



McLaren Medicaid Drug Formulary January 2023

Key	
*	Generic available, must use
Age	Age Limits
Carve Out	Coverage determined by FFS Medicaid (not covered by HMO)
Female Only	Only covered for Females
OTC	Over the Counter
PA	Prior Authorization
QL	Quantity Limit
SP	Specialty Pharmacy
ST	Step Therapy

MHPCC20190105

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Drug	Status	Notes
Allergy		
Allergenic Extracts, Therapeutics		
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Common Formulary	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Common Formulary	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Common Formulary	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Common Formulary	PA; SP
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Common Formulary	PA; SP
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Common Formulary	PA; SP
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Common Formulary	PA; SP
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Common Formulary	PA; SP
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Common Formulary	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Common Formulary	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Common Formulary	PA; SP
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Common Formulary	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Common Formulary	PA; SP
Antihistamines - 1St Generation		
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	
CHILDREN'S DIPHENHYDRAMINE ORAL LIQUID 12.5 MG/5 ML	(diphenhydramine hcl)	Common Formulary	
<i>chlorpheniramine maleate oral tablet 4 mg</i> (Aller-Chlor)		Common Formulary	
<i>chlorpheniramine maleate oral tablet extended release 12 mg</i>		Common Formulary	
<i>clemastine oral tablet 2.68 mg</i>		Common Formulary	
COMPLETE ALLERGY MEDICINE ORAL CAPSULE 25 MG	(diphenhydramine hcl)	Common Formulary	Age (Max 64 Years)
COMPLETE ALLERGY ORAL CAPSULE 25 MG	(diphenhydramine hcl)	Common Formulary	Age (Max 64 Years)
<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)
DAYHIST ALLERGY ORAL TABLET 1.34 MG	(clemastine)	Common Formulary	
DIPHEDRYL ORAL LIQUID 12.5 MG/5 ML	(diphenhydramine hcl)	Common Formulary	
DIPHENHIST ORAL CAPSULE 25 MG	(diphenhydramine hcl)	Common Formulary	Age (Max 64 Years)
<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)

Drug	Status	Notes
diphenhydramine hcl oral capsule 50 mg (Banophen)	Common Formulary	Age (Max 64 Years)
diphenhydramine hcl oral liquid 12.5 mg/5 ml	Common Formulary	
diphenhydramine hcl oral tablet 25 mg (Aller-G-Time)	Common Formulary	Age (Max 64 Years)
hydroxyzine hcl oral solution 10 mg/5 ml	PDL Preferred	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	PDL Preferred	
hydroxyzine pamoate oral capsule 100 mg	PDL Preferred	
hydroxyzine pamoate oral capsule 25 mg, 50 mg (Vistaril)	PDL Preferred	
M-DRYL ORAL LIQUID 12.5 MG/5 ML (diphenhydramine hcl)	Common Formulary	
PHARBECHLOR ORAL TABLET 4 MG (chlorpheniramine maleate)	Common Formulary	
PHARBEDRYL ORAL CAPSULE 25 MG, 50 MG (diphenhydramine hcl)	Common Formulary	Age (Max 64 Years)
promethazine oral syrup 6.25 mg/5 ml	Common Formulary	Age (Min 2 Years and Max 64 Years)
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Common Formulary	Age (Min 2 Years and Max 64 Years)
VISTARIL ORAL CAPSULE 25 MG, 50 MG (hydroxyzine pamoate)	PDL Non-Preferred	PA
Antihistamines - 2Nd Generation		
24HR ALLERGY RELIEF ORAL TABLET 5 MG (levocetirizine)	PDL Preferred	
ALAVERT ORAL TABLET,DISINTEGRATING 10 MG (loratadine)	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, 60 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 (LEVO CETIRIZIN) ORAL TABLET 5 MG (levocetirizine)	PDL Preferred	
ALLERGY RELIEF (LORATADINE) ORAL SOLUTION 5 MG/5 ML (loratadine)	PDL Preferred	

Drug	Status	Notes
ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG (loratadine)	PDL Preferred	
cetirizine oral solution 1 mg/ml (All Day Allergy (cetirizine))	PDL Preferred	
cetirizine oral solution 5 mg/5 ml	PDL Non-Preferred	PA
cetirizine oral tablet 10 mg (All Day Allergy (cetirizine))	PDL Preferred	
cetirizine oral tablet 5 mg (Allergy Relief (cetirizine))	PDL Preferred	
cetirizine oral tablet,chewable 10 mg, 5 mg (Children's Cetirizine)	PDL Non-Preferred	PA
CHILD ALLERGY RELF(CETIRIZINE) ORAL SOLUTION 1 MG/ML (cetirizine)	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	
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
CLARITIN ORAL TABLET 10 MG (loratadine)	PDL Preferred	
desloratadine oral tablet 5 mg (Clarinex)	PDL Non-Preferred	PA
desloratadine oral tablet,disintegrating 2.5 mg	PDL Non-Preferred	PA; Age (Max 11 Years)
desloratadine oral tablet,disintegrating 5 mg	PDL Non-Preferred	PA
fexofenadine oral tablet 180 mg, 60 mg (Aller-ease)	PDL Preferred	
levocetirizine oral solution 2.5 mg/5 ml (Xyzal)	PDL Non-Preferred	PA
levocetirizine oral tablet 5 mg (24HR Allergy Relief)	PDL Preferred	
loratadine oral solution 5 mg/5 ml (Allergy Relief (loratadine))	PDL Preferred	
loratadine oral tablet 10 mg (Allergy Relief (loratadine))	PDL Preferred	
loratadine oral tablet,disintegrating 10 mg (Alavert)	PDL Preferred	
Nasal Antihistamine		
azelastine nasal aerosol,spray 137 mcg (0.1 %)	PDL Preferred	
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	PDL Preferred	
olopatadine nasal spray,non-aerosol 0.6 % (Patanase)	PDL Non-Preferred	PA
PATANASE NASAL SPRAY,NON-AEROSOL 0.6 % (olopatadine)	PDL Non-Preferred	PA

Drug	Status	Notes
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray (Dymista)	PDL Non-Preferred	PA
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY (azelastine-fluticasone)	PDL Non-Preferred	PA
Nasal Anti-Inflammatory Steroids		
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
BECONASE AQ NASAL SPRAY,NON-AEROSOL 42 MCG (0.042 %)	PDL Non-Preferred	PA
budesonide nasal spray,non-aerosol 32 mcg/actuation	PDL Non-Preferred	PA
CHILDREN'S FLONASE ALLERGY RLF NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION (fluticasone propionate)	PDL Non-Preferred	PA
CHILDREN'S FLONASE SENSIIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION	PDL Non-Preferred	PA
FLONASE ALLERGY RELIEF NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION (fluticasone propionate)	PDL Non-Preferred	PA
FLONASE SENSIIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION	PDL Non-Preferred	PA
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	PDL Non-Preferred	PA
fluticasone propionate nasal spray,suspension 50 mcg/actuation (Allergy Relief (fluticasone))	PDL Preferred	
mometasone nasal spray,non-aerosol 50 mcg/actuation	PDL Non-Preferred	PA
NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG (triamcinolone acetonide)	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
triamcinolone acetonide nasal aerosol,spray 55 mcg (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
Nasal Mast Cell Stabilizers Agents		
cromolyn nasal spray,non-aerosol 5.2 mg/spray (4 %) (Nasalcrom)	Common Formulary	

Drug	Status	Notes
Antiemesis/Antivertigo		
Antiemetic, Cannabinoid-Type		
dronabinol oral capsule 10 mg (Marinol)	Common Formulary	
dronabinol oral capsule 2.5 mg, 5 mg (Marinol)	Common Formulary	PA
Antiemetic/Antivertigo Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	PDL Non-Preferred	PA; QL (1 EA per 1 FILL)
aprepitant oral capsule 125 mg, 40 mg	PDL Non-Preferred	PA; QL (1 EA per 1 FILL); Age (Min 12 Years)
aprepitant oral capsule 80 mg (Emend)	PDL Non-Preferred	PA; QL (2 EA per 1 FILL); Age (Min 12 Years)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2) (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)
dimenhydrinate oral tablet 50 mg (Driminate)	Common Formulary	
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)
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2) (aprepitant)	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)
gransetron hcl oral tablet 1 mg	PDL Preferred	QL (15 EA per 1 FILL)
meclizine oral tablet 12.5 mg	Common Formulary	
meclizine oral tablet 25 mg (Motion Sickness (meclizine))	Common Formulary	
meclizine oral tablet,chewable 25 mg (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	
ondansetron hcl oral solution 4 mg/5 ml	PDL Preferred	QL (75 ML per 1 FILL)
ondansetron hcl oral tablet 4 mg, 8 mg	PDL Preferred	QL (15 EA per 1 FILL)

