oxidase B Inhibitors		
selegiline hcl	Formulary	
XADAGO	Non-preferred	PA
Monoamine Oxidase Inhibitors		
phenelzine	Formulary	
selegiline hcl	Formulary	
tranylcypromine	Formulary	
Nonergot-Deriv.Dopamine Receptor Agonist		
MIRAPEX	Non-preferred	PA
MIRAPEX ER	Non-preferred	PA
pramipexole oral tablet	Preferred	QL (3 EA per 1 day)
pramipexole oral tablet extended release 24 hr	Non-preferred	PA
REQUIP ORAL TABLET 0.25 MG, 3 MG, 5 MG	Non-preferred	PA
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 2 MG, 6 MG, 8 MG	Non-preferred	PA
ropinirole oral tablet	Preferred	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
ropinirole oral tablet extended release 24 hr	Non-preferred	PA
Opiate Agonists		
acetaminophen-codeine oral solution 120-12 mg/5 ml	Formulary	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	Formulary	QL (12 EA per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	Formulary	QL (6 EA per 1 day)
ARYMO ER	Non-preferred	PA
ASCOMP WITH CODEINE	Formulary	AL
BUTALBITAL COMPOUND W/CODEINE	Formulary	AL
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	Formulary	QL (5 EA per 1 day); AL
carisoprodol-aspirin-codeine	Non-preferred	PA
codeine-butalbital-asa-caff	Formulary	AL
codeine-guaifenesin	Formulary	OTC; AL
DURAGESIC	Non-preferred	PA
ENDOCET ORAL TABLET 5-325 MG	Formulary	QL (12 EA per 1 day)
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 16 MG	Non-preferred	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 37.5 mcg/hour, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour	Non-preferred	PA
fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr	Preferred	
G TUSSIN AC	Formulary	OTC; AL
GUAIATUSSIN AC	Formulary	OTC; AL
GUAIFENESIN AC	Formulary	OTC; AL
HYDROCODONE COMPOUND	Formulary	AL
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	Formulary	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Formulary	QL (12 EA per 1 day)
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	Formulary	AL
hydrocodone-homatropine oral tablet	Formulary	AL
HYDROMET	Formulary	AL
hydromorphone oral liquid	Formulary	
hydromorphone oral tablet	Formulary	
hydromorphone oral tablet extended release 24 hr	Non-preferred	PA
hydromorphone rectal	Formulary	
HYSINGLA ER	Non-preferred	PA
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	Non-preferred	PA
LAZANDA	Non-preferred	PA
LORCET (HYDROCODONE)	Formulary	QL (12 EA per 1 day)
LORCET HD	Formulary	QL (12 EA per 1 day)
LORCET PLUS ORAL TABLET 7.5-325 MG	Formulary	QL (12 EA per 1 day)
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	Formulary	
meperidine oral	Formulary	
methadone oral tablet	Non-preferred	PA
MORPHABOND ER	Non-preferred	PA
morphine concentrate oral solution	Formulary	
morphine oral capsule, er multiphase 24 hr	Non-preferred	PA
morphine oral capsule,extend.release pellets	Non-preferred	PA
morphine oral solution	Formulary	
morphine oral tablet	Formulary	
morphine oral tablet extended release	Preferred	
morphine rectal	Formulary	
MS CONTIN	Non-preferred	PA
NUCYNTA	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
NUCYNTA ER	Non-preferred	PA
oxycodone oral capsule	Formulary	
oxycodone oral concentrate	Non-preferred	PA
oxycodone oral solution	Formulary	
oxycodone oral tablet	Formulary	
oxycodone oral tablet,oral only,ext.rel.12 hr	Non-preferred	PA
oxycodone-acetaminophen oral tablet 5-325 mg	Formulary	QL (12 EA per 1 day)
oxycodone-aspirin	Formulary	
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	Non-preferred	PA
oxymorphone oral tablet extended release 12 hr	Non-preferred	PA
SUBSYS	Non-preferred	PA
tramadol oral tablet 50 mg	Formulary	AL
XTAMPZA ER	Non-preferred	PA
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	Non-preferred	PA
Opiate Antagonists		
naloxone injection solution	Preferred	
naloxone injection syringe	Preferred	
naltrexone	Formulary	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	Preferred	
Opiate Partial Agonists		
BELBUCA	Preferred	
BUNAVAIL	Non-preferred	PA
buprenorphine	Non-preferred	PA
buprenorphine hcl sublingual	Non-preferred	PA
buprenorphine-naloxone sublingual film	Non-preferred	PA
buprenorphine-naloxone sublingual tablet 2-0.5 mg	Preferred	QL (4 EA per 1 day)
buprenorphine-naloxone sublingual tablet 8-2 mg	Preferred	QL (2 EA per 1 day)
PROBUPHINE	Non-preferred	PA
SUBLOCADE	Non-preferred	PA
SUBOXONE SUBLINGUAL FILM 12-3 MG	Preferred	
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	Preferred	QL (4 EA per 1 day)
SUBOXONE SUBLINGUAL FILM 8-2 MG	Preferred	QL (2 EA per 1 day)
ZUBSOLV	Non-preferred	PA
Other Nonsteroidal Anti-Inflam. Agents		
ADDAPRIN	Formulary	OTC
ALL DAY PAIN RELIEF	Formulary	OTC
ALL DAY RELIEF	Formulary	OTC
CHILDREN'S IBUPROFEN	Formulary	OTC
CHILDREN'S PROFEN IB	Formulary	OTC
DAYPRO	Non-preferred	PA
diclofenac epolamine	Non-preferred	PA
diclofenac potassium	Non-preferred	PA
diclofenac sodium oral	Preferred	
diclofenac sodium topical gel 1 %	Preferred	
DUEXIS	Non-preferred	PA
EC-NAPROXEN	Preferred	
fenoprofen oral capsule 400 mg	Non-preferred	PA
fenoprofen oral tablet	Non-preferred	PA
FLANAX (NAPROXEN)	Formulary	OTC
FLECTOR	Non-preferred	PA
flurbiprofen oral tablet 100 mg	Preferred	
IBU ORAL TABLET 400 MG, 600 MG	Preferred	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
IBU ORAL TABLET 800 MG	Formulary	
IBU-200	Formulary	OTC
IBUPROFEN IB	Formulary	OTC
IBUPROFEN JR STRENGTH	Formulary	OTC
ibuprofen oral drops,suspension	Formulary	OTC
ibuprofen oral suspension	Formulary	OTC
ibuprofen oral tablet 200 mg	Formulary	OTC
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Preferred	
ibuprofen oral tablet,chewable	Formulary	OTC
INDOCIN ORAL	Formulary	
indomethacin oral capsule 25 mg	Preferred	
indomethacin oral capsule 50 mg	Formulary	
INFANT'S ADVIL	Formulary	OTC
INFANT'S IBUPROFEN	Formulary	OTC
INFANTS PROFENIB	Formulary	OTC
I-PRIN	Formulary	OTC
ketoprofen oral capsule	Preferred	
ketorolac oral	Preferred	
MEDIPROXEN	Formulary	OTC
mefenamic acid	Non-preferred	PA
meloxicam oral tablet	Preferred	
MOBIC ORAL TABLET	Non-preferred	PA
nabumetone	Preferred	
NALFON ORAL CAPSULE 400 MG	Non-preferred	PA
NALFON ORAL TABLET	Non-preferred	PA
naproxen oral suspension	Formulary	
naproxen oral tablet 250 mg	Preferred	QL (6 EA per 1 day)
naproxen oral tablet 375 mg	Preferred	QL (4 EA per 1 day)
naproxen oral tablet 500 mg	Preferred	QL (3 EA per 1 day)
naproxen oral tablet,delayed release (dr/ec)	Preferred	QL (2 EA per 1 day)
naproxen sodium oral tablet 220 mg	Formulary	OTC
naproxen sodium oral tablet 275 mg, 550 mg	Preferred	
oxaprozin	Non-preferred	PA
piroxicam oral capsule 20 mg	Formulary	
PROVIL	Formulary	OTC
sulindac	Preferred	
sumatriptan-naproxen	Non-preferred	PA
TREXIMET ORAL TABLET 85-500 MG	Non-preferred	PA
VIMOVO	Non-preferred	PA
VOLTAREN TOPICAL	Preferred	PA
WAL-PROFEN ORAL TABLET	Formulary	OTC
WAL-PROXEN	Formulary	OTC
ZIPSOR	Non-preferred	PA
ZORVOLEX	Non-preferred	PA
Phenothiazines		
chlorpromazine oral	Formulary	
COMPRO	Formulary	
fluphenazine decanoate	Formulary	
fluphenazine hcl oral tablet	Formulary	
perphenazine	Formulary	
perphenazine-amitriptyline	Formulary	
prochlorperazine	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	Formulary	
prochlorperazine maleate	Formulary	
thioridazine	Formulary	
trifluoperazine	Formulary	
Respiratory And Cns Stimulants		
ADDED STRENGTH HEADACHE RELIEF	Formulary	OTC
ADHANSIA XR	Non-preferred	PA
APTENSIO XR	Non-preferred	PA
ASCOMP WITH CODEINE	Formulary	AL
BUTALBITAL COMPOUND W/CODEINE	Formulary	AL
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	Formulary	QL (5 EA per 1 day); AL
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	Formulary	
butalbital-aspirin-caffeine oral tablet	Formulary	QL (6 EA per 1 day)
caffeine citrate oral	Formulary	
codeine-butalbital-asa-caff	Formulary	AL
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 27 MG, 36 MG, 54 MG	Non-preferred	PA
COTEMPLA XR-ODT	Non-preferred	PA
DAYTRANA	Non-preferred	PA
dexmethylphenidate oral capsule,er biphasic 50-50	Non-preferred	PA
dexmethylphenidate oral tablet 10 mg	Preferred	QL (2 EA per 1 day)
dexmethylphenidate oral tablet 2.5 mg, 5 mg	Preferred	QL (4 EA per 1 day)
EXTRAPRIN	Formulary	OTC
FOCALIN	Non-preferred	PA
FOCALIN XR	Preferred	
HEADACHE RELIEF (ASA-ACET-CAF)	Formulary	OTC
JORNAY PM	Non-preferred	PA
MENSTRUAL RELIEF	Formulary	OTC
METADATE ER	Preferred	QL (3 EA per 1 day)
METHYLIN ORAL SOLUTION	Non-preferred	PA
methylphenidate hcl oral capsule, er biphasic 30-70	Preferred	
methylphenidate hcl oral capsule,er biphasic 50-50	Non-preferred	PA
methylphenidate hcl oral solution	Non-preferred	PA
methylphenidate hcl oral tablet 10 mg, 5 mg	Preferred	QL (4 EA per 1 day)
methylphenidate hcl oral tablet 20 mg	Preferred	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 10 mg	Preferred	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 20 mg	Preferred	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg	Preferred	QL (34 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 36 mg	Preferred	QL (2 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 54 mg, 72 mg	Preferred	QL (1 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg	Preferred	QL (6 EA per 1 day)
methylphenidate hcl oral tablet,chewable 2.5 mg	Preferred	QL (24 EA per 1 day)
methylphenidate hcl oral tablet,chewable 5 mg	Preferred	QL (12 EA per 1 day)
MIGRAINE FORMULA	Formulary	OTC
MIGRAINE RELIEF	Formulary	OTC
PAIN RELIEVER (ACETAM-ASPIRIN)	Formulary	OTC
PAIN RELIEVER PLUS	Formulary	OTC
PAIN-OFF	Formulary	OTC
QUILLICHEW ER	Non-preferred	PA
QUILLIVANT XR	Non-preferred	PA
RELEXXII	Preferred	
RITALIN	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	Preferred	
Salicylates		
ADDED STRENGTH HEADACHE RELIEF	Formulary	OTC
ADULT ASPIRIN REGIMEN	Formulary	OTC
ADULT LOW DOSE ASPIRIN	Formulary	OTC
AGGRENOX	Preferred	
ASCOMP WITH CODEINE	Formulary	AL
ASPIR-81	Formulary	OTC
ASPIRIN CHILDRENS	Formulary	OTC
ASPIRIN LOW DOSE	Formulary	OTC
aspirin oral tablet	Formulary	OTC
aspirin oral tablet,chewable	Formulary	OTC
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	Formulary	OTC
aspirin rectal	Formulary	OTC
aspirin,buffd-calcium carb-mag	Formulary	OTC
aspirin-dipyridamole	Non-preferred	PA
aspirin-omeprazole oral tablet,ir,delayed rel,biphasic 81-40 mg	Non-preferred	PA
ASPIR-TRIN	Formulary	OTC
BAYER ASPIRIN	Formulary	OTC
BUFFERED ASPIRIN	Formulary	OTC
BUFFERIN	Formulary	OTC
BUTALBITAL COMPOUND W/CODEINE	Formulary	AL
butalbital-aspirin-caffeine oral tablet	Formulary	QL (6 EA per 1 day)
carisoprodol-aspirin-codeine	Non-preferred	PA
CHILDREN'S ASPIRIN	Formulary	OTC
choline,magnesium salicylate	Formulary	
codeine-butalbital-asa-caff	Formulary	AL
E.C. PRIN	Formulary	OTC
ECOTRIN LOW STRENGTH	Formulary	OTC
ENTERIC COATED ASPIRIN	Formulary	OTC
EXTRAPRIN	Formulary	OTC
HEADACHE RELIEF (ASA-ACET-CAF)	Formulary	OTC
LITE COAT ASPIRIN	Formulary	OTC
LO-DOSE ASPIRIN	Formulary	OTC
MIGRAINE FORMULA	Formulary	OTC
MIGRAINE RELIEF	Formulary	OTC
oxycodone-aspirin	Formulary	
PAIN RELIEVER (ACETAM-ASPIRIN)	Formulary	OTC
PAIN RELIEVER PLUS	Formulary	OTC
PAIN-OFF	Formulary	OTC
salsalate	Formulary	
ST JOSEPH ASPIRIN	Formulary	OTC
ST. JOSEPH ASPIRIN	Formulary	OTC
TRI-BUFFERED ASPIRIN	Formulary	OTC
YOSPRALA	Non-preferred	PA
Sel.Serotonin,Norepi Reuptake Inhibitor		
CYMBALTA	Non-preferred	PA
desvenlafaxine oral tablet extended release 24 hr	Non-preferred	PA
desvenlafaxine oral tablet extended release 24hr 50 mg	Non-preferred	PA
desvenlafaxine succinate	Non-preferred	PA
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Preferred	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
duloxetine oral capsule,delayed release(dr/ec) 40 mg	Non-preferred	PA
EFFEXOR XR	Non-preferred	PA
FETZIMA	Non-preferred	PA
PRISTIQ	Non-preferred	PA
SAVELLA ORAL TABLET	Preferred	QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK	Preferred	
venlafaxine oral capsule,extended release 24hr	Preferred	QL (2 EA per 1 day)
venlafaxine oral tablet	Preferred	
venlafaxine oral tablet extended release 24hr	Non-preferred	PA
Selective Serotonin Agonists		
almotriptan malate	Non-preferred	PA
AMERGE	Non-preferred	PA
eletriptan	Non-preferred	PA
FROVA	Non-preferred	PA
frovatriptan	Non-preferred	PA
IMITREX NASAL	Non-preferred	PA
IMITREX ORAL	Non-preferred	PA
MAXALT ORAL TABLET 10 MG	Non-preferred	PA
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	Non-preferred	PA
naratriptan	Non-preferred	PA
ONZETRA XSAIL	Non-preferred	PA
RELPAX	Preferred	
rizatriptan	Preferred	QL (12 EA per 28 days)
sumatriptan	Preferred	QL (6 EA per 30 days)
sumatriptan succinate oral tablet 100 mg	Preferred	QL (2 EA per 1 day)
sumatriptan succinate oral tablet 25 mg	Preferred	QL (8 EA per 1 day)
sumatriptan succinate oral tablet 50 mg	Preferred	QL (4 EA per 1 day)
sumatriptan-naproxen	Non-preferred	PA
TOSYMRA	Non-preferred	PA
TREXIMET ORAL TABLET 85-500 MG	Non-preferred	PA
ZEMBRACE SYMTOUCH	Non-preferred	PA
zolmitriptan	Non-preferred	PA
ZOMIG	Non-preferred	PA
ZOMIG ZMT	Non-preferred	PA
Selective-Serotonin Reuptake Inhibitors		
BRISDELLE	Non-preferred	PA
CELEXA ORAL TABLET	Non-preferred	PA
citalopram	Preferred	
escitalopram oxalate	Preferred	
fluoxetine oral capsule	Preferred	
fluoxetine oral capsule,delayed release(dr/ec)	Non-preferred	PA
fluoxetine oral solution	Preferred	
fluoxetine oral tablet	Non-preferred	PA
fluvoxamine oral capsule,extended release 24hr	Non-preferred	PA
fluvoxamine oral tablet	Preferred	
LEXAPRO ORAL TABLET	Non-preferred	PA
olanzapine-fluoxetine	Non-preferred	PA
paroxetine hcl oral tablet	Preferred	
paroxetine hcl oral tablet extended release 24 hr	Non-preferred	PA
paroxetine mesylate(menop.sym)	Non-preferred	PA
PAXIL	Non-preferred	PA
PAXIL CR	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
PEXEVA	Non-preferred	PA
PROZAC ORAL CAPSULE	Non-preferred	PA
SARAFEM ORAL TABLET 10 MG, 20 MG	Non-preferred	PA
sertraline oral concentrate	Preferred	QL (20 ML per 1 day)
sertraline oral tablet	Preferred	
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	Non-preferred	PA
ZOLOFT	Non-preferred	PA
Serotonin Modulators		
nefazodone oral tablet 100 mg	Preferred	QL (6 EA per 1 day)
nefazodone oral tablet 150 mg	Preferred	QL (4 EA per 1 day)
nefazodone oral tablet 200 mg	Preferred	QL (3 EA per 1 day)
nefazodone oral tablet 250 mg	Preferred	QL (2 EA per 1 day)
nefazodone oral tablet 50 mg	Preferred	
trazodone	Preferred	
TRINTELLIX	Non-preferred	PA
VIIBRYD ORAL TABLET	Non-preferred	PA
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	Non-preferred	PA
Succinimides		
CELONTIN ORAL CAPSULE 300 MG	Preferred	
ethosuximide	Preferred	
ZARONTIN	Non-preferred	PA
Thioxanthenes		
thiothixene	Formulary	
Tricyclics, Other Norepi-Ru Inhibitors		
amitriptyline	Preferred	
amoxapine	Formulary	
clomipramine	Formulary	
desipramine	Formulary	
doxepin oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	Formulary	
doxepin oral concentrate	Formulary	
imipramine hcl	Formulary	
maprotiline	Formulary	
nortriptyline oral capsule 10 mg, 25 mg, 75 mg	Preferred	
nortriptyline oral capsule 50 mg	Formulary	
perphenazine-amitriptyline	Formulary	
Wakefulness-Promoting Agents		
armodafinil	Non-preferred	PA
modafinil	Formulary	PA
Contraceptives (E.G. Foams, Devices)		
Contraceptives (E.G. Foams, Devices)		
AIMSCO LATEX CONDOM	Formulary	OTC
CONDOMS-PREM LUBRICATED	Formulary	OTC
DUREX AVANTI BARE REAL FEEL	Formulary	OTC
FANTASY CONDOM	Formulary	OTC
FC2 FEMALE CONDOM	Formulary	OTC
GYNOL II	Formulary	OTC
KIMONO CONDOMS(NON-LUBRICATED)	Formulary	OTC
KIMONO MAXX CONDOMS	Formulary	OTC
KIMONO MICROTHIN AQUA LUBE CON	Formulary	OTC
KIMONO MICROTHIN CONDOMS	Formulary	OTC
KIMONO MICROTHIN LARGE CONDOMS	Formulary	OTC
KIMONO TEXTURED CONDOMS	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
TRUSTEX LATEX CONDOM	Formulary	OTC
TRUSTEX LUBRICATED CONDOMS	Formulary	OTC
TRUSTEX NON-LUB CONDOMS	Formulary	OTC
TRUSTEX-RIA LUB/SPERMICIDE	Formulary	OTC
TRUSTEX-RIA LUBRICATED CONDOMS	Formulary	OTC
TRUSTEX-RIA NON-LUB CONDOMS	Formulary	OTC
VAGINAL CONTRACEPTIVE FILM	Formulary	OTC
VAGINAL CONTRACEPTIVE FOAM	Formulary	OTC
VCF CONTRACEPTIVE FILM	Formulary	OTC
VCF CONTRACEPTIVE GEL	Formulary	OTC
Devices		
Devices		
1ST TIER UNIFINE PENTIPS	Formulary	OTC
1ST TIER UNIFINE PENTIPS PLUS	Formulary	OTC
ACCU-CHEK AVIVA CONTROL SOLN	Formulary	OTC
ACCU-CHEK AVIVA PLUS METER	Preferred	OTC
ACCU-CHEK COMPACT PLUS CARE	Non-preferred	PA; OTC
ACCU-CHEK FASTCLIX LANCET DRUM	Formulary	OTC
ACCU-CHEK FASTCLIX LANCING DEV	Formulary	OTC
ACCU-CHEK GUIDE GLUCOSE METER	Preferred	OTC
ACCU-CHEK GUIDE L1-L2 CTRL SOL	Formulary	OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR	Preferred	OTC
ACCU-CHEK MULTICLIX LANCET	Formulary	OTC
ACCU-CHEK SOFT DEV LANCETS	Formulary	OTC
ACCU-CHEK SOFTCLIX LANCETS	Formulary	OTC
ACE AEROSOL CLOUD ENHANCER	Formulary	
ADVOCATE BLOOD GLUCOSE MONITOR	Non-preferred	PA; OTC
ADVOCATE PEN NEEDLE	Formulary	OTC
ADVOCATE REDI-CODE GLU MONITOR	Non-preferred	PA; OTC
ADVOCATE REDI-CODE PLUS	Non-preferred	PA; OTC
ADVOCATE SYRINGES	Formulary	OTC
AEROCHAMBER MINI	Formulary	
AEROCHAMBER MV	Formulary	
AEROCHAMBER PLUS FLOW-VU	Formulary	Note (Monaghan NDCs (manufacturer 04351))
AEROCHAMBER PLUS FLOW-VU,L MSK	Formulary	Note (Monaghan NDCs (manufacturer 04351))
AEROCHAMBER PLUS FLOW-VU,M MSK	Formulary	Note (Monaghan NDCs (manufacturer 04351))
AEROCHAMBER PLUS FLOW-VU,S MSK	Formulary	Note (Monaghan NDCs (manufacturer 04351))
AEROCHAMBER PLUS Z STAT	Formulary	
AEROCHAMBER PLUS Z STAT LG MSK	Formulary	
AEROCHAMBER PLUS Z STAT MD MSK	Formulary	
AEROCHAMBER PLUS Z STAT SM MSK	Formulary	
AEROCHAMBER WITH FLOWSIGNAL	Formulary	
AEROCHAMBER Z-STAT PLUS-FLW SG	Formulary	
AEROTRACH PLUS	Formulary	
AGAMATRIX AMP GLUC MONITOR SYS	Non-preferred	PA; OTC
AIRZONE PEAK FLOW METER	Formulary	OTC
ASSURE ID INSULIN SAFETY	Formulary	OTC
ASSURE ID PEN NEEDLE	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
ASSURE PLATINUM GLUCOSE METER	Non-preferred	PA; OTC
ASTHMA CHECK METER	Formulary	OTC
BD AUTOSHIELD DUO PEN NEEDLE	Formulary	OTC
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	Formulary	OTC
BD INSULIN SYRINGE	Formulary	OTC
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 5/16"	Formulary	OTC
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	Formulary	OTC
BD INSULIN SYRINGE SAFETY-LOK	Formulary	OTC
BD INSULIN SYRINGE SLIP TIP	Formulary	OTC
BD INSULIN SYRINGE U-500	Formulary	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Formulary	OTC
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	Formulary	OTC
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"	Formulary	OTC
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Formulary	OTC
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Formulary	OTC
BD ULTRA-FINE MICRO PEN NEEDLE	Formulary	OTC
BD ULTRA-FINE MINI PEN NEEDLE	Formulary	OTC
BD ULTRA-FINE NANO PEN NEEDLE	Formulary	OTC
BD ULTRA-FINE ORIG PEN NEEDLE	Formulary	OTC
BD ULTRA-FINE SHORT PEN NEEDLE	Formulary	OTC
BD VEO INSULIN SYR HALF UNIT	Formulary	OTC
BD VEO INSULIN SYRINGE UF	Formulary	OTC
BIONIME RIGHTEST GM300 SYSTEM	Non-preferred	PA; OTC
BLOOD GLUCOSE MONITORING	Non-preferred	PA; OTC
blood-glucose meter	Non-preferred	PA; OTC
BREATHERITE MDI SPACER	Formulary	
BREATHERITE SPACER-MASK, NEO.	Formulary	
BREATHERITE SPACER-MASK,ADULT	Formulary	
BREATHERITE SPACER-MASK,CHILD	Formulary	
BREATHERITE SPACER-MASK,INFANT	Formulary	
BREATHERITE SPACER-MASK,S.CHLD	Formulary	
BREATHERITE VALVED MDI CHAMBER	Formulary	
BREATHERITE VALVED MDI SPACER	Formulary	
CAREFINE PEN NEEDLE	Formulary	OTC
CARESENS N	Non-preferred	PA; OTC
CARESENS N VOICE	Non-preferred	PA; OTC
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Formulary	OTC
CARETOUCH PEN NEEDLE	Formulary	OTC
CHOICEDM CLARUS	Non-preferred	PA; OTC
CLEVER CHEK BLOOD GLUCOSE	Non-preferred	PA; OTC
CLEVER CHEK BLOOD GLUCOSE SYST	Non-preferred	PA; OTC
CLEVER CHOICE BLOOD GLUC SYS	Non-preferred	PA; OTC
CLEVER CHOICE GLUCOSE MONITOR	Non-preferred	PA; OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
CLEVER CHOICE MICRO	Non-preferred	PA; OTC
CLEVER CHOICE PRO	Non-preferred	PA; OTC
CLEVER CHOICE TALK GLUCOSE SYS	Non-preferred	PA; OTC
CLICKFINE PEN NEEDLE	Formulary	OTC
COMFORT EZ INSULIN SYRINGE	Formulary	OTC
COMFORT EZ PEN NEEDLES	Formulary	OTC
COMPACT SPACE CHAMBER	Formulary	
COMPACT SPACE CHAMBER PLUS	Formulary	
COMPACT SPACE CHAMBER-LRG MASK	Formulary	
COMPACT SPACE CHAMBER-MED MASK	Formulary	
COMPACT SPACE CHAMBER-SM MASK	Formulary	
CONTOUR CONTROL SOLUTION, LOW	Formulary	OTC
CONTOUR CONTROL SOLUTION, NML	Formulary	OTC
CONTOUR LINK	Non-preferred	PA; OTC
CONTOUR METER	Preferred	PA; OTC
CONTOUR NEXT EZ METER	Preferred	OTC
CONTOUR NEXT LEV 1 CONTROL SOL	Formulary	OTC
CONTOUR NEXT LEV 2 CONTROL SOL	Formulary	OTC
CONTOUR NEXT LINK	Non-preferred	PA; OTC
CONTOUR NEXT METER	Preferred	OTC
CONTOUR NEXT ONE METER	Preferred	OTC
DEXCOM G5 RECEIVER	Non-preferred	PA
DEXCOM G5 TRANSMITTER	Non-preferred	PA
DEXCOM G5-G4 SENSOR	Non-preferred	PA
DEXCOM G6 RECEIVER	Preferred	
DEXCOM G6 SENSOR	Preferred	
DEXCOM G6 TRANSMITTER	Preferred	
DROPLET INSULIN SYR HALF UNIT SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	Formulary	OTC
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	Formulary	OTC
DROPLET PEN NEEDLE	Formulary	OTC
DROPSAFE PEN NEEDLE	Formulary	OTC
DUODERM CGF DRESSING TOPICAL BANDAGE 4 X 4 ", 6 X 6 ", 6 X 8 "	Formulary	OTC
DUODERM CGF EXTRA THIN TOPICAL BANDAGE 2 X 4 ", 3 X 3 ", 4 X 6 ", 6 X 7 "	Formulary	OTC
DUODERM HYDROACTIVE TOPICAL BANDAGE	Formulary	OTC
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Formulary	OTC
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Formulary	OTC
EASY GLIDE INSULIN SYRINGE	Formulary	OTC
EASY GLIDE PEN NEEDLE	Formulary	OTC
EASY PLUS II BLOOD GLUCOSE MET	Non-preferred	PA; OTC
EASY STEP BLOOD GLUCOSE METER	Non-preferred	PA; OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
EASY TALK BLOOD GLUCOSE METER	Non-preferred	PA; OTC
EASY TOUCH FLIPLOCK INSULIN	Formulary	OTC
EASY TOUCH GLUCOSE MONITOR	Non-preferred	PA; OTC
EASY TOUCH INSULIN SAFETY SYR	Formulary	OTC
EASY TOUCH INSULIN SYRINGE	Formulary	OTC
EASY TOUCH LUER LOCK INSULIN	Formulary	OTC
EASY TOUCH NEEDLE	Formulary	OTC
EASY TOUCH PEN NEEDLE	Formulary	OTC
EASY TOUCH SHEATHLOCK INSULIN	Formulary	OTC
EASY TOUCH UNI-SLIP SYRINGE 1 ML	Formulary	OTC
EASYGLUCO METER	Non-preferred	PA; OTC
EASYGLUCO MONITORING SYSTEM	Non-preferred	PA; OTC
EASYMAX L BLOOD GLUCOSE METER	Non-preferred	PA; OTC
EASYMAX NG	Non-preferred	PA; OTC
EASYMAX V SPEAKING GLUCOSE SYS	Non-preferred	PA; OTC
EASYMAX V2 BLOOD GLUCOSE METER	Non-preferred	PA; OTC
EASY-TOUCH BLOOD GLUCOSE METER	Non-preferred	PA; OTC
ELEMENT COMPACT GLUCOSE METER	Non-preferred	PA; OTC
ELEMENT PLUS BLOOD GLUCOSE KIT	Non-preferred	PA; OTC
EMBRACE BLOOD GLUCOSE SYSTEM	Non-preferred	PA; OTC
EVENCARE G2	Non-preferred	PA; OTC
EVENCARE G3 GLUCOSE METER	Non-preferred	PA; OTC
EVENCARE KIT	Non-preferred	PA; OTC
EVENCARE MINI MONITOR SYSTEM	Non-preferred	PA; OTC
EVOLUTION BLOOD GLUCOSE METER	Non-preferred	PA; OTC
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Formulary	OTC
EZ SMART PLUS SYSTEM	Non-preferred	PA; OTC
EZ SMART SYSTEM	Non-preferred	PA; OTC
FORA D20 KIT	Non-preferred	PA; OTC
FORA G20 KIT	Non-preferred	PA; OTC
FORA G30A	Non-preferred	PA; OTC
FORA V10 KIT	Non-preferred	PA; OTC
FORA V12 BLOOD GLUCOSE SYSTEM	Non-preferred	PA; OTC
FORA V20 KIT	Non-preferred	PA; OTC
FORA V30A	Non-preferred	PA; OTC
FORA V30A KIT	Non-preferred	PA; OTC
FORACARE GD20 GLUCOSE METER	Non-preferred	PA; OTC
FORACARE GD40A GLUCOSE METER	Non-preferred	PA; OTC
FORACARE GD40B GLUCOSE METER	Non-preferred	PA; OTC
FORTISCARE BLOOD GLUCOSE SYST	Non-preferred	PA; OTC
FREESTYLE FLASH SYSTEM	Non-preferred	PA; OTC
FREESTYLE FREEDOM	Non-preferred	PA; OTC
FREESTYLE FREEDOM LITE	Non-preferred	PA; OTC
FREESTYLE INSULINX	Non-preferred	PA; OTC
FREESTYLE LIBRE 14 DAY READER	Preferred	
FREESTYLE LIBRE 14 DAY SENSOR	Preferred	
FREESTYLE LITE METER	Non-preferred	PA; OTC
FREESTYLE NAVIGATOR GLUC SENS	Formulary	PA
FREESTYLE PRECISION	Formulary	OTC
FREESTYLE PRECISION NEO METER	Non-preferred	PA; OTC
FREESTYLE SIDEKICK II	Non-preferred	PA; OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
FREESTYLE SYSTEM KIT	Non-preferred	PA; OTC
GDRIVE	Non-preferred	PA; OTC
GE100 BLOOD GLUCOSE SYSTEM	Non-preferred	PA; OTC
GLUCO NAVII GLUCOSE MONITOR	Non-preferred	PA; OTC
GLUCOCARD 01 METER	Non-preferred	PA; OTC
