



**McLaren Medicaid  
Drug Formulary  
May 2024**

<b>Key</b>	
*	Generic available, must use
Age	Age Limits
Carve Out	Coverage determined by FFS Medicaid (not covered by HMO)
Common Formulary	Covered per notes limitations
Female Only	Only covered for Females
OTC	Over the Counter
PA	Prior Authorization
PDL Preferred	Preferred Drug List: Covered without authorization
PDL Non-Preferred	May be considered with prior authorization
QL	Quantity Limit
SP	Specialty Pharmacy
ST	Step Therapy

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Drug	Status	Notes
<b>Allergy</b>		
<b>Allergenic Extracts, Therapeutics</b>		
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Common Formulary	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Common Formulary	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Common Formulary	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Common Formulary	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Common Formulary	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Common Formulary	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Common Formulary	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Common Formulary	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Common Formulary	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Common Formulary	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Common Formulary	PA
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Common Formulary	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Common Formulary	PA
<b>Antihistamines - 1St Generation</b>		
ALLER-CHLOR ORAL TABLET 4 MG (chlorpheniramine maleate)	Common Formulary	
ALLER-G-TIME ORAL TABLET 25 MG (diphenhydramine hcl)	Common Formulary	Age (Max 64 Years)
ALLERGY (CHLORPHENIRAMINE) ORAL TABLET 4 MG (chlorpheniramine maleate)	Common Formulary	
ALLERGY (DIPHENHYDRAMINE) ORAL CAPSULE 25 MG (diphenhydramine hcl)	Common Formulary	Age (Max 64 Years)
ALLERGY (DIPHENHYDRAMINE) ORAL TABLET 25 MG (diphenhydramine hcl)	Common Formulary	Age (Max 64 Years)
ALLERGY ORAL LIQUID 12.5 MG/5 ML (diphenhydramine hcl)	Common Formulary	

Drug	Status	Notes
ALLERGY RELIEF(CHLORPHENIRAMN) ORAL TABLET 4 MG (chlorpheniramine maleate)	Common Formulary	
ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL CAPSULE 25 MG (diphenhydramine hcl)	Common Formulary	Age (Max 64 Years)
ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL LIQUID 12.5 MG/5 ML (diphenhydramine hcl)	Common Formulary	
ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL TABLET 25 MG (diphenhydramine hcl)	Common Formulary	Age (Max 64 Years)
ALLERGY-TIME ORAL TABLET 4 MG (chlorpheniramine maleate)	Common Formulary	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG (diphenhydramine hcl)	Common Formulary	Age (Max 64 Years)
BANOPHEN ORAL TABLET 25 MG (diphenhydramine hcl)	Common Formulary	Age (Max 64 Years)
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Common Formulary	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Common Formulary	
CHILDREN'S ALLERGY (DIPHENHYD) ORAL LIQUID 12.5 MG/5 ML (diphenhydramine hcl)	Common Formulary	
<i>chlorpheniramine maleate oral tablet extended release 12 mg</i>	Common Formulary	
<i>clemastine oral tablet 2.68 mg</i>	Common Formulary	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Common Formulary	Age (Max 64 Years)
<i>cyproheptadine oral tablet 4 mg</i>	Common Formulary	Age (Max 64 Years)
DIPHEDRYL ORAL LIQUID 12.5 MG/5 ML (diphenhydramine hcl)	Common Formulary	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Common Formulary	Age (Max 64 Years)
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	Common Formulary	Age (Max 64 Years)
<i>diphenhydramine hcl oral capsule 25 mg</i> (Allergy (diphenhydramine))	Common Formulary	Age (Max 64 Years)
<i>diphenhydramine hcl oral capsule 50 mg</i> (Banophen)	Common Formulary	Age (Max 64 Years)
<i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i> (Allergy)	Common Formulary	
<i>diphenhydramine hcl oral tablet 25 mg</i> (Aller-G-Time)	Common Formulary	Age (Max 64 Years)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	PDL Preferred	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PDL Preferred	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	PDL Preferred	

Drug	Status	Notes
<i>hydroxyzine pamoate oral capsule 25 mg</i> (Vistaril)	PDL Preferred	
M-DRYL ORAL LIQUID 12.5 MG/5 ML (diphenhydramine hcl)	Common Formulary	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Common Formulary	Age (Min 2 Years and Max 64 Years)
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Common Formulary	Age (Min 2 Years and Max 64 Years)
VISTARIL ORAL CAPSULE 25 MG (hydroxyzine pamoate)	PDL Non-Preferred	PA
<b>Antihistamines - 2Nd Generation</b>		
24HR ALLERGY RELIEF ORAL TABLET 5 MG (levocetirizine)	PDL Preferred	
ALL DAY ALLERGY (CETIRIZINE) ORAL CAPSULE 10 MG	PDL Non-Preferred	PA
ALL DAY ALLERGY (CETIRIZINE) ORAL SOLUTION 1 MG/ML (cetirizine)	PDL Preferred	
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET 10 MG (cetirizine)	PDL Preferred	
ALLER-EASE ORAL TABLET 180 MG (fexofenadine)	PDL Preferred	
ALLERGY RELIEF (CETIRIZINE) ORAL CAPSULE 10 MG	PDL Non-Preferred	PA
ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG, 5 MG (cetirizine)	PDL Preferred	
ALLERGY RELIEF (FEXOFENADINE) ORAL TABLET 180 MG, 60 MG (fexofenadine)	PDL Preferred	
ALLERGY RELIEF (LEVOCETIRIZIN) ORAL TABLET 5 MG (levocetirizine)	PDL Preferred	
ALLERGY RELIEF (LORATADINE) ORAL SOLUTION 5 MG/5 ML (loratadine)	PDL Preferred	
ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG (loratadine)	PDL Preferred	
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	PDL Preferred	
<i>cetirizine oral solution 5 mg/5 ml</i>	PDL Non-Preferred	PA
<i>cetirizine oral tablet 10 mg</i> (All Day Allergy (cetirizine))	PDL Preferred	
<i>cetirizine oral tablet 5 mg</i> (Allergy Relief (cetirizine))	PDL Preferred	
<i>cetirizine oral tablet,chewable 10 mg, 5 mg</i> (Children's Cetirizine)	PDL Non-Preferred	PA
CHILD ALLERGY RELF(CETIRIZINE) ORAL SOLUTION 1 MG/ML (cetirizine)	PDL Preferred	
CHILDREN'S ALLERGY RELIEF(FEX) ORAL SUSPENSION 30 MG/5 ML (fexofenadine)	PDL Preferred	
CHILDREN'S ALLERGY RELIEF(LOR) ORAL SOLUTION 5 MG/5 ML (loratadine)	PDL Preferred	
CHILDREN'S ALLERGY RELIEF(LOR) ORAL TABLET,CHEWABLE 5 MG	PDL Preferred	
CHILDREN'S CETIRIZINE ORAL SOLUTION 1 MG/ML (cetirizine)	PDL Preferred	

Drug		Status	Notes
CHILDREN'S CETIRIZINE ORAL TABLET,CHEWABLE 10 MG, 5 MG	(cetirizine)	PDL Non-Preferred	PA
CHILDREN'S LORATADINE ORAL TABLET,CHEWABLE 5 MG		PDL Preferred	
CHILD'S ALL DAY ALLERGY(CETIR) ORAL SOLUTION 1 MG/ML	(cetirizine)	PDL Preferred	
CLARINEX ORAL TABLET 5 MG	(desloratadine)	PDL Non-Preferred	PA
<i>desloratadine oral tablet 5 mg</i>	(Clarinex)	PDL Non-Preferred	PA
<i>desloratadine oral tablet,disintegrating 2.5 mg</i>		PDL Non-Preferred	PA; Age (Max 11 Years)
<i>desloratadine oral tablet,disintegrating 5 mg</i>		PDL Non-Preferred	PA
<i>fexofenadine oral tablet 180 mg</i>	(Aller-Ease)	PDL Preferred	
<i>fexofenadine oral tablet 60 mg</i>	(Allergy Relief (fexofenadine))	PDL Preferred	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	(Xyzal)	PDL Non-Preferred	PA
<i>levocetirizine oral tablet 5 mg</i>	(24HR Allergy Relief)	PDL Preferred	
<i>loratadine oral solution 5 mg/5 ml</i>	(Allergy Relief (loratadine))	PDL Preferred	
<i>loratadine oral tablet 10 mg</i>	(Allergy Relief (loratadine))	PDL Preferred	
<i>loratadine oral tablet,disintegrating 10 mg</i>	(Alavert)	PDL Preferred	
<b>Nasal Antihistamine</b>			
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>		PDL Preferred	
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	(Astepro Allergy)	PDL Preferred	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	(Patanase)	PDL Non-Preferred	PA
PATANASE NASAL SPRAY,NON-AEROSOL 0.6 %	(olopatadine)	PDL Non-Preferred	PA
<b>Nasal Antihistamine &amp; Anti-Inflam. Steroid Comb.</b>			
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	(Dymista)	PDL Non-Preferred	PA
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	(azelastine-fluticasone)	PDL Non-Preferred	PA
RYALTRIS NASAL SPRAY,NON-AEROSOL 665-25 MCG/SPRAY		PDL Non-Preferred	PA
<b>Nasal Anti-Inflammatory Steroids</b>			
24 HOUR ALLERGY RELIEF NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	(fluticasone propionate)	PDL Non-Preferred	PA
24 HOUR NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG	(triamcinolone acetonide)	PDL Non-Preferred	PA
ALLERGY RELIEF (FLUTICASONE) NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	(fluticasone propionate)	PDL Non-Preferred	PA

Drug	Status	Notes
<i>budesonide nasal spray,non-aerosol 32 mcg/actuation</i>	PDL Non-Preferred	PA
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	PDL Non-Preferred	PA
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	PDL Preferred	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Nasonex 24hr Allergy)	PDL Non-Preferred	PA
NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG (triamcinolone acetonide)	PDL Non-Preferred	PA
NASONEX 24HR ALLERGY NASAL SPRAY,NON-AEROSOL 50 MCG/ACTUATION (mometasone)	PDL Non-Preferred	PA
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG	PDL Non-Preferred	PA
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	PDL Non-Preferred	PA
<i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i> (24 Hour Nasal Allergy)	PDL Non-Preferred	PA
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	PDL Non-Preferred	PA
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	PDL Non-Preferred	PA
<b>Nasal Mast Cell Stabilizers Agents</b>		
<i>cromolyn nasal spray,non-aerosol 5.2 mg/spray (4 %)</i> (Nasal crom)	Common Formulary	
<b>Antiemesis/Antivertigo</b>		
<b>Antiemetic, Cannabinoid-Type</b>		
<i>dronabinol oral capsule 10 mg</i> (Marinol)	Common Formulary	
<i>dronabinol oral capsule 2.5 mg, 5 mg</i> (Marinol)	Common Formulary	PA
<b>Antiemetic/Antivertigo Agents</b>		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	PDL Non-Preferred	PA; QL (1 EA per 1 FILL)
<i>aprepitant oral capsule 125 mg, 40 mg</i>	PDL Non-Preferred	PA; QL (1 EA per 1 FILL); Age (Min 12 Years)
<i>aprepitant oral capsule 80 mg</i> (Emend)	PDL Non-Preferred	PA; QL (2 EA per 1 FILL); Age (Min 12 Years)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	PDL Non-Preferred	PA; QL (3 EA per 1 FILL); Age (Min 12 Years)
COMPRO RECTAL SUPPOSITORY 25 MG (prochlorperazine)	Common Formulary	QL (2 EA per 1 day)
DRIMINATE ORAL TABLET 50 MG (dimenhydrinate)	Common Formulary	
EMEND ORAL CAPSULE 80 MG (aprepitant)	PDL Preferred	QL (2 EA per 1 FILL); Age (Min 12 Years)



Drug	Status	Notes
EMEND ORAL CAPSULE,DOSE PACK (aprepitant) 125 MG (1)- 80 MG (2)	PDL Non-Preferred	PA; QL (3 EA per 1 FILL); Age (Min 12 Years)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	PDL Non-Preferred	PA; Age (Min 12 Years)
<i>granisetron hcl oral tablet 1 mg</i>	PDL Preferred	QL (60 EA per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	Common Formulary	
<i>meclizine oral tablet 25 mg</i> (Motion Sickness (meclizine))	Common Formulary	
<i>meclizine oral tablet,chewable 25 mg</i> (Motion-Time)	Common Formulary	
MOTION SICKNESS (MECLIZINE) ORAL TABLET 25 MG (meclizine)	Common Formulary	
MOTION SICKNESS ORAL TABLET 50 MG (dimenhydrinate)	Common Formulary	
MOTION SICKNESS RELIEF ORAL TABLET 50 MG (dimenhydrinate)	Common Formulary	
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET 25 MG (meclizine)	Common Formulary	
MOTION-TIME ORAL TABLET,CHEWABLE 25 MG (meclizine)	Common Formulary	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	PDL Preferred	QL (75 ML per 1 FILL)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	PDL Preferred	QL (60 EA per 30 days)
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	PDL Preferred	QL (60 EA per 30 days)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Common Formulary	QL (4 EA per 1 day)
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	Common Formulary	QL (2 EA per 1 day)
<i>promethazine rectal suppository 12.5 mg, 25 mg</i> (Promethegan)	Common Formulary	QL (120 EA per 30 days); Age (Min 2 Years and Max 64 Years)
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG (promethazine)	Common Formulary	QL (120 EA per 30 days); Age (Min 2 Years and Max 64 Years)
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (promethazine)	Common Formulary	QL (60 EA per 30 days); Age (Min 2 Years and Max 64 Years)
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	PDL Non-Preferred	PA; QL (0.2 EA per 1 day)
<b>Asthma And Copd</b>		
<b>5-Lipoxygenase Inhibitors</b>		
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	PDL Non-Preferred	PA
ZYFLO ORAL TABLET 600 MG	PDL Non-Preferred	PA
<b>Anticholinergic, Orally Inhaled Short Acting</b>		

Drug	Status	Notes
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	PDL Preferred	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	PDL Preferred	
<b>Anticholinergics, Orally Inhaled Long Acting</b>		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	PDL Preferred	QL (90 EA per 90 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	PDL Preferred	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER (tiotropium bromide) INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	PDL Preferred	QL (30 EA per 30 days)
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)	PDL Non-Preferred	PA; QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	PDL Non-Preferred	PA
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	PDL Non-Preferred	PA
<b>Beta-Adrenergic Agents</b>		
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Common Formulary	
<b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	PDL Non-Preferred	PA; QL: 2 INHALERS IN 25 DAYS
<i>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</i>	PDL Preferred	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	PDL Non-Preferred	PA
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	PDL Non-Preferred	PA; QL (30 GM per 30 days)
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	PDL Non-Preferred	PA; QL (1 EA per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	PDL Non-Preferred	PA; QL (1 EA per 30 days)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (albuterol sulfate)	PDL Preferred	QL (36 GM per 30 days)
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION (levalbuterol tartrate)	PDL Preferred	QL (30 GM per 30 days)

Drug	Status	Notes
<b>Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	PDL Non-Preferred	PA
<b>Beta-Adrenergic Agents, Orally Inhaled, Long Acting</b>		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)	PDL Non-Preferred	PA
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML (arformoterol)	PDL Non-Preferred	PA
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> (Perforomist)	PDL Non-Preferred	PA
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML (formoterol fumarate)	PDL Non-Preferred	PA
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	PDL Preferred	QL (2 EA per 1 day)
<b>Beta-Adrenergic And Anticholinergic Combinations</b>		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	PDL Preferred	QL (180 EA per 90 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	PDL Preferred	QL (32.1 GM per 90 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	PDL Preferred	QL (20 GM per 90 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	PDL Non-Preferred	PA
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	PDL Preferred	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	PDL Preferred	QL (12 GM per 90 days)
<b>Beta-Adrenergic And Glucocorticoid Combinations</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propion-salmeterol)	PDL Preferred	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	PDL Preferred	QL (12 GM per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	PDL Non-Preferred	PA; QL (1 EA per 30 days)

Drug	Status	Notes
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	(fluticasone propion-salmeterol) PDL Non-Preferred	PA; QL (1 EA per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	PDL Non-Preferred	PA; QL (64.2 GM per 90 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol) PDL Non-Preferred	PA; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	PDL Non-Preferred	PA; QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol) PDL Non-Preferred	PA; QL (61.8 GM per 90 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	(Symbicort) PDL Non-Preferred	PA; QL (61.8 GM per 90 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	PDL Preferred	QL (26 GM per 30 days)
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	(Breo Ellipta) PDL Non-Preferred	PA; QL (60 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	(AirDuo RespiClick) PDL Non-Preferred	PA; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	(Advair Diskus) PDL Preferred	QL (60 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation hfa aerosol inhaler 115-21 mcg/actuation, 230-21 mcg/actuation, 45-21 mcg/actuation</i>	(Advair HFA) PDL Preferred	QL (12 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol) PDL Preferred	QL (61.8 GM per 90 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	(fluticasone propion-salmeterol) PDL Preferred	QL (60 EA per 30 days)
<b>Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled</b>		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	PDL Non-Preferred	PA; QL (32.1 GM per 90 days)

Drug	Status	Notes
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	PDL Preferred	QL (180 EA per 90 days)
<b>Glucocorticoids, Orally Inhaled</b>		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	PDL Preferred	
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION	PDL Non-Preferred	PA
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	PDL Non-Preferred	PA
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	PDL Non-Preferred	PA; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30)	PDL Preferred	QL (1 EA per 30 days); Age (Max 11 Years)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	PDL Preferred	QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	PDL Preferred	QL (4 ML per 1 day)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 250 mcg/actuation, 50 mcg/actuation</i>	PDL Non-Preferred	PA
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	PDL Preferred	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	PDL Preferred	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	PDL Preferred	QL (10.6 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	PDL Non-Preferred	PA; QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	PDL Non-Preferred	PA; QL (1 EA per 30 days)

Drug	Status	Notes
PULMICORT INHALATION (budesonide) SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	PDL Non-Preferred	PA; QL (4 ML per 1 day)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	PDL Non-Preferred	PA
<b>Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab</b>		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	PDL Preferred	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	PDL Preferred	PA
<b>Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab</b>		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	PDL Preferred	PA; Age (Min 12 Years)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	PDL Non-Preferred	PA; Age (Min 12 Years)
<b>Leukotriene Receptor Antagonists</b>		
ACCOLATE ORAL TABLET 10 MG, 20 (zafirlukast) MG	PDL Non-Preferred	PA
<i>montelukast oral granules in packet 4 (Singulair) mg</i>	PDL Non-Preferred	PA; Age (Max 5 Years)
<i>montelukast oral tablet 10 mg (Singulair)</i>	PDL Preferred	
<i>montelukast oral tablet, chewable 4 mg (Singulair)</i>	PDL Preferred	Age (Max 5 Years)
<i>montelukast oral tablet, chewable 5 mg (Singulair)</i>	PDL Preferred	Age (Max 14 Years)
SINGULAIR ORAL GRANULES IN (montelukast) PACKET 4 MG	PDL Non-Preferred	PA; Age (Max 5 Years)
SINGULAIR ORAL TABLET 10 MG (montelukast)	PDL Non-Preferred	PA
SINGULAIR ORAL (montelukast) TABLET,CHEWABLE 4 MG	PDL Non-Preferred	PA; Age (Max 5 Years)
SINGULAIR ORAL (montelukast) TABLET,CHEWABLE 5 MG	PDL Non-Preferred	PA; Age (Max 14 Years)
<i>zafirlukast oral tablet 10 mg, 20 mg (Accolate)</i>	PDL Non-Preferred	PA
<b>Mast Cell Stabilizers</b>		
<i>cromolyn oral concentrate 100 mg/5 ml (Gastrocrom)</i>	Common Formulary	
GASTROCROM ORAL CONCENTRATE (cromolyn) 100 MG/5 ML	Common Formulary	
<b>Mast Cell Stabilizers, Orally Inhaled</b>		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Common Formulary	
<b>Monoclonal Antibodies To Immunoglobulin E(Ige)</b>		

Drug	Status	Notes
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PDL Preferred	PA; Age (Min 6 Years)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PDL Preferred	PA; Age (Min 6 Years)
<b>Monoclonal Antibody - Interleukin-5 Antagonists</b>		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PDL Non-Preferred	PA; Age (Min 6 Years)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	PDL Non-Preferred	PA; Age (Min 6 Years)
<b>Phosphodiesterase-4 (Pde4) Inhibitors</b>		
DALIRESP ORAL TABLET 250 MCG, 500 MCG (roflumilast)	PDL Non-Preferred	PA
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	PDL Preferred	PA
<b>Respiratory Aids, Devices, Equipment</b>		
ACE AEROSOL CLOUD ENHANCER SPACER (inhalational spacing device)	Common Formulary	QL (4 EA per 365 days)
AEROCHAMBER MINI SPACER (inhalational spacing device)	Common Formulary	QL (4 EA per 365 days)
AEROCHAMBER MV SPACER (inhalational spacing device)	Common Formulary	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU SPACER (inhalational spacing device)	Common Formulary	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	Common Formulary	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	Common Formulary	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	Common Formulary	QL (4 EA per 365 days)
AEROCHAMBER PLUS Z STAT LG MSK SPACER	Common Formulary	QL (4 EA per 365 days)
AEROCHAMBER PLUS Z STAT MD MSK SPACER	Common Formulary	QL (4 EA per 365 days)
AEROCHAMBER PLUS Z STAT SM MSK SPACER	Common Formulary	QL (4 EA per 365 days)
AEROCHAMBER PLUS Z STAT SPACER (inhalational spacing device)	Common Formulary	QL (4 EA per 365 days)
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhalational spacing device)	Common Formulary	QL (4 EA per 365 days)
AEROTRACH PLUS SPACER (inhalational spacing device)	Common Formulary	QL (4 EA per 365 days)
AIRZONE PEAK FLOW METER DEVICE (peak flow meter)	Common Formulary	QL (4 EA per 365 days)
ASTHMA CHECK METER DEVICE (peak flow meter)	Common Formulary	QL (4 EA per 365 days)
BREATHERITE MDI SPACER SPACER (inhalational spacing device)	Common Formulary	QL (4 EA per 365 days)

Drug	Status	Notes
BREATHERITE VALVED MDI CHAMBER SPACER (inhalational spacing device)	Common Formulary	QL (4 EA per 365 days)
BREATHERITE VALVED MDI SPACER (inhalational spacing device)	Common Formulary	QL (4 EA per 365 days)
COMPACT SPACE CHAMBER-LRG MASK SPACER	Common Formulary	QL (4 EA per 365 days)
COMPACT SPACE CHAMBER-MED MASK SPACER	Common Formulary	QL (4 EA per 365 days)
COMPACT SPACE CHAMBER-SM MASK SPACER	Common Formulary	QL (4 EA per 365 days)
EASIVENT HOLDING CHAMBER SPACER (inhalational spacing device)	Common Formulary	QL (4 EA per 365 days)
EASIVENT MASK LARGE DEVICE	Common Formulary	QL (4 EA per 365 days)
EASIVENT MASK MEDIUM DEVICE	Common Formulary	QL (4 EA per 365 days)
EASIVENT MASK SMALL DEVICE	Common Formulary	QL (4 EA per 365 days)
IN-CHECK NASAL WITH MASK DEVICE (peak flow meter)	Common Formulary	QL (4 EA per 365 days)
IN-CHECK ORAL FLOW METER DEVICE (peak flow meter)	Common Formulary	QL (4 EA per 365 days)
LITE TOUCH-MEDIUM MASK DEVICE	Common Formulary	QL (4 EA per 365 days)
LITEAIRE MDI CHAMBER SPACER (inhalational spacing device)	Common Formulary	QL (4 EA per 365 days)
LITETOUCH-LARGE MASK DEVICE	Common Formulary	QL (4 EA per 365 days)
LITETOUCH-SMALL MASK DEVICE	Common Formulary	QL (4 EA per 365 days)
MICROCHAMBER SPACER (inhalational spacing device)	Common Formulary	QL (4 EA per 365 days)
MICROLIFE PEAK FLOW METER DEVICE (peak flow meter)	Common Formulary	QL (4 EA per 365 days)
MICROSPACER SPACER (inhalational spacing device)	Common Formulary	QL (4 EA per 365 days)
MINI WRIGHT PEAK FLOW METER DEVICE (peak flow meter)	Common Formulary	QL (4 EA per 365 days)
MOUTHPIECE DEVICE	Common Formulary	QL (4 EA per 365 days)
ONE WAY VALVED MOUTHPIECE DEVICE	Common Formulary	QL (4 EA per 365 days)
OPTICHAMBER ADULT MASK-LARGE DEVICE	Common Formulary	QL (4 EA per 365 days)
OPTICHAMBER DIAMOND LG MASK SPACER	Common Formulary	QL (4 EA per 365 days)
OPTICHAMBER DIAMOND VHC SPACER (inhalational spacing device)	Common Formulary	QL (4 EA per 365 days)



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
OPTICHAMBER DIAMOND-MED MSK SPACER	Common Formulary	QL (4 EA per 365 days)
OPTICHAMBER DIAMOND-SML MASK SPACER	Common Formulary	QL (4 EA per 365 days)
PANDA MASK DEVICE	Common Formulary	QL (4 EA per 365 days)
PEAK AIR PEAK FLOW METER DEVICE (peak flow meter)	Common Formulary	QL (4 EA per 365 days)
PEDIATRIC MEDIUM MASK DEVICE	Common Formulary	QL (4 EA per 365 days)
PEDIATRIC PANDA MASK DEVICE	Common Formulary	QL (4 EA per 365 days)
PEDIATRIC SMALL MASK DEVICE	Common Formulary	QL (4 EA per 365 days)
PERSONAL BEST FULL RANGE DEVICE (peak flow meter)	Common Formulary	QL (4 EA per 365 days)
PIKO 1 DEVICE (peak flow meter)	Common Formulary	QL (4 EA per 365 days)
POCKET CHAMBER SPACER (inhalational spacing device)	Common Formulary	QL (4 EA per 365 days)
POCKET PEAK FLOW METER DEVICE (peak flow meter)	Common Formulary	QL (4 EA per 365 days)
PRIMEAIRE SPACER (inhalational spacing device)	Common Formulary	QL (4 EA per 365 days)
PRO COMFORT SPACER-ADULT MASK SPACER	Common Formulary	QL (4 EA per 365 days)
PRO COMFORT SPACER-CHILD MASK SPACER	Common Formulary	QL (4 EA per 365 days)
PROCARE SPACER WITH ADULT MASK SPACER	Common Formulary	QL (4 EA per 365 days)
PROCARE SPACER WITH CHILD MASK SPACER	Common Formulary	QL (4 EA per 365 days)
PROCHAMBER SPACER (inhalational spacing device)	Common Formulary	QL (4 EA per 365 days)
RITEFLO AEROCHAMBER SPACER (inhalational spacing device)	Common Formulary	QL (4 EA per 365 days)
SIDESTREAM PEDIATRIC FACE MASK DEVICE	Common Formulary	QL (4 EA per 365 days)
SILICONE MASK - INFANT DEVICE	Common Formulary	QL (4 EA per 365 days)
SILICONE MASK - PEDIATRIC DEVICE	Common Formulary	QL (4 EA per 365 days)
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	Common Formulary	QL (4 EA per 365 days)
VORTEX ADULT MASK DEVICE	Common Formulary	QL (4 EA per 365 days)
VORTEX VHC FROG MASK-CHILD SPACER	Common Formulary	QL (4 EA per 365 days)

Drug	Status	Notes
<b>Thymic Stromal Lymphopoietin (Tslp) Inhibitors</b>		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	PDL Non-Preferred	PA; Age (Min 12 Years)
<b>Xanthines</b>		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Common Formulary	Age (Max 1 Years)
<i>theophylline oral elixir 80 mg/15 ml</i> (Elixophyllin)	Common Formulary	
<i>theophylline oral solution 80 mg/15 ml</i>	Common Formulary	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Common Formulary	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Common Formulary	
<b>Autonomic Nervous System Disorders</b>		
<b>Alzheimer's Therapy, Nmda Receptor Antagonists</b>		
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	PDL Non-Preferred	PA
<i>memantine oral solution 2 mg/ml</i>	PDL Preferred	
<i>memantine oral tablet 10 mg, 5 mg</i>	PDL Preferred	
<i>memantine oral tablets, dose pack 5-10 mg</i> (Namenda Titration Pak)	PDL Preferred	
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK 5-10 MG (memantine)	PDL Non-Preferred	PA
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	PDL Non-Preferred	PA
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR 14 MG, 21 MG, 28 MG, 7 MG (memantine)	PDL Non-Preferred	PA
<b>Alzheimer's Thx, Nmda Recept Antag &amp; Cholines Inhib</b>		
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	PDL Non-Preferred	PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	PDL Non-Preferred	PA
<b>Cholinesterase Inhibitors</b>		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	Common Formulary	PA
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (donepezil)	PDL Non-Preferred	PA
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	PDL Preferred	

Drug	Status	Notes
<i>donepezil oral tablet 23 mg</i> (Aricept)	PDL Non-Preferred	PA
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	PDL Preferred	
EXELON PATCH TRANSDERMAL (rivastigmine) PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	PDL Preferred	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	PDL Non-Preferred	PA
<i>galantamine oral solution 4 mg/ml</i>	PDL Non-Preferred	PA
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	PDL Preferred	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	Common Formulary	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	PDL Preferred	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	PDL Non-Preferred	PA
<b>Behavioral Health - Antidepressants</b>		
<b>Alpha-2 Receptor Antagonist Antidepressants</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
REMERON ORAL TABLET 15 MG, 30 MG (mirtazapine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG (mirtazapine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antidepressant - Nmda Receptor Antagonist</b>		
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antidepressant - Postpartum Depression (Ppd)</b>		

Drug	Status	Notes
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Maois - Non-Selective &amp; Irreversible</b>		
MARPLAN ORAL TABLET 10 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NARDIL ORAL TABLET 15 MG (phenelzine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PARNATE ORAL TABLET 10 MG (tranylcypromine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>phenelzine oral tablet 15 mg</i> (Nardil)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Monoamine Oxidase(Mao) Inhibitors</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Ndma Receptor Antagonist And Ndri Comb</b>		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i> (Forfivo XL)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG (bupropion hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG (bupropion hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (bupropion hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Selective Serotonin Reuptake Inhibitor (Ssrís)</b>		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (citalopram)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>citalopram oral capsule 30 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>citalopram oral solution 10 mg/5 ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (escitalopram oxalate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG (paroxetine hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PAXIL ORAL SUSPENSION 10 MG/5 ML (paroxetine hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (paroxetine hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (fluoxetine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>sertraline oral capsule 150 mg, 200 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>st. john's wort oral capsule 300 mg, 350 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>st. john's wort oral tablet 300 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZOLOFT ORAL CONCENTRATE 20 MG/ML (sertraline)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (sertraline)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)</b>		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Serotonin-Norepinephrine Reuptake-Inhib (Snrri)</b>		
CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG, 30 MG, 60 MG (duloxetine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DULOXICAINE KIT 30 MG- 4%	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG (venlafaxine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26), 20 MG (2)- 40 MG (5)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG (desvenlafaxine succinate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID



Drug	Status	Notes
<b>Ssri &amp; 5Ht1a Partial Agonist Antidepressant</b>		
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (vilazodone)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Ssri &amp; Serotonin Receptor Modulator Antidepressant</b>		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Tricyclic Antidepressant/Benzodiazepine Combinatns</b>		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Tricyclic Antidepressant/Phenothiazine Combinatns</b>		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Tricyclic Antidepressants &amp; Rel. Non-Sel. Ru-Inhib</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (clomipramine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>doxepin oral concentrate 10 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NORPRAMIN ORAL TABLET 10 MG, 25 MG (desipramine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>nortriptyline oral solution 10 mg/5 ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (nortriptyline)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Behavioral Health - Other</b>		
<b>Adrenergics, Aromatic, Non-Catecholamine</b>		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (dextroamphetamine-amphetamine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (dextroamphetamine-amphetamine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DESOXYN ORAL TABLET 5 MG (methamphetamine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG (dextroamphetamine sulfate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg, 5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Zenedi)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Mydayis)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> (Adderall XR)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
EVEKEO ORAL TABLET 10 MG, 5 MG (amphetamine sulfate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Vyvanse)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG (dextroamphetamine-amphetamine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PROCENTRA ORAL SOLUTION 5 MG/5 ML (dextroamphetamine sulfate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (lisdexamfetamine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZENZEDI ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (dextroamphetamine sulfate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Anti-Alcoholic Preparations</b>		

Drug	Status	Notes
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Anti-Anxiety - Benzodiazepines</b>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (lorazepam)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>diazepam injection solution 5 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>diazepam injection syringe 5 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML (diazepam)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML (lorazepam)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 1.5 MG, 2 MG, 3 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (diazepam)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (alprazolam)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG (alprazolam)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Anti-Anxiety Drugs</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Anti-Mania Drugs</b>		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lithium carbonate oral tablet 300 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lithium carbonate oral tablet extended release 450 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lithium citrate oral solution 8 meq/5 ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (lithium carbonate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Anti-Narcolepsy &amp; Anti-Cataplexy, Sedative-Type Agt</b>		
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	Common Formulary	PA; QL (540 ML per 30 days); Age (Min 7 Years)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Common Formulary	PA; QL (540 ML per 30 days); Age (Min 7 Years)
<b>Antipsych, Dopamine Antag., Diphenylbutylpiperidines</b>		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed</b>		

Drug	Status	Notes
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>aripiprazole oral solution 1 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID



Drug	Status	Notes
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antipsychotics, Dopamine &amp; Serotonin Antagonists</b>		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antipsychotics,Atypical,Dopamine,&amp; Serotonin Antag</b>		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (clozapine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.) (ziprasidone mesylate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (ziprasidone hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG (paliperidone)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (lurasidone)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> (Latuda)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>paliperidone oral tablet extended release</i> (Invega) 24hr 3 mg, 6 mg, 9 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>quetiapine oral tablet 100 mg, 200 mg,</i> (Seroquel) <i>25 mg, 300 mg, 400 mg, 50 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>quetiapine oral tablet 150 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>quetiapine oral tablet extended release</i> (Seroquel XR) <i>24 hr 150 mg, 200 mg, 300 mg, 400 mg,</i> <i>50 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RISPERDAL CONSTA (risperidone microspheres) INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RISPERDAL ORAL SOLUTION 1 (risperidone) MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RISPERDAL ORAL TABLET 0.5 MG, 1 (risperidone) MG, 2 MG, 3 MG, 4 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>risperidone microspheres intramuscular</i> (Risperdal Consta) <i>suspension,extended rel recon 12.5</i> <i>mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50</i> <i>mg/2 ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>risperidone oral tablet 0.25 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>risperidone oral tablet 0.5 mg, 1 mg, 2</i> (Risperdal) <i>mg, 3 mg, 4 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone microspheres)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG (asenapine maleate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (quetiapine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (quetiapine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG (olanzapine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (olanzapine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZYPREXA ZYDIS ORAL (olanzapine) TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antipsychotics,Dopamine Antagonists, Thioxanthenes</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antipsychotics,Dopamine Antagonists,Butyrophenones</b>		
<i>droperidol injection solution 2.5 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HALDOL DECANOATE (haloperidol decanoate) INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>haloperidol lactate injection solution 5 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antipsychotics,Dopamine Antagonst,Dihydroindolones</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Anti-Psychotics,Phenothiazines</b>		
<i>chlorpromazine injection solution 25 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Barbiturates</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
AMYTAL INJECTION RECON SOLN 500 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>pentobarbital sodium injection solution</i> 50 mg/ml	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>phenobarbital oral elixir 20 mg/5 ml (4</i> <i>mg/ml)</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>phenobarbital oral tablet 100 mg, 15 mg,</i> <i>16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8</i> <i>mg, 97.2 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>phenobarbital sodium injection solution</i> 130 mg/ml, 65 mg/ml	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SEZABY INTRAVENOUS RECON SOLN 100 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Central Nervous System Stimulants</b>		
<i>ammonia aromatic inhalation solution 15</i> <i>% (w/v)</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DOPRAM INTRAVENOUS SOLUTION (doxapram) 20 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>doxapram intravenous solution 20 mg/ml</i> (Dopram)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists</b>		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>ramelteon oral tablet 8 mg</i> (Rozerem)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ROZEREM ORAL TABLET 8 MG (ramelteon)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>tasimelteon oral capsule 20 mg</i> (Hetlioz)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Narcolepsy And Sleep Disorder Therapy Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (armodafinil)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PROVIGIL ORAL TABLET 100 MG, 200 MG (modafinil)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SUNOSI ORAL TABLET 150 MG, 75 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Narcolepsy Tx-H3- Recept.Antagonist/Inverse Agonist</b>		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Narcotic Antagonists</b>		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Common Formulary	QL (6 EA per 90 days)
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>naloxone injection solution 0.4 mg/ml</i>	Common Formulary	QL (6 ML per 90 days)
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Common Formulary	QL (6 ML per 90 days)
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	Common Formulary	QL (6 EA per 90 days)



Drug	Status	Notes
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>naltrexone oral tablet 50 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone)	Common Formulary	QL (6 EA per 90 days)
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	Common Formulary	QL (6 EA per 90 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Common Formulary	QL (3 ML per 90 days)
<b>Sedative-Hypnotics - Benzodiazepines</b>		
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (lorazepam)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DORAL ORAL TABLET 15 MG (quazepam)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>estazolam oral tablet 1 mg, 2 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HALCION ORAL TABLET 0.25 MG (triazolam)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lorazepam injection syringe 2 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>midazolam oral syrup 10 mg/5 ml (2 mg/ml), 2 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>quazepam oral tablet 15 mg</i> (Doral)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (temazepam)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>triazolam oral tablet 0.125 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Sedative-Hypnotics,Non-Barbiturate</b>		
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG (zolpidem)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
AMBIEN ORAL TABLET 10 MG, 5 MG (zolpidem)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
BENADRYL ALLERGY ORAL TABLET 50 MG (diphenhydramine hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DAYVIGO ORAL TABLET 10 MG, 5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>dexmedetomidine in 0.9 % nacl intravenous solution 200 mcg/50 ml (4 mcg/ml), 400 mcg/100 ml (4 mcg/ml), 80 mcg/20 ml (4 mcg/ml)</i> (Precedex in 0.9 % sodium chlor)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>dexmedetomidine in 0.9 % nacl intravenous syringe 20 mcg/5 ml (4 mcg/ml), 80 mcg/20 ml (4 mcg/ml)</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>dexmedetomidine in dextrose 5% intravenous solution 200 mcg/50 ml (4 mcg/ml), 400 mcg/100 ml (4 mcg/ml)</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>dexmedetomidine intravenous solution</i> (Precedex) 100 mcg/ml	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
EZ NITE SLEEP ORAL CAPSULE 25 MG (diphenhydramine hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; Age (Max 64 Years)
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (eszopiclone)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LYDIA PINKHAM HERBAL ORAL ELIXIR	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
MKO (MIDAZOLAM-KETAMINE- ONDAN) SUBLINGUAL TROCHE 3-25- 2 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NIGHTTIME SLEEP ORAL CAPSULE 50 MG (diphenhydramine hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NIGHTTIME SLEEP AID (DIPHEN) ORAL CAPSULE 25 MG (diphenhydramine hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; Age (Max 64 Years)
NIGHTTIME SLEEP AID (DIPHEN) ORAL CAPSULE 50 MG (diphenhydramine hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
NIGHTTIME SLEEP AID (DIPHEN) ORAL LIQUID 50 MG/30 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NIGHTTIME SLEEP AID (DIPHEN) (diphenhydramine hcl) ORAL TABLET 25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NIGHTTIME SLEEP-AID (DOXYLAMN) ORAL TABLET 25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NYTOL ORAL TABLET 25 MG (diphenhydramine hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PRECEDEX IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1,000 MCG/250ML (4 MCG/ML)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PRECEDEX IN 0.9 % SODIUM CHLOR (dexmedetomidine in 0.9 INTRAVENOUS SOLUTION 200 % nacl) MCG/50 ML (4 MCG/ML), 400 MCG/100 ML (4 MCG/ML), 80 MCG/20 ML (4 MCG/ML)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PRECEDEX INTRAVENOUS (dexmedetomidine) SOLUTION 100 MCG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
REST SIMPLY NIGHTTIME SLEEP (diphenhydramine hcl) ORAL TABLET 25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SILENOR ORAL TABLET 3 MG, 6 MG (doxepin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SIMPLY SLEEP ORAL TABLET 25 MG (diphenhydramine hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SLEEP AID (DIPHENHYDRAMINE) (diphenhydramine hcl) ORAL CAPSULE 25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; Age (Max 64 Years)