Drug	Status	Notes	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	PDL Preferred	QL (15 EA per 1 FILL)	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Common Formulary	QL (4 EA per 1 day)	
<i>prochlorperazine rectal suppository 25 mg</i>	Common Formulary	QL (2 EA per 1 day)	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	Common Formulary	QL (120 EA per 30 days); Age (Min 2 Years and Max 64 Years)	
<i>promethazine rectal suppository 50 mg</i>	(Promethegan)	Common Formulary	QL (60 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)	
VARUBI ORAL TABLET 90 MG	PDL Non-Preferred	PA; QL (2 EA per 7 days)	
ZUPLENZ ORAL FILM 4 MG, 8 MG	PDL Non-Preferred	PA	
Asthma And Copd			
5-Lipoxygenase Inhibitors			
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	PDL Non-Preferred	PA	
ZYFLO ORAL TABLET 600 MG	PDL Non-Preferred	PA	
Anticholinergic, Orally Inhaled Short Acting			
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		
Anticholinergics, Orally Inhaled Long Acting			
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	PDL Preferred		
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	PDL Non-Preferred	PA	
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	PDL Non-Preferred	PA	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	PDL Preferred	QL (4 GM per 30 days)	

Drug	Status	Notes
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	PDL Preferred	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
Beta-Adrenergic Agents		
terbutaline oral tablet 2.5 mg, 5 mg	Common Formulary	
Beta-Adrenergic Agents, Inhaled, Short Acting		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Proventil HFA)	PDL Preferred QL: 2 INHALERS IN 25 DAYS
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, 5 mg/ml		PDL Preferred
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml	(Xopenex)	PDL Non-Preferred PA
levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml	(Xopenex Concentrate)	PDL Non-Preferred PA
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	(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)
PROVENTIL HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	(albuterol sulfate)	PDL Preferred QL (13.4 GM per 30 days)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	(albuterol sulfate)	PDL Preferred QL (36 GM per 30 days)
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML	(levalbuterol hcl)	PDL Non-Preferred PA
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	(levalbuterol tartrate)	PDL Non-Preferred PA; QL (30 GM per 30 days)
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML	(levalbuterol hcl)	PDL Non-Preferred PA
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	PDL Non-Preferred	PA

Drug	Status	Notes
Beta-Adrenergic Agents, Orally Inhaled, Long Acting		
<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
PERFOROMIST 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)
Beta-Adrenergic And Anticholinergic Combinations		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	PDL Preferred	
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	PDL Preferred	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	PDL Preferred	
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	
Beta-Adrenergic And Glucocorticoid Combinations		
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	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)
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)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Symbicort)	PDL Non-Preferred	PA; QL (20.4 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose)	PDL Preferred	QL (26 GM 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 Non-Preferred	PA; QL (60 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol)	PDL Preferred	QL (20.4 GM per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propion-salmeterol)	PDL Non-Preferred	PA; QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	PDL Non-Preferred	PA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	PDL Preferred	
Glucocorticoids, Orally Inhaled		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	PDL Non-Preferred	PA
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION	PDL Non-Preferred	PA

Drug	Status	Notes
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	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	PDL Non-Preferred	PA
FLOVENT HFA INHALATION HFA (fluticasone propionate) AEROSOL INHALER 110 MCG/ACTUATION	PDL Preferred	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA (fluticasone propionate) AEROSOL INHALER 220 MCG/ACTUATION	PDL Preferred	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA (fluticasone propionate) AEROSOL INHALER 44 MCG/ACTUATION	PDL Preferred	QL (10.6 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i> (Flovent HFA)	PDL Non-Preferred	PA; QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i> (Flovent HFA)	PDL Non-Preferred	PA; QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i> (Flovent HFA)	PDL Non-Preferred	PA; 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 SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML (budesonide)	PDL Non-Preferred	PA
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	PDL Non-Preferred	PA
Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	PDL Preferred	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	PDL Preferred	PA; SP
Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	PDL Non-Preferred	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	PDL Non-Preferred	PA; SP; Age (Min 12 Years)
Leukotriene Receptor Antagonists		
ACCOLATE ORAL TABLET 10 MG, 20 MG (zaflurkast)	PDL Non-Preferred	PA
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	PDL Non-Preferred	PA; Age (Max 5 Years)
<i>montelukast oral tablet 10 mg</i> (Singulair)	PDL Preferred	
<i>montelukast oral tablet, chewable 4 mg</i> (Singulair)	PDL Preferred	Age (Max 5 Years)
<i>montelukast oral tablet, chewable 5 mg</i> (Singulair)	PDL Preferred	Age (Max 14 Years)
SINGULAIR ORAL GRANULES IN PACKET 4 MG (montelukast)	PDL Non-Preferred	PA; Age (Max 5 Years)
SINGULAIR ORAL TABLET 10 MG (montelukast)	PDL Non-Preferred	PA
SINGULAIR ORAL TABLET,CHEWABLE 4 MG (montelukast)	PDL Non-Preferred	PA; Age (Max 5 Years)
SINGULAIR ORAL TABLET,CHEWABLE 5 MG (montelukast)	PDL Non-Preferred	PA; Age (Max 14 Years)
<i>zaflurkast oral tablet 10 mg, 20 mg</i> (Accolate)	PDL Non-Preferred	PA
Mast Cell Stabilizers		
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Common Formulary	
GASTROCRON ORAL CONCENTRATE 100 MG/5 ML (cromolyn)	Common Formulary	
Mast Cell Stabilizers, Orally Inhaled		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Common Formulary	
Monoclonal Antibodies To Immunoglobulin E(IgE)		

Drug	Status	Notes	
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	PDL Preferred	PA; SP; Age (Min 6 Years)	
Monoclonal Antibody - Interleukin-5 Antagonists			
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PDL Non-Preferred	PA; SP; Age (Min 6 Years)	
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	PDL Non-Preferred	PA; SP; Age (Min 6 Years)	
Phosphodiesterase-4 (Pde4) Inhibitors			
DALIRESP ORAL TABLET 250 MCG, 500 MCG	PDL Non-Preferred	PA	
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	PDL Non-Preferred	PA	
Respiratory Aids, Devices, Equipment			
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)
BREATHERITE VALVED MDI CHAMBER SPACER	(inhalational spacing device)	Common Formulary	QL (4 EA per 365 days)
BREATHERITE VALVED MDI SPACER SPACER	(inhalational spacing device)	Common Formulary	QL (4 EA per 365 days)

Drug	Status	Notes
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)
INSPIRACHAMBER SPACER (inhalational spacing device)	Common Formulary	QL (4 EA per 365 days)
INSPIRACHAMBER WITH MASK- LARGE SPACER	Common Formulary	QL (4 EA per 365 days)
INSPIRACHAMBER WITH MASK-MED SPACER	Common Formulary	QL (4 EA per 365 days)
INSPIRACHAMBER WITH MASK- SMALL SPACER	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)
LITETOUGH-LARGE MASK DEVICE	Common Formulary	QL (4 EA per 365 days)
LITETOUGH-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)

Drug	Status	Notes
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)
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)

Drug	Status	Notes
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)
Xanthines		
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	Common Formulary	Age (Max 1 Years)
theophylline oral elixir 80 mg/15 ml (Elixophyllin)	Common Formulary	
theophylline oral solution 80 mg/15 ml	Common Formulary	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	Common Formulary	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	Common Formulary	
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg (Namenda XR)	PDL Non-Preferred	PA
memantine oral solution 2 mg/ml	PDL Preferred	
memantine oral tablet 10 mg, 5 mg (Namenda)	PDL Preferred	
memantine oral tablets,dose pack 5-10 mg (Namenda Titration Pak)	PDL Preferred	
NAMENDA ORAL TABLET 10 MG, 5 MG (memantine)	PDL Non-Preferred	PA
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 (memantine)	PDL Non-Preferred	PA
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG (memantine)	PDL Non-Preferred	PA
Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib		
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG (donepezil)	PDL Non-Preferred	PA
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (donepezil)	PDL Non-Preferred	PA
Cholinesterase Inhibitors		
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (donepezil)	PDL Non-Preferred	PA
donepezil oral tablet 10 mg, 5 mg (Aricept)	PDL Preferred	
donepezil oral tablet 23 mg (Aricept)	PDL Non-Preferred	PA