GLUCOCARD EXPRESSION	Non-preferred	PA; OTC
GLUCOCARD EXPRESSION KIT	Non-preferred	PA; OTC
GLUCOCARD VITAL	Non-preferred	PA; OTC
GLUCOCOM BLOOD GLUCOSE	Non-preferred	PA; OTC
GM100 KIT	Non-preferred	PA; OTC
HEALTHY ACCENTS UNIFINE PENTIP	Formulary	OTC
IN-CHECK NASAL WITH MASK	Formulary	OTC
IN-CHECK ORAL FLOW METER	Formulary	OTC
INCONTROL PEN NEEDLE	Formulary	OTC
INFINITY METER KIT	Non-preferred	PA; OTC
INFINITY STARTER KIT	Non-preferred	PA; OTC
insulin syr/ndl u100 half mark	Formulary	OTC
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"	Formulary	OTC
insulin syringe needleless	Formulary	OTC
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Formulary	OTC
insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 3/8", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29 , 1/2 ml 30 gauge, 1/2 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 15/64"	Formulary	OTC
INSUPEN	Formulary	OTC
JAZZ WIRELESS 2 METER KIT	Non-preferred	PA; OTC
LITE TOUCH INSULIN PEN NEEDLES	Formulary	OTC
LITE TOUCH INSULIN SYRINGE	Formulary	OTC
LITEAIRE MDI CHAMBER	Formulary	
MAGELLAN INSULIN SAFETY SYRNG	Formulary	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	Formulary	
MAXI-COMFORT INSULIN SYRINGE	Formulary	OTC
MAXICOMFORT SAFETY PEN NEEDLE	Formulary	OTC
MICROCHAMBER	Formulary	
MICRODOT BLOOD GLUCOSE SYSTEM	Non-preferred	PA; OTC
MICRODOT BLOOD GLUCOSE SYSTEM KIT	Non-preferred	PA; OTC
MICRODOT INSULIN PEN NEEDLE	Formulary	OTC
MICROLET 2 LANCING DEVICE	Formulary	OTC
MICROLET NEXT LANCING DEVICE	Formulary	OTC
MICROLIFE PEAK FLOW METER	Formulary	OTC
MICROSPACER	Formulary	
MINI ULTRA-THIN II	Formulary	OTC
MINI WRIGHT PEAK FLOW METER	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
MINILINK REAL-TIME TRANSMITTER	Formulary	
MINI-WRIGHT PEAK FLOW METER	Formulary	
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 29 GAUGE X 1/2"	Formulary	OTC
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	Formulary	
MONOJECT INSULIN SYRINGE	Formulary	OTC
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	Formulary	
MONOJECT ULTRA COMFORT INSULIN	Formulary	OTC
MYGLUCOHEALTH KIT	Non-preferred	PA; OTC
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Formulary	
NOVA MAX BLOOD GLUCOSE METER	Non-preferred	PA; OTC
NOVOFINE 32	Formulary	OTC
NOVOFINE AUTOCOVER	Formulary	OTC
NOVOFINE PLUS	Formulary	OTC
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	Formulary	OTC
ON CALL PLUS METER	Non-preferred	PA; OTC
ON CALL VIVID METER	Non-preferred	PA; OTC
ONETOUCH ULTRA2 METER	Non-preferred	PA; OTC
ONETOUCH ULTRAMINI	Non-preferred	PA; OTC
ONETOUCH VERIO FLEX	Non-preferred	PA; OTC
ONETOUCH VERIO FLEX START	Non-preferred	PA; OTC
ONETOUCH VERIO IQ METER	Non-preferred	PA; OTC
ONETOUCH VERIO SYSTEM	Non-preferred	PA; OTC
OPTICHAMBER DIAMOND LG MASK	Formulary	
OPTICHAMBER DIAMOND VHC	Formulary	
OPTICHAMBER DIAMOND-MED MSK	Formulary	
OPTICHAMBER DIAMOND-SML MASK	Formulary	
OPTUMRX	Non-preferred	PA; OTC
OPTUMRX KIT	Non-preferred	PA; OTC
PARADIGM REAL-TIME TRANSMIT-SN	Formulary	PA
PEAK AIR PEAK FLOW METER	Formulary	OTC
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Formulary	OTC
PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Formulary	
pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 1/3", 31 gauge x 1/4", 31 gauge x 1/6", 31 gauge x 3/16", 31 gauge x 5/16", 32 gauge x 1/4", 32 gauge x 3/16", 32 gauge x 5/32"	Formulary	OTC
PENTIPS	Formulary	OTC
PERSONAL BEST FULL RANGE	Formulary	OTC
PERSONAL BEST LOW RANGE	Formulary	OTC
PHARMACIST CHOICE GLUCOSE SYS	Non-preferred	PA; OTC
PIKO 1	Formulary	OTC
POCKET CHAMBER	Formulary	
POCKET PEAK FLOW METER	Formulary	OTC
PRECISION	Non-preferred	PA; OTC
PRECISION XTRA MONITOR	Non-preferred	PA; OTC
PREMIUM BLOOD GLUCOSE MONITOR	Non-preferred	PA; OTC
PREMIUM V10	Non-preferred	PA; OTC
PRESTO PRO BLOOD GLUCOSE METER	Non-preferred	PA; OTC
PRIMEAIRE	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
PRO COMFORT INSULIN SYRINGE	Formulary	OTC
PRO COMFORT PEN NEEDLE	Formulary	OTC
PROCHAMBER	Formulary	
PRODIGY AUTOCODE METER	Non-preferred	PA; OTC
PRODIGY INSULIN SYRINGE	Formulary	OTC
PRODIGY POCKET METER	Non-preferred	PA; OTC
PRODIGY VOICE GLUCOSE METER	Non-preferred	PA; OTC
PULMOSAL	Formulary	
QUINTET AC	Non-preferred	PA; OTC
QUINTET BLOOD GLUCOSE METER	Non-preferred	PA; OTC
REFUAH PLUS GLUCOSE MONITOR	Non-preferred	PA; OTC
RELION CONFIRM	Non-preferred	PA; OTC
RELION MICRO GLUCOSE MONITOR	Non-preferred	PA; OTC
RELION NEEDLES	Formulary	OTC
RELION PEN NEEDLES	Formulary	OTC
RELION PRIME METER	Non-preferred	PA; OTC
REVEAL BLOOD GLUCOSE METER	Non-preferred	PA; OTC
RIGHTEST GM550 SYSTEM	Non-preferred	PA; OTC
SAFESNAP INSULIN SYRINGE	Formulary	OTC
SAFETY PEN NEEDLE	Formulary	OTC
SIDESTREAM PEDIATRIC FACE MASK	Formulary	OTC
SILICONE MASK - PEDIATRIC	Formulary	OTC
SMART CARESENS N	Non-preferred	PA; OTC
SMARTEST EJECT	Non-preferred	PA; OTC
SMARTEST PERSONA GLUCOSE METER	Non-preferred	PA; OTC
SMARTEST PERSONA STARTER	Non-preferred	PA; OTC
SMARTEST PRONTO GLUCOSE METER	Non-preferred	PA; OTC
SMARTEST PRONTO STARTER	Non-preferred	PA; OTC
SMARTEST PROTEGE	Non-preferred	PA; OTC
SMARTEST SMART CODE METER	Non-preferred	PA; OTC
SMARTEST TALKING METER	Non-preferred	PA; OTC
sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %	Formulary	
SOF-SENSOR	Formulary	PA
SOFT TOUCH LANCETS	Formulary	OTC
SOLUS V2 AUDIBLE METER	Non-preferred	PA; OTC
SPACE CHAMBER PLUS	Formulary	
SURE COMFORT INS. SYR. U-100	Formulary	OTC
SURE COMFORT INSULIN SYRINGE	Formulary	OTC
SURE COMFORT PEN NEEDLE	Formulary	OTC
SURE-FINE PEN NEEDLES	Formulary	OTC
SURE-JECT INSULIN SYRINGE	Formulary	OTC
SURE-TEST EASYPLUS MINI METER	Non-preferred	PA; OTC
TD GOLD BLOOD GLUCOSE MONITOR	Non-preferred	PA; OTC
TD GOLD VOICE GLUCOSE MONITOR	Non-preferred	PA; OTC
TECHLITE INSULIN SYR HALF UNIT	Formulary	OTC
TECHLITE INSULIN SYRINGE	Formulary	OTC
TECHLITE PEN NEEDLE	Formulary	OTC
TELCARE BGM	Non-preferred	PA; OTC
TELCARE BLOOD GLUCOSE KIT	Non-preferred	PA; OTC
TERUMO INSULIN SYRINGE	Formulary	OTC
TEST N'GO BLOOD GLUCOSE SYSTEM	Non-preferred	PA; OTC
THINPRO INSULIN SYRINGE	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
TOPCARE CLICKFINE	Formulary	OTC
TOPCARE ULTRA COMFORT	Formulary	OTC
TRUE COMFORT INSULIN SYRINGE	Formulary	OTC
TRUE COMFORT PEN NEEDLE	Formulary	OTC
TRUE METRIX AIR GLUCOSE METER	Non-preferred	PA; OTC
TRUE METRIX GLUCOSE METER	Non-preferred	PA; OTC
TRUE METRIX GO GLUCOSE METER	Non-preferred	PA; OTC
TRUE2GO BLOOD GLUCOSE SYSTEM	Non-preferred	PA; OTC
TRUEPLUS INSULIN	Formulary	OTC
TRUEPLUS PEN NEEDLE	Formulary	OTC
TRUERESULT BLOOD GLUCOSE SYSTM KIT	Non-preferred	PA; OTC
TRUETRACK BLOOD GLUCOSE SYSTEM	Non-preferred	PA; OTC
TRUETRACK SMART SYSTEM KIT	Non-preferred	PA; OTC
TRUZONE PEAK FLOW METER	Formulary	
ULTICARE INSULIN SYR HALF UNIT	Formulary	OTC
ULTICARE INSULIN SYRINGE	Formulary	OTC
ULTICARE PEN NEEDLE	Formulary	OTC
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Formulary	OTC
ULTILET INSULIN SYRINGE	Formulary	OTC
ULTILET PEN NEEDLE	Formulary	OTC
ULTIMA MONITOR	Non-preferred	PA; OTC
ULTRA CMFT INS SYR HALF UNIT	Formulary	OTC
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Formulary	OTC
ULTRA FLO PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Formulary	OTC
ULTRACARE INSULIN SYRINGE	Formulary	OTC
ULTRACARE PEN NEEDLE	Formulary	OTC
ULTRA-THIN II (SHORT) INS SYR	Formulary	OTC
ULTRA-THIN II (SHORT) PEN NDL	Formulary	OTC
ULTRA-THIN II INS PEN NEEDLES	Formulary	OTC
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Formulary	OTC
ULTRATRAK GLUCOSE METER	Non-preferred	PA; OTC
ULTRATRAK ULTIMATE	Non-preferred	PA; OTC
UNIFINE PENTIPS NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Formulary	OTC
UNIFINE PENTIPS PLUS	Formulary	OTC
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Formulary	OTC
VORTEX FROG MASK-CHILD	Formulary	OTC
VORTEX HOLDING CHAMBER	Formulary	
VORTEX HOLDING CHAMBER CHILD	Formulary	
VORTEX HOLDING CHAMBER TODDLER	Formulary	
VORTEX LADYBUG MASK-TODDLER	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
VORTEX VHC FROG MASK-CHILD	Formulary	
VORTEX VHC LADYBUG MASK-TODDLR	Formulary	
WAVESENSE AMP	Non-preferred	PA; OTC
WAVESENSE PRESTO	Non-preferred	PA; OTC
WAVESENSE PRESTO KIT	Non-preferred	PA; OTC
Diagnostic Agents		
Diabetes Mellitus		
ACCU-CHEK AVIVA PLUS TEST STRP	Preferred	OTC
ACCU-CHEK COMPACT PLUS TEST	Preferred	OTC
ACCU-CHEK GUIDE	Preferred	OTC
ACCU-CHEK SMARTVIEW TEST STRIP	Preferred	OTC
ACCUTREND GLUCOSE	Non-preferred	PA; OTC
ADVOCATE REDI-CODE	Non-preferred	PA; OTC
ADVOCATE REDI-CODE PLUS STRIP	Non-preferred	PA; OTC
ADVOCATE TEST STRIPS	Non-preferred	PA; OTC
AGAMATRIX AMP TEST STRIPS	Non-preferred	PA; OTC
ASSURE 4 STRIPS	Non-preferred	PA; OTC
ASSURE PLATINUM TEST STRIP	Non-preferred	PA; OTC
BIONIME RIGHTEST TEST STRIPS	Non-preferred	PA; OTC
BLOOD GLUCOSE TEST	Non-preferred	PA; OTC
CARESENS N TEST STRIPS	Non-preferred	PA; OTC
CHOICEDM CLARUS STRIP	Non-preferred	PA; OTC
CLEVER CHOICE MICRO TEST STRIP	Non-preferred	PA; OTC
CLEVER CHOICE PRO STRIP	Non-preferred	PA; OTC
CLEVER CHOICE TALK TEST	Non-preferred	PA; OTC
CLEVER CHOICE TEST STRIPS	Non-preferred	PA; OTC
CLEVER CHOICE VOICE+ TEST	Non-preferred	PA; OTC
CONTOUR NEXT TEST STRIPS	Preferred	OTC
CONTOUR TEST STRIPS	Preferred	OTC
EASY GLUCO G2	Non-preferred	PA; OTC
EASY PLUS II TEST	Non-preferred	PA; OTC
EASY STEP	Non-preferred	PA; OTC
EASY TALK GLUCOSE TEST	Non-preferred	PA; OTC
EASY TOUCH TEST STRIP	Non-preferred	PA; OTC
EASY TRAK GLUCOSE TEST	Non-preferred	PA; OTC
EASYGLUCO PLUS STRIP	Non-preferred	PA; OTC
EASYGLUCO TEST	Non-preferred	PA; OTC
EASYMAX	Non-preferred	PA; OTC
EASYMAX 15	Non-preferred	PA; OTC
ELEMENT COMPACT TEST STRIPS	Non-preferred	PA; OTC
ELEMENT TEST STRIPS	Non-preferred	PA; OTC
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	Non-preferred	PA; OTC
EVENCARE G2 STRIP	Non-preferred	PA; OTC
EVENCARE G3 TEST	Non-preferred	PA; OTC
EVENCARE MINI GLUCOSE TEST STR	Non-preferred	PA; OTC
EVENCARE TEST	Non-preferred	PA; OTC
EVOLUTION TEST STRIPS	Non-preferred	PA; OTC
EZ SMART PLUS TEST	Non-preferred	PA; OTC
EZ SMART TEST	Non-preferred	PA; OTC
FIFTY50 TEST STRIP	Non-preferred	PA; OTC
FORA D15G STRIPS	Non-preferred	PA; OTC
FORA D20 STRIP	Non-preferred	PA; OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
FORA G20 STRIP	Non-preferred	PA; OTC
FORA G30-PREMIUM V10 TEST STRP	Non-preferred	PA; OTC
FORA TEST STRIP	Non-preferred	PA; OTC
FORA V10 STRIP	Non-preferred	PA; OTC
FORA V10-V12-D10-D20 STRIPS	Non-preferred	PA; OTC
FORA V12 GLUCOSE	Non-preferred	PA; OTC
FORA V20 STRIP	Non-preferred	PA; OTC
FORA V30A STRIP	Non-preferred	PA; OTC
FORACARE GD20	Non-preferred	PA; OTC
FORACARE GD40	Non-preferred	PA; OTC
FORTISCARE GLUCOSE TEST STRIPS	Non-preferred	PA; OTC
FREESTYLE INSULINX STRIP	Non-preferred	PA; OTC
FREESTYLE INSULINX TEST STRIPS	Non-preferred	PA; OTC
FREESTYLE LITE STRIPS	Non-preferred	PA; OTC
FREESTYLE PRECISION NEO STRIPS	Non-preferred	PA; OTC
FREESTYLE TEST	Non-preferred	PA; OTC
GE100 BLOOD GLUCOSE TEST STRIP	Non-preferred	PA; OTC
GENULTIMATE TEST STRIP	Non-preferred	PA; OTC
GLUCO NAVII TEST STRIP	Non-preferred	PA; OTC
GLUCOCARD 01 SENSOR PLUS	Non-preferred	PA; OTC
GLUCOCARD EXPRESSION STRIP	Non-preferred	PA; OTC
GLUCOCARD VITAL SENSOR	Non-preferred	PA; OTC
GLUCOCARD VITAL TEST STRIPS	Non-preferred	PA; OTC
GLUCOCOM GLUCOSE	Non-preferred	PA; OTC
GM100 STRIP	Non-preferred	PA; OTC
INFINITY TEST STRIPS	Non-preferred	PA; OTC
MICRO BLOOD GLUCOSE	Non-preferred	PA; OTC
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	Non-preferred	PA; OTC
MICRODOT XTRA BLOOD GLUCOSE	Non-preferred	PA; OTC
MYGLUCOHEALTH STRIP	Non-preferred	PA; OTC
NEUTEK 2TEK TEST STRIPS	Non-preferred	PA; OTC
NOVA MAX GLUCOSE TEST	Non-preferred	PA; OTC
ON CALL PLUS TEST STRIP	Non-preferred	PA; OTC
ON CALL VIVID TEST STRIP	Non-preferred	PA; OTC
ONETOUCH ULTRA BLUE TEST STRIP	Non-preferred	PA; OTC
ONETOUCH VERIO	Non-preferred	PA; OTC
OPTIUM EZ	Non-preferred	PA; OTC
OPTIUM TEST	Non-preferred	PA; OTC
OPTUMRX STRIP	Non-preferred	PA; OTC
PHARMACIST CHOICE	Non-preferred	PA; OTC
PRECISION PCX PLUS TEST	Non-preferred	PA; OTC
PRECISION PCX TEST	Non-preferred	PA; OTC
PRECISION POINT OF CARE TEST	Non-preferred	PA; OTC
PRECISION Q-I-D TEST	Non-preferred	PA; OTC
PRECISION XTRA TEST	Non-preferred	PA; OTC
PREMIUM V10 STRIP	Non-preferred	PA; OTC
PRODIGY NO CODING	Non-preferred	PA; OTC
QUINTET AC STRIP	Non-preferred	PA; OTC
QUINTET GLUCOSE TEST STRIPS	Non-preferred	PA; OTC
REFUAH PLUS	Non-preferred	PA; OTC
RELION CONFIRM-MICRO	Non-preferred	PA; OTC
RELION PRIME TEST STRIPS	Non-preferred	PA; OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
RELION ULTIMA	Non-preferred	PA; OTC
REVEAL TEST STRIP	Non-preferred	PA; OTC
RIGHTEST GS550 TEST STRIPS	Non-preferred	PA; OTC
SMARTEST TEST	Non-preferred	PA; OTC
SOLUS V2 TEST STRIPS	Non-preferred	PA; OTC
SURE-TEST EASYPLUS MINI STRIP	Non-preferred	PA; OTC
TD GOLD TEST STRIP	Non-preferred	PA; OTC
TELCARE TEST STRIPS	Non-preferred	PA; OTC
TEST N'GO TEST	Non-preferred	PA; OTC
TRUE METRIX GLUCOSE TEST STRIP	Non-preferred	PA; OTC
TRUE METRIX PRO TEST STRIP	Non-preferred	PA; OTC
TRUETEST TEST STRIPS	Non-preferred	PA; OTC
TRUETRACK TEST	Non-preferred	PA; OTC
ULTIMA TEST STRIPS	Non-preferred	PA; OTC
ULTRATRAK	Non-preferred	PA; OTC
ULTRATRAK ULTIMATE STRIP	Non-preferred	PA; OTC
UNISTRIP1 TEST STRIP	Non-preferred	PA; OTC
WAVESENSE JAZZ	Non-preferred	PA; OTC
WAVESENSE PRESTO STRIP	Non-preferred	PA; OTC
Ketones		
KETONE CARE	Formulary	OTC
KETONE URINE TEST	Formulary	OTC
KETOSTIX	Formulary	OTC
TRUEPLUS KETONE	Formulary	OTC
Sugar		
DIASTIX	Formulary	OTC
NO-STICK GLUCOSE	Formulary	OTC
Urine And Feces Contents		
CHEK-STIX CONTROL	Formulary	OTC
CHEMSTRIP 10 MD	Formulary	OTC
CHEMSTRIP 10/SG	Formulary	OTC
CHEMSTRIP 2 GP	Formulary	OTC
CHEMSTRIP 50B	Formulary	OTC
CHEMSTRIP 7	Formulary	OTC
CHEMSTRIP 9	Formulary	OTC
COMBISTIX REAGENT	Formulary	OTC
HEMA-COMBISTIX	Formulary	OTC
KETO-DIASTIX	Formulary	OTC
LABSTIX REAGENT	Formulary	OTC
MULTISTIX	Formulary	OTC
MULTISTIX 10 SG	Formulary	OTC
MULTISTIX 5	Formulary	OTC
MULTISTIX 7	Formulary	OTC
MULTISTIX 8 SG	Formulary	OTC
MULTISTIX 9	Formulary	OTC
MULTISTIX 9 SG	Formulary	OTC
URISTIX 4	Formulary	OTC
URISTIX REAGENT	Formulary	OTC
Electrolytic, Caloric, And Water Balance		
Alkalinizing Agents		
potassium citrate oral tablet extended release 10 meq (1,080 mg), 5 meq (540 mg)	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
Ammonia Detoxicants		
CONSTULOSE	Formulary	
ENULOSE	Formulary	
GENERLAC	Formulary	
lactulose oral solution 10 gram/15 ml	Formulary	
Caloric Agents		
DEX4 GLUCOSE ORAL GEL	Formulary	
DEX4 GLUCOSE ORAL TABLET,CHEWABLE	Formulary	
DEX4 GLUCOSE POUCH PACK	Formulary	
DEX4 GLUCOSE QUICK DISSOLVE	Formulary	
dextrose oral gel	Formulary	
GLUCO BURST	Formulary	
GLUCOSE GEL	Formulary	
glucose oral tablet,chewable 4 gram	Formulary	
GLUTOSE-15	Formulary	
GLUTOSE-45	Formulary	
L-CARNITINE (TARTRATE) ORAL CAPSULE 500 MG	Formulary	
L-CARNITINE ORAL TABLET	Formulary	
levocarnitine tartrate oral capsule 500 mg	Formulary	
TRUEPLUS GLUCOSE ORAL TABLET,CHEWABLE	Formulary	
Carbonic Anhydrase Inhibitors		
acetazolamide oral capsule, extended release	Formulary	QL (2 EA per 1 day)
acetazolamide oral tablet	Formulary	
Diuretics, Miscellaneous		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG	Formulary	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 300 MG	Formulary	
theophylline oral tablet extended release 12 hr 200 mg, 300 mg	Formulary	
theophylline oral tablet extended release 24 hr	Formulary	
Loop Diuretics		
bumetanide oral	Formulary	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	Formulary	
furosemide oral tablet	Formulary	
torsemide oral	Formulary	
Phosphate-Removing Agents		
AURYXIA	Non-preferred	PA
calcium acetate(phosphat bind) oral capsule	Preferred	QL (12 EA per 1 day)
calcium acetate(phosphat bind) oral tablet	Preferred	
FOSRENOL	Non-preferred	PA
lanthanum	Non-preferred	PA
PHOSLYRA	Preferred	
RENAGEL ORAL TABLET 800 MG	Preferred	
RENVELA	Non-preferred	PA
sevelamer carbonate	Non-preferred	PA
sevelamer hcl	Non-preferred	PA
VELPHORO	Non-preferred	PA
Potassium-Removing Agents		
SPS (WITH SORBITOL)	Formulary	
Potassium-Sparing Diuretics		
ALDACTAZIDE ORAL TABLET 50-50 MG	Formulary	
amiloride	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
amiloride-hydrochlorothiazide	Formulary	
DYRENIUM	Formulary	
spironolactone	Formulary	
spironolacton-hydrochlorothiaz	Formulary	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	Formulary	
triamterene-hydrochlorothiazid oral tablet	Formulary	
Replacement Preparations		
ALCALAK	Formulary	OTC
ANTACID (CALCIUM CARBONATE) ORAL TABLET,CHEWABLE 215 MG CALCIUM (500 MG), 320 MG CALCIUM (750 MG)	Formulary	OTC
ANTACID CALCIUM ORAL TABLET,CHEWABLE 215 MG CALCIUM (500 MG)	Formulary	OTC
ANTACID EXT STR (CALCIUM CARB)	Formulary	OTC
ANTACID EXTRA-STRENGTH ORAL TABLET,CHEWABLE 168 MG CALCIUM (420 MG), 300 MG (750 MG)	Formulary	OTC
ANTACID ULTRA STRENGTH ORAL TABLET,CHEWABLE 1,177 MG, 400 MG CALCIUM (1,000 MG)	Formulary	OTC
BAN-ACID	Formulary	OTC
ca-d3-mag ox-zinc-cop-mang-bor oral tablet,chewable 600 mg calcium- 800 unit-40 mg	Formulary	
CALCITRATE	Formulary	
CAL-CITRATE	Formulary	
CALCIUM 500	Formulary	
CALCIUM 500 + D	Formulary	
CALCIUM 500 WITH D	Formulary	
CALCIUM 600	Formulary	
CALCIUM 600 + D(3) ORAL TABLET	Formulary	
CALCIUM 600 WITH VITAMIN D3 ORAL TABLET,CHEWABLE	Formulary	
CALCIUM ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG), 300 MG (750 MG), 320 MG CALCIUM (750 MG), 400 MG CALCIUM (1,000 MG)	Formulary	OTC
CALCIUM ANTACID TROPICAL	Formulary	OTC
CALCIUM ANTACID ULTRA MAX ST	Formulary	OTC
calcium carbonate oral suspension	Formulary	OTC
calcium carbonate oral tablet 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg)	Formulary	
calcium carbonate oral tablet,chewable 200 mg calcium (500 mg), 300 mg (750 mg), 320 mg calcium (750 mg), 400 mg calcium (1,000 mg)	Formulary	OTC
calcium carbonate oral tablet,chewable 500 mg calcium (1,250 mg)	Formulary	
calcium carbonate-vitamin d3 oral tablet	Formulary	
calcium carbonate-vitamin d3 oral tablet,chewable	Formulary	
CALCIUM CITRATE + D	Formulary	
calcium citrate oral tablet	Formulary	
calcium citrate-vitamin d3 oral tablet 200 mg calcium -250 unit, 250 mg calcium- 200 unit, 315 mg- 250 unit, 315-200 mg-unit	Formulary	
CALCIUM WITH VITAMIN D	Formulary	
CAL-GEST ANTACID	Formulary	OTC
CHILDREN'S PEPTO	Formulary	OTC
CHILDREN'S SOOTHE	Formulary	OTC
CITRACAL + D MAXIMUM	Formulary	
CITRACAL REGULAR	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
CITRUS CALCIUM-VITAMIN D3 ORAL TABLET 200 MG CALCIUM - 250 UNIT	Formulary	
DAILY MULTIPLE FOR WOMEN	Formulary	
electrolytes-dextrose	Formulary	
FLAVOR CHEWS ANTACID	Formulary	OTC
FLINTSTONES PLUS CALCIUM	Formulary	
HI-CAL PLUS VIT D	Formulary	
KLOR-CON M10	Formulary	
KLOR-CON M20	Formulary	
MAG-G	Formulary	
MAGNESIUM (OXIDE/AA CHELATE)	Formulary	
magnesium chloride oral tablet,delayed release (dr/ec) 64 mg	Formulary	
magnesium gluconate oral tablet 27 mg magnesium (500 mg), 27.5 mg magne- sium (500 mg)	Formulary	
magnesium l-lactate	Formulary	
magnesium oral tablet 250 mg	Formulary	
MEGA MULTI FOR WOMEN	Formulary	
MEGA MULTIVITAMIN WITH MINERAL ORAL TABLET 13.5-200-250 MG-MCG-MCG	Formulary	
M-NATAL PLUS	Formulary	
MYNATAL ADVANCE	Formulary	
MYNATAL PLUS	Formulary	
MYNATAL-Z	Formulary	
NATURAL CALCIUM	Formulary	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Formulary	
O-CAL PRENATAL	Formulary	
ONE DAILY ENERGY ORAL TABLET 9 MG IRON-400 MCG-200 MG	Formulary	
ONE DAILY PRENATAL	Formulary	
ONE DAILY WOMEN 50 PLUS(VIT K)	Formulary	
ONE DAILY WOMEN'S HEALTH	Formulary	
ONE DAILY WOMEN'S ORAL TABLET 18 MG IRON-400 MCG-450 MG CA	Formulary	
ONE-A-DAY MENOPAUSE FORMULA	Formulary	
ONE-A-DAY TEEN ADVANTAGE ORAL TABLET 9 MG IRON-400 MCG	Formulary	
ONE-A-DAY WOMEN'S HEALTHY SKIN	Formulary	
ONE-A-DAY WOMEN'S PETITES	Formulary	
ORALYTE	Formulary	
OS-CAL 500 + D3 ORAL TABLET 500 MG(1,250MG) -200 UNIT	Formulary	
OYSCO 500/D ORAL TABLET	Formulary	
OYSCO-500	Formulary	
OYSTER SHELL + D3	Formulary	
OYSTER SHELL CALCIUM	Formulary	
OYSTER SHELL CALCIUM 500	Formulary	
OYSTER SHELL CALCIUM-VIT D2 ORAL TABLET 250 (625)-125 MG-UNIT	Formulary	OTC
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET	Formulary	
OYSTERCAL-D	Formulary	
PEDIATRIC ELECTROLYTE ORAL SOLUTION	Formulary	
PEDIATRIC FREEZER POPS	Formulary	
PERRY PRENATAL	Formulary	
potassium chloride oral capsule, extended release 10 meq	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
potassium chloride oral liquid	Formulary	
potassium chloride oral tablet extended release 10 meq, 8 meq	Formulary	
potassium chloride oral tablet,er particles/crystals	Formulary	
PRENATAL COMPLETE	Formulary	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG	Formulary	
PRENATAL LOW IRON	Formulary	
PRENATAL ONE DAILY	Formulary	
PRENATAL PLUS	Formulary	
PRENATAL PLUS (CALCIUM CARB)	Formulary	
PRENATAL TABLET	Formulary	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Formulary	
PRENATAL VITAMIN PLUS LOW IRON	Formulary	
PRENATAL VITAMIN WITH MINERALS	Formulary	
prenatal vit-iron fum-folic ac	Formulary	
prenatal vits96-iron fum-folic	Formulary	
PREPLUS	Formulary	
PULMOSAL	Formulary	
QUINTABS-M	Formulary	
selenium oral tablet 100 mcg, 50 mcg	Formulary	
SMOOTH ANTACID	Formulary	OTC
sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %	Formulary	
sodium chloride oral	Formulary	OTC
SUPER CALCIUM	Formulary	
THERA M PLUS (FERROUS FUMARAT)	Formulary	
THERAPEUTIC-M ORAL TABLET 9 MG IRON-400 MCG	Formulary	
TRINATAL RX 1	Formulary	
TUMS ULTRA ORAL TABLET,CHEWABLE 1,177 MG	Formulary	OTC
ULTRA STRENGTH ANTACID	Formulary	OTC
ULTRA STRENGTH CALCIUM ANTACID	Formulary	OTC
VINATE ONE	Formulary	
WOMEN'S 50 PLUS DAILY FORMULA	Formulary	
WOMEN'S 50 PLUS MULTIVITAMIN	Formulary	
WOMEN'S DAILY CAPLET	Formulary	
WOMEN'S DAILY FORMULA ORAL TABLET 18 MG IRON-400 MCG-500 MG CA	Formulary	
WOMEN'S ONE DAILY	Formulary	
zinc gluconate oral tablet	Formulary	
zinc sulfate oral capsule	Formulary	
Thiazide Diuretics		
ACCURETIC	Non-preferred	PA
ALDACTAZIDE ORAL TABLET 50-50 MG	Formulary	
amiloride-hydrochlorothiazide	Formulary	
amlodipine-valsartan-hcthiazid	Preferred	
ATACAND HCT	Non-preferred	PA
AVALIDE	Non-preferred	PA
benazepril-hydrochlorothiazide	Preferred	QL (2 EA per 1 day)
BENICAR HCT	Non-preferred	PA
bisoprolol-hydrochlorothiazide	Formulary	QL (2 EA per 1 day)
candesartan-hydrochlorothiazid	Non-preferred	PA
captopril-hydrochlorothiazide	Preferred	
chlorothiazide oral tablet 500 mg	Formulary	
DIOVAN HCT	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
DIURIL	Formulary	
enalapril-hydrochlorothiazide	Preferred	
EXFORGE HCT	Non-preferred	PA
fosinopril-hydrochlorothiazide	Preferred	
hydrochlorothiazide	Formulary	
HYZAAR	Non-preferred	PA
irbesartan-hydrochlorothiazide	Preferred	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-25 mg	Preferred	QL (1 EA per 1 day)
lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg	Preferred	QL (2 EA per 1 day)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg	Preferred	
losartan-hydrochlorothiazide oral tablet 100-25 mg, 50-12.5 mg	Preferred	QL (1 EA per 1 day)
LOTENSIN HCT	Non-preferred	PA
methyldopa-hydrochlorothiazide	Formulary	
MICARDIS HCT	Non-preferred	PA
olmesartan-amlodipin-hcthiazid	Non-preferred	PA
olmesartan-hydrochlorothiazide	Non-preferred	PA
propranolol-hydrochlorothiazid	Formulary	
quinapril-hydrochlorothiazide	Preferred	
spironolacton-hydrochlorothiaz	Formulary	
TEKTURNA HCT	Non-preferred	PA
telmisartan-hydrochlorothiazid	Non-preferred	PA
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	Formulary	
triamterene-hydrochlorothiazid oral tablet	Formulary	
TRIBENZOR	Non-preferred	PA
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	Preferred	
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	Preferred	QL (1 EA per 1 day)
VASERETIC	Non-preferred	PA
ZESTORETIC	Non-preferred	PA
ZIAC	Non-preferred	PA
Thiazide-Like Diuretics		
atenolol-chlorthalidone	Formulary	
chlorthalidone oral tablet 25 mg, 50 mg	Formulary	
EDARBYCLOR	Non-preferred	PA
indapamide	Formulary	
metolazone	Formulary	
TENORETIC 100	Non-preferred	PA
TENORETIC 50	Non-preferred	PA
Uricosuric Agents		
probenecid	Formulary	
probenecid-colchicine	Formulary	
Eye, Ear, Nose And Throat (Eent) Preps.		