Drug	Status	Notes
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (diphenhydramine hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SLEEP AID (DIPHENHYDRAMINE) ORAL LIQUID 50 MG/30 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SLEEP AID (DIPHENHYDRAMINE) ORAL TABLET 25 MG (diphenhydramine hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SLEEP AID (DOXYLAMINE) ORAL TABLET 25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SLEEP TIME ORAL CAPSULE 25 MG (diphenhydramine hcl)	Common Formulary	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; Age (Max 64 Years)
SLEEP TIME ORAL LIQUID 50 MG/30 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SLEEPING ORAL CAPSULE 50 MG (diphenhydramine hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SOMINEX MAXIMUM STRENGTH ORAL TABLET 50 MG (diphenhydramine hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SOMINEX ORAL TABLET 25 MG (diphenhydramine hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>tryptophan oral capsule 500 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>tryptophan oral tablet 500 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
UNISOM (DOXYLAMINE) ORAL TABLET 25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
UNISOM SLEEPGELS ORAL CAPSULE (diphenhydramine hcl) 50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
UNISOM SLEEPMELTS ORAL TABLET,DISINTEGRATING 25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
UNISOM SLEEPMINIS ORAL CAPSULE 25 MG (diphenhydramine hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; Age (Max 64 Years)
WAL-SLEEP Z ORAL CAPSULE 25 MG (diphenhydramine hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; Age (Max 64 Years)
WAL-SLEEP Z ORAL LIQUID 50 MG/30 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
WAL-SLEEP Z ORAL TABLET,DISINTEGRATING 25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
WAL-SOM (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (diphenhydramine hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
WAL-SOM (DOXYLAMINE) ORAL TABLET 25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>zolpidem oral capsule 7.5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZZZQUIL ORAL CAPSULE 25 MG (diphenhydramine hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; Age (Max 64 Years)
ZZZQUIL ORAL LIQUID 50 MG/30 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)</b>		
NUPLAZID ORAL CAPSULE 34 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NUPLAZID ORAL TABLET 10 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Ssri &amp; Antipsych, Atyp, Dopamine &amp; Serotonin Antag Comb</b>		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg</i> (Symbyax)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG (olanzapine-fluoxetine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Tx For Adhd - Selective Alpha-2A Receptor Agonist</b>		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG (guanfacine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<b>Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy</b>		
APTENSIO XR ORAL CAP,ER (methylphenidate hcl) SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
AZSTARYS ORAL CAPSULE 26.1 MG-5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG-10.4 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CONCERTA ORAL TABLET (methylphenidate hcl) EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DAYTRANA TRANSDERMAL PATCH (methylphenidate) 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (dexmethylphenidate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FOCALIN XR ORAL CAPSULE,ER (dexmethylphenidate) BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
METADATE CD ORAL CAPSULE, ER (methylphenidate hcl) BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
METADATE ER ORAL TABLET (methylphenidate hcl) EXTENDED RELEASE 20 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID



Drug	Status	Notes
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML (methylphenidate hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Aptensio XR)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i> (Ritalin LA)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i> (Concerta)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg, 72 mg</i> (Relexxii)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i> (Daytrana)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RELEXXII ORAL TABLET EXTENDED (methylphenidate hcl) RELEASE 24HR 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RITALIN LA ORAL CAPSULE,ER (methylphenidate hcl) BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RITALIN ORAL TABLET 10 MG, 20 MG, (methylphenidate hcl) 5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Tx For Attention Deficit- Hyperact.(Adhd), Nri-Type</b>		
<i>atomoxetine oral capsule 10 mg, 100 (Strattera) mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
STRATTERA ORAL CAPSULE 10 MG, (atomoxetine) 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Cardiovascular Disease - Arrhythmia</b>		
<b>Antiarrhythmics</b>		
<i>amiodarone oral tablet 100 mg (Pacerone)</i>	Common Formulary	QL (1 EA per 1 day)
<i>amiodarone oral tablet 200 mg, 400 mg (Pacerone)</i>	Common Formulary	
<i>disopyramide phosphate oral capsule (Norpace) 100 mg, 150 mg</i>	Common Formulary	Age (Max 64 Years)
<i>dofetilide oral capsule 125 mcg, 250 (Tikosyn) mcg, 500 mcg</i>	Common Formulary	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Common Formulary	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Common Formulary	
PACERONE ORAL TABLET 100 MG (amiodarone)	Common Formulary	QL (1 EA per 1 day)

Drug	Status	Notes
PACERONE ORAL TABLET 200 MG, 400 MG (amiodarone)	Common Formulary	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Common Formulary	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Common Formulary	
<b>Cardiovascular Disease - Cardiac Stimulant</b>		
<b>Digitalis Glycosides</b>		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Common Formulary	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	Common Formulary	
<b>Cardiovascular Disease - Hypertension</b>		
<b>Ace Inhibitor/Calcium Channel Blocker Combination</b>		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	PDL Preferred	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	PDL Preferred	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (amlodipine-benazepril)	PDL Non-Preferred	PA
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	PDL Non-Preferred	PA
<b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (quinapril-hydrochlorothiazide)	PDL Non-Preferred	PA
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	PDL Preferred	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	PDL Preferred	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	PDL Non-Preferred	PA
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	PDL Preferred	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	PDL Preferred	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	PDL Non-Preferred	PA
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	PDL Preferred	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)	PDL Non-Preferred	PA
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	PDL Non-Preferred	PA

Drug	Status	Notes
VASERETIC ORAL TABLET 10-25 MG (enalapril-hydrochlorothiazide)	PDL Non-Preferred	PA
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (lisinopril-hydrochlorothiazide)	PDL Non-Preferred	PA
<b>Alpha/Beta-Adrenergic Blocking Agents</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	PDL Preferred	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	PDL Preferred	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	PDL Preferred	
<b>Alpha-Adrenergic Blocking Agents</b>		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (doxazosin)	PDL Non-Preferred	PA
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	PDL Non-Preferred	PA
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	PDL Preferred	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	PDL Preferred	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PDL Preferred	
<b>Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb</b>		
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	PDL Preferred	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (amlodipine-valsartan-hcthiiazid)	PDL Non-Preferred	PA
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	PDL Non-Preferred	PA
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (olmesartan-amlodipin-hcthiiazid)	PDL Non-Preferred	PA
<b>Angiotensin Receptor Antag./Thiazide Diuretic Comb</b>		
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (candesartan-hydrochlorothiazid)	PDL Non-Preferred	PA
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (irbesartan-hydrochlorothiazide)	PDL Non-Preferred	PA
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (olmesartan-hydrochlorothiazide)	PDL Non-Preferred	PA
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	PDL Non-Preferred	PA

Drug	Status	Notes
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (valsartan-hydrochlorothiazide)	PDL Non-Preferred	PA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	PDL Non-Preferred	PA
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (losartan-hydrochlorothiazide)	PDL Non-Preferred	PA
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	PDL Non-Preferred	PA
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	PDL Preferred	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (telmisartan-hydrochlorothiazid)	PDL Non-Preferred	PA
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	PDL Preferred	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	PDL Non-Preferred	PA
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	PDL Preferred	
<b>Angiotensin Receptor Antgnst &amp; Calc.Channel Blockr</b>		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	PDL Preferred	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	PDL Preferred	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (amlodipine-olmesartan)	PDL Non-Preferred	PA
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (amlodipine-valsartan)	PDL Non-Preferred	PA
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	PDL Non-Preferred	PA
<b>Antihypertensives, Ace Inhibitors</b>		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (quinapril)	PDL Non-Preferred	PA
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (ramipril)	PDL Non-Preferred	PA
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	PDL Preferred	
<i>benazepril oral tablet 5 mg</i>	PDL Preferred	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	PDL Non-Preferred	PA
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	PDL Non-Preferred	PA
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	PDL Preferred	
EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)	PDL Non-Preferred	PA
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	PDL Non-Preferred	PA

Drug	Status	Notes
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	PDL Preferred	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (benazepril)	PDL Non-Preferred	PA
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	PDL Non-Preferred	PA
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	PDL Non-Preferred	PA
QBRELIS ORAL SOLUTION 1 MG/ML	PDL Non-Preferred	PA
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	PDL Non-Preferred	PA
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	PDL Preferred	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	PDL Non-Preferred	PA
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (enalapril maleate)	PDL Non-Preferred	PA
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (lisinopril)	PDL Non-Preferred	PA
<b>Antihypertensives, Angiotensin Receptor Antagonist</b>		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (candesartan)	PDL Non-Preferred	PA
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (irbesartan)	PDL Non-Preferred	PA
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (olmesartan)	PDL Non-Preferred	PA
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	PDL Non-Preferred	PA
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (losartan)	PDL Non-Preferred	PA
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (valsartan)	PDL Non-Preferred	PA
EDARBI ORAL TABLET 40 MG, 80 MG	PDL Non-Preferred	PA
<i>eprosartan oral tablet 600 mg</i>	PDL Non-Preferred	PA
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	PDL Non-Preferred	PA
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	PDL Preferred	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (telmisartan)	PDL Non-Preferred	PA
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	PDL Preferred	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	PDL Non-Preferred	PA
<i>valsartan oral solution 4 mg/ml</i>	PDL Non-Preferred	PA
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	PDL Preferred	
<b>Antihypertensives, Sympatholytic</b>		

Drug	Status	Notes
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	PDL Preferred	
<i>clonidine hcl oral tablet extended release (Nexiclon XR) 24 hr 0.17 mg</i>	PDL Preferred	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr (Catapres-TTS-1)</i>	PDL Preferred	QL (4 EA per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr (Catapres-TTS-2)</i>	PDL Preferred	QL (4 EA per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr (Catapres-TTS-3)</i>	PDL Preferred	QL (4 EA per 28 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	PDL Preferred	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	PDL Preferred	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	PDL Non-Preferred	PA
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG (clonidine hcl)	Common Formulary	
<b>Antihypertensives, Vasodilators</b>		
<i>hydralazine oral tablet 10 mg, 25 mg, 50 mg</i>	Common Formulary	QL (4 EA per 1 day)
<i>hydralazine oral tablet 100 mg</i>	Common Formulary	QL (3 EA per 1 day)
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Common Formulary	
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	PDL Non-Preferred	PA
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)</i>	PDL Preferred	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)	PDL Non-Preferred	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)	PDL Non-Preferred	PA
<i>betaxolol oral tablet 10 mg, 20 mg</i>	PDL Non-Preferred	PA
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	PDL Non-Preferred	PA
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (nebivolol)	PDL Preferred	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (nadolol)	PDL Non-Preferred	PA
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	PDL Non-Preferred	PA
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG (propranolol)	PDL Non-Preferred	PA
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	PDL Non-Preferred	PA

Drug	Status	Notes
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	PDL Non-Preferred	PA
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	PDL Non-Preferred	PA
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	PDL Non-Preferred	PA
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	PDL Preferred	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	PDL Preferred	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	PDL Preferred	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	PDL Non-Preferred	PA
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	PDL Preferred	
<i>pindolol oral tablet 10 mg, 5 mg</i>	PDL Non-Preferred	PA
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	PDL Preferred	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	PDL Preferred	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	PDL Preferred	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)	PDL Preferred	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	PDL Preferred	
<i>sotalol oral tablet 240 mg</i> (Betapace)	PDL Preferred	
SOTYLIZE ORAL SOLUTION 5 MG/ML	PDL Non-Preferred	PA
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (atenolol)	PDL Non-Preferred	PA
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	PDL Non-Preferred	PA
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	PDL Non-Preferred	PA
<b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	PDL Preferred	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	PDL Preferred	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	PDL Preferred	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	PDL Non-Preferred	PA



Drug	Status	Notes
<i>propranolol-hydrochlorothiazid oral tablet</i> 40-25 mg, 80-25 mg	PDL Non-Preferred	PA
TENORETIC 100 ORAL TABLET 100-25 (atenolol-chlorthalidone) MG	PDL Non-Preferred	PA
TENORETIC 50 ORAL TABLET 50-25 (atenolol-chlorthalidone) MG	PDL Non-Preferred	PA
<b>Calcium Channel Blocking Agents</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	PDL Preferred	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (diltiazem hcl)	PDL Non-Preferred	PA
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	PDL Non-Preferred	PA
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (diltiazem hcl)	PDL Non-Preferred	PA
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG (diltiazem hcl)	PDL Preferred	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)	PDL Preferred	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	PDL Preferred	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (Taztia XT)	PDL Preferred	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiadylt ER)	PDL Preferred	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	PDL Preferred	
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD)	PDL Preferred	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	PDL Preferred	
<i>diltiazem hcl oral tablet 90 mg</i>	PDL Preferred	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Cardizem LA)	PDL Non-Preferred	PA
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (diltiazem hcl)	PDL Preferred	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	PDL Non-Preferred	PA
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	PDL Non-Preferred	PA
KATERZIA ORAL SUSPENSION 1 MG/ML	PDL Non-Preferred	PA; Age (Min 6 Years)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>levamlodipine oral tablet 2.5 mg</i> (Conjupri)	PDL Non-Preferred	PA
<i>levamlodipine oral tablet 5 mg</i> (Conjupri)	PDL Non-Preferred	PA; Age (Min 6 Years)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	PDL Non-Preferred	PA
<i>nicardipine oral capsule 20 mg, 30 mg</i>	PDL Non-Preferred	PA
<i>nifedipine oral capsule 10 mg, 20 mg</i>	PDL Preferred	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	PDL Preferred	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	PDL Preferred	
<i>nimodipine oral capsule 30 mg</i>	Common Formulary	QL (252 EA per 365 days)
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)	PDL Non-Preferred	PA
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>	PDL Non-Preferred	PA
NORLIQVA ORAL SOLUTION 1 MG/ML	PDL Non-Preferred	PA; Age (Min 6 Years)
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (amlodipine)	PDL Non-Preferred	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG (nifedipine)	PDL Non-Preferred	PA
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG (nisoldipine)	PDL Non-Preferred	PA
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (diltiazem hcl)	PDL Preferred	
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	PDL Non-Preferred	PA
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	PDL Non-Preferred	PA
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	PDL Non-Preferred	PA
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	PDL Non-Preferred	PA
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	PDL Preferred	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	PDL Preferred	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 100 MG, 200 MG, 300 MG (verapamil)	PDL Non-Preferred	PA
<b>Loop Diuretics</b>		

Drug	Status	Notes
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Common Formulary	
<i>furosemide oral solution 10 mg/ml</i>	Common Formulary	Age (Max 12 Years)
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	Common Formulary	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	Common Formulary	QL (2 EA per 1 day)
<i>torseamide oral tablet 10 mg</i>	Common Formulary	QL (4 EA per 1 day)
<i>torseamide oral tablet 100 mg, 5 mg</i>	Common Formulary	QL (2 EA per 1 day)
<i>torseamide oral tablet 20 mg</i> (Soaanz)	Common Formulary	QL (4 EA per 1 day)
<b>Potassium Sparing Diuretics</b>		
<i>amiloride oral tablet 5 mg</i>	Common Formulary	QL (1 EA per 1 day)
KERENDIA ORAL TABLET 10 MG, 20 MG	Common Formulary	PA; QL (1 EA per 1 day); Age (Min 18 Years)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	Common Formulary	QL (2 EA per 1 day)
<b>Potassium Sparing Diuretics In Combination</b>		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Common Formulary	QL (2 EA per 1 day)
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Common Formulary	QL (3 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Common Formulary	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	Common Formulary	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	Common Formulary	
<b>Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	PDL Preferred	PA
<b>Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib</b>		
ADCIRCA ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	PDL Non-Preferred	PA
ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	PDL Preferred	PA
LIQREV ORAL SUSPENSION 10 MG/ML	PDL Non-Preferred	PA
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML (sildenafil (pulm.hypertension))	PDL Non-Preferred	PA
REVATIO ORAL TABLET 20 MG (sildenafil (pulm.hypertension))	PDL Non-Preferred	PA

Drug	Status	Notes
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i> (Revatio)	PDL Preferred	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	PDL Preferred	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	PDL Preferred	PA
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	PDL Non-Preferred	PA; Age (Min 18 Years)
<b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	PDL Preferred	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	PDL Non-Preferred	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG (ambrisentan)	PDL Non-Preferred	PA
OPSUMIT ORAL TABLET 10 MG	PDL Preferred	PA
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	PDL Preferred	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	PDL Non-Preferred	PA
<b>Pulmonary Antihypertensives, Prostacyclin-Type</b>		
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	PDL Non-Preferred	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	PDL Non-Preferred	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG	PDL Non-Preferred	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	PDL Non-Preferred	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)- 32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	PDL Non-Preferred	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	PDL Preferred	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	PDL Preferred	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	PDL Preferred	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	PDL Preferred	PA

Drug	Status	Notes
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	PDL Preferred	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	PDL Preferred	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	PDL Preferred	PA
<b>Renin Inhibitor, Direct</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	PDL Non-Preferred	PA
TEKTURNA ORAL TABLET 150 MG, 300 MG (aliskiren)	PDL Non-Preferred	PA
<b>Thiazide And Related Diuretics</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Common Formulary	QL (4 EA per 1 day)
DIURIL ORAL SUSPENSION 250 MG/5 ML	Common Formulary	Age (Max 12 Years)
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Common Formulary	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Common Formulary	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Common Formulary	QL (1 EA per 1 day)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Common Formulary	QL (1 EA per 1 day)
<b>Cardiovascular Disease - Lipid Irregularity</b>		
<b>Antihyperlip.Hmg Coa Reduct Inhib&amp;Cholest.Ab.Inhib</b>		
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	PDL Non-Preferred	PA; QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	PDL Non-Preferred	PA; QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	PDL Non-Preferred	PA; QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	PDL Non-Preferred	PA; QL (1 EA per 1 day)
VYTORIN 10-10 ORAL TABLET 10-10 MG (ezetimibe-simvastatin)	PDL Non-Preferred	PA; QL (1 EA per 1 day)
VYTORIN 10-20 ORAL TABLET 10-20 MG (ezetimibe-simvastatin)	PDL Non-Preferred	PA; QL (1 EA per 1 day)
VYTORIN 10-40 ORAL TABLET 10-40 MG (ezetimibe-simvastatin)	PDL Non-Preferred	PA; QL (1 EA per 1 day)
VYTORIN 10-80 ORAL TABLET 10-80 MG (ezetimibe-simvastatin)	PDL Non-Preferred	PA; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Atp Citrate Lyase Inhibitor</b>		
NEXLETOL ORAL TABLET 180 MG	PDL Non-Preferred	PA; Age (Min 18 Years)

Drug	Status	Notes
<b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	PDL Non-Preferred	PA; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	PDL Non-Preferred	PA; QL (20 ML per 1 day)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	PDL Preferred	QL (1 EA per 1 day)
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin)	PDL Non-Preferred	PA; QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	PDL Non-Preferred	PA; QL (1 EA per 1 day)
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	PDL Non-Preferred	PA; QL (1 EA per 1 day)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	PDL Non-Preferred	PA; QL (1 EA per 1 day)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG (fluvastatin)	PDL Non-Preferred	PA; QL (1 EA per 1 day)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (atorvastatin)	PDL Non-Preferred	PA; QL (1 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	PDL Non-Preferred	PA; QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	PDL Preferred	QL (1 EA per 1 day)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	PDL Non-Preferred	PA; QL (1 EA per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PDL Preferred	QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	PDL Preferred	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	PDL Preferred	QL (1 EA per 1 day)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	PDL Preferred	QL (1 EA per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (simvastatin)	PDL Non-Preferred	PA; QL (1 EA per 1 day)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	PDL Non-Preferred	PA; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Pcsk9 Inhibitors</b>		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	PDL Preferred	PA; QL (2 ML per 28 days)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	PDL Preferred	PA; QL (7 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	PDL Preferred	PA; QL (2 ML per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	PDL Preferred	PA; QL (2 ML per 28 days)

Drug	Status	Notes
<b>Antihyperlipidemic-Acyl And Choles Absorp Inhib</b>		
NEXLIZET ORAL TABLET 180-10 MG	PDL Non-Preferred	PA; Age (Min 18 Years)
<b>Bile Salt Sequestrants</b>		
<i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)	PDL Preferred	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	PDL Preferred	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM (cholestyramine-aspartame)	PDL Preferred	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame)	PDL Preferred	
<i>cholestyramine-aspartame oral powder in packet 4 gram</i> (Cholestyramine Light)	PDL Preferred	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	PDL Non-Preferred	PA
<i>colesevelam oral tablet 625 mg</i> (WelChol)	PDL Non-Preferred	PA
COLESTID ORAL GRANULES 5 GRAM (colestipol)	PDL Non-Preferred	PA
COLESTID ORAL TABLET 1 GRAM (colestipol)	PDL Non-Preferred	PA
<i>colestipol oral granules 5 gram</i> (Colestid)	PDL Non-Preferred	PA
<i>colestipol oral packet 5 gram</i>	PDL Non-Preferred	PA
<i>colestipol oral tablet 1 gram</i> (Colestid)	PDL Preferred	
PREVALITE ORAL POWDER 4 GRAM (cholestyramine-aspartame)	PDL Preferred	
PREVALITE ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame)	PDL Preferred	
QUESTRAN LIGHT ORAL POWDER 4 GRAM (cholestyramine-aspartame)	PDL Non-Preferred	PA
QUESTRAN ORAL POWDER 4 GRAM (cholestyramine (with sugar))	PDL Non-Preferred	PA
QUESTRAN ORAL POWDER IN PACKET 4 GRAM (cholestyramine (with sugar))	PDL Non-Preferred	PA
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM (colesevelam)	PDL Non-Preferred	PA
WELCHOL ORAL TABLET 625 MG (colesevelam)	PDL Non-Preferred	PA
<b>Lipotropics</b>		
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	PDL Preferred	
<i>fenofibrate micronized oral capsule 130 mg, 43 mg, 90 mg</i>	PDL Non-Preferred	PA
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	PDL Preferred	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	PDL Preferred	
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	PDL Non-Preferred	PA
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	PDL Non-Preferred	PA
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	PDL Preferred	

Drug	Status	Notes
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	PDL Non-Preferred	PA
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)	PDL Non-Preferred	PA
FENOGLIDE ORAL TABLET 120 MG, 40 MG (fenofibrate)	PDL Non-Preferred	PA
FIBRICOR ORAL TABLET 105 MG, 35 MG (fenofibric acid)	PDL Non-Preferred	PA
FISH OIL ORAL CAPSULE 1,000 MG (120 MG-180 MG), 60-90-500 MG (omega 3-dha-epa-fish oil)	Common Formulary	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	PDL Preferred	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i> (Vascepa)	PDL Non-Preferred	PA
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (fenofibrate)	PDL Non-Preferred	PA
LOPID ORAL TABLET 600 MG (gemfibrozil)	PDL Non-Preferred	PA
LOVAZA ORAL CAPSULE 1 GRAM (omega-3 acid ethyl esters)	PDL Non-Preferred	PA
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	PDL Non-Preferred	PA
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	PDL Non-Preferred	PA
TRICOR ORAL TABLET 145 MG, 48 MG (fenofibrate nanocrystallized)	PDL Non-Preferred	PA
TRILIPIX ORAL CAPSULE, DELAYED RELEASE(DR/EC) 135 MG, 45 MG (fenofibric acid (choline))	PDL Non-Preferred	PA
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM (icosapent ethyl)	PDL Non-Preferred	PA
ZETIA ORAL TABLET 10 MG (ezetimibe)	PDL Non-Preferred	PA
<b>Niacin Preparations</b>		
<i>niacin oral capsule, extended release 250 mg, 500 mg</i>	PDL Preferred	
<i>niacin oral tablet 500 mg</i> (Niacor)	PDL Preferred	
<b>Cardiovascular Disease - Miscellaneous Agents</b>		
<b>Adrenergic Vasopressor Agents</b>		
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Common Formulary	QL (3 EA per 1 day)
<b>Angiotensin Recept-Nepriylsin Inhibitor Comb(Arni)</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	PDL Preferred	QL (60 EA per 30 days)
<b>Antianginal &amp; Anti-Ischemic Agents, Non-Hemodynamic</b>		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES, PACKET 1,000 MG, 500 MG	Common Formulary	PA; QL (60 EA per 30 days); Age (Min 18 Years)



Drug	Status	Notes
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	Common Formulary	PA; QL (2 EA per 1 day)
<b>Antianginal, Heart Rate Reducing, I(F) Inhibitor</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Common Formulary	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Common Formulary	
<b>Antihyperlip - Hmg-Coa&amp;Calcium Channel Blocker Cb</b>		
<i>amlodipine-atorvastatin 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</i> (Caduet)	PDL Non-Preferred	PA; QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	PDL Non-Preferred	PA; 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 (amlodipine-atorvastatin)	PDL Non-Preferred	PA; QL (1 EA per 1 day)
<b>Cardiac Myosin Inhibitor</b>		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Common Formulary	PA; QL (30 EA per 30 days); Age (Min 18 Years)
<b>Soluble Guanylate Cyclase (Sgc) Stimulator</b>		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Common Formulary	PA; QL (1 EA per 1 day); Age (Min 18 Years)
<b>Cardiovascular Disease - Vasodilation</b>		
<b>Vasodilators, Coronary</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Common Formulary	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	Common Formulary	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Common Formulary	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 60 mg</i>	Common Formulary	QL (2 EA per 1 day)
<i>isosorbide mononitrate oral tablet extended release 24 hr 30 mg</i>	Common Formulary	QL (1 EA per 1 day)
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	Common Formulary	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	Common Formulary	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	Common Formulary	QL (1 EA per 1 day)
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	Common Formulary	ST: Requires prior prescription for Nitroglycerin within the past 180 days

Drug		Status	Notes
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	(nitroglycerin)	Common Formulary	
<b>Contraception/Oxytocics</b>			
<b>Contraceptives, Intravaginal, Systemic</b>			
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	Common Formulary	QL (3 EA per 84 days)
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	Common Formulary	QL (3 EA per 84 days)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	Common Formulary	QL (3 EA per 84 days)
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	Common Formulary	QL (3 EA per 84 days)
<b>Contraceptives,Injectable</b>			
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	(Depo-Provera)	Common Formulary	QL (1 ML per 75 days)
<b>Contraceptives,Intravaginal</b>			
PHEXXI VAGINAL GEL 1.8-1-0.4 %		Common Formulary	QL (180 GM per 30 days)
<b>Contraceptives,Oral</b>			
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Common Formulary	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Common Formulary	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Common Formulary	
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Common Formulary	
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	Common Formulary	
APRI ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Common Formulary	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG		Common Formulary	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Common Formulary	
AUBRA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Common Formulary	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Common Formulary	
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Common Formulary	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Common Formulary	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Common Formulary	

Drug		Status	Notes
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Common Formulary	
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Common Formulary	
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Common Formulary	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Common Formulary	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		Common Formulary	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Common Formulary	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Common Formulary	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Common Formulary	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		Common Formulary	
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Common Formulary	
CAZIENT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		Common Formulary	
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	Common Formulary	
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Common Formulary	
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Common Formulary	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Common Formulary	
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Common Formulary	
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Common Formulary	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Common Formulary	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Common Formulary	
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Common Formulary	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	Common Formulary	
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	Common Formulary	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	Common Formulary	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Ocella)	Common Formulary	

Drug	Status	Notes
ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)	Common Formulary	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	Common Formulary	
ELINEST ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol)	Common Formulary	
ELLA ORAL TABLET 30 MG	Common Formulary	
EMZAHH ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Common Formulary	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) (levonorg-eth estrad triphasic)	Common Formulary	
ENSKYCE ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	Common Formulary	
ERRIN ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Common Formulary	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	Common Formulary	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))	Common Formulary	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1-50 (28))	Common Formulary	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	Common Formulary	
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) (norethindrone-e.estradiol-iron)	Common Formulary	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	Common Formulary	
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Common Formulary	
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Common Formulary	
HAILEY ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)	Common Formulary	
HEATHER ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Common Formulary	
HER STYLE ORAL TABLET 1.5 MG (levonorgestrel)	Common Formulary	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)	Common Formulary	
INCASSIA ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Common Formulary	
ISIBLOOM ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	Common Formulary	
JASMIEL (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	Common Formulary	
JENCYCLA ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Common Formulary	

Drug		Status	Notes
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	Common Formulary	
JULEBER ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Common Formulary	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Common Formulary	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Common Formulary	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Common Formulary	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Common Formulary	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Common Formulary	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	Common Formulary	
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Common Formulary	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Common Formulary	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	Common Formulary	
KELNOR 1-50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	Common Formulary	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Common Formulary	
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Common Formulary	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Common Formulary	
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Common Formulary	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Common Formulary	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Common Formulary	
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	Common Formulary	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		Common Formulary	
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Common Formulary	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	Common Formulary	
<i>levonorgestrel oral tablet 1.5 mg</i>	(EContra EZ)	Common Formulary	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	Common Formulary	

Drug		Status	Notes
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	Common Formulary	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	Common Formulary	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	Common Formulary	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	Common Formulary	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Common Formulary	
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Common Formulary	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Common Formulary	
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Common Formulary	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Common Formulary	
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Common Formulary	
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Common Formulary	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Common Formulary	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	Common Formulary	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Common Formulary	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Common Formulary	
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Common Formulary	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Common Formulary	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Common Formulary	
MILI ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	Common Formulary	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	Common Formulary	
MY CHOICE ORAL TABLET 1.5 MG	(levonorgestrel)	Common Formulary	
MY WAY ORAL TABLET 1.5 MG	(levonorgestrel)	Common Formulary	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		Common Formulary	

Drug		Status	Notes
NEW DAY ORAL TABLET 1.5 MG	(levonorgestrel)	Common Formulary	
NIKKI (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Common Formulary	
NORA-BE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Common Formulary	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	(Wymzya Fe)	Common Formulary	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(Kaitlib Fe)	Common Formulary	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila)	Common Formulary	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	(Aurovela 1.5/30 (21))	Common Formulary	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Aurovela 1/20 (21))	Common Formulary	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	Common Formulary	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	Common Formulary	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(Tilia Fe)	Common Formulary	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(Charlotte 24 Fe)	Common Formulary	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(Tri-Estarylla)	Common Formulary	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	(Estarylla)	Common Formulary	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		Common Formulary	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)		Common Formulary	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Common Formulary	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Common Formulary	
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Common Formulary	
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Common Formulary	
NYMYO ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	Common Formulary	
OCELLA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Common Formulary	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	Common Formulary	

Drug	Status	Notes
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	Common Formulary	
PHILITH ORAL TABLET 0.4-35 MG-MCG	Common Formulary	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	Common Formulary	
PORTIA 28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	Common Formulary	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	Common Formulary	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)	Common Formulary	
SHAROBEL ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Common Formulary	
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	Common Formulary	
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	Common Formulary	
SRONYX ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	Common Formulary	
SYEDA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	Common Formulary	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	Common Formulary	
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Common Formulary	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Common Formulary	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9) (norethindrone-e.estradiol-iron)	Common Formulary	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	Common Formulary	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9) (norethindrone-e.estradiol-iron)	Common Formulary	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	Common Formulary	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	Common Formulary	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	Common Formulary	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	Common Formulary	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	Common Formulary	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	Common Formulary	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	Common Formulary	



Drug		Status	Notes
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	Common Formulary	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	Common Formulary	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	Common Formulary	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	Common Formulary	
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Common Formulary	
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Common Formulary	
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG		Common Formulary	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		Common Formulary	
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Common Formulary	
VIENVA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Common Formulary	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Common Formulary	
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Common Formulary	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG		Common Formulary	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	Common Formulary	
WERA (28) ORAL TABLET 0.5-35 MG-MCG		Common Formulary	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	Common Formulary	
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Common Formulary	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	Common Formulary	
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Common Formulary	
<b>Contraceptives,Transdermal</b>			
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	(Xulane)	Common Formulary	QL (3 EA per 28 days)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	Common Formulary	QL (3 EA per 28 days)
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	Common Formulary	QL (3 EA per 28 days)
<b>Diaphragms/Cervical Cap</b>			

Drug	Status	Notes
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Common Formulary	
<b>Oxytocics</b>		
<i>methylergonovine oral tablet 0.2 mg</i>	Common Formulary	QL (28 EA per 180 days); Age (Min 12 Years)
<b>Dermatology - Acne</b>		
<b>Acne Agents, Systemic</b>		
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG (isotretinoin)	Common Formulary	PA; QL (2 EA per 1 day)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Common Formulary	PA; QL (2 EA per 1 day)
<i>isotretinoin oral capsule 10 mg, 20 mg, 40 mg</i> (Amnesteem)	Common Formulary	PA; QL (2 EA per 1 day)
<i>isotretinoin oral capsule 30 mg</i> (Claravis)	Common Formulary	PA; QL (2 EA per 1 day)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Common Formulary	PA; QL (2 EA per 1 day)
<b>Acne Agents, Topical</b>		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 % (clindamycin-benzoyl peroxide)	PDL Non-Preferred	PA
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)	Common Formulary	QL (45 GM per 30 days); Age (Max 30 Years)
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i> (Neuac)	PDL Preferred	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	PDL Preferred	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %</i> (Onexton)	PDL Non-Preferred	PA
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i> (Acanya)	PDL Preferred	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	PDL Preferred	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	PDL Non-Preferred	PA
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 % (clindamycin-benzoyl peroxide)	PDL Non-Preferred	PA
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %	PDL Non-Preferred	PA
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 % (clindamycin-benzoyl peroxide)	PDL Non-Preferred	PA
<b>Rosacea Agents, Topical</b>		
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	Common Formulary	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	Common Formulary	
ROSADAN TOPICAL CREAM 0.75 % (metronidazole)	Common Formulary	
<b>Vitamin A Derivatives</b>		

Drug	Status	Notes
<i>adapalene topical gel 0.1 %</i> (Differin)	Common Formulary	QL (45 GM per 30 days)
<i>adapalene topical gel 0.3 %</i>	Common Formulary	QL (45 GM per 30 days); Age (Max 30 Years)
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Common Formulary	QL (20 GM per 30 days); Age (Max 30 Years)
<i>tretinoin topical cream 0.025 %</i> (Avita)	Common Formulary	QL (20 GM per 30 days); Age (Max 30 Years)
<i>tretinoin topical cream 0.05 %</i> (Retin-A)	Common Formulary	QL (45 GM per 30 days); Age (Max 30 Years)
<b>Dermatology - Antiinfective</b>		
<b>Topical Antibiotics</b>		
ANTIBIOTIC (BACITRACIN ZINC) TOPICAL OINTMENT 500 UNIT/GRAM (bacitracin zinc)	Common Formulary	
<i>bacitracin topical ointment 500 unit/gram</i> (Bacitraycin Plus)	Common Formulary	
<i>bacitracin topical packet 500 unit/gram</i>	Common Formulary	
<i>bacitracin zinc topical ointment 500 unit/gram</i> (Antibiotic (bacitracin zinc))	Common Formulary	
<i>bacitracin zinc topical ointment in packet 500 unit/gram</i>	Common Formulary	
CENTANY AT TOPICAL OINTMENT KIT 2 %	PDL Non-Preferred	PA
CENTANY TOPICAL OINTMENT 2 % (mupirocin)	PDL Non-Preferred	PA
<i>clindamycin phosphate topical gel 1 %</i>	Common Formulary	
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	Common Formulary	
<i>clindamycin phosphate topical solution 1 %</i>	Common Formulary	QL (180 ML per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	Common Formulary	
<i>erythromycin with ethanol topical solution 2 %</i>	Common Formulary	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	Common Formulary	
FIRST AID ANTIBIOTIC TOPICAL OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM (neomycin-bacitraczn-polymyxnb)	Common Formulary	
<i>gentamicin topical cream 0.1 %</i>	Common Formulary	
<i>gentamicin topical ointment 0.1 %</i>	Common Formulary	
<i>mupirocin calcium topical cream 2 %</i>	PDL Non-Preferred	PA
<i>mupirocin topical ointment 2 %</i> (Centany)	PDL Preferred	

Drug	Status	Notes
TRIPLE ANTIBIOTIC PLUS TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G	Common Formulary	
TRIPLE ANTIBIOTIC TOPICAL OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	(neomycin-bacitraczn-polymyxnb) Common Formulary	
TRIPLE ANTIBIOTIC TOPICAL OINTMENT IN PACKET 3.5-400-5,000 MG-UNIT-UNIT	Common Formulary	
XEPI TOPICAL CREAM 1 %	PDL Non-Preferred	PA; QL (60 GM per 30 days)
<b>Topical Antifungal/Anti-inflammatory, Steroid Agent</b>		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	PDL Preferred	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	PDL Non-Preferred	PA
<b>Topical Antifungals</b>		
ANTIFUNGAL (CLOTRIMAZOLE) TOPICAL CREAM 1 %	(clotrimazole) PDL Preferred	
ANTIFUNGAL (MICONAZOLE) TOPICAL CREAM 2 %	(miconazole nitrate) PDL Preferred	
ANTIFUNGAL (TOLNAFTATE) TOPICAL CREAM 1 %	(tolnaftate) PDL Preferred	
ATHLETE'S FOOT (CLOTRIMAZOLE) TOPICAL CREAM 1 %	(clotrimazole) PDL Preferred	
ATHLETE'S FOOT (TERBINAFINE) TOPICAL CREAM 1 %	(terbinafine hcl) Common Formulary	
ATHLETE'S FOOT (TOLNAFTATE) TOPICAL AEROSOL POWDER 1 %	(tolnaftate) Common Formulary	
<i>butenafine topical cream 1 %</i>	(Mentax) PDL Non-Preferred	PA
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	PDL Non-Preferred	PA
CICLODAN KIT TOPICAL SOLUTION 8 %	(ciclopirox-ure-camph-menth-euc) PDL Non-Preferred	PA
CICLODAN TOPICAL CREAM 0.77 %	(ciclopirox) PDL Non-Preferred	PA
CICLODAN TOPICAL SOLUTION 8 %	(ciclopirox) PDL Non-Preferred	PA
<i>ciclopirox topical cream 0.77 %</i>	(Ciclodan) PDL Preferred	
<i>ciclopirox topical gel 0.77 %</i>	PDL Non-Preferred	PA
<i>ciclopirox topical shampoo 1 %</i>	PDL Non-Preferred	PA
<i>ciclopirox topical solution 8 %</i>	(Ciclodan) PDL Preferred	
<i>ciclopirox topical suspension 0.77 %</i>	(Loprox (as olamine)) PDL Non-Preferred	PA
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	(Ciclodan Kit) PDL Non-Preferred	PA
<i>clotrimazole topical cream 1 %</i>	(Antifungal (clotrimazole)) PDL Preferred	
<i>clotrimazole topical solution 1 %</i>	PDL Preferred	