Drug	Status	Notes
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	PDL Preferred	
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	(rivastigmine)	PDL Preferred
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	(Razadyne ER)	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
RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR 16 MG, 24 MG, 8 MG	(galantamine)	PDL Non-Preferred PA
<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
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist Antidepressants		
<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
Antidepressant - Nmda Receptor Antagonist		
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
Maois - Non-Selective & Irreversible		

Drug	Status	Notes
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
Ndma Receptor Antagonist And Ndri Comb		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
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
<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

Drug	Status	Notes
WELLBUTRIN SR ORAL TABLET (bupropion hcl) SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
WELLBUTRIN XL ORAL TABLET (bupropion hcl) EXTENDED RELEASE 24 HR 150 MG, 300 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Selective Serotonin Reuptake Inhibitor (Ssris)		
CELEXA ORAL TABLET 10 MG, 20 MG, (citalopram) 40 MG	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
<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

Drug	Status	Notes
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	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
paroxetine hcl oral suspension 10 mg/5 ml (Paxil)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (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
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (fluoxetine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
sertraline oral capsule 150 mg, 200 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
sertraline oral concentrate 20 mg/ml (Zoloft)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
sertraline oral tablet 100 mg, 25 mg, 50 mg (Zoloft)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
st. john's wort oral capsule 300 mg, 350 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
st. john's wort oral tablet 300 mg	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
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
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
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg (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
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg (Cymbalta)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes	
duloxetine oral capsule,delayed release(dr/ec) 40 mg	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)		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
venlafaxine besylate oral tablet extended release 24hr 112.5 mg		Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	(Effexor XR)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg		Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Ssri & 5Ht1a Partial Agonist Antidepressant			
VIIBRYD ORAL TABLET 10 MG, 20 MG, (vilazodone) 40 MG		Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)		Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Ssri & Serotonin Receptor Modulator Antidepressant			

Drug	Status	Notes
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Tricyclic Antidepressant/Benzodiazepine Combinatns		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Tricyclic Antidepressant/Phenothiazine Combinatns		
<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
Tricyclic Antidepressants & Rel. Non- Sel. Ru-Inhib		
<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, (clomipramine) 50 MG, 75 MG	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
<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

Drug	Status	Notes
<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 (desipramine) MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)</i>	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 (nortriptyline) MG, 50 MG, 75 MG	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
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
ADDERALL ORAL TABLET 10 MG, 12.5 (dextroamphetamine- MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR (dextroamphetamine- amphetamine) 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	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

Drug	Status	Notes
amphetamine sulfate oral tablet 10 mg, 5 mg (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, 15 MG (dextroamphetamine sulfate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg (Dexedrine Spansule)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
dextroamphetamine sulfate oral capsule, extended release 5 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
dextroamphetamine sulfate oral solution 5 mg/5 ml (ProCentra)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg (Zenedi)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg (Adderall XR)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg (Adderall)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
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 ODT ORAL TABLET, DISINTEGRATING 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

Drug	Status	Notes
<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	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	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	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
XELTRYM 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, 20 MG, 30 MG, 5 MG (dextroamphetamine sulfate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Anti-Alcoholic Preparations		
<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
Anti-Anxiety - Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax XR)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	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
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
clorazepate dipotassium oral tablet 15 mg, 3.75 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
clorazepate dipotassium oral tablet 7.5 mg (Tranxene T-Tab)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
diazepam injection solution 5 mg/ml	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
diazepam injection syringe 5 mg/ml	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML (diazepam)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
diazepam oral concentrate 5 mg/ml (Diazepam Intensol)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
diazepam oral tablet 10 mg, 2 mg, 5 mg (Valium)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML <i>lorazepam oral concentrate 2 mg/ml</i>	(lorazepam) (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
TRANXENE T-TAB ORAL TABLET 7.5 MG	(clorazepate dipotassium)	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
Anti-Anxiety Drugs		
<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
Anti-Mania Drugs		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG		Carve Out CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<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 (Lithobid)</i>	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
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (lithium carbonate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Anti-Narcolepsy & Anti-Cataplexy,Sedative-Type Agt		
sodium oxybate oral solution 500 mg/ml (Xyrem)	Common Formulary	PA; SP; QL (540 ML per 30 days); Age (Min 7 Years)
XYREM ORAL SOLUTION 500 MG/ML (sodium oxybate)	Common Formulary	PA; SP; QL (540 ML per 30 days); Age (Min 7 Years)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Common Formulary	PA; SP; QL (540 ML per 30 days); Age (Min 7 Years)
Antipsych,Dopamine Antag.,Diphenylbutylpiperidines		
pimozide oral tablet 1 mg, 2 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed		
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
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILITY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
ABILITY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ABILITY 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
ABILITY 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
ABILITY ORAL TABLET 10 MG, 15 MG, (aripiprazole) 2 MG, 20 MG, 30 MG, 5 MG	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
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
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>loxpiprazole succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antipsychotics,Atypical,Dopamine,& Serotonin Antag		

Drug	Status	Notes
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (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
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	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
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 1.5 MG, 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

Drug	Status	Notes
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	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, 3 mg, 6 mg, 9 mg</i> (Invega)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PERSERIS ABDOMINAL 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, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	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 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RISPERDAL CONSTA 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 MG/ML (risperidone)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone)	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 mg, 3 mg, 4 mg</i> (Risperdal)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<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
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
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

Drug	Status	Notes
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG (olanzapine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
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 TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG (olanzapine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antipsychotics,Dopamine Antagonists,Butyrophenones		
<i>droperidol injection solution 2.5 mg/ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML (haloperidol decanoate)	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

Drug	Status	Notes
Antipsychotics,Dopamine Antagonist,Dihydroindolones		
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Anti-Psychotics,Phenothiazines		
<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
Barbiturates		

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

Drug	Status	Notes
Menopausal Symptoms Suppressant - Ssris		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Monoamine Oxidase(Mao) Inhibitors		
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
Narcolepsy And Sleep Disorder Therapy Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, (Nuvigil) 250 mg, 50 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>modafinil oral tablet 100 mg, 200 mg (Provigil)</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
NUVIGIL ORAL TABLET 150 MG, 200 (armodafinil) MG, 250 MG, 50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PROVIGIL ORAL TABLET 100 MG, 200 (modafinil) MG	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
Narcolepsy Tx-H3- Recept.Antagonist/Inverse Agonist		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Narcotic Antagonists		
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	Common Formulary	QL (6 EA per 90 days)
<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>	Common Formulary	QL (6 EA per 90 days)

Drug	Status	Notes
<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)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Common Formulary	QL (3 ML per 90 days)
Sedative-Hypnotics - Benzodiazepines		
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 (Ativan)</i>	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 (Doral)</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
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

Drug	Status	Notes	
<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	
Sedative-Hypnotics,Non-Barbiturate			
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
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
<i>dexmedetomidine intravenous solution 100 mcg/ml</i>	(Precedex)	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

Drug	Status	Notes
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
eszopiclone oral tablet 1 mg, 2 mg, 3 mg (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
<i>ketamine sublingual troche 100 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LUNESTA ORAL TABLET 1 MG, 2 MG, (eszopiclone) 3 MG	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
NIGHTIME 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
NIGHTTIME SLEEP AID (DIPHEN) ORAL LIQUID 50 MG/30 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug		Status	Notes
NIGHTTIME SLEEP AID (DIPHEN) ORAL TABLET 25 MG	(diphenhydramine hcl)	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 INTRAVENOUS SOLUTION 200 MCG/50 ML (4 MCG/ML), 400 MCG/100 ML (4 MCG/ML), 80 MCG/20 ML (4 MCG/ML)	(dexmedetomidine in 0.9 % nacl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PRECEDEX INTRAVENOUS SOLUTION 100 MCG/ML	(dexmedetomidine)	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
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) ORAL CAPSULE 25 MG	(diphenhydramine hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID; Age (Max 64 Years)
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

Drug		Status	Notes
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)	Carve Out	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
UNISOM SLEEPGELS ORAL CAPSULE 50 MG	(diphenhydramine hcl)	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

Drug		Status	Notes
UNISOM SLEEPSNIN 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 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
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>		Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZOLPIMIST ORAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		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)

Drug	Status	Notes
ZZZQUIL ORAL LIQUID 50 MG/30 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Selective Serotonin 5-HT2a Inverse Agonists (Ssia)		
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
Ssri & Antipsych, Atyp, Dopamine & Serotonin Antag Comb		
olanzapine-fluoxetine oral capsule 12-25 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
olanzapine-fluoxetine oral capsule 12-50 (Symbax) mg, 3-25 mg, 6-25 mg, 6-50 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SYMBYAX ORAL CAPSULE 12-50 MG, (olanzapine-fluoxetine) 3-25 MG, 6-25 MG, 6-50 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
clonidine hcl oral tablet extended release (Kapvay) 12 hr 0.1 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
guanfacine oral tablet extended release (Intuniv ER) 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
INTUNIV ER ORAL TABLET (guanfacine) EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR 0.1 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy		