Alpha-Adrenergic Agonists (Eent)		
ALPHAGAN P	Preferred	
brimonidine ophthalmic (eye) drops 0.15 %	Non-preferred	PA
brimonidine ophthalmic (eye) drops 0.2 %	Preferred	
COMBIGAN	Preferred	
SIMBRINZA	Non-preferred	PA
Antiallergic Agents		
ALLERGY EYE (KETOTIFEN)	Preferred	OTC; QL (10 ML per 30 days)
ALOCRIL	Non-preferred	PA
ALOMIDE	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
azelastine nasal aerosol,spray	Preferred	QL (30 ML per 28 days)
azelastine nasal spray,non-aerosol	Preferred	
azelastine ophthalmic (eye)	Non-preferred	PA
BEPREVE	Non-preferred	PA
cromolyn nasal	Formulary	OTC
cromolyn ophthalmic (eye)	Preferred	
DYMISTA	Non-preferred	PA
epinastine	Non-preferred	PA
EYE ITCH RELIEF	Preferred	OTC; QL (10 ML per 30 days)
ITCHY EYE DROPS	Preferred	OTC; QL (10 ML per 30 days)
ketotifen fumarate	Preferred	OTC; QL (10 ML per 30 days)
LASTACAFT	Non-preferred	PA
NASAL ALLERGY SYMPTOM CONTROL	Formulary	OTC
olopatadine nasal	Non-preferred	PA
olopatadine ophthalmic (eye)	Preferred	
PATADAY	Non-preferred	PA
PATANASE	Non-preferred	PA
PATANOL	Non-preferred	PA
PAZEO	Preferred	
WAL-ZYR (KETOTIFEN)	Preferred	OTC; QL (10 ML per 30 days)
ZADITOR	Non-preferred	PA; OTC
Antibacterials (Eent)		
AK-POLY-BAC	Formulary	
AZASITE	Non-preferred	PA
bacitracin-polymyxin b ophthalmic (eye)	Formulary	
BESIVANCE	Non-preferred	PA
CILOXAN	Non-preferred	PA
CIPRO HC	Preferred	
CIPRODEX	Preferred	QL (7.5 ML per 30 days)
ciprofloxacin hcl ophthalmic (eye)	Preferred	QL (10 ML per 30 days)
ciprofloxacin hcl otic (ear)	Non-preferred	PA
erythromycin ophthalmic (eye)	Formulary	
gatifloxacin	Non-preferred	PA
GENTAK OPHTHALMIC (EYE) OINTMENT	Formulary	
gentamicin ophthalmic (eye)	Formulary	
levofloxacin ophthalmic (eye)	Non-preferred	PA
MOXEZA	Non-preferred	PA
moxifloxacin ophthalmic (eye) drops	Non-preferred	PA
neomycin-bacitracin-poly-hc	Formulary	
neomycin-bacitracin-polymyxin	Formulary	
neomycin-polymyxin b-dexameth	Formulary	
neomycin-polymyxin-gramicidin	Formulary	
neomycin-polymyxin-hc ophthalmic (eye)	Formulary	
neomycin-polymyxin-hc otic (ear)	Preferred	
NEO-POLYCIN	Formulary	
NEO-POLYCIN HC	Formulary	
OCUFLOX	Non-preferred	PA
ofloxacin ophthalmic (eye)	Preferred	QL (10 ML per 30 days)
ofloxacin otic (ear)	Preferred	
OTIPRIO	Non-preferred	PA
OTOVEL	Non-preferred	PA
POLYCIN	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
polymyxin b sulf-trimethoprim	Formulary	
sulfacetamide sodium ophthalmic (eye) drops	Formulary	
sulfacetamide-prednisolone	Formulary	
tobramycin	Formulary	
tobramycin-dexamethasone	Formulary	
VIGAMOX	Preferred	
ZYMAXID	Non-preferred	PA
Antiglaucoma Agents, Miscellaneous		
RHOPRESSA	Non-preferred	PA
ROCKLATAN	Non-preferred	PA
Antivirals (Eent)		
trifluridine	Formulary	
Beta-Adrenergic Blocking Agents (Eent)		
BETOPTIC S	Non-preferred	PA
carteolol	Non-preferred	PA
COMBIGAN	Preferred	
COSOPT	Non-preferred	PA
COSOPT (PF)	Non-preferred	PA
dorzolamide-timolol	Preferred	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	Non-preferred	PA
ISTALOL	Non-preferred	PA
levobunolol ophthalmic (eye) drops 0.5 %	Non-preferred	PA
timolol maleate ophthalmic (eye) drops	Preferred	
timolol maleate ophthalmic (eye) drops, once daily	Non-preferred	PA
timolol maleate ophthalmic (eye) gel forming solution	Preferred	
TIMOPTIC	Non-preferred	PA
TIMOPTIC OCUDOSE (PF)	Non-preferred	PA
TIMOPTIC-XE	Non-preferred	PA
Carbonic Anhydrase Inhibitors (Eent)		
acetazolamide oral capsule, extended release	Formulary	QL (2 EA per 1 day)
acetazolamide oral tablet	Formulary	
COSOPT	Non-preferred	PA
COSOPT (PF)	Non-preferred	PA
dorzolamide	Preferred	
dorzolamide-timolol	Preferred	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	Non-preferred	PA
SIMBRINZA	Non-preferred	PA
TRUSOPT	Non-preferred	PA
Contact Lens Solutions		
BIO TRUE	Formulary	OTC
BOSTON CLEANER	Formulary	OTC
BOSTON CONDITIONING	Formulary	OTC
BOSTON ONE STEP (PF)	Formulary	OTC
BOSTON REWETTING	Formulary	OTC
BOSTON SIMPLUS	Formulary	OTC
DISINFECTING SOLUTION	Formulary	OTC
MULTIPURPOSE CONTACT LENS	Formulary	OTC
MULTI-PURPOSE SOFT CONTACT LEN	Formulary	OTC
OPTI-FREE REPLENISH	Formulary	OTC
RENU DISINFECTING	Formulary	OTC
RENU MULTIPLUS	Formulary	OTC
RENU REWETTING DROPS	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
REWETTING DROPS	Formulary	OTC
SALINE SENSITIVE EYES	Formulary	OTC
SALINE SOLUTION	Formulary	OTC
SALINE SOLUTION,STERILE PRESRV	Formulary	OTC
SENSITIVE EYES	Formulary	OTC
SENSITIVE EYES DAILY CLEANER	Formulary	OTC
SENSITIVE EYES PLUS SALINE	Formulary	OTC
SYSTANE CONTACTS	Formulary	OTC
VISINE FOR CONTACTS	Formulary	OTC
Corticosteroids (Eent)		
24 HOUR NASAL ALLERGY	Formulary	OTC
ALREX	Non-preferred	PA
BECONASE AQ	Non-preferred	PA
CIPRO HC	Preferred	
CIPRODEX	Preferred	QL (7.5 ML per 30 days)
dexamethasone sodium phosphate ophthalmic (eye)	Formulary	
DYMISTA	Non-preferred	PA
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	Non-preferred	PA
fluorometholone	Formulary	
fluticasone propionate nasal	Preferred	OTC; QL (32 GM per 30 days)
FML FORTE	Formulary	
FML S.O.P.	Formulary	
hydrocortisone-acetic acid	Formulary	
MAXIDEX	Formulary	
mometasone nasal	Preferred	
NASAL ALLERGY	Formulary	OTC
NASONEX	Non-preferred	PA
neomycin-bacitracin-poly-hc	Formulary	
neomycin-polymyxin b-dexameth	Formulary	
neomycin-polymyxin-hc ophthalmic (eye)	Formulary	
NEO-POLYCIN HC	Formulary	
OMNARIS	Non-preferred	PA
OTOVEL	Non-preferred	PA
PRED MILD	Formulary	
prednisolone acetate	Formulary	
prednisolone sodium phosphate ophthalmic (eye)	Formulary	
QNASL	Non-preferred	PA
SINUVA	Non-preferred	PA
TICANASE	Non-preferred	PA
tobramycin-dexamethasone	Formulary	
triamcinolone acetonide nasal	Formulary	OTC
XHANCE	Non-preferred	PA
ZETONNA	Non-preferred	PA
Eent Anti-Infectives, Miscellaneous		
acetic acid otic (ear)	Formulary	
CARBAMOXIDE EAR DROPS	Formulary	OTC
chlorhexidine gluconate mucous membrane	Formulary	
EAR DROPS OTC	Formulary	OTC
EAR WAX REMOVAL DROPS	Formulary	OTC
EAR WAX REMOVAL KIT	Formulary	OTC
hydrocortisone-acetic acid	Formulary	
MURINE EAR WAX REMOVAL SYSTEM	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
PAROEX ORAL RINSE	Formulary	
PERIOGARD	Formulary	
Eent Anti-Inflammatory Agents, Misc.		
RESTASIS	Formulary	
RESTASIS MULTIDOSE	Formulary	
XIIDRA	Formulary	
Eent Drugs, Miscellaneous		
ALTACHLORE	Formulary	OTC
ALTAMIST	Formulary	OTC
apraclonidine	Non-preferred	PA
ARTIFICIAL TEARS (PF)	Formulary	OTC
ARTIFICIAL TEARS(DEXT70-HYPRO) OPHTHALMIC (EYE) DROPS	Formulary	OTC
AYR SALINE NASAL DROPS	Formulary	OTC
BABY AYR SALINE	Formulary	OTC
CHILDREN'S SALINE NASAL SPRAY	Formulary	OTC
DEEP SEA NASAL	Formulary	OTC
EQ GENTLE	Formulary	OTC
FOR STY RELIEF	Formulary	OTC
GENTEAL TEARS MODERATE	Formulary	OTC
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	Non-preferred	PA
ipratropium bromide nasal	Preferred	
LITTLE REMEDIES	Formulary	OTC
LUBRICANT EYE (PG-PEG 400)	Formulary	OTC
LUBRICANT EYE (PG-PEG 400)(PF)	Formulary	OTC
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPPERETTE	Formulary	OTC
LUBRICANT EYE OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %	Formulary	OTC
LUBRICATING PLUS	Formulary	OTC
LUBRICATING RELIEF	Formulary	OTC
MURO 128 OPHTHALMIC (EYE) DROPS 2 %	Formulary	OTC
MURO 128 OPHTHALMIC (EYE) OINTMENT	Formulary	OTC
NASAL SPRAY (SODIUM CHLORIDE)	Formulary	OTC
NATURAL TEARS (PF)	Formulary	OTC
NIGHTTIME DRY-EYE RELIEF	Formulary	OTC
polyvinyl alcohol	Formulary	OTC
PURE AND GENTLE EYE	Formulary	OTC
REFRESH CLASSIC (PF)	Formulary	OTC
REFRESH LACRI-LUBE	Formulary	OTC
RESTORE PLUS (CMCELLULOSE)	Formulary	OTC
RESTORE PM	Formulary	OTC
RESTORE TEARS	Formulary	OTC
RETAINE NACL	Formulary	OTC
RETAINE PM	Formulary	OTC
REVIVE PLUS	Formulary	OTC
SALINE MIST	Formulary	OTC
SALINE NASAL	Formulary	OTC
SALINE NASAL MIST NASAL AEROSOL,SPRAY	Formulary	OTC
SALINE NOSE	Formulary	OTC
SOCHLOR	Formulary	OTC
sodium chloride ophthalmic (eye)	Formulary	OTC
SOOTHE HYDRATION	Formulary	OTC
SOOTHE XP	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
TEARS AGAIN (PVA)	Formulary	OTC
ULTRA FRESH	Formulary	OTC
ULTRA FRESH PM	Formulary	OTC
ULTRA LUBRICANT EYE	Formulary	OTC
Eent Nonsteroidal Anti-Inflam. Agents		
ACULAR	Non-preferred	PA
ACULAR LS	Non-preferred	PA
ACUVAIL (PF)	Non-preferred	PA
bromfenac	Non-preferred	PA
BROMSITE	Non-preferred	PA
diclofenac sodium ophthalmic (eye)	Preferred	
flurbiprofen sodium	Non-preferred	PA
ketorolac ophthalmic (eye) drops 0.4 %	Preferred	QL (5 ML per 30 days)
ketorolac ophthalmic (eye) drops 0.5 %	Preferred	QL (20 ML per 30 days)
NEVANAC	Non-preferred	PA
PROLENSA	Non-preferred	PA
Local Anesthetics (Eent)		
ANBESOL (BENZOCAINE) MAX STR	Formulary	OTC
ANESTHETIC ORAL GEL	Formulary	OTC
BENZ-O-STHETIC MUCOUS MEMBRANE GEL	Formulary	OTC
GLYDO	Formulary	
INTENSE TOOTHACHE PAIN RELIEF	Formulary	OTC
lidocaine hcl mucous membrane jelly in applicator	Formulary	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	Formulary	
LIDOCAINE VISCOUS	Formulary	
ORAL ANALGESIC MUCOUS MEMBRANE GEL	Formulary	OTC
ORAL ANESTHETIC MUCOUS MEMBRANE GEL	Formulary	OTC
ORAL PAIN RELIEF MUCOUS MEMBRANE GEL	Formulary	OTC
Miotics		
PHOSPHOLINE IODIDE	Formulary	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Formulary	
Mouthwashes And Gargles		
hydrogen peroxide	Formulary	OTC
Mydriatics		
cyclopentolate ophthalmic (eye) drops 2 %	Formulary	
HOMATROPAIRE	Formulary	
homatropine hbr	Formulary	
Prostaglandin Analogs		
bimatoprost ophthalmic (eye)	Non-preferred	PA
latanoprost	Preferred	QL (6 ML per 30 days)
latanoprost (pf)	Preferred	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Non-preferred	PA
ROCKLATAN	Non-preferred	PA
TRAVATAN Z	Preferred	
VYZULTA	Non-preferred	PA
XALATAN	Non-preferred	PA
ZIOPTAN (PF)	Non-preferred	PA
Rho Kinase Inhibitors		
RHOPRESSA	Non-preferred	PA
ROCKLATAN	Non-preferred	PA
Vasoconstrictors		
12 HOUR NASAL RELIEF SPRAY	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
12 HOUR NASAL SPRAY	Formulary	OTC
4 WAY	Formulary	OTC
ADRENALIN NASAL	Formulary	
AFRIN NO DRIP(OXYMETAZOLIN)	Formulary	OTC
ANEFRIN	Formulary	OTC
EPHRINE	Formulary	OTC
FAST ACTING NASAL	Formulary	OTC
LONG ACTING NASAL SPRAY	Formulary	OTC
NASAL FOUR	Formulary	OTC
NASAL RELIEF	Formulary	OTC
NASAL SPRAY (OXYMETAZOLINE)	Formulary	OTC
NASAL SPRAY 12HR(OXYMETAZOLINE	Formulary	OTC
NASAL SPRAY EXTRA MOISTURIZING	Formulary	OTC
NASAL SPRAY LONG ACTING	Formulary	OTC
NASAL SPRAY SINUS	Formulary	OTC
NEO-SYNEPHRINE (PHENYLEPHRINE) NASAL SPRAY,NON-AEROSOL 0.25 %, 1 %	Formulary	OTC
NO DRIP	Formulary	OTC
NO DRIP NASAL MIST	Formulary	OTC
NOSE DROPS	Formulary	OTC
NOSE DROPS EXTRA STRENGTH	Formulary	OTC
ORIGINAL NASAL SPRAY	Formulary	OTC
oxymetazoline	Formulary	OTC
phenylephrine hcl ophthalmic (eye)	Formulary	
SINUS NASAL SPRAY	Formulary	OTC
SINUS RELIEF (OXYMETAZOLINE)	Formulary	OTC
SINUS RELIEF (PHENYLEPHRINE)	Formulary	OTC
VICKS QLEARQUIL(OXYMETAZOLINE)	Formulary	OTC
VICKS SINEX 12-HOUR	Formulary	OTC
VICKS SINEX ULTRA FINE MIST 12	Formulary	OTC
WAL-FOUR	Formulary	OTC
Gastrointestinal Drugs		
5-Ht3 Receptor Antagonists		
AKYNZEO (NETUPITANT)	Non-preferred	PA
granisetron hcl oral	Non-preferred	PA
ondansetron	Preferred	QL (15 EA per 30 days)
ondansetron hcl oral solution	Preferred	QL (2 ML per 1 day)
ondansetron hcl oral tablet 24 mg	Preferred	
ondansetron hcl oral tablet 4 mg, 8 mg	Preferred	QL (15 EA per 30 days)
SANCUSO	Non-preferred	PA
ZOFRAN ORAL TABLET	Non-preferred	PA
ZUPLENZ	Non-preferred	PA
Antacids And Adsorbents		
activated charcoal oral capsule	Formulary	
ADVANCED ANTACID-ANTIGAS	Formulary	OTC
ALCALAK	Formulary	OTC
ALMACONE-2	Formulary	OTC
aluminum hydroxide gel	Formulary	OTC
alum-mag hydroxide-simeth oral suspension 200-200-20 mg/5 ml	Formulary	OTC
ANTACID (CALCIUM CARBONATE) ORAL TABLET,CHEWABLE 215 MG CALCIUM (500 MG), 320 MG CALCIUM (750 MG)	Formulary	OTC
ANTACID ANTI-GAS	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
ANTACID CALCIUM ORAL TABLET,CHEWABLE 215 MG CALCIUM (500 MG)	Formulary	OTC
ANTACID EXT STR (CALCIUM CARB)	Formulary	OTC
ANTACID EXTRA-STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML	Formulary	OTC
ANTACID EXTRA-STRENGTH ORAL TABLET,CHEWABLE 168 MG CALCIUM (420 MG), 300 MG (750 MG)	Formulary	OTC
ANTACID LIQUID	Formulary	OTC
ANTACID M	Formulary	OTC
ANTACID MAXIMUM STRENGTH	Formulary	OTC
ANTACID PLUS ANTI-GAS	Formulary	OTC
ANTACID REGULAR STRENGTH	Formulary	OTC
ANTACID ULTRA STRENGTH ORAL TABLET,CHEWABLE 1,177 MG, 400 MG CALCIUM (1,000 MG)	Formulary	OTC
ANTACID-ANTIGAS	Formulary	OTC
ANTACID-SIMETHICONE	Formulary	OTC
ANTI-DIARRHEAL	Formulary	OTC
BAN-ACID	Formulary	OTC
BISMATROL ORAL SUSPENSION	Formulary	OTC
bismuth subsalicylate oral suspension	Formulary	OTC
CALCIUM ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG), 300 MG (750 MG), 320 MG CALCIUM (750 MG), 400 MG CALCIUM (1,000 MG)	Formulary	OTC
CALCIUM ANTACID TROPICAL	Formulary	OTC
CALCIUM ANTACID ULTRA MAX ST	Formulary	OTC
calcium carbonate oral tablet,chewable 200 mg calcium (500 mg), 300 mg (750 mg), 320 mg calcium (750 mg), 400 mg calcium (1,000 mg)	Formulary	OTC
CAL-GEST ANTACID	Formulary	OTC
CHILDREN'S PEPTO	Formulary	OTC
CHILDREN'S SOOTHE	Formulary	OTC
COMFORT GEL	Formulary	OTC
COMFORT GEL EXTRA STRENGTH	Formulary	OTC
DIARRHEA RELIEF (BISMUTH SUBS)	Formulary	OTC
DIGESTIVE RELIEF ORAL SUSPENSION	Formulary	OTC
EZ CHAR	Formulary	OTC
FLAVOR CHEWS ANTACID	Formulary	OTC
FOAMING ANTACID ORAL TABLET,CHEWABLE	Formulary	OTC
GERI-LANTA ORAL SUSPENSION 200-200-20 MG/5 ML	Formulary	OTC
GERI-MOX ANTACID-ANTIGAS	Formulary	OTC
GERI-PECTATE	Formulary	OTC
INSTA-CHAR	Formulary	OTC
KAOPECTATE EX STR (BISMUTH SS)	Formulary	OTC
K-PEC ANTIDIARRHEAL (BISM SUB)	Formulary	OTC
LIQUID ANTACID	Formulary	OTC
MAALOX MAXIMUM STRENGTH	Formulary	OTC
MAG-AL PLUS EXTRA STRENGTH	Formulary	OTC
MAGLOX	Formulary	OTC
magnesium oxide oral capsule 500 mg	Formulary	
magnesium oxide oral tablet 200 mg magnesium, 250 mg magnesium, 400 mg magnesium, 500 mg	Formulary	
magnesium oxide oral tablet 400 mg (241.3 mg magnesium)	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
MASANTI DOUBLE STRENGTH	Formulary	OTC
MGO	Formulary	
MI-ACID	Formulary	OTC
PHILLIPS	Formulary	
PHILLIPS MILK OF MAGNESIA ORAL TABLET,CHEWABLE	Formulary	OTC
PINK BISMUTH MAXIMUM STRENGTH	Formulary	OTC
PINK BISMUTH ORAL SUSPENSION	Formulary	OTC
RI-GEL	Formulary	OTC
RI-GEL II	Formulary	OTC
RI-MOX	Formulary	OTC
SMOOTH ANTACID	Formulary	OTC
sodium bicarbonate oral tablet 650 mg	Formulary	OTC
SOOTHE REGULAR STRENGTH	Formulary	OTC
STOMACH RELIEF MAX STRENGTH	Formulary	OTC
STOMACH RELIEF ORAL SUSPENSION	Formulary	OTC
STOMACH RELIEF ORIGINAL	Formulary	OTC
TUMS ULTRA ORAL TABLET,CHEWABLE 1,177 MG	Formulary	OTC
ULTRA STRENGTH ANTACID	Formulary	OTC
ULTRA STRENGTH CALCIUM ANTACID	Formulary	OTC
Antidiarrhea Agents		
ANTI-DIARRHEAL	Formulary	OTC
ANTI-DIARRHEAL (LOPERAMIDE) ORAL CAPSULE	Formulary	OTC
ANTI-DIARRHEAL (LOPERAMIDE) ORAL LIQUID 1 MG/5 ML	Formulary	OTC
ANTI-DIARRHEAL (LOPERAMIDE) ORAL TABLET	Formulary	OTC
BISMATROL ORAL SUSPENSION	Formulary	OTC
bismuth subsalicylate oral suspension	Formulary	OTC
DIAMODE	Formulary	OTC
DIARRHEA RELIEF (BISMUTH SUBS)	Formulary	OTC
DIGESTIVE RELIEF ORAL SUSPENSION	Formulary	OTC
diphenoxylate-atropine	Formulary	
GERI-PECTATE	Formulary	OTC
KAOPECTATE EX STR (BISMUTH SS)	Formulary	OTC
K-PEC ANTIDIARRHEAL (BISM SUB)	Formulary	OTC
loperamide oral capsule	Formulary	OTC
loperamide oral tablet	Formulary	OTC
PINK BISMUTH MAXIMUM STRENGTH	Formulary	OTC
PINK BISMUTH ORAL SUSPENSION	Formulary	OTC
SOOTHE REGULAR STRENGTH	Formulary	OTC
STOMACH RELIEF MAX STRENGTH	Formulary	OTC
STOMACH RELIEF ORAL SUSPENSION	Formulary	OTC
STOMACH RELIEF ORIGINAL	Formulary	OTC
ULTRA A-D	Formulary	OTC
Antiemetics, Miscellaneous		
CESAMET	Non-preferred	PA
Antiflatulents		
ADVANCED ANTACID-ANTIGAS	Formulary	OTC
ALMACONE-2	Formulary	OTC
alum-mag hydroxide-simeth oral suspension 200-200-20 mg/5 ml	Formulary	OTC
ANTACID ANTI-GAS	Formulary	OTC
ANTACID EXTRA-STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML	Formulary	OTC
ANTACID LIQUID	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
ANTACID M	Formulary	OTC
ANTACID MAXIMUM STRENGTH	Formulary	OTC
ANTACID PLUS ANTI-GAS	Formulary	OTC
ANTACID REGULAR STRENGTH	Formulary	OTC
ANTACID-ANTIGAS	Formulary	OTC
ANTACID-SIMETHICONE	Formulary	OTC
ANTI-GAS ULTRA STRENGTH	Formulary	OTC
COMFORT GEL	Formulary	OTC
COMFORT GEL EXTRA STRENGTH	Formulary	OTC
GAS RELIEF (SIMETHICONE) ORAL CAPSULE 180 MG	Formulary	OTC
GAS RELIEF (SIMETHICONE) ORAL DROPS,SUSPENSION	Formulary	OTC
GAS RELIEF 80 (SIMETHICONE)	Formulary	OTC
GAS RELIEF EXTRA STRENGTH ORAL TABLET,CHEWABLE	Formulary	OTC
GAS RELIEF ULTRA STRENGTH	Formulary	OTC
GERI-LANTA ORAL SUSPENSION 200-200-20 MG/5 ML	Formulary	OTC
GERI-MOX ANTACID-ANTIGAS	Formulary	OTC
INFANTS GAS RELIEF	Formulary	OTC
LIQUID ANTACID	Formulary	OTC
LITTLE REMEDIES GAS RELIEF	Formulary	OTC
MAALOX MAXIMUM STRENGTH	Formulary	OTC
MAG-AL PLUS EXTRA STRENGTH	Formulary	OTC
MAGLOX	Formulary	OTC
MASANTI DOUBLE STRENGTH	Formulary	OTC
MI-ACID	Formulary	OTC
MI-ACID GAS RELIEF(SIMETHICON)	Formulary	OTC
RI-GEL	Formulary	OTC
RI-GEL II	Formulary	OTC
RI-MOX	Formulary	OTC
simethicone oral capsule 180 mg	Formulary	OTC
simethicone oral drops,suspension	Formulary	OTC
simethicone oral tablet,chewable	Formulary	OTC
Antihistamines (Gi Drugs)		
COMPRO	Formulary	
DRAMAMINE LESS DROWSY	Formulary	OTC
meclizine oral tablet 12.5 mg, 25 mg	Formulary	OTC
meclizine oral tablet,chewable	Formulary	OTC
MEDI-MECLIZINE	Formulary	OTC
MOTION RELIEF (MECLIZINE)	Formulary	OTC
MOTION SICKNESS (MECLIZINE)	Formulary	OTC
MOTION SICKNESS II	Formulary	OTC
MOTION SICKNESS RELIEF(MECLIZ)	Formulary	OTC
MOTION-TIME	Formulary	OTC
prochlorperazine	Formulary	
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	Formulary	
prochlorperazine maleate	Formulary	
TRAVEL-EASE (MECLIZINE)	Formulary	OTC
VERTICALM	Formulary	OTC
WAL-DRAM 2	Formulary	OTC
Anti-Inflammatory Agents (Gi Drugs)		
APRISO	Non-preferred	PA
ASACOL HD	Non-preferred	PA
AZULFIDINE	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
AZULFIDINE EN-TABS	Non-preferred	PA
balsalazide	Preferred	QL (9 EA per 1 day)
CANASA	Preferred	
COLAZAL	Non-preferred	PA
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	Preferred	
DIPENTUM	Non-preferred	PA
LIALDA	Non-preferred	PA
mesalamine oral capsule (with del rel tablets)	Non-preferred	PA
mesalamine oral tablet,delayed release (dr/ec)	Non-preferred	PA
mesalamine rectal enema	Preferred	
mesalamine rectal suppository	Non-preferred	PA
mesalamine with cleansing wipe	Preferred	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	Preferred	QL (6 EA per 1 day)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	Preferred	QL (8 EA per 1 day)
ROWASA	Non-preferred	PA
SFROWASA	Non-preferred	PA
sulfasalazine	Preferred	
Cathartics And Laxatives		
ALOPHEN (BISACODYL)	Formulary	OTC
AMITIZA	Formulary	QL (2 EA per 1 day)
bisacodyl	Formulary	OTC
BISA-LAX (BISACODYL)	Formulary	OTC
calcium polycarbophil	Formulary	OTC
CHOCOLATE LAXATIVE	Formulary	OTC
CITRATE OF MAGNESIA	Formulary	OTC
CITRUCEL	Formulary	OTC
C-LAX LAXATIVE (BISACODYL)	Formulary	OTC
CLEARLAX	Formulary	OTC
COL-RITE ORAL CAPSULE 100 MG, 250 MG	Formulary	OTC
DAILY FIBER (PSYLLIUM-SUCROSE) ORAL POWDER 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM	Formulary	OTC
DAILY FIBER ORAL CAPSULE 0.52 GRAM	Formulary	OTC
DIOCTYL	Formulary	OTC
DOCU	Formulary	OTC
docusate sodium oral capsule	Formulary	OTC
docusate sodium oral liquid	Formulary	OTC
docusate sodium oral syrup	Formulary	OTC
DOCUSIL	Formulary	OTC
DOCUSOL	Formulary	OTC
DOCUZEN	Formulary	OTC
DOK PLUS	Formulary	OTC
DSS	Formulary	OTC
DUCODYL (BISACODYL)	Formulary	OTC
DULCOEASE	Formulary	OTC
DULCOLAX STOOL SOFTENER (DSS)	Formulary	OTC
ENEMA DISPOSABLE	Formulary	OTC
ENEMEEZ	Formulary	OTC
EVAC-U-GEN (SENNOSIDES)	Formulary	OTC
FIBER (CALCIUM POLYCARBOPHIL)	Formulary	OTC
FIBER (PSYLLIUM HUSK) ORAL CAPSULE 0.52 GRAM	Formulary	OTC
FIBER (PSYLLIUM HUSK/SUGAR)	Formulary	OTC
FIBER (WITH ASPARTAME) ORAL POWDER 3.4 GRAM/5.8 GRAM	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
FIBER LAXATIVE (CA POLYCARBO)	Formulary	OTC
FIBER LAXATIVE (METHYLCELLULO)	Formulary	OTC
FIBER LAXATIVE (PSYLLIUM HUSK)	Formulary	OTC
FIBER ORAL POWDER	Formulary	OTC
FIBER SMOOTH	Formulary	OTC
FIBER SMOOTH (SUCROSE)	Formulary	OTC
FIBER THERAPY (CA POLYCARBOPH)	Formulary	OTC
FIBER THERAPY (M-CELL/SUGAR) ORAL POWDER 2 GRAM/19 GRAM	Formulary	OTC
FIBER THERAPY (M-CELLULOSE)	Formulary	OTC
FIBER THERAPY LAXATIVE (HUSK)	Formulary	OTC
FIBER THERAPY(PSYL SEED-SUGAR)	Formulary	OTC
FIBER-CAPS (PSYLLIUM HUSK)	Formulary	OTC
FIBER-LAX	Formulary	OTC
FIBER-TABS	Formulary	OTC
FLEET BISACODYL	Formulary	OTC
FLEET ENEMA EXTRA	Formulary	OTC
FLEET GLYCERIN (CHILD)	Formulary	OTC
FLEET GLYCERIN LAXATIVE	Formulary	OTC
FLEET LAXATIVE (BISACODYL)	Formulary	OTC
GAVILAX ORAL POWDER	Formulary	OTC
GAVILAX ORAL POWDER IN PACKET 17 GRAM	Formulary	OTC
GAVILYTE-C	Formulary	
GAVILYTE-G	Formulary	
GENTLE LAXATIVE (BISACODYL)	Formulary	OTC
GENTLELAX	Formulary	OTC
GERI-KOT	Formulary	OTC
GERI-MUCIL (ASPARTAME)	Formulary	OTC
GERI-MUCIL (SUGAR)	Formulary	OTC
glycerin (adult)	Formulary	OTC
glycerin (child)	Formulary	OTC
GLYCOLAX ORAL POWDER	Formulary	OTC