Drug	Status	Notes
<i>econazole topical cream 1 %</i>	PDL Non-Preferred	PA
ERTACZO TOPICAL CREAM 2 %	PDL Non-Preferred	PA
EXTINA TOPICAL FOAM 2 % (ketoconazole)	PDL Non-Preferred	PA
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	PDL Non-Preferred	PA
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 % (tavaborole)	PDL Non-Preferred	PA
<i>ketoconazole topical cream 2 %</i>	PDL Preferred	
<i>ketoconazole topical foam 2 %</i> (Extina)	PDL Non-Preferred	PA
<i>ketoconazole topical shampoo 2 %</i>	PDL Preferred	
KETODAN KIT TOPICAL COMBO PACK 2 %	PDL Non-Preferred	PA
KETODAN TOPICAL FOAM 2 % (ketoconazole)	PDL Non-Preferred	PA
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	PDL Preferred	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 % (ciclopirox)	PDL Non-Preferred	PA
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 % (ciclopirox)	PDL Non-Preferred	PA
LOPROX KIT TOPICAL COMBO PACK 0.77 %	PDL Non-Preferred	PA
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	PDL Non-Preferred	PA
LOTRIMIN AF (CLOTRIMAZOLE) TOPICAL CREAM 1 % (clotrimazole)	PDL Non-Preferred	PA
<i>luliconazole topical cream 1 %</i> (Luzu)	PDL Non-Preferred	PA
LUZU TOPICAL CREAM 1 % (luliconazole)	PDL Non-Preferred	PA
MENTAX TOPICAL CREAM 1 % (butenafine)	PDL Non-Preferred	PA
<i>miconazole nitrate topical cream 2 %</i> (Antifungal (miconazole))	PDL Preferred	
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion)	PDL Non-Preferred	PA
MICOTRIN AC TOPICAL CREAM 1 % (clotrimazole)	PDL Preferred	
MYCOZYL AC TOPICAL CREAM 1 % (clotrimazole)	PDL Non-Preferred	PA
<i>naftifine topical cream 1 %, 2 %</i>	PDL Non-Preferred	PA
NAFTIN TOPICAL GEL 1 %, 2 % (naftifine)	PDL Non-Preferred	PA
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	PDL Preferred	
<i>nystatin topical cream 100,000 unit/gram</i>	PDL Preferred	
<i>nystatin topical ointment 100,000 unit/gram</i>	PDL Preferred	
<i>nystatin topical powder 100,000 unit/gram</i> (Klayesta)	PDL Preferred	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	PDL Preferred	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	PDL Preferred	

Drug	Status	Notes
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	PDL Preferred	
<i>oxiconazole topical cream 1 %</i>	PDL Non-Preferred	PA
OXISTAT TOPICAL LOTION 1 %	PDL Non-Preferred	PA
<i>tavorole topical solution with applicator 5 %</i> (Kerydin)	PDL Non-Preferred	PA
<i>terbinafine hcl topical cream 1 %</i> (Athlete's Foot (terbinafine))	Common Formulary	
THERA ANTIFUNGAL TOPICAL CREAM 2 % (miconazole nitrate)	PDL Preferred	
<i>tolnaftate topical cream 1 %</i> (Antifungal (tolnaftate))	PDL Preferred	
<i>tolnaftate topical powder 1 %</i> (Tinactin)	PDL Preferred	
VUSION TOPICAL OINTMENT 0.25-15-81.35 % (miconazole nitrate-zinc ox-pet)	PDL Non-Preferred	PA
<b>Topical Antiparasitics</b>		
LICE KILLING (PERMETHRIN) TOPICAL LIQUID 1 % (permethrin)	Common Formulary	QL (59 ML per 30 days)
LICE KILLING TOPICAL SHAMPOO 0.33-4 %	Common Formulary	QL (59 ML per 30 days)
LICE TREATMENT (PERMETHRIN) TOPICAL LIQUID 1 % (permethrin)	Common Formulary	QL (59 ML per 30 days)
LICE TREATMENT TOPICAL LIQUID 1 % (permethrin)	Common Formulary	QL (59 ML per 30 days)
LICE TREATMENT TOPICAL SHAMPOO 0.33-4 %	Common Formulary	QL (59 ML per 30 days)
<i>malathion topical lotion 0.5 %</i> (Ovide)	Common Formulary	ST: Requires prior prescription for Malathion or Permethrin 1% lotion within the past 180 days; QL (59 ML per 30 days)
<i>permethrin topical cream 5 %</i> (Elimite)	Common Formulary	QL (2 GM per 1 day)
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Common Formulary	ST: Requires prior prescription for Permethrin 1% lotion within the past 180 days; QL (240 ML per 180 days)
<b>Topical Antivirals</b>		
<i>acyclovir topical cream 5 %</i> (Zovirax)	PDL Non-Preferred	PA
<i>acyclovir topical ointment 5 %</i> (Zovirax)	PDL Preferred	
DENAVIR TOPICAL CREAM 1 % (penciclovir)	PDL Preferred	
<i>docosanol topical cream 10 %</i> (Abreva)	Common Formulary	
<i>penciclovir topical cream 1 %</i> (Denavir)	PDL Non-Preferred	PA
ZOVIRAX TOPICAL CREAM 5 % (acyclovir)	PDL Preferred	
ZOVIRAX TOPICAL OINTMENT 5 % (acyclovir)	PDL Non-Preferred	PA

Drug	Status	Notes
<b>Topical Antivirals/Anti-inflammatory, Steroid Agent</b>		
XERESE TOPICAL CREAM 5-1 %	PDL Non-Preferred	PA
<b>Topical Sulfonamides</b>		
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	Common Formulary	
SSD TOPICAL CREAM 1 % (silver sulfadiazine)	Common Formulary	
<b>Dermatology - Anti-inflammatory</b>		
<b>Interleukin-13 (IL-13) Inhibitors, Mab</b>		
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	PDL Preferred	PA; QL (4 ML per 28 days)
<b>Top. Anti-Inflam., Phosphodiesterase-4 (Pde4) Inhib</b>		
EUCRISA TOPICAL OINTMENT 2 %	PDL Preferred	PA; QL (100 GM per 30 days)
ZORYVE TOPICAL FOAM 0.3 %	Common Formulary	PA; Age (Min 9 Years)
<b>Topical Anti-Inflammatory Steroidal</b>		
<i>alclometasone topical cream 0.05 %</i>	PDL Non-Preferred	PA
<i>alclometasone topical ointment 0.05 %</i>	PDL Non-Preferred	PA
ANTI-ITCH (HC) TOPICAL CREAM 1 % (hydrocortisone)	PDL Preferred	
APEXICON E TOPICAL CREAM 0.05 %	PDL Non-Preferred	PA
BESER KIT TOPICAL KIT, LOTION AND CREAM, EMOLLIENT 0.05 %	PDL Non-Preferred	PA
BESER TOPICAL LOTION 0.05 % (fluticasone propionate)	PDL Non-Preferred	PA
<i>betamethasone dipropionate topical cream 0.05 %</i>	PDL Preferred	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	PDL Preferred	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	PDL Preferred	
<i>betamethasone valerate topical cream 0.1 %</i>	PDL Preferred	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	PDL Non-Preferred	PA
<i>betamethasone valerate topical lotion 0.1 %</i>	PDL Preferred	
<i>betamethasone valerate topical ointment 0.1 %</i>	PDL Preferred	
<i>betamethasone, augmented topical cream 0.05 %</i>	PDL Non-Preferred	PA
<i>betamethasone, augmented topical gel 0.05 %</i>	PDL Non-Preferred	PA
<i>betamethasone, augmented topical lotion 0.05 %</i>	PDL Non-Preferred	PA

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
<i>betamethasone, augmented topical ointment 0.05 %</i>	(Diprolene (augmented))	PDL Non-Preferred	PA
BRYHALI TOPICAL LOTION 0.01 %		PDL Non-Preferred	PA
<i>clobetasol scalp solution 0.05 %</i>		PDL Preferred	
<i>clobetasol topical cream 0.05 %</i>		PDL Preferred	
<i>clobetasol topical foam 0.05 %</i>	(Olux)	PDL Non-Preferred	PA
<i>clobetasol topical gel 0.05 %</i>		PDL Non-Preferred	PA
<i>clobetasol topical lotion 0.05 %</i>	(Clobex)	PDL Non-Preferred	PA
<i>clobetasol topical ointment 0.05 %</i>		PDL Preferred	
<i>clobetasol topical shampoo 0.05 %</i>	(Clodan)	PDL Non-Preferred	PA
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	(Clobex)	PDL Non-Preferred	PA
<i>clobetasol-emollient topical cream 0.05 %</i>		PDL Non-Preferred	PA
<i>clobetasol-emollient topical foam 0.05 %</i>	(Olux-E)	PDL Non-Preferred	PA
<i>clocortolone pivalate topical cream 0.1 %</i>		PDL Non-Preferred	PA
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %		PDL Non-Preferred	PA
CLODAN TOPICAL SHAMPOO 0.05 %	(clobetasol)	PDL Non-Preferred	PA
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL 0.01 %	(fluocinolone)	PDL Non-Preferred	PA
DERMA-SMOOTH/FS SCALP OIL SCALP OIL 0.01 %	(fluocinolone and shower cap)	PDL Non-Preferred	PA
<i>desonide topical cream 0.05 %</i>	(DesOwen)	PDL Non-Preferred	PA
<i>desonide topical lotion 0.05 %</i>		PDL Non-Preferred	PA
<i>desonide topical ointment 0.05 %</i>		PDL Non-Preferred	PA
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	(Topicort)	PDL Non-Preferred	PA
<i>desoximetasone topical gel 0.05 %</i>	(Topicort)	PDL Non-Preferred	PA
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	(Topicort)	PDL Non-Preferred	PA
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	(Topicort)	PDL Non-Preferred	PA
<i>diflorasone topical cream 0.05 %</i>		PDL Non-Preferred	PA
<i>diflorasone topical ointment 0.05 %</i>		PDL Non-Preferred	PA
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	(betamethasone, augmented)	PDL Non-Preferred	PA
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	(Derma-Smoothe/FS Scalp Oil)	PDL Non-Preferred	PA
<i>fluocinolone topical cream 0.01 %</i>		PDL Non-Preferred	PA
<i>fluocinolone topical cream 0.025 %</i>	(Synalar)	PDL Non-Preferred	PA
<i>fluocinolone topical oil 0.01 %</i>	(Derma-Smoothe/FS Body Oil)	PDL Non-Preferred	PA
<i>fluocinolone topical ointment 0.025 %</i>	(Synalar)	PDL Non-Preferred	PA
<i>fluocinolone topical solution 0.01 %</i>	(Synalar)	PDL Non-Preferred	PA



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>fluocinonide topical cream 0.05 %</i>	PDL Non-Preferred	PA
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	PDL Non-Preferred	PA
<i>fluocinonide topical gel 0.05 %</i>	PDL Non-Preferred	PA
<i>fluocinonide topical ointment 0.05 %</i>	PDL Non-Preferred	PA
<i>fluocinonide topical solution 0.05 %</i>	PDL Non-Preferred	PA
FLUOCINONIDE-E TOPICAL CREAM 0.05 % (fluocinonide-emollient)	PDL Non-Preferred	PA
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	PDL Non-Preferred	PA
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	PDL Non-Preferred	PA
<i>flurandrenolide topical lotion 0.05 %</i> (Cordran)	PDL Non-Preferred	PA
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	PDL Non-Preferred	PA
<i>fluticasone propionate topical cream 0.05 %</i>	PDL Preferred	
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	PDL Non-Preferred	PA
<i>fluticasone propionate topical ointment 0.005 %</i>	PDL Preferred	
<i>halcinonide topical cream 0.1 %</i> (Halog)	PDL Non-Preferred	PA
<i>halobetasol propionate topical cream 0.05 %</i>	PDL Preferred	
<i>halobetasol propionate topical foam 0.05 %</i> (Lexette)	PDL Non-Preferred	PA
<i>halobetasol propionate topical ointment 0.05 %</i>	PDL Preferred	
HALOG TOPICAL CREAM 0.1 % (halcinonide)	PDL Non-Preferred	PA
HALOG TOPICAL OINTMENT 0.1 %	PDL Non-Preferred	PA
HALOG TOPICAL SOLUTION 0.1 %	PDL Non-Preferred	PA
<i>hydrocortisone acetate topical cream 0.5 %</i>	PDL Preferred	
<i>hydrocortisone acetate topical cream 1 %</i> (Vanicream HC)	PDL Preferred	
<i>hydrocortisone acetate topical ointment 1 %</i>	PDL Preferred	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	PDL Non-Preferred	PA
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	PDL Non-Preferred	PA
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	PDL Non-Preferred	PA
<i>hydrocortisone butyrate topical solution 0.1 %</i>	PDL Non-Preferred	PA
HYDROCORTISONE PLUS TOPICAL CREAM 1 % (hydrocortisone-aloe vera)	PDL Preferred	
<i>hydrocortisone topical cream 0.5 %, 2.5 %</i>	PDL Preferred	
<i>hydrocortisone topical cream 1 %</i> (Anti-Itch (HC))	PDL Preferred	

Drug		Status	Notes
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	(Procto-Med HC)	Common Formulary	
<i>hydrocortisone topical lotion 2.5 %</i>		PDL Preferred	
<i>hydrocortisone topical ointment 1 %</i>	(Anti-Itch (HC))	PDL Preferred	
<i>hydrocortisone topical ointment 2.5 %</i>		PDL Preferred	
<i>hydrocortisone valerate topical cream 0.2 %</i>		PDL Non-Preferred	PA
<i>hydrocortisone valerate topical ointment 0.2 %</i>		PDL Non-Preferred	PA
<i>hydrocortisone-aloe vera topical cream 1 %</i>	(Hydrocortisone Plus)	PDL Preferred	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	(triamcinolone acetonide)	PDL Non-Preferred	PA
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	(hydrocortisone butyr-emollient)	PDL Non-Preferred	PA
LOCOID TOPICAL LOTION 0.1 %	(hydrocortisone butyrate)	PDL Non-Preferred	PA
LUXIQ TOPICAL FOAM 0.12 %	(betamethasone valerate)	PDL Non-Preferred	PA
<i>mometasone topical cream 0.1 %</i>		PDL Preferred	
<i>mometasone topical ointment 0.1 %</i>		PDL Preferred	
<i>mometasone topical solution 0.1 %</i>		PDL Preferred	
OLUX TOPICAL FOAM 0.05 %	(clobetasol)	PDL Non-Preferred	PA
OLUX-E TOPICAL FOAM 0.05 %	(clobetasol-emollient)	PDL Non-Preferred	PA
PANDEL TOPICAL CREAM 0.1 %		PDL Non-Preferred	PA
<i>prednicarbate topical cream 0.1 %</i>		PDL Non-Preferred	PA
<i>prednicarbate topical ointment 0.1 %</i>		PDL Non-Preferred	PA
PROCTOCORT TOPICAL CREAM 1 %	(hydrocortisone)	PDL Non-Preferred	PA
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Common Formulary	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Common Formulary	
SANADERMRX TOPICAL KIT 0.1-5 %		PDL Non-Preferred	PA
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %		PDL Non-Preferred	PA
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %		PDL Non-Preferred	PA
SYNALAR TOPICAL CREAM 0.025 %	(fluocinolone)	PDL Non-Preferred	PA
SYNALAR TOPICAL OINTMENT 0.025 %	(fluocinolone)	PDL Non-Preferred	PA
SYNALAR TOPICAL SOLUTION 0.01 %	(fluocinolone)	PDL Non-Preferred	PA
SYNALAR TS TOPICAL KIT 0.01 %		PDL Non-Preferred	PA
TEXACORT TOPICAL SOLUTION 2.5 %		PDL Non-Preferred	PA
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	(desoximetasone)	PDL Non-Preferred	PA

Drug	Status	Notes
TOPICORT TOPICAL GEL 0.05 % (desoximetasone)	PDL Non-Preferred	PA
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 % (desoximetasone)	PDL Non-Preferred	PA
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 % (desoximetasone)	PDL Non-Preferred	PA
TOVET EMOLLIENT TOPICAL FOAM 0.05 % (clobetasol-emollient)	PDL Non-Preferred	PA
TOVET KIT TOPICAL COMBO PACK 0.05 %	PDL Non-Preferred	PA
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> (Kenalog)	PDL Non-Preferred	PA
<i>triamcinolone acetonide topical cream 0.025 %</i>	PDL Preferred	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	PDL Preferred	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	PDL Preferred	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	PDL Preferred	
<i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex)	PDL Preferred	
TRIANEX TOPICAL OINTMENT 0.05 % (triamcinolone acetonide)	PDL Non-Preferred	PA
ULTRAVATE TOPICAL LOTION 0.05 %	PDL Non-Preferred	PA
VANOS TOPICAL CREAM 0.1 % (fluocinonide)	PDL Non-Preferred	PA
<b>Topical Anti-Inflammatory, Nsaids</b>		
ARTHRITIS PAIN (DICLOFENAC) TOPICAL GEL 1 % (diclofenac sodium)	PDL Preferred	
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	PDL Non-Preferred	PA; QL (2 EA per 1 day)
<i>diclofenac sodium topical drops 1.5 %</i>	PDL Preferred	
<i>diclofenac sodium topical gel 1 %</i> (Arthritis Pain (diclofenac))	PDL Preferred	
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i> (Pennsaid)	PDL Non-Preferred	PA
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 % (diclofenac epolamine)	PDL Non-Preferred	PA; QL (2 EA per 1 day)
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	PDL Non-Preferred	PA; QL (15 EA per 30 days)
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %) (diclofenac sodium)	PDL Non-Preferred	PA
PENNSAID TOPICAL SOLUTION IN PACKET 2 %	PDL Non-Preferred	PA
<b>Topical Janus Kinase (Jak) Inhibitors</b>		
OPZELURA TOPICAL CREAM 1.5 %	PDL Non-Preferred	PA; QL (240 GM per 30 days); Age (Min 12 Years)
<b>Dermatology - Miscellaneous</b>		

Drug	Status	Notes
<b>Antiperspirants</b>		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Common Formulary	
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Common Formulary	
<b>Antiseborrheic Agents</b>		
<i>selenium sulfide topical lotion 2.5 %</i>	Common Formulary	
<b>Antiseptics, General</b>		
ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Common Formulary	
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Common Formulary	
<i>alcohol swabs topical pads, medicated</i> (Alcohol Pads)	Common Formulary	
ALCOHOL WIPES TOPICAL PADS, MEDICATED (alcohol swabs)	Common Formulary	
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED (alcohol swabs)	Common Formulary	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED (alcohol swabs)	Common Formulary	
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED (alcohol swabs)	Common Formulary	
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Common Formulary	
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED (alcohol swabs)	Common Formulary	
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Common Formulary	
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Common Formulary	
IV PREP WIPES TOPICAL PADS, MEDICATED (alcohol swabs)	Common Formulary	
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Common Formulary	
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Common Formulary	
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Common Formulary	
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Common Formulary	
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Common Formulary	
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Common Formulary	
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED (alcohol swabs)	Common Formulary	
WEBCOL TOPICAL PADS, MEDICATED (alcohol swabs)	Common Formulary	

Drug	Status	Notes
<b>Emollients</b>		
<i>ammonium lactate topical cream 12 %</i>	Common Formulary	QL (140 GM per 30 days)
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	Common Formulary	QL (225 GM per 30 days)
<b>Gene Therapy Agents - Connective Tissue Disorders</b>		
VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Hypertrichotic Agents, Systemic/Incl. Combinations</b>		
LITFULO ORAL CAPSULE 50 MG	Common Formulary	PA; QL (1 EA per 1 day); Age (Min 12 Years)
<b>Irritants/Counter-Irritants</b>		
<i>capsaicin topical cream 0.025 %</i> (Arthritis-Muscle (capsaicin))	Common Formulary	
<b>Keratolytics</b>		
ACNE MEDICATION TOPICAL GEL 10 % (benzoyl peroxide)	Common Formulary	QL (3.78 GM per 1 day)
ACNE MEDICATION TOPICAL GEL 5 % (benzoyl peroxide)	Common Formulary	
<i>benzoyl peroxide topical cleanser 10 %</i> (Lintera)	Common Formulary	
<i>benzoyl peroxide topical cleanser 5 %</i> (Advanced Exfoliating Cleanser)	Common Formulary	
<i>benzoyl peroxide topical gel 10 %</i> (Acne Medication)	Common Formulary	QL (3.78 GM per 1 day)
<i>benzoyl peroxide topical gel 5 %</i> (Acne Medication)	Common Formulary	
LINTERA TOPICAL CLEANSER 10 % (benzoyl peroxide)	Common Formulary	
<i>podofilox topical solution 0.5 %</i>	Common Formulary	
<b>Topical Antineoplastic &amp; Premalignant Lesion Agnts</b>		
<i>bexarotene topical gel 1 %</i> (Targretin)	Common Formulary	
CARAC TOPICAL CREAM 0.5 % (fluorouracil)	Common Formulary	
<i>diclofenac sodium topical gel 3 %</i>	Common Formulary	
EFUDEX TOPICAL CREAM 5 % (fluorouracil)	Common Formulary	
FLUOROPLEX TOPICAL CREAM 1 %	Common Formulary	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	Common Formulary	

Drug	Status	Notes
fluorouracil topical cream 5 % (Efudex)	Common Formulary	
fluorouracil topical solution 2 %, 5 %	Common Formulary	
PANRETIN TOPICAL GEL 0.1 %	Common Formulary	
TARGRETIN TOPICAL GEL 1 % (bexarotene)	Common Formulary	
VALCHLOR TOPICAL GEL 0.016 %	Common Formulary	
<b>Topical Local Anesthetics</b>		
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Common Formulary	PA; QL (3 EA per 1 day)
lidocaine hcl topical cream 3 % (Lidopin)	Common Formulary	QL (85 GM per 30 days)
lidocaine hcl topical cream 4 % (Aspercreme (lidocaine HCl))	Common Formulary	QL (5.1 GM per 1 day)
LIDOCAINE PAIN RELIEF TOPICAL ADHESIVE PATCH,MEDICATED 4 % (lidocaine)	Common Formulary	QL (30 EA per 30 days)
lidocaine topical adhesive patch,medicated 4 % (Lidocaine Pain Relief)	Common Formulary	QL (30 EA per 30 days)
lidocaine topical adhesive patch,medicated 5 % (DermacinRx Lidocan)	Common Formulary	PA; QL (3 EA per 1 day)
lidocaine topical ointment 5 %	Common Formulary	QL (100 GM per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %	Common Formulary	QL (1 GM per 1 day)
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Common Formulary	PA; QL (3 EA per 1 day)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Common Formulary	PA; QL (3 EA per 1 day)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Common Formulary	PA; QL (3 EA per 1 day)
<b>Dermatology - Psoriasis/Eczema</b>		
<b>Antipsoriatic Agents,Systemic</b>		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Common Formulary	PA; QL (2 EA per 1 day)
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	PDL Non-Preferred	PA; Age (Min 18 Years)
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	PDL Non-Preferred	PA; Age (Min 18 Years)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	PDL Preferred	
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PDL Preferred	

Drug	Status	Notes
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PDL Preferred	
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	PDL Preferred	
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	PDL Preferred	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	PDL Non-Preferred	PA
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	PDL Non-Preferred	PA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PDL Non-Preferred	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	PDL Non-Preferred	PA
SOTYKTU ORAL TABLET 6 MG	PDL Non-Preferred	PA; QL (1 EA per 1 day); Age (Min 18 Years)
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	PDL Non-Preferred	PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	PDL Non-Preferred	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	PDL Non-Preferred	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	PDL Non-Preferred	PA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PDL Non-Preferred	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	PDL Non-Preferred	PA
<b>Antipsoriatics Agents</b>		
<i>calcipotriene scalp solution 0.005 %</i>	Common Formulary	PA; Age (Min 2 Years)
<i>calcipotriene topical cream 0.005 %</i>	Common Formulary	PA; Age (Min 2 Years)
<i>calcipotriene topical ointment 0.005 %</i>	Common Formulary	PA; Age (Min 2 Years)
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Common Formulary	PA; Age (Min 2 Years)
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Common Formulary	PA
<i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)	Common Formulary	PA
VTAMA TOPICAL CREAM 1 %	Common Formulary	PA
ZORYVE TOPICAL CREAM 0.3 %	Common Formulary	PA; Age (Min 6 Years)

Drug	Status	Notes
<b>II-23 Receptor Antagonist, Monoclonal Antibody</b>		
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	PDL Non-Preferred	PA
<b>Topical Immunosuppressive Agents</b>		
ELIDEL TOPICAL CREAM 1 % (pimecrolimus)	PDL Preferred	PA; QL (30 GM per 30 days); Age (Min 2 Years)
HYFTOR TOPICAL GEL 0.2 %	Common Formulary	PA; Age (Min 6 Years)
<i>pimecrolimus topical cream 1 %</i> (Elidel)	PDL Preferred	PA; QL (30 GM per 30 days); Age (Min 2 Years)
<i>tacrolimus topical ointment 0.03 %</i>	PDL Non-Preferred	PA; QL (30 GM per 30 days); Age (Min 2 Years)
<i>tacrolimus topical ointment 0.1 %</i>	PDL Non-Preferred	PA; QL (30 GM per 30 days); Age (Min 16 Years)
<b>Diabetes</b>		
<b>Antihypergly, (Dpp-4) Inhibitor &amp; Biguanide Comb.</b>		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i> (Kazano)	PDL Non-Preferred	PA
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	PDL Preferred	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	PDL Preferred	
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	PDL Preferred	
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	PDL Non-Preferred	PA
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG (alogliptin-metformin)	PDL Non-Preferred	PA
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg</i>	PDL Non-Preferred	PA
<b>Antihypergly, Dpp-4 Enzyme Inhib &amp; Thiazolidinedione</b>		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> (Oseni)	PDL Non-Preferred	PA
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG (alogliptin-pioglitazone)	PDL Non-Preferred	PA
<b>Antihypergly, Incretin Mimetic (Glp-1 Recep. Agonist)</b>		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	PDL Non-Preferred	PA; QL (3.4 ML per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML	PDL Preferred	PA; QL (2.4 ML per 30 days)



Drug	Status	Notes
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	PDL Preferred	PA; QL (1.2 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	PDL Non-Preferred	PA; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	PDL Non-Preferred	PA; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	PDL Preferred	PA; QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	PDL Preferred	PA; QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	PDL Preferred	PA; QL (9 ML per 30 days)
<b>Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib</b>		
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i> (Farxiga)	PDL Non-Preferred	PA
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	PDL Preferred	
INPEFA ORAL TABLET 200 MG	PDL Non-Preferred	PA
INVOKANA ORAL TABLET 100 MG, 300 MG	PDL Preferred	
JARDIANCE ORAL TABLET 10 MG, 25 MG	PDL Preferred	
STEGLATRO ORAL TABLET 15 MG, 5 MG	PDL Non-Preferred	PA
<b>Antihyperglycemic - Incretin Mimetics Combination</b>		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	PDL Non-Preferred	PA
MOUNJARO SUBCUTANEOUS PEN INJECTOR 2.5 MG/0.5 ML	PDL Non-Preferred	PA; QL (2 ML per 28 days)
<b>Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	PDL Preferred	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	PDL Preferred	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (acarbose)	PDL Non-Preferred	PA
<b>Antihyperglycemic, Amylin Analog-Type</b>		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	PDL Preferred	

Drug	Status	Notes
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	PDL Preferred	
<b>Antihyperglycemic, Dpp-4 Inhibitors</b>		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i> (Nesina)	PDL Non-Preferred	PA
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	PDL Preferred	QL (2 EA per 1 day)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (alogliptin)	PDL Non-Preferred	PA
ONGLYZA ORAL TABLET 5 MG (saxagliptin)	PDL Non-Preferred	PA
<i>saxagliptin oral tablet 2.5 mg</i>	PDL Non-Preferred	PA
<i>saxagliptin oral tablet 5 mg</i> (Onglyza)	PDL Non-Preferred	PA
TRADJENTA ORAL TABLET 5 MG	PDL Preferred	
<b>Antihyperglycemic, Insulin-Release Stimulant Type</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	PDL Preferred	
<i>glipizide oral tablet 10 mg, 5 mg</i>	PDL Preferred	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	PDL Preferred	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG (glipizide)	PDL Non-Preferred	PA
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	PDL Preferred	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	PDL Preferred	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	PDL Preferred	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	PDL Preferred	
<b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (pioglitazone)	PDL Non-Preferred	PA
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	PDL Preferred	
<b>Antihyperglycemic, Sglit-2 &amp; Dpp-4 Inhibitor Comb.</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	PDL Non-Preferred	PA
QTERN ORAL TABLET 10-5 MG, 5-5 MG	PDL Non-Preferred	PA
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	PDL Non-Preferred	PA
<b>Antihyperglycemic, Biguanide Type(Non-Sulfonylurea)</b>		
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG, 500 MG (metformin)	PDL Non-Preferred	PA

Drug	Status	Notes
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	PDL Non-Preferred	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 625 mg, 850 mg</i>	PDL Preferred	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	PDL Preferred	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	PDL Non-Preferred	PA
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i> (Glumetza)	PDL Non-Preferred	PA
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML	PDL Non-Preferred	PA
RIOMET ORAL SOLUTION 500 MG/5 ML (metformin)	PDL Non-Preferred	PA
<b>Antihyperglycemic,Insulin &amp; Glp-1 Receptor Agonist</b>		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	PDL Non-Preferred	PA; QL (15 ML per 25 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	PDL Non-Preferred	PA; QL (15 ML per 30 days)
<b>Antihyperglycemic,Insulin-Rel Stim.&amp; Biguanide Cmb</b>		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	PDL Non-Preferred	PA
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	PDL Preferred	
<b>Antihyperglycemic,Insulin-Response &amp; Release Comb.</b>		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (pioglitazone-glimepiride)	PDL Non-Preferred	PA
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	PDL Non-Preferred	PA
<b>Antihyperglycemic-SglT2 Inhibitor &amp; Biguanide Comb</b>		
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 5-1,000 mg</i> (Xigduo XR)	PDL Non-Preferred	PA
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	PDL Preferred	
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	PDL Non-Preferred	PA
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	PDL Non-Preferred	PA
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	PDL Preferred	

Drug	Status	Notes
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	PDL Non-Preferred	PA
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 5-1,000 MG (dapaglifloz propaned-metformin)	PDL Preferred	
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 2.5-1,000 MG, 5-500 MG	PDL Preferred	
<b>Antihyperglycm,Insul-Resp.Enhancer &amp; Biguanide Cmb</b>		
ACTOPLUS MET ORAL TABLET 15-850 MG (pioglitazone-metformin)	PDL Non-Preferred	PA
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	PDL Non-Preferred	PA
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	PDL Non-Preferred	PA
<b>Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb</b>		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	PDL Non-Preferred	PA
<b>Blood Sugar Diagnostics</b>		
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	Common Formulary	QL: 300 IN 30 DAYS IF 20 YEARS OF AGE OR YOUNGER 200 IN 30 DAYS WITH HISTORY OF INSULINS OR 100 IN 30 DAYS WITH NO HISTORY OF INSULINS IF 21 YEARS OF AGE OR OLDER
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	Common Formulary	QL: 300 IN 30 DAYS IF 20 YEARS OF AGE OR YOUNGER 200 IN 30 DAYS WITH HISTORY OF INSULINS OR 100 IN 30 DAYS WITH NO HISTORY OF INSULINS IF 21 YEARS OF AGE OR OLDER
FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)	Common Formulary	QL: 300 IN 30 DAYS IF 20 YEARS OF AGE OR YOUNGER 200 IN 30 DAYS WITH HISTORY OF INSULINS OR 100 IN 30 DAYS WITH NO HISTORY OF INSULINS IF 21 YEARS OF AGE OR OLDER

Drug	Status	Notes
FREESTYLE PRECISION NEO STRIPS (blood sugar diagnostic) STRIP	Common Formulary	QL: 300 IN 30 DAYS IF 20 YEARS OF AGE OR YOUNGER 200 IN 30 DAYS WITH HISTORY OF INSULINS OR 100 IN 30 DAYS WITH NO HISTORY OF INSULINS IF 21 YEARS OF AGE OR OLDER
FREESTYLE TEST STRIP (blood sugar diagnostic)	Common Formulary	QL: 300 IN 30 DAYS IF 20 YEARS OF AGE OR YOUNGER 200 IN 30 DAYS WITH HISTORY OF INSULINS OR 100 IN 30 DAYS WITH NO HISTORY OF INSULINS IF 21 YEARS OF AGE OR OLDER
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	Common Formulary	QL: 300 IN 30 DAYS IF 20 YEARS OF AGE OR YOUNGER 200 IN 30 DAYS WITH HISTORY OF INSULINS OR 100 IN 30 DAYS WITH NO HISTORY OF INSULINS IF 21 YEARS OF AGE OR OLDER
<b>Hyperglycemics</b>		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	PDL Preferred	QL (2 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	PDL Non-Preferred	PA
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	PDL Preferred	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon hcl)	PDL Non-Preferred	PA
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	PDL Preferred	
<i>glucagon hcl injection recon soln 1 mg</i> (Glucagon (HCl) Emergency Kit)	PDL Non-Preferred	PA
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	PDL Preferred	QL (0.2 ML per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	PDL Preferred	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	PDL Preferred	QL (0.2 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	PDL Preferred	QL (0.4 ML per 30 days)

Drug	Status	Notes
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	PDL Non-Preferred	PA; QL (0.4 ML per 30 days)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	PDL Non-Preferred	PA; QL (0.4 ML per 30 days)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	PDL Non-Preferred	PA; QL (0.4 ML per 30 days)
PROGLYCEM ORAL SUSPENSION 50 (diazoxide) MG/ML	PDL Preferred	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	PDL Preferred	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	PDL Preferred	
<b>Insulins</b>		
ADMELOG SOLOSTAR U-100 INSULIN (insulin lispro) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
ADMELOG U-100 INSULIN LISPRO (insulin lispro) SUBCUTANEOUS SOLUTION 100 UNIT/ML	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
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)	PDL Non-Preferred	PA; QL (180 EA per 1 FILL)
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	PDL Preferred	QL (90 ML per 1 FILL)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	PDL Preferred	QL (90 ML per 1 FILL)
BASAGLAR KWIKPEN U-100 INSULIN (insulin glargine) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	PDL Non-Preferred	PA
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)

Drug	Status	Notes
HUMALOG JUNIOR KWIKPEN U-100 (insulin lispro) SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	PDL Preferred	QL (90 ML per 1 FILL)
HUMALOG KWIKPEN INSULIN (insulin lispro) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	PDL Preferred	QL (90 ML per 1 FILL)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	PDL Preferred	QL (90 ML per 1 FILL)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	PDL Preferred	QL (90 ML per 1 FILL)
HUMALOG MIX 75-25 KWIKPEN (insulin lispro protamin- SUBCUTANEOUS INSULIN PEN 100 lispro) UNIT/ML (75-25)	PDL Preferred	QL (90 ML per 1 FILL)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	PDL Preferred	QL (90 ML per 1 FILL)
HUMALOG TEMPO PEN(U- 100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	PDL Preferred	QL (90 ML per 1 FILL)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	PDL Preferred	QL (90 ML per 1 FILL)
HUMALOG U-100 INSULIN (insulin lispro) SUBCUTANEOUS SOLUTION 100 UNIT/ML	PDL Preferred	QL (90 ML per 1 FILL)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	PDL Preferred	QL (90 ML per 1 FILL)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	PDL Preferred	QL (90 ML per 1 FILL)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	PDL Preferred	QL (90 ML per 1 FILL)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	PDL Preferred	QL (90 ML per 1 FILL)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	PDL Preferred	QL (90 ML per 1 FILL)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	PDL Preferred	QL (90 ML per 1 FILL)

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	(Novolog Mix 70-30FlexPen U-100)	PDL Preferred	QL (90 ML per 1 FILL)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	(Novolog Mix 70-30 U-100 Insulin)	PDL Preferred	QL (90 ML per 1 FILL)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	(Novolog PenFill U-100 Insulin)	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Novolog FlexPen U-100 Insulin)	PDL Preferred	QL (90 ML per 1 FILL)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	(Novolog U-100 Insulin aspart)	PDL Preferred	QL (90 ML per 1 FILL)
<i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Tresiba FlexTouch U-100)	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
<i>insulin degludec subcutaneous insulin pen 200 unit/ml (3 ml)</i>	(Tresiba FlexTouch U-200)	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	(Tresiba U-100 Insulin)	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
<i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (1.5 ml)</i>	(Toujeo SoloStar U-300 Insulin)	PDL Non-Preferred	PA; QL (90 ML per 1 day)
<i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (3 ml)</i>	(Toujeo Max U-300 SoloStar)	PDL Non-Preferred	PA; QL (90 ML per 1 day)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Semglee(insulin glarg-yfgn)Pen)	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	(Semglee(insulin glargine-yfgn))	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	(Humalog Mix 75-25 KwikPen)	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	(Humalog KwikPen Insulin)	PDL Preferred	QL (90 ML per 1 FILL)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	(Humalog Junior KwikPen U-100)	PDL Preferred	QL (90 ML per 1 FILL)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	(Humalog U-100 Insulin)	PDL Preferred	QL (90 ML per 1 FILL)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	PDL Preferred	QL (90 ML per 1 FILL)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	PDL Preferred	QL (90 ML per 1 FILL)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		PDL Preferred	QL (90 ML per 1 FILL)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		PDL Preferred	QL (90 ML per 1 FILL)



Drug	Status	Notes
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PDL Preferred	QL (90 ML per 1 FILL)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	PDL Preferred	QL (90 ML per 1 FILL)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PDL Preferred	QL (90 ML per 1 FILL)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	PDL Preferred	QL (90 ML per 1 FILL)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin aspart u-100) PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart) PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart) PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100) PDL Preferred	QL (90 ML per 1 FILL)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100) PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn) PDL Non-Preferred	PA; QL (90 ML per 1 FILL)

Drug	Status	Notes
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn) PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc) PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc) PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec) PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec) PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec) PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
<b>Urine Glucose Test Aids</b>		
DIASTIX STRIP	Common Formulary	
NO-STICK GLUCOSE STRIP	Common Formulary	
<b>Urine Glucose/Acetone Test Aids,Strips</b>		
KETO-DIASTIX STRIP	Common Formulary	
<b>Ear - General Disorders</b>		
<b>Ear Preparations, Misc. Anti-Infectives</b>		
<i>acetic acid otic (ear) solution 2 %</i>	Common Formulary	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Common Formulary	
<b>Ear Preparations,Antibiotics</b>		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	(Cetraxal) PDL Non-Preferred	PA
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Common Formulary	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Common Formulary	
<i>ofloxacin otic (ear) drops 0.3 %</i>	PDL Preferred	
<b>Otic Preparations,Anti-Inflammatory-Antibiotics</b>		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	PDL Non-Preferred	PA
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	PDL Preferred	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i>	(Otovel) PDL Non-Preferred	PA

Drug	Status	Notes
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) (ciprofloxacin-fluocinolone)	PDL Non-Preferred	PA
<b>Electrolyte Regulation</b>		
<b>Arginine Vasopressin (Avp) Receptor Antagonists</b>		
<i>tolvaptan oral tablet 15 mg, 30 mg</i> (Samsca)	Common Formulary	PA; QL (2 EA per 1 day); Age (Min 18 Years)
<b>Bicarbonate Producing/Containing Agents</b>		
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	Common Formulary	
<b>Electrolyte Depleters</b>		
AURYXIA ORAL TABLET 210 MG IRON	PDL Non-Preferred	PA
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	PDL Preferred	PA
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	PDL Preferred	PA
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	PDL Non-Preferred	PA
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG (lanthanum)	PDL Non-Preferred	PA
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	PDL Non-Preferred	PA
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM (sevelamer carbonate)	PDL Non-Preferred	PA
RENVELA ORAL TABLET 800 MG (sevelamer carbonate)	PDL Non-Preferred	PA
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	PDL Non-Preferred	PA
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	PDL Preferred	PA
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	PDL Non-Preferred	PA
<i>sodium polystyrene sulfonate oral powder</i>	Common Formulary	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Common Formulary	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	PDL Non-Preferred	PA
<b>Electrolyte Maintenance</b>		
PEDIATRIC ELECTROLYTE ORAL SOLUTION (electrolytes-dextrose)	Common Formulary	
<b>Phosphate Replacement</b>		
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml, 3 mmol/ml (4.7 meq/ml)</i>	Common Formulary	
<b>Potassium Replacement</b>		