Drug	Status	Notes
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl)	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 EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG (methylphenidate hcl)	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 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR (methylphenidate)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>dexamethylphenidate 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>dexamethylphenidate 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 BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (dexmethylphenidate)	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 ER ORAL TABLET EXTENDED RELEASE 20 MG (methylphenidate hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
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

Drug	Status	Notes
methylphenidate hcl oral capsule, er 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
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg (Ritalin LA)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml (Methyltin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg (Ritalin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
methylphenidate hcl oral tablet extended release 10 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
methylphenidate hcl oral tablet extended release 20 mg (Metadate ER)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg (Concerta)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg, 72 mg (Relexxii)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr (Daytrana)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
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

Drug	Status	Notes
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG (methylphenidate hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG (methylphenidate hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (methylphenidate hcl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg (Strattera)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
QUEBREE 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, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG (atomoxetine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Cardiovascular Disease - Arrhythmia		
Antiarrhythmics		
amiodarone oral tablet 100 mg (Pacerone)	Common Formulary	QL (1 EA per 1 day)
amiodarone oral tablet 200 mg, 400 mg (Pacerone)	Common Formulary	
disopyramide phosphate oral capsule 100 mg, 150 mg (Norpace)	Common Formulary	Age (Max 64 Years)
flecainide oral tablet 100 mg, 150 mg, 50 mg	Common Formulary	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	Common Formulary	
PACERONE ORAL TABLET 100 MG (amiodarone)	Common Formulary	QL (1 EA per 1 day)
PACERONE ORAL TABLET 200 MG, 400 MG (amiodarone)	Common Formulary	
propafenone oral tablet 150 mg, 225 mg, 300 mg	Common Formulary	
quinidine sulfate oral tablet 200 mg, 300 mg	Common Formulary	
Cardiovascular Disease - Cardiac Stimulant		
Digitalis Glycosides		

Drug	Status	Notes
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Common Formulary	
DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Common Formulary	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Digitek)	Common Formulary	
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg (Lotrel)	PDL Preferred	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg	PDL Preferred	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (amlodipine-benazepril)	PDL Non-Preferred	PA
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	PDL Non-Preferred	PA
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (quinapril-hydrochlorothiazide)	PDL Non-Preferred	PA
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin HCT)	PDL Preferred	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	PDL Preferred	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	PDL Non-Preferred	PA
enalapril-hydrochlorothiazide oral tablet 10-25 mg (Vaseretic)	PDL Preferred	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	PDL Preferred	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	PDL Non-Preferred	PA
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	PDL Preferred	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)	PDL Non-Preferred	PA
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)	PDL Non-Preferred	PA
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
Alpha/Beta-Adrenergic Blocking Agents		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)	PDL Preferred	

Drug	Status	Notes
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	PDL Non-Preferred	PA
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG (carvedilol phosphate)	PDL Non-Preferred	PA
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (carvedilol)	PDL Non-Preferred	PA
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	PDL Preferred	
Alpha-Adrenergic Blocking Agents		
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	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (prazosin)	PDL Non-Preferred	PA
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	PDL Preferred	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PDL Preferred	
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb		
<i>amlodipine-valsartan-hcthiazid 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-hcthiazid)	PDL Non-Preferred	PA
<i>olmesartan-amlodipin-hcthiazid 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-hcthiazid)	PDL Non-Preferred	PA
Angiotensin Receptor Antag./Thiazide Diuretic Comb		
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
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

Drug	Status	Notes
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
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg (Avalide)	PDL Non-Preferred	PA
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg (Hyzaar)	PDL Preferred	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (telmisartan-hydrochlorothiazid)	PDL Non-Preferred	PA
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar HCT)	PDL Preferred	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg (Micardis HCT)	PDL Non-Preferred	PA
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg (Diovan HCT)	PDL Preferred	
Angiotensin Receptor Antgnst & Calc.Channel Blockr		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg (Azor)	PDL Preferred	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (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
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg (Twynsta)	PDL Non-Preferred	PA
Antihypertensives, Ace Inhibitors		
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
benazepril oral tablet 10 mg, 20 mg, 40 mg (Lotensin)	PDL Preferred	
benazepril oral tablet 5 mg	PDL Preferred	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	PDL Non-Preferred	PA
enalapril maleate oral solution 1 mg/ml	PDL Non-Preferred	PA
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)	PDL Preferred	
EPANED ORAL SOLUTION 1 MG/ML	PDL Non-Preferred	PA
fosinopril oral tablet 10 mg, 20 mg, 40 mg	PDL Non-Preferred	PA
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg (Zestril)	PDL Preferred	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (benazepril)	PDL Non-Preferred	PA

Drug	Status	Notes
<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 (Accupril)</i>	PDL Non-Preferred	PA
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg (Altace)</i>	PDL Non-Preferred	PA
<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	PDL Non-Preferred	PA
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	PDL Non-Preferred	PA
Antihypertensives, Angiotensin Receptor Antagonist		
<i>ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (candesartan)</i>	PDL Non-Preferred	PA
<i>AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (irbesartan)</i>	PDL Non-Preferred	PA
<i>BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (olmesartan)</i>	PDL Non-Preferred	PA
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg (Atacand)</i>	PDL Non-Preferred	PA
<i>COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (losartan)</i>	PDL Non-Preferred	PA
<i>DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (valsartan)</i>	PDL Non-Preferred	PA
<i>EDARBI ORAL TABLET 40 MG, 80 MG</i>	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 (Avapro)</i>	PDL Non-Preferred	PA
<i>losartan oral tablet 100 mg, 25 mg, 50 mg (Cozaar)</i>	PDL Preferred	
<i>MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (telmisartan)</i>	PDL Non-Preferred	PA
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg (Benicar)</i>	PDL Preferred	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg (Micardis)</i>	PDL Non-Preferred	PA
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg (Diovan)</i>	PDL Preferred	
Antihypertensives, Sympatholytic		
<i>CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR (clonidine)</i>	PDL Non-Preferred	PA; QL (14 EA per 102 days)
<i>CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR (clonidine)</i>	PDL Non-Preferred	PA; QL (14 EA per 102 days)
<i>CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR (clonidine)</i>	PDL Non-Preferred	PA; QL (14 EA per 102 days)

Drug	Status	Notes
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	PDL Preferred	
clonidine transdermal patch weekly 0.1 mg/24 hr (Catapres-TTS-1)	PDL Preferred	QL (14 EA per 102 days)
clonidine transdermal patch weekly 0.2 mg/24 hr (Catapres-TTS-2)	PDL Preferred	QL (14 EA per 102 days)
clonidine transdermal patch weekly 0.3 mg/24 hr (Catapres-TTS-3)	PDL Preferred	QL (14 EA per 102 days)
guanfacine oral tablet 1 mg, 2 mg	PDL Preferred	
methyldopa oral tablet 250 mg, 500 mg	PDL Preferred	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	PDL Non-Preferred	PA
Antihypertensives, Vasodilators		
hydralazine injection solution 20 mg/ml	Common Formulary	
hydralazine oral tablet 10 mg, 25 mg, 50 mg	Common Formulary	QL (4 EA per 1 day)
hydralazine oral tablet 100 mg	Common Formulary	QL (3 EA per 1 day)
minoxidil oral tablet 10 mg, 2.5 mg	Common Formulary	
Beta-Adrenergic Blocking Agents		
acebutolol oral capsule 200 mg, 400 mg	PDL Non-Preferred	PA
atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)	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
betaxolol oral tablet 10 mg, 20 mg	PDL Non-Preferred	PA
bisoprolol fumarate oral tablet 10 mg, 5 mg	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
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	PDL Non-Preferred	PA

Drug	Status	Notes
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	PDL Non-Preferred	PA
LOPRESSOR ORAL TABLET 100 MG, (metoprolol tartrate) 50 MG	PDL Non-Preferred	PA
<i>metoprolol succinate oral tablet</i> (Toprol XL) <i>extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	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 Non-Preferred	PA
<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	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	(sotalol)	PDL Preferred
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	(sotalol)	PDL Preferred
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Sorine)	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
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<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> (Ziac)	PDL Preferred	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	PDL Non-Preferred	PA
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	PDL Non-Preferred	PA