GOLYTELY ORAL POWDER IN PACKET	Formulary	
HEALTHYLAX	Formulary	OTC
KONSYL (SUGAR) ORAL POWDER 3.4 GRAM/12 GRAM	Formulary	OTC
KONSYL FIBER	Formulary	OTC
LAX STOOL SOFTENER WITH SENNA	Formulary	OTC
LAXA BASIC	Formulary	OTC
LAXACIN	Formulary	OTC
LAXACLEAR	Formulary	OTC
LAXATIVE (BISACODYL)	Formulary	OTC
LAXATIVE (GLYCERIN-PEDIATRIC)	Formulary	OTC
LAXATIVE (SENNOSIDES) ORAL TABLET 25 MG	Formulary	OTC
LAXATIVE (SENNOSIDES) ORAL TABLET,CHEWABLE	Formulary	OTC
LAXATIVE PEG 3350 ORAL POWDER	Formulary	OTC
LAXATIVE PILLS	Formulary	OTC
magnesium citrate oral solution	Formulary	OTC
magnesium hydroxide oral suspension 400 mg/5 ml	Formulary	OTC
METAMUCIL (SUGAR)	Formulary	OTC
METAMUCIL SUNRISE	Formulary	OTC
MILK OF MAGNESIA	Formulary	OTC
MINERAL OIL EXTRA HEAVY	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
MINERAL OIL HEAVY ORAL	Formulary	OTC
mineral oil oral	Formulary	OTC
MULTIHEALTH FIBER	Formulary	OTC
MULTIHEALTH FIBER (SUGAR)	Formulary	OTC
NATURAL DAILY FIBER	Formulary	OTC
NATURAL FIBER LAXATIVE	Formulary	OTC
NATURAL FIBER LAXATIVE (SUGAR) ORAL POWDER , 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM	Formulary	OTC
NATURAL FIBER LAXATIVE(ASPART) ORAL POWDER	Formulary	OTC
NATURAL PSYLLIUM FIBER	Formulary	OTC
NATURAL VEG LAXATIVE(SENNOSID)	Formulary	OTC
NATURAL VEGETABLE	Formulary	OTC
NATURAL VEGETABLE (PSYLLIUM)	Formulary	OTC
NATURAL VEGETABLE POWDER	Formulary	OTC
NATURA-LAX	Formulary	OTC
ORAL SALINE LAXATIVE ORAL SOLUTION	Formulary	OTC
P-COL RITE	Formulary	OTC
PEDIA-LAX ORAL	Formulary	OTC
PEDIA-LAX STOOL SOFTENER	Formulary	OTC
PEDIATRIC ENEMA	Formulary	OTC
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	Formulary	
peg-electrolyte soln	Formulary	
PHILLIPS' LIQUI-GELS	Formulary	OTC
PHILLIPS MILK OF MAGNESIA ORAL TABLET,CHEWABLE	Formulary	OTC
polyethylene glycol 3350	Formulary	OTC
POWDERLAX ORAL POWDER	Formulary	OTC
psyllium husk oral capsule 0.52 gram	Formulary	OTC
psyllium husk oral powder	Formulary	OTC
PURE AND GENTLE DISPOSABLE	Formulary	OTC
PURELAX	Formulary	OTC
READY-TO-USE ENEMA	Formulary	OTC
REGULOID, SUGAR FREE	Formulary	OTC
SENEXON-S	Formulary	OTC
SENNA LAX	Formulary	OTC
SENNA LAXATIVE ORAL TABLET 8.6 MG	Formulary	OTC
SENNA ORAL SYRUP 176 MG/5 ML	Formulary	
SENNA ORAL SYRUP 8.8 MG/5 ML	Formulary	OTC
SENNA ORAL TABLET	Formulary	OTC
SENNA PLUS ORAL TABLET	Formulary	OTC
SENNA WITH DOCUSATE SODIUM	Formulary	OTC
SENNA-TIME S	Formulary	OTC
SENNO	Formulary	OTC
sennosides oral syrup	Formulary	OTC
sennosides-docusate sodium	Formulary	OTC
SEN-O-TAB	Formulary	OTC
SMOOTHLAX	Formulary	OTC
SOF-LAX	Formulary	OTC
sorbitol solution 70 %	Formulary	OTC
STIMULANT LAXATIVE PLUS	Formulary	OTC
STOOL SOFTENER ORAL CAPSULE 250 MG, 50 MG	Formulary	OTC
STOOL SOFTENER ORAL LIQUID	Formulary	OTC
STOOL SOFTENER ORAL SYRUP	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
STOOL SOFTENER-LAXATIVE	Formulary	OTC
STOOL SOFTENER-STIMULANT LAXAT ORAL TABLET	Formulary	OTC
THE MAGIC BULLET	Formulary	OTC
UNIFIBER	Formulary	OTC
VEGETABLE LAXATIVE	Formulary	OTC
WAL-MUCIL FIBER	Formulary	OTC
WAL-MUCIL FIBER (ASPARTAME)	Formulary	OTC
WAL-MUCIL FIBER (SUGAR)	Formulary	OTC
WAL-MUCIL NATURAL FIBER LAX	Formulary	OTC
WOMAN'S LAXATIVE (BISACODYL) ORAL TABLET	Formulary	OTC
WOMEN'S GENTLE LAXATIVE(BISAC)	Formulary	OTC
WOMEN'S LAXATIVE (BISACODYL)	Formulary	OTC
Cholelitholytic Agents		
ursodiol	Formulary	
Digestants		
CREON	Preferred	
DAIRY AID	Formulary	
DAIRY DIGESTIVE	Formulary	
DAIRY DIGESTIVE SUPPLEMENT	Formulary	
DAIRY RELIEF	Formulary	
DAIRY-RELIEF	Formulary	
LAC-DOSE	Formulary	
lactase	Formulary	
LACTASE ENZYME	Formulary	
LACTASE FAST ACTING	Formulary	
LACTOSE FAST ACTING RELIEF	Formulary	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200-24,600 UNIT	Non-preferred	PA
PERTZYE	Non-preferred	PA
ULTRA DAIRY DIGESTIVE	Formulary	
VIOKACE	Non-preferred	PA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	Preferred	
Emetics		
ipecac	Formulary	OTC
Gi Drugs, Miscellaneous		
CIMZIA	Non-preferred	PA
CIMZIA POWDER FOR RECONST	Non-preferred	PA
CIMZIA STARTER KIT	Non-preferred	PA
ENTYVIO	Non-preferred	PA
HUMIRA	Preferred	PA
HUMIRA PEN	Preferred	PA
HUMIRA PEN CROHNS-UC-HS START	Preferred	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS	Preferred	PA
HUMIRA(CF)	Preferred	PA
HUMIRA(CF) PEDI CROHNS STARTER	Preferred	PA
HUMIRA(CF) PEN CROHNS-UC-HS	Preferred	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Preferred	PA
INFLECTRA	Non-preferred	PA
REMICADE	Non-preferred	PA
RENFLEXIS	Non-preferred	PA
SIMPONI	Non-preferred	PA
SIMPONI ARIA	Non-preferred	PA
Histamine H2-Antagonists		
ACID CONTROL (RANITIDINE) ORAL TABLET 150 MG	Formulary	OTC; QL (4 EA per 1 day)
ACID CONTROLLER ORAL TABLET 10 MG	Formulary	OTC
ACID CONTROLLER ORAL TABLET 20 MG	Formulary	OTC; QL (4 EA per 1 day)
ACID REDUCER (CIMETIDINE)	Formulary	OTC
ACID REDUCER (FAMOTIDINE) ORAL TABLET 10 MG	Formulary	OTC
ACID REDUCER (FAMOTIDINE) ORAL TABLET 20 MG	Formulary	OTC; QL (4 EA per 1 day)
ACID REDUCER (RANITIDINE) ORAL TABLET 150 MG	Formulary	OTC; QL (4 EA per 1 day)
ACID REDUCER (RANITIDINE) ORAL TABLET 75 MG	Formulary	OTC
cimetidine hcl oral	Non-preferred	PA
cimetidine oral tablet 200 mg	Formulary	OTC
cimetidine oral tablet 300 mg, 400 mg, 800 mg	Non-preferred	PA
DUEXIS	Non-preferred	PA
famotidine oral suspension	Preferred	
famotidine oral tablet 10 mg	Formulary	OTC
famotidine oral tablet 20 mg	Preferred	OTC; QL (4 EA per 1 day)
famotidine oral tablet 40 mg	Preferred	
HEARTBURN PREVENTION ORAL TABLET 10 MG	Formulary	OTC
HEARTBURN PREVENTION ORAL TABLET 20 MG	Formulary	OTC; QL (4 EA per 1 day)
HEARTBURN RELIEF (CIMETIDINE)	Formulary	OTC
HEARTBURN RELIEF (FAMOTIDINE) ORAL TABLET 10 MG	Formulary	OTC
HEARTBURN RELIEF (FAMOTIDINE) ORAL TABLET 20 MG	Formulary	OTC; QL (4 EA per 1 day)
HEARTBURN RELIEF (RANITIDINE) ORAL TABLET 150 MG	Formulary	OTC; QL (4 EA per 1 day)
HEARTBURN RELIEF (RANITIDINE) ORAL TABLET 75 MG	Formulary	OTC
nizatidine	Non-preferred	PA
PEPCID ORAL TABLET	Non-preferred	PA
ranitidine hcl oral capsule	Formulary	
ranitidine hcl oral syrup	Formulary	
ranitidine hcl oral tablet 150 mg	Formulary	OTC; QL (4 EA per 1 day)
ranitidine hcl oral tablet 300 mg	Formulary	
ranitidine hcl oral tablet 75 mg	Formulary	OTC
WAL-ZAN 150	Formulary	OTC; QL (4 EA per 1 day)
WAL-ZAN 75	Formulary	OTC
Neurokinin-1 Receptor Antagonists		
AKYNZEO (NETUPITANT)	Non-preferred	PA
aprepitant oral capsule 125 mg, 80 mg	Formulary	QL (1 EA per 1 day)
aprepitant oral capsule 40 mg	Formulary	
aprepitant oral capsule,dose pack	Formulary	QL (1 EA per 1 day)
Prokinetic Agents		
metoclopramide hcl oral solution	Formulary	
metoclopramide hcl oral tablet	Formulary	
Prostaglandins		
misoprostol	Formulary	
Protectants		
sucralfate	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
Proton-Pump Inhibitors		
ACIPHEX	Non-preferred	PA
ACIPHEX SPRINKLE	Non-preferred	PA
aspirin-omeprazole oral tablet,ir,delayed rel,biphasic 81-40 mg	Non-preferred	PA
DEXILANT	Non-preferred	PA
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	Non-preferred	PA; OTC
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	Non-preferred	PA
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	Non-preferred	PA; OTC
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	Non-preferred	PA
lansoprazole oral tablet,disintegrat, delay rel	Non-preferred	PA
NEXIUM	Non-preferred	PA
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	Non-preferred	PA
NEXIUM PACKET	Preferred	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 40 mg	Preferred	
omeprazole oral capsule,delayed release(dr/ec) 20 mg	Preferred	QL (2 EA per 1 day)
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	Non-preferred	PA; OTC
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	Non-preferred	PA
omeprazole-sodium bicarbonate oral packet	Non-preferred	PA
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	Preferred	QL (2 EA per 1 day)
PREVACID	Non-preferred	PA
PREVACID SOLUTAB	Non-preferred	PA
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON	Non-preferred	PA
PROTONIX ORAL	Non-preferred	PA
rabeprazole	Non-preferred	PA
VIMOVO	Non-preferred	PA
YOSPRALA	Non-preferred	PA
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET	Formulary	
Hormones And Synthetic Substitutes		
Adrenals		
ADVAIR DISKUS	Non-preferred	PA
ADVAIR HFA	Preferred	
AIRDUO RESPICLICK	Non-preferred	PA
ALVESCO	Non-preferred	PA
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 232 MCG/ACTUATION, 55 MCG/ACTUATION	Non-preferred	PA
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	Non-preferred	PA
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	Non-preferred	PA
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Preferred	
BREO ELLIPTA	Non-preferred	PA
budesonide inhalation	Preferred	AL
budesonide oral tablet,delayed and ext.release	Non-preferred	PA
cortisone	Formulary	
DECADRON ORAL TABLET	Formulary	
DEXAMETHASONE INTENSOL	Formulary	
dexamethasone oral elixir	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
dexamethasone oral solution	Formulary	
dexamethasone oral tablet	Formulary	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	Preferred	
FLOVENT DISKUS	Preferred	
FLOVENT HFA	Preferred	
fludrocortisone	Formulary	
fluticasone propion-salmeterol	Non-preferred	PA
hydrocortisone oral	Formulary	
MEDROL ORAL TABLET 2 MG	Formulary	
methylprednisolone	Formulary	
prednisolone oral solution 15 mg/5 ml	Formulary	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	Formulary	
prednisone	Formulary	
PREDNISONE INTENSOL	Formulary	
PULMICORT	Non-preferred	PA
PULMICORT FLEXHALER	Preferred	
QVAR REDIHALER	Non-preferred	PA
SYMBICORT	Preferred	QL (10.2 GM per 30 days)
TRELEGY ELLIPTA	Non-preferred	PA
UCERIS	Non-preferred	PA
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 500-50 MCG/DOSE	Preferred	QL (60 EA per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 250-50 MCG/DOSE	Preferred	QL (60 1EA per 30 days)
Alpha-Glucosidase Inhibitors		
acarbose	Preferred	
GLYSET	Preferred	
miglitol	Non-preferred	PA
PRECOSE	Non-preferred	PA
Amylinomimetics		
SYMLINPEN 120	Preferred	PA
SYMLINPEN 60	Preferred	PA
Androgens		
ANDRODERM	Preferred	PA
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	Preferred	PA
ANDROGEL TRANSDERMAL GEL IN PACKET	Preferred	PA
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	Formulary	PA
FORTESTA	Non-preferred	PA
NATESTO	Non-preferred	PA
STRIANT	Non-preferred	PA
TESTIM	Non-preferred	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	Formulary	PA
testosterone transdermal	Non-preferred	PA
VOGELXO	Non-preferred	PA
Antidiabetic Agents, Miscellaneous		
colesevelam	Non-preferred	PA
WELCHOL	Non-preferred	PA
Antiestrogens		
letrozole	Formulary	PA; QL (1 EA per 1 day)

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
Antiparathyroid Agents		
calcitonin (salmon)	Preferred	
Antithyroid Agents		
methimazole oral tablet 10 mg, 5 mg	Formulary	
propylthiouracil	Formulary	
SSKI	Formulary	
Biguanides		
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	Non-preferred	PA
alogliptin-metformin	Non-preferred	PA
glipizide-metformin oral tablet 2.5-250 mg	Formulary	QL (3 EA per 1 day)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	Formulary	QL (4 EA per 1 day)
glyburide-metformin oral tablet 1.25-250 mg	Formulary	QL (3 EA per 1 day)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	Formulary	QL (4 EA per 1 day)
INVOKAMET	Non-preferred	PA
INVOKAMET XR	Non-preferred	PA
JANUMET	Preferred	QL (2 EA per 1 day)
JANUMET XR	Non-preferred	PA
JENTADUETO	Preferred	
JENTADUETO XR	Non-preferred	PA
KAZANO	Non-preferred	PA
KOMBIGLYZE XR	Preferred	
metformin oral tablet 1,000 mg	Formulary	QL (2 EA per 1 day)
metformin oral tablet 500 mg	Formulary	QL (5 EA per 1 day)
metformin oral tablet 850 mg	Formulary	QL (3 EA per 1 day)
metformin oral tablet extended release 24 hr 500 mg	Formulary	QL (4 EA per 1 day)
metformin oral tablet extended release 24 hr 750 mg	Formulary	QL (2 EA per 1 day)
pioglitazone-metformin	Non-preferred	PA
repaglinide-metformin	Non-preferred	PA
SEGLUROMET	Non-preferred	PA
SYNJARDY	Non-preferred	PA
SYNJARDY XR	Non-preferred	PA
XIGDUO XR	Non-preferred	PA
Contraceptives		
AFTERA	Formulary	OTC
ALTAVERA (28)	Formulary	QL (1 EA per 1 day)
ALYACEN 7/7/7 (28)	Formulary	QL (1 EA per 1 day)
AMETHIA	Formulary	QL (1 EA per 1 day)
APRI	Formulary	QL (1 EA per 1 day)
ARANELLE (28)	Formulary	QL (1 EA per 1 day)
ASHLYNA	Formulary	QL (1 EA per 1 day)
AUBRA EQ	Formulary	QL (1 EA per 1 day)
AUROVELA 1/20 (21)	Formulary	QL (1 EA per 1 day)
AUROVELA 24 FE	Formulary	QL (1 EA per 1 day)
AUROVELA FE 1.5/30 (28)	Formulary	QL (1 EA per 1 day)
AUROVELA FE 1-20 (28)	Formulary	QL (1 EA per 1 day)
AVIANE	Formulary	QL (1 EA per 1 day)
AZURETTE (28)	Formulary	QL (1 EA per 1 day)
BALZIVA (28)	Formulary	QL (1 EA per 1 day)
BLISOVI 24 FE	Formulary	QL (1 EA per 1 day)
BLISOVI FE 1.5/30 (28)	Formulary	QL (1 EA per 1 day)
BLISOVI FE 1/20 (28)	Formulary	QL (1 EA per 1 day)

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
BRIELLYN	Formulary	QL (1 EA per 1 day)
CAMILA	Formulary	QL (1 EA per 1 day)
CAMRESE	Formulary	QL (1 EA per 1 day)
CHATEAL EQ (28)	Formulary	QL (1 EA per 1 day)
CRYSELLE (28)	Formulary	QL (1 EA per 1 day)
CYCLAFEM 1/35 (28)	Formulary	QL (1 EA per 1 day)
DASETTA 1/35 (28)	Formulary	QL (1 EA per 1 day)
DASETTA 7/7/7 (28)	Formulary	QL (1 EA per 1 day)
DAYSEE	Formulary	QL (1 EA per 1 day)
DEBLITANE	Formulary	QL (1 EA per 1 day)
desog-e.estradiol/e.estradiol	Formulary	QL (1 EA per 1 day)
desogestrel-ethinyl estradiol	Formulary	QL (1 EA per 1 day)
drospirenone-ethinyl estradiol	Formulary	QL (1 EA per 1 day)
ECONTRA EZ	Formulary	OTC
ECONTRA ONE-STEP	Formulary	OTC
ELINEST	Formulary	QL (1 EA per 1 day)
ELLA	Formulary	QL (1 EA per 1 day)
ELURYNG	Formulary	
EMOQUETTE	Formulary	QL (1 EA per 1 day)
ENPRESSE	Formulary	QL (1 EA per 1 day)
ENSKYCE	Formulary	QL (1 EA per 1 day)
ERRIN	Formulary	QL (1 EA per 1 day)
ESTARYLLA	Formulary	QL (1 EA per 1 day)
ethynodiol diac-eth estradiol	Formulary	QL (1 EA per 1 day)
etonogestrel-ethinyl estradiol	Formulary	
FALMINA (28)	Formulary	QL (1 EA per 1 day)
FEMYNOR	Formulary	QL (1 EA per 1 day)
GIANVI (28)	Formulary	QL (1 EA per 1 day)
HAILEY 24 FE	Formulary	QL (1 EA per 1 day)
HEATHER	Formulary	QL (1 EA per 1 day)
INCASSIA	Formulary	QL (1 EA per 1 day)
INTROVALE	Formulary	QL (1 EA per 1 day)
ISIBLOOM	Formulary	QL (1 EA per 1 day)
JENCYCLA	Formulary	QL (1 EA per 1 day)
JOLESSA	Formulary	QL (1 EA per 1 day)
JULEBER	Formulary	QL (1 EA per 1 day)
JUNEL 1.5/30 (21)	Formulary	QL (1 EA per 1 day)
JUNEL 1/20 (21)	Formulary	QL (1 EA per 1 day)
JUNEL FE 1.5/30 (28)	Formulary	QL (1 EA per 1 day)
JUNEL FE 1/20 (28)	Formulary	QL (1 EA per 1 day)
JUNEL FE 24	Formulary	QL (1 EA per 1 day)
KELNOR 1/35 (28)	Formulary	QL (1 EA per 1 day)
KURVELO (28)	Formulary	QL (1 EA per 1 day)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	Formulary	QL (1 EA per 1 day)
LARIN 1.5/30 (21)	Formulary	QL (1 EA per 1 day)
LARIN 1/20 (21)	Formulary	QL (1 EA per 1 day)
LARIN FE 1.5/30 (28)	Formulary	QL (1 EA per 1 day)
LARIN FE 1/20 (28)	Formulary	QL (1 EA per 1 day)
LARISSIA	Formulary	QL (1 EA per 1 day)
LESSINA	Formulary	QL (1 EA per 1 day)
levonorgestrel oral tablet 1.5 mg	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	Formulary	QL (1 EA per 1 day)
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	Formulary	QL (1 EA per 1 day)
levonorg-eth estrad triphasic	Formulary	QL (1 EA per 1 day)
LEVORA-28	Formulary	QL (1 EA per 1 day)
LILLOW (28)	Formulary	QL (1 EA per 1 day)
LORYNA (28)	Formulary	QL (1 EA per 1 day)
LOW-OGESTREL (28)	Formulary	QL (1 EA per 1 day)
LO-ZUMANDIMINE (28)	Formulary	QL (1 EA per 1 day)
LUTERA (28)	Formulary	QL (1 EA per 1 day)
MARLISSA (28)	Formulary	QL (1 EA per 1 day)
MICROGESTIN 1.5/30 (21)	Formulary	QL (1 EA per 1 day)
MICROGESTIN 1/20 (21)	Formulary	QL (1 EA per 1 day)
MICROGESTIN FE 1.5/30 (28)	Formulary	QL (1 EA per 1 day)
MICROGESTIN FE 1/20 (28)	Formulary	QL (1 EA per 1 day)
MILI	Formulary	QL (1 EA per 1 day)
MONO-LINYAH	Formulary	QL (1 EA per 1 day)
MY CHOICE	Formulary	OTC
MY WAY	Formulary	OTC
NECON 0.5/35 (28)	Formulary	QL (1 EA per 1 day)
NEW DAY	Formulary	OTC
NIKKI (28)	Formulary	QL (1 EA per 1 day)
NORA-BE	Formulary	QL (1 EA per 1 day)
norethindrone (contraceptive)	Formulary	QL (1 EA per 1 day)
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	Formulary	QL (1 EA per 1 day)
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	Formulary	QL (1 EA per 1 day)
norgestimate-ethinyl estradiol	Formulary	QL (1 EA per 1 day)
norgestrel-ethinyl estradiol	Formulary	QL (1 EA per 1 day)
NORLYDA	Formulary	QL (1 EA per 1 day)
NORTREL 1/35 (21)	Formulary	QL (1 EA per 1 day)
NORTREL 1/35 (28)	Formulary	QL (1 EA per 1 day)
NORTREL 7/7/7 (28)	Formulary	QL (1 EA per 1 day)
OCELLA	Formulary	QL (1 EA per 1 day)
OGESTREL (28)	Formulary	QL (1 EA per 1 day)
OPCICON ONE-STEP	Formulary	OTC
OPTION-2	Formulary	OTC
ORSYTHIA	Formulary	QL (1 EA per 1 day)
PHILITH	Formulary	QL (1 EA per 1 day)
PIMTREA (28)	Formulary	QL (1 EA per 1 day)
PIRMELLA	Formulary	QL (1 EA per 1 day)
PORTIA 28	Formulary	QL (1 EA per 1 day)
PREVIFEM	Formulary	QL (1 EA per 1 day)
RECLIPSEN (28)	Formulary	QL (1 EA per 1 day)
SETLAKIN	Formulary	QL (1 EA per 1 day)
SPRINTEC (28)	Formulary	QL (1 EA per 1 day)
SRONYX	Formulary	QL (1 EA per 1 day)
SYEDA	Formulary	QL (1 EA per 1 day)
TRI FEMYNOR	Formulary	QL (1 EA per 1 day)
TRI-ESTARYLLA	Formulary	QL (1 EA per 1 day)
TRI-LINYAH	Formulary	QL (1 EA per 1 day)
TRI-LO-ESTARYLLA	Formulary	QL (1 EA per 1 day)
TRI-LO-MARZIA	Formulary	QL (1 EA per 1 day)
TRI-LO-SPRINTEC	Formulary	QL (1 EA per 1 day)

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
TRI-MILI	Formulary	QL (1 EA per 1 day)
TRI-PREVIFEM (28)	Formulary	QL (1 EA per 1 day)
TRI-SPRINTEC (28)	Formulary	QL (1 EA per 1 day)
VELIVET TRIPHASIC REGIMEN (28)	Formulary	QL (1 EA per 1 day)
VIENVA	Formulary	QL (1 EA per 1 day)
VIORELE (28)	Formulary	QL (1 EA per 1 day)
VYFEMLA (28)	Formulary	QL (1 EA per 1 day)
VYLIBRA	Formulary	QL (1 EA per 1 day)
WERA (28)	Formulary	QL (1 EA per 1 day)
XULANE	Formulary	QL (1 EA per 1 day)
ZOVIA 1/35E (28)	Formulary	QL (1 EA per 1 day)
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
alogliptin	Non-preferred	PA
alogliptin-metformin	Non-preferred	PA
alogliptin-pioglitazone	Non-preferred	PA
GLYXAMBI	Non-preferred	PA
JANUMET	Preferred	QL (2 EA per 1 day)
JANUMET XR	Non-preferred	PA
JANUVIA	Preferred	QL (1 EA per 1 day)
JENTADUETO	Preferred	
JENTADUETO XR	Non-preferred	PA
KAZANO	Non-preferred	PA
KOMBIGLYZE XR	Preferred	
NESINA	Non-preferred	PA
ONGLYZA	Preferred	
OSENI	Non-preferred	PA
QTERN	Non-preferred	PA
STEGLUJAN	Non-preferred	PA
TRADJENTA	Preferred	
Estrogen Agonist-Antagonists		
EVISTA	Non-preferred	PA
FARESTON	Formulary	PA
raloxifene	Preferred	
tamoxifen	Formulary	
toremifene	Formulary	
Estrogens		
AMABELZ	Formulary	
ESTRACE ORAL TABLET 2 MG	Formulary	QL (3 EA per 1 day)
estradiol oral tablet 0.5 mg	Formulary	QL (12 EA per 1 day)
estradiol oral tablet 1 mg	Formulary	QL (6 EA per 1 day)
estradiol oral tablet 2 mg	Formulary	QL (3 EA per 1 day)
estradiol transdermal patch semiweekly 0.025 mg/24 hr	Formulary	
estradiol transdermal patch semiweekly 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Formulary	QL (8 EA per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.06 mg/24 hr	Formulary	
estradiol transdermal patch weekly 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Formulary	QL (4 EA per 28 days)
estradiol vaginal cream	Formulary	QL (85 GM per 28 days)
estradiol vaginal tablet	Formulary	QL (18 EA per 28 days)
estradiol-norethindrone acet	Formulary	
FYAVOLV	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
JINTELI	Formulary	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Formulary	
PREMARIN ORAL	Formulary	ST
PREMARIN VAGINAL	Formulary	
YUVAFEM	Formulary	QL (18 EA per 28 days)
Glycogenolytic Agents		
GLUCAGEN HYPOKIT	Formulary	
GLUCAGON EMERGENCY KIT (HUMAN)	Formulary	
Incretin Mimetics		
ADLYXIN	Non-preferred	PA
BYDUREON BCISE	Non-preferred	PA
BYDUREON SUBCUTANEOUS PEN INJECTOR	Preferred	
BYETTA	Preferred	
OZEMPIC	Non-preferred	PA
SOLIQUA 100/33	Non-preferred	PA
TRULICITY	Non-preferred	PA
VICTOZA 2-PAK	Preferred	
VICTOZA 3-PAK	Preferred	
XULTOPHY 100/3.6	Non-preferred	PA
Insulins		
ADMELOG SOLOSTAR U-100 INSULIN	Non-preferred	PA
ADMELOG U-100 INSULIN LISPRO	Non-preferred	PA
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Non-preferred	PA
APIDRA SOLOSTAR U-100 INSULIN	Non-preferred	PA
APIDRA U-100 INSULIN	Non-preferred	PA
BASAGLAR KWIKPEN U-100 INSULIN	Non-preferred	PA
FIASP FLEXTOUCH U-100 INSULIN	Non-preferred	PA
FIASP PENFILL U-100 INSULIN	Non-preferred	PA
FIASP U-100 INSULIN	Non-preferred	PA
HUMALOG JUNIOR KWIKPEN U-100	Non-preferred	PA
HUMALOG KWIKPEN INSULIN	Non-preferred	PA
HUMALOG MIX 50-50 INSULN U-100	Preferred	
HUMALOG MIX 50-50 KWIKPEN	Non-preferred	PA
HUMALOG MIX 75-25 KWIKPEN	Non-preferred	PA
HUMALOG MIX 75-25(U-100)INSULN	Preferred	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	Non-preferred	PA
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	Preferred	