Drug	Status	Notes
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid)	Common Formulary	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ (potassium chloride)	Common Formulary	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ (potassium chloride)	Common Formulary	
KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid)	Common Formulary	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Common Formulary	
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	Common Formulary	
<i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab)	Common Formulary	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	Common Formulary	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	Common Formulary	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	Common Formulary	
<b>Endocrine Disorder - Fertility</b>		
<b>Pregnancy Facilitating/Maintaining Agent,Hormonal</b>		
CRINONE VAGINAL GEL 8 %	PDL Non-Preferred	PA
<b>Endocrine Disorder - Other</b>		
<b>Adrenocorticotrophic Hormones</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antidiuretic And Vasopressor Hormones</b>		
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Common Formulary	PA
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Common Formulary	PA
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	Common Formulary	QL (6 EA per 1 day)
<b>Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.</b>		
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	Common Formulary	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Common Formulary	

Drug	Status	Notes
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Common Formulary	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Common Formulary	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Common Formulary	
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	Common Formulary	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Common Formulary	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	Common Formulary	
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Common Formulary	
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	Common Formulary	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	Common Formulary	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	Common Formulary	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	Common Formulary	
<b>Bone Formation Stim. Agents - Parathyroid Hormone</b>		
FORTEO SUBCUTANEOUS PEN (teriparatide) INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	PDL Non-Preferred	PA
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i> (Forteo)	PDL Non-Preferred	PA
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	PDL Non-Preferred	PA
<b>Bone Formation Stimulating Agts - Pth Rel Peptides</b>		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	PDL Non-Preferred	PA
<b>Bone Resorption Inhibitor &amp; Vitamin D Combinations</b>		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	PDL Non-Preferred	PA; QL (0.15 EA per 1 day)
<b>Bone Resorption Inhibitors</b>		
ACTONEL ORAL TABLET 150 MG (risedronate)	PDL Non-Preferred	PA
ACTONEL ORAL TABLET 35 MG (risedronate)	PDL Non-Preferred	PA; QL (4 EA per 28 days)
<i>alendronate oral solution 70 mg/75 ml</i>	PDL Non-Preferred	PA
<i>alendronate oral tablet 10 mg, 5 mg</i>	PDL Preferred	

Drug	Status	Notes
<i>alendronate oral tablet 35 mg</i>	PDL Preferred	QL (0.15 EA per 1 day)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	PDL Preferred	QL (0.15 EA per 1 day)
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG (risedronate)	PDL Non-Preferred	PA; QL (4 EA per 28 days)
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	PDL Non-Preferred	PA
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	PDL Preferred	
EVISTA ORAL TABLET 60 MG (raloxifene)	PDL Non-Preferred	PA
FOSAMAX ORAL TABLET 70 MG (alendronate)	PDL Non-Preferred	PA; QL (0.15 EA per 1 day)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	PDL Non-Preferred	PA
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	PDL Non-Preferred	PA
<i>ibandronate oral tablet 150 mg</i>	PDL Non-Preferred	PA; QL (0.04 EA per 1 day)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (calcitonin (salmon))	PDL Non-Preferred	PA
<i>raloxifene oral tablet 60 mg</i> (Evista)	PDL Preferred	
<i>risedronate oral tablet 150 mg</i> (Actonel)	PDL Non-Preferred	PA
<i>risedronate oral tablet 30 mg, 5 mg</i>	PDL Non-Preferred	PA
<i>risedronate oral tablet 35 mg</i> (Actonel)	PDL Non-Preferred	PA; QL (4 EA per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	PDL Non-Preferred	PA; QL (4 EA per 28 days)
<b>Calcimimetic, Parathyroid Calcium Enhancer</b>		
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	Common Formulary	PA; QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	Common Formulary	PA; QL (4 EA per 1 day)
<b>Growth Hormones</b>		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	PDL Preferred	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	PDL Preferred	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	PDL Non-Preferred	PA
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	PDL Non-Preferred	PA

Drug	Status	Notes
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	PDL Preferred	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	PDL Non-Preferred	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	PDL Non-Preferred	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	PDL Non-Preferred	PA
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	PDL Non-Preferred	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	PDL Non-Preferred	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	PDL Non-Preferred	PA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	PDL Non-Preferred	PA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	PDL Non-Preferred	PA
<b>Leptin Hormone Analogs</b>		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Lhrh (Gnrh) Antagonist, Estrogen And Progestin Comb</b>		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	PDL Preferred	PA; Age (Min 18 Years)
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	PDL Preferred	PA; Age (Min 18 Years)
<b>Lhrh(Gnrh) Antagonist, Pituitary Suppressant Agents</b>		
ORLISSA ORAL TABLET 150 MG, 200 MG	PDL Preferred	PA; Age (Min 18 Years)
<b>Lhrh(Gnrh) Agnst Pit. Sup-Central Precocious Puberty</b>		
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	Common Formulary	

Drug	Status	Notes
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	Common Formulary	
<b>Natriuretic Peptides</b>		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Pituitary Suppressive Agents</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Common Formulary	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Common Formulary	
<b>Endocrine Disorder - Thyroid</b>		
<b>Antithyroid Preparations</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Common Formulary	
<i>propylthiouracil oral tablet 50 mg</i>	Common Formulary	
<b>Thyroid Hormones</b>		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 60 MG (thyroid (pork))	Common Formulary	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	Common Formulary	
ARMOUR THYROID ORAL TABLET (thyroid (pork)) 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Common Formulary	
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Common Formulary	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (liothyronine)	Common Formulary	
ERMEZA ORAL SOLUTION 30 MCG/ML	Common Formulary	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Common Formulary	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Common Formulary	
<i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i>	Common Formulary	
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint)	Common Formulary	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	Common Formulary	



Drug	Status	Notes
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	Common 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 (levothyroxine)	Common Formulary	
<i>liothyronine intravenous solution 10 mcg/ml</i>	Common Formulary	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	Common Formulary	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Common Formulary	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Common Formulary	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Common Formulary	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	Common Formulary	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 60 mg</i> (Adthyza)	Common Formulary	
<i>thyroid (pork) oral tablet 30 mg, 90 mg</i> (Armour Thyroid)	Common Formulary	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Common Formulary	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Common Formulary	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Common Formulary	
<b>Eye - General Disorders</b>		
<b>Eye Antibiotic-Corticoid Combinations</b>		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	Common Formulary	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	Common Formulary	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	Common Formulary	

Drug	Status	Notes
NEO-POLYICIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1% (neomycin-bacitracin-poly-hc)	Common Formulary	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Common Formulary	
<b>Eye Antihistamines</b>		
ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (ketotifen fumarate)	PDL Preferred	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	PDL Preferred	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> (Bepreve)	PDL Non-Preferred	PA
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 % (bepotastine besilate)	PDL Non-Preferred	PA
CHILDREN'S ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (ketotifen fumarate)	PDL Preferred	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	PDL Non-Preferred	PA
EYE ALLERGY ITCH RELIEF OPHTHALMIC (EYE) DROPS 0.2 % (olopatadine)	PDL Non-Preferred	PA
EYE ALLERGY ITCH-REDNESS RLF OPHTHALMIC (EYE) DROPS 0.1 % (olopatadine)	PDL Non-Preferred	PA
EYE ITCH RELIEF OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (ketotifen fumarate)	PDL Preferred	
<i>ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)</i> (Alaway)	PDL Preferred	
LASTACFT ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.25 %	PDL Non-Preferred	PA
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	PDL Non-Preferred	PA
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	PDL Non-Preferred	PA
PATADAY ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.2 % (olopatadine)	PDL Non-Preferred	PA
PATADAY ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.7 %	PDL Non-Preferred	PA
PATADAY TWICE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.1 % (olopatadine)	PDL Non-Preferred	PA
ZADITOR OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (ketotifen fumarate)	PDL Non-Preferred	PA
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	PDL Non-Preferred	PA
<b>Eye Antiinflammatory Agents</b>		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 % (ketorolac)	PDL Non-Preferred	PA
ACULAR OPHTHALMIC (EYE) DROPS 0.5 % (ketorolac)	PDL Non-Preferred	PA
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	PDL Non-Preferred	PA

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % (loteprednol etabonate)	PDL Non-Preferred	PA
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	PDL Non-Preferred	PA
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	PDL Non-Preferred	PA
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	PDL Non-Preferred	PA
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % (bromfenac)	PDL Non-Preferred	PA
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Common Formulary	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	PDL Preferred	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	PDL Non-Preferred	PA; QL (8.3 ML per 14 days); Age (Min 18 Years)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	Common Formulary	QL (15 ML per 30 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	PDL Preferred	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	PDL Non-Preferred	PA
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	PDL Non-Preferred	PA
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	PDL Preferred	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	PDL Non-Preferred	PA
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	PDL Non-Preferred	PA
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	Common Formulary	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Common Formulary	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % (bromfenac)	PDL Non-Preferred	PA
<b>Eye Antivirals</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Common Formulary	
<b>Eye Local Anesthetics</b>		
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 % (proparacaine)	Common Formulary	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	Common Formulary	
<b>Eye Sulfonamides</b>		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Common Formulary	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Common Formulary	

Drug	Status	Notes
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Common Formulary	
<b>Eye Vasoconstrictors (Rx Only)</b>		
<i>phenylephrine hcl ophthalmic (eye) drops 2.5 %</i>	Common Formulary	
<b>Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec</b>		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	PDL Non-Preferred	PA; QL (8.4 ML per 30 days)
<b>Ophthalmic Antibiotics</b>		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	PDL Non-Preferred	PA
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Common Formulary	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	Common Formulary	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	PDL Non-Preferred	PA
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	PDL Non-Preferred	PA
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	PDL Preferred	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	PDL Preferred	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	PDL Non-Preferred	PA
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Common Formulary	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	PDL Preferred	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	PDL Non-Preferred	PA
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	Common Formulary	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Common Formulary	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G (neomycin-bacitracin-polymyxin)	Common Formulary	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 % (ofloxacin)	PDL Non-Preferred	PA
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	PDL Preferred	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM (bacitracin-polymyxin b)	Common Formulary	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Common Formulary	

Drug	Status	Notes
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Common Formulary	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 % (moxifloxacin)	PDL Non-Preferred	PA
<b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	PDL Non-Preferred	PA; QL (60 EA per 30 days)
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	PDL Non-Preferred	PA; QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	PDL Preferred	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	PDL Preferred	QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	PDL Non-Preferred	PA; QL (120 EA per 30 days); Age (Min 4 Years)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	PDL Preferred	QL (60 EA per 30 days)
<b>Ophthalmic Human Nerve Growth Factor (Hngf)</b>		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Common Formulary	PA; QL (28 ML per 28 days); Age (Min 2 Years)
<b>Ophthalmic Mast Cell Stabilizers</b>		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	PDL Non-Preferred	PA
ALOMIDOPHTHALMIC (EYE) DROPS 0.1 %	PDL Non-Preferred	PA
<i>cromolyn ophthalmic (eye) drops 4 %</i>	PDL Preferred	
<b>Ophthalmic Preparations, Miscellaneous</b>		
MURO 128 OPHTHALMIC (EYE) DROPS 5 % (sodium chloride)	Common Formulary	
MURO 128 OPHTHALMIC (EYE) OINTMENT 5 % (sodium chloride)	Common Formulary	
<i>sodium chloride ophthalmic (eye) drops 5 %</i> (Muro 128)	Common Formulary	
<i>sodium chloride ophthalmic (eye) ointment 5 %</i> (Muro 128)	Common Formulary	
<b>Eye - Glaucoma</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Common Formulary	QL (2 EA per 1 day)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Common Formulary	QL (4 EA per 1 day)
<b>Miotics/Other Intraoc. Pressure Reducers</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 % (brimonidine)	PDL Non-Preferred	PA

Drug	Status	Notes
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	PDL Preferred	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (brinzolamide)	PDL Preferred	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	PDL Non-Preferred	PA
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	PDL Non-Preferred	PA
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	PDL Preferred	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	PDL Non-Preferred	PA
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)	PDL Non-Preferred	PA
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	PDL Preferred	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	PDL Non-Preferred	PA
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> (Azopt)	PDL Non-Preferred	PA
<i>carteolol ophthalmic (eye) drops 1 %</i>	PDL Preferred	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (brimonidine-timolol)	PDL Preferred	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 % (dorzolamide-timolol (pf))	PDL Non-Preferred	PA
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML (dorzolamide-timolol)	PDL Non-Preferred	PA
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	PDL Preferred	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF))	PDL Non-Preferred	PA
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	PDL Preferred	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	PDL Non-Preferred	PA
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 % (timolol maleate)	PDL Non-Preferred	PA
IYUZEH OPHTHALMIC (EYE) DROPPERETTE 0.005 %	PDL Non-Preferred	PA
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	PDL Preferred	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	PDL Non-Preferred	PA
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	PDL Non-Preferred	PA
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Common Formulary	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Common Formulary	

Drug	Status	Notes
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	PDL Preferred	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	PDL Preferred	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	PDL Preferred	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF))	PDL Non-Preferred	PA
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %</i> (Timoptic Ocudose (PF))	PDL Non-Preferred	PA
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	PDL Preferred	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	PDL Non-Preferred	PA
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	PDL Preferred	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 % (timolol maleate (pf))	PDL Non-Preferred	PA
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 % (travoprost)	PDL Non-Preferred	PA
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	PDL Non-Preferred	PA
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	PDL Non-Preferred	PA
XALATAN OPHTHALMIC (EYE) DROPS 0.005 % (latanoprost)	PDL Non-Preferred	PA
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	PDL Non-Preferred	PA
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 % (tafluprost (pf))	PDL Non-Preferred	PA
<b>Mydriatics</b>		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Common Formulary	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Common Formulary	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)	Common Formulary	
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Common Formulary	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydriacyl)	Common Formulary	
<b>Eye - Miscellaneous</b>		
<b>Artificial Tears</b>		
ARTIFICIAL TEARS(PVALCH-POVID) OPHTHALMIC (EYE) DROPS 0.5-0.6 %	Common Formulary	
BION TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 %	Common Formulary	

Drug		Status	Notes
<i>carboxymethylcellulose sodium ophthalmic (eye) dropperette 0.5 %</i>	(Lubricant Eye Drops)	Common Formulary	
<i>carboxymethylcellulose sodium ophthalmic (eye) dropperette, gel 1 %</i>	(Refresh Celluvisc)	Common Formulary	
<i>carboxymethylcellulose sodium ophthalmic (eye) drops 0.5 %</i>	(Ventiva Tears)	Common Formulary	
<i>carboxymethylcellulose sodium ophthalmic (eye) drops, liquid gel 1 %</i>	(Refresh Liquigel)	Common Formulary	
GENTEAL TEARS MILD OPHTHALMIC (EYE) DROPS 0.1-0.3 %		Common Formulary	
GENTEAL TEARS MODERATE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 %		Common Formulary	
LUBRICANT EYE (PG-PEG 400) OPHTHALMIC (EYE) DROPS 0.4-0.3 %		Common Formulary	
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPPERETTE 0.5 %	(carboxymethylcellulose sodium)	Common Formulary	
LUBRICATING PLUS OPHTHALMIC (EYE) DROPPERETTE 0.5 %	(carboxymethylcellulose sodium)	Common Formulary	
MIEBO OPHTHALMIC (EYE) DROPS 100 %		PDL Non-Preferred	PA; QL (3 ML per 30 days); Age (Min 18 Years)
<i>polyvinyl alcohol ophthalmic (eye) drops 1.4 %</i>	(Artificial Tears (polyvin alc))	Common Formulary	
REFRESH CELLUVISC OPHTHALMIC (EYE) DROPPERETTE, GEL 1 %	(carboxymethylcellulose sodium)	Common Formulary	
REFRESH LIQUIGEL OPHTHALMIC (EYE) DROPS, LIQUID GEL 1 %	(carboxymethylcellulose sodium)	Common Formulary	
VENTIVA TEARS OPHTHALMIC (EYE) DROPS 0.5 %	(carboxymethylcellulose sodium)	Common Formulary	
<b>Eye Preparations, Miscellaneous (Otc)</b>			
GENTEAL TEARS SEVERE(PETROLAT) OPHTHALMIC (EYE) OINTMENT 94-3 %		Common Formulary	
LUBRICANT EYE OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %		Common Formulary	
REFRESH LACRI-LUBE OPHTHALMIC (EYE) OINTMENT 56.8-42.5 %		Common Formulary	
SYSTANE NIGHTTIME OPHTHALMIC (EYE) OINTMENT 94-3 %		Common Formulary	
<b>Gout And Related Diseases</b>			
<b>Colchicine</b>			
<i>colchicine oral capsule 0.6 mg</i>	(Mitigare)	PDL Non-Preferred	PA
<i>colchicine oral tablet 0.6 mg</i>	(Colcrys)	PDL Preferred	
COLCRYS ORAL TABLET 0.6 MG	(colchicine)	PDL Non-Preferred	PA
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML		PDL Non-Preferred	PA
MITIGARE ORAL CAPSULE 0.6 MG	(colchicine)	PDL Non-Preferred	PA



Drug	Status	Notes
<b>Hyperuricemia Tx - Purine Inhibitors</b>		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	PDL Preferred	
<i>allopurinol oral tablet 200 mg, 300 mg</i>	PDL Preferred	
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	PDL Non-Preferred	PA
ULORIC ORAL TABLET 40 MG, 80 MG (febuxostat)	PDL Non-Preferred	PA
ZYLOPRIM ORAL TABLET 100 MG (allopurinol)	PDL Non-Preferred	PA
<b>Uricosuric Agents</b>		
<i>probenecid oral tablet 500 mg</i>	PDL Preferred	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	PDL Preferred	
<b>Hematological Disorders</b>		
<b>Anticoagulants, Coumarin Type</b>		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin)	PDL Preferred	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	PDL Preferred	
<b>Antifibrinolytic Agents</b>		
AMICAR ORAL SOLUTION 250 MG/ML (25 %) (aminocaproic acid)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
AMICAR ORAL TABLET 1,000 MG, 500 MG (aminocaproic acid)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CYKLOKAPRON INTRAVENOUS SOLUTION 1,000 MG/10 ML (100 MG/ML) (tranexamic acid)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>tranexamic acid in nacl,iso-os intravenous piggyback 1,000 mg/100 ml (10 mg/ml)</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Cyklokapron)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>tranexamic acid oral tablet 650 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antihemophilic Factors</b>		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antiporphyria Factors</b>		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Blood Factors,Miscellaneous</b>		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/- ) UNIT RANGE	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Complement (C3) Inhibitors</b>		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	PDL Preferred	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	PDL Preferred	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	PDL Preferred	QL (218 EA per 102 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	PDL Non-Preferred	PA
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	PDL Preferred	QL (51 EA per 30 days)

Drug	Status	Notes
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	PDL Preferred	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	PDL Preferred	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG	PDL Preferred	QL (102 EA per 102 days)
XARELTO ORAL TABLET 2.5 MG	PDL Preferred	QL (2 EA per 1 day)
<b>Factor Ix Complex (Pcc) Preparations</b>		
BALFAXAR INTRAVENOUS RECON SOLN 1,000 UNIT, 500 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Factor Ix Preparations</b>		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Factor X Preparations</b>		

Drug	Status	Notes
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Factor Xiii Preparations</b>		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TRETTEIN INTRAVENOUS RECON SOLN 2,500 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Hematinics,Other</b>		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	PDL Preferred	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	PDL 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	PDL Preferred	PA
PROCRIT 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, 40,000 UNIT/ML	PDL Non-Preferred	PA
RETACRIT 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, 40,000 UNIT/ML	PDL Preferred	PA
<b>Hemophilia Treatment Agents,Non-Factor Replacement</b>		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Hemorrhheologic Agents</b>		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Common Formulary	
<b>Heparin And Related Preparations</b>		
ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux) 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	PDL Non-Preferred	PA

Drug	Status	Notes
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	PDL Preferred	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	PDL Preferred	PA REQUIRED IF DAYS SUPPLY IS GREATER THAN 10
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> (Arixtra)	PDL Non-Preferred	PA
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	PDL Non-Preferred	PA
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	PDL Non-Preferred	PA
<i>heparin (porcine) injection solution 10,000 unit/ml, 5,000 unit/ml</i>	Common Formulary	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML (enoxaparin)	PDL Non-Preferred	PA
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML (enoxaparin)	PDL Non-Preferred	PA
<b>Human Monoclonal Antibody Complement(C5) Inhibitor</b>		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FABHALTA ORAL CAPSULE 200 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TAVNEOS ORAL CAPSULE 10 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
VEOPOZ INJECTION SOLUTION 200 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Hypoxia Inducible Factor Prolyl Hydroxylase Inh.</b>		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	PDL Non-Preferred	PA; Age (Min 18 Years)
<b>Leukocyte (Wbc) Stimulants</b>		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PDL Non-Preferred	PA; QL (0.6 ML per 14 days)
FYLNTRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PDL Non-Preferred	PA; QL (0.6 ML per 14 days)
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	PDL Non-Preferred	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	PDL Non-Preferred	PA
LEUKINE INJECTION RECON SOLN 250 MCG	PDL Non-Preferred	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	PDL Non-Preferred	PA; QL (0.6 ML per 14 days)
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PDL Non-Preferred	PA; QL (0.6 ML per 14 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	PDL Preferred	
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	PDL Preferred	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	PDL Non-Preferred	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	PDL Non-Preferred	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PDL Preferred	QL (0.6 ML per 14 days)
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	PDL Non-Preferred	PA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Common Formulary	PA; QL (0.6 ML per 14 days)
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	PDL Non-Preferred	PA; QL (0.6 ML per 14 days)



Drug	Status	Notes
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	PDL Non-Preferred	PA; QL (0.6 ML per 14 days)
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PDL Non-Preferred	PA; QL (0.6 ML per 14 days)
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	PDL Non-Preferred	PA; QL (48 ML per 30 days)
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PDL Non-Preferred	PA; QL (0.6 ML per 14 days)
<b>Plasma Proteins</b>		
ALBUKED-25 INTRAVENOUS PARENTERAL SOLUTION 25 % (albumin, human 25 %)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ALBUKED-5 INTRAVENOUS PARENTERAL SOLUTION 5 % (albumin, human 5 %)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>albumin, human 25 % intravenous parenteral solution 25 %</i> (Albuked-25)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>albumin, human 5 % intravenous parenteral solution 5 %</i> (Albuked-5)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ALBUMINEX 25 % INTRAVENOUS SOLUTION 25 %	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ALBUMINEX 5 % INTRAVENOUS SOLUTION 5 %	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ALBURX (HUMAN) 25 % INTRAVENOUS PARENTERAL SOLUTION 25 % (albumin, human 25 %)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ALBURX (HUMAN) 5 % INTRAVENOUS PARENTERAL SOLUTION 5 % (albumin, human 5 %)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ALBUTEIN 25 % INTRAVENOUS PARENTERAL SOLUTION 25 % (albumin, human 25 %)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ALBUTEIN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 % (albumin, human 5 %)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
ATRYN INTRAVENOUS RECON SOLN 1,750 UNIT, 525 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FLEXBUMIN 25 % INTRAVENOUS PARENTERAL SOLUTION 25 % (albumin, human 25 %)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FLEXBUMIN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 % (albumin, human 5 %)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
OCTAPLAS (BLOOD GROUP A) INTRAVENOUS SOLUTION 45 TO 70 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
OCTAPLAS (BLOOD GROUP AB) INTRAVENOUS SOLUTION 45 TO 70 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
OCTAPLAS (BLOOD GROUP B) INTRAVENOUS SOLUTION 45 TO 70 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
OCTAPLAS (BLOOD GROUP O) INTRAVENOUS SOLUTION 45 TO 70 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
THROMBATE III INTRAVENOUS RECON SOLN 500 (+/-) UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Platelet Aggregation Inhibitors</b>		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Common Formulary	QL (1 EA per 1 day)
<i>aspirin oral tablet,chewable 81 mg</i> (Children's Aspirin)	Common Formulary	QL (1 EA per 1 day)
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)	Common Formulary	QL (1 EA per 1 day)
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	PDL Non-Preferred	PA
BRILINTA ORAL TABLET 60 MG, 90 MG	PDL Preferred	
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	Common Formulary	QL (1 EA per 1 day)

Drug	Status	Notes
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Common Formulary	QL (2 EA per 1 day)
<i>clopidogrel oral tablet 300 mg</i>	PDL Preferred	QL (2 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	PDL Preferred	QL (1 EA per 1 day)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	PDL Non-Preferred	PA
EFFIENT ORAL TABLET 10 MG, 5 MG (prasugrel)	PDL Non-Preferred	PA; Age (Max 75 Years)
PLAVIX ORAL TABLET 75 MG (clopidogrel)	PDL Non-Preferred	PA; QL (1 EA per 1 day)
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	PDL Preferred	Age (Max 75 Years)
<b>Platelet Reducing Agents</b>		
<i>anagrelide oral capsule 0.5 mg</i> (Agraylin)	Common Formulary	
<i>anagrelide oral capsule 1 mg</i>	Common Formulary	
<b>Protein C Preparations</b>		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Pyruvate Kinase Activators</b>		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PYRUKYND ORAL TABLETS, DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Sickle Cell Anemia Agents</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Common Formulary	
ENDARI ORAL POWDER IN PACKET 5 GRAM	Common Formulary	PA; QL (180 EA per 30 days); Age (Min 5 Years)
OXBRYTA ORAL TABLET 300 MG	Common Formulary	PA; QL (90 EA per 30 days); Age (Min 4 Years)
OXBRYTA ORAL TABLET 500 MG	Common Formulary	PA; QL (90 EA per 30 days); Age (Min 12 Years)
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	Common Formulary	PA; QL (90 EA per 30 days); Age (Min 4 Years)
SIKLOS ORAL TABLET 1,000 MG, 100 MG	Common Formulary	Age (Min 2 Years and Max 14 Years)
<b>Thrombin Inhibitors, Selective, Direct, &amp; Reversible</b>		
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i> (Pradaxa)	PDL Non-Preferred	PA; QL (2 EA per 1 day)

Drug	Status	Notes
PRADAXA ORAL CAPSULE 110 MG (dabigatran etexilate)	PDL Preferred	QL (4 EA per 1 day)
PRADAXA ORAL CAPSULE 150 MG, 75 MG (dabigatran etexilate)	PDL Preferred	QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	PDL Non-Preferred	PA; Age (Max 11 Years)
<b>Vitamin K Preparations</b>		
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Common Formulary	QL (3 EA per 30 days)
<b>Hormonal Deficiency</b>		
<b>Androgenic Agents</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	PDL Non-Preferred	PA
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %) (testosterone)	PDL Non-Preferred	PA
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM), 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM) (testosterone)	PDL Non-Preferred	PA
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION (testosterone)	PDL Non-Preferred	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	PDL Non-Preferred	PA
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)	PDL Non-Preferred	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Common Formulary	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)	PDL Non-Preferred	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i> (Fortesta)	PDL Non-Preferred	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	PDL Non-Preferred	PA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	PDL Preferred	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)	PDL Non-Preferred	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	PDL Non-Preferred	PA
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)	PDL Non-Preferred	PA

Drug		Status	Notes
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	(testosterone)	PDL Non-Preferred	PA
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	(testosterone)	PDL Non-Preferred	PA
<b>Estrogenic Agents</b>			
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	(estradiol-norethindrone acet)	Common Formulary	Age (Max 64 Years)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	(estradiol valerate)	Common Formulary	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Common Formulary	QL (8 EA per 28 days); Age (Max 64 Years)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	(Estrace)	Common Formulary	Age (Max 64 Years)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	(Dotti)	Common Formulary	QL (8 EA per 28 days); Age (Max 64 Years)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	(Climara)	Common Formulary	QL (4 EA per 28 days); Age (Max 64 Years)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	(Delestrogen)	Common Formulary	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	(Amabelz)	Common Formulary	Age (Max 64 Years)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG	(norethindrone ac-eth estradiol)	Common Formulary	QL (1 EA per 1 day); Age (Max 64 Years)
FYAVOLV ORAL TABLET 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Common Formulary	Age (Max 64 Years)
JINTELI ORAL TABLET 1-5 MG-MCG	(norethindrone ac-eth estradiol)	Common Formulary	Age (Max 64 Years)
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Common Formulary	QL (8 EA per 28 days); Age (Max 64 Years)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		Common Formulary	Age (Max 64 Years)
MIMVEY ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Common Formulary	Age (Max 64 Years)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	(Fyavolv)	Common Formulary	QL (1 EA per 1 day); Age (Max 64 Years)
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	(Fyavolv)	Common Formulary	Age (Max 64 Years)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		Common Formulary	QL (1 EA per 1 day); Age (Max 64 Years)
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	Common Formulary	QL (1 EA per 1 day); Age (Max 64 Years)

Drug	Status	Notes
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Common Formulary	QL (1 EA per 1 day); Age (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Common Formulary	QL (1 EA per 1 day); Age (Max 64 Years)
<b>Menopausal Symptoms Suppressant - Ssris</b>		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Progestational Agents</b>		
CRINONE VAGINAL GEL 4 %	PDL Non-Preferred	PA
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	PDL Preferred	
<i>norethindrone acetate oral tablet 5 mg</i>	PDL Preferred	
<i>progesterone intramuscular oil 50 mg/ml</i>	PDL Non-Preferred	PA
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	PDL Preferred	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (progesterone micronized)	PDL Non-Preferred	PA
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (medroxyprogesterone)	PDL Non-Preferred	PA
<b>Immunization</b>		
<b>Covid-19 Vaccines</b>		
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	Common Formulary	
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	Common Formulary	
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	Common Formulary	
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	Common Formulary	
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	Common Formulary	
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	Common Formulary	
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	Common Formulary	
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Common Formulary	
<b>Gram (-) Bacilli (Non-Enteric) Vaccines</b>		

Drug	Status	Notes
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Common Formulary	
<b>Gram Negative Cocci Vaccines</b>		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	Common Formulary	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	Common Formulary	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	Common Formulary	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Common Formulary	
<b>Gram Positive Cocci Vaccines</b>		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	Common Formulary	QL (1 ML per 365 days); Age (Min 19 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	Common Formulary	QL (1 ML per 365 days); Age (Min 19 Years)
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Common Formulary	QL (0.5 ML per 56 days)
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Common Formulary	
<b>Influenza Virus Vaccines</b>		
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Common Formulary	
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Common Formulary	
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Common Formulary	
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Common Formulary	
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	Common Formulary	
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Common Formulary	
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Common Formulary	
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Common Formulary	
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Common Formulary	

Drug	Status	Notes
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	Common Formulary	
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Common Formulary	
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Common Formulary	
<b>Toxin-Producing Bacilli Vaccines/Toxoids</b>		
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	Common Formulary	
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Common Formulary	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Common Formulary	
<b>Vaccine/Toxoid Preparations,Combinations</b>		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF- (2.5-5-3-5 MCG)-5LF/0.5 ML	Common Formulary	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5- 5-3-5 MCG)-5LF/0.5 ML	Common Formulary	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	Common Formulary	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	Common Formulary	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	Common Formulary	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	(tetanus-diphtheria toxoids-td)	Common Formulary
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	Common Formulary	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	Common Formulary	
<b>Viral/Tumorigenic Vaccines</b>		



Drug	Status	Notes
ABRYSCO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	Common Formulary	\$0 COPAY IF FEMALE 18-45 YEARS OF AGE OR 60 YEARS OF AGE AND OLDER NOT COVERED FOR FEMALES 17 YEARS OF AGE AND YOUNGER OR 46-59 YEARS OF AGE \$0 COPAY IF MALE 60 YEARS OF AGE AND OLDER NOT COVERED FOR MALES 59 YEARS OF AGE AND YOUNGER; QL (1 EA per 1 LIFETIME)
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	Common Formulary	QL (1 EA per 1 LIFETIME); Age (Min 60 Years)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	Common Formulary	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	Common Formulary	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	Common Formulary	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	Common Formulary	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Common Formulary	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	Common Formulary	QL (2 ML per 1 LIFETIME); Age (Min 19 Years)
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	Common Formulary	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	Common Formulary	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	Common Formulary	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	Common Formulary	Age (Min 50 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	Common Formulary	Age (Min 50 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	Common Formulary	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	Common Formulary	Age (Min 19 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	Common Formulary	QL (2 ML per 1 LIFETIME); Age (Min 19 Years)

Drug	Status	Notes
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	Common Formulary	
<b>Immunosuppression/Modulation</b>		
<b>Immunomodulators</b>		
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Common Formulary	
<i>imiquimod topical cream in packet 5 %</i>	Common Formulary	
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	Common Formulary	
<b>Immunosupp - Monoclonal Ab Inhibiting T Lymph Fxn</b>		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	Common Formulary	
<b>Immunosuppressives</b>		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Common Formulary	
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	Common Formulary	
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	Common Formulary	
<i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)	Common Formulary	
<i>azathioprine oral tablet 50 mg</i> (Imuran)	Common Formulary	
CELLCEPT ORAL CAPSULE 250 MG (mycophenolate mofetil)	Common Formulary	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (mycophenolate mofetil)	Common Formulary	
CELLCEPT ORAL TABLET 500 MG (mycophenolate mofetil)	Common Formulary	
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	Common Formulary	
<i>cyclosporine modified oral capsule 50 mg</i>	Common Formulary	
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	Common Formulary	
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Common Formulary	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Common Formulary	
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	Common Formulary	
GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Common Formulary	

Drug		Status	Notes
GENGRAF ORAL SOLUTION 100 MG/ML	(cyclosporine modified)	Common Formulary	
IMURAN ORAL TABLET 50 MG	(azathioprine)	Common Formulary	
<i>mycophenolate mofetil oral capsule 250 mg</i>	(CellCept)	Common Formulary	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	(CellCept)	Common Formulary	
<i>mycophenolate mofetil oral tablet 500 mg</i>	(CellCept)	Common Formulary	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	(Myfortic)	Common Formulary	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	(mycophenolate sodium)	Common Formulary	
NEORAL ORAL CAPSULE 100 MG, 25 MG	(cyclosporine modified)	Common Formulary	
NEORAL ORAL SOLUTION 100 MG/ML	(cyclosporine modified)	Common Formulary	
NULOJIX INTRAVENOUS RECON SOLN 250 MG		Common Formulary	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	(tacrolimus)	Common Formulary	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG		Common Formulary	
RAPAMUNE ORAL SOLUTION 1 MG/ML	(sirolimus)	Common Formulary	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	(sirolimus)	Common Formulary	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	(cyclosporine)	Common Formulary	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	(cyclosporine)	Common Formulary	
<i>sirolimus oral solution 1 mg/ml</i>	(Rapamune)	Common Formulary	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	(Rapamune)	Common Formulary	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	(Prograf)	Common Formulary	
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG		Common Formulary	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	(everolimus (immunosuppressive))	Common Formulary	
<b>Rho Kinase Inhibitor</b>			
REZUROCK ORAL TABLET 200 MG		Common Formulary	
<b>Infectious Disease - Bacterial</b>			
<b>Absorbable Sulfonamides</b>			

Drug	Status	Notes
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	Common Formulary	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	Common Formulary	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	Common Formulary	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole-trimethoprim)	Common Formulary	
<b>Betalactams</b>		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	PDL Preferred	
<b>Cephalosporins - 1St Generation</b>		
<i>cefadroxil oral capsule 500 mg</i>	PDL Preferred	QL (28 EA per 1 FILL)
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	PDL Preferred	
<i>cefadroxil oral tablet 1 gram</i>	PDL Non-Preferred	PA; QL (28 EA per 1 FILL)
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	PDL Preferred	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	PDL Preferred	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	PDL Preferred	
<b>Cephalosporins - 2Nd Generation</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	PDL Non-Preferred	PA; QL (42 EA per 1 FILL)
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	PDL Non-Preferred	PA
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	PDL Non-Preferred	PA; QL (42 EA per 1 FILL)
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	PDL Preferred	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	PDL Preferred	QL (28 EA per 1 FILL)
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	PDL Preferred	QL (42 EA per 1 FILL)
<b>Cephalosporins - 3Rd Generation</b>		
<i>cefdinir oral capsule 300 mg</i>	PDL Preferred	QL (28 EA per 1 FILL)
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	PDL Preferred	
<i>cefixime oral capsule 400 mg</i>	PDL Preferred	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	PDL Non-Preferred	PA
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	PDL Non-Preferred	PA
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	PDL Non-Preferred	PA; QL (28 EA per 1 FILL)
<b>Chemotherapeutics, Antibacterial, Misc.</b>		

Drug	Status	Notes
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	Common Formulary	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	Common Formulary	
<i>trimethoprim oral tablet 100 mg</i>	Common Formulary	
<b>Macrolides</b>		
<i>azithromycin oral packet 1 gram</i> (Zithromax)	PDL Preferred	QL (2 EA per 1 FILL)
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	PDL Preferred	
<i>azithromycin oral tablet 250 mg</i> (Zithromax)	PDL Preferred	
<i>azithromycin oral tablet 500 mg</i> (Zithromax)	PDL Preferred	QL (3 EA per 1 FILL)
<i>azithromycin oral tablet 600 mg</i>	PDL Preferred	QL (12 EA per 1 FILL)
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	PDL Preferred	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	PDL Preferred	QL (28 EA per 1 FILL)
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	PDL Non-Preferred	PA
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	PDL Preferred	
DIFICID ORAL TABLET 200 MG	PDL Preferred	
E.E.S. 400 ORAL TABLET 400 MG (erythromycin ethylsuccinate)	PDL Preferred	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (erythromycin ethylsuccinate)	PDL Non-Preferred	PA
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (erythromycin ethylsuccinate)	PDL Non-Preferred	PA
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML (erythromycin ethylsuccinate)	PDL Non-Preferred	PA
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 333 MG, 500 MG (erythromycin)	PDL Non-Preferred	PA
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin stearate)	PDL Preferred	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	PDL Preferred	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	PDL Non-Preferred	PA
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	PDL Preferred	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	PDL Non-Preferred	PA
<i>erythromycin oral tablet 250 mg, 500 mg</i>	PDL Non-Preferred	PA

Drug	Status	Notes
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	PDL Non-Preferred	PA
ZITHROMAX ORAL PACKET 1 GRAM (azithromycin)	PDL Non-Preferred	PA; QL (2 EA per 1 FILL)
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML (azithromycin)	PDL Non-Preferred	PA
ZITHROMAX ORAL TABLET 250 MG (azithromycin)	PDL Non-Preferred	PA
ZITHROMAX ORAL TABLET 500 MG (azithromycin)	PDL Non-Preferred	PA; QL (3 EA per 1 FILL)
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (azithromycin)	PDL Non-Preferred	PA; QL (3 EA per 1 FILL)
ZITHROMAX Z-PAK ORAL TABLET 250 MG (azithromycin)	PDL Non-Preferred	PA
<b>Nitrofurans Derivatives</b>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrochantin)	Common Formulary	QL (2 EA per 1 day); Age (Max 64 Years)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	Common Formulary	QL (2 EA per 1 day)
<b>Oxazolidinones</b>		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	PDL Non-Preferred	PA
<i>linezolid oral tablet 600 mg</i> (Zyvox)	PDL Preferred	QL (28 EA per 1 FILL)
SIVEXTRO ORAL TABLET 200 MG	PDL Non-Preferred	PA; QL (14 EA per 1 FILL)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (linezolid)	PDL Non-Preferred	PA
ZYVOX ORAL TABLET 600 MG (linezolid)	PDL Non-Preferred	PA; QL (28 EA per 1 FILL)
<b>Penicillins</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Common Formulary	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Common Formulary	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Common Formulary	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Common Formulary	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	Common Formulary	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	Common Formulary	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	Common Formulary	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	Common Formulary	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	Common Formulary	