Drug	Status	Notes
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
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (bisoprolol-hydrochlorothiazide)	PDL Non-Preferred	PA
Calcium Channel Blocking Agents		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg (Norvasc)	PDL Preferred	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (verapamil)	PDL Non-Preferred	PA
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 (diltiazem hcl)	PDL Non-Preferred	PA
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 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	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg (DILT-XR)	PDL Preferred	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	PDL Preferred	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Taztia XT)	PDL Preferred	
diltiazem hcl oral capsule,extended release 24 hr 420 mg (Tiadylt ER)	PDL Preferred	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cartia XT)	PDL Preferred	
diltiazem hcl oral capsule,extended release 24hr 360 mg (Cardizem CD)	PDL Preferred	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg (Cardizem)	PDL Preferred	
diltiazem hcl oral tablet 90 mg	PDL Preferred	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Cardizem LA)	PDL Non-Preferred	PA
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (diltiazem hcl)	PDL Preferred	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	PDL Non-Preferred	PA

Drug	Status	Notes
<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)
<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 (21 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> (Calan SR)	PDL Preferred	

Drug	Status	Notes
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 100 MG, 200 MG, 300 MG (verapamil)	PDL Non-Preferred	PA
Loop Diuretics		
<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>torsemide oral tablet 10 mg</i>	Common Formulary	QL (4 EA per 1 day)
<i>torsemide oral tablet 100 mg, 5 mg</i>	Common Formulary	QL (2 EA per 1 day)
<i>torsemide oral tablet 20 mg</i> (Soaanz)	Common Formulary	QL (4 EA per 1 day)
Potassium Sparing Diuretics		
<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)
Potassium Sparing Diuretics In Combination		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Common Formulary	QL (2 EA per 1 day)
<i>spironolactone-hydrochlorothiazide oral tablet 25-25 mg</i> (Aldactazide)	Common Formulary	QL (3 EA per 1 day)
<i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i>	Common Formulary	
<i>triamterene-hydrochlorothiazide oral tablet 37.5-25 mg</i> (Maxzide-25mg)	Common Formulary	
<i>triamterene-hydrochlorothiazide oral tablet 75-50 mg</i> (Maxzide)	Common Formulary	
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	PDL Non-Preferred	PA; SP
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib		
ADCIRCA ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	PDL Non-Preferred	PA; SP
ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	PDL Preferred	PA; SP
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML (sildenafil (pulm.hypertension))	PDL Preferred	PA; SP

Drug		Status	Notes
REVATIO ORAL TABLET 20 MG <i>(sildenafil (pulm.hypertension))</i>		PDL Non-Preferred	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	(Revatio)	PDL Non-Preferred	PA; SP
<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; SP
Pulmonary Anti-Htn, Endothelin Receptor Antagonist			
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	(Letairis)	PDL Preferred	PA; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	(Tracleer)	PDL Non-Preferred	PA; SP
LETAIRIS ORAL TABLET 10 MG, 5 MG <i>(ambrisentan)</i>		PDL Non-Preferred	PA; SP
OPSUMIT ORAL TABLET 10 MG		PDL Preferred	PA; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG <i>(bosentan)</i>		PDL Preferred	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG		PDL Non-Preferred	PA; SP
Pulmonary Antihypertensives, Prostacyclin-Type			
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG		PDL Non-Preferred	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		PDL Preferred	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML		PDL Preferred	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		PDL Preferred	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML		PDL Preferred	PA; SP
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; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		PDL Preferred	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML		PDL Preferred	PA; SP
Renin Inhibitor, Direct			
<i>aliskiren oral tablet 150 mg, 300 mg</i>	(Tekturna)	PDL Non-Preferred	PA
TEKTURNIA ORAL TABLET 150 MG, 300 MG	(aliskiren)	PDL Non-Preferred	PA

Drug	Status	Notes
Renin Inhibitor, Direct/Thiazide Diuretic Comb		
TEKTURN HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	PDL Non-Preferred	PA
Thiazide And Related Diuretics		
<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)
Cardiovascular Disease - Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
<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)
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
NEXLETOL ORAL TABLET 180 MG	PDL Non-Preferred	PA; Age (Min 18 Years)
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	PDL Non-Preferred	PA; QL (1 EA 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)

Drug	Status	Notes	
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 (Lescol XL) 24 hr 80 mg</i>	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	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>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)	
Antihyperlipidemic - Pcsk9 Inhibitors			
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)	
Antihyperlipidemic-Acly And Choles Absorp Inhib			
NEXLIZET ORAL TABLET 180-10 MG	PDL Non-Preferred	PA; Age (Min 18 Years)	
Bile Salt Sequestrants			
<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		PDL Preferred	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	(cholestyramine-aspartame)	PDL Preferred	

Drug		Status	Notes
cholestyramine-aspartame oral powder in packet 4 gram	(Cholestyramine Light)	PDL Preferred	
colesevelam oral powder in packet 3.75 gram	(WelChol)	PDL Non-Preferred	PA
colesevelam oral tablet 625 mg	(WelChol)	PDL Non-Preferred	PA
COLESTID FLAVORED ORAL GRANULES 5 GRAM	(colestipol)	PDL Non-Preferred	PA
COLESTID FLAVORED ORAL PACKET 7.5 GRAM		PDL Non-Preferred	PA
COLESTID ORAL GRANULES 5 GRAM	(colestipol)	PDL Non-Preferred	PA
COLESTID ORAL PACKET 5 GRAM	(colestipol)	PDL Non-Preferred	PA
COLESTID ORAL TABLET 1 GRAM	(colestipol)	PDL Non-Preferred	PA
colestipol oral granules 5 gram	(Colestid)	PDL Non-Preferred	PA
colestipol oral packet 5 gram	(Colestid)	PDL Non-Preferred	PA
colestipol oral tablet 1 gram	(Colestid)	PDL Preferred	
PREVALITE ORAL POWDER 4 GRAM		PDL Preferred	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	(cholestyramine- aspartame)	PDL Preferred	
QUESTRAN LIGHT ORAL POWDER 4 GRAM		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
Lipotropics			
ANTARA ORAL CAPSULE 30 MG, 90 MG	(fenofibrate micronized)	PDL Non-Preferred	PA
ezetimibe oral tablet 10 mg	(Zetia)	PDL Preferred	
fenofibrate micronized oral capsule 130 mg, 43 mg		PDL Non-Preferred	PA
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		PDL Preferred	
fenofibrate micronized oral capsule 30 mg, 90 mg	(Antara)	PDL Non-Preferred	PA
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	PDL Preferred	
fenofibrate oral capsule 150 mg, 50 mg	(Lipofen)	PDL Non-Preferred	PA
fenofibrate oral tablet 120 mg, 40 mg	(Fenoglide)	PDL Non-Preferred	PA
fenofibrate oral tablet 160 mg, 54 mg		PDL Preferred	
fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg	(Trilipix)	PDL Non-Preferred	PA
fenofibric acid oral tablet 105 mg	(Fibrincor)	PDL Non-Preferred	PA

Drug		Status	Notes
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	
FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60-90-500 MG		Common Formulary	
<i>gemfibrozil oral tablet 600 mg</i>	(Lopid)	PDL Preferred	
<i>icosapent ethyl oral capsule 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
MAXEPA ORAL CAPSULE 500 MG		Common Formulary	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>		PDL Non-Preferred	PA
<i>omega 3-dha-epa-fish oil oral capsule 1,000 mg (120 mg-180 mg), 300-1,000 mg</i>	(Fish Oil)	Common Formulary	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	(Lovaza)	PDL Non-Preferred	PA
<i>omega-3 fatty acids-fish oil oral capsule 300-1,000 mg</i>		Common Formulary	
<i>omega-3 fatty acids-fish oil oral capsule 360-1,200 mg</i>	(Fish Oil)	Common Formulary	
SUPER OMEGA-3 ORAL CAPSULE 1,000 MG	(omega-3 fatty acids)	Common Formulary	
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
Niacin Preparations			
<i>niacin (inositol niacinate) oral capsule 500 mg</i>		Common Formulary	
<i>niacin oral capsule, extended release 250 mg, 500 mg</i>		PDL Preferred	
<i>niacin oral tablet 100 mg, 250 mg, 50 mg</i>		PDL Preferred	
<i>niacin oral tablet 500 mg</i>	(Niacor)	PDL Preferred	
<i>niacin oral tablet extended release 1,000 mg</i>		PDL Preferred	
<i>niacin oral tablet extended release 250 mg, 500 mg, 750 mg</i>	(Endur-Acin)	PDL Preferred	