HUMULIN 70/30 U-100 INSULIN	Preferred	OTC; QL (30 ML per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	Non-preferred	PA; OTC
HUMULIN N NPH INSULIN KWIKPEN	Non-preferred	PA; OTC
HUMULIN N NPH U-100 INSULIN	Preferred	OTC; QL (30 ML per 30 days)
HUMULIN R REGULAR U-100 INSULN	Preferred	OTC; QL (30 ML per 30 days)
HUMULIN R U-500 (CONC) INSULIN	Preferred	
HUMULIN R U-500 (CONC) KWIKPEN	Non-preferred	PA
insulin lispro	Non-preferred	PA
LANTUS SOLOSTAR U-100 INSULIN	Preferred	
LANTUS U-100 INSULIN	Preferred	
LEVEMIR FLEXTOUCH U-100 INSULN	Preferred	
LEVEMIR U-100 INSULIN	Preferred	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
NOVOLIN 70/30 U-100 INSULIN	Preferred	OTC; QL (30 ML per 30 days)
NOVOLIN 70-30 FLEXPEN U-100	Non-preferred	PA; OTC
NOVOLIN N NPH U-100 INSULIN	Preferred	OTC; QL (30 ML per 30 days)
NOVOLIN R REGULAR U-100 INSULN	Preferred	OTC; QL (30 ML per 30 days)
NOVOLOG FLEXPEN U-100 INSULIN	Preferred	
NOVOLOG MIX 70-30 U-100 INSULN	Preferred	
NOVOLOG MIX 70-30FLEXPEN U-100	Preferred	
NOVOLOG PENFILL U-100 INSULIN	Preferred	
NOVOLOG U-100 INSULIN ASPART	Preferred	
SOLIQUA 100/33	Non-preferred	PA
TOUJEO MAX U-300 SOLOSTAR	Non-preferred	PA
TOUJEO SOLOSTAR U-300 INSULIN	Non-preferred	PA
TRESIBA FLEXTOUCH U-100	Non-preferred	PA
TRESIBA FLEXTOUCH U-200	Non-preferred	PA
XULTOPHY 100/3.6	Non-preferred	PA
Intermediate-Acting Insulins		
HUMALOG MIX 50-50 INSULN U-100	Preferred	
HUMALOG MIX 50-50 KWIKPEN	Non-preferred	PA
HUMALOG MIX 75-25 KWIKPEN	Non-preferred	PA
HUMALOG MIX 75-25(U-100)INSULN	Preferred	
HUMULIN 70/30 U-100 INSULIN	Preferred	OTC; QL (30 ML per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	Non-preferred	PA; OTC
HUMULIN N NPH INSULIN KWIKPEN	Non-preferred	PA; OTC
HUMULIN N NPH U-100 INSULIN	Preferred	OTC; QL (30 ML per 30 days)
NOVOLIN 70/30 U-100 INSULIN	Preferred	OTC; QL (30 ML per 30 days)
NOVOLIN 70-30 FLEXPEN U-100	Non-preferred	PA; OTC
NOVOLIN N NPH U-100 INSULIN	Preferred	OTC; QL (30 ML per 30 days)
NOVOLOG MIX 70-30 U-100 INSULN	Preferred	
NOVOLOG MIX 70-30FLEXPEN U-100	Preferred	
Long-Acting Insulins		
BASAGLAR KWIKPEN U-100 INSULIN	Non-preferred	PA
LANTUS SOLOSTAR U-100 INSULIN	Preferred	
LANTUS U-100 INSULIN	Preferred	
LEVEMIR FLEXTOUCH U-100 INSULN	Preferred	
LEVEMIR U-100 INSULIN	Preferred	
SOLIQUA 100/33	Non-preferred	PA
TOUJEO MAX U-300 SOLOSTAR	Non-preferred	PA
TOUJEO SOLOSTAR U-300 INSULIN	Non-preferred	PA
TRESIBA FLEXTOUCH U-100	Non-preferred	PA
TRESIBA FLEXTOUCH U-200	Non-preferred	PA
XULTOPHY 100/3.6	Non-preferred	PA
Meglitinides		
repaglinide-metformin	Non-preferred	PA
Parathyroid Agents		
TYMLOS	Non-preferred	PA
Parathyroid And Antiparathyroid Agents		
calcitonin (salmon)	Preferred	
TYMLOS	Non-preferred	PA
Pituitary		
desmopressin oral	Formulary	AL
GENOTROPIN	Non-preferred	PA
GENOTROPIN MINIQUICK	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
HUMATROPE	Non-preferred	PA
NORDITROPIN FLEXPRO	Preferred	PA
NUTROPIN AQ NUSPIN	Preferred	PA
OMNITROPE	Non-preferred	PA
SAIZEN	Non-preferred	PA
SAIZEN SAIZENPREP	Non-preferred	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Non-preferred	PA
ZOMACTON	Non-preferred	PA
ZORBTIVE	Non-preferred	PA
Progestins		
AMABELZ	Formulary	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	Formulary	
estradiol-norethindrone acet	Formulary	
FYAVOLV	Formulary	
hydroxyprogest(pf)(preg presv)	Formulary	PA
hydroxyprogesterone cap(ppres)	Formulary	PA
JINTELI	Formulary	
medroxyprogesterone intramuscular	Formulary	
medroxyprogesterone oral tablet 10 mg	Formulary	QL (12 EA per 1 day)
medroxyprogesterone oral tablet 2.5 mg, 5 mg	Formulary	
MEGACE ES	Non-preferred	PA
megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)	Preferred	
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	Preferred	QL (20 ML per 1 day)
megestrol oral suspension 625 mg/5 ml	Non-preferred	PA
megestrol oral tablet	Preferred	
norethindrone acetate	Formulary	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Formulary	
Rapid-Acting Insulins		
ADMELOG SOLOSTAR U-100 INSULIN	Non-preferred	PA
ADMELOG U-100 INSULIN LISPRO	Non-preferred	PA
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Non-preferred	PA
APIDRA SOLOSTAR U-100 INSULIN	Non-preferred	PA
APIDRA U-100 INSULIN	Non-preferred	PA
FIASP FLEXTOUCH U-100 INSULIN	Non-preferred	PA
FIASP PENFILL U-100 INSULIN	Non-preferred	PA
FIASP U-100 INSULIN	Non-preferred	PA
HUMALOG JUNIOR KWIKPEN U-100	Non-preferred	PA
HUMALOG KWIKPEN INSULIN	Non-preferred	PA
HUMALOG MIX 50-50 INSULN U-100	Preferred	
HUMALOG MIX 50-50 KWIKPEN	Non-preferred	PA
HUMALOG MIX 75-25 KWIKPEN	Non-preferred	PA
HUMALOG MIX 75-25(U-100)INSULN	Preferred	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	Non-preferred	PA
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	Preferred	
insulin lispro	Non-preferred	PA
NOVOLOG FLEXPEN U-100 INSULIN	Preferred	
NOVOLOG MIX 70-30 U-100 INSULN	Preferred	
NOVOLOG MIX 70-30FLEXPEN U-100	Preferred	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
NOVOLOG PENFILL U-100 INSULIN	Preferred	
NOVOLOG U-100 INSULIN ASPART	Preferred	
Short-Acting Insulins		
HUMULIN 70/30 U-100 INSULIN	Preferred	OTC; QL (30 ML per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	Non-preferred	PA; OTC
HUMULIN R REGULAR U-100 INSULN	Preferred	OTC; QL (30 ML per 30 days)
HUMULIN R U-500 (CONC) INSULIN	Preferred	
HUMULIN R U-500 (CONC) KWIKPEN	Non-preferred	PA
NOVOLIN 70/30 U-100 INSULIN	Preferred	OTC; QL (30 ML per 30 days)
NOVOLIN 70-30 FLEXPEN U-100	Non-preferred	PA; OTC
NOVOLIN R REGULAR U-100 INSULN	Preferred	OTC; QL (30 ML per 30 days)
Sodium-Gluc Cotransport 2 (Sglt2) Inhib		
FARXIGA	Preferred	
GLYXAMBI	Non-preferred	PA
INVOKAMET	Non-preferred	PA
INVOKAMET XR	Non-preferred	PA
INVOKANA	Preferred	
JARDIANCE	Preferred	
QTERN	Non-preferred	PA
SEGLUROMET	Non-preferred	PA
STEGLATRO	Non-preferred	PA
STEGLUJAN	Non-preferred	PA
SYNJARDY	Non-preferred	PA
SYNJARDY XR	Non-preferred	PA
XIGDUO XR	Non-preferred	PA
Sulfonylureas		
AMARYL ORAL TABLET 1 MG, 2 MG	Non-preferred	PA
DUETACT	Non-preferred	PA
glimepiride oral tablet 1 mg, 2 mg	Preferred	QL (3 EA per 1 day)
glimepiride oral tablet 4 mg	Preferred	QL (2 EA per 1 day)
glipizide oral tablet 10 mg	Preferred	QL (4 EA per 1 day)
glipizide oral tablet 5 mg	Preferred	QL (5 EA per 1 day)
glipizide oral tablet extended release 24hr 10 mg	Preferred	QL (2 EA per 1 day)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	Preferred	QL (3 EA per 1 day)
glipizide-metformin oral tablet 2.5-250 mg	Formulary	QL (3 EA per 1 day)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	Formulary	QL (4 EA per 1 day)
GLUCOTROL	Non-preferred	PA
GLUCOTROL XL	Non-preferred	PA
glyburide	Preferred	QL (3 EA per 1 day)
glyburide micronized oral tablet 1.5 mg, 3 mg	Preferred	QL (3 EA per 1 day)
glyburide micronized oral tablet 6 mg	Preferred	QL (2 EA per 1 day)
glyburide-metformin oral tablet 1.25-250 mg	Formulary	QL (3 EA per 1 day)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	Formulary	QL (4 EA per 1 day)
GLYNASE	Non-preferred	PA
pioglitazone-glimepiride	Non-preferred	PA
Thiazolidinediones		
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	Non-preferred	PA
alogliptin-pioglitazone	Non-preferred	PA
AVANDIA ORAL TABLET 2 MG, 4 MG	Non-preferred	PA
DUETACT	Non-preferred	PA
OSENI	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
pioglitazone	Preferred	QL (1 EA per 1 day)
pioglitazone-glimepiride	Non-preferred	PA
pioglitazone-metformin	Non-preferred	PA
Thyroid Agents		
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Formulary	
EUTHYROX	Formulary	
LEVO-T	Formulary	
levothyroxine oral	Formulary	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Formulary	
liothyronine oral	Formulary	
NATURE-THROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG	Formulary	
NP THYROID	Formulary	
SYNTHROID	Formulary	
thyroid (pork)	Formulary	
THYROLAR-1	Formulary	
THYROLAR-1/2	Formulary	
THYROLAR-1/4	Formulary	
THYROLAR-2	Formulary	
THYROLAR-3	Formulary	
UNITHROID	Formulary	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG	Formulary	
WP THYROID ORAL TABLET 130 MG, 32.5 MG, 65 MG	Formulary	
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
AVODART	Non-preferred	PA
dutasteride	Non-preferred	PA
dutasteride-tamsulosin	Non-preferred	PA
finasteride oral tablet 5 mg	Preferred	QL (1 EA per 1 day)
JALYN	Non-preferred	PA
PROSCAR	Non-preferred	PA
Alcohol Deterrents		
disulfiram	Formulary	
naltrexone	Formulary	
Antidotes		
CHEMET	Formulary	
FOSRENOL	Non-preferred	PA
GLUCAGEN HYPOKIT	Formulary	
GLUCAGON EMERGENCY KIT (HUMAN)	Formulary	
lanthanum	Non-preferred	PA
leucovorin calcium oral	Formulary	PA
MEPHYTON	Formulary	
naloxone injection solution	Preferred	
naloxone injection syringe	Preferred	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	Preferred	
phytonadione (vitamin k1) oral tablet 5 mg	Formulary	
RENAGEL ORAL TABLET 800 MG	Preferred	
RENVELA	Non-preferred	PA
sevelamer carbonate	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
sevelamer hcl	Non-preferred	PA
SPS (WITH SORBITOL)	Formulary	
SSKI	Formulary	
Antigout Agents		
ALL DAY PAIN RELIEF	Formulary	OTC
ALL DAY RELIEF	Formulary	OTC
allopurinol oral tablet 100 mg	Formulary	QL (8 EA per 1 day)
allopurinol oral tablet 300 mg	Formulary	QL (2 EA per 1 day)
EC-NAPROXEN	Preferred	
FLANAX (NAPROXEN)	Formulary	OTC
INDOCIN ORAL	Formulary	
indomethacin oral capsule 25 mg	Preferred	
indomethacin oral capsule 50 mg	Formulary	
MEDIPROXEN	Formulary	OTC
naproxen oral suspension	Formulary	
naproxen oral tablet 250 mg	Preferred	QL (6 EA per 1 day)
naproxen oral tablet 375 mg	Preferred	QL (4 EA per 1 day)
naproxen oral tablet 500 mg	Preferred	QL (3 EA per 1 day)
naproxen oral tablet,delayed release (dr/ec)	Preferred	QL (2 EA per 1 day)
naproxen sodium oral tablet 220 mg	Formulary	OTC
naproxen sodium oral tablet 275 mg, 550 mg	Preferred	
probenecid	Formulary	
probenecid-colchicine	Formulary	
WAL-PROXEN	Formulary	OTC
Bone Anabolic Agents		
TYMLOS	Non-preferred	PA
Bone Resorption Inhibitors		
ACTONEL ORAL TABLET 150 MG, 35 MG, 5 MG	Non-preferred	PA
alendronate oral solution	Preferred	
alendronate oral tablet 10 mg, 5 mg	Preferred	QL (1 EA per 1 day)
alendronate oral tablet 35 mg, 70 mg	Preferred	QL (4 EA per 28 days)
ATELVIA	Non-preferred	PA
BINOSTO	Non-preferred	PA
BONIVA	Non-preferred	PA
calcitonin (salmon)	Preferred	
etidronate disodium oral tablet 200 mg	Non-preferred	PA
EVISTA	Non-preferred	PA
FOSAMAX ORAL TABLET 70 MG	Non-preferred	PA
FOSAMAX PLUS D	Non-preferred	PA
ibandronate intravenous	Non-preferred	PA
ibandronate oral	Preferred	
PROLIA	Non-preferred	PA
raloxifene	Preferred	
risedronate	Non-preferred	PA
Cariostatic Agents		
DENTA 5000 PLUS	Formulary	
DENTAGEL	Formulary	
fluoride (sodium) oral tablet,chewable	Formulary	
FLUORIDEX DAILY DEFENSE DENTAL PASTE	Formulary	
FLUORITAB ORAL TABLET,CHEWABLE	Formulary	
FLURA-DROPS	Formulary	
GEL-KAM	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
LUDENT FLUORIDE	Formulary	
MULTI-VIT WITH FLUORIDE-IRON	Formulary	
MULTIVITAMIN WITH FLUORIDE	Formulary	
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.5 MG/ML	Formulary	
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 1 MG	Formulary	
MULTIVITAMINS WITH FLUORIDE	Formulary	
MVC-FLUORIDE	Formulary	
PREVIDENT	Formulary	
PREVIDENT 5000 BOOSTER PLUS	Formulary	
SF	Formulary	
SF 5000 PLUS	Formulary	
TRIPLE VITAMIN WITH FLUORIDE	Formulary	OTC
TRI-VITAMIN WITH FLUORIDE	Formulary	
Complement Inhibitors		
BERINERT	Preferred	PA
CINRYZE	Non-preferred	PA
FIRAZYR	Non-preferred	PA
HAEGARDA	Non-preferred	PA
icatibant	Non-preferred	PA
KALBITOR	Non-preferred	PA
RUCONEST	Non-preferred	PA
Disease-Modifying Antirheumatic Agents		
ACTEMRA INTRAVENOUS	Non-preferred	PA
AZASAN	Non-preferred	PA
azathioprine	Preferred	
AZULFIDINE	Non-preferred	PA
AZULFIDINE EN-TABS	Non-preferred	PA
CIMZIA	Non-preferred	PA
CIMZIA POWDER FOR RECONST	Non-preferred	PA
CIMZIA STARTER KIT	Non-preferred	PA
cyclosporine modified	Preferred	
cyclosporine oral capsule	Preferred	
ENBREL	Preferred	PA
ENBREL MINI	Non-preferred	PA
ENBREL SURECLICK	Preferred	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Preferred	
GENGRAF ORAL SOLUTION	Preferred	
HUMIRA	Preferred	PA
HUMIRA PEN	Preferred	PA
HUMIRA PEN CROHNS-UC-HS START	Preferred	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS	Preferred	PA
HUMIRA(CF)	Preferred	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	Preferred	PA
HUMIRA(CF) PEN CROHNS-UC-HS	Preferred	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Preferred	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Preferred	PA
hydroxychloroquine	Formulary	
IMURAN	Non-preferred	PA
INFLECTRA	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
KEVZARA	Non-preferred	PA
KINERET	Non-preferred	PA
leflunomide	Formulary	
methotrexate sodium oral	Formulary	
NEORAL	Non-preferred	PA
ORENCIA	Non-preferred	PA
ORENCIA (WITH MALTOSE)	Non-preferred	PA
ORENCIA CLICKJECT	Non-preferred	PA
OTEZLA	Non-preferred	PA
OTEZLA STARTER	Non-preferred	PA
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.4 ML	Non-preferred	PA
REMICADE	Non-preferred	PA
RENFLEXIS	Non-preferred	PA
SANDIMMUNE ORAL	Non-preferred	PA
SIMPONI	Non-preferred	PA
SIMPONI ARIA	Non-preferred	PA
STELARA	Non-preferred	PA
sulfasalazine	Preferred	
XELJANZ	Non-preferred	PA
XELJANZ XR	Non-preferred	PA
Immunomodulatory Agents		
ACTEMRA INTRAVENOUS	Non-preferred	PA
AUBAGIO	Preferred	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	Preferred	PA
AVONEX INTRAMUSCULAR SYRINGE KIT	Preferred	PA
AZASAN	Non-preferred	PA
azathioprine	Preferred	
AZULFIDINE	Non-preferred	PA
AZULFIDINE EN-TABS	Non-preferred	PA
BETASERON SUBCUTANEOUS KIT	Preferred	PA
CIMZIA	Non-preferred	PA
CIMZIA POWDER FOR RECONST	Non-preferred	PA
CIMZIA STARTER KIT	Non-preferred	PA
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	Preferred	PA
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	Non-preferred	PA
cyclosporine modified	Preferred	
cyclosporine oral capsule	Preferred	
ENBREL	Preferred	PA
ENBREL MINI	Non-preferred	PA
ENBREL SURECLICK	Preferred	PA
ENTYVIO	Non-preferred	PA
EXTAVIA	Non-preferred	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Preferred	
GENGRAF ORAL SOLUTION	Preferred	
GILENYA	Preferred	PA
glatiramer	Non-preferred	PA
GLATOPA	Non-preferred	PA
HUMIRA	Preferred	PA
HUMIRA PEN	Preferred	PA
HUMIRA PEN CROHNS-UC-HS START	Preferred	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS	Preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
HUMIRA(CF)	Preferred	PA
HUMIRA(CF) PEDI CROHNS STARTER	Preferred	PA
HUMIRA(CF) PEN CROHNS-UC-HS	Preferred	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Preferred	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Preferred	PA
hydroxychloroquine	Formulary	
IMURAN	Non-preferred	PA
INFLECTRA	Non-preferred	PA
KEVZARA	Non-preferred	PA
KINERET	Non-preferred	PA
leflunomide	Formulary	
MAYZENT	Non-preferred	PA
MAYZENT STARTER PACK	Non-preferred	PA
methotrexate sodium oral	Formulary	
NEORAL	Non-preferred	PA
ORENCIA	Non-preferred	PA
ORENCIA (WITH MALTOSE)	Non-preferred	PA
ORENCIA CLICKJECT	Non-preferred	PA
OTEZLA	Non-preferred	PA
OTEZLA STARTER	Non-preferred	PA
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.4 ML	Non-preferred	PA
PLEGRIDY	Non-preferred	PA
REBIF (WITH ALBUMIN)	Preferred	PA
REBIF REBIDOSE	Preferred	PA
REBIF TITRATION PACK	Preferred	PA
REMICADE	Non-preferred	PA
RENFLEXIS	Non-preferred	PA
SANDIMMUNE ORAL	Non-preferred	PA
SIMPONI	Non-preferred	PA
SIMPONI ARIA	Non-preferred	PA
STELARA	Non-preferred	PA
sulfasalazine	Preferred	
TECFIDERA	Non-preferred	PA
XELJANZ	Non-preferred	PA
XELJANZ XR	Non-preferred	PA
Immunosuppressive Agents		
ASTAGRAF XL	Non-preferred	PA
AZASAN	Non-preferred	PA
azathioprine	Preferred	
CELLCEPT	Non-preferred	PA
cyclophosphamide oral capsule	Formulary	
cyclosporine modified	Preferred	
cyclosporine oral capsule	Preferred	
ELIDEL	Preferred	PA; QL (30 GM per 30 days)
ENVARSUS XR	Non-preferred	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Preferred	
GENGRAF ORAL SOLUTION	Preferred	
IMURAN	Non-preferred	PA
MAVENCLAD (10 TABLET PACK)	Non-preferred	PA
MAVENCLAD (4 TABLET PACK)	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
MAVENCLAD (5 TABLET PACK)	Non-preferred	PA
MAVENCLAD (6 TABLET PACK)	Non-preferred	PA
MAVENCLAD (7 TABLET PACK)	Non-preferred	PA
MAVENCLAD (8 TABLET PACK)	Non-preferred	PA
MAVENCLAD (9 TABLET PACK)	Non-preferred	PA
mercaptopurine	Formulary	
methotrexate sodium oral	Formulary	
mycophenolate mofetil oral capsule	Preferred	
mycophenolate mofetil oral suspension for reconstitution	Non-preferred	PA
mycophenolate mofetil oral tablet	Preferred	QL (6 EA per 1 day)
mycophenolate sodium	Non-preferred	PA
MYFORTIC	Non-preferred	PA
NEORAL	Non-preferred	PA
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.4 ML	Non-preferred	PA
pimecrolimus	Non-preferred	PA
PROGRAF ORAL CAPSULE	Non-preferred	PA
RAPAMUNE	Non-preferred	PA
SANDIMMUNE ORAL	Non-preferred	PA
sirolimus oral tablet	Non-preferred	PA
tacrolimus oral	Preferred	
ZORTRESS	Non-preferred	PA
Other Miscellaneous Therapeutic Agents		
acetylcysteine	Formulary	
AMPYRA	Non-preferred	PA
CIDATRINE	Formulary	
dalfampridine	Non-preferred	PA
DEMSER	Formulary	
DIAFOODS THICK-IT #2 ORAL POWDER	Formulary	
DIAFOODS THICK-IT ORAL POWDER	Formulary	
DONA ORAL TABLET	Formulary	
GENICIN	Formulary	
GLUCOSAMINE	Formulary	
glucosamine sulfate	Formulary	
glucosamine sulfate 2kcl oral capsule 750 mg	Formulary	
HEALTHY EYES LUTEIN-ZEAXANTHIN	Formulary	
HEALTHY EYES SUPERVISION	Formulary	
HYPROST	Formulary	
ICAPS AREDS ORAL CAPSULE	Formulary	
INSTANT FOOD THICKENER ORAL POWDER	Formulary	
I-VITE PROTECT	Formulary	
levocarnitine oral tablet	Formulary	OTC
MACUVITE WITH LUTEIN	Formulary	
OCUVITE LUTEIN AND ZEAXANTHIN	Formulary	
PRESERVISION LUTEIN	Formulary	
PREZCOBIX	Formulary	
REMICADE	Non-preferred	PA
SYNOVACIN	Formulary	
THICK NOW	Formulary	
THICKEN UP CLEAR ORAL POWDER	Formulary	
THICK-IT #2 ORAL POWDER	Formulary	
THICK-IT ORAL POWDER	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
Oxytocics		
Oxytocics		
methylergonovine oral	Formulary	QL (28 EA per 7 days)
Pharmaceutical Aids		
Pharmaceutical Aids		
BAND-AID GAUZE PADS TOPICAL BANDAGE 2 X 2 "	Formulary	OTC
BORDERED GAUZE TOPICAL BANDAGE 2 X 2 "	Formulary	OTC
CHEMSTRIP (CALIBRATION)	Formulary	OTC
CURITY GAUZE TOPICAL BANDAGE 2 X 2 "	Formulary	OTC
CURITY GAUZE TOPICAL SPONGE 2 X 2 "	Formulary	OTC
DERMACEA I.V.	Formulary	OTC
DERMACEA NON-WOVEN TOPICAL SPONGE 2 X 2 "	Formulary	OTC
DERMACEA TOPICAL BANDAGE 2 X 2 "	Formulary	OTC
DERMACEA TOPICAL SPONGE 2 X 2 "	Formulary	OTC
DUODERM HYDROACTIVE TOPICAL GEL	Formulary	OTC
EXCILON I.V.	Formulary	OTC
gauze bandage topical bandage 2 x 2 "	Formulary	OTC
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	Formulary	OTC
LIP TREATMENT	Formulary	OTC
LISCO TOPICAL SPONGE 2 X 2 "	Formulary	OTC
PETROLEUM JELLY	Formulary	OTC
PETROLEUM JELLY, WHITE	Formulary	OTC
PLACEBO #00	Preferred	
polyethylene glycol 3350(bulk) powder	Formulary	OTC
STERILE PADS TOPICAL BANDAGE 2 X 2 "	Formulary	OTC
VERSALON NONWOVEN ALL-PURPOSE TOPICAL SPONGE 2 X 2 "	Formulary	OTC
VERSALON TOPICAL SPONGE 2 X 2 "	Formulary	OTC
white petrolatum (bulk) gel	Formulary	
white petrolatum topical gel	Formulary	OTC
WHITE PETROLEUM JELLY	Formulary	OTC
Respiratory Tract Agents		
Alpha And Beta Adrenergic Agonist(Respr)		
12 HOUR DECONGESTANT	Formulary	OTC
12 HOUR NASAL DECONGEST (PSE)	Formulary	OTC
ADRENALIN INJECTION SOLUTION 1 MG/ML (1 ML)	Non-preferred	PA
ADULT NASAL DECONGESTANT	Formulary	OTC
ALL DAY ALLERGY-D	Preferred	OTC; QL (2 EA per 1 day)
ALLERCLEAR D-12HR	Preferred	OTC
ALLERCLEAR D-24HR	Preferred	OTC
ALLERGY AND CONGESTION RELIEF	Preferred	OTC
ALLERGY COMPLETE-D	Preferred	OTC
ALLERGY RELIEF D12	Preferred	OTC
ALLERGY RELIEF D-24HR	Preferred	OTC
ALLERGY RELIEF,NASAL DECONGEST	Preferred	OTC
ALLERGY RELIEF-D (CETIRIZINE)	Preferred	OTC
ALLERGY RELIEF-D (LORATADINE)	Preferred	OTC
ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR	Preferred	OTC
ALLER-TEC D	Preferred	OTC
BROMFED DM	Formulary	
brompheniramine-pseudoeph-dm oral syrup	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
CETIRI-D	Preferred	OTC
cetirizine-pseudoephedrine	Preferred	OTC
CHILDREN'S SILFEDRINE	Formulary	OTC
CHILDREN'S SUDAFED	Formulary	OTC
CLARINEX-D 12 HOUR	Non-preferred	PA
epinephrine injection auto-injector 0.15 mg/0.15 ml	Non-preferred	PA; Note (IMPAX generic 00115169549)
epinephrine injection auto-injector 0.15 mg/0.3 ml	Preferred	Note (MYLAN generic NDC 49502010102 is PREFERRED; TEVA generic NDC 00093598527 is NON-PREFERRED); QL (2 EA per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml	Non-preferred	PA; Note (MYLAN generic NDC 49502010202); QL (2 EA per 30 days)
epinephrine injection solution	Non-preferred	PA
epinephrine injection syringe 0.1 mg/ml	Non-preferred	PA
EPIPEN	Non-preferred	PA
EPIPEN 2-PAK	Non-preferred	PA
EPIPEN JR	Non-preferred	PA
EPIPEN JR 2-PAK	Non-preferred	PA
LOHIST - D	Formulary	OTC
LONG ACTING NASAL DECONG (PSE)	Formulary	OTC
LORATA-D	Preferred	OTC
LORATA-DINE D	Preferred	OTC
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR	Preferred	OTC
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR	Preferred	OTC; QL (1 EA per 1 day)