Drug	Status	Notes
<i>amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg</i>	Common Formulary	
<i>ampicillin oral capsule 500 mg</i>	Common Formulary	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Common Formulary	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Common Formulary	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Common Formulary	
<b>Quinolones</b>		
BAXDELA ORAL TABLET 450 MG	PDL Non-Preferred	PA
CIPRO ORAL (ciprofloxacin) SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	PDL Preferred	
CIPRO ORAL TABLET 250 MG, 500 MG (ciprofloxacin hcl)	PDL Non-Preferred	PA; QL (42 EA per 1 FILL)
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	PDL Preferred	QL (42 EA per 1 FILL)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	PDL Preferred	QL (42 EA per 1 FILL)
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	PDL Preferred	
<i>levofloxacin oral solution 250 mg/10 ml</i>	PDL Preferred	
<i>levofloxacin oral tablet 250 mg, 500 mg</i>	PDL Preferred	QL (14 EA per 1 day)
<i>levofloxacin oral tablet 750 mg</i>	PDL Preferred	QL (28 EA per 1 FILL)
<i>moxifloxacin oral tablet 400 mg</i>	PDL Non-Preferred	PA; QL (14 EA per 1 FILL)
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	PDL Non-Preferred	PA
<b>Tetracyclines</b>		
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	Common Formulary	
<i>doxycycline hyclate oral tablet 100 mg</i>	Common Formulary	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	Common Formulary	
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	Common Formulary	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Common Formulary	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	Common Formulary	
<i>doxycycline monohydrate oral tablet 50 mg</i>	Common Formulary	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Common Formulary	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Common Formulary	

Drug	Status	Notes
<b>Infectious Disease - Fungal</b>		
<b>Antifungal Agents</b>		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (flucytosine)	PDL Non-Preferred	PA
<i>clotrimazole mucous membrane troche 10 mg</i>	PDL Preferred	
CRESEMBA ORAL CAPSULE 186 MG	PDL Non-Preferred	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (fluconazole)	PDL Non-Preferred	PA
DIFLUCAN ORAL TABLET 100 MG, 200 MG (fluconazole)	PDL Non-Preferred	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	PDL Preferred	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	PDL Preferred	
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	PDL Preferred	
<i>fluconazole oral tablet 150 mg</i>	PDL Preferred	QL (2 EA per 1 FILL)
<i>fluconazole oral tablet 50 mg</i>	PDL Preferred	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	PDL Non-Preferred	PA
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	PDL Non-Preferred	PA; QL (120 EA per 30 FILLs)
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	PDL Non-Preferred	PA; QL (840 ML per 1 FILL)
<i>ketoconazole oral tablet 200 mg</i>	PDL Preferred	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	PDL Non-Preferred	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (posaconazole)	PDL Non-Preferred	PA
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG (posaconazole)	PDL Non-Preferred	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	PDL Non-Preferred	PA
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	PDL Non-Preferred	PA
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	PDL Non-Preferred	PA
SPORANOX ORAL CAPSULE 100 MG (itraconazole)	PDL Non-Preferred	PA; QL (120 EA per 30 FILLs)
SPORANOX ORAL SOLUTION 10 MG/ML (itraconazole)	PDL Non-Preferred	PA; QL (840 ML per 1 FILL)
<i>terbinafine hcl oral tablet 250 mg</i>	PDL Preferred	QL (84 EA per 1 FILL)
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	PDL Non-Preferred	PA
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML) (voriconazole)	PDL Non-Preferred	PA
VFEND ORAL TABLET 200 MG, 50 MG (voriconazole)	PDL Non-Preferred	PA



Drug	Status	Notes
VIVJOA ORAL CAPSULE 150 MG	PDL Non-Preferred	PA; QL (18 EA per 84 days)
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	PDL Non-Preferred	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	PDL Non-Preferred	PA
<b>Antifungal Antibiotics</b>		
BREXAFEMME ORAL TABLET 150 MG	PDL Non-Preferred	PA; QL (4 EA per 1 FILL)
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	PDL Preferred	
<i>griseofulvin microsize oral tablet 500 mg</i>	PDL Non-Preferred	PA
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	PDL Non-Preferred	PA
<i>nystatin oral suspension 100,000 unit/ml</i>	PDL Preferred	
<i>nystatin oral tablet 500,000 unit</i>	PDL Preferred	
<b>Infectious Disease - Miscellaneous</b>		
<b>Aminoglycosides</b>		
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML (tobramycin)	PDL Preferred	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin with nebulizer)	PDL Preferred	
<i>neomycin oral tablet 500 mg</i>	PDL Preferred	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin in 0.225 % nacl)	PDL Non-Preferred	PA
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	PDL Preferred	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	PDL Preferred	
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	PDL Non-Preferred	PA
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	PDL Non-Preferred	PA
<b>Antileprotics</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Common Formulary	
THALOMID ORAL CAPSULE 100 MG, 50 MG	Common Formulary	
<b>Anti-Mycobacterium Agents</b>		
<i>ethambutol oral tablet 100 mg</i>	Common Formulary	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	Common Formulary	
<i>isoniazid oral solution 50 mg/5 ml</i>	Common Formulary	Age (Max 12 Years)
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Common Formulary	

Drug	Status	Notes
<i>pyrazinamide oral tablet 500 mg</i>	Common Formulary	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	Common Formulary	
TRECTOR ORAL TABLET 250 MG	Common Formulary	
<b>Antitubercular Antibiotics</b>		
<i>cycloserine oral capsule 250 mg</i>	Common Formulary	QL (4 EA per 1 day)
<i>pretomanid oral tablet 200 mg</i>	Common Formulary	PA
PRIFTIN ORAL TABLET 150 MG	Common Formulary	QL (112 EA per 180 days); Age (Min 2 Years)
<i>rifampin oral capsule 150 mg, 300 mg</i>	Common Formulary	
SIRTURO ORAL TABLET 100 MG, 20 MG	Common Formulary	PA
<b>Lincosamides</b>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	Common Formulary	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Clindamycin Pediatric)	Common Formulary	Age (Max 12 Years)
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)	Common Formulary	Age (Max 12 Years)
<b>Rifamycins And Related Derivative Antibiotics</b>		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	PDL Non-Preferred	PA; QL (12 EA per 1 FILL); Age (Min 18 Years)
XIFAXAN ORAL TABLET 200 MG	PDL Non-Preferred	PA; QL (9 EA per 1 FILL); Age (Min 12 Years)
XIFAXAN ORAL TABLET 550 MG	PDL Non-Preferred	PA; Age (Min 18 Years)
<b>Vancomycin And Derivatives</b>		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML (vancomycin)	PDL Preferred	
VANCOGIN ORAL CAPSULE 125 MG, 250 MG (vancomycin)	PDL Non-Preferred	PA
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	Common Formulary	
<i>vancomycin oral capsule 125 mg, 250 mg</i> (Vancocin)	PDL Preferred	
<i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i> (Firvanq)	PDL Non-Preferred	PA
<b>Infectious Disease - Parasitic</b>		
<b>2Nd Gen. Anaerobic Antiprotozoal-Antibacterial</b>		
<i>tinidazole oral tablet 250 mg, 500 mg</i>	PDL Preferred	
<b>Amebicides</b>		

Drug	Status	Notes
<i>paromomycin oral capsule 250 mg</i> (Humatin)	Common Formulary	
<b>Anaerobic Antiprotozoal-Antibacterial Agents</b>		
FLAGYL ORAL CAPSULE 375 MG (metronidazole)	PDL Non-Preferred	PA
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	PDL Non-Preferred	PA; QL (400 ML per 10 days)
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	PDL Non-Preferred	PA
<i>metronidazole oral tablet 250 mg, 500 mg</i>	PDL Preferred	
<b>Anthelmintics</b>		
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Common Formulary	QL (10 EA per 30 days)
<b>Antimalarial Drugs</b>		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Common Formulary	QL (1 EA per 1 day)
<i>hydroxychloroquine oral tablet 100 mg, 400 mg</i>	Common Formulary	
<i>hydroxychloroquine oral tablet 200 mg, 300 mg</i> (Sovuna)	Common Formulary	
KRINTAFEL ORAL TABLET 150 MG	Common Formulary	PA; QL (2 EA per 365 days); Age (Min 16 Years)
<i>mefloquine oral tablet 250 mg</i>	Common Formulary	PA; QL (5 EA per 30 days)
<i>primaquine oral tablet 26.3 mg</i>	Common Formulary	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	Common Formulary	PA; QL (3 EA per 1 day)
SOVUNA ORAL TABLET 200 MG, 300 MG (hydroxychloroquine)	Common Formulary	
<b>Antiparasitics</b>		
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	PDL Non-Preferred	PA; QL (6 EA per 30 days)
<b>Antiprotozoal Drugs, Miscellaneous</b>		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	Common Formulary	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Common Formulary	PA
<b>Infectious Disease - Viral</b>		
<b>Antiretroviral - Anti-Cd4 Domain 2 Monoclonal Ab</b>		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antiretroviral - Capsid Inhibitors</b>		

Drug	Status	Notes
SUNLENCA ORAL TABLET 300 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
JULUCA ORAL TABLET 50-25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
DOVATO ORAL TABLET 50-300 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antiretroviral- Nucleoside,Nucleotide,Protease Inh.</b>		
SYMTUZA ORAL TABLET 800-150-200- 10 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antiviral - Main Protease (Mpro) Inhibitor</b>		
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	Common Formulary	
<b>Antiviral Monoclonal Antibodies</b>		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	Common Formulary	PA
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	Common Formulary	PA
<b>Antiviral Nucleotide Analogs</b>		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Common Formulary	
<b>Antivirals, General</b>		
<i>acyclovir oral capsule 200 mg</i>	PDL Preferred	
<i>acyclovir oral suspension 200 mg/5 ml (Zovirax)</i>	PDL Preferred	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	PDL Preferred	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	PDL Preferred	

Drug	Status	Notes
FLUMADINE ORAL TABLET 100 MG (rimantadine)	PDL Non-Preferred	PA
LIVTENCITY ORAL TABLET 200 MG	Common Formulary	PA
oseltamivir oral capsule 30 mg, 45 mg, 75 mg (Tamiflu)	PDL Preferred	QL (14 EA per 1 FILL)
oseltamivir oral suspension for reconstitution 6 mg/ml (Tamiflu)	PDL Preferred	QL (120 ML per 1 FILL)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	PDL Preferred	QL (20 EA per 1 FILL)
rimantadine oral tablet 100 mg (Flumadine)	PDL Preferred	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (oseltamivir)	PDL Non-Preferred	PA; QL (14 EA per 1 FILL)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML (oseltamivir)	PDL Non-Preferred	PA; QL (120 ML per 1 FILL)
valacyclovir oral tablet 1 gram, 500 mg (Valtrex)	PDL Preferred	
valganciclovir oral recon soln 50 mg/ml (Valcyte)	Common Formulary	
valganciclovir oral tablet 450 mg (Valcyte)	Common Formulary	QL (2 EA per 1 day)
VALTREX ORAL TABLET 1 GRAM, 500 MG (valacyclovir)	PDL Non-Preferred	PA
XOFLUZA ORAL TABLET 20 MG, 40 MG, 80 MG	PDL Preferred	
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML (acyclovir)	PDL Non-Preferred	PA
<b>Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib</b>		
APTIVUS ORAL CAPSULE 250 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
darunavir oral tablet 600 mg, 800 mg (Prezista)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PREZCOBIX ORAL TABLET 800-150 MG-MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PREZISTA ORAL SUSPENSION 100 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PREZISTA ORAL TABLET 150 MG, 75 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
PREZISTA ORAL TABLET 600 MG, 800 MG (darunavir)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog</b>		
CIMDUO ORAL TABLET 300-300 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>emtricitabine-tenofovir (tdf) oral tablet</i> (Truvada) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (emtricitabine-tenofovir (tdf))	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb</b>		
<i>abacavir-lamivudine oral tablet</i> 600-300 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lamivudine-zidovudine oral tablet</i> 150-300 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.</b>		
<i>maraviroc oral tablet</i> 150 mg, 300 mg (Selzentry)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SELZENTRY ORAL SOLUTION 20 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SELZENTRY ORAL TABLET 150 MG, 300 MG (maraviroc)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor</b>		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<b>Antivirals, Hiv-Specific, Fusion Inhibitors</b>		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antivirals, Hiv-Specific, Non-Nucleoside, Rti</b>		
EDURANT ORAL TABLET 25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>efavirenz oral tablet 600 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelligence)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
INTELLIGENCE ORAL TABLET 100 MG, 200 MG (etravirine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
INTELLIGENCE ORAL TABLET 25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>nevirapine oral suspension 50 mg/5 ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>nevirapine oral tablet 200 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PIFELTRO ORAL TABLET 100 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>abacavir oral tablet 300 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
EMTRIVA ORAL SOLUTION 10 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
EPIVIR ORAL SOLUTION 10 MG/ML (lamivudine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
EPIVIR ORAL TABLET 150 MG, 300 MG (lamivudine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lamivudine oral solution 10 mg/ml</i> (EpiVir)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lamivudine oral tablet 150 mg, 300 mg</i> (EpiVir)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RETROVIR ORAL CAPSULE 100 MG (zidovudine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID



Drug	Status	Notes
RETROVIR ORAL SYRUP 10 MG/ML (zidovudine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZIAGEN ORAL SOLUTION 20 MG/ML (abacavir)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>zidovudine oral tablet 300 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VIREAD ORAL TABLET 300 MG (tenofovir disoproxil fumarate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>		
KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir-ritonavir)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (lopinavir-ritonavir)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i> (Kaletra)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antivirals, Hiv-Specific, Protease Inhibitors</b>		
<i>atazanavir oral capsule 150 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
EVOTAZ ORAL TABLET 300-150 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>fosamprenavir oral tablet 700 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NORVIR ORAL POWDER IN PACKET 100 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NORVIR ORAL TABLET 100 MG (ritonavir)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
REYATAZ ORAL CAPSULE 200 MG, 300 MG (atazanavir)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
REYATAZ ORAL POWDER IN PACKET 50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VIRACEPT ORAL TABLET 250 MG, 625 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antivirals, Hiv-1 Integrase Strand Transfer Inhibtr</b>		

Drug	Status	Notes
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ISENTRESS HD ORAL TABLET 600 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ISENTRESS ORAL POWDER IN PACKET 100 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ISENTRESS ORAL TABLET 400 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TIVICAY ORAL TABLET 50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VOCABRIA ORAL TABLET 30 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Artv Cmb Nucleoside,Nucleotide,&amp;Non-Nucleoside Rti</b>		
ATRIPLA ORAL TABLET 600-200-300 MG (efavirenz-emtricitabin-tenofov)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
COMPLERA ORAL TABLET 200-25-300 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
DELSTRIGO ORAL TABLET 100-300-300 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>efavirenz-emtricitabin-tenofovir oral tablet</i> (Atripla) 600-200-300 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i> (Symfi Lo) 400-300-300 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i> (Symfi) 600-300-300 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ODEFSEY ORAL TABLET 200-25-25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz-lamivudine-tenofovir disoproxil fumarate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SYMFI ORAL TABLET 600-300-300 MG (efavirenz-lamivudine-tenofovir disoproxil fumarate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor</b>		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
GENVOYA ORAL TABLET 150-150-200-10 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
STRIBILD ORAL TABLET 150-150-200-300 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Arv Comb-Nrtis &amp; Integrase Inhibitor</b>		
TRIUMEQ ORAL TABLET 600-50-300 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Cytochrome P450 Inhibitors</b>		

Drug	Status	Notes
TYBOST ORAL TABLET 150 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo</b>		
VOSEVI ORAL TABLET 400-100-100 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Hep C Virus - Ns5a &amp; Ns5b Polymerase Inhib. Combo.</b>		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
EPCLUSA ORAL TABLET 200-50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HARVONI ORAL TABLET 45-200 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> (Harvoni)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> (Epclusa)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Hep C Virus, Nucleotide Analog Ns5b Polymerase Inh</b>		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
SOVALDI ORAL TABLET 200 MG, 400 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Hepatitis B Treatment Agents</b>		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Common Formulary	QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Common Formulary	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Common Formulary	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Common Formulary	PA; QL (30 EA per 30 days); Age (Min 12 Years)
<b>Hepatitis C Treatment Agents</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>ribavirin oral capsule 200 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>ribavirin oral tablet 200 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Hepatitis C Virus - Ns5a, Ns3/4A, Ns5b Inhib Cmb.</b>		
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb</b>		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
MAVYRET ORAL TABLET 100-40 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZEPATIER ORAL TABLET 50-100 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Inflammatory Disease</b>		

Drug	Status	Notes
<b>Anti-Flam. Interleukin-1 Receptor Antagonist</b>		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibitor</b>		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PDL Non-Preferred	PA
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	PDL Non-Preferred	PA
<i>adalimumab-aacf subcutaneous pen injector kit 40 mg/0.8 ml</i> (Idacio(CF) Pen)	PDL Non-Preferred	PA
<i>adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml</i> (Yuflyma(CF) Autoinjector)	PDL Non-Preferred	PA
<i>adalimumab-aaty subcutaneous syringe kit 40 mg/0.4 ml</i> (Yuflyma(CF))	PDL Non-Preferred	PA
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i> (Hyrimoz(CF) Pen)	PDL Non-Preferred	PA
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i> (Hyrimoz(CF))	PDL Non-Preferred	PA
<i>adalimumab-adbm subcutaneous pen injector kit 40 mg/0.8 ml</i> (adalimumab-adbm(CF) pen Crohns)	PDL Non-Preferred	PA
<i>adalimumab-adbm subcutaneous syringe kit 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.8 ml</i> (Cyltezo(CF))	PDL Non-Preferred	PA
ADALIMUMAB-ADB(M) (CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	PDL Non-Preferred	PA
ADALIMUMAB-ADB(M) (CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	PDL Non-Preferred	PA
<i>adalimumab-fkjp subcutaneous pen injector kit 40 mg/0.8 ml</i> (Hulio(CF) Pen)	PDL Non-Preferred	PA
<i>adalimumab-fkjp subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.8 ml</i> (Hulio(CF))	PDL Non-Preferred	PA
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	PDL Non-Preferred	PA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	PDL Non-Preferred	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	PDL Non-Preferred	PA

Drug	Status	Notes
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	PDL Non-Preferred	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	PDL Non-Preferred	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS (adalimumab-adbm) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PDL Non-Preferred	PA
CYLTEZO(CF) PEN PSORIASIS-UV (adalimumab-adbm) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PDL Non-Preferred	PA
CYLTEZO(CF) PEN SUBCUTANEOUS (adalimumab-adbm) PEN INJECTOR KIT 40 MG/0.8 ML	PDL Non-Preferred	PA
CYLTEZO(CF) SUBCUTANEOUS (adalimumab-adbm) SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	PDL Non-Preferred	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	PDL Preferred	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	PDL Preferred	
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	PDL Preferred	
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	PDL Preferred	
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	PDL Non-Preferred	PA
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	PDL Non-Preferred	PA
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	PDL Non-Preferred	PA
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	PDL Non-Preferred	PA
HULIO(CF) PEN SUBCUTANEOUS (adalimumab-fkjp) PEN INJECTOR KIT 40 MG/0.8 ML	PDL Non-Preferred	PA
HULIO(CF) SUBCUTANEOUS (adalimumab-fkjp) SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	PDL Non-Preferred	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PDL Preferred	
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	PDL Preferred	
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	PDL Preferred	
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	PDL Preferred	



Drug	Status	Notes
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	PDL Preferred	
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	PDL Preferred	
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	PDL Preferred	
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	PDL Preferred	
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	PDL Non-Preferred	PA
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	PDL Non-Preferred	PA
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	PDL Non-Preferred	PA
HYRIMOZ(CF) PEN SUBCUTANEOUS (adalimumab-adaz) PEN INJECTOR 40 MG/0.4 ML	PDL Non-Preferred	PA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	PDL Non-Preferred	PA
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML	PDL Non-Preferred	PA
HYRIMOZ(CF) SUBCUTANEOUS (adalimumab-adaz) SYRINGE 40 MG/0.4 ML	PDL Non-Preferred	PA
IDACIO(CF) PEN CROHN-UC STARTR (adalimumab-aacf) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PDL Non-Preferred	PA
IDACIO(CF) PEN PSORIASIS START (adalimumab-aacf) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PDL Non-Preferred	PA
IDACIO(CF) PEN SUBCUTANEOUS (adalimumab-aacf) PEN INJECTOR KIT 40 MG/0.8 ML	PDL Non-Preferred	PA
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	PDL Non-Preferred	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	PDL Non-Preferred	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	PDL Non-Preferred	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	PDL Non-Preferred	PA
YUFLYMA(CF) AUTOINJECTOR (adalimumab-aaty) SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	PDL Non-Preferred	PA
YUFLYMA(CF) SUBCUTANEOUS (adalimumab-aaty) SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	PDL Non-Preferred	PA

Drug	Status	Notes
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	PDL Non-Preferred	PA
<b>Anti-Inflammatory, Interleukin-1 Beta Blockers</b>		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Anti-Inflammatory, Pyrimidine Synthesis Inhibitor</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Common Formulary	QL (1 EA per 1 day)
<b>Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.</b>		
OTEZLA ORAL TABLET 30 MG	PDL Non-Preferred	PA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	PDL Non-Preferred	PA; Age (Min 18 Years)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (19)	Common Formulary	PA; Age (Min 18 Years)
<b>Antinflammatory, Sel. Costim. Mod., T-Cell Inhibitor</b>		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	PDL Non-Preferred	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	PDL Non-Preferred	PA
<b>C1 Esterase Inhibitors</b>		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Glucocorticoids</b>		

Drug	Status	Notes
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Common Formulary	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	Common Formulary	PA; QL (90 EA per 30 days)
<i>budesonide oral tablet, delayed and ext. release 9 mg</i> (Uceris)	PDL Non-Preferred	PA
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)	Common Formulary	
<i>cortisone oral tablet 25 mg</i>	Common Formulary	
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> (Emflaza)	Common Formulary	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	Common Formulary	
DEPO-MEDROL INJECTION SUSPENSION 40 MG/ML, 80 MG/ML (methylprednisolone acetate)	Common Formulary	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Common Formulary	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Common Formulary	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Common Formulary	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Common Formulary	
<i>dexamethasone oral tablets, dose pack 1.5 mg (21 tabs)</i> (TaperDex)	Common Formulary	
<i>dexamethasone oral tablets, dose pack 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	Common Formulary	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	Common Formulary	
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	Common Formulary	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	Common Formulary	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	Common Formulary	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Common Formulary	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	Common Formulary	
HEMADY ORAL TABLET 20 MG	Common Formulary	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	Common Formulary	
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML (triamcinolone acetonide)	Common Formulary	
MEDROL (PAK) ORAL TABLETS, DOSE PACK 4 MG (methylprednisolone)	Common Formulary	

Drug	Status	Notes
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (methylprednisolone)	Common Formulary	
MEDROL ORAL TABLET 2 MG	Common Formulary	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	Common Formulary	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	Common Formulary	
<i>methylprednisolone oral tablet 32 mg</i>	Common Formulary	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	Common Formulary	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	Common Formulary	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i> (Solu-Medrol)	Common Formulary	
MILLIPRED DP ORAL TABLETS, DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS)	Common Formulary	
MILLIPRED ORAL TABLET 5 MG (prednisolone)	Common Formulary	
ORAPRED ODT ORAL TABLET, DISINTEGRATING 15 MG (prednisolone sodium phosphate)	Common Formulary	
PEDIAPRED ORAL SOLUTION 5 MG BASE/5 ML (6.7 MG/5 ML) (prednisolone sodium phosphate)	Common Formulary	
<i>prednisolone oral solution 15 mg/5 ml</i>	Common Formulary	
<i>prednisolone oral tablet 5 mg</i> (Millipred)	Common Formulary	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml)</i>	Common Formulary	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	Common Formulary	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	Common Formulary	
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	Common Formulary	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Common Formulary	
<i>prednisone oral solution 5 mg/5 ml</i>	Common Formulary	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Common Formulary	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	Common Formulary	
RAYOS ORAL TABLET, DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	Common Formulary	

Drug	Status	Notes
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	Common Formulary	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Common Formulary	
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML	Common Formulary	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML, 500 MG/4 ML	Common Formulary	
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	(methylprednisolone sodium succ)	Common Formulary
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	Common Formulary	
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS)	(dexamethasone)	Common Formulary
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS)	Common Formulary	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	(Kenalog)	Common Formulary
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	(budesonide)	PDL Non-Preferred PA
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML)	(prednisolone sodium phosphate)	Common Formulary
<b>Interleukin-6 (Il-6) Receptor Inhibitors</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	PDL Non-Preferred	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	PDL Non-Preferred	PA
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Common Formulary	PA; QL (1 ML per 28 days); Age (Min 18 Years)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	PDL Non-Preferred	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	PDL Non-Preferred	PA
<b>Janus Kinase (Jak) Inhibitors</b>		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	PDL Non-Preferred	PA
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	PDL Non-Preferred	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	PDL Non-Preferred	PA
XELJANZ ORAL SOLUTION 1 MG/ML	PDL Non-Preferred	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	PDL Non-Preferred	PA

Drug	Status	Notes
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	PDL Non-Preferred	PA
<b>Mineralocorticoids</b>		
<i>fludrocortisone oral tablet 0.1 mg</i>	Common Formulary	
<b>Monoclonal Antibody-Human Interleukin 12/23 Inhib</b>		
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	PDL Non-Preferred	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PDL Non-Preferred	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PDL Non-Preferred	PA
<b>Nasal Nsaids, Cox Non- Selective, Systemic Analgesic</b>		
<i>ketorolac nasal spray, non-aerosol 15.75 mg/spray</i> (Sprix)	PDL Non-Preferred	PA; QL (5 EA per 1 FILL)
<b>Nsaid &amp; Histamine H2 Receptor Antagonist Comb.</b>		
DUEXIS ORAL TABLET 800-26.6 MG (ibuprofen-famotidine)	PDL Non-Preferred	PA
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i> (Duexis)	PDL Non-Preferred	PA
<b>Nsaid, Cox Inhibitor-Type &amp; Proton Pump Inhib Comb</b>		
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i> (Vimovo)	PDL Non-Preferred	PA
VIMOVO ORAL TABLET, IR, DELAYED REL, BIPHASIC 375-20 MG, 500-20 MG (naproxen-esomeprazole)	PDL Non-Preferred	PA
<b>Nsaids (Cox Non-Specific Inhib)&amp; Prostaglandin Cmb</b>		
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC 50-200 MG-MCG (diclofenac-misoprostol)	PDL Non-Preferred	PA
ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC 75-200 MG-MCG (diclofenac-misoprostol)	PDL Non-Preferred	PA
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	PDL Non-Preferred	PA
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	PDL Non-Preferred	PA
<b>Nsaids, Cyclooxygenase 2 Inhibitor - Type</b>		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG (celecoxib)	PDL Non-Preferred	PA; QL (2 EA per 1 day)
CELEBREX ORAL CAPSULE 400 MG (celecoxib)	PDL Non-Preferred	PA; QL (1 EA per 1 day)

Drug	Status	Notes
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i> (Celebrex)	PDL Preferred	QL (2 EA per 1 day)
<i>celecoxib oral capsule 400 mg</i> (Celebrex)	PDL Preferred	QL (1 EA per 1 day)
<b>Nsaids, Cyclooxygenase Inhibitor-Type</b>		
ALL DAY PAIN RELIEF ORAL TABLET 220 MG (naproxen sodium)	PDL Preferred	
ALL DAY RELIEF ORAL TABLET 220 MG (naproxen sodium)	PDL Preferred	
CHILDREN'S IBUPROFEN ORAL SUSPENSION 100 MG/5 ML (ibuprofen)	PDL Preferred	
DAYPRO ORAL TABLET 600 MG (oxaprozin)	PDL Non-Preferred	PA
<i>diclofenac potassium oral capsule 25 mg</i> (Zipsor)	PDL Non-Preferred	PA
<i>diclofenac potassium oral tablet 25 mg</i> (Lofena)	PDL Non-Preferred	PA
<i>diclofenac potassium oral tablet 50 mg</i>	PDL Non-Preferred	PA
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	PDL Non-Preferred	PA
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	PDL Preferred	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	PDL Non-Preferred	PA
<i>etodolac oral capsule 200 mg, 300 mg</i>	PDL Non-Preferred	PA
<i>etodolac oral tablet 400 mg</i> (Lodine)	PDL Non-Preferred	PA
<i>etodolac oral tablet 500 mg</i>	PDL Non-Preferred	PA
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	PDL Non-Preferred	PA
FELDENE ORAL CAPSULE 10 MG, 20 MG (piroxicam)	PDL Non-Preferred	PA
<i>fenoprofen oral capsule 400 mg</i> (Nalfon)	PDL Non-Preferred	PA
<i>fenoprofen oral tablet 600 mg</i> (Nalfon)	PDL Non-Preferred	PA
<i>flurbiprofen oral tablet 100 mg</i>	PDL Non-Preferred	PA
IBU ORAL TABLET 400 MG, 600 MG, 800 MG (ibuprofen)	PDL Preferred	
IBU-200 ORAL TABLET 200 MG (ibuprofen)	PDL Preferred	
IBUPROFEN IB ORAL TABLET, CHEWABLE 100 MG (ibuprofen)	PDL Preferred	
IBUPROFEN JR STRENGTH ORAL TABLET, CHEWABLE 100 MG (ibuprofen)	PDL Preferred	
<i>ibuprofen oral capsule 200 mg</i> (Advil Liqui-Gel)	PDL Preferred	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Ibuprofen)	PDL Preferred	
<i>ibuprofen oral tablet 200 mg</i> (IBU-200)	PDL Preferred	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	PDL Preferred	
<i>ibuprofen oral tablet, chewable 100 mg</i> (Ibuprofen IB)	PDL Preferred	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PDL Preferred	

Drug	Status	Notes
<i>indomethacin oral capsule, extended release 75 mg</i>	PDL Non-Preferred	PA
<i>indomethacin oral suspension 25 mg/5 ml</i> (Indocin)	PDL Non-Preferred	PA
INFANT'S IBUPROFEN ORAL DROPS,SUSPENSION 50 MG/1.25 ML (ibuprofen)	PDL Preferred	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	PDL Non-Preferred	PA
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	PDL Non-Preferred	PA
<i>ketorolac injection solution 15 mg/ml</i>	PDL Preferred	
<i>ketorolac oral tablet 10 mg</i>	PDL Preferred	QL (21 EA per 1 FILL)
LOFENA ORAL TABLET 25 MG (diclofenac potassium)	PDL Non-Preferred	PA
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	PDL Non-Preferred	PA
<i>mefenamic acid oral capsule 250 mg</i>	PDL Non-Preferred	PA
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	PDL Preferred	
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i> (Vivlodex)	PDL Non-Preferred	PA
<i>nabumetone oral tablet 500 mg, 750 mg</i>	PDL Preferred	
NALFON ORAL CAPSULE 400 MG (fenoprofen)	PDL Non-Preferred	PA
NALFON ORAL TABLET 600 MG (fenoprofen)	PDL Non-Preferred	PA
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG (naproxen sodium)	PDL Non-Preferred	PA
NAPROSYN ORAL SUSPENSION 125 MG/5 ML (naproxen)	PDL Non-Preferred	PA
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	PDL Non-Preferred	PA
<i>naproxen oral tablet 250 mg, 375 mg</i>	PDL Preferred	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	PDL Preferred	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naproxen)	PDL Non-Preferred	PA
<i>naproxen sodium oral capsule 220 mg</i> (Aleve)	PDL Preferred	
<i>naproxen sodium oral tablet 220 mg</i> (All Day Pain Relief)	PDL Preferred	
<i>naproxen sodium oral tablet 275 mg</i>	PDL Non-Preferred	PA
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	PDL Non-Preferred	PA
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i> (Naprelan CR)	PDL Non-Preferred	PA
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	PDL Non-Preferred	PA
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	PDL Non-Preferred	PA
RELAFEN DS ORAL TABLET 1,000 MG	PDL Non-Preferred	PA
<i>sulindac oral tablet 150 mg, 200 mg</i>	PDL Preferred	
<i>tolmetin oral capsule 400 mg</i>	PDL Non-Preferred	PA
<b>Plasma Kallikrein Inhibitors</b>		



Drug	Status	Notes
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Local Anesthesia</b>		
<b>Local Anesthetics</b>		
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 % (lidocaine hcl)	Common Formulary	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	Common Formulary	
<i>lidocaine hcl mucous membrane solution 2 %</i> (Lidocaine Viscous)	Common Formulary	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % (lidocaine hcl)	Common Formulary	
<b>Lower Gastrointestinal Disorders - Bowel Inflammation</b>		
<b>Chronic Inflammation. Colon Disease, 5-Aminosalicylates, Rectal Treatment</b>		
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	Common Formulary	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	Common Formulary	
<b>Drug Treatment-Chronic Inflammation. Colon Disease, 5-Aminosalicylates</b>		
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM (mesalamine)	PDL Preferred	
AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG (sulfasalazine)	PDL Non-Preferred	PA
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	PDL Non-Preferred	PA
<i>balsalazide oral capsule 750 mg</i> (Colazal)	PDL Non-Preferred	PA
COLAZAL ORAL CAPSULE 750 MG (balsalazide)	PDL Non-Preferred	PA
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG (mesalamine)	PDL Non-Preferred	PA
DIPENTUM ORAL CAPSULE 250 MG	PDL Non-Preferred	PA
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM (mesalamine)	PDL Preferred	

Drug	Status	Notes
mesalamine oral capsule (with del rel tablets) 400 mg (Delzicol)	PDL Non-Preferred	PA
mesalamine oral capsule, extended release 500 mg (Pentasa)	PDL Non-Preferred	PA
mesalamine oral capsule, extended release 24hr 0.375 gram (Apriso)	PDL Non-Preferred	PA
mesalamine oral tablet, delayed release (dr/ec) 1.2 gram (Lialda)	PDL Non-Preferred	PA
mesalamine oral tablet, delayed release (dr/ec) 800 mg	PDL Non-Preferred	PA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	PDL Non-Preferred	PA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG (mesalamine)	PDL Non-Preferred	PA
sulfasalazine oral tablet 500 mg (Azulfidine)	PDL Preferred	
sulfasalazine oral tablet, delayed release (dr/ec) 500 mg (Azulfidine EN-tabs)	PDL Preferred	
<b>Ibs Agents, Mixed Opioid Recep Agonists/Antagonists</b>		
VIBERZI ORAL TABLET 100 MG, 75 MG	PDL Non-Preferred	PA; QL (60 EA per 30 days)
<b>Integrin Receptor Antagonist, Monoclonal Antibody</b>		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	PDL Non-Preferred	PA
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	PDL Non-Preferred	PA
<b>Irritable Bowel Agents, Guanylate Cylase-C Agonist</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	PDL Preferred	
TRULANCE ORAL TABLET 3 MG	PDL Non-Preferred	PA
<b>Rectal Preparations</b>		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Common Formulary	
hydrocortisone acetate rectal suppository 25 mg (Anucort-HC)	Common Formulary	
<b>Lower Gastrointestinal Disorders - Other</b>		
<b>Ammonia Inhibitors</b>		
AMMONUL INTRAVENOUS SOLUTION 10-10 % (sodium benzoate-sod phenylacet)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM (sodium phenylbutyrate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
BUPHENYL ORAL TABLET 500 MG (sodium phenylbutyrate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ENULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LITHOSTAT ORAL TABLET 250 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PHEBURANE ORAL GRANULES 483 MG/GRAM	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>sodium benzoate-sod phenylacet intravenous solution 10-10 %</i> (Ammonul)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antidiarrheals</b>		
ANTI-DIARRHEAL (LOPERAMIDE) ORAL CAPSULE 2 MG (loperamide)	PDL Preferred	
ANTI-DIARRHEAL (LOPERAMIDE) ORAL LIQUID 1 MG/7.5 ML (loperamide)	PDL Preferred	
ANTI-DIARRHEAL (LOPERAMIDE) ORAL TABLET 2 MG (loperamide)	PDL Preferred	

Drug	Status	Notes
<i>bismuth subsalicylate oral tablet, chewable 262 mg</i> (Pink Bismuth)	Common Formulary	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	PDL Preferred	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	PDL Preferred	
KAOPECTATE (BISMUTH SUBSALICY) ORAL SUSPENSION 262 MG/15 ML (bismuth subsalicylate)	Common Formulary	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	PDL Preferred	
<i>loperamide oral liquid 1 mg/7.5 ml</i> (Anti-Diarrheal (loperamide))	PDL Preferred	
PINK BISMUTH ORAL SUSPENSION 525 MG/15 ML	Common Formulary	
PINK BISMUTH ORAL TABLET 262 MG	Common Formulary	
PINK BISMUTH ORAL TABLET, CHEWABLE 262 MG (bismuth subsalicylate)	Common Formulary	
STOMACH RELIEF ORAL SUSPENSION 262 MG/15 ML (bismuth subsalicylate)	Common Formulary	
STOMACH RELIEF ORAL SUSPENSION 525 MG/15 ML	Common Formulary	
STOMACH RELIEF ORAL TABLET 262 MG	Common Formulary	
STOMACH RELIEF ORAL TABLET, CHEWABLE 262 MG (bismuth subsalicylate)	Common Formulary	
<b>Bile Salts</b>		
RELTONE ORAL CAPSULE 200 MG, 400 MG (ursodiol)	PDL Non-Preferred	PA
URSO 250 ORAL TABLET 250 MG (ursodiol)	PDL Non-Preferred	PA
URSO FORTE ORAL TABLET 500 MG (ursodiol)	PDL Non-Preferred	PA
<i>ursodiol oral capsule 300 mg</i>	PDL Preferred	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	PDL Preferred	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	PDL Preferred	
<b>Ibs Agents, Sodium-Hydrogen Exchanger 3(Nhe3) Inhib</b>		
IBSRELA ORAL TABLET 50 MG	PDL Non-Preferred	PA; QL (2 EA per 1 day); Age (Min 18 Years)
<b>Ileal Bile Acid Transporter (Ibat) Inhibitor</b>		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
LIVMARLI ORAL SOLUTION 9.5 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	PDL Non-Preferred	PA
LOTROXON ORAL TABLET 0.5 MG, 1 MG (alosetron)	PDL Non-Preferred	PA
<b>Laxatives And Cathartics</b>		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	PDL Preferred	
<i>bisacodyl oral tablet, delayed release (dr/ec) 5 mg</i> (Gentle Laxative (bisacodyl))	Common Formulary	
CLEARLAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Common Formulary	
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Common Formulary	
<i>docusate calcium oral capsule 240 mg</i> (Stool Softener (docusate cal))	Common Formulary	
<i>docusate sodium oral capsule 100 mg, 250 mg</i> (Stool Softener)	Common Formulary	
<i>docusate sodium oral liquid 50 mg/5 ml</i> (OneLAX Docusate Sodium)	Common Formulary	
<i>docusate sodium oral tablet 100 mg</i> (DOK)	Common Formulary	
DOK ORAL TABLET 100 MG (docusate sodium)	Common Formulary	
FIBER (CALCIUM POLYCARBOPHIL) ORAL TABLET 625 MG (calcium polycarbophil)	Common Formulary	
FIBER LAXATIVE (CA POLYCARBO) ORAL TABLET 625 MG (calcium polycarbophil)	Common Formulary	
FIBER THERAPY (PSYLLIUM-SUCRO) ORAL POWDER 3 GRAM/7 GRAM (psyllium husk (with sugar))	Common Formulary	
FIBER-LAX ORAL TABLET 625 MG (calcium polycarbophil)	Common Formulary	
FIBER-TABS ORAL TABLET 625 MG (calcium polycarbophil)	Common Formulary	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350-electrolytes)	Common Formulary	
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes)	Common Formulary	
GENTLE LAXATIVE (BISACODYL) ORAL TABLET, DELAYED RELEASE (DR/EC) 5 MG (bisacodyl)	Common Formulary	
KONSYL (SUGAR) ORAL POWDER 3.4 GRAM/12 GRAM	Common Formulary	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	Common Formulary	