Drug	Status	Notes
<i>niacinamide oral tablet 500 mg</i>	Common Formulary	
Cardiovascular Disease - Miscellaneous Agents		
Adrenergic Vasopressor Agents		
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Common Formulary	QL (3 EA per 1 day)
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	PDL Preferred	QL (60 EA per 30 days)
Antianginal & Anti-Ischemic Agents,Non-Hemodynamic		
<i>ranolazine oral tablet extended release (Ranexa) 12 hr 1,000 mg, 500 mg</i>	Common Formulary	PA; QL (2 EA per 1 day)
Antianginal, Heart Rate Reducing, I(F) Inhibitor		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Common Formulary	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Common Formulary	
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
<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>	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	PDL Non-Preferred	PA; QL (1 EA per 1 day)
Protein Stabilizers		
VYNDAMAX ORAL CAPSULE 61 MG	Common Formulary	PA; SP; QL (1 EA per 1 day); Age (Min 18 Years)
VYNDAQEL ORAL CAPSULE 20 MG	Common Formulary	PA; SP; QL (4 EA per 1 day); Age (Min 18 Years)
Soluble Guanylate Cyclase (Sgc) Stimulator		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Common Formulary	PA; QL (1 EA per 1 day); Age (Min 18 Years)
Cardiovascular Disease - Vasodilation		
Vasodilators,Coronary		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Common Formulary	
<i>isosorbide dinitrate oral tablet 5 mg (Isordil Titradose)</i>	Common Formulary	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Common Formulary	

Drug	Status	Notes
<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
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG (nitroglycerin)	Common Formulary	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	Common Formulary	
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethynodiol)	Common Formulary	QL (3 EA per 84 days)
<i>etonogestrel-ethynodiol 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-ethynodiol)	Common Formulary	QL (3 EA per 84 days)
Contraceptives, Injectable		
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	Common Formulary	QL (1 ML per 75 days)
Contraceptives, Intravaginal		
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	Common Formulary	
Contraceptives, Oral		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethynodiol)	Common Formulary	
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	Common Formulary	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethynodiol)	Common Formulary	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethynodiol)	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-ethynodiol)	Common Formulary	

Drug		Status	Notes
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	
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	
CAZIANT (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	
CRYSELLE (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	

Drug		Status	Notes
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	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	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	
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	
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	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	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	

Drug		Status	Notes
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	
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	
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	

Drug		Status	Notes
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>	(Aftera)	Common Formulary	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	Common Formulary	
<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	

Drug		Status	Notes
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estriadiol-iron)	Common Formulary	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estriadiol-iron)	Common Formulary	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estriadiol-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	
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.estriadiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	Common Formulary	
<i>norethindrone-e.estriadiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	Common Formulary	
<i>norethindrone-e.estriadiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(Tilia Fe)	Common Formulary	
<i>norethindrone-e.estriadiol-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	

Drug	Status	Notes
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	
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.estriadiol/e.estriadiol)	Common Formulary	
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Common Formulary	
PIRMELLA ORAL TABLET 1-35 MG-MCG (norethindrone-ethin 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.estriadiol/e.estriadiol)	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	
TAKE ACTION ORAL TABLET 1.5 MG (levonorgestrel)	Common Formulary	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estriadiol-iron)	Common Formulary	
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estriadiol-iron)	Common Formulary	

Drug		Status	Notes
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	
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	
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	

Drug	Status	Notes	
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	
Contraceptives,Transdermal			
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	Common Formulary	QL (3 EA per 28 days)	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	Common Formulary	QL (3 EA per 28 days)	
Diaphragms/Cervical Cap			
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	Common Formulary		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Common Formulary		
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	Common Formulary		
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	Common Formulary		
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	Common Formulary		
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	Common Formulary		
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	Common Formulary		
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	Common Formulary		
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	Common Formulary		
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	Common Formulary		
Oxytocics			
METHERGINE ORAL TABLET 0.2 MG	(methylergonovine)	Common Formulary	QL (28 EA per 180 days); Age (Min 12 Years)
<i>methylene ergonovine oral tablet 0.2 mg</i>	(Methergine)	Common Formulary	QL (28 EA per 180 days); Age (Min 12 Years)
Dermatology - Acne			
Acne Agents, Systemic			
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Common Formulary	PA; QL (2 EA per 1 day)
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	(isotretinoin)	Common Formulary	PA; QL (2 EA per 1 day)

Drug	Status	Notes
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, 30 mg, 40 mg</i> (Accutane)	Common Formulary	PA; QL (2 EA per 1 day)
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	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)
Acne Agents, Topical		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 % (clindamycin-benzoyl peroxide)	PDL Non-Preferred	PA
<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 1.2-2.5 %</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 %	PDL Non-Preferred	PA
Rosacea Agents, Topical		
<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	
Vitamin A Derivatives		
<i>adapalene topical gel 0.1 %</i> (Differin)	Common Formulary	QL (45 GM per 30 days)
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Common Formulary	ST: Requires prior prescription for Adapalene 0.1% gel OTC within the past 120 days; QL (20 GM per 30 days); Age (Max 30 Years)
DIFFERIN TOPICAL GEL 0.1 % (adapalene)	Common Formulary	QL (45 GM per 30 days)

Drug	Status	Notes
<i>tretinoin topical cream 0.025 %</i> (Avita)	Common Formulary	ST: Requires prior prescription for Adapalene 0.1% gel OTC within the past 120 days; QL (20 GM per 30 days); Age (Max 30 Years)
Dermatology - Antiinfective		
Topical Antibiotics		
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> (Cleocin T)		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-bacitracnzn-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
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-bacitracnzn-polymyxnb)	Common Formulary

Drug	Status	Notes
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)
Topical Antifungal/Antiinflammatory,Steriod Agent		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	PDL Preferred	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	PDL Non-Preferred	PA
Topical Antifungals		
ANTIFUNGAL (CLOTRIMAZOLE) TOPICAL CREAM 1 %	(clotrimazole)	PDL Preferred
ANTIFUNGAL (TOLNAFTATE) TOPICAL CREAM 1 %	(tolnaftate)	PDL Preferred
ANTIFUNGAL (TOLNAFTATE) TOPICAL POWDER 1 %	(tolnaftate)	PDL Preferred
ANTIFUNGAL CREAM (MICONAZOLE) TOPICAL CREAM 2 %	(miconazole nitrate)	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
BAZA ANTIFUNGAL TOPICAL CREAM 2 %	(miconazole nitrate)	PDL Preferred
<i>butenafine topical cream 1 %</i>	(Lotrimin Ultra)	PDL Non-Preferred
CICLODAN KIT TOPICAL COMBO PACK 0.77 %		PDL Non-Preferred
CICLODAN KIT TOPICAL SOLUTION 8 %	(ciclopirox-ure-camph-menth-euc)	PDL Non-Preferred
CICLODAN TOPICAL CREAM 0.77 %	(ciclopirox)	PDL Non-Preferred
CICLODAN TOPICAL SOLUTION 8 %	(ciclopirox)	PDL Non-Preferred
<i>ciclopirox topical cream 0.77 %</i>	(Ciclodan)	PDL Preferred
<i>ciclopirox topical gel 0.77 %</i>		PDL Non-Preferred
<i>ciclopirox topical shampoo 1 %</i>	(Loprox)	PDL Non-Preferred
<i>ciclopirox topical solution 8 %</i>	(Ciclodan)	PDL Preferred
<i>ciclopirox topical suspension 0.77 %</i>	(Loprox (as olamine))	PDL Non-Preferred
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	(Ciclodan Kit)	PDL Non-Preferred
<i>clotrimazole topical cream 1 %</i>	(Antifungal (clotrimazole))	PDL Preferred
<i>clotrimazole topical solution 1 %</i>		PDL Preferred
<i>econazole topical cream 1 %</i>		PDL Non-Preferred
ERTACZO TOPICAL CREAM 2 %		PDL Non-Preferred

Drug		Status	Notes
EXELDERM TOPICAL CREAM 1 %	(sulconazole)	PDL Non-Preferred	PA
EXELDERM TOPICAL SOLUTION 1 %	(sulconazole)	PDL Non-Preferred	PA
EXTINA TOPICAL FOAM 2 %	(ketoconazole)	PDL Non-Preferred	PA
FUNGOID-D TOPICAL CREAM 1 %	(tolnaftate)	PDL Non-Preferred	PA
INZO ANTIFUNGAL TOPICAL CREAM 2 %	(miconazole nitrate)	PDL Preferred	
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
LAMISIL AF TOPICAL AEROSOL POWDER 1 %	(tolnaftate)	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
LOPROX TOPICAL SHAMPOO 1 %	(ciclopirox)	PDL Non-Preferred	PA
LOTTRIMIN AF (CLOTRIMAZOLE) TOPICAL CREAM 1 %	(clotrimazole)	PDL Non-Preferred	PA
LOTTRIMIN ULTRA TOPICAL CREAM 1 %	(butenafine)	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 Cream (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 Preferred	
<i>naftifine topical cream 1 %, 2 %</i>		PDL Non-Preferred	PA
NAFTIN TOPICAL GEL 1 %	(naftifine)	PDL Non-Preferred	PA
NAFTIN TOPICAL GEL 2 %		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	