MUCUS D ORAL TABLET EXTENDED RELEASE 12 HR 60-600 MG	Formulary	OTC
MUCUS RELIEF D (PSEUDOEPHED) ORAL TABLET EXTENDED RELEASE 12 HR	Formulary	OTC
NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET	Formulary	OTC
NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET EXTENDED RELEASE	Formulary	OTC
pseudoephedrine hcl oral tablet	Formulary	OTC
pseudoephedrine hcl oral tablet extended release	Formulary	OTC
pseudoephedrine-guaifenesin oral tablet extended release 12 hr 60-600 mg	Formulary	OTC
RYNEX PSE	Formulary	OTC
SEMPREX-D	Non-preferred	PA
SINUS 12 HOUR	Formulary	OTC
SUDAFED 24 HOUR	Formulary	OTC
SUDOGEST 12-HOUR	Formulary	OTC
SUDOGEST COLD AND ALLERGY	Formulary	OTC
SUDOGEST ORAL TABLET 60 MG	Formulary	OTC
SUDOGEST SINUS AND ALLERGY	Formulary	OTC
SUPHEDRIN	Formulary	OTC
SUPHEDRINE	Formulary	OTC
SUPHEDRINE 12 HOUR	Formulary	OTC
SYMJEPI	Preferred	QL (2 EA per 30 days)
VALU-TAPP	Formulary	OTC
WAL-FINATE-D	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
WAL-ITIN D	Preferred	OTC
WAL-ITIN D 12 HOUR	Preferred	OTC
WAL-PHED	Formulary	OTC
WAL-PHED 12 HOUR	Formulary	OTC
WAL-PHED D	Formulary	OTC
WAL-ZYR D	Preferred	OTC
Anticholinergic Agents (Respir.Tract)		
ANORO ELLIPTA	Non-preferred	PA
ATROVENT HFA	Preferred	
COMBIVENT RESPIMAT	Preferred	QL (4 GM per 30 days)
diphenoxylate-atropine	Formulary	
INCRUSE ELLIPTA	Non-preferred	PA
ipratropium bromide inhalation	Preferred	
ipratropium-albuterol	Preferred	
SPIRIVA RESPIMAT	Preferred	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER	Preferred	QL (30 EA per 30 days)
TRELEGY ELLIPTA	Non-preferred	PA
TUDORZA PRESSAIR	Preferred	
UTIBRON NEOHALER	Non-preferred	PA
Antitussives		
12-HOUR COUGH RELIEF	Formulary	OTC
ADULT ROBITUSSIN PEAK COLD DM	Formulary	OTC
ADULT TUSSIN COUGH CONGEST DM	Formulary	OTC
ADULT TUSSIN DM	Formulary	OTC
ANTITUSSIVE DM	Formulary	OTC
benzonatate oral capsule 100 mg, 200 mg	Formulary	
BIOCOTRON	Formulary	OTC
BROMFED DM	Formulary	
brompheniramine-pseudoeph-dm oral syrup	Formulary	
CHILDREN'S COLD AND COUGH (PE)	Formulary	OTC
CHILDREN'S COUGH DM ER	Formulary	OTC
CHILDREN'S DIBROMM DM COLD-COU	Formulary	OTC
CHILDREN'S ROBITUSSIN ER	Formulary	OTC
codeine-guaifenesin	Formulary	OTC; AL
COLD AND COUGH DM	Formulary	OTC
COLD AND COUGH ELIXIR	Formulary	OTC
COUGH DM ER	Formulary	OTC
COUGH SYRUP DM	Formulary	OTC
dextromethorphan polistirex	Formulary	OTC
dextromethorphan-guaifenesin oral syrup	Formulary	OTC
dextromethorphan-guaifenesin oral tablet extended release 12 hr	Formulary	OTC
DIABETIC TUSSIN DM ORAL LIQUID 10-100 MG/5 ML	Formulary	OTC
DIMAPHEN DM	Formulary	OTC
DIMETAPP DM COLD-COUGH (PE)	Formulary	OTC
ENDACOF - DM	Formulary	OTC
EXPECTORANT DM ORAL SYRUP	Formulary	OTC
G TUSSIN AC	Formulary	OTC; AL
GUAIASORB DM	Formulary	OTC
GUAIATUSSIN AC	Formulary	OTC; AL
GUAICON DMS	Formulary	OTC
GUAIFENESIN AC	Formulary	OTC; AL
HYDROCODONE COMPOUND	Formulary	AL

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	Formulary	AL
hydrocodone-homatropine oral tablet	Formulary	AL
HYDROMET	Formulary	AL
MUCUS DM	Formulary	OTC
MUCUS DM MAX ER	Formulary	OTC
promethazine-dm	Formulary	
RI-TUSSIN DM	Formulary	OTC
ROBAFEN DM COUGH-CHEST CONGEST	Formulary	OTC
ROBITUSSIN PEDIATRIC	Formulary	OTC
RYNEX DM	Formulary	OTC
SAFE TUSSIN DM	Formulary	OTC
SILTUSSIN DM DAS	Formulary	OTC
SILTUSSIN-DM	Formulary	OTC
SORBUGEN NR	Formulary	OTC
TUSNEL DIABETIC	Formulary	OTC
TUSSIN COUGH-CHEST CONGESTION	Formulary	OTC
TUSSIN DM CLEAR	Formulary	OTC
TUSSIN DM COUGH AND CHEST ORAL SYRUP	Formulary	OTC
TUSSIN DM ORAL LIQUID	Formulary	OTC
ULTRA DM FREE AND CLEAR	Formulary	OTC
ULTRA TUSS SAFE	Formulary	OTC
WAL-TAP DM	Formulary	OTC
WAL-TUSSIN DM	Formulary	OTC
WAL-TUSSIN DM CLEAR	Formulary	OTC
Cystic Fibrosis (Cftr) Correctors		
ORKAMBI ORAL TABLET	Formulary	PA
Cystic Fibrosis (Cftr) Potentiators		
ORKAMBI ORAL TABLET	Formulary	PA
Expectorants		
ADULT ROBITUSSIN PEAK COLD DM	Formulary	OTC
ADULT TUSSIN CHEST CONGESTION	Formulary	OTC
ADULT TUSSIN COUGH CONGEST DM	Formulary	OTC
ADULT TUSSIN DM	Formulary	OTC
ADULT WAL-TUSSIN	Formulary	OTC
ANTITUSSIVE DM	Formulary	OTC
BIOCOTRON	Formulary	OTC
CHEST CONGESTION RELIEF	Formulary	OTC
CHILD MUCUS RELIEF EXPECTORANT	Formulary	OTC
CHILDREN'S CHEST CONGESTION	Formulary	OTC
codeine-guaifenesin	Formulary	OTC; AL
COUGH SYRUP DM	Formulary	OTC
dextromethorphan-guaifenesin oral syrup	Formulary	OTC
dextromethorphan-guaifenesin oral tablet extended release 12 hr	Formulary	OTC
DIABETIC TUSSIN DM ORAL LIQUID 10-100 MG/5 ML	Formulary	OTC
DIABETIC TUSSIN EX	Formulary	OTC
ED BRON GP	Formulary	OTC
EXPECTORANT	Formulary	OTC
EXPECTORANT COUGH SYRUP	Formulary	OTC
EXPECTORANT DM ORAL SYRUP	Formulary	OTC
FENESIN IR	Formulary	OTC
G TUSSIN AC	Formulary	OTC; AL
GERI-TUSSIN	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
G-FENESIN	Formulary	OTC
GUAIASORB DM	Formulary	OTC
GUAIATUSSIN AC	Formulary	OTC; AL
GUAICON DMS	Formulary	OTC
GUAIFENESIN AC	Formulary	OTC; AL
guaifenesin oral liquid	Formulary	OTC
guaifenesin oral tablet	Formulary	OTC
MUCOSA	Formulary	OTC
MUCUS D ORAL TABLET EXTENDED RELEASE 12 HR 60-600 MG	Formulary	OTC
MUCUS DM	Formulary	OTC
MUCUS DM MAX ER	Formulary	OTC
MUCUS RELIEF	Formulary	OTC
MUCUS RELIEF CHEST	Formulary	OTC
MUCUS RELIEF D (PSEUDOEPHED) ORAL TABLET EXTENDED RELEASE 12 HR	Formulary	OTC
MUCUS RELIEF ER ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG	Formulary	OTC; QL (2 EA per 1 day)
MUCUS RELIEF ER ORAL TABLET EXTENDED RELEASE 12HR 600 MG	Formulary	OTC; QL (4 EA per 1 day)
pseudoephedrine-guaifenesin oral tablet extended release 12 hr 60-600 mg	Formulary	OTC
REFENESEN ORAL TABLET 400 MG	Formulary	OTC
RI-TUSSIN	Formulary	OTC
RI-TUSSIN DM	Formulary	OTC
ROBAFEN	Formulary	OTC
ROBAFEN DM COUGH-CHEST CONGEST	Formulary	OTC
SAFE TUSSIN DM	Formulary	OTC
SILTUSSIN DM DAS	Formulary	OTC
SILTUSSIN-DM	Formulary	OTC
SORBUGEN NR	Formulary	OTC
SSKI	Formulary	
TUSNEL DIABETIC	Formulary	OTC
TUSSIN	Formulary	OTC
TUSSIN CHEST CONGESTION	Formulary	OTC
TUSSIN COUGH-CHEST CONGESTION	Formulary	OTC
TUSSIN DM CLEAR	Formulary	OTC
TUSSIN DM COUGH AND CHEST ORAL SYRUP	Formulary	OTC
TUSSIN DM ORAL LIQUID	Formulary	OTC
TUSSIN EXPECTORANT	Formulary	OTC
TUSSIN HONEY	Formulary	OTC
TUSSIN MUCUS-CHEST CONGESTION	Formulary	OTC
ULTRA DM FREE AND CLEAR	Formulary	OTC
ULTRA TUSS SAFE	Formulary	OTC
WAL-TUSSIN	Formulary	OTC
WAL-TUSSIN DM	Formulary	OTC
WAL-TUSSIN DM CLEAR	Formulary	OTC
First Generation Antihist.(Respir Tract)		
ACETADRYL	Formulary	OTC
ACETAMINOPHEN PM	Formulary	OTC
ACETAMINOPHEN PM EXTRA STR	Formulary	OTC
ALER-CAP	Formulary	OTC
ALKA-SELTZER PLUS ALLERGY	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
ALLER-G-TIME	Formulary	OTC
ALLERGY	Formulary	OTC
ALLERGY (CHLORPHENIRAMINE)	Formulary	OTC
ALLERGY (DIPHENHYDRAMINE)	Formulary	OTC
ALLERGY 4-HOUR	Formulary	OTC
ALLERGY MEDICATION	Formulary	OTC
ALLERGY MEDICINE ORAL TABLET	Formulary	OTC
ALLERGY RELIEF (CLEMASTINE)	Formulary	OTC
ALLERGY RELIEF(CHLORPHENIRAMN) ORAL TABLET	Formulary	OTC
ALLERGY RELIEF(DIPHENHYDRAMIN)	Formulary	OTC
ALLERGY-TIME	Formulary	OTC
BANOPHEN ORAL CAPSULE 50 MG	Formulary	OTC
BANOPHEN ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ORAL TABLET	Formulary	OTC
BROMFED DM	Formulary	
brompheniramine-pseudoeph-dm oral syrup	Formulary	
CHILD TRIAMINIC COLD-ALLERGY	Formulary	OTC
CHILD WAL-TAP COLD-ALLERGY	Formulary	OTC
CHILDREN'S ALLERGY (DIPHENHYD) ORAL LIQUID	Formulary	OTC
CHILDREN'S BENADRYL ALLERGY ORAL TABLET,CHEWABLE	Formulary	OTC
CHILDREN'S COLD AND COUGH (PE)	Formulary	OTC
CHILDREN'S COLD-ALLERGY (PE)	Formulary	OTC
CHILDREN'S DIBROMM COLD-ALLERG	Formulary	OTC
CHILDREN'S DIBROMM DM COLD-COU	Formulary	OTC
CHILDREN'S DIPHENHYDRAMINE	Formulary	OTC
CHILDREN'S WAL-DRYL ALLERGY ORAL LIQUID	Formulary	OTC
CHILDREN'S WAL-DRYL ALLERGY ORAL PREFILLED SPOON	Formulary	OTC
CHLORHIST	Formulary	OTC
chlorpheniramine maleate oral tablet	Formulary	OTC
CHLORTABS	Formulary	OTC
clemastine oral tablet	Formulary	
COLD AND ALLERGY (BROMPHEN-PE)	Formulary	OTC
COLD AND COUGH DM	Formulary	OTC
COLD AND COUGH ELIXIR	Formulary	OTC
COMPLETE ALLERGY MEDICINE	Formulary	OTC
COMPLETE ALLERGY ORAL CAPSULE	Formulary	OTC
COMPLETE ALLERGY ORAL TABLET	Formulary	OTC
COMPOZ	Formulary	OTC
cyproheptadine	Formulary	
DAYHIST ALLERGY	Formulary	OTC
DIMAPHEN (PE)	Formulary	OTC
DIMAPHEN DM	Formulary	OTC
DIMETAPP DM COLD-COUGH (PE)	Formulary	OTC
DIPHEDRYL	Formulary	OTC
DIPHEDRYL ALLERGY	Formulary	OTC
DIPHEN ORAL TABLET	Formulary	OTC
diphenhydramine hcl oral capsule	Formulary	OTC
diphenhydramine hcl oral elixir	Formulary	OTC
diphenhydramine hcl oral liquid	Formulary	OTC
diphenhydramine hcl oral syrup	Formulary	OTC
diphenhydramine hcl oral tablet 25 mg	Formulary	OTC
diphenhydramine-acetaminophen	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
EAZZZE THE PAIN	Formulary	OTC
ED CHLORPED JR	Formulary	OTC
ENDACOF - DM	Formulary	OTC
GERI-DRYL ORAL LIQUID	Formulary	OTC
GERI-DRYL ORAL TABLET	Formulary	OTC
HEADACHE PM	Formulary	OTC
LOHIST - D	Formulary	OTC
MAPAP PM	Formulary	OTC
NIGHT TIME PAIN MEDICINE	Formulary	OTC
NIGHTTIME ALLERGY RELIEF	Formulary	OTC
NIGHTTIME SLEEP AID (DIPHEN) ORAL TABLET	Formulary	OTC
NON-ASPIRIN PM	Formulary	OTC
NYTOL	Formulary	OTC
PAIN AND SLEEP	Formulary	OTC
PAIN RELIEF PM	Formulary	OTC
PAIN RELIEF PM RAPID RELEASE	Formulary	OTC
PAIN RELIEVER PM EX-STRENGTH	Formulary	OTC
PAIN RELIEVER PM ORAL TABLET 25-500 MG	Formulary	OTC
PHARBECHLOR	Formulary	OTC
PHARBEDRYL	Formulary	OTC
promethazine injection solution	Formulary	
promethazine oral	Formulary	
PROMETHAZINE VC	Formulary	
promethazine-dm	Formulary	
promethazine-phenylephrine	Formulary	
RYNEX DM	Formulary	OTC
RYNEX PE	Formulary	OTC
RYNEX PSE	Formulary	OTC
SIMPLY SLEEP	Formulary	OTC
SLEEP AID (DIPHENHYDRAMINE) ORAL TABLET	Formulary	OTC
SLEEP II	Formulary	OTC
SLEEP TABLET (DIPHENHYDRAMINE)	Formulary	OTC
SUDOGEST COLD AND ALLERGY	Formulary	OTC
SUDOGEST SINUS AND ALLERGY	Formulary	OTC
TOTAL ALLERGY MEDICINE	Formulary	OTC
TYLENOL PM EXTRA STRENGTH	Formulary	OTC
VALU-DRYL ALLERGY ORAL CAPSULE	Formulary	OTC
VALU-TAPP	Formulary	OTC
WAL-DRYL ALLERGY	Formulary	OTC
WAL-FINATE	Formulary	OTC
WAL-FINATE-D	Formulary	OTC
WAL-NADOL PM	Formulary	OTC
WAL-PHED ORAL TABLET 4-60 MG	Formulary	OTC
WAL-TAP	Formulary	OTC
WAL-TAP DM	Formulary	OTC
Interleukin Antagonists		
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	Non-preferred	PA
Leukotriene Modifiers		
ACCOLATE	Non-preferred	PA
montelukast oral granules in packet	Non-preferred	PA
montelukast oral tablet	Preferred	QL (1 EA per 1 day)
montelukast oral tablet,chewable	Preferred	QL (1 EA per 1 day)

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
SINGULAIR	Non-preferred	PA
zafirlukast	Preferred	
zileuton	Non-preferred	PA
ZYFLO	Non-preferred	PA
Mast-Cell Stabilizers		
ALOCRIL	Non-preferred	PA
cromolyn inhalation	Formulary	
cromolyn nasal	Formulary	OTC
cromolyn ophthalmic (eye)	Preferred	
NASAL ALLERGY SYMPTOM CONTROL	Formulary	OTC
Mucolytic Agents		
acetylcysteine	Formulary	
Nasal Preparations (Steroids)		
24 HOUR NASAL ALLERGY	Formulary	OTC
BECONASE AQ	Non-preferred	PA
DYMISTA	Non-preferred	PA
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	Non-preferred	PA
fluticasone propionate nasal	Preferred	OTC; QL (32 GM per 30 days)
mometasone nasal	Preferred	
NASAL ALLERGY	Formulary	OTC
NASONEX	Non-preferred	PA
OMNARIS	Non-preferred	PA
QNASL	Non-preferred	PA
SINUVA	Non-preferred	PA
TICANASE	Non-preferred	PA
triamcinolone acetonide nasal	Formulary	OTC
XHANCE	Non-preferred	PA
ZETONNA	Non-preferred	PA
Orally Inhaled Preparations (Steroids)		
ADVAIR DISKUS	Non-preferred	PA
ADVAIR HFA	Preferred	
AIRDUO RESPICLICK	Non-preferred	PA
ALVESCO	Non-preferred	PA
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 232 MCG/ACTUATION, 55 MCG/ACTUATION	Non-preferred	PA
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	Non-preferred	PA
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	Non-preferred	PA
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Preferred	
BREO ELLIPTA	Non-preferred	PA
budesonide inhalation	Preferred	AL
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	Preferred	
FLOVENT DISKUS	Preferred	
FLOVENT HFA	Preferred	
fluticasone propion-salmeterol	Non-preferred	PA
PULMICORT	Non-preferred	PA
PULMICORT FLEXHALER	Preferred	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
QVAR REDIHALER	Non-preferred	PA
SYMBICORT	Preferred	QL (10.2 GM per 30 days)
TRELEGY ELLIPTA	Non-preferred	PA
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 500-50 MCG/DOSE	Preferred	QL (60 EA per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 250-50 MCG/DOSE	Preferred	QL (60 1EA per 30 days)
Phosphodiesterase Type 4 Inhibitors		
DALIRESP	Non-preferred	PA
Second Generation Antihist(Respir Tract)		
ALL DAY ALLERGY (CETIRIZINE) ORAL SOLUTION	Preferred	OTC; QL (10 ML per 1 day)
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET	Preferred	OTC
ALL DAY ALLERGY-D	Preferred	OTC; QL (2 EA per 1 day)
ALLERCLEAR	Preferred	OTC
ALLERCLEAR D-12HR	Preferred	OTC
ALLERCLEAR D-24HR	Preferred	OTC
ALLERGY AND CONGESTION RELIEF	Preferred	OTC
ALLERGY COMPLETE-D	Preferred	OTC
ALLERGY RELIEF (CETIRIZINE) ORAL SOLUTION	Preferred	OTC; QL (10 ML per 1 day)
ALLERGY RELIEF (LEVOCETIRIZIN)	Non-preferred	PA; OTC
ALLERGY RELIEF (LORATADINE) ORAL SOLUTION	Preferred	OTC; QL (10 ML per 1 day)
ALLERGY RELIEF (LORATADINE) ORAL TABLET	Preferred	OTC
ALLERGY RELIEF (LORATADINE) ORAL TABLET,DISINTEGRATING	Preferred	OTC; QL (1 EA per 1 day)
ALLERGY RELIEF D12	Preferred	OTC
ALLERGY RELIEF D-24HR	Preferred	OTC
ALLERGY RELIEF,NASAL DECONGEST	Preferred	OTC
ALLERGY RELIEF-D (CETIRIZINE)	Preferred	OTC
ALLERGY RELIEF-D (LORATADINE)	Preferred	OTC
ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR	Preferred	OTC
ALLER-TEC	Preferred	OTC
ALLER-TEC D	Preferred	OTC
CETIRI-D	Preferred	OTC
cetirizine oral solution 1 mg/ml	Preferred	OTC; QL (10 ML per 1 day)
cetirizine oral tablet 10 mg	Preferred	OTC
cetirizine oral tablet 5 mg	Preferred	OTC; QL (2 EA per 1 day)
cetirizine oral tablet,chewable	Preferred	OTC
cetirizine-pseudoephedrine	Preferred	OTC
CHILD ALLERGY RELF(CETIRIZINE) ORAL SOLUTION	Preferred	OTC; QL (10 ML per 1 day)
CHILDREN'S ALLERGY RELIEF(LOR) ORAL SOLUTION	Preferred	OTC; QL (10 ML per 1 day)
CHILDREN'S ALLERGY(CETIRIZINE)	Preferred	OTC; QL (10 ML per 1 day)
CHILDREN'S CETIRIZINE ORAL SOLUTION	Preferred	OTC; QL (10 ML per 1 day)
CHILDREN'S CETIRIZINE ORAL TABLET,CHEWABLE	Preferred	OTC
CHILDREN'S WAL-ZYR ORAL SOLUTION	Preferred	OTC; QL (10 ML per 1 day)
CHILDREN'S WAL-ZYR ORAL TABLET,CHEWABLE	Preferred	OTC
CHILD'S ALL DAY ALLERGY(CETIR)	Preferred	OTC; QL (10 ML per 1 day)
CLARINEX ORAL TABLET	Non-preferred	PA
CLARINEX-D 12 HOUR	Non-preferred	PA
desloratadine	Non-preferred	PA
DYMISTA	Non-preferred	PA
levocetirizine oral solution	Preferred	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
levocetirizine oral tablet	Preferred	OTC
LORATA-D	Preferred	OTC
LORATA-DINE D	Preferred	OTC
loratadine oral solution	Preferred	OTC; QL (10 ML per 1 day)
loratadine oral tablet	Preferred	OTC; QL (1 EA per 1 day)
loratadine oral tablet,disintegrating	Preferred	OTC; QL (1 EA per 1 day)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR	Preferred	OTC
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR	Preferred	OTC; QL (1 EA per 1 day)
SEMPREX-D	Non-preferred	PA
WAL-ITIN D	Preferred	OTC
WAL-ITIN D 12 HOUR	Preferred	OTC
WAL-ITIN ORAL SOLUTION	Preferred	OTC; QL (10 ML per 1 day)
WAL-ITIN ORAL TABLET	Preferred	OTC
WAL-ZYR (CETIRIZINE) ORAL SOLUTION	Preferred	OTC; QL (10 ML per 1 day)
WAL-ZYR (CETIRIZINE) ORAL TABLET	Preferred	OTC
WAL-ZYR D	Preferred	OTC
Select.Beta-2-Adrenergic Agonist(Respir)		
ADVAIR DISKUS	Non-preferred	PA
ADVAIR HFA	Preferred	
AIRDUO RESPICLICK	Non-preferred	PA
albuterol sulfate inhalation hfa aerosol inhaler	Preferred	Note (Ventolin authorized generic preferred NDC 66993001968; Proventil authorized generic NDC 00254100752 is NON-PREFERRED)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	Preferred	
albuterol sulfate inhalation solution for nebulization 5 mg/ml	Preferred	QL (300 ML per 30 days)
albuterol sulfate oral syrup	Preferred	
albuterol sulfate oral tablet	Non-preferred	PA
albuterol sulfate oral tablet extended release 12 hr	Non-preferred	PA
ANORO ELLIPTA	Non-preferred	PA
ARCAPTA NEOHALER	Non-preferred	PA
BEVESPI AEROSPHERE	Non-preferred	PA
BREO ELLIPTA	Non-preferred	PA
BROVANA	Non-preferred	PA
COMBIVENT RESPIMAT	Preferred	QL (4 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	Preferred	
fluticasone propion-salmeterol	Non-preferred	PA
ipratropium-albuterol	Preferred	
levalbuterol hcl	Non-preferred	PA
levalbuterol tartrate	Non-preferred	PA
PERFOROMIST	Non-preferred	PA
PROAIR HFA	Preferred	
PROAIR RESPICLICK	Non-preferred	PA
PROVENTIL HFA	Preferred	
SEREVENT DISKUS	Preferred	
STRIVERDI RESPIMAT	Non-preferred	PA
SYMBICORT	Preferred	QL (10.2 GM per 30 days)
terbutaline oral	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
TRELEGY ELLIPTA	Non-preferred	PA
UTIBRON NEOHALER	Non-preferred	PA
VENTOLIN HFA	Non-preferred	PA
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 500-50 MCG/DOSE	Preferred	QL (60 EA per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 250-50 MCG/DOSE	Preferred	QL (60 1EA per 30 days)
XOPENEX	Non-preferred	PA
XOPENEX CONCENTRATE	Non-preferred	PA
XOPENEX HFA	Non-preferred	PA
Vasodilating Agents (Respiratory Tract)		
ADCIRCA	Non-preferred	PA
ADEMPAS	Non-preferred	PA
ALYQ	Non-preferred	PA
ambrisentan	Non-preferred	PA
bosentan	Non-preferred	PA
LETAIRIS	Preferred	PA
OPSUMIT	Non-preferred	PA
ORENITRAM	Non-preferred	PA
REVATIO ORAL	Non-preferred	PA
sildenafil (pulm.hypertension) oral suspension for reconstitution	Non-preferred	PA
sildenafil (pulm.hypertension) oral tablet	Preferred	PA; QL (3 EA per 1 day)
tadalafil (pulm. hypertension)	Non-preferred	PA
TRACLEER ORAL TABLET	Preferred	PA
TRACLEER ORAL TABLET FOR SUSPENSION	Non-preferred	PA
TYVASO	Non-preferred	PA
TYVASO INSTITUTIONAL START KIT	Non-preferred	PA
TYVASO REFILL KIT	Non-preferred	PA
UPTRAVI	Non-preferred	PA
VENTAVIS	Non-preferred	PA
Xanthine Derivatives		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG	Formulary	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 300 MG	Formulary	
theophylline oral tablet extended release 12 hr 200 mg, 300 mg	Formulary	
theophylline oral tablet extended release 24 hr	Formulary	
Skin And Mucous Membrane Agents		
Allylamines (Skin And Mucous Membrane)		
ANTIFUNGAL (TERBINAFINE)	Formulary	OTC
ATHLETE'S FOOT (TERBINAFINE)	Formulary	OTC
JOCK ITCH (TERBINAFINE)	Formulary	OTC
naftifine topical cream	Non-preferred	PA
NAFTIN TOPICAL CREAM 2 %	Non-preferred	PA
terbinafine hcl topical	Formulary	OTC
Antibacterials (Skin, Mucous Membrane)		
ACANYA TOPICAL GEL WITH PUMP	Non-preferred	PA
ANTIBIOTIC (BACITRACIN ZINC)	Formulary	OTC
ANTIBIOTIC (NEOMY-BACIT-POLYM)	Formulary	OTC
ANTIBIOTIC-PAIN RELIEF (BACIT)	Formulary	OTC
bacitracin topical	Formulary	OTC
bacitracin zinc	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
BACITRAYCIN PLUS TOPICAL OINTMENT 500 UNIT/GRAM	Formulary	OTC
BENZACLIN	Non-preferred	PA
BENZACLIN PUMP	Non-preferred	PA
BENZAMYCIN	Non-preferred	PA
CENTANY	Non-preferred	PA
CENTANY AT	Non-preferred	PA
clindamycin phosphate topical gel	Formulary	
clindamycin phosphate topical lotion	Formulary	
clindamycin phosphate topical solution	Formulary	
clindamycin phosphate topical swab	Formulary	
clindamycin-benzoyl peroxide topical gel	Preferred	
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	Preferred	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %	Non-preferred	PA
clindamycin-tretinoin	Non-preferred	PA
DOUBLE ANTIBIOTIC (B.TRACN ZN)	Formulary	OTC
ERY PADS	Formulary	
erythromycin with ethanol topical gel	Formulary	
erythromycin with ethanol topical solution	Formulary	
FIRST AID ANTIBIOTIC TOPICAL OINTMENT 3.5MG-400 UNIT-5,000 UNIT/GRAM	Formulary	OTC
FIRST AID ANTIBIOTIC-PAIN RLF	Formulary	OTC
gentamicin topical	Formulary	
metronidazole topical gel	Formulary	
metronidazole vaginal	Formulary	
mupirocin	Preferred	
mupirocin calcium	Non-preferred	PA
NEOSPORIN (NEO-BAC-POLYM) TOPICAL OINTMENT IN PACKET	Formulary	OTC
NEUAC	Non-preferred	PA
NEUAC KIT	Non-preferred	PA
ONEXTON	Non-preferred	PA
POLY BACITRACIN (ZINC)	Formulary	OTC
ROSADAN TOPICAL GEL	Formulary	
TRIPLE ANTIBIOTIC-PAIN RELIEF	Formulary	OTC
WAL-SPORIN	Formulary	OTC
ZIANA	Non-preferred	PA
Anti-Inflammatory Agents (Skin, Mucous)		
amcinonide topical cream	Formulary	
ANTI-ITCH (HC) TOPICAL CREAM	Formulary	OTC
ANTI-ITCH (HC) TOPICAL LOTION	Formulary	OTC
ANTI-ITCH (HC) TOPICAL OINTMENT	Formulary	OTC
ANTI-ITCH(HYDROCORTISONE)-ALOE	Formulary	OTC
ANUSOL-HC TOPICAL	Formulary	
AQUANIL HC	Formulary	OTC
BETA-HC	Formulary	OTC
betamethasone dipropionate	Formulary	
betamethasone valerate topical cream	Formulary	
betamethasone valerate topical lotion	Formulary	
betamethasone valerate topical ointment	Formulary	
betamethasone, augmented topical cream	Formulary	
betamethasone, augmented topical ointment	Formulary	
clobetasol scalp	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
clobetasol topical cream	Formulary	
clobetasol topical gel	Formulary	