Drug	Status	Notes
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	Common Formulary	
LAXATIVE (BISACODYL) ORAL TABLET 5 MG	Common Formulary	
LAXATIVE (BISACODYL) ORAL TABLET, DELAYED RELEASE (DR/EC) 5 MG (bisacodyl)	Common Formulary	
LAXATIVE (SENNOSIDES) ORAL TABLET 15 MG, 25 MG	Common Formulary	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	PDL Non-Preferred	PA
<i>magnesium citrate oral solution</i> (Citrate of Magnesia)	Common Formulary	
MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5 ML (magnesium hydroxide)	Common Formulary	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	Common Formulary	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	Common Formulary	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i> (ClearLax)	Common Formulary	
SENEXON-S ORAL TABLET 8.6-50 MG (sennosides-docusate sodium)	Common Formulary	
SENNALAX ORAL TABLET 8.6 MG (sennosides)	Common Formulary	
SENNALAX LAXATIVE ORAL TABLET 8.6 MG (sennosides)	Common Formulary	
SENNALAX ORAL CAPSULE 8.6 MG	Common Formulary	
SENNALAX ORAL SYRUP 8.8 MG/5 ML (sennosides)	Common Formulary	
SENNALAX ORAL TABLET 8.6 MG (sennosides)	Common Formulary	
SENNALAX PLUS ORAL TABLET 8.6-50 MG (sennosides-docusate sodium)	Common Formulary	
SENNALAX-S ORAL TABLET 8.6-50 MG (sennosides-docusate sodium)	Common Formulary	
SENNALAX-TIME S ORAL TABLET 8.6-50 MG (sennosides-docusate sodium)	Common Formulary	
<i>sennosides oral syrup 8.8 mg/5 ml</i> (senna)	Common Formulary	
SENNALAX EXTRA STRENGTH ORAL TABLET 17.2 MG	Common Formulary	
SENNALAX-S ORAL TABLET 8.6-50 MG (sennosides-docusate sodium)	Common Formulary	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	Common Formulary	QL (354 ML per 30 days)
STIMULANT LAXATIVE PLUS ORAL TABLET 8.6-50 MG (sennosides-docusate sodium)	Common Formulary	

Drug	Status	Notes
STOOL SOFTENER (DOCUSATE CAL) (docusate calcium) ORAL CAPSULE 240 MG	Common Formulary	
STOOL SOFTENER ORAL CAPSULE (docusate sodium) 100 MG, 250 MG	Common Formulary	
STOOL SOFTENER ORAL TABLET 100 (docusate sodium) MG	Common Formulary	
STOOL SOFTENER-LAXATIVE ORAL (sennosides-docusate TABLET 8.6-50 MG sodium)	Common Formulary	
STOOL SOFTENER-STIMULANT (sennosides-docusate LAXAT ORAL TABLET 8.6-50 MG sodium)	Common Formulary	
WOMEN'S GENTLE LAXATIVE(BISAC) (bisacodyl) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG	Common Formulary	
<b>Laxatives, Local/Rectal</b>		
<i>bisacodyl rectal suppository 10 mg</i> (Gentle Laxative (bisacodyl))	Common Formulary	
<i>docusate sodium rectal enema 283 mg/5 ml</i> (Enemeez)	Common Formulary	
ENEMA DISPOSABLE RECTAL ENEMA 19-7 GRAM/118 ML	Common Formulary	
ENEMA RECTAL ENEMA 19-7 GRAM/118 ML	Common Formulary	
ENEMEEZ PLUS RECTAL ENEMA 283-20 MG/5 ML	Common Formulary	
ENEMEEZ RECTAL ENEMA 283 MG/5 ML (docusate sodium)	Common Formulary	
FLEET ENEMA RECTAL ENEMA 19-7 GRAM/118 ML	Common Formulary	
FLEET PEDIATRIC RECTAL ENEMA 9.5-3.5 GRAM/59 ML	Common Formulary	
GENTLE LAXATIVE (BISACODYL) (bisacodyl) RECTAL SUPPOSITORY 10 MG	Common Formulary	
READY-TO-USE ENEMA (MIN OIL) (mineral oil) RECTAL ENEMA	Common Formulary	
READY-TO-USE ENEMA RECTAL ENEMA 19-7 GRAM/118 ML	Common Formulary	
<b>Narcotic Antagonists, Peripherally-Acting</b>		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	PDL Non-Preferred	PA
RELISTOR ORAL TABLET 150 MG	PDL Non-Preferred	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	PDL Non-Preferred	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	PDL Non-Preferred	PA
SYMPROIC ORAL TABLET 0.2 MG	PDL Non-Preferred	PA
<b>Medical Supplies</b>		

Drug	Status	Notes
<b>Durable Medical Equipment,Misc(Group 1)</b>		
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Common Formulary	QL (102 EA per 1 FILL)
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
ACTI-LANCE LANCETS 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ADVOCATE LANCET 23 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ASSURE LANCE 25 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
ASSURE LANCE 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ASSURE LANCE PLUS 25 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
BD MICROTAINER LANCET 1.5 X 2 MM	Common Formulary	QL (100 EA per 1 FILL)
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
BULLSEYE MINI SAFETY LANCETS 25 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
CAREONE ULTRA THIN LANCET (lancets)	Common Formulary	QL (100 EA per 1 FILL)
CARESENS LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
CHOSEN LANCET 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 day)
CHOSEN SAFETY LANCET 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 day)
CLEVER CHEK LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
COAGUCHEK LANCETS (lancets)	Common Formulary	QL (100 EA per 1 FILL)
COLOR LANCETS 21 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
COMFORT EZ LANCETS 21 GAUGE, 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
COMFORT EZ LANCETS 23 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
DROPLET LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
EASY COMFORT LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
EASY TOUCH LANCETS 32 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
EASY TOUCH TWIST LANCETS 32 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
EMBRACE LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
E-Z JECT LANCETS 32 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
EZ SMART LANCETS 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
FINGERSTIX LANCETS (lancets)	Common Formulary	QL (100 EA per 1 FILL)
FORACARE LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
FREESTYLE LANCETS 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
FREESTYLE UNISTIK 2 (lancets)	Common Formulary	QL (100 EA per 1 FILL)
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
GOJJI LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
INVACARE LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
<i>lancets</i> (Accu-Chek Fastclix Lancet Drum)	Common Formulary	QL (100 EA per 1 FILL)
<i>lancets 21 gauge, 26 gauge, 30 gauge</i> (Advocate Lancet)	Common Formulary	QL (100 EA per 1 FILL)
<i>lancets 28 gauge</i> (Acti-Lance Lancets)	Common Formulary	QL (100 EA per 1 FILL)
<i>lancets 33 gauge</i> (CareTouch Twist Lancet)	Common Formulary	QL (100 EA per 1 FILL)
LANCETS, SUPER THIN (lancets)	Common Formulary	QL (100 EA per 1 FILL)
LANCETS, THIN , 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
LANCETS, ULTRA THIN (lancets)	Common Formulary	QL (100 EA per 1 FILL)
MEDISENSE THIN LANCETS 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
MEDLANCE PLUS LANCETS 25 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Common Formulary	QL (100 EA per 1 FILL)
MICRO THIN LANCETS 33 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
MICRODOT LANCET 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)

Drug	Status	Notes
MICROLET LANCET (lancets)	Common Formulary	QL (100 EA per 1 FILL)
MOBILE LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
MONOLET LANCETS 21 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
MONOLET THIN LANCETS 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
NOVA SAFETY LANCETS 23 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
NOVA SAFETY LANCETS 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
NOVA SUREFLEX LANCETS (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ON CALL LANCET 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ON CALL PLUS LANCET 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ON-THE-GO LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
PIP LANCET 28 GAUGE, 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
PRO COMFORT LANCET 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
PRO COMFORT LANCET 31 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
PURE COMFORT LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
RELIAMED LANCET 23 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
RELIAMED TWIST AND CAP LANCET 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
SAFETY-LET LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
SINGLE-LET (lancets)	Common Formulary	QL (100 EA per 1 FILL)
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
SMARTEST LANCET (lancets)	Common Formulary	QL (100 EA per 1 FILL)
SOFT TOUCH LANCETS (lancets)	Common Formulary	QL (100 EA per 1 FILL)
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
STERILANCE TL 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
STERILANCE TL 32 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
SURE-TOUCH LANCET (lancets)	Common Formulary	QL (100 EA per 1 FILL)
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
TELCARE LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
TEMPO REFILL KIT WITH GAUZE KIT	Common Formulary	QL (100 EA per 1 FILL)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
THIN LANCETS 26 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
TRUE COMFORT LANCET 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
TWIST LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
TWIST LANCETS 32 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
ULTILET BASIC LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ULTILET SAFETY LANCETS 23 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
ULTRA FINE LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ULTRA THIN II LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ULTRA THIN LANCETS 31 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ULTRA TLC LANCETS (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ULTRA-CARE LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
UNILET GP LANCET (lancets)	Common Formulary	QL (100 EA per 1 FILL)
UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
UNILET LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
UNILET SUPER THIN LANCETS 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)

Drug	Status	Notes
UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
UNISTIK 3 GENTLE 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
UNISTIK 3 NORMAL LANCET 23 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
UNISTIK COMFORT LANCETS 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
UNISTIK CZT LANCET 23 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
UNISTIK CZT LANCET 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
UNISTIK EXTRA LANCETS 21 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
UNISTIK NORMAL LANCETS 23 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
UNISTIK PRO LANCET 25 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
UNISTIK TOUCH LANCETS 23 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
VERIFINE SAFETY LANCET MINI 23 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
VERIFINE UNIVERSAL LANCET 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
VIVAGUARD LANCET 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 day)
VIVAGUARD LANCET 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
<b>Syringes And Accessories</b>		
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 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 (insulin syringe-needle u-100)	Common Formulary	QL (100 EA per 1 FILL)
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	Common Formulary	QL (100 EA per 1 FILL)

Drug	Status	Notes
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u- 100) Common Formulary	QL (100 EA per 1 FILL)
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u- 100) Common Formulary	QL (100 EA per 1 FILL)
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Common Formulary	QL (100 EA per 1 FILL)
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	(insulin syringe-needle u- 100) Common Formulary	QL (100 EA per 1 FILL)
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u- 100) Common Formulary	QL (100 EA per 1 FILL)
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 29 GAUGE X 1/2", 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"	Common Formulary	QL (100 EA per 1 FILL)
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Common Formulary	QL (100 EA per 1 FILL)
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"	Common Formulary	QL (100 EA per 1 FILL)
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u- 100) Common Formulary	QL (100 EA per 1 FILL)
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	(insulin syringe-needle u- 100) Common Formulary	QL (100 EA per 1 FILL)
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16	Common Formulary	QL (100 EA per 1 FILL)

Drug	Status	Notes
COMFORT EZ INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 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 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	Common Formulary	QL (100 EA per 1 FILL)
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 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 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	Common Formulary	QL (100 EA per 1 FILL)
DROPLET INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 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 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 15/64"	Common Formulary	QL (100 EA per 1 FILL)
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
EASY COMFORT INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 31 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"	Common Formulary	QL (100 EA per 1 FILL)
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 X 1/2", 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
EASY GLIDE INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Common Formulary	QL (100 EA per 1 FILL)



Drug	Status	Notes
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	Common Formulary	QL (100 EA per 1 FILL)
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 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 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) Common Formulary	QL (100 EA per 1 FILL)
EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Common Formulary	QL (100 EA per 1 FILL)
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML	(insulin syringe needleless) Common Formulary	QL (100 EA per 1 FILL)
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
EASY TOUCH UNI-SLIP SYRINGE 1 ML	(insulin syringe needleless) Common Formulary	QL (100 EA per 1 FILL)
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"	(insulin syringe-needle u-100) Common Formulary	QL (100 EA per 1 FILL)
FREESTYLE PRECISION SYRINGE 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"	(insulin syringe-needle u-100) Common Formulary	QL (100 EA per 1 FILL)
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 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"	(insulin syringe-needle u-100) Common Formulary	QL (100 EA per 1 FILL)
<i>insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>	(UltiCare Insulin Syr(half unit)) Common Formulary	QL (100 EA per 1 FILL)
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8"	Common Formulary	QL (100 EA per 1 FILL)
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) Common Formulary	QL (100 EA per 1 FILL)

Drug	Status	Notes
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Common Formulary	QL (100 EA per 1 FILL)
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge x 1/2", 0.5 ml 29 gauge x 1/2", 1 ml 27 gauge x 1/2", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2"</i>	(BD Insulin Syringe) Common Formulary	QL (100 EA per 1 FILL)
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1/2 ml 29</i>	(Ultilet Insulin Syringe) Common Formulary	QL (100 EA per 1 FILL)
<i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 1/2"</i>	(BD Insulin Syringe Ultra-Fine) Common Formulary	QL (100 EA per 1 FILL)
<i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 5/16", 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</i>	(Advocate Syringes) Common Formulary	QL (100 EA per 1 FILL)
<i>insulin syringe-needle u-100 syringe 0.3 ml 30, 1 ml 28 gauge, 1 ml 30 gauge x 7/16", 1/2 ml 30 gauge</i>	(Ultra Comfort Insulin Syringe) Common Formulary	QL (100 EA per 1 FILL)
<i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 1/4", 1 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 1/4"</i>	(Sure Comfort Insulin Syringe) Common Formulary	QL (100 EA per 1 FILL)
<i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 15/64", 1 ml 31 gauge x 15/64", 1/2 ml 31 gauge x 15/64"</i>	(BD Veo Insulin Syringe UF) Common Formulary	QL (100 EA per 1 FILL)
<i>insulin syringe-needle u-100 syringe 1 ml 29 gauge x 7/16"</i>	Common Formulary	QL (100 EA per 1 FILL)
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 1/2"</i>	(BD Eclipse Luer-Lok) Common Formulary	QL (100 EA per 1 FILL)
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"</i>	(Thinpro Insulin Syringe) Common Formulary	QL (100 EA per 1 FILL)
<i>insulin syringe-needle u-100 syringe 1/2 ml 27 gauge x 1/2"</i>	(Easy Touch Insulin Syringe) Common Formulary	QL (100 EA per 1 FILL)
<i>insulin syringe-needle u-100 syringe 1/2 ml 28 gauge</i>	(Monoject Syringe) Common Formulary	QL (100 EA per 1 FILL)
<i>insulin syringe-needle u-100 syringe 1/2 ml 28 gauge x 1/2"</i>	(BD Lo-Dose Micro-Fine IV) Common Formulary	QL (100 EA per 1 FILL)
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100) Common Formulary	QL (100 EA per 1 FILL)
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) Common Formulary	QL (100 EA per 1 FILL)

Drug	Status	Notes
MONOJECT INSULIN SAFETY SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 29 GAUGE X 1/2"	Common Formulary	QL (100 EA per 1 FILL)
MONOJECT INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 29 GAUGE X 1/2", 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 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Common Formulary	QL (100 EA per 1 FILL)
MONOJECT INSULIN SYRINGE (insulin syringes (disposable)) SYRINGE 1 ML	Common Formulary	QL (100 EA per 1 FILL)
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (insulin syringe-needle u-100)	Common Formulary	QL (100 EA per 1 FILL)
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (insulin syringe-needle u-100)	Common Formulary	QL (100 EA per 1 FILL)
PRO COMFORT INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 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	Common Formulary	QL (100 EA per 1 FILL)
PRODIGY INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	Common Formulary	QL (100 EA per 1 FILL)
SAFESNAP INSULIN SYRINGE 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", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Common Formulary	QL (100 EA per 1 FILL)
SECURES SAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Common Formulary	QL (100 EA per 1 FILL)
SURE COMFORT INS. SYR. U-100 (insulin syringe-needle u-100) SYRINGE 0.5 ML 29 GAUGE X 1/2"	Common Formulary	QL (100 EA per 1 FILL)

Drug	Status	Notes
<p>SURE COMFORT INSULIN SYRINGE (insulin syringe-needle u-100)            SYRINGE 0.3 ML 29 GAUGE X 1/2", 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 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 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"</p>	Common Formulary	QL (100 EA per 1 FILL)
<p>SURE-JECT INSULIN SYRINGE (insulin syringe-needle u-100)            SYRINGE 0.3 ML 29 GAUGE X 1/2", 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 X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"</p>	Common Formulary	QL (100 EA per 1 FILL)
<p>TECHLITE INSULIN SYRINGE (insulin syringe-needle u-100)            SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"</p>	Common Formulary	QL (100 EA per 1 FILL)
<p>TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"</p>	Common Formulary	QL (100 EA per 1 FILL)
<p>TERUMO INSULIN SYRINGE SYRINGE (insulin syringe-needle u-100)            0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"</p>	Common Formulary	QL (100 EA per 1 FILL)
<p>THINPRO INSULIN SYRINGE (insulin syringe-needle u-100)            SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"</p>	Common Formulary	QL (100 EA per 1 FILL)
<p>THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 31 X 3/8"</p>	Common Formulary	QL (100 EA per 1 FILL)

Drug	Status	Notes
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 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 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) Common Formulary	QL (100 EA per 1 FILL)
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) Common Formulary	QL (100 EA per 1 FILL)
TRUE COMFORT PRO INS SYRINGE SYRINGE 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	(insulin syringe-needle u-100) Common Formulary	QL (100 EA per 1 FILL)
TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 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 X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) Common Formulary	QL (100 EA per 1 FILL)
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100) Common Formulary	QL (100 EA per 1 FILL)
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark) Common Formulary	QL (100 EA per 1 FILL)
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	(insulin syringe-needle u-100) Common Formulary	QL (100 EA per 1 FILL)
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 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 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29	(insulin syringe-needle u-100) Common Formulary	QL (100 EA per 1 FILL)

Drug	Status	Notes
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
ULTRA COMFORT INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 100) 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 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	Common Formulary	QL (100 EA per 1 FILL)
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
ULTRA FLO INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 100) ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2"	Common Formulary	QL (100 EA per 1 FILL)
ULTRACARE INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 30 GAUGE X 5/16", 100) 0.3 ML 31 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	Common Formulary	QL (100 EA per 1 FILL)
ULTRA-THIN II (SHORT) INS SYR (insulin syringe-needle u- SYRINGE 0.3 ML 30 GAUGE X 5/16", 100) 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	Common Formulary	QL (100 EA per 1 FILL)
ULTRA-THIN II INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 100) ML 29 GAUGE X 1/2"	Common Formulary	QL (100 EA per 1 FILL)
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	Common Formulary	QL (100 EA per 1 FILL)
VANISHPOINT SYRINGE SYRINGE 0.5 (insulin syringe-needle u- ML 30 GAUGE X 1/2", 1 ML 29 GAUGE 100) X 1/2"	Common Formulary	QL (100 EA per 1 FILL)

Drug	Status	Notes
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u- 100) Common Formulary	QL (100 EA per 1 FILL)
<b>Miscellaneous Agents</b>		
<b>Anaphylaxis Therapy Agents</b>		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	PDL Non-Preferred	PA; QL (4 EA per 1 FILL)
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	(epinephrine) PDL Non-Preferred	PA; QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	(Auvi-Q) PDL Non-Preferred	PA; QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	(EpiPen Jr) PDL Non-Preferred	PA; QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	(EpiPen) PDL Non-Preferred	PA; QL (4 EA per 1 FILL)
EPIPEN 2-PAK INJECTION AUTO- INJECTOR 0.3 MG/0.3 ML	(epinephrine) PDL Preferred	QL (4 EA per 1 FILL)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	(epinephrine) PDL Preferred	QL (4 EA per 1 FILL)
EPIPEN JR 2-PAK INJECTION AUTO- INJECTOR 0.15 MG/0.3 ML	(epinephrine) PDL Preferred	QL (4 EA per 1 FILL)
EPIPEN JR INJECTION AUTO- INJECTOR 0.15 MG/0.3 ML	(epinephrine) PDL Preferred	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML	PDL Non-Preferred	PA
SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML	(epinephrine) PDL Non-Preferred	PA
<b>Genetic D/O Tx-Exon Inclusion Antisense Oligonucle</b>		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Genetic D/O Tx-Exon Skipping Antisense Oligonucleo</b>		
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Metabolic Disease Enzyme Replacement, Fabry's Dx</b>		
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Metabolic Disease Enzyme Replacement, Gaucher's Dx</b>		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Metabolic Disease Enzyme Replacement, Pompe Disease</b>		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
POMBILITI INTRAVENOUS RECON SOLN 105 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Parasympathetic Agents</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Common Formulary	QL (4 EA per 1 day)
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Common Formulary	
<b>Pharmacological Chaperone-Alpha-Galactosid.A Stabz</b>		



Drug	Status	Notes
GALAFOLD ORAL CAPSULE 123 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase</b>		
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Systemic Enzyme Inhibitors</b>		
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Neoplastic Disease</b>		
<b>Alkylating Agents</b>		
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)	Common Formulary	
BICNU INTRAVENOUS RECON SOLN 100 MG (carmustine)	Common Formulary	
<i>busulfan intravenous solution 60 mg/10 ml</i> (Busulfex)	Common Formulary	
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML (busulfan)	Common Formulary	
<i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin)	Common Formulary	

Drug	Status	Notes
<i>carmustine intravenous recon soln 100 mg</i> (BiCNU)	Common Formulary	
<i>cisplatin intravenous solution 1 mg/ml</i> (Kemoplat)	Common Formulary	
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	Common Formulary	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Common Formulary	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Common Formulary	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	Common Formulary	
GLIADEL WAFER IMPLANT WAFER 7.7 MG	Common Formulary	
HYDREA ORAL CAPSULE 500 MG (hydroxyurea)	Common Formulary	
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Common Formulary	
IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM (ifosfamide)	Common Formulary	
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i> (Ifex)	Common Formulary	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	Common Formulary	
<i>melphalan hcl intravenous recon soln 50 mg</i> (Alkeran (as HCl))	Common Formulary	
<i>melphalan oral tablet 2 mg</i> (Alkeran)	Common Formulary	
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	Common Formulary	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	Common Formulary	
PARAPLATIN INTRAVENOUS SOLUTION 10 MG/ML (carboplatin)	Common Formulary	
TEMODAR INTRAVENOUS RECON SOLN 100 MG	Common Formulary	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Common Formulary	
<b>Antiandrogenic Agents</b>		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	Common Formulary	
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Common Formulary	
CASODEX ORAL TABLET 50 MG (bicalutamide)	Common Formulary	
ERLEADA ORAL TABLET 60 MG	Common Formulary	
EULEXIN ORAL CAPSULE 125 MG (flutamide)	Common Formulary	

Drug	Status	Notes
NILANDRON ORAL TABLET 150 MG (nilutamide)	Common Formulary	
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Common Formulary	
NUBEQA ORAL TABLET 300 MG	Common Formulary	
XTANDI ORAL CAPSULE 40 MG	Common Formulary	
XTANDI ORAL TABLET 40 MG, 80 MG	Common Formulary	
YONSA ORAL TABLET 125 MG	Common Formulary	
ZYTIGA ORAL TABLET 250 MG, 500 MG (abiraterone)	Common Formulary	
<b>Antibiotic Antineoplastics</b>		
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG (doxorubicin)	Common Formulary	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	Common Formulary	
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG (dactinomycin)	Common Formulary	
<i>dactinomycin intravenous recon soln 0.5 mg</i> (Cosmegen)	Common Formulary	
<i>daunorubicin intravenous solution 5 mg/ml</i>	Common Formulary	
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML (doxorubicin, peg-liposomal)	Common Formulary	
<i>doxorubicin intravenous recon soln 10 mg</i>	Common Formulary	
<i>doxorubicin intravenous recon soln 50 mg</i> (Adriamycin)	Common Formulary	
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	Common Formulary	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	Common Formulary	
ELLECE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML (epirubicin)	Common Formulary	
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i> (Ellence)	Common Formulary	
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML (idarubicin)	Common Formulary	
<i>idarubicin intravenous solution 1 mg/ml</i> (Idamycin PFS)	Common Formulary	
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i> (Mutamycin)	Common Formulary	
MUTAMYCIN INTRAVENOUS RECON SOLN 20 MG, 40 MG, 5 MG (mitomycin)	Common Formulary	
<i>valrubicin intravesical solution 40 mg/ml</i> (Valstar)	Common Formulary	

Drug	Status	Notes
VALSTAR INTRAVESICAL SOLUTION (valrubicin) 40 MG/ML	Common Formulary	
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	Common Formulary	
<b>Anti-Cd20 (B Lymphocyte) Monoclonal Antibody</b>		
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	Common Formulary	
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	Common Formulary	
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	Common Formulary	
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	Common Formulary	
<b>Antimetabolites</b>		
ADRUCIL INTRAVENOUS SOLUTION (fluorouracil) 2.5 GRAM/50 ML	Common Formulary	
ALIMTA INTRAVENOUS RECON SOLN (pemetrexed disodium) 100 MG, 500 MG	Common Formulary	
ARRANON INTRAVENOUS SOLUTION (nelarabine) 250 MG/50 ML	Common Formulary	
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	Common Formulary	
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Common Formulary	
<i>cladribine intravenous solution 10 mg/10 ml</i>	Common Formulary	
<i>clofarabine intravenous solution 1 mg/ml</i> (Clolar)	Common Formulary	
CLOLAR INTRAVENOUS SOLUTION 1 (clofarabine) MG/ML	Common Formulary	
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	Common Formulary	
<i>cytarabine injection solution 20 mg/ml</i>	Common Formulary	
DACOGEN INTRAVENOUS RECON (decitabine) SOLN 50 MG	Common Formulary	
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	Common Formulary	
<i>fludarabine intravenous recon soln 50 mg</i>	Common Formulary	
<i>fludarabine intravenous solution 50 mg/2 ml</i>	Common Formulary	
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	Common Formulary	
<i>fluorouracil intravenous solution 2.5 gram/50 ml</i> (Adrucil)	Common Formulary	

Drug	Status	Notes
FOLOTYN INTRAVENOUS SOLUTION (pralatrexate) 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	Common Formulary	
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	Common Formulary	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	Common Formulary	
INQOVI ORAL TABLET 35-100 MG	Common Formulary	
JYLAMVO ORAL SOLUTION 2 MG/ML	Common Formulary	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Common Formulary	
<i>mercaptopurine oral tablet 50 mg</i>	Common Formulary	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Common Formulary	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Common Formulary	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Common Formulary	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Common Formulary	
<i>nelarabine intravenous solution 250 mg/50 ml</i> (Arranon)	Common Formulary	
NIPENT INTRAVENOUS RECON SOLN 10 MG (pentostatin)	Common Formulary	
ONUREG ORAL TABLET 200 MG, 300 MG	Common Formulary	
<i>pemetrexed disodium intravenous recon soln 100 mg, 500 mg</i> (Alimta)	Common Formulary	
<i>pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)</i> (Folotylin)	Common Formulary	
PURIXAN ORAL SUSPENSION 20 MG/ML	Common Formulary	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Common Formulary	
VIDAZA INJECTION RECON SOLN 100 MG (azacitidine)	Common Formulary	
XATMEP ORAL SOLUTION 2.5 MG/ML	Common Formulary	
XELODA ORAL TABLET 150 MG, 500 MG (capecitabine)	Common Formulary	
<b>Antineoplast Egf Receptor Blocker Rcmb Mc Antibody</b>		
KANJINTI INTRAVENOUS RECON SOLN 420 MG	Common Formulary	
<b>Antineoplast Hum Vegf Inhibitor Recomb Mc Antibody</b>		

Drug	Status	Notes
MVASI INTRAVENOUS SOLUTION 25 MG/ML	Common Formulary	
<b>Antineoplastic Aromatase Inhibitors</b>		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	Common Formulary	
ARIMIDEX ORAL TABLET 1 MG (anastrozole)	Common Formulary	
AROMASIN ORAL TABLET 25 MG (exemestane)	Common Formulary	
<i>exemestane oral tablet 25 mg</i> (Aromasin)	Common Formulary	
FEMARA ORAL TABLET 2.5 MG (letrozole)	Common Formulary	
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Common Formulary	
<b>Antineoplastic - Braf Kinase Inhibitors</b>		
BRAFTOVI ORAL CAPSULE 75 MG	Common Formulary	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZELBORAF ORAL TABLET 240 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antineoplastic - Epothilones And Analogs</b>		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	Common Formulary	
<b>Antineoplastic - Halichondrin B Analogs</b>		
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) (eribulin)	Common Formulary	
<b>Antineoplastic - Hedgehog Pathway Inhibitor</b>		
DAURISMO ORAL TABLET 100 MG, 25 MG	Common Formulary	
ERIVEDGE ORAL CAPSULE 150 MG	Common Formulary	
ODOMZO ORAL CAPSULE 200 MG	Common Formulary	
<b>Antineoplastic - Immunotherapy, Therapeutic Vac</b>		

Drug	Status	Notes
PROVENGE INTRAVENOUS SUSPENSION 50 MILLION CELL/250 ML	Common Formulary	
<b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b>		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Common Formulary	
<b>Antineoplastic - Kras Protein Inhibitor</b>		
KRAZATI ORAL TABLET 200 MG	Common Formulary	
LUMAKRAS ORAL TABLET 120 MG	Common Formulary	
<b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>		
COTELLIC ORAL TABLET 20 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
MEKTOVI ORAL TABLET 15 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antineoplastic - Mtor Kinase Inhibitors</b>		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	(everolimus (antineoplastic)) Common Formulary	
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	(everolimus (antineoplastic)) Common Formulary	
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	(Afinitor) Common Formulary	
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	(Afinitor Disperz) Common Formulary	
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	(Torisel) Common Formulary	
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	(temsirolimus) Common Formulary	
<b>Antineoplastic - Protein Methyltransferase Inhibit</b>		

Drug	Status	Notes
TAZVERIK ORAL TABLET 200 MG	Common Formulary	
<b>Antineoplastic - Topoisomerase I Inhibitors</b>		
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML (irinotecan)	Common Formulary	
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG	Common Formulary	
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i> (Camptosar)	Common Formulary	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	Common Formulary	
<i>topotecan intravenous recon soln 4 mg</i>	Common Formulary	
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	Common Formulary	
<b>Antineoplastic - Vegf-A,B &amp; P1gf Inhibitor</b>		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	Common Formulary	
<b>Antineoplastic - Vegfr Antagonist</b>		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	Common Formulary	
<b>Antineoplastic Comb - Kinase And Aromatase Inhibit</b>		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	Common Formulary	
<b>Antineoplastic Immunomodulator Agents</b>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	Common Formulary	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Common Formulary	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	Common Formulary	
<b>Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs</b>		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	Common Formulary	
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Common Formulary	
ORGOVYX ORAL TABLET 120 MG	Common Formulary	
<b>Antineoplastic Systemic Enzyme Inhibitors</b>		



Drug	Status	Notes
ALECENSA ORAL CAPSULE 150 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
AUGTYRO ORAL CAPSULE 40 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>bortezomib injection recon soln 3.5 mg</i> (Velcade)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>bortezomib intravenous recon soln 3.5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>bortezomib intravenous solution 1 mg/ml, 2.5 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
BRUKINSA ORAL CAPSULE 80 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CAPRELSA ORAL TABLET 100 MG, (vandetanib) 300 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> (Tarceva)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
EXKIVITY ORAL CAPSULE 40 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
GAVRETO ORAL CAPSULE 100 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>gefitinib oral tablet 250 mg</i> (Iressa)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
GLEEVEC ORAL TABLET 100 MG, 400 MG (imatinib)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
INLYTA ORAL TABLET 1 MG, 5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
INREBIC ORAL CAPSULE 100 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
IRESSA ORAL TABLET 250 MG (gefitinib)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
IWILFIN ORAL TABLET 192 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LORBRENA ORAL TABLET 100 MG, 25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LYNPARZA ORAL TABLET 100 MG, 150 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LYTGOBI ORAL TABLET 4 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NERLYNX ORAL TABLET 40 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NEXAVAR ORAL TABLET 200 MG (sorafenib)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>pazopanib oral tablet 200 mg</i> (Votrient)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
QINLOCK ORAL TABLET 50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RYDAPT ORAL CAPSULE 25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SCEMBLIX ORAL TABLET 20 MG, 40 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
STIVARGA ORAL TABLET 40 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (sunitinib malate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TABRECTA ORAL TABLET 150 MG, 200 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TAGRISSO ORAL TABLET 40 MG, 80 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG (erlotinib)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TEPMETKO ORAL TABLET 225 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TRUQAP ORAL TABLET 160 MG, 200 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TUKYSA ORAL TABLET 150 MG, 50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TURALIO ORAL CAPSULE 125 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TYKERB ORAL TABLET 250 MG (lapatinib)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
VELCADE INJECTION RECON SOLN (bortezomib) 3.5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VITRAKVI ORAL SOLUTION 20 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VONJO ORAL CAPSULE 100 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VOTRIENT ORAL TABLET 200 MG (pazopanib)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
XALKORI ORAL CAPSULE 200 MG, 250 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
XOSPATA ORAL TABLET 40 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZYDELIG ORAL TABLET 100 MG, 150 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZYKADIA ORAL TABLET 150 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<b>Antineoplastic,Anti-Programmed Death-1 (Pd-1) Mab</b>		
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	Common Formulary	
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	Common Formulary	
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML	Common Formulary	
<b>Antineoplastic,Histone Deacetylase Inhibitors,Hdis</b>		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	Common Formulary	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Common Formulary	
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML (romidepsin)	Common Formulary	
<i>romidepsin intravenous recon soln 10 mg/2 ml</i> (Istodax)	Common Formulary	
ZOLINZA ORAL CAPSULE 100 MG	Common Formulary	
<b>Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors</b>		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Common Formulary	
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Common Formulary	
<b>Antineoplastic-Enzyme Inhib, Antiandrogen Comb.</b>		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Common Formulary	
<b>Antineoplastic-Hypoxia Inducible Factor (Hif) Inh</b>		
WELIREG ORAL TABLET 40 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antineoplastic-Interleukin-6(IL-6)Inhib,Antibody</b>		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	Common Formulary	
<b>Antineoplastic-Isocitrate Dehydrogenase Inhibitors</b>		
IDHIFA ORAL TABLET 100 MG, 50 MG	Common Formulary	
REZLIDHIA ORAL CAPSULE 150 MG	Common Formulary	
TIBSOVO ORAL TABLET 250 MG	Common Formulary	



Drug	Status	Notes
<b>Antineoplastics Antibody/Antibody-Drug Complexes</b>		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	Common Formulary	
BLINCYTO INTRAVENOUS KIT 35 MCG	Common Formulary	
BLINCYTO INTRAVENOUS RECON SOLN 35 MCG	Common Formulary	
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	Common Formulary	
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	Common Formulary	
<b>Antineoplastics, Miscellaneous</b>		
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	Common Formulary	
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i> (Docivyx)	Common Formulary	
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	Common Formulary	
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	Common Formulary	
<i>etoposide intravenous solution 20 mg/ml</i>	Common Formulary	
<i>etoposide oral capsule 50 mg</i>	Common Formulary	
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	Common Formulary	
LYSODREN ORAL TABLET 500 MG	Common Formulary	
MATULANE ORAL CAPSULE 50 MG	Common Formulary	
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	Common Formulary	
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	Common Formulary	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	Common Formulary	
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	Common Formulary	
<i>teniposide intravenous solution 50 mg/5 ml</i>	Common Formulary	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	Common Formulary	
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Common Formulary	

Drug	Status	Notes
<b>Antineoplastic-Select Inhib Of Nuclear Exp (Sine)</b>		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	Common Formulary	
<b>Chemotherapy Rescue/Antidote Agents</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Common Formulary	
MESNEX ORAL TABLET 400 MG	Common Formulary	
<b>Cytotoxic T-Lymphocyte Antigen(Ctla-4)Rmc Antibody</b>		
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	Common Formulary	
<b>Photoactivated, Antineoplastic Agents (Systemic)</b>		
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	Common Formulary	
UVADEX INJECTION SOLUTION 20 MCG/ML	Common Formulary	
<b>Radioactive Therapeutic Agents</b>		
XOFIGO INTRAVENOUS SOLUTION 1,100 KBQ/ML(30 MICROCURIE/ML)	Common Formulary	
<b>Selective Estrogen Receptor Modulators (Serm)</b>		
FARESTON ORAL TABLET 60 MG (toremifene)	Common Formulary	
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML (fulvestrant)	Common Formulary	
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	Common Formulary	
ORSERDU ORAL TABLET 345 MG, 86 MG	Common Formulary	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Common Formulary	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Common Formulary	
<i>toremifene oral tablet 60 mg</i> (Fareston)	Common Formulary	
<b>Selective Retinoid X Receptor Agonists (Rxr)</b>		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Common Formulary	
TARGRETIN ORAL CAPSULE 75 MG (bexarotene)	Common Formulary	

Drug	Status	Notes
<b>Steroid Antineoplastics</b>		
EMCYT ORAL CAPSULE 140 MG	Common Formulary	
<i>megestrol oral tablet 20 mg, 40 mg</i>	Common Formulary	
<b>Vinca Alkaloids</b>		
<i>vinblastine intravenous solution 1 mg/ml</i>	Common Formulary	
VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML, 2 MG/2 ML (vincristine)	Common Formulary	
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS)	Common Formulary	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	Common Formulary	
<b>Neurological Disease - Miscellaneous</b>		
<b>Agents To Treat Multiple Sclerosis</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG (teriflunomide)	PDL Non-Preferred	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	PDL Preferred	
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Common Formulary	PA; QL (4 ML per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	PDL Preferred	QL (4 EA per 1 FILL)
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 95 MG	PDL Non-Preferred	PA; QL (120 EA per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	PDL Preferred	
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	PDL Preferred	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML (glatiramer)	PDL Preferred	
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)	PDL Non-Preferred	PA
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	PDL Preferred	
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	PDL Preferred	
GILENYA ORAL CAPSULE 0.25 MG	PDL Non-Preferred	PA
GILENYA ORAL CAPSULE 0.5 MG (fingolimod)	PDL Non-Preferred	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Copaxone)	PDL Non-Preferred	PA
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	PDL Non-Preferred	PA
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	PDL Non-Preferred	PA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	PDL Non-Preferred	PA

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	PDL Non-Preferred	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	PDL Non-Preferred	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	PDL Non-Preferred	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	PDL Non-Preferred	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	PDL Non-Preferred	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	PDL Non-Preferred	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	PDL Non-Preferred	PA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	PDL Non-Preferred	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	PDL Non-Preferred	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	PDL Non-Preferred	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	PDL Non-Preferred	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	PDL Non-Preferred	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	PDL Non-Preferred	PA; Age (Min 18 Years and Max 55 Years)
PONVORY ORAL TABLET 20 MG	PDL Non-Preferred	PA; Age (Min 18 Years and Max 55 Years)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML	PDL Non-Preferred	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 44 MCG/0.5 ML	PDL Non-Preferred	PA; QL (0.25 ML per 1 day)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	PDL Non-Preferred	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	PDL Non-Preferred	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	PDL Non-Preferred	PA; Age (Min 10 Years and Max 17 Years)