Drug	Status	Notes
<i>nystatin topical ointment 100,000 unit/gram</i>	PDL Preferred	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	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	
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	PDL Preferred	
<i>oxiconazole topical cream 1 %</i> (Oxistat)	PDL Non-Preferred	PA
OXISTAT TOPICAL CREAM 1 % (oxiconazole)	PDL Non-Preferred	PA
OXISTAT TOPICAL LOTION 1 %	PDL Non-Preferred	PA
REMEDY ANTIFUNGAL TOPICAL CREAM 2 % (miconazole nitrate)	PDL Preferred	
SECURA ANTIFUNGAL EXTRA THICK TOPICAL CREAM 2 % (miconazole nitrate)	PDL Preferred	
SECURA ANTIFUNGAL TOPICAL CREAM 2 % (miconazole nitrate)	PDL Preferred	
<i>tavaborole 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> (Antifungal (tolnaftate))	PDL Preferred	
VUSION TOPICAL OINTMENT 0.25-15-81.35 % (miconazole nitrate-zinc ox-pet)	PDL Non-Preferred	PA
Topical Antiparasitics		
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>lindane topical shampoo 1 %</i>	Common Formulary	QL (2 ML per 1 day)
<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)

Drug		Status	Notes
<i>permethrin topical cream 5 %</i>	(Elimite)	Common Formulary	QL (2 GM per 1 day)
<i>spinossad 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)
Topical Antivirals			
ABREVA TOPICAL CREAM 10 %	(docosanol)	Common Formulary	
<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
Topical Antivirals/Antiinflammatory, Steroid Agent			
XERESE TOPICAL CREAM 5-1 %		PDL Non-Preferred	PA
Topical Sulfonamides			
<i>silver sulfadiazine topical cream 1 %</i>	(SSD)	Common Formulary	
SSD TOPICAL CREAM 1 %	(silver sulfadiazine)	Common Formulary	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	(Avar)	Common Formulary	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>		Common Formulary	
Dermatology - Antiinflammatory			
Interleukin-13 (IL-13) Inhibitors, Mab			
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML		PDL Non-Preferred	PA; SP; QL (4 ML per 28 days)
Top. Anti-Inflam., Phosphodiesterase-4 (Pde4) Inhib			
EUCRISA TOPICAL OINTMENT 2 %		PDL Preferred	PA; QL (100 GM per 30 days)
Topical Anti-Inflammatory Steroidal			
ALA-CORT TOPICAL CREAM 1 %	(hydrocortisone)	PDL Non-Preferred	PA
<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	
ANTI-ITCH(HYDROCORTISONE)-ALOE TOPICAL CREAM 1 %	(hydrocortisone-aloe vera)	PDL Non-Preferred	PA
APEXICON E TOPICAL CREAM 0.05 %		PDL Non-Preferred	PA

Drug	Status	Notes
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 (Luxiq) 0.12 %</i>	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
<i>betamethasone, augmented topical ointment 0.05 % (Diprolene (augmented))</i>	PDL Non-Preferred	PA
BRYHALI TOPICAL LOTION 0.01 %	PDL Non-Preferred	PA
CAPEX TOPICAL SHAMPOO 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 % (Olux)</i>	PDL Non-Preferred	PA
<i>clobetasol topical gel 0.05 %</i>	PDL Preferred	
<i>clobetasol topical lotion 0.05 % (Clobex)</i>	PDL Non-Preferred	PA
<i>clobetasol topical ointment 0.05 % (Temovate)</i>	PDL Preferred	
<i>clobetasol topical shampoo 0.05 % (Clobex)</i>	PDL Non-Preferred	PA
<i>clobetasol topical spray,non-aerosol 0.05 % (Clobex)</i>	PDL Non-Preferred	PA
<i>clobetasol-emollient topical cream 0.05 %</i>	PDL Non-Preferred	PA
<i>clobetasol-emollient topical foam 0.05 % (Olux-E)</i>	PDL Non-Preferred	PA
CLOBEX TOPICAL LOTION 0.05 % (clobetasol)	PDL Non-Preferred	PA
CLOBEX TOPICAL SHAMPOO 0.05 % (clobetasol)	PDL Non-Preferred	PA
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 % (clobetasol)	PDL Non-Preferred	PA
<i>clocortolone pivalate topical cream 0.1 % (Cloderm)</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

Drug		Status	Notes
CLODERM TOPICAL CREAM 0.1 %	(clocortolone pivalate)	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
DESOWEN TOPICAL CREAM 0.05 %	(desonide)	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>diflurasone 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
<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

Drug	Status	Notes
<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
<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
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i> (Locoid Lipocream)	PDL Non-Preferred	PA
HYDROCORTISONE PLUS TOPICAL CREAM 1 % (hydrocortisone-aloe vera)	PDL Non-Preferred	PA
<i>hydrocortisone topical cream 0.5 %, 2.5 %</i>	PDL Preferred	
<i>hydrocortisone topical cream 1 %</i> (Anti-Itch (HC))	PDL Preferred	
<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> (Anti-Itch(hydrocortisone)-Aloe)	PDL Non-Preferred	PA
IMPEKLO TOPICAL LOTION IN METERED-DOSE PUMP 0.05 %	PDL Non-Preferred	PA
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM (triamcinolone acetonide)	PDL Non-Preferred	PA
LEXETTE TOPICAL FOAM 0.05 % (halobetasol propionate)	PDL Non-Preferred	PA

Drug		Status	Notes
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	(hydrocortisone buty- 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
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %		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
TEMOVATE TOPICAL OINTMENT 0.05 %	(clobetasol)	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
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

Drug	Status	Notes
<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>	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
TRIDERM TOPICAL CREAM 0.1 %, 0.5 % (triamcinolone acetonide)	PDL Preferred	
ULTRAVATE TOPICAL LOTION 0.05 %	PDL Non-Preferred	PA
VANOS TOPICAL CREAM 0.1 % (fluocinonide)	PDL Non-Preferred	PA
Topical Anti-Inflammatory, Nsaids		
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
Topical Janus Kinase (Jak) Inhibitors		
OPZELURA TOPICAL CREAM 1.5 %	PDL Non-Preferred	PA; QL (240 GM per 30 days); Age (Min 12 Years)
Dermatology - Miscellaneous		
Antiperspirants		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Common Formulary	
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Common Formulary	
Antiseborrheic Agents		

Drug	Status	Notes
<i>selenium sulfide topical lotion 2.5 %</i>	Common Formulary	
Antiseptics,General		
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
Emollients		
<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
Irritants/Counter-Irritants		

Drug	Status	Notes
<i>capsaicin topical cream 0.025 %</i>	Common Formulary	
Keratolytics		
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	
ACNE-CLEAR TOPICAL GEL 10 % (benzoyl peroxide)	Common Formulary	QL (3.78 GM per 1 day)
<i>benzoyl peroxide topical cleanser 10 %</i> (Panoxyl)	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	
PANOXYL TOPICAL CLEANSER 10 %, 4 % (benzoyl peroxide)	Common Formulary	
<i>podofilox topical solution 0.5 %</i>	Common Formulary	
Topical Antineoplastic & Premalignant Lesion Agnts		
<i>bexarotene topical gel 1 %</i> (Targretin)	Common Formulary	SP
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	
<i>fluorouracil topical cream 5 %</i> (Efudex)	Common Formulary	
<i>fluorouracil topical solution 2 %, 5 %</i>	Common Formulary	
PANRETIN TOPICAL GEL 0.1 %	Common Formulary	SP
TARGETIN TOPICAL GEL 1 % (bexarotene)	Common Formulary	SP
VALCHLOR TOPICAL GEL 0.016 %	Common Formulary	SP
Topical Local Anesthetics		
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)	Common Formulary	QL (85 GM per 30 days)