clobetasol topical ointment	Formulary	
clobetasol-emollient topical cream	Formulary	
clotrimazole-betamethasone topical cream	Formulary	
CORTISONE (HYDROCORTISONE) TOPICAL CREAM	Formulary	OTC
CORTISONE (HYDROCORTISONE) TOPICAL LOTION	Formulary	OTC
CORTISONE WITH ALOE	Formulary	OTC
CORTIZONE-10 PLUS	Formulary	OTC
CORTIZONE-10 TOPICAL CREAM	Formulary	OTC
CORTIZONE-10 TOPICAL LOTION	Formulary	OTC
CORTIZONE-10 TOPICAL OINTMENT	Formulary	OTC
CORTIZONE-10 WITH ALOE	Formulary	OTC
DERMAREST ECZEMA (HYDROCORT)	Formulary	OTC
desoximetasone topical cream	Formulary	
diflorasone topical cream	Formulary	
EUCRISA	Non-preferred	PA
fluocinolone topical cream	Formulary	
fluocinolone topical ointment	Formulary	
fluocinolone topical solution	Formulary	
fluocinonide topical cream 0.05 %	Formulary	
fluocinonide topical gel	Formulary	
fluocinonide topical ointment	Formulary	
fluocinonide topical solution	Formulary	
FLUOCINONIDE-E	Formulary	
fluocinonide-emollient	Formulary	
hydrocortisone acetate topical cream	Formulary	OTC
hydrocortisone acetate topical ointment	Formulary	OTC
HYDROCORTISONE PLUS	Formulary	OTC
hydrocortisone rectal	Formulary	
hydrocortisone topical cream 0.5 %, 1 %	Formulary	OTC
hydrocortisone topical cream 2.5 %	Formulary	
hydrocortisone topical cream in packet	Formulary	OTC
hydrocortisone topical cream with perineal applicator 2.5 %	Formulary	
hydrocortisone topical lotion 1 %	Formulary	OTC
hydrocortisone topical lotion 2.5 %	Formulary	
hydrocortisone topical ointment 0.5 %, 1 %	Formulary	OTC
hydrocortisone topical ointment 2.5 %	Formulary	
hydrocortisone valerate topical cream	Formulary	
hydrocortisone-aloe vera topical cream 1 %	Formulary	OTC
HYDROCREAM	Formulary	OTC
mometasone topical	Formulary	
NOBLE FORMULA HC TOPICAL CREAM	Formulary	OTC
PREPARATION H HYDROCORTISONE	Formulary	OTC
PROCTOFOAM HC	Formulary	
PROCTO-MED HC	Formulary	
PROCTOSOL HC TOPICAL	Formulary	
PROCTOZONE-HC	Formulary	
PSORCON	Formulary	
SOOTHING CARE (HYDROCORTISONE)	Formulary	OTC
triamcinolone acetonide topical cream	Formulary	
triamcinolone acetonide topical lotion	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	Formulary	
TRIDERM TOPICAL CREAM	Formulary	
XERESE	Non-preferred	PA
Anti-Inflammatory Agents, Misc (Skin)		
EUCRISA	Non-preferred	PA
Antipruritics And Local Anesthetics		
lidocaine topical adhesive patch,medicated 5 %	Non-preferred	PA
lidocaine-prilocaine topical cream	Formulary	
LIDODERM	Non-preferred	PA
LIDOPURE PATCH	Non-preferred	PA
NUPERCAINAL	Formulary	OTC
PAIN RELIEF (LIDOCAINE)	Formulary	OTC
phenazopyridine oral tablet 100 mg, 200 mg	Formulary	
PROCTOFOAM HC	Formulary	
Antivirals (Skin And Mucous Membrane)		
acyclovir topical cream	Non-preferred	PA
acyclovir topical ointment	Preferred	PA
DENAVIR	Preferred	
XERESE	Non-preferred	PA
ZOVIRAX TOPICAL	Non-preferred	PA
Azoles (Skin And Mucous Membrane)		
3 DAY VAGINAL	Formulary	OTC
ANTIFUNGAL (CLOTRIMAZOLE)	Formulary	OTC
ANTIFUNGAL RINGWORM	Formulary	OTC
ANTI-FUNGAL TOPICAL POWDER	Formulary	OTC
ATHLETE'S FOOT	Formulary	OTC
ATHLETE'S FOOT (CLOTRIMAZOLE)	Formulary	OTC
ATHLETIC FOOT CREAM	Formulary	OTC
AZOLEN TINCTURE	Formulary	OTC
BAZA ANTIFUNGAL	Formulary	OTC
CLOTRIMAZOLE 3 DAY	Formulary	OTC
clotrimazole mucous membrane	Formulary	
clotrimazole topical	Formulary	OTC
clotrimazole vaginal cream	Formulary	OTC
CLOTRIMAZOLE-3	Formulary	OTC
CLOTRIMAZOLE-7	Formulary	OTC
clotrimazole-betamethasone topical cream	Formulary	
DESENEX TOPICAL POWDER	Formulary	OTC
FUNGI CURE	Formulary	OTC
GYNE-LOTRIMIN 7	Formulary	OTC
INZO ANTIFUNGAL	Formulary	OTC
ITCH RELIEF (CLOTRIMAZOLE)	Formulary	OTC
JOCK ITCH (CLOTRIMAZOLE)	Formulary	OTC
JUBLIA	Non-preferred	PA
ketoconazole topical cream	Formulary	
ketoconazole topical shampoo	Formulary	
LOTRIMIN AF	Formulary	OTC
LOTRIMIN AF JOCK ITCH POWDER	Formulary	OTC
LOTRIMIN AF POWDER	Formulary	OTC
MICATIN	Formulary	OTC
MICONAZOLE 7	Formulary	OTC
miconazole nitrate topical	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
miconazole nitrate vaginal comb pack,prefill appl, cream	Formulary	OTC
miconazole nitrate vaginal cream	Formulary	OTC
miconazole nitrate vaginal kit 1,200-2 mg-%	Formulary	OTC
MICONAZOLE-3 PREFIL,CREAM,WIPE	Formulary	OTC
MICONAZOLE-3 VAGINAL COMB PACK,PREFILL APPL, CREAM	Formulary	OTC
MICONAZOLE-3 VAGINAL CREAM	Formulary	OTC
MICONAZOLE-3 VAGINAL KIT	Formulary	OTC
MICONAZOLE-3 VAGINAL SUPPOSITORY	Formulary	
miconazole-skin clnsr17 vaginal kit 4 % (200 mg)- 2 % (9 gram)	Formulary	OTC
MICONAZORB AF	Formulary	OTC
MONISTAT 3 VAGINAL CREAM	Formulary	OTC
NIZORAL A-D	Formulary	OTC
ORAVIG	Non-preferred	PA
oxiconazole	Non-preferred	PA
OXISTAT TOPICAL CREAM	Non-preferred	PA
REMEDY ANTIFUNGAL	Formulary	OTC
REMEDY PHYTOPLEX ANTIFUNGAL TOPICAL POWDER	Formulary	OTC
RINGWORM	Formulary	OTC
SECURA ANTIFUNGAL	Formulary	OTC
SECURA ANTIFUNGAL EXTRA THICK	Formulary	OTC
Basic Lotions And Liniments		
AMLACTIN TOPICAL LOTION	Formulary	OTC
ammonium lactate topical lotion	Formulary	OTC
calamine-zinc oxide topical lotion 8-8 %	Formulary	OTC
LAC-HYDRIN FIVE	Formulary	
SKIN TREATMENT	Formulary	OTC
Basic Oils And Other Solvents		
LOBANA BATH	Formulary	
MAPO BATH	Formulary	
mineral oil	Formulary	
MINERAL OIL HEAVY	Formulary	OTC
MINERAL OIL LIGHT	Formulary	OTC
mineral oil topical	Formulary	OTC
Basic Ointments And Protectants		
4-N-1 NO RINSE WASH TOPICAL CREAM	Formulary	OTC
ammonium lactate topical cream	Formulary	OTC
COOL BOTTOMS	Formulary	OTC
DIAPER RASH TOPICAL OINTMENT	Formulary	OTC
DIAPER RASH TOPICAL PASTE	Formulary	OTC
GERI-HYDROLAC TOPICAL CREAM	Formulary	OTC
NEUTRAPHOR	Formulary	OTC
PROSHIELD PLUS	Formulary	OTC
REMEDY NUTRASHIELD SKIN PROTEC	Formulary	OTC
THERASEAL	Formulary	OTC
TRIPLE PASTE TOPICAL OINTMENT 12.8 %	Formulary	OTC
VASELINE WHITE PETROLEUM	Formulary	
white petrolatum topical ointment in packet	Formulary	OTC
zinc oxide topical ointment	Formulary	OTC
Basic Powders And Demulcents		
NATURAL OATMEAL BATH TREATMENT	Formulary	OTC
OATMEAL BATH REGULAR	Formulary	OTC
RENEWAL BATH TREATMENT	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
SOOTHING BATH TREATMENT	Formulary	OTC
Cell Stimulants And Proliferants		
ATRALIN	Non-preferred	PA
AVITA	Non-preferred	PA
clindamycin-tretinoin	Non-preferred	PA
RETIN-A	Non-preferred	PA
RETIN-A MICRO	Non-preferred	PA
RETIN-A MICRO PUMP	Non-preferred	PA
tretinoin microspheres topical gel 0.1 %	Non-preferred	PA
tretinoin topical cream	Preferred	
tretinoin topical gel 0.01 %, 0.025 %	Preferred	
tretinoin topical gel 0.05 %	Non-preferred	PA
ZIANA	Non-preferred	PA
Corticosteroids (Skin, Mucous Membrane)		
amcinonide topical cream	Formulary	
ANTI-ITCH (HC) TOPICAL CREAM	Formulary	OTC
ANTI-ITCH (HC) TOPICAL LOTION	Formulary	OTC
ANTI-ITCH (HC) TOPICAL OINTMENT	Formulary	OTC
ANTI-ITCH(HYDROCORTISONE)-ALOE	Formulary	OTC
ANUSOL-HC TOPICAL	Formulary	
AQUANIL HC	Formulary	OTC
BETA-HC	Formulary	OTC
betamethasone dipropionate	Formulary	
betamethasone valerate topical cream	Formulary	
betamethasone valerate topical lotion	Formulary	
betamethasone valerate topical ointment	Formulary	
betamethasone, augmented topical cream	Formulary	
betamethasone, augmented topical ointment	Formulary	
clobetasol scalp	Formulary	
clobetasol topical cream	Formulary	
clobetasol topical gel	Formulary	
clobetasol topical ointment	Formulary	
clobetasol-emollient topical cream	Formulary	
clotrimazole-betamethasone topical cream	Formulary	
CORTISONE (HYDROCORTISONE) TOPICAL CREAM	Formulary	OTC
CORTISONE (HYDROCORTISONE) TOPICAL LOTION	Formulary	OTC
CORTISONE WITH ALOE	Formulary	OTC
CORTIZONE-10 PLUS	Formulary	OTC
CORTIZONE-10 TOPICAL CREAM	Formulary	OTC
CORTIZONE-10 TOPICAL LOTION	Formulary	OTC
CORTIZONE-10 TOPICAL OINTMENT	Formulary	OTC
CORTIZONE-10 WITH ALOE	Formulary	OTC
DERMAREST ECZEMA (HYDROCORT)	Formulary	OTC
desoximetasone topical cream	Formulary	
diflorasone topical cream	Formulary	
fluocinolone topical cream	Formulary	
fluocinolone topical ointment	Formulary	
fluocinolone topical solution	Formulary	
fluocinonide topical cream 0.05 %	Formulary	
fluocinonide topical gel	Formulary	
fluocinonide topical ointment	Formulary	
fluocinonide topical solution	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
FLUOCINONIDE-E	Formulary	
fluocinonide-emollient	Formulary	
hydrocortisone acetate topical cream	Formulary	OTC
hydrocortisone acetate topical ointment	Formulary	OTC
HYDROCORTISONE PLUS	Formulary	OTC
hydrocortisone rectal	Formulary	
hydrocortisone topical cream 0.5 %, 1 %	Formulary	OTC
hydrocortisone topical cream 2.5 %	Formulary	
hydrocortisone topical cream in packet	Formulary	OTC
hydrocortisone topical cream with perineal applicator 2.5 %	Formulary	
hydrocortisone topical lotion 1 %	Formulary	OTC
hydrocortisone topical lotion 2.5 %	Formulary	
hydrocortisone topical ointment 0.5 %, 1 %	Formulary	OTC
hydrocortisone topical ointment 2.5 %	Formulary	
hydrocortisone valerate topical cream	Formulary	
hydrocortisone-aloe vera topical cream 1 %	Formulary	OTC
HYDROCREAM	Formulary	OTC
mometasone topical	Formulary	
NOBLE FORMULA HC TOPICAL CREAM	Formulary	OTC
PREPARATION H HYDROCORTISONE	Formulary	OTC
PROCTOFOAM HC	Formulary	
PROCTO-MED HC	Formulary	
PROCTOSOL HC TOPICAL	Formulary	
PROCTOZONE-HC	Formulary	
PSORCON	Formulary	
SOOTHING CARE (HYDROCORTISONE)	Formulary	OTC
triamcinolone acetonide topical cream	Formulary	
triamcinolone acetonide topical lotion	Formulary	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	Formulary	
TRIDERM TOPICAL CREAM	Formulary	
XERESE	Non-preferred	PA
Keratolytic Agents		
ACANYA TOPICAL GEL WITH PUMP	Non-preferred	PA
ACNE CLEANSER	Formulary	OTC
ACNE FOAMING WASH	Formulary	OTC
ACNE MEDICATION TOPICAL GEL 5 %	Preferred	OTC
ACNE MEDICATION TOPICAL LOTION	Preferred	OTC
ACNE PADS	Formulary	OTC
ACNE TREATMENT (BENZOYL PEROX) TOPICAL GEL	Formulary	OTC
ACNE VANISHING	Formulary	OTC
ACNE-CLEAR	Formulary	OTC
ADVANCED ACNE SPOT TREATMENT TOPICAL GEL	Formulary	OTC
ADVANCED EXFOLIATING CLEANSER	Formulary	OTC
AVAR-E LS	Non-preferred	PA
BENZACLIN	Non-preferred	PA
BENZACLIN PUMP	Non-preferred	PA
benzoyl peroxide topical cleanser 10 %, 5 %, 6 %	Preferred	OTC
benzoyl peroxide topical foam	Preferred	OTC
benzoyl peroxide topical gel 10 %, 2.5 %	Formulary	OTC
benzoyl peroxide topical gel 5 %	Preferred	OTC
BP	Formulary	OTC
BP WASH TOPICAL CLEANSER 10 %, 5 %	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
BP WASH TOPICAL CLEANSER 2.5 %	Preferred	OTC
BPO TOPICAL GEL	Preferred	OTC
BPO-10	Formulary	OTC
BPO-5	Formulary	OTC
CALLUS REMOVER	Formulary	OTC
CALLUS REMOVERS	Formulary	OTC
CLEAN-CLEAR CONTINUOUS CONTROL	Formulary	OTC
CLEAR AWAY	Formulary	OTC
CLEAR PORE CLEANSER-MASK	Preferred	OTC
CLEARASIL DAILY CLEAR(BENZOYL)	Formulary	OTC
CLEARASIL ULTRA	Formulary	OTC
clindamycin-benzoyl peroxide topical gel	Preferred	
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	Preferred	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %	Non-preferred	PA
COMPOUND W TOPICAL ADHESIVE PATCH,MEDICATED	Formulary	OTC
COMPOUND W TOPICAL LIQUID	Formulary	OTC
CORN REMOVER	Formulary	OTC
CORN-CALLUS REMOVER TOPICAL LIQUID 17 %	Formulary	OTC
CREAMY ACNE FACE	Preferred	OTC
DAILY FACE WASH	Formulary	OTC
DAYLOGIC ACNE FOAMING WASH	Formulary	OTC
DR SCHOLL'S CLEAR AWAY	Formulary	OTC
FOAMING ACNE FACE WASH	Formulary	OTC
KERALYT	Formulary	OTC
LIQUID CORN AND CALLUS REMOVER TOPICAL LIQUID 17 %	Formulary	OTC
MEDICATED CORN REMOVERS	Formulary	OTC
MEDIPLAST CORN-CALLUS-WART	Formulary	OTC
MOSCO CORN REMOVER	Formulary	OTC
NEUAC	Non-preferred	PA
NEUAC KIT	Non-preferred	PA
ONEXTON	Non-preferred	PA
PANOXYL TOPICAL CLEANSER 10 %	Formulary	OTC
PLANTAR WART REMOVER	Formulary	OTC
RAPID CLEAR TREATMENT PADS	Formulary	OTC
SAL-PLANT	Formulary	OTC
SCALP RELIEF TOPICAL LIQUID	Formulary	OTC
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)	Formulary	
urea topical cream 40 %	Formulary	
WART REMOVER	Formulary	OTC
Keratoplastic Agents		
ANTI-DANDRUFF (COAL TAR)	Formulary	OTC
DRITHOCREME HP	Formulary	
IONIL T	Formulary	OTC
OXIPOR VHC	Formulary	OTC
TARSUM PROFESSIONAL	Formulary	OTC
TERA-GEL TAR SHAMPOO	Formulary	OTC
THERA-GEL	Formulary	OTC
THERAPEUTIC SHAMPOO TOPICAL SHAMPOO 0.5 %, 1 %	Formulary	OTC
T-PLUS	Formulary	OTC
X-SEB T PLUS	Formulary	OTC
Local Anti-Infectives, Miscellaneous		
ALCOHOL PADS	Formulary	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
ALCOHOL PREP PADS	Formulary	OTC
alcohol swabs	Formulary	OTC
ALCOHOL WIPES	Formulary	OTC
ALCOHOL, RUBBING	Formulary	OTC
ANTISEPTIC SKIN CLNSR(CHLORHE)	Formulary	OTC
ANTISEPTIC TOPICAL SOLUTION	Formulary	OTC
AVAR-E LS	Non-preferred	PA
BD ALCOHOL SWABS	Formulary	OTC
BETASEPT SURGICAL SCRUB	Formulary	OTC
CARETOUCH ALCOHOL PREP PAD	Formulary	OTC
chlorhexidine gluconate topical liquid 4 %	Formulary	OTC
CURITY ALCOHOL SWABS	Formulary	OTC
EASY TOUCH ALCOHOL PREP PADS	Formulary	OTC
FIRST AID ANTISEPTIC TOPICAL SOLUTION	Formulary	OTC
INCONTROL ALCOHOL PADS	Formulary	OTC
isopropyl alcohol solution 70 %	Formulary	OTC
IV PREP WIPES	Formulary	OTC
povidone-iodine topical liquid in packet	Formulary	OTC
povidone-iodine topical ointment	Formulary	OTC
povidone-iodine topical pads, medicated	Formulary	OTC
povidone-iodine topical solution 10 %	Formulary	OTC
povidone-iodine topical spray,non-aerosol	Formulary	OTC
PRO COMFORT ALCOHOL PADS	Formulary	OTC
selenium sulfide topical lotion	Formulary	
selenium sulfide topical shampoo 2.25 %	Formulary	
silver sulfadiazine	Formulary	
SSD	Formulary	
sulfacetamide sodium (acne)	Formulary	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)	Formulary	
SURE COMFORT ALCOHOL PREP PADS	Formulary	OTC
SURE-PREP ALCOHOL PREP PADS	Formulary	OTC
TRUE COMFORT ALCOHOL PADS	Formulary	OTC
ULTILET ALCOHOL SWAB	Formulary	OTC
WEBCOL	Formulary	OTC
Nonsteroidal Anti-Inflammat.Agents(Skin)		
diclofenac epolamine	Non-preferred	PA
diclofenac sodium topical gel	Preferred	
FLECTOR	Non-preferred	PA
VOLTAREN TOPICAL	Preferred	PA
Polyenes (Skin And Mucous Membrane)		
nystatin topical cream	Formulary	
nystatin topical ointment	Formulary	
nystatin-triamcinolone	Formulary	
Scabicides And Pediculicides		
COMPLETE LICE TREATMENT	Preferred	OTC
CROTAN	Formulary	
EURAX TOPICAL LOTION	Formulary	
LICE COMPLETE KIT 1-2-3	Preferred	OTC
LICE KILLING	Preferred	OTC
LICE KILLING (PERMETHRIN)	Preferred	OTC
LICE PYRINYL SHAMPOO	Preferred	OTC
LICE SOLUTION	Preferred	OTC

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
LICE TREATMENT (PERMETHRIN)	Preferred	OTC
LICE TREATMENT TOPICAL LIQUID 1 %	Preferred	OTC
LICE TREATMENT TOPICAL SHAMPOO	Preferred	OTC
lindane topical shampoo	Non-preferred	PA
malathion	Non-preferred	PA
NATROBA	Preferred	
NIX CREME RINSE	Preferred	OTC
OVIDE	Non-preferred	PA
permethrin topical cream	Preferred	
RID COMPLETE LICE ELIM KIT TOPICAL	Preferred	OTC
RID LICE KILLING	Preferred	OTC
SKLICE	Non-preferred	PA
spinosad	Non-preferred	PA
Skin And Mucous Membrane Agents, Misc.		
adapalene topical solution	Non-preferred	PA
AKLIEF	Non-preferred	PA
ARTHRITIS PAIN RELIEF(CAPSAIC)	Formulary	OTC
AZELEX	Preferred	
capsaicin topical cream 0.025 %, 0.1 %	Formulary	OTC
COSENTYX	Non-preferred	PA
COSENTYX (2 SYRINGES)	Non-preferred	PA
COSENTYX PEN	Non-preferred	PA
COSENTYX PEN (2 PENS)	Non-preferred	PA
diclofenac epolamine	Non-preferred	PA
diclofenac sodium topical gel	Preferred	
DIFFERIN TOPICAL CREAM	Preferred	
DIFFERIN TOPICAL GEL 0.1 %	Preferred	OTC
DIFFERIN TOPICAL GEL 0.3 %	Preferred	
DIFFERIN TOPICAL GEL WITH PUMP	Preferred	
DIFFERIN TOPICAL LOTION	Preferred	
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	Non-preferred	PA
ELIDEL	Preferred	PA; QL (30 GM per 30 days)
ENBREL	Preferred	PA
ENBREL MINI	Non-preferred	PA
ENBREL SURECLICK	Preferred	PA
EPIDUO FORTE	Non-preferred	PA
EPIDUO TOPICAL GEL WITH PUMP	Non-preferred	PA
FABIOR	Non-preferred	PA
FLECTOR	Non-preferred	PA
HEMORRHOID RECTAL OINTMENT	Formulary	OTC
HEMORRHOIDAL COOLING	Formulary	OTC
HEMORRHOIDAL H	Formulary	OTC
HEMORRHOIDAL RECTAL OINTMENT	Formulary	OTC
HEMORRHOIDAL RECTAL SUPPOSITORY 0.25-3 %	Formulary	OTC
HIGH POTENCY CAPSAICIN	Formulary	OTC
HUMIRA	Preferred	PA
HUMIRA PEN	Preferred	PA
HUMIRA PEN CROHNS-UC-HS START	Preferred	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS	Preferred	PA
HUMIRA(CF)	Preferred	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	Preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
HUMIRA(CF) PEN CROHNS-UC-HS	Preferred	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Preferred	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Preferred	PA
imiquimod topical cream in packet	Formulary	
INFLECTRA	Non-preferred	PA
OTEZLA	Non-preferred	PA
OTEZLA STARTER	Non-preferred	PA
pimecrolimus	Non-preferred	PA
podofilox	Formulary	
PROTOPIC	Preferred	PA
QUTENZA	Non-preferred	PA
RECTIV	Formulary	
REMICADE	Non-preferred	PA
RENFLEXIS	Non-preferred	PA
SANTYL	Formulary	
SILIQ	Non-preferred	PA
STELARA	Non-preferred	PA
tacrolimus topical	Non-preferred	PA
TALTZ AUTOINJECTOR	Non-preferred	PA
TALTZ AUTOINJECTOR (2 PACK)	Non-preferred	PA
TALTZ AUTOINJECTOR (3 PACK)	Non-preferred	PA
TALTZ SYRINGE	Non-preferred	PA
tazarotene	Non-preferred	PA
TAZORAC	Preferred	
TREMFYA	Non-preferred	PA
VOLTAREN TOPICAL	Preferred	PA
ZOSTRIX-HP	Formulary	OTC
ZOSTRIX-HP FOOT	Formulary	OTC
Thiocarbamates(Skin And Mucous Membrane)		
AF	Formulary	OTC
ANTIFUNGAL (TOLNAFTATE) TOPICAL AEROSOL,SPRAY	Formulary	OTC
ANTIFUNGAL (TOLNAFTATE) TOPICAL POWDER	Formulary	OTC
ANTIFUNGAL SPRAY	Formulary	OTC
ATHLETE'S FOOT (TOLNAFTATE)	Formulary	OTC
BLIS-TO-SOL (TOLNAFTATE)	Formulary	OTC
FOOT AND SNEAKER	Formulary	OTC
FORMULA 3	Formulary	OTC
FUNGOID-D	Formulary	OTC
JOCK ITCH	Formulary	OTC
LAMISIL AF	Formulary	OTC
ODOR CONTROL FOOT-SNEAKER	Formulary	OTC
tolnaftate topical aerosol powder	Formulary	OTC
tolnaftate topical cream	Formulary	OTC
tolnaftate topical powder	Formulary	OTC
Smooth Muscle Relaxants		
Antimuscarinics		
darifenacin	Non-preferred	PA
DETROL	Non-preferred	PA
DETROL LA	Non-preferred	PA
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	Non-preferred	PA

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
ENABLEX	Non-preferred	PA
flavoxate	Formulary	
GELNIQUE TRANSDERMAL GEL IN PACKET	Non-preferred	PA
oxybutynin chloride	Preferred	
OXYTROL	Preferred	
OXYTROL FOR WOMEN	Formulary	OTC
solifenacin	Non-preferred	PA
tolterodine oral capsule,extended release 24hr 2 mg	Preferred	QL (1 EA per 1 day)
tolterodine oral capsule,extended release 24hr 4 mg	Preferred	QL (2 EA per 1 day)
tolterodine oral tablet 1 mg	Preferred	QL (2 EA per 1 day)
tolterodine oral tablet 2 mg	Preferred	QL (1 EA per 1 day)
TOVIAZ	Preferred	QL (1 EA per 1 day)
trospium	Non-preferred	PA
VESICARE	Preferred	
Respiratory Smooth Muscle Relaxants		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG	Formulary	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 300 MG	Formulary	
theophylline oral tablet extended release 12 hr 200 mg, 300 mg	Formulary	
theophylline oral tablet extended release 24 hr	Formulary	
Selective Beta-3-Adrenergic Agonists		
MYRBETRIQ	Non-preferred	PA
Vitamins		
Multivitamin Preparations		
50 PLUS ADULT EYE HEALTH	Formulary	
A THRU Z	Formulary	
A THRU Z ADVANCED FORMULA	Formulary	
A THRU Z HIGH POTENCY	Formulary	
A THRU Z MEN'S ULTIMATE	Formulary	
A THRU Z SELECT	Formulary	
A THRU Z SELECT 50PLUS FORMULA	Formulary	
A THRU Z SELECT WOMEN'S	Formulary	
ABC PLUS	Formulary	
ADULT ONE DAILY MULTIVITAMIN	Formulary	
ADULTS 50 PLUS	Formulary	
ADULTS MULTIVITAMIN	Formulary	
ANIMAL CHEWS	Formulary	
ANIMAL SHAPE VITAMINS	Formulary	
ANIMAL SHAPES COMPLETE	Formulary	
ANIMAL SHAPES PLUS IRON	Formulary	
ANTIOXIDANT A/C/E/SELENIUM	Formulary	
ANTIOXIDANT VITAMINS ORAL TABLET 1,000 UNIT-200 MG-60 UNIT-2 MG	Formulary	
BIOSUPP	Formulary	
BIOTECT PLUS	Formulary	
BIOTIN PLUS-CALCIUM AND VIT D3	Formulary	
CENTAMIN	Formulary	
CENTRAL-VITE ORAL TABLET , 18 MG IRON-400 MCG-25 MCG	Formulary	
CENTRAL-VITE WOMEN'S MATURE	Formulary	
CENTRAM-CARE	Formulary	
CENTRAVITES	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
CENTRAVITES 50 PLUS	Formulary	
CENTRAVITES ADULTS	Formulary	
CENTRUM COMPLETE	Formulary	
CENTRUM ORAL TABLET	Formulary	
CENTRUM SILVER ORAL TABLET	Formulary	
CENTRUM WOMEN	Formulary	
CENTURY ADULTS 50 PLUS	Formulary	
CENTURY CARDIO	Formulary	
CENTURY MATURE ORAL TABLET 0.4-300-250 MG-MCG-MCG	Formulary	
CENTURY ORAL TABLET 18-400 MG-MCG	Formulary	
CENTURY ULTIMATE MEN'S	Formulary	
CENTURY ULTIMATE WOMEN'S	Formulary	
CERTA PLUS	Formulary	
CERTAVITE-ANTIOXIDANT	Formulary	
CHEWABLE-VITE	Formulary	
CHILD MULTIVITAMINS	Formulary	
CHILDREN'S CHEWABLE MULTIVITMN	Formulary	
CHILDREN'S CHEWABLES	Formulary	
CHILDS CHEW VITE	Formulary	
CHILD'S CHEWABLE VITAMINS/IRON ORAL TABLET,CHEWABLE	Formulary	
CHILDS/IRON	Formulary	
CLASSIC PRENATAL	Formulary	
COMPLETE 50+	Formulary	
COMPLETE MEN	Formulary	
COMPLETE MULTI	Formulary	
COMPLETE MULTI 50+	Formulary	
COMPLETE MULTIVITAMIN ORAL TABLET	Formulary	
COMPLETE MULTIVITAMIN-MINERAL	Formulary	
COMPLETE ORAL TABLET 18-500-300-250 MG-MCG-MCG-MCG	Formulary	
COMPLETE PREMIUM VITAMIN	Formulary	
COMPLETE SENIOR	Formulary	
COMPLETE WOMEN	Formulary	
DAILY MULTIPLE FOR MEN	Formulary	
DAILY MULTIPLE FOR WOMEN	Formulary	
DAILY MULTIPLE ORAL TABLET 18-400 MG-MCG, 400-120 MCG-MG	Formulary	