Drug	Status	Notes
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG (dimethyl fumarate)	PDL Non-Preferred	PA
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	PDL Preferred	
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	PDL Non-Preferred	PA
<b>Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr</b>		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Common Formulary	PA; QL (2 EA per 1 day); Age (Min 18 Years and Max 70 Years)
FIRDAPSE ORAL TABLET 10 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Amyotrophic Lateral Sclerosis Agents</b>		
EXSERVAN ORAL FILM 50 MG	Common Formulary	PA; Age (Min 18 Years)
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Common Formulary	
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Common Formulary	PA; Age (Min 18 Years)
<b>Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib</b>		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	PDL Preferred	QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	PDL Preferred	QL (60 EA per 30 days)
<b>Glypromate (Gpe) Analogs</b>		
DAYBUE ORAL SOLUTION 200 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Movement Disorders(Drug Therapy)</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Common Formulary	PA; Age (Min 18 Years)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	Common Formulary	PA; Age (Min 18 Years)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	PDL Non-Preferred	PA; QL (2 EA per 1 day)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	PDL Non-Preferred	PA; QL (60 EA per 30 days)
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Common Formulary	PA; Age (Min 18 Years)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Common Formulary	PA; Age (Min 18 Years)

Drug	Status	Notes
<b>Neuropathic Agents</b>		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG (pregabalin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i> (Lyrica CR)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Nuclear Factor Erythroid 2-Rel. Factor 2 Activator</b>		
SKYCLARYS ORAL CAPSULE 50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Postherpetic Neuralgia Agents</b>		
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG (gabapentin)	PDL Non-Preferred	PA; QL (3 EA per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	PDL Non-Preferred	PA; QL (4 EA per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 750 MG, 900 MG	PDL Non-Preferred	PA; QL (2 EA per 1 day)
<b>Sphingosine 1-Phosphate (S1p) Receptor Modulator</b>		
VELSIPITY ORAL TABLET 2 MG	PDL Non-Preferred	PA; Age (Min 18 Years)
ZEPOSIA ORAL CAPSULE 0.92 MG	PDL Non-Preferred	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	PDL Non-Preferred	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	PDL Non-Preferred	PA
<b>Oral/Pharyngeal Disorders</b>		
<b>Dental Aids And Preparations</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	Common Formulary	
ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)	Common Formulary	QL (5 GM per 30 days)
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	Common Formulary	QL (5 GM per 30 days)
<b>Nose Preparations, Miscellaneous (Rx)</b>		
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	PDL Preferred	
<b>Other Drugs</b>		
<b>Appetite Stim. For Anorexia,Cachexia,Wasting Synd.</b>		

Drug	Status	Notes
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	PDL Preferred	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	PDL Non-Preferred	PA
<b>Blood Testing Preparations,In-Vitro</b>		
PRECISION XTRA B-KETONE STRIP (ketone blood test)	Common Formulary	QL: 300 IN 30 DAYS IF 20 YEARS OF AGE OR YOUNGER 200 IN 30 DAYS WITH HISTORY OF INSULINS OR 100 IN 30 DAYS WITH NO HISTORY OF INSULINS IF 21 YEARS OF AGE OR OLDER
<b>Condoms</b>		
AIMSCO LATEX CONDOM DEVICE	Common Formulary	QL (36 EA per 30 days)
DUREX AVANTI BARE REAL FEEL	Common Formulary	QL (36 EA per 30 days)
FANTASY CONDOM DEVICE	Common Formulary	QL (36 EA per 30 days)
FC2 FEMALE CONDOM	Common Formulary	QL (36 EA per 30 days)
KIMONO CONDOMS(NON-LUBRICATED) DEVICE	Common Formulary	QL (36 EA per 30 days)
KIMONO LUBRICATED CONDOMS DEVICE	Common Formulary	QL (36 EA per 30 days)
KIMONO MICROTHIN AQUA LUBE CON DEVICE	Common Formulary	QL (36 EA per 30 days)
KIMONO MICROTHIN CONDOMS DEVICE	Common Formulary	QL (36 EA per 30 days)
KIMONO MICROTHIN LARGE CONDOMS DEVICE	Common Formulary	QL (36 EA per 30 days)
KIMONO TEXTURED CONDOMS DEVICE	Common Formulary	QL (36 EA per 30 days)
TRUSTEX LATEX CONDOM DEVICE	Common Formulary	QL (36 EA per 30 days)
TRUSTEX LUBRICATED CONDOMS DEVICE	Common Formulary	QL (36 EA per 30 days)
TRUSTEX NON-LUB CONDOMS DEVICE	Common Formulary	QL (36 EA per 30 days)
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	Common Formulary	QL (36 EA per 30 days)
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	Common Formulary	QL (36 EA per 30 days)
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	Common Formulary	QL (36 EA per 30 days)
<b>Cystic Fibrosis - Inhaled Osmotic Agents</b>		

Drug	Status	Notes
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Common Formulary	PA; QL (560 EA per 28 days); Age (Min 18 Years)
<b>Diagnostic Test Devices And Supplies</b>		
ADVIN COVID-19 AG HOME TEST KIT	Common Formulary	QL (1 EA per 1 day)
BD VERITOR AT-HOME COVID19 TST KIT	Common Formulary	QL (1 EA per 1 day)
BD VERITOR SARS-COV-2, FLU A-B KIT	Common Formulary	QL (1 EA per 1 day)
BD VERITOR SYSTEM SARS-COV-2 KIT	Common Formulary	QL (1 EA per 1 day)
BINAXNOW COVD AG CARD HOME TST KIT	Common Formulary	QL (1 EA per 1 day)
BINAXNOW COVID-19 AG CARD KIT	Common Formulary	QL (1 EA per 1 day)
BINAXNOW COVID-19 AG SELF TEST KIT	Common Formulary	QL (1 EA per 1 day)
CARESTART COVID-19 AG HOME TST KIT	Common Formulary	QL (1 EA per 1 day)
CELLTRION DIATRUST COV-19 HOME KIT	Common Formulary	QL (1 EA per 1 day)
CLINITEST COVID-19 HOME TEST KIT	Common Formulary	QL (1 EA per 1 day)
CORDX COVID-19 AG HOME TEST KIT	Common Formulary	QL (1 EA per 1 day)
COVID-19 AT-HOME TEST KIT	Common Formulary	QL (1 EA per 1 day)
CUE COVID-19 HOME TEST KIT	Common Formulary	QL (1 EA per 1 day)
ELLUME COVID-19 HOME TEST KIT	Common Formulary	QL (1 EA per 1 day)
EVERLYWELL COVID19 HOM COLLECT	(covid-19 test specimen collect) Common Formulary	QL (1 EA per 1 day)
FASTEP COVID-19 AG HOME TEST KIT	Common Formulary	QL (1 EA per 1 day)
FLOWFLEX COVID-19 AG HOME TEST KIT	Common Formulary	QL (1 EA per 1 day)
GENABIO COVID-19 RAPID AT-HOME KIT	Common Formulary	QL (1 EA per 1 day)
GOTOKNOW COVID-19 AG HOME TEST KIT	Common Formulary	QL (1 EA per 1 day)
ID NOW COVID-19 TEST KIT KIT	Common Formulary	QL (1 EA per 1 day)
IHEALTH COVID-19 AG HOME TEST KIT	Common Formulary	QL (1 EA per 1 day)
INDICAID COVID-19 AG HOME TEST KIT	Common Formulary	QL (1 EA per 1 day)
INTELISWAB COVID-19 HOME TEST KIT	Common Formulary	QL (1 EA per 1 day)



Drug	Status	Notes
LUCIRA CHECK-IT COVID HOME TST KIT	Common Formulary	QL (1 EA per 1 day)
NANO-CHECK COVID-19 AG TEST KIT	Common Formulary	QL (1 EA per 1 day)
OHC COVID-19 ANTIGEN HOME TEST KIT	Common Formulary	QL (1 EA per 1 day)
ON-GO COVID-19 AG AT HOME TEST KIT	Common Formulary	QL (1 EA per 1 day)
PILOT COVID-19 AT-HOME TEST KIT	Common Formulary	QL (1 EA per 1 day)
PIXEL COVID19 HOME COLLECT KIT (covid-19 test specimen collect)	Common Formulary	QL (1 EA per 1 day)
QUICKVUE AT-HOME COVID-19 TEST KIT	Common Formulary	QL (1 EA per 1 day)
QUICKVUE SARS ANTIGEN KIT	Common Formulary	QL (1 EA per 1 day)
RAPID SARS-COV-2 AG HOME TEST KIT	Common Formulary	QL (1 EA per 1 day)
SOFIA SARS ANTIGEN FIA KIT	Common Formulary	QL (1 EA per 1 day)
SOFIA2 FLU-SARS ANTIGEN FIA KIT	Common Formulary	QL (1 EA per 1 day)
SPEEDYSWAB COVID-19 HOME TEST KIT	Common Formulary	QL (1 EA per 1 day)
<b>Drugs To Treat Hereditary Tyrosinemia</b>		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ORFADIN ORAL SUSPENSION 4 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing</b>		
CERDELGA ORAL CAPSULE 84 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>miglustat oral capsule 100 mg</i> (Yargesa)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
OPFOLDA ORAL CAPSULE 65 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
YARGESA ORAL CAPSULE 100 MG (miglustat)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZAVESCA ORAL CAPSULE 100 MG (miglustat)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>General Anesthetics - Benzodiazepine, Injectable</b>		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Common Formulary	QL (4 ML per 30 days)
<i>midazolam injection solution 5 mg/ml</i>	Common Formulary	QL (4 ML per 30 days)
<b>General Inhalation Agents</b>		
<i>sodium chloride inhalation solution for nebulization 0.9 %</i>	Common Formulary	
<b>Metabolic Deficiency Agents</b>		
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML (levocarnitine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CARNITOR ORAL SOLUTION 100 MG/ML (levocarnitine (with sugar))	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CARNITOR ORAL TABLET 330 MG (levocarnitine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CULTURELLE IBS COMPLETE SUPPRT ORAL POWDER IN PACKET 5,500 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
CYSTADANE ORAL POWDER 1 (betaine) GRAM/SCOOP	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>levocarnitine (with sugar) oral solution</i> (Carnitor) <i>100 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>levocarnitine intravenous solution 200</i> (Carnitor) <i>mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Metabolic Disease Enzyme Replace, Hypophosphatasia</b>		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Metabolic Dx Enzyme Replace, Mucopolysaccharidosis</b>		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.</b>		

Drug	Status	Notes
REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Metallic Poison,Agents To Treat</b>		
CHEMET ORAL CAPSULE 100 MG	Common Formulary	
<b>Needles/Needleless Devices</b>		
1ST TIER UNIFINE PENTIPS 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" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
1ST TIER UNIFINE PENTIPS PLUS 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" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
AQINJECT PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
ASSURE ID DUO PRO SFTY PEN NDL NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Common Formulary	QL (100 EA per 1 FILL)
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
ASSURE ID PRO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Common Formulary	QL (100 EA per 1 FILL)
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Common Formulary	QL (100 EA per 1 FILL)
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
CARETOUCH 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 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)

Drug	Status	Notes
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
COMFORT EZ PEN NEEDLES NEEDLE 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 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
COMFORT EZ PEN NEEDLES NEEDLE 33 GAUGE X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/32" (pen needle, diabetic, safety)	Common Formulary	QL (100 EA per 1 FILL)
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	Common Formulary	QL (100 EA per 1 FILL)
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 3/8"	Common Formulary	QL (100 EA per 1 FILL)
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Common Formulary	QL (100 EA per 1 FILL)
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", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Common Formulary	QL (100 EA per 1 FILL)
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Common Formulary	QL (100 EA per 1 FILL)
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)

Drug	Status	Notes
EASY TOUCH NEEDLE 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 3/16", 32 GAUGE X 5/32"	(pen needle, diabetic) Common Formulary	QL (100 EA per 1 FILL)
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic) Common Formulary	QL (100 EA per 1 FILL)
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
EMBRACE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic) Common Formulary	QL (100 EA per 1 FILL)
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic) Common Formulary	QL (100 EA per 1 FILL)
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2"	Common Formulary	QL (100 EA per 1 FILL)
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic) Common Formulary	QL (100 EA per 1 FILL)
INCONTROL 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"	(pen needle, diabetic) Common Formulary	QL (100 EA per 1 FILL)
INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic) Common Formulary	QL (100 EA per 1 FILL)
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic) Common Formulary	QL (100 EA per 1 FILL)
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
MICRODOT READYGARD PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Common Formulary	QL (100 EA per 1 FILL)
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic) Common Formulary	QL (100 EA per 1 FILL)
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic) Common Formulary	QL (100 EA per 1 FILL)
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	Common Formulary	QL (100 EA per 1 FILL)
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic) Common Formulary	QL (100 EA per 1 FILL)
<i>pen needle, diabetic 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"</i>	(1st Tier Unifine Pentips) Common Formulary	QL (100 EA per 1 FILL)

Drug	Status	Notes
<i>pen needle, diabetic needle 29 gauge x 15/32", 31 gauge x 1/3", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64"</i>	Common Formulary	QL (100 EA per 1 FILL)
<i>pen needle, diabetic needle 30 gauge x 3/16"</i> (Embrace Pen Needle)	Common Formulary	QL (100 EA per 1 FILL)
<i>pen needle, diabetic needle 30 gauge x 5/16", 32 gauge x 3/16"</i> (CareFine Pen Needle)	Common Formulary	QL (100 EA per 1 FILL)
<i>pen needle, diabetic needle 31 gauge x 5/32"</i> (Comfort Touch Pen Needle)	Common Formulary	QL (100 EA per 1 FILL)
<i>pen needle, diabetic needle 32 gauge x 1/4"</i> (BD Ultra-Fine Micro Pen Needle)	Common Formulary	QL (100 EA per 1 FILL)
<i>pen needle, diabetic needle 32 gauge x 5/16", 33 gauge x 1/4", 33 gauge x 3/16"</i> (Comfort EZ Pen Needles)	Common Formulary	QL (100 EA per 1 FILL)
<i>pen needle, diabetic needle 33 gauge x 5/32"</i> (Advocate Pen Needle)	Common Formulary	QL (100 EA per 1 FILL)
<i>pen needle, diabetic, safety needle 31 gauge x 3/16"</i> (Assure ID Duo Pro Sfty Pen Ndl)	Common Formulary	QL (100 EA per 1 FILL)
<i>pen needle, diabetic, safety needle 31 gauge x 5/32"</i> (Comfort EZ PRO Safety Pen Ndl)	Common Formulary	QL (100 EA per 1 FILL)
PENTIPS NEEDLE 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"	(pen needle, diabetic)	Common Formulary
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	Common Formulary
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"		Common Formulary
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	Common Formulary
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	Common Formulary
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"		Common Formulary
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	Common Formulary
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	Common Formulary
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"		Common Formulary
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"		Common Formulary

Drug	Status	Notes
SURE COMFORT PEN NEEDLE (pen needle, diabetic) NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Common Formulary	QL (100 EA per 1 FILL)
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Common Formulary	QL (100 EA per 1 FILL)
SURE-FINE PEN NEEDLES NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
TECHLITE PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Common Formulary	QL (100 EA per 1 FILL)
TECHLITE PLUS PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 5/32"	Common Formulary	QL (100 EA per 1 day)
TOPCARE CLICKFINE NEEDLE 31 (pen needle, diabetic) GAUGE X 1/4", 31 GAUGE X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
TRUE COMFORT PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4", 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", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Common Formulary	QL (100 EA per 1 FILL)
TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	Common Formulary	QL (100 EA per 1 day)
TRUE COMFORT SAFETY PEN (pen needle, diabetic, safety) NEEDLE NEEDLE 31 GAUGE X 3/16"	Common Formulary	QL (100 EA per 1 day)
TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Common Formulary	QL (100 EA per 1 FILL)
TRUEPLUS PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Common Formulary	QL (100 EA per 1 FILL)
ULTICARE PEN NEEDLE NEEDLE 29 (pen needle, diabetic) 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"	Common Formulary	QL (100 EA per 1 FILL)
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
ULTIGUARD SAFEPACK-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 1/4", 32 GAUGE X 5/32"	Common Formulary	QL (100 EA per 1 FILL)
ULTILET PEN NEEDLE NEEDLE 29 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
ULTILET PEN NEEDLE NEEDLE 32 (pen needle, diabetic) GAUGE X 5/32"	Common Formulary	QL (100 EA per 1 FILL)



Drug	Status	Notes
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 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", 33 GAUGE X 5/32" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
UNIFINE PENTIPS NEEDLE 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" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
UNIFINE PENTIPS PLUS 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", 33 GAUGE X 5/32" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
UNIFINE PROTECT NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
VERIFINE 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 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
VERIFINE PLUS PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
VERIFINE PLUS PEN NEEDLE-SHARP NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
<b>Somatostatic Agents</b>		
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i> (Sandostatin)	Common Formulary	PA
<i>octreotide acetate injection solution 200 mcg/ml</i>	Common Formulary	PA
<b>Urine Acetone Test Aids</b>		

Drug	Status	Notes
KETONE CARE STRIP	Common Formulary	
KETONE URINE TEST STRIP	Common Formulary	
KETOSTIX STRIP	Common Formulary	
TRUEPLUS KETONE STRIP	Common Formulary	
<b>Vaccine Adjuvants</b>		
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION	Common Formulary	Age (Min 50 Years)
<b>Other Respiratory Disorders</b>		
<b>Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator</b>		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KALYDECO ORAL TABLET 150 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Cystic Fibrosis-Cftr Potentiator &amp; Corrector Comb.</b>		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Mucolytics</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Common Formulary	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Common Formulary	PA; QL (75 ML per 30 days)
<b>Pain Management - Analgesics</b>		

Drug	Status	Notes
<b>Analgesic, Non-Salicylate &amp; Barbiturate Comb.</b>		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Common Formulary	QL (4 EA per 1 day); Age (Min 10 Years and Max 64 Years)
<b>Analgesic, Salicylate, Barbiturate, &amp; Xanthine Cmb</b>		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Common Formulary	QL (4 EA per 1 day); Age (Max 64 Years)
<b>Analgesic, Non-Salicylate, Barbiturate, &amp; Xanthine Cmb</b>		
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	Common Formulary	Age (Min 10 Years and Max 64 Years)
<b>Analgesic/Antipyretics, Salicylates</b>		
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	Common Formulary	QL (1 EA per 1 day)
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Bayer Aspirin)	Common Formulary	QL (1 EA per 1 day)
<i>aspirin rectal suppository 300 mg</i>	Common Formulary	
<i>aspirin, buffd-calcium carb-mag oral tablet 325 mg</i> (Tri-Buffered Aspirin)	Common Formulary	
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	Common Formulary	
<i>diflunisal oral tablet 500 mg</i>	PDL Non-Preferred	PA
TRI-BUFFERED ASPIRIN ORAL TABLET 325 MG (aspirin, buffd-calcium carb-mag)	Common Formulary	
<b>Analgesic/Antipyretics, Non-Salicylate</b>		
8 HOUR PAIN RELIEVER ORAL TABLET EXTENDED RELEASE 650 MG (acetaminophen)	Common Formulary	
<i>acetaminophen oral liquid 160 mg/5 ml</i> (Children's Acetaminophen)	Common Formulary	
<i>acetaminophen oral solution 160 mg/5 ml (5 ml)</i>	Common Formulary	
<i>acetaminophen oral suspension 160 mg/5 ml (5 ml)</i> (Children's Acetaminophen)	Common Formulary	
<i>acetaminophen oral tablet 325 mg, 500 mg</i> (Pain Relief (acetaminophen))	Common Formulary	
<i>acetaminophen oral tablet extended release 650 mg</i> (8 Hour Pain Reliever)	Common Formulary	
<i>acetaminophen rectal suppository 120 mg, 650 mg</i> (Feverall)	Common Formulary	
ARTHRITIS PAIN RELIEF (ACETAM) ORAL TABLET EXTENDED RELEASE 650 MG (acetaminophen)	Common Formulary	
CHILDREN'S ACETAMINOPHEN ORAL LIQUID 160 MG/5 ML (acetaminophen)	Common Formulary	

Drug	Status	Notes
CHILDREN'S ACETAMINOPHEN ORAL SUSPENSION 160 MG/5 ML, 160 MG/5 ML (5 ML) (acetaminophen)	Common Formulary	
CHILDREN'S MAPAP ORAL TABLET,CHEWABLE 80 MG (acetaminophen)	Common Formulary	
CHILDREN'S PAIN RELIEF ORAL SUSPENSION 160 MG/5 ML (acetaminophen)	Common Formulary	
CHILDREN'S PAIN RELIEVER ORAL SUSPENSION 160 MG/5 ML (acetaminophen)	Common Formulary	
CHILDREN'S PAIN-FEVER RELIEF ORAL SUSPENSION 160 MG/5 ML (acetaminophen)	Common Formulary	
ED-APAP ORAL LIQUID 160 MG/5 ML (acetaminophen)	Common Formulary	
FEVERALL RECTAL SUPPOSITORY 120 MG, 325 MG, 650 MG (acetaminophen)	Common Formulary	
INFANT PAIN RELIEVER ORAL SUSPENSION 160 MG/5 ML (acetaminophen)	Common Formulary	
INFANT'S ACETAMINOPHEN ORAL SUSPENSION 160 MG/5 ML (acetaminophen)	Common Formulary	
INFANTS' PAIN AND FEVER ORAL SUSPENSION 160 MG/5 ML (acetaminophen)	Common Formulary	
MAPAP (ACETAMINOPHEN) ORAL CAPSULE 500 MG (acetaminophen)	Common Formulary	
M-PAP ORAL LIQUID 160 MG/5 ML (acetaminophen)	Common Formulary	
PAIN RELIEF (ACETAMINOPHEN) ORAL TABLET 325 MG, 500 MG (acetaminophen)	Common Formulary	
PAIN RELIEF (ACETAMINOPHEN) ORAL TABLET EXTENDED RELEASE 650 MG (acetaminophen)	Common Formulary	
PAIN RELIEF ES (ACETAMINOPHEN) ORAL TABLET 500 MG (acetaminophen)	Common Formulary	
PAIN RELIEVER (ACETAMINOPHEN) ORAL TABLET 325 MG, 500 MG (acetaminophen)	Common Formulary	
PAIN RELIEVER ES(ACETAMINOPHN) ORAL TABLET 500 MG (acetaminophen)	Common Formulary	
<b>Analgesics, Narcotic Agonist And Nsaid Combination</b>		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	PDL Non-Preferred	PA
SEGLENTIS ORAL TABLET 44-56 MG	PDL Non-Preferred	PA; QL (120 EA per 30 days); Age (Min 12 Years)
<b>Analgesics,Narcotics</b>		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine hcl)	PDL Non-Preferred	PA; QL (60 EA per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	PDL Non-Preferred	PA; QL (6 EA per 28 days)

Drug	Status	Notes
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	PDL Non-Preferred	PA; QL (15 ML per 30 days)
BUTRANS TRANSDERMAL PATCH (buprenorphine) WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	PDL Preferred	QL (6 EA per 28 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	PDL Preferred	QL (180 EA per 30 days); Age (Min 12 Years)
CONZIP ORAL CAPSULE,ER BIPHASE (tramadol) 24 HR 17-83 300 MG	PDL Non-Preferred	PA; Age (Min 12 Years)
CONZIP ORAL CAPSULE,ER BIPHASE (tramadol) 24 HR 25-75 100 MG, 200 MG	PDL Non-Preferred	PA; Age (Min 12 Years)
DILAUDID ORAL LIQUID 1 MG/ML (hydromorphone)	PDL Non-Preferred	PA; QL (120 ML per 30 days)
DILAUDID ORAL TABLET 2 MG (hydromorphone)	PDL Non-Preferred	PA; QL (180 EA per 30 days)
DILAUDID ORAL TABLET 4 MG (hydromorphone)	PDL Non-Preferred	PA; QL (135 EA per 30 days)
DILAUDID ORAL TABLET 8 MG (hydromorphone)	PDL Non-Preferred	PA; QL (67 EA per 30 days)
DISKETTS ORAL TABLET,SOLUBLE 40 MG (methadone)	PDL Non-Preferred	PA
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	PDL Non-Preferred	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal tablet, effervescent 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Fentora)	PDL Non-Preferred	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	PDL Preferred	QL (10 EA per 1 FILL)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	PDL Non-Preferred	PA; QL (10 EA per 1 FILL)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (fentanyl citrate)	PDL Non-Preferred	PA; QL (120 EA per 30 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	PDL Non-Preferred	PA
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (Hysingla ER)	PDL Non-Preferred	PA
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	PDL Preferred	QL (120 ML per 30 days)
<i>hydromorphone oral tablet 2 mg</i> (Dilaudid)	PDL Preferred	QL (180 EA per 30 days)
<i>hydromorphone oral tablet 4 mg</i> (Dilaudid)	PDL Preferred	QL (135 EA per 30 days)
<i>hydromorphone oral tablet 8 mg</i> (Dilaudid)	PDL Preferred	QL (67 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	PDL Non-Preferred	PA
<i>hydromorphone rectal suppository 3 mg</i>	PDL Non-Preferred	PA

Drug	Status	Notes
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (hydrocodone bitartrate)	PDL Non-Preferred	PA
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	PDL Non-Preferred	PA
<i>meperidine oral solution 50 mg/5 ml</i>	PDL Non-Preferred	PA; QL (240 ML per 30 days)
<i>meperidine oral tablet 50 mg</i>	PDL Non-Preferred	PA; QL (120 EA per 30 days)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML (methadone)	PDL Non-Preferred	PA
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	PDL Non-Preferred	PA
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	PDL Non-Preferred	PA
<i>methadone oral tablet 10 mg, 5 mg</i>	PDL Non-Preferred	PA
<i>methadone oral tablet,soluble 40 mg</i> (Diskets)	PDL Non-Preferred	PA
METHADOSE ORAL CONCENTRATE 10 MG/ML (methadone)	PDL Non-Preferred	PA
METHADOSE ORAL TABLET,SOLUBLE 40 MG (methadone)	PDL Non-Preferred	PA
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	PDL Preferred	QL (120 ML per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	PDL Non-Preferred	PA
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	PDL Non-Preferred	PA
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	PDL Preferred	QL (240 ML per 30 days)
<i>morphine oral tablet 15 mg</i>	PDL Preferred	QL (180 EA per 30 days)
<i>morphine oral tablet 30 mg</i>	PDL Preferred	QL (90 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> (MS Contin)	PDL Preferred	
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	PDL Preferred	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (morphine)	PDL Non-Preferred	PA
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	PDL Non-Preferred	PA
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	PDL Non-Preferred	PA
<i>oxycodone oral capsule 5 mg</i>	PDL Non-Preferred	PA; QL (90 EA per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	PDL Non-Preferred	PA; QL (90 ML per 30 days)

Drug	Status	Notes
<i>oxycodone oral solution 5 mg/5 ml</i>	PDL Preferred	QL (240 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	PDL Preferred	QL (90 EA per 30 days)
<i>oxycodone oral tablet 15 mg</i> (Roxicodone)	PDL Preferred	QL (90 EA per 30 days)
<i>oxycodone oral tablet 20 mg</i>	PDL Non-Preferred	PA; QL (90 EA per 30 days)
<i>oxycodone oral tablet 30 mg</i> (Roxicodone)	PDL Non-Preferred	PA; QL (60 EA per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg</i> (OxyContin)	PDL Non-Preferred	PA; QL (180 EA per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 20 mg</i> (OxyContin)	PDL Non-Preferred	PA; QL (90 EA per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 40 mg</i> (OxyContin)	PDL Non-Preferred	PA; QL (45 EA per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i> (OxyContin)	PDL Non-Preferred	PA; QL (22 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG (oxycodone)	PDL Non-Preferred	PA; QL (180 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG (oxycodone)	PDL Non-Preferred	PA; QL (120 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 20 MG (oxycodone)	PDL Non-Preferred	PA; QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 30 MG (oxycodone)	PDL Non-Preferred	PA; QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 40 MG (oxycodone)	PDL Non-Preferred	PA; QL (45 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 60 MG (oxycodone)	PDL Non-Preferred	PA; QL (30 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (oxycodone)	PDL Non-Preferred	PA; QL (22 EA per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	PDL Non-Preferred	PA; QL (90 EA per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	PDL Non-Preferred	PA; QL (120 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	PDL Non-Preferred	PA
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	PDL Non-Preferred	PA
QDOLO ORAL SOLUTION 5 MG/ML (tramadol)	PDL Non-Preferred	PA; QL (2400 ML per 1 day); Age (Min 12 Years)
ROXICODONE ORAL TABLET 15 MG (oxycodone)	PDL Non-Preferred	PA; QL (90 EA per 30 days)
ROXICODONE ORAL TABLET 30 MG (oxycodone)	PDL Non-Preferred	PA; QL (60 EA per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 5 MG	PDL Non-Preferred	PA; QL (90 EA per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 30 MG	PDL Non-Preferred	PA; QL (60 EA per 30 days)

Drug	Status	Notes
<i>tramadol oral capsule,er biphasic 24 hr</i> (ConZip) 17-83 300 mg	PDL Non-Preferred	PA; Age (Min 12 Years)
<i>tramadol oral capsule,er biphasic 24 hr</i> (ConZip) 25-75 100 mg, 200 mg	PDL Non-Preferred	PA; Age (Min 12 Years)
<i>tramadol oral solution 5 mg/ml</i> (Qdolo)	PDL Non-Preferred	PA; Age (Min 12 Years)
<i>tramadol oral tablet 100 mg, 50 mg</i>	PDL Preferred	Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr</i> 100 mg, 200 mg, 300 mg	PDL Preferred	Age (Min 12 Years)
<i>tramadol oral tablet, er multiphasic 24 hr</i> 100 mg, 200 mg, 300 mg	PDL Preferred	Age (Min 12 Years)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	PDL Non-Preferred	PA; QL (60 EA per 30 days)
<b>Antimigraine Preparations</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	PDL Preferred	PA; QL (1 ML per 30 days); Age (Min 18 Years)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	PDL Preferred	PA; QL (2 ML per 30 days); Age (Min 18 Years)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	PDL Preferred	PA; QL (4.5 ML per 90 days); Age (Min 18 Years)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	PDL Preferred	PA; QL (4.5 ML per 90 days); Age (Min 18 Years)
<i>almotriptan malate oral tablet 12.5 mg,</i> <i>6.25 mg</i>	PDL Non-Preferred	PA; QL (9 EA per 1 FILL)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	PDL Non-Preferred	PA; QL (12 EA per 1 FILL)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	PDL Non-Preferred	PA; QL (67.2 ML per 30 days); Age (Min 18 Years)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	PDL Preferred	PA; QL (1 ML per 30 days); Age (Min 18 Years)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	PDL Preferred	PA; QL (1 ML per 30 days); Age (Min 18 Years)
FROVA ORAL TABLET 2.5 MG (frovatriptan)	PDL Non-Preferred	PA; QL (18 EA per 1 FILL)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	PDL Non-Preferred	PA; QL (18 EA per 1 FILL)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (sumatriptan succinate)	PDL Non-Preferred	PA; QL (18 EA per 1 FILL)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML (sumatriptan succinate)	PDL Non-Preferred	PA; QL (4 ML per 1 FILL)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML (sumatriptan succinate)	PDL Non-Preferred	PA; QL (4 ML per 1 FILL)
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5 ML (sumatriptan succinate)	PDL Non-Preferred	PA; QL (2 ML per 1 FILL)
MAXALT ORAL TABLET 10 MG (rizatriptan)	PDL Non-Preferred	PA; QL (18 EA per 1 FILL)



Drug	Status	Notes
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG (rizatriptan)	PDL Non-Preferred	PA; QL (18 EA per 1 FILL)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	PDL Non-Preferred	PA; QL (9 EA per 1 FILL)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	PDL Preferred	PA; QL (54 EA per 90 days); Age (Min 18 Years)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	PDL Non-Preferred	PA; QL (90 EA per 90 days); Age (Min 18 Years)
RELPAK ORAL TABLET 20 MG, 40 MG (eletriptan)	PDL Non-Preferred	PA; QL (12 EA per 1 FILL)
REYVOW ORAL TABLET 100 MG, 50 MG	PDL Non-Preferred	PA; QL (8 EA per 30 days); Age (Min 18 Years)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	PDL Preferred	QL (18 EA per 1 FILL)
<i>rizatriptan oral tablet 5 mg</i>	PDL Preferred	QL (18 EA per 1 FILL)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	PDL Preferred	QL (18 EA per 1 FILL)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	PDL Preferred	QL (18 EA per 1 FILL)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	PDL Non-Preferred	PA; QL (6 EA per 1 FILL)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)	PDL Preferred	QL (18 EA per 1 FILL)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	PDL Preferred	QL (4 ML per 1 FILL)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	PDL Preferred	QL (4 ML per 1 FILL)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	PDL Preferred	QL (2 ML per 1 FILL)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	PDL Preferred	QL (4 ML per 1 FILL)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i> (Treximet)	PDL Non-Preferred	PA
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	PDL Non-Preferred	PA; QL (6 EA per 1 FILL)
UBRELVY ORAL TABLET 100 MG, 50 MG	PDL Non-Preferred	PA; QL (16 EA per 30 days); Age (Min 18 Years)
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	PDL Non-Preferred	PA; QL (8 EA per 30 days); Age (Min 18 Years)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	PDL Non-Preferred	PA
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i> (Zomig)	PDL Non-Preferred	PA
<i>zolmitriptan oral tablet 2.5 mg</i> (Zomig)	PDL Non-Preferred	PA; QL (12 EA per 1 FILL)
<i>zolmitriptan oral tablet 5 mg</i> (Zomig)	PDL Non-Preferred	PA; QL (12 EA per 1 day)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	PDL Non-Preferred	PA; QL (12 EA per 1 FILL)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG, 5 MG (zolmitriptan)	PDL Non-Preferred	PA
ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)	PDL Non-Preferred	PA; QL (12 EA per 1 FILL)

Drug	Status	Notes
<b>Calcitonin Gene-Related Peptide (Cgrp) Inhibitors</b>		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	PDL Preferred	PA; QL (3 ML per 30 days); Age (Min 18 Years)
<b>Narc. &amp; Non-Sal. Analgesic, Barbiturate &amp; Xanthine Comb</b>		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	PDL Non-Preferred	PA; Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	PDL Non-Preferred	PA; Age (Min 12 Years)
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG (butalbital-acetaminop-caf-cod)	PDL Non-Preferred	PA; Age (Min 12 Years)
<b>Narcotic &amp; Salicylate Analgesics, Barb. &amp; Xanthine</b>		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-butalbital-asa-caff)	PDL Non-Preferred	PA; Age (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	PDL Non-Preferred	PA; Age (Min 12 Years)
<b>Narcotic Analgesic &amp; Non-Salicylate Analgesic Comb</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	PDL Preferred	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	PDL Preferred	Age (Min 12 Years)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone-acetaminophen)	PDL Non-Preferred	PA
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i> (Apadaz)	PDL Non-Preferred	PA
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	PDL Preferred	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	PDL Preferred	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	PDL Preferred	
NALOCET ORAL TABLET 2.5-300 MG (oxycodone-acetaminophen)	PDL Non-Preferred	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	PDL Preferred	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	PDL Preferred	
PROLATE ORAL SOLUTION 10-300 MG/5 ML (oxycodone-acetaminophen)	PDL Non-Preferred	PA
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	PDL Preferred	Age (Min 12 Years)
<b>Narcotic Analgesic, Non-Salicylate, Xanthine Comb</b>		

Drug	Status	Notes
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i> (Trezix)	PDL Non-Preferred	PA
<b>Narcotic Withdrawal Therapy Agents</b>		
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (buprenorphine-naloxone)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Nsaid Analgesic &amp; Non-Salicylate Analgesic Combos</b>		
DUAL ACTION PAIN RELIEVER ORAL TABLET 125-250 MG (ibuprofen-acetaminophen)	PDL Non-Preferred	PA
<i>ibuprofen-acetaminophen oral tablet 125-250 mg</i> (Dual Action Pain Reliever)	PDL Non-Preferred	PA
<b>Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist</b>		
LUCEMYRA ORAL TABLET 0.18 MG	PDL Preferred	
<b>Parkinsons Disease</b>		
<b>Antiparkinsonism Drugs, Anticholinergic</b>		
<i>benztropine injection solution 1 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Antiparkinsonism Drugs,Other</b>		
<i>amantadine hcl oral capsule 100 mg</i>	PDL Preferred	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	PDL Preferred	
<i>amantadine hcl oral tablet 100 mg</i>	PDL Non-Preferred	PA
AZILECT ORAL TABLET 0.5 MG, 1 MG (rasagiline)	PDL Non-Preferred	PA; Age (Min 18 Years)
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	PDL Non-Preferred	PA
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	PDL Non-Preferred	PA
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	PDL Preferred	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	PDL Preferred	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	PDL Preferred	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	PDL Preferred	
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	PDL Non-Preferred	PA
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	PDL Non-Preferred	PA
DHIVY ORAL TABLET 25-100 MG (carbidopa-levodopa)	PDL Non-Preferred	PA
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	PDL Non-Preferred	PA
<i>entacapone oral tablet 200 mg</i>	PDL Preferred	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG	PDL Non-Preferred	PA
INBRIJA INHALATION CAPSULE 42 MG	PDL Non-Preferred	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	PDL Non-Preferred	PA
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (pramipexole)	PDL Non-Preferred	PA

Drug	Status	Notes
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	PDL Non-Preferred	PA; QL (30 EA per 30 days)
NOURIANZ ORAL TABLET 20 MG, 40 MG	PDL Non-Preferred	PA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	PDL Non-Preferred	PA
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1)	PDL Non-Preferred	PA
PARLODEL ORAL CAPSULE 5 MG (bromocriptine)	PDL Non-Preferred	PA
PARLODEL ORAL TABLET 2.5 MG (bromocriptine)	PDL Non-Preferred	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	PDL Preferred	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i> (Mirapex ER)	PDL Non-Preferred	PA
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	PDL Preferred	Age (Min 18 Years)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	PDL Preferred	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	PDL Non-Preferred	PA
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	PDL Non-Preferred	PA
<i>selegiline hcl oral capsule 5 mg</i>	PDL Non-Preferred	PA
<i>selegiline hcl oral tablet 5 mg</i>	PDL Non-Preferred	PA
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (carbidopa-levodopa)	PDL Non-Preferred	PA
TASMAR ORAL TABLET 100 MG (tolcapone)	PDL Non-Preferred	PA
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	PDL Non-Preferred	PA
XADAGO ORAL TABLET 100 MG, 50 MG	PDL Non-Preferred	PA
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	PDL Non-Preferred	PA
<b>Decarboxylase Inhibitors</b>		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	PDL Non-Preferred	PA
LODOSYN ORAL TABLET 25 MG (carbidopa)	PDL Non-Preferred	PA
<b>Seizure Disorder</b>		
<b>Anticonvulsant - Benzodiazepine Type</b>		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
clobazam oral tablet 10 mg, 20 mg (Onfi)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg (Klonopin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Anticonvulsant - Cannabinoid Type</b>		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Anticonvulsants</b>		
ACTIVE-PAC KIT, GEL AND CAPSULE 300-4-1 MG-%-%	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
BANZEL ORAL TABLET 200 MG, 400 MG (rufinamide)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
BRIVIACT ORAL SOLUTION 10 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>carbamazepine oral tablet, chewable 100 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CELONTIN ORAL CAPSULE 300 MG (methsuximide)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
CEREBYX INJECTION SOLUTION 100 MG PE/2 ML, 500 MG PE/10 ML (fosphenytoin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DILANTIN EXTENDED ORAL CAPSULE 100 MG (phenytoin sodium extended)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG (phenytoin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DILANTIN ORAL CAPSULE 30 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID



Drug	Status	Notes
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 1,500 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
EPITOL ORAL TABLET 200 MG (carbamazepine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
EPRONTIA ORAL SOLUTION 25 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>felbamate oral suspension 600 mg/5 ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FELBATOL ORAL TABLET 400 MG, 600 MG (felbamate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KEPPRA INTRAVENOUS SOLUTION 500 MG/5 ML (levetiracetam)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KEPPRA ORAL SOLUTION 100 MG/ML (levetiracetam)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG (levetiracetam)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG (levetiracetam)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG (lamotrigine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7) (lamotrigine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14) (lamotrigine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
LAMICTAL ODT STARTER (ORANGE) (lamotrigine) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LAMICTAL ORAL TABLET, CHEWABLE (lamotrigine) DISPERSIBLE 25 MG, 5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LAMICTAL STARTER (BLUE) KIT (lamotrigine) ORAL TABLETS,DOSE PACK 25 MG (35)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LAMICTAL STARTER (GREEN) KIT (lamotrigine) ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LAMICTAL STARTER (ORANGE) KIT (lamotrigine) ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LAMICTAL XR ORAL TABLET (lamotrigine) EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LAMICTAL XR STARTER (BLUE) ORAL (lamotrigine) TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LAMICTAL XR STARTER (GREEN) (lamotrigine) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LAMICTAL XR STARTER (ORANGE) (lamotrigine) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lamotrigine oral tablet 100 mg, 150 mg,</i> (Lamictal) <i>200 mg, 25 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lamotrigine oral tablet disintegrating,</i> (Lamictal ODT Starter <i>dose pk 25 mg (21) -50 mg (7)</i> (Blue))	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lamotrigine oral tablet disintegrating,</i> (Lamictal ODT Starter <i>dose pk 25 mg(14)-50 mg (14)-100 mg</i> (Orange)) <i>(7)</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i> (Lamictal Starter (Blue) Kit)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i> (Lamictal Starter (Orange) Kit)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i> (Lamictal Starter (Green) Kit)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 250 mg/50 ml, 500 mg/100 ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>methsuximide oral capsule 300 mg</i> (Celontin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
MYSOLINE ORAL TABLET 250 MG, 50 MG (primidone)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (gabapentin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NEURONTIN ORAL SOLUTION 250 MG/5 ML (gabapentin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NEURONTIN ORAL TABLET 600 MG, 800 MG (gabapentin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>phenytoin oral suspension 100 mg/4 ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>primidone oral tablet 125 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (topiramate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ROWEEPRA ORAL TABLET 500 MG (levetiracetam)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG (levetiracetam)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>rufinamide oral tablet 200 mg, 400 mg</i> (Banzel)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SABRIL ORAL POWDER IN PACKET 500 MG (vigabatrin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SABRIL ORAL TABLET 500 MG (vigabatrin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) (lamotrigine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (lamotrigine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) (lamotrigine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (carbamazepine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG (topiramate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (topiramate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Trokendi XR)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML) (oxcarbazepine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (oxcarbazepine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG (topiramate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>valproic acid oral capsule 250 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>vigabatrin oral powder in packet 500 mg</i> (Sabril)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID



Drug	Status	Notes
VIGADRONE ORAL POWDER IN PACKET 500 MG (vigabatrin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VIGADRONE ORAL TABLET 500 MG (vigabatrin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VIGPODER ORAL POWDER IN PACKET 500 MG (vigabatrin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML (lacosamide)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (lacosamide)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZARONTIN ORAL CAPSULE 250 MG (ethosuximide)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZARONTIN ORAL SOLUTION 250 MG/5 ML (ethosuximide)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (zonisamide)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>zonisamide oral capsule 50 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Neuroactive Steroid Gaba-A Receptor Modulator</b>		
ZTALMY ORAL SUSPENSION 50 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Skeletal Muscle Disorder</b>		
<b>Retinoic Acid Receptor (Rar) Agonists</b>		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Skeletal Muscle Relaxants</b>		
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 15 MG, 30 MG (cyclobenzaprine)	PDL Non-Preferred	PA
<i>baclofen oral solution 5 mg/5 ml</i> (Ozobax)	PDL Preferred	PA
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i> (Fleqsuvy)	PDL Non-Preferred	PA
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	PDL Preferred	
<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	PDL Non-Preferred	PA
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i> (Lorzone)	PDL Non-Preferred	PA
<i>cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg</i> (Amrix)	PDL Non-Preferred	PA
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	PDL Preferred	
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	PDL Preferred	
DANTRIUM ORAL CAPSULE 25 MG (dantrolene)	PDL Non-Preferred	PA
<i>dantrolene oral capsule 100 mg, 50 mg</i>	PDL Non-Preferred	PA
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	PDL Non-Preferred	PA
FEXMID ORAL TABLET 7.5 MG (cyclobenzaprine)	PDL Non-Preferred	PA
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML) (baclofen)	PDL Non-Preferred	PA
LORZONE ORAL TABLET 375 MG, 750 MG (chlorzoxazone)	PDL Non-Preferred	PA

Drug	Status	Notes
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG	PDL Non-Preferred	PA
<i>metaxalone oral tablet 400 mg, 800 mg</i>	PDL Non-Preferred	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	PDL Preferred	
NORGESIC FORTE ORAL TABLET 50-770-60 MG (orphenadrine-asa-caffeine)	PDL Non-Preferred	PA
NORGESIC ORAL TABLET 25-385-30 MG (orphenadrine-asa-caffeine)	PDL Non-Preferred	PA
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	PDL Preferred	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> (Norgesic)	PDL Non-Preferred	PA
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	PDL Non-Preferred	PA
<i>tizanidine oral tablet 2 mg</i>	PDL Preferred	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	PDL Preferred	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (tizanidine)	PDL Non-Preferred	PA
ZANAFLEX ORAL TABLET 4 MG (tizanidine)	PDL Non-Preferred	PA
<b>Smoking Cessation</b>		
<b>Smoking Deterrent Agents (Ganglionic Stim,Others)</b>		
<i>nicotine (polacrilex) buccal gum 2 mg</i> (Nicorette)	Common Formulary	QL (30 EA per 1 day)
<i>nicotine (polacrilex) buccal gum 4 mg</i> (Nicorette)	Common Formulary	QL (24 EA per 1 day)
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i> (Nicorette)	Common Formulary	QL (20 EA per 1 day)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)	Common Formulary	QL (20 EA per 1 day)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ)	Common Formulary	QL (1 EA per 1 day)
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	Common Formulary	QL (1 EA per 1 day)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	Common Formulary	QL (40 ML per 30 days)
<b>Smoking Deterrent-Nicotinic Recept.Partial Agonist</b>		
<i>varenicline oral tablet 0.5 mg</i>	Common Formulary	MAXIMUM TWO 12 WEEK COURSES OF THERAPY PER YEAR; QL (2 EA per 1 day)
<i>varenicline oral tablet 1 mg</i> (Chantix)	Common Formulary	MAXIMUM TWO 12 WEEK COURSES OF THERAPY PER YEAR; QL (2 EA per 1 day)

Drug	Status	Notes
<i>varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	Common Formulary	MAXIMUM TWO 12 WEEK COURSES OF THERAPY PER YEAR; QL (2 EA per 1 day)
<b>Smoking Deterrents, Other</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Common Formulary	QL (2 EA per 1 day)
<b>Upper Gastrointestinal Disorders - Digestive</b>		
<b>Antiflatulents</b>		
GAS RELIEF (SIMETHICONE) ORAL TABLET,CHEWABLE 80 MG (simethicone)	Common Formulary	
GAS RELIEF 80 (SIMETHICONE) ORAL TABLET,CHEWABLE 80 MG (simethicone)	Common Formulary	
GAS RELIEF EXTRA STRENGTH ORAL TABLET,CHEWABLE 125 MG (simethicone)	Common Formulary	
INFANTS GAS RELIEF ORAL DROPS,SUSPENSION 40 MG/0.6 ML (simethicone)	Common Formulary	
INFANTS SIMETHICONE ORAL DROPS,SUSPENSION 40 MG/0.6 ML (simethicone)	Common Formulary	
<i>simethicone oral tablet,chewable 125 mg</i> (Gas Relief Extra Strength)	Common Formulary	
<i>simethicone oral tablet,chewable 80 mg</i> (Gas Relief (simethicone))	Common Formulary	
<b>Gastric Enzymes</b>		
ANTI-GAS ORAL CAPSULE 600 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
BEANAID ORAL CAPSULE 300 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
BEANO ORAL TABLET 400 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
BEANO ORAL TABLET,DISINTEGRATING 450 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DAIRY AID ORAL TABLET,CHEWABLE 3,000 UNIT (lactase)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DAIRY DIGESTIVE ORAL TABLET 9,000 UNIT (lactase)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
DAIRY DIGESTIVE ORAL TABLET,CHEWABLE 9,000 UNIT (lactase)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DAIRY RELIEF ORAL TABLET 3,000 UNIT, 9,000 UNIT (lactase)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DAIRY RELIEF ORAL TABLET 4,500 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DAIRY RELIEF ORAL TABLET,CHEWABLE 9,000 UNIT (lactase)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DAIRY-AID ORAL TABLET 3,000 UNIT (lactase)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DIGESTIVE ENZYME (ACIDOPH,PEC) ORAL TABLET 50 MILLION CELL-100 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DIGESTIVE ENZYMES(MAL,LAC,INV) ORAL CAPSULE 220 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ENZYMATIC DIGESTANT ORAL TABLET (digestive enzymes)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ENZYME DIGEST ORAL CAPSULE (digestive enzymes)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
GAS RELIEF-PREVENTION ORAL CAPSULE 600 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
GASTRACID ORAL CAPSULE 100-350-300-20 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LACTAID FAST ACT ORAL TABLET 9,000 UNIT (lactase)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LACTAID FAST ACT ORAL TABLET,CHEWABLE 9,000 UNIT (lactase)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
LACTAID ORAL TABLET 3,000 UNIT (lactase)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LACTASE FAST ACTING ORAL TABLET 9,000 UNIT (lactase)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LACTASE FAST ACTING ORAL TABLET,CHEWABLE 9,000 UNIT (lactase)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lactase oral tablet 3,000 unit</i> (Dairy Relief)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lactase oral tablet 9,000 unit</i> (Dairy Digestive)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LACTOSE FAST ACTING RELIEF ORAL TABLET 9,000 UNIT (lactase)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SUPERIOR DIGESTIVE ENZYME ORAL CAPSULE	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
XYMOZYME ORAL CAPSULE (digestive enzymes)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Pancreatic Enzymes</b>		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	PDL Preferred	PA
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	PDL Non-Preferred	PA
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT	PDL Non-Preferred	PA

Drug	Status	Notes
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, 60,000-189,600- 252,600 UNIT	PDL Preferred	PA
<b>Upper Gastrointestinal Disorders - Spastic Disease</b>		
<b>Anticholinergics/Antispasmodics</b>		
<i>dicyclomine oral capsule 10 mg</i>	Common Formulary	Age (Max 64 Years)
<i>dicyclomine oral solution 10 mg/5 ml</i>	Common Formulary	
<i>dicyclomine oral tablet 20 mg</i>	Common Formulary	Age (Max 64 Years)
<b>Belladonna Alkaloids</b>		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Common Formulary	Age (Max 64 Years)
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne)	Common Formulary	Age (Max 64 Years)
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne)	Common Formulary	Age (Max 64 Years)
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	Common Formulary	Age (Max 64 Years)
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)	Common Formulary	Age (Max 64 Years)
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i> (Ed-Spaz)	Common Formulary	Age (Max 64 Years)
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)	Common Formulary	Age (Max 64 Years)
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)	Common Formulary	Age (Max 64 Years)
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)	Common Formulary	Age (Max 64 Years)
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Common Formulary	Age (Max 64 Years)
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Common Formulary	Age (Max 64 Years)
<b>Upper Gastrointestinal Disorders - Ulcer Disease</b>		
<b>Antacids</b>		
ACID GONE ANTACID ORAL SUSPENSION 95-358 MG/15 ML	Common Formulary	
ADVANCED ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML, 400-400-40 MG/5 ML (alum-mag hydroxide-simeth)	Common Formulary	

Drug		Status	Notes
ALMACONE-2 ORAL SUSPENSION 400-400-40 MG/5 ML	(alum-mag hydroxide-simeth)	Common Formulary	
<i>aluminum hydroxide gel oral suspension 320 mg/5 ml</i>		Common Formulary	
<i>alum-mag hydroxide-simeth oral suspension 200-200-20 mg/5 ml</i>	(Advanced Antacid-Antigas)	Common Formulary	
ANTACID (CALCIUM CARBONATE) ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG)	(calcium carbonate)	Common Formulary	
ANTACID ANTI-GAS ORAL SUSPENSION 400-400-40 MG/5 ML	(alum-mag hydroxide-simeth)	Common Formulary	
ANTACID EXT STR (CALCIUM CARB) ORAL TABLET,CHEWABLE 300 MG (750 MG)	(calcium carbonate)	Common Formulary	
ANTACID EXTRA-STRENGTH ORAL TABLET,CHEWABLE 300 MG (750 MG)	(calcium carbonate)	Common Formulary	
ANTACID MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML	(alum-mag hydroxide-simeth)	Common Formulary	
ANTACID REGULAR STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML	(alum-mag hydroxide-simeth)	Common Formulary	
ANTACID ULTRA STRENGTH ORAL TABLET,CHEWABLE 400 MG CALCIUM (1,000 MG)	(calcium carbonate)	Common Formulary	
ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML, 400-400-40 MG/5 ML	(alum-mag hydroxide-simeth)	Common Formulary	
CALCIUM ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG), 300 MG (750 MG)	(calcium carbonate)	Common Formulary	
CAL-GEST ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG)	(calcium carbonate)	Common Formulary	
MAG-AL PLUS EXTRA STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML	(alum-mag hydroxide-simeth)	Common Formulary	
MAG-AL PLUS ORAL SUSPENSION 200-200-20 MG/5 ML	(alum-mag hydroxide-simeth)	Common Formulary	
MINTOX MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML	(alum-mag hydroxide-simeth)	Common Formulary	
SMOOTH ANTACID ORAL TABLET,CHEWABLE 300 MG (750 MG)	(calcium carbonate)	Common Formulary	
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>		Common Formulary	
<b>Anticholinergics,Quaternary Ammonium</b>			
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	(Cuvposa)	Common Formulary	Age (Max 12 Years)



Drug	Status	Notes
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	Common Formulary	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	Common Formulary	
<b>Anti-Ulcer Preparations</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	Common Formulary	QL (4 EA per 1 day)
<i>sucralfate oral tablet 1 gram</i> (Carafate)	Common Formulary	QL (4 EA per 1 day)
<b>Anti-Ulcer-H.Pylori Agents</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	PDL Non-Preferred	PA; QL (224 EA per 1 FILL)
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i> (Pylera)	PDL Non-Preferred	PA
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	PDL Non-Preferred	PA
PYLERA ORAL CAPSULE 140-125-125 MG (bismuth subcit k-metronidz-tcn)	PDL Preferred	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	PDL Non-Preferred	PA
<b>Histamine H2-Receptor Inhibitors</b>		
ACID REDUCER (FAMOTIDINE) ORAL TABLET 10 MG, 20 MG (famotidine)	Common Formulary	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Common Formulary	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Common Formulary	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Common Formulary	QL (5 ML per 1 day)
<i>famotidine oral tablet 10 mg, 20 mg</i> (Acid Reducer (famotidine))	Common Formulary	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	Common Formulary	
HEARTBURN RELIEF (FAMOTIDINE) ORAL TABLET 10 MG, 20 MG (famotidine)	Common Formulary	
<b>Intestinal Motility Stimulants</b>		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Common Formulary	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	Common Formulary	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	PDL Non-Preferred	PA
<b>Proton-Pump Inhibitors</b>		
ACID REDUCER (LANSOPRAZOLE) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG (lansoprazole)	PDL Non-Preferred	PA

Drug	Status	Notes
ACID REDUCER (OMEPRAZOLE) (omeprazole magnesium) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	PDL Non-Preferred	PA
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG (rabeprazole)	PDL Non-Preferred	PA
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG (rabeprazole)	PDL Non-Preferred	PA
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG	PDL Non-Preferred	PA
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG (dexlansoprazole)	PDL Non-Preferred	PA
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i> (Dexilant)	PDL Non-Preferred	PA
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i> (Nexium)	PDL Non-Preferred	PA
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i> (Nexium Packet)	PDL Non-Preferred	PA; QL (2 EA per 1 day)
<i>esomeprazole magnesium oral tablet,delayed release (dr/ec) 20 mg</i> (Nexium 24HR)	PDL Non-Preferred	PA
KONVOMEF ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	PDL Non-Preferred	PA
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	PDL Non-Preferred	PA
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i> (Prevacid)	PDL Non-Preferred	PA
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)	PDL Non-Preferred	PA
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 40 MG (esomeprazole magnesium)	PDL Non-Preferred	PA
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG, 40 MG (esomeprazole magnesium)	PDL Preferred	QL (2 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	PDL Preferred	QL (2 EA per 1 day)
<i>omeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> (Acid Reducer (omeprazole))	PDL Non-Preferred	PA
<i>omeprazole magnesium oral tablet,delayed release (dr/ec) 20 mg</i> (Prilosec OTC)	PDL Non-Preferred	PA
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	PDL Preferred	QL (2 EA per 1 day)
<i>omeprazole oral tablet,delayed release (dr/ec) 20 mg</i>	PDL Non-Preferred	PA
<i>omeprazole oral tablet,disintegrat, delay rel 20 mg</i>	PDL Non-Preferred	PA
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg- gram</i> (Zegerid)	PDL Non-Preferred	PA

Drug	Status	Notes
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i> (Zegerid)	PDL Non-Preferred	PA
<i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)	PDL Non-Preferred	PA; QL (2 EA per 1 day)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	PDL Preferred	QL (2 EA per 1 day)
PREVACID 24HR ORAL CAPSULE, DELAYED RELEASE (DR/EC) 15 MG (lansoprazole)	PDL Non-Preferred	PA
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG (lansoprazole)	PDL Non-Preferred	PA
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG, 30 MG (lansoprazole)	PDL Non-Preferred	PA
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	PDL Non-Preferred	PA
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG (pantoprazole)	PDL Preferred	QL (2 EA per 1 day)
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG (pantoprazole)	PDL Preferred	QL (2 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	PDL Non-Preferred	PA
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM, 40-1.1 MG-GRAM (omeprazole-sodium bicarbonate)	PDL Non-Preferred	PA
ZEGERID ORAL PACKET 20-1,680 MG, 40-1,680 MG (omeprazole-sodium bicarbonate)	PDL Non-Preferred	PA
<b>Urinary Tract - Functional Disorders</b>		
<b>Benign Prostatic Hypertrophy/Micturition Agents</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	PDL Preferred	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	PDL Preferred	
<i>finasteride oral tablet 5 mg</i> (Proscar)	PDL Preferred	
FLOMAX ORAL CAPSULE 0.4 MG (tamsulosin)	PDL Non-Preferred	PA
PROSCAR ORAL TABLET 5 MG (finasteride)	PDL Non-Preferred	PA
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (silodosin)	PDL Non-Preferred	PA
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	PDL Non-Preferred	PA
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	PDL Preferred	
<b>Bph Agents, 5-Alpha-Red Inh &amp; Alpha-1-Adr Antg Cmb</b>		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	PDL Non-Preferred	PA
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG (dutasteride-tamsulosin)	PDL Non-Preferred	PA
<b>Cystine-Depleting Agents, Nephropathic Cystinosis</b>		

Drug	Status	Notes
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Overactive Bladder Agents, Beta-3 Adrenergic Recep</b>		
GEMTESA ORAL TABLET 75 MG	PDL Non-Preferred	PA
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	PDL Non-Preferred	PA
MYRBETRIQ ORAL TABLET (mirabegron) EXTENDED RELEASE 24 HR 25 MG, 50 MG	PDL Non-Preferred	PA
<b>Polycystic Kidney Disease Agent, Avp Recep. Antag</b>		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Common Formulary	PA; QL (2 EA per 1 day); Age (Min 18 Years)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	Common Formulary	PA; QL (2 EA per 1 day); Age (Min 18 Years)
<b>Urinary Ph Modifiers</b>		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Common Formulary	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	Common Formulary	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	Common Formulary	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	Common Formulary	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	Common Formulary	
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i> (Cytra-K)	Common Formulary	
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i> (Cytra-2)	Common Formulary	
<b>Urinary Tract Analgesic Agents</b>		
ELMIRON ORAL CAPSULE 100 MG	Common Formulary	
<b>Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)</b>		

Drug	Status	Notes
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Common Formulary	
<b>Urinary Tract Antispasmodic, M(3) Selective Antag.</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	PDL Non-Preferred	PA
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	PDL Preferred	
VESICARE LS ORAL SUSPENSION 1 MG/ML	PDL Non-Preferred	PA
VESICARE ORAL TABLET 10 MG, 5 MG (solifenacin)	PDL Non-Preferred	PA
<b>Urinary Tract Antispasmodic/Antiincontinence Agent</b>		
DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG, 4 MG (tolterodine)	PDL Non-Preferred	PA
DETROL ORAL TABLET 1 MG, 2 MG (tolterodine)	PDL Non-Preferred	PA
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	PDL Non-Preferred	PA
<i>flavoxate oral tablet 100 mg</i>	PDL Non-Preferred	PA
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	PDL Non-Preferred	PA
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	PDL Preferred	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	PDL Preferred	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	PDL Preferred	
OXYTROL FOR WOMEN TRANSDERMAL PATCH 4 DAY 3.9 MG/24 HOUR	Common Formulary	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	PDL Non-Preferred	PA
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	PDL Non-Preferred	PA
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	PDL Non-Preferred	PA
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG (fesoterodine)	PDL Preferred	
<i>tropium oral capsule,extended release 24hr 60 mg</i>	PDL Non-Preferred	PA
<i>tropium oral tablet 20 mg</i>	PDL Non-Preferred	PA
<b>Vaginal Disorders</b>		
<b>Vaginal Antibiotics</b>		
CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate)	PDL Non-Preferred	PA
CLEOCIN VAGINAL SUPPOSITORY 100 MG	PDL Preferred	
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	PDL Preferred	

Drug	Status	Notes
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	PDL Preferred	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	PDL Preferred	Female Only
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	PDL Preferred	
VANDAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM) (metronidazole)	PDL Non-Preferred	PA; Female Only
XACIATO VAGINAL GEL 2 %	PDL Non-Preferred	PA
<b>Vaginal Antifungals</b>		
3-DAY VAGINAL VAGINAL CREAM 2 %	Common Formulary	Female Only
<i>clotrimazole vaginal cream 1 %</i> (Clotrimazole-7)	Common Formulary	Female Only
CLOTRIMAZOLE-3 VAGINAL CREAM 2 %	Common Formulary	Female Only
<i>miconazole nitrate vaginal cream 2 %</i> (Miconazole-7)	Common Formulary	
<i>miconazole nitrate vaginal suppository 100 mg</i> (Miconazole-7)	Common Formulary	Female Only
MICONAZOLE-3 VAGINAL KIT 200 MG-2 % (9 GRAM) (miconazole nitrate)	Common Formulary	Female Only
MICONAZOLE-7 VAGINAL CREAM 2 % (miconazole nitrate)	Common Formulary	
MICONAZOLE-7 VAGINAL SUPPOSITORY 100 MG (miconazole nitrate)	Common Formulary	Female Only
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Common Formulary	Female Only
<b>Vaginal Estrogen Preparations</b>		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Common Formulary	Female Only; QL (42.5 GM per 30 days)
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	Common Formulary	
YUVAFEM VAGINAL TABLET 10 MCG (estradiol)	Common Formulary	
<b>Vitamin And/Or Mineral Deficiency</b>		
<b>Calcium Replacement</b>		
CALCIUM 500 + D ORAL TABLET 500 MG-5 MCG (200 UNIT) (calcium carbonate-vitamin d3)	Common Formulary	
<i>calcium carbonate oral suspension 500 mg/5 ml (1,250 mg/5 ml)</i>	Common Formulary	
<i>calcium carbonate oral tablet 600 mg calcium (1,500 mg)</i> (Calcium 600)	Common Formulary	
<i>calcium carbonate-vitamin d3 oral tablet 250 mg-3.125 mcg (125 unit)</i> (Oyster Shell + D3)	Common Formulary	
<i>calcium carbonate-vitamin d3 oral tablet 500 mg-15 mcg (600 unit)</i> (Os-Cal 500 + D3)	Common Formulary	

Drug	Status	Notes
<i>calcium carbonate-vitamin d3 oral tablet 500 mg-5 mcg (200 unit)</i> (Calcium 500 + D)	Common Formulary	
<i>calcium carbonate-vitamin d3 oral tablet 600 mg-10 mcg (400 unit)</i> (Calcium 600 + D(3))	Common Formulary	
<i>calcium carbonate-vitamin d3 oral tablet 600 mg-20 mcg (800 unit)</i> (Caltrate with Vitamin D3)	Common Formulary	
<i>calcium citrate-vitamin d3 oral tablet 315 mg-6.25 mcg (250 unit)</i> (Citracal + D Maximum)	Common Formulary	
OYSCO 500/D ORAL TABLET 500 MG-5 MCG (200 UNIT) (calcium carbonate-vitamin d3)	Common Formulary	
OYSTER SHELL + D3 ORAL TABLET 250 MG-3.125 MCG (125 UNIT) (calcium carbonate-vitamin d3)	Common Formulary	
OYSTER SHELL CALCIUM 500 ORAL TABLET 500 MG CALCIUM (1,250 MG) (calcium carbonate)	Common Formulary	
OYSTER SHELL CALCIUM ORAL TABLET 500 MG CALCIUM (1,250 MG) (calcium carbonate)	Common Formulary	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG-5 MCG (200 UNIT) (calcium carbonate-vitamin d3)	Common Formulary	
<b>Fluoride Preparations</b>		
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Common Formulary	
DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))	Common Formulary	
<i>fluoride (sodium) dental cream 1.1 %</i> (Denta 5000 Plus)	Common Formulary	
<i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)	Common Formulary	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	Common Formulary	QL (4 ML per 1 day)
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 1 mg (2.2 mg sod. fluoride)</i> (Ludent Fluoride)	Common Formulary	QL (1 EA per 1 day); Age (Max 16 Years)
<i>fluoride (sodium) oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid)</i> (Ludent Fluoride)	Common Formulary	QL (1 EA per 1 day)
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Common Formulary	
<b>Folic Acid Preparations</b>		
<i>folic acid oral tablet 1 mg, 800 mcg</i>	Common Formulary	
<i>folic acid oral tablet 400 mcg</i>	Common Formulary	QL (1 EA per 1 day)
<b>Iron Replacement</b>		
FEOSOL ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Common Formulary	
FERATE ORAL TABLET 240 MG (27 MG IRON) (ferrous gluconate)	Common Formulary	
FEROSUL ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Common Formulary	

Drug	Status	Notes
FERRO-TIME ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Common Formulary	
<i>ferrous gluconate oral tablet 324 mg (38 mg iron)</i>	Common Formulary	
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i> (Fe-Vite)	Common Formulary	Age (Max 12 Years)
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	Common Formulary	Age (Max 12 Years)
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	Common Formulary	Age (Max 12 Years)
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	Common Formulary	Age (Max 12 Years)
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i> (Feosol)	Common Formulary	
<i>ferrous sulfate oral tablet, delayed release (dr/ec) 324 mg (65 mg iron), 325 mg (65 mg iron)</i>	Common Formulary	
IRON ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Common Formulary	
IRON ORAL TABLET EXTENDED RELEASE 159 MG (45 MG IRON)	Common Formulary	
<b>Magnesium Salts Replacement</b>		
BEELITH ORAL TABLET 362-20 MG	Common Formulary	
<i>magnesium chloride injection solution 200 mg/ml (20 %)</i>	Common Formulary	
<i>magnesium l-lactate oral tablet extended release 84 mg</i> (Magtab)	Common Formulary	
<i>magnesium oxide oral tablet 400 mg (241.3 mg magnesium)</i> (MagOx)	Common Formulary	
<i>magnesium oxide oral tablet 420 mg</i>	Common Formulary	
<i>magnesium oxide oral tablet 500 mg magnesium</i> (Phillips)	Common Formulary	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	Common Formulary	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	Common Formulary	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	Common Formulary	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	Common Formulary	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	Common Formulary	
NU-MAG ORAL TABLET, DELAYED RELEASE (DR/EC) 71.5 MG	Common Formulary	
<b>Multivitamin Preparations</b>		



Drug	Status	Notes
BACMIN ORAL TABLET 27 MG IRON- 1 MG	Common Formulary	
CENTRUM ORAL TABLET 18-400 MG-MCG	Common Formulary	
CERTAVITE SENIOR ORAL TABLET 0.4 MG-300 MCG- 250 MCG	Common Formulary	
CERTAVITE-ANTIOXIDANT ORAL TABLET 18-400 MG-MCG	Common Formulary	
CORVITE FREE ORAL TABLET 1.25-400-125-35 MG-MCG-MCG-MG	Common Formulary	
DAILY MULTI-VITAMIN ORAL TABLET (multivitamin)	Common Formulary	
ICAPS MV ORAL TABLET,DELAYED RELEASE (DR/EC) 100-1.66-0.83 MCG-MG-MG	Common Formulary	
MEGA MULTI FOR WOMEN ORAL TABLET 13.5-200-250 MG-MCG-MCG	Common Formulary	
MEGA MULTIVITAMIN FOR MEN ORAL TABLET 200-175-250 MCG	Common Formulary	
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG	Common Formulary	Female Only; QL (1 EA per 1 day); Age (Min 12 Years and Max 55 Years)
ONCOVITE ORAL TABLET (therapeutic multivitamin)	Common Formulary	
ONE DAILY MEN'S 50 PLUS MEMORY ORAL TABLET 400-600-120 MCG-MCG-MG	Common Formulary	
ONE DAILY ORAL TABLET 0.4-600 MG-MCG	Common Formulary	
ONE DAILY WOMEN'S HEALTH ORAL TABLET 18 MG IRON-400 MCG-450 MG CA	Common Formulary	
PRORENAL QD ORAL CAPSULE 400-500 MCG-UNIT	Common Formulary	
PROSIGHT ORAL TABLET 5,000-60-30 UNIT-MG-UNIT	Common Formulary	
STRESS FORMULA ORAL TABLET	Common Formulary	
STROVITE FORTE ORAL TABLET 10-1 MG	Common Formulary	
STROVITE ONE ORAL TABLET 1-1,000-15-5 MG-UNIT-MG-MG	Common Formulary	
TAB-A-VITE ORAL TABLET 400 MCG (multivitamin with folic acid)	Common Formulary	
THERA ORAL TABLET 400 MCG (multivitamin with folic acid)	Common Formulary	
<b>Pediatric Vitamin Preparations</b>		
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML	Common Formulary	QL (2 ML per 1 day); Age (Max 12 Years)

Drug	Status	Notes	
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML, 0.5 MG/ML	Common Formulary	QL (2 ML per 1 day); Age (Max 12 Years)	
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Common Formulary	QL (1 EA per 1 day); Age (Max 12 Years)	
TRI-VITE WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML	Common Formulary	QL (2 ML per 1 day); Age (Max 12 Years)	
TRI-VITE WITH FLUORIDE ORAL DROPS 0.5 MG FLUORIDE (1.1 MG)/ML	Common Formulary	QL (2 ML per 1 day); Age (Max 64 Years)	
<i>vit a palmitate-vit c-vit d3 oral drops 250</i> (Pedia Tri-Vite) <i>mcg-50 mg- 10 mcg/ml</i>	Common Formulary		
VITAMINS A,C,D AND FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML	Common Formulary	QL (2 ML per 1 day); Age (Max 12 Years)	
VITAMINS A,C,D AND FLUORIDE ORAL DROPS 0.5 MG FLUORIDE (1.1 MG)/ML	Common Formulary	QL (2 ML per 1 day); Age (Max 64 Years)	
<b>Prenatal Vitamin Preparations</b>			
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Common Formulary	Female Only; QL (1 EA per 1 day); Age (Min 12 Years and Max 55 Years)	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	Common Formulary	Female Only; QL (1 EA per 1 day); Age (Min 12 Years and Max 55 Years)
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	(pnv cmb#95-ferrous fumarate-fa)	Common Formulary	Female Only; QL (1 EA per 1 day); Age (Min 12 Years and Max 55 Years)
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	Common Formulary	Female Only; QL (1 EA per 1 day); Age (Min 12 Years and Max 55 Years)
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG	Common Formulary	Female Only; QL (1 EA per 1 day); Age (Min 12 Years and Max 55 Years)	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	Common Formulary	Female Only; QL (1 EA per 1 day); Age (Min 12 Years and Max 55 Years)	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	Common Formulary	Female Only; QL (1 EA per 1 day); Age (Min 12 Years and Max 55 Years)	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	Common Formulary	Female Only; QL (1 EA per 1 day); Age (Min 12 Years and Max 55 Years)	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	Common Formulary	Female Only; QL (1 EA per 1 day); Age (Min 12 Years and Max 55 Years)
<b>Vitamin B Preparations</b>			
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML	Common Formulary		

Drug	Status	Notes
BALANCE B-50 (WITH FOLIC ACID) ORAL TABLET 0.4 MG	Common Formulary	(vitamin b complex-folic acid)
<i>biotin oral tablet 5 mg</i>	Common Formulary	
DIALYVITE 3000 ORAL TABLET 3-70-15 MG-MCG-MG	Common Formulary	
DIALYVITE 5000 ORAL TABLET 5 MG	Common Formulary	
DIALYVITE 800 PLUS D ORAL TABLET,CHEWABLE 800 MCG- 2,000 UNIT	Common Formulary	
DIALYVITE 800 WITH ZINC 15 ORAL TABLET 0.8-15 MG	Common Formulary	
DIALYVITE 800 WITH ZINC 50 ORAL TABLET 0.8-50 MG	Common Formulary	
DIALYVITE 800-ULTRA D ORAL TABLET 0.8-2,000 MG-UNIT	Common Formulary	
DIALYVITE ORAL TABLET 1-100-300-50 MG-MG-MCG-MG, 100-1 MG	Common Formulary	
DIALYVITE SUPREME D ORAL TABLET 3-2,000 MG-UNIT	Common Formulary	
FOLTABS 800 ORAL TABLET 0.8-10-115 MG-MG-MCG	Common Formulary	
METAFOLBIC PLUS RF ORAL TABLET 6 MG-600 MG- 2 MG-90.314 MG	Common Formulary	(Imefol ca-acetyl-meb12-algal)
NEPHPLEX RX ORAL TABLET 1-60-300-12.5 MG-MG-MCG-MG	Common Formulary	
PRORENAL ORAL TABLET 8 MG IRON-800 MCG-1,000 UNIT	Common Formulary	
RENAL-VITE ORAL TABLET 0.8 MG	Common Formulary	
TRIPHROCAPS ORAL CAPSULE 1 MG	Common Formulary	
VIRT-CAPS ORAL CAPSULE 1 MG	Common Formulary	
VITAL-D RX ORAL TABLET 1,750-60-1-12.5 UNIT-MG-MG-MG	Common Formulary	
<i>vitamin b complex oral capsule</i>	Common Formulary	(Vitamins B Complex)
<i>vitamin b complex oral tablet</i>	Common Formulary	(B-Complex)
WESCAPS ORAL CAPSULE 1 MG	Common Formulary	
WESTAB MAX ORAL TABLET 2.5-25-2 MG	Common Formulary	(folic acid-vit b6-vit b12)
WESTAB ONE ORAL TABLET 2.5-25-1 MG	Common Formulary	(folic acid-vit b6-vit b12)
<b>Vitamin B12 Preparations</b>		

Drug	Status	Notes
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i> (Dodex)	Common Formulary	
DODEX INJECTION SOLUTION 1,000 MCG/ML (cyanocobalamin (vitamin b-12))	Common Formulary	
<b>Vitamin D Preparations</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	Common Formulary	QL (4 EA per 1 day)
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	Common Formulary	Age (Max 12 Years)
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)</i> (Decara)	Common Formulary	
<i>cholecalciferol (vitamin d3) oral capsule 10 mcg (400 unit), 25 mcg (1,000 unit)</i> (Vitamin D3)	Common Formulary	
<i>cholecalciferol (vitamin d3) oral capsule 125 mcg (5,000 unit)</i> (Dialyvite Vitamin D)	Common Formulary	
<i>cholecalciferol (vitamin d3) oral capsule 50 mcg (2,000 unit)</i> (D3-2000)	Common Formulary	
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)</i> (D-Vi-Sol)	Common Formulary	
<i>cholecalciferol (vitamin d3) oral tablet 1,250 mcg (50,000 unit)</i> (Dialyvite Vitamin D3 Max)	Common Formulary	
<i>cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i> (Vitamin D3)	Common Formulary	
DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT) (cholecalciferol (vitamin d3))	Common Formulary	
DIALYVITE VITAMIN D ORAL CAPSULE 125 MCG (5,000 UNIT) (cholecalciferol (vitamin d3))	Common Formulary	
DIALYVITE VITAMIN D3 MAX ORAL TABLET 1,250 MCG (50,000 UNIT) (cholecalciferol (vitamin d3))	Common Formulary	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> (Vitamin D2)	Common Formulary	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) (ergocalciferol (vitamin d2))	Common Formulary	
VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 25 MCG (1,000 UNIT), 50 MCG (2,000 UNIT) (cholecalciferol (vitamin d3))	Common Formulary	
WEEKLY-D ORAL CAPSULE 1,250 MCG (50,000 UNIT) (cholecalciferol (vitamin d3))	Common Formulary	
<b>Vitamin E Preparations</b>		
SOLUVITA-E ORAL DROPS 22.5 MG (50 UNIT)/ML (vitamin e (dl, acetate))	Common Formulary	
<i>vitamin e (dl, acetate) oral capsule 450 mg (1,000 unit)</i>	Common Formulary	
<i>vitamin e (dl, acetate) oral capsule 90 mg (200 unit)</i> (E-200)	Common Formulary	
<i>vitamin e (dl, acetate) oral drops 22.5 mg (50 unit)/ml</i> (SoluVita-E)	Common Formulary	
<b>Weight Reduction</b>		

Drug	Status	Notes
<b>Anorexic Agents</b>		
ADIPEX-P ORAL TABLET 37.5 MG (phentermine)	PDL Preferred	PA; Age (Min 18 Years)
<i>benzphetamine oral tablet 50 mg</i>	PDL Preferred	PA; Age (Min 18 Years)
<i>diethylpropion oral tablet 25 mg</i>	PDL Preferred	PA; Age (Min 18 Years)
<i>diethylpropion oral tablet extended release 75 mg</i>	PDL Preferred	PA; Age (Min 18 Years)
LOMAIRA ORAL TABLET 8 MG (phentermine)	PDL Preferred	PA; Age (Min 18 Years)
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	PDL Preferred	PA; Age (Min 18 Years)
<i>phendimetrazine tartrate oral tablet 35 mg</i>	PDL Preferred	PA; Age (Min 18 Years)
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	PDL Preferred	PA; Age (Min 18 Years)
<i>phentermine oral tablet 37.5 mg</i> (Adipex-P)	PDL Preferred	PA; Age (Min 18 Years)
<b>Anti-Obesity - Incretin Mimetics Combination</b>		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	PDL Preferred	PA; Age (Min 18 Years)
<b>Anti-Obesity - Melanocortin 4 Receptor Agonists</b>		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<b>Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist</b>		
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	PDL Preferred	PA; Age (Min 12 Years)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	PDL Preferred	PA; Age (Min 12 Years)
<b>Fat Absorption Decreasing Agents</b>		
XENICAL ORAL CAPSULE 120 MG (orlistat)	PDL Preferred	PA; Age (Min 12 Years)



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