Drug	Status	Notes
<i>lidocaine hcl topical cream 4 %</i> <i>(Aspercreme (lidocaine HCl))</i>	Common Formulary	QL (5.1 GM per 1 day)
LIDOCAINE PAIN RELIEF TOPICAL ADHESIVE PATCH, MEDICATED 4 % <i>(lidocaine)</i>	Common Formulary	QL (30 EA per 30 days)
<i>lidocaine topical adhesive patch, medicated 4 %</i> <i>(Lidocaine Pain Relief)</i>	Common Formulary	QL (30 EA per 30 days)
<i>lidocaine topical adhesive patch, medicated 5 %</i> <i>(Lidoderm)</i>	Common Formulary	PA; QL (3 EA per 1 day)
<i>lidocaine topical ointment 5 %</i>	Common Formulary	QL (100 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Common Formulary	QL (1 GM per 1 day)
Topical/Mucous Membr./Subcut. Enzymes		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Common Formulary	QL (60 GM per 30 days)
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents, Systemic		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Common Formulary	PA; SP; QL (2 EA per 1 day)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	PDL Preferred	SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PDL Preferred	SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PDL Preferred	SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	PDL Preferred	SP
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	PDL Non-Preferred	PA; SP
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	PDL Non-Preferred	PA; SP
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PDL Non-Preferred	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	PDL Non-Preferred	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	PDL Non-Preferred	PA; SP
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	PDL Non-Preferred	PA; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	PDL Non-Preferred	PA; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	PDL Non-Preferred	PA; SP

Drug	Status	Notes
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	PDL Non-Preferred	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PDL Non-Preferred	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	PDL Non-Preferred	PA; SP
Antipsoratics Agents		
<i>calcipotriene scalp solution 0.005 %</i>	Common Formulary	PA; QL (2 ML per 1 day)
<i>calcipotriene topical ointment 0.005 %</i>	Common Formulary	PA; QL (4 GM per 1 day)
Topical Immunosuppressive Agents		
ELIDEL TOPICAL CREAM 1 % (pimecrolimus)	PDL Preferred	PA; QL (30 GM per 30 days); Age (Min 2 Years)
<i>pimecrolimus topical cream 1 %</i> (Elidel)	PDL Non-Preferred	PA; QL (30 GM per 30 days); Age (Min 2 Years)
PROTOPIC TOPICAL OINTMENT 0.03 % (tacrolimus)	PDL Non-Preferred	PA; QL (30 GM per 30 days); Age (Min 2 Years)
PROTOPIC TOPICAL OINTMENT 0.1 % (tacrolimus)	PDL Non-Preferred	PA; QL (30 GM per 30 days); Age (Min 16 Years)
<i>tacrolimus topical ointment 0.03 %</i> (Protopic)	PDL Non-Preferred	PA; QL (30 GM per 30 days); Age (Min 2 Years)
<i>tacrolimus topical ointment 0.1 %</i> (Protopic)	PDL Non-Preferred	PA; QL (30 GM per 30 days); Age (Min 16 Years)
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
<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
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	PDL Non-Preferred	PA
Antihypergly,Dpp-4 Enzyme Inhib & Thiazolidinedione		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> (Oseni)	PDL Non-Preferred	PA

Drug	Status	Notes
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG (alogliptin-pioglitazone)	PDL Non-Preferred	PA
Antihyperglycemic(Glp-1 Recep.Agonist)		
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML, 20 MCG/0.2 ML	PDL Non-Preferred	PA
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	PDL Non-Preferred	PA
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	PDL Preferred	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	PDL Non-Preferred	PA
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	PDL Non-Preferred	PA
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	
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	PDL Preferred	
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	PDL Preferred	
Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib		
FAXIGA ORAL TABLET 10 MG, 5 MG	PDL Preferred	
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
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	PDL Preferred	
miglitol oral tablet 100 mg, 25 mg, 50 mg	PDL Preferred	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (acarbose)	PDL Non-Preferred	PA
Antihyperglycemic, Amylin Analog-Type		
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	
Antihyperglycemic, Dpp-4 Inhibitors		
<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 2.5 MG, 5 MG	PDL Non-Preferred	PA
TRADJENTA ORAL TABLET 5 MG	PDL Preferred	
Antihyperglycemic, Insulin-Release Stimulant Type		
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG (glimepiride)	PDL Non-Preferred	PA
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> (Amaryl)	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> (Glynase)	PDL Preferred	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	PDL Preferred	
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG (glyburide micronized)	PDL Non-Preferred	PA
<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	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
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	
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		
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
Antihyperglycemic, Biguanide Type(Non-Sulfonylurea)		

Drug	Status	Notes
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG, 500 MG <i>metformin oral solution 500 mg/5 ml</i> (Riomet)	PDL Non-Preferred	PA
<i>metformin oral tablet 1,000 mg, 500 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>	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
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	PDL Non-Preferred	PA
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	PDL Non-Preferred	PA
Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb		
<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	
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	PDL Non-Preferred	PA
Antihyperglycemic,Insulin-Response & Release Comb.		
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>	PDL Non-Preferred	PA
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb		
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

Drug	Status	Notes
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	PDL Preferred	
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, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	PDL Preferred	
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		
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 (Actoplus MET)</i>	PDL Non-Preferred	PA
Antihypergly-Sgt-2 Inhib,Dpp-4 Inhib,Biguanide Cb		
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
Blood Sugar Diagnostics		
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
Diabetic Supplies		
ONETOUCH SURESOFT LANCING DEV 18 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
ONETOUCH SURESOFT LANCING (lancets) DEV 21 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
Hyperglycemics		
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 (glucagon hcl) INJECTION RECON SOLN 1 MG	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)

Drug	Status	Notes
GVOKE HYPOOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	PDL Preferred	QL (0.2 ML per 30 days)
GVOKE HYPOOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	PDL Preferred	QL (0.4 ML per 30 days)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	PDL Non-Preferred	PA; QL (0.2 ML per 30 days)
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 0.5 MG/0.1 ML	PDL Non-Preferred	PA; QL (0.2 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 Non-Preferred	PA
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	PDL Non-Preferred	PA
Insulins		
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)

Drug	Status	Notes
BASAGLAR TEMPO PEN(U-100)INSLN (insulin glargine) SUBCUTANEOUS INSULIN PEN 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 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
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-lispro) SUBCUTANEOUS INSULIN PEN 100 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 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)

Drug	Status	Notes	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	PDL Preferred	QL (90 ML per 1 FILL)	
HUMULIN R REGULAR U-100 INSULIN 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)	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	(Novolog Mix 70-30FlexPen U-100)	PDL Non-Preferred	PA; 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 Non-Preferred	PA; QL (90 ML per 1 FILL)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	(Novolog U-100 Insulin aspart)	PDL Non-Preferred	PA; 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 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Lantus Solostar U-100 Insulin)	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
<i>insulin glargine subcutaneous solution 100 unit/ml</i>	(Lantus U-100 Insulin)	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Semglee(insulin glargine-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)

Drug		Status	Notes
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 FLEXTOUCH U-100 INSULN 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)
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 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 U-100 INSULN 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 Preferred	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 Preferred	QL (90 ML per 1 FILL)

Drug	Status	Notes	
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 Preferred	QL (90 ML per 1 FILL)
SEMLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
SEMLEE(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)		PDL Non-Preferred	PA; QL (90 ML per 1 FILL)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)		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)
Urine Glucose Test Aids			
DIASTIX STRIP	Common Formulary		
NO-STICK GLUCOSE STRIP	Common Formulary		
Urine Glucose/Acetone Test Aids,Strips			
KETO-DIASTIX STRIP	Common Formulary		
Ear - General Disorders			
Ear Preparations, Misc. Anti-Infectives			
acetic acid otic (ear) solution 2 %	Common Formulary		
hydrocortisone-acetic acid otic (ear) drops 1-2 %	Common Formulary		
Ear Preparations,Antibiotics			
ciprofloxacin hcl otic (ear) dropperette 0.2 %	(Cetraxal)	PDL Non-Preferred	PA
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml- unit/ml-%		Common Formulary	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		Common Formulary	

Drug	Status	Notes
<i>ofloxacin otic (ear) drops 0.3 %</i>	PDL Preferred	
Otic Preparations,Anti-Inflammatory-Antibiotics		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	PDL Non-Preferred	PA
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	(ciprofloxacin-dexamethasone)	PDL Preferred
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	(Ciprodex)	PDL Non-Preferred
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i>	(Otovel)	PDL Non-Preferred
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	(ciprofloxacin-fluocinolone)	PDL Non-Preferred
Electrolyte Regulation		
Electrolyte Depleters		
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
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	(Fosrenol)	PDL Non-Preferred
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	PDL Non-Preferred	PA
RENAGEL ORAL TABLET 800 MG	(sevelamer hcl)	PDL Non-Preferred
RENEVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	(sevelamer carbonate)	PDL Non-Preferred
RENEVELA ORAL TABLET 800 MG	(sevelamer carbonate)	PDL Non-Preferred
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	(Renvela)	PDL Non-Preferred
<i>sevelamer carbonate oral tablet 800 mg</i>	(Renvela)	PDL Preferred
<i>sevelamer hcl oral tablet 400 mg</i>		PDL