DAILY MULTIPLE VITAMINS/IRON	Formulary	
DAILY MULTI-VITAMIN	Formulary	
DAILY MULTIVITAMIN WITH IRON	Formulary	
DAILY MULTIVITAMIN-MINERALS	Formulary	
DAILY VALUE	Formulary	
DAILY VITAMIN FORMULA	Formulary	
DAILY VITAMIN FORMULA-IRON	Formulary	
DAILY VITAMIN FORMULA-MINERALS	Formulary	
DAILY VITAMIN WITH IRON	Formulary	
DIABETES HEALTH FORMULA	Formulary	
DIABETIC SUPPORT FORMULA	Formulary	
DINO-LIFE	Formulary	
DINO-LIFE WITH EXTRA C	Formulary	
DINO-LIFE WITH IRON-ZINC	Formulary	
E-400 C-500 AND BETA CAROTENE	Formulary	
ESSENTIA	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
ESSENTIAL MAN	Formulary	
ESSENTIAL MAN 50+	Formulary	
ESSENTIAL WOMAN 50+	Formulary	
EYE HEALTH PLUS LUTEIN	Formulary	
FLINTSTONES COMPLETE (IRON) ORAL TABLET,CHEWABLE	Formulary	
FLINTSTONES MULTI-VIT GUMMIES ORAL TABLET,CHEWABLE 100 MCG	Formulary	
FLINTSTONES MULTIVITAMIN ORAL TABLET,CHEWABLE	Formulary	
FLINTSTONES PLUS CALCIUM	Formulary	
FLINTSTONES TAB CHEW	Formulary	
FLINTSTONES/EXTRA C	Formulary	
GUMMI BEAR MULTIVITAMIN	Formulary	
GUMMY DINOS ORAL TABLET,CHEWABLE 200 MCG	Formulary	
HAIR VITAMINS	Formulary	
HAIR,SKIN AND NAILS ORAL TABLET	Formulary	
HAIR-SKIN-NAILS (PABA)	Formulary	
HEALTHY EYES	Formulary	
HONEY BEARS	Formulary	
HONEY BEARS WITH IRON-ZINC	Formulary	
I-CAPS	Formulary	
K-PAX IMMUNE SUPPORT	Formulary	
KPN	Formulary	
LITTLE ANIMALS-IRON ORAL TABLET,CHEWABLE	Formulary	
LYSIPLEX PLUS ORAL LIQUID	Formulary	
MAXIMUM DAILY MULTIVITAMIN	Formulary	
MEGA MULTI FOR WOMEN	Formulary	
MEGA MULTIPLE/CHELATED MINERAL	Formulary	
MEGA MULTIVITAMIN WITH MINERAL ORAL TABLET 13.5-200-250 MG-MCG-MCG	Formulary	
MEN 50 PLUS MULTIVITAMIN	Formulary	
MEN UNDER 50 MULTIVITAMIN	Formulary	
MEN'S DAILY FORMULA ORAL TABLET 400-20-300 MCG	Formulary	
MEN'S DAILY MULTIVIT-MINERAL	Formulary	
MEN'S MULTIVITAMIN	Formulary	
MEN'S ONE DAILY	Formulary	
MILLTRIUM SENIOR	Formulary	
MINI PRENATAL	Formulary	
M-NATAL PLUS	Formulary	
MULTI COMPLETE WITH IRON	Formulary	
MULTI VITAMIN	Formulary	
MULTI-BETIC	Formulary	
MULTI-DAY WITH IRON	Formulary	
MULTIPLE VITAMIN, WOMENS	Formulary	
MULTIPLE VITAMIN-MINERALS	Formulary	
MULTIPLE VITAMINS	Formulary	
MULTI-VIT WITH FLUORIDE-IRON	Formulary	
multivitamin	Formulary	
MULTIVITAMIN 50 PLUS	Formulary	
MULTI-VITAMIN HP/MINERALS	Formulary	
MULTIVITAMIN WITH FLUORIDE	Formulary	
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.5 MG/ML	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 1 MG	Formulary	
multivitamin with iron	Formulary	
MULTIVITAMIN WITH MINERALS ORAL LIQUID	Formulary	
multivitamin with minerals oral tablet	Formulary	
MULTIVITAMIN WOMEN 50 PLUS	Formulary	
MULTIVITAMINS WITH FLUORIDE	Formulary	
MULTI-VITAMINS WITH IRON	Formulary	
MULTI-VITE	Formulary	
MVC-FLUORIDE	Formulary	
MY FAVORITE MULTIPLE	Formulary	
MYNATAL ADVANCE	Formulary	
MYNATAL ORAL TABLET	Formulary	
MYNATAL PLUS	Formulary	
MYNATAL-Z	Formulary	
MYNATE 90 PLUS	Formulary	
MY-VITALIFE	Formulary	
NIVA-PLUS	Formulary	
O-CAL PRENATAL	Formulary	
OCUTABS	Formulary	
OCUVITE WITH LUTEIN	Formulary	
OMNICAP	Formulary	
ONCE DAILY	Formulary	
ONCOVITE	Formulary	
ONE DAILY CALCIUM/IRON	Formulary	
ONE DAILY ENERGY ORAL TABLET , 9 MG IRON-400 MCG-200 MG	Formulary	
ONE DAILY ESSENTIAL	Formulary	
ONE DAILY FOR MEN	Formulary	
ONE DAILY FOR MEN 50+ ADVANCED	Formulary	
ONE DAILY FOR WOMEN	Formulary	
ONE DAILY MAXIMUM	Formulary	
ONE DAILY MEN'S 50 PLUS MEMORY	Formulary	
ONE DAILY MULTIVITAMIN ORAL TABLET 400 MCG	Formulary	
ONE DAILY MULTIVIT-IRON(FOLIC)	Formulary	
ONE DAILY ORAL TABLET 0.4-600 MG-MCG, 300-18-400-50 MG-MG-MCG-MG	Formulary	
ONE DAILY PLUS MINERALS	Formulary	
ONE DAILY PRENATAL	Formulary	
ONE DAILY WITH IRON	Formulary	
ONE DAILY WOMEN 50 PLUS(VIT K)	Formulary	
ONE DAILY WOMENS 50 PLUS	Formulary	
ONE DAILY WOMEN'S HEALTH	Formulary	
ONE DAILY WOMEN'S METABOLISM	Formulary	
ONE DAILY WOMEN'S ORAL TABLET 18 MG IRON-400 MCG-450 MG CA, 27-0.4 MG	Formulary	
ONE-A-DAY ESSENTIAL	Formulary	
ONE-A-DAY MAXIMUM FORMULA	Formulary	
ONE-A-DAY MEN 50 PLUS (GINKGO)	Formulary	
ONE-A-DAY MENOPAUSE FORMULA	Formulary	
ONE-A-DAY TEEN ADVANTAGE	Formulary	
ONE-A-DAY VITACRAVES OMEGA-3	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
ONE-A-DAY WOMEN'S HEALTHY SKIN	Formulary	
ONE-A-DAY WOMEN'S PETITES	Formulary	
OPTI-VITAMINS	Formulary	
PERRY PRENATAL	Formulary	
pnv cmb#95-ferrous fumarate-fa	Formulary	
PRENATA	Formulary	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	Formulary	
PRENATAL COMPLETE	Formulary	
PRENATAL FORMULA	Formulary	
PRENATAL GUMMY	Formulary	
PRENATAL LOW IRON	Formulary	
PRENATAL MULTI	Formulary	
PRENATAL MULTI-DHA (ALGAL OIL)	Formulary	
PRENATAL MULTI-DHA(WITH VIT K)	Formulary	
PRENATAL MULTIVITAMINS	Formulary	
PRENATAL ONE DAILY	Formulary	
PRENATAL ORAL TABLET	Formulary	
PRENATAL PLUS	Formulary	
PRENATAL PLUS (CALCIUM CARB)	Formulary	
PRENATAL TABLET	Formulary	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG	Formulary	
PRENATAL VITAMIN PLUS LOW IRON	Formulary	
PRENATAL VITAMIN WITH MINERALS	Formulary	
prenatal vit-iron fum-folic ac	Formulary	
prenatal vits96-iron fum-folic	Formulary	
PRENATAL WITH DHA-FOLIC ACID	Formulary	
PREPLUS	Formulary	
PRORENAL QD	Formulary	
QUINTABS	Formulary	
QUINTABS-M	Formulary	
QUINTABS-M IRON FREE	Formulary	
SAVISION	Formulary	
SCOOBY-DOO ONE A DAY	Formulary	
SENIOR TABS	Formulary	
SENTRY	Formulary	
SENTRY SENIOR ORAL TABLET 500-300-250 MCG	Formulary	
SPECTRAVITE ADULT 50 PLUS	Formulary	
SPECTRAVITE ADVANCED FORMULA ORAL TABLET 18-400 MG-MCG	Formulary	
SPECTRAVITE MEN'S	Formulary	
SPECTRAVITE SENIOR ORAL TABLET 500-300-250 MCG	Formulary	
SPECTRAVITE ULTRA MEN 50+	Formulary	
SPECTRAVITE ULTRA MEN'S SR	Formulary	
SPECTRAVITE ULTRA WOMEN	Formulary	
SPECTRAVITE ULTRA WOMEN'S SR	Formulary	
STRESS B WITH ZINC	Formulary	
STRESS FORMULA	Formulary	
STRESS FORMULA 600 C	Formulary	
SUPER ANTIOXIDANT	Formulary	
SUPER MULTIPLE	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
SUPER MULTIPLE - LOW IRON	Formulary	
SUPER THERA VITE M	Formulary	
SUPPORT	Formulary	
TAB-A-VITE	Formulary	
TAB-A-VITE/IRON	Formulary	
THERA	Formulary	
THERA M PLUS (FERROUS FUMARAT)	Formulary	
THERADEX M	Formulary	
THERAGRAN-M PREMIER 50 PLUS	Formulary	
THERALOGIX COMPANION	Formulary	
THERA-M ORAL TABLET	Formulary	
THERAPEUTIC-M ORAL TABLET 9 MG IRON-400 MCG	Formulary	
THERAPEUTIC-M VITAMIN/MINERALS	Formulary	
THERA-TABS	Formulary	
THERATRUM COMPLETE 50 PLUS/LUT	Formulary	
THERATRUM COMPLETE 50 PLUS-LYC	Formulary	
THERATRUM COMPLETE WITH LUTEIN	Formulary	
TRINATAL RX 1	Formulary	
TRIPLE VITAMIN WITH FLUORIDE	Formulary	OTC
TRI-VITAMIN WITH FLUORIDE	Formulary	
TYR COOLER ORAL LIQUID	Formulary	
ULTIMATE MEN'S COMPLETE 50+	Formulary	
ULTIMATE WOMEN'S COMPLETE 50+	Formulary	
ULTRA ANTIOXIDANT FORMULA	Formulary	
V-C FORTE	Formulary	
VIC-FORTE	Formulary	
VINATE M	Formulary	
VINATE ONE	Formulary	
VISION	Formulary	
VISION FORMULA (WITH LUTEIN)	Formulary	
VISION PLUS LUTEIN	Formulary	
VITALEE	Formulary	
VITALETS ORAL TABLET,CHEWABLE	Formulary	
VITAMIN D3 COMPLETE	Formulary	
VITAMINS A-D-E SELENIUM	Formulary	
VITAMINS AND MINERALS	Formulary	
VITRUM SENIOR ORAL TABLET	Formulary	
WOMEN'S 50 PLUS DAILY FORMULA	Formulary	
WOMEN'S 50 PLUS MULTIVITAMIN	Formulary	
WOMEN'S DAILY CAPLET	Formulary	
WOMEN'S DAILY FORMULA ORAL TABLET 18 MG IRON-400 MCG-500 MG CA, 27-0.4 MG	Formulary	
WOMEN'S ONE DAILY	Formulary	
WOMEN'S PRENATAL PLUS DHA	Formulary	
YELETS	Formulary	
ZOO CHEWS	Formulary	
Vitamin A		
beta carotene	Formulary	
CHILD MULTIVITAMINS	Formulary	
TRIPLE VITAMIN WITH FLUORIDE	Formulary	OTC
TRI-VITAMIN WITH FLUORIDE	Formulary	
vitamin a oral capsule 10,000 unit, 8,000 unit	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
VITAMINS A-D-E SELENIUM	Formulary	
Vitamin B Complex		
A THRU Z ADVANCED FORMULA	Formulary	
A THRU Z MEN'S ULTIMATE	Formulary	
A THRU Z SELECT 50PLUS FORMULA	Formulary	
A THRU Z SELECT ORAL TABLET 300-600-300 MCG, 500-300-250 MCG	Formulary	
ABC PLUS	Formulary	
ADULT ONE DAILY MULTIVITAMIN	Formulary	
ADULTS 50 PLUS	Formulary	
ADULTS MULTIVITAMIN	Formulary	
B COMPLEX W-VIT C	Formulary	
b complex-vitamin c-folic acid oral tablet	Formulary	
B-12 DOTS	Formulary	
b-complex with vitamin c oral tablet	Formulary	
CENTRAL-VITE ORAL TABLET 18 MG IRON-400 MCG-25 MCG	Formulary	
CENTRAL-VITE WOMEN'S MATURE	Formulary	
CENTRAVITES 50 PLUS ORAL TABLET 0.4-300-250 MG-MCG-MCG	Formulary	
CENTRAVITES ADULTS	Formulary	
CENTRUM COMPLETE	Formulary	
CENTRUM ORAL TABLET	Formulary	
CENTRUM SILVER ORAL TABLET	Formulary	
CENTRUM WOMEN	Formulary	
CENTURY ADULTS 50 PLUS	Formulary	
CENTURY MATURE ORAL TABLET 0.4-300-250 MG-MCG-MCG	Formulary	
CENTURY ORAL TABLET 18-400 MG-MCG	Formulary	
CENTURY ULTIMATE MEN'S	Formulary	
CENTURY ULTIMATE WOMEN'S	Formulary	
CERTA PLUS	Formulary	
CERTAVITE-ANTIOXIDANT	Formulary	
CHILD MULTIVITAMINS	Formulary	
CHILDREN'S CHEWABLE MULTIVITMN	Formulary	
CHILDREN'S CHEWABLES	Formulary	
CLASSIC PRENATAL	Formulary	
COMPLETE 50+	Formulary	
COMPLETE MEN	Formulary	
COMPLETE MULTI 50+	Formulary	
COMPLETE MULTIVITAMIN ORAL TABLET 0.4-300-250 MG-MCG-MCG	Formulary	
COMPLETE MULTIVITAMIN-MINERAL ORAL TABLET	Formulary	
COMPLETE SENIOR ORAL TABLET 0.4-300-250 MG-MCG-MCG	Formulary	
COMPLETE WOMEN	Formulary	
cyanocobalamin (vitamin b-12) injection	Formulary	
cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 100 mcg, 500 mcg	Formulary	
cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg	Formulary	
DAILY MULTIPLE FOR MEN	Formulary	
DAILY MULTIPLE FOR WOMEN	Formulary	
DAILY MULTIPLE ORAL TABLET 18-400 MG-MCG, 400-120 MCG-MG	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
DAILY MULTIVITAMIN WITH IRON	Formulary	
DAILY VITAMIN FORMULA-IRON	Formulary	
DIABETES HEALTH FORMULA	Formulary	
DIABETIC SUPPORT FORMULA	Formulary	
DIALYVITE 800 ORAL TABLET	Formulary	
DIALYVITE 800-ULTRA D	Formulary	
DIALYVITE ORAL TABLET 100-1 MG	Formulary	
ESSENTIA	Formulary	
ESSENTIAL MAN	Formulary	
ESSENTIAL MAN 50+	Formulary	
ESSENTIAL WOMAN 50+	Formulary	
FE C PLUS	Formulary	
FLINTSTONES MULTI-VIT GUMMIES ORAL TABLET,CHEWABLE 100 MCG	Formulary	
FLINTSTONES TAB CHEW	Formulary	
FLINTSTONES/EXTRA C ORAL TABLET,CHEWABLE 100 MCG	Formulary	
folic acid oral capsule 20 mg	Formulary	
folic acid oral tablet 1 mg	Formulary	OTC
folic acid oral tablet 400 mcg, 800 mcg	Formulary	
FULL SPECTRUM B-VITAMIN C	Formulary	
GUMMY DINOS ORAL TABLET,CHEWABLE 200 MCG	Formulary	
IRON 100 PLUS	Formulary	
K-PAX IMMUNE SUPPORT	Formulary	
KPN ORAL TABLET 9 MG IRON- 267 MCG	Formulary	
MEGA MULTI FOR WOMEN	Formulary	
MEGA MULTIVITAMIN WITH MINERAL ORAL TABLET 13.5-200-250 MG-MCG-MCG	Formulary	
MEN 50 PLUS MULTIVITAMIN	Formulary	
MEN UNDER 50 MULTIVITAMIN	Formulary	
MEN'S DAILY FORMULA ORAL TABLET 400-20-300 MCG	Formulary	
MEN'S DAILY MULTIVIT-MINERAL	Formulary	
MEN'S MULTIVITAMIN	Formulary	
MEN'S ONE DAILY ORAL TABLET 400-20-300 MCG	Formulary	
MINI PRENATAL	Formulary	
M-NATAL PLUS	Formulary	
MULTI COMPLETE WITH IRON	Formulary	
MULTI-BETIC	Formulary	
MULTI-DAY WITH IRON	Formulary	
MULTIGEN FOLIC	Formulary	
MULTIGEN PLUS	Formulary	
MULTIVITAMIN WOMEN 50 PLUS	Formulary	
MYNATAL ADVANCE	Formulary	
MYNATAL PLUS	Formulary	
MYNATAL-Z	Formulary	
MYNEPHROCAPS	Formulary	
MYNEPHRON	Formulary	
NIVA-PLUS	Formulary	
O-CAL PRENATAL	Formulary	
OMNICAP	Formulary	
ONE DAILY ENERGY ORAL TABLET 9 MG IRON-400 MCG-200 MG	Formulary	
ONE DAILY ESSENTIAL ORAL TABLET 0.4 MG, 400 MCG	Formulary	
ONE DAILY FOR MEN	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
ONE DAILY FOR MEN 50+ ADVANCED	Formulary	
ONE DAILY FOR WOMEN	Formulary	
ONE DAILY MAXIMUM	Formulary	
ONE DAILY MEN'S 50 PLUS MEMORY	Formulary	
ONE DAILY MULTIVITAMIN ORAL TABLET 400 MCG	Formulary	
ONE DAILY MULTIVIT-IRON(FOLIC)	Formulary	
ONE DAILY ORAL TABLET 0.4-600 MG-MCG	Formulary	
ONE DAILY PRENATAL	Formulary	
ONE DAILY WOMEN 50 PLUS(VIT K)	Formulary	
ONE DAILY WOMENS 50 PLUS	Formulary	
ONE DAILY WOMEN'S HEALTH	Formulary	
ONE DAILY WOMEN'S ORAL TABLET 18 MG IRON-400 MCG-450 MG CA	Formulary	
ONE-A-DAY MEN 50 PLUS (GINKGO)	Formulary	
ONE-A-DAY MENOPAUSE FORMULA	Formulary	
ONE-A-DAY TEEN ADVANTAGE	Formulary	
ONE-A-DAY VITACRAVES OMEGA-3	Formulary	
ONE-A-DAY WOMEN'S HEALTHY SKIN	Formulary	
ONE-A-DAY WOMEN'S PETITES	Formulary	
PERRY PRENATAL	Formulary	
pnv cmb#95-ferrous fumarate-fa	Formulary	
PRENATA	Formulary	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	Formulary	
PRENATAL COMPLETE	Formulary	
PRENATAL FORMULA	Formulary	
PRENATAL GUMMY	Formulary	
PRENATAL LOW IRON	Formulary	
PRENATAL MULTI	Formulary	
PRENATAL MULTI-DHA (ALGAL OIL)	Formulary	
PRENATAL MULTI-DHA(WITH VIT K)	Formulary	
PRENATAL MULTIVITAMINS	Formulary	
PRENATAL ONE DAILY	Formulary	
PRENATAL ORAL TABLET	Formulary	
PRENATAL PLUS	Formulary	
PRENATAL PLUS (CALCIUM CARB)	Formulary	
PRENATAL TABLET	Formulary	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG	Formulary	
PRENATAL VITAMIN PLUS LOW IRON	Formulary	
PRENATAL VITAMIN WITH MINERALS	Formulary	
prenatal vit-iron fum-folic ac	Formulary	
prenatal vits96-iron fum-folic	Formulary	
PRENATAL WITH DHA-FOLIC ACID	Formulary	
PREPLUS	Formulary	
PRORENAL	Formulary	
PRORENAL QD	Formulary	
pyridoxine (vitamin b6) oral tablet 100 mg, 25 mg, 50 mg	Formulary	
QUIN B STRONG	Formulary	
QUINTABS	Formulary	
QUINTABS-M	Formulary	
QUINTABS-M IRON FREE	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
RENAL CAPS	Formulary	
RENAL VITAMIN	Formulary	
RENAL-VITE	Formulary	
RENA-VITE	Formulary	
RENA-VITE RX	Formulary	
RENO CAPS	Formulary	
riboflavin (vitamin b2) oral tablet 100 mg	Formulary	
SENIOR TABS	Formulary	
SENTRY	Formulary	
SENTRY SENIOR ORAL TABLET 500-300-250 MCG	Formulary	
SPECTRAVITE ADULT 50 PLUS	Formulary	
SPECTRAVITE ADVANCED FORMULA ORAL TABLET 18-400 MG-MCG	Formulary	
SPECTRAVITE MEN'S	Formulary	
SPECTRAVITE SENIOR ORAL TABLET 500-300-250 MCG	Formulary	
SPECTRAVITE ULTRA MEN 50+	Formulary	
SPECTRAVITE ULTRA MEN'S SR	Formulary	
SPECTRAVITE ULTRA WOMEN	Formulary	
SPECTRAVITE ULTRA WOMEN'S SR	Formulary	
STRESS B PLUS ZINC	Formulary	
STRESS B-COMPLEX ORAL TABLET 500-400-23.9-3 MG-MCG-MG-MG	Formulary	
STRESS FORMULA WITH IRON(SULF)	Formulary	
SUPER B COMPLEX-VITAMIN C	Formulary	
SUPER MULTIPLE - LOW IRON	Formulary	
SUPER MULTIPLE ORAL CAPSULE	Formulary	
SUPERPLEX-T	Formulary	
THERA M PLUS (FERROUS FUMARAT)	Formulary	
THERA ORAL TABLET 400 MCG	Formulary	
THERADEX M	Formulary	
THERAGRAN-M PREMIER 50 PLUS	Formulary	
THERALOGIX COMPANION	Formulary	
THERAPEUTIC-M ORAL TABLET 9 MG IRON-400 MCG	Formulary	
THERAPEUTIC-M VITAMIN/MINERALS	Formulary	
THERATRUM COMPLETE 50 PLUS-LYC	Formulary	
thiamine hcl (vitamin b1) oral tablet 100 mg, 250 mg	Formulary	
TOTAL B/C	Formulary	
TRINATAL RX 1	Formulary	
TRIPHROCAPS	Formulary	
ULTIMATE MEN'S COMPLETE 50+	Formulary	
ULTIMATE WOMEN'S COMPLETE 50+	Formulary	
V-C FORTE	Formulary	
VIC-FORTE	Formulary	
VINATE M	Formulary	
VINATE ONE	Formulary	
VIRT-CAPS	Formulary	
VITALEE	Formulary	
VITAMIN B-1	Formulary	
VITAMIN B-12 ORAL TABLET 1,000 MCG, 100 MCG, 250 MCG, 500 MCG	Formulary	
VITAMIN B-12 ORAL TABLET EXTENDED RELEASE 1,000 MCG	Formulary	
VITAMIN B-2 ORAL TABLET 100 MG	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
VITAMIN B-6 ORAL TABLET 100 MG, 25 MG, 50 MG	Formulary	
VITAMIN D3 COMPLETE	Formulary	
VITAMINS B COMPLEX ORAL TABLET 500 MG-400 MCG- 18 MG IRON	Formulary	
VP-VITE RX	Formulary	
WOMEN'S 50 PLUS DAILY FORMULA	Formulary	
WOMEN'S 50 PLUS MULTIVITAMIN	Formulary	
WOMEN'S DAILY CAPLET	Formulary	
WOMEN'S DAILY FORMULA ORAL TABLET 18 MG IRON-400 MCG-500 MG CA	Formulary	
WOMEN'S ONE DAILY	Formulary	
WOMEN'S PRENATAL PLUS DHA	Formulary	
YELETS	Formulary	
Vitamin C		
ACEROLA C	Formulary	
ACEROLA C-500	Formulary	
ascorbic acid (vitamin c) oral tablet	Formulary	
ascorbic acid (vitamin c) oral tablet,chewable 500 mg	Formulary	
ascorbic acid-ascorbate sodium oral wafer	Formulary	
B COMPLEX W-VIT C	Formulary	
b complex-vitamin c-folic acid oral tablet	Formulary	
b-complex with vitamin c oral tablet	Formulary	
C COMPLEX ORAL TABLET EXTENDED RELEASE 1,000 MG	Formulary	
C-1000	Formulary	
C-1000 WITH ROSE HIPS	Formulary	
C-500 ORAL TABLET	Formulary	
C-500 ORAL TABLET,CHEWABLE	Formulary	
DIALYVITE 800 ORAL TABLET	Formulary	
DIALYVITE 800-ULTRA D	Formulary	
DIALYVITE ORAL TABLET 100-1 MG	Formulary	
ENDUR-C WITH ROSE HIPS ORAL TABLET EXTENDED RELEASE 1,000 MG	Formulary	
FE C PLUS	Formulary	
FRUIT C-500	Formulary	
FULL SPECTRUM B-VITAMIN C	Formulary	
IRON 100 PLUS	Formulary	
MULTIGEN FOLIC	Formulary	
MULTIGEN PLUS	Formulary	
MYNEPHROCAPS	Formulary	
MYNEPHRON	Formulary	
PRORENAL	Formulary	
QUIN B STRONG	Formulary	
RENAL CAPS	Formulary	
RENAL VITAMIN	Formulary	
RENAL-VITE	Formulary	
RENA-VITE	Formulary	
RENA-VITE RX	Formulary	
RENO CAPS	Formulary	
SOOTHING PUREWAY-C	Formulary	
STRAWBERRY C	Formulary	
STRESS B-COMPLEX ORAL TABLET 500-400-23.9-3 MG-MCG-MG-MG	Formulary	

You can find information on what the abbreviations in this table mean by going to page 5

Drug	Status	Notes
STRESS FORMULA WITH IRON(SULF)	Formulary	
SUPER B COMPLEX-VITAMIN C	Formulary	
SUPERPLEX-T	Formulary	
TOTAL B/C	Formulary	
TRIPHROCAPS	Formulary	
TRIPLE VITAMIN WITH FLUORIDE	Formulary	OTC
TRI-VITAMIN WITH FLUORIDE	Formulary	
VIRT-CAPS	Formulary	
VITAMIN C ORAL TABLET 1,000 MG, 250 MG, 500 MG	Formulary	
VITAMIN C ORAL TABLET EXTENDED RELEASE 1,000 MG	Formulary	
VITAMIN C ORAL TABLET,CHEWABLE 500 MG	Formulary	
VITAMIN C WITH ROSE HIPS ORAL TABLET	Formulary	
VITAMIN C WITH ROSE HIPS ORAL TABLET EXTENDED RELEASE 1,000 MG	Formulary	
VITAMIN C WITH ROSE HIPS ORAL TABLET,CHEWABLE	Formulary	
VITAMINS B COMPLEX ORAL TABLET 500 MG-400 MCG- 18 MG IRON	Formulary	
VP-VITE RX	Formulary	
Vitamin D		
ca-d3-mag ox-zinc-cop-mang-bor oral tablet,chewable 600 mg calcium- 800 unit-40 mg	Formulary	
CALCIDOL	Formulary	
CAL-CITRATE	Formulary	
calcitriol intravenous solution 1 mcg/ml	Formulary	
calcitriol oral capsule	Formulary	
CALCIUM 500 + D	Formulary	
CALCIUM 500 WITH D	Formulary	
CALCIUM 600 + D(3) ORAL TABLET	Formulary	
CALCIUM 600 WITH VITAMIN D3 ORAL TABLET,CHEWABLE	Formulary	
calcium carbonate-vitamin d3 oral tablet	Formulary	
calcium carbonate-vitamin d3 oral tablet,chewable	Formulary	
CALCIUM CITRATE + D	Formulary	
calcium citrate-vitamin d3 oral tablet 200 mg calcium -250 unit, 250 mg calcium- 200 unit, 315 mg- 250 unit, 315-200 mg-unit	Formulary	
CALCIUM WITH VITAMIN D	Formulary	
CHILD MULTIVITAMINS	Formulary	
cholecalciferol (vitamin d3) oral capsule	Formulary	
cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)	Formulary	
cholecalciferol (vitamin d3) oral tablet	Formulary	
CITRACAL + D MAXIMUM	Formulary	
CITRACAL REGULAR	Formulary	
CITRUS CALCIUM-VITAMIN D3 ORAL TABLET 200 MG CALCIUM - 250 UNIT	Formulary	
D3 DOTS	Formulary	
D3-2000	Formulary	
DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Formulary	
DELTA D3	Formulary	
DIALYVITE 800-ULTRA D	Formulary	
DIALYVITE VITAMIN D	Formulary	
DIALYVITE VITAMIN D3 MAX	Formulary	
D-VI-SOL	Formulary	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	Formulary	

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Drug	Status	Notes
ergocalciferol (vitamin d2) oral drops	Formulary	
ergocalciferol (vitamin d2) oral tablet 400 unit	Formulary	
FOSAMAX PLUS D	Non-preferred	PA
HI-CAL PLUS VIT D	Formulary	
OPTIMAL D3	Formulary	
OS-CAL 500 + D3 ORAL TABLET 500 MG(1,250MG) -200 UNIT	Formulary	
OYSCO 500/D ORAL TABLET	Formulary	
OYSTER SHELL + D3	Formulary	
OYSTER SHELL CALCIUM-VIT D2 ORAL TABLET 250 (625)-125 MG-UNIT	Formulary	OTC
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET	Formulary	
OYSTERCAL-D	Formulary	
PEDIA D-VITE ORAL DROPS	Formulary	
PRORENAL	Formulary	
PRORENAL QD	Formulary	
THERA-D	Formulary	
TRIPLE VITAMIN WITH FLUORIDE	Formulary	OTC
TRI-VITAMIN WITH FLUORIDE	Formulary	
VITAMIN D2	Formulary	
VITAMIN D3 ORAL CAPSULE	Formulary	
VITAMIN D3 ORAL TABLET	Formulary	
VITAMINS A-D-E SELENIUM	Formulary	
Vitamin E		
CHILD MULTIVITAMINS	Formulary	
E-200	Formulary	
STRESS FORMULA WITH IRON(SULF)	Formulary	
vitamin e (dl, acetate) oral capsule 1,000 unit, 200 unit, 400 unit	Formulary	
vitamin e mixed oral capsule	Formulary	
vitamin e oral capsule 1,000 unit, 100 unit, 200 unit, 400 unit	Formulary	
VITAMINS A-D-E SELENIUM	Formulary	
VITAMINS B COMPLEX ORAL TABLET 500 MG-400 MCG- 18 MG IRON	Formulary	
Vitamin K Activity		
ADULTS MULTIVITAMIN	Formulary	
CENTRAL-VITE ORAL TABLET 18 MG IRON-400 MCG-25 MCG	Formulary	
CENTRAVITES ADULTS	Formulary	
MEN'S DAILY FORMULA ORAL TABLET 400-20-300 MCG	Formulary	
MEN'S MULTIVITAMIN	Formulary	
MEN'S ONE DAILY ORAL TABLET 400-20-300 MCG	Formulary	
MEPHYTON	Formulary	
ONE DAILY WOMEN 50 PLUS(VIT K)	Formulary	
phytonadione (vitamin k1) oral tablet 5 mg	Formulary	
WOMEN'S 50 PLUS DAILY FORMULA	Formulary	
WOMEN'S 50 PLUS MULTIVITAMIN	Formulary	

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12 HOUR NASAL RELIEF SPRAY 88
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12-HOUR COUGH RELIEF 116
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1ST TIER UNIFINE PENTIPS PLUS 68
24 HOUR NASAL ALLERGY 86, 121
3 DAY VAGINAL 127
4 WAY 89
4-N-1 NO RINSE WASH 128
50 PLUS ADULT EYE HEALTH 135
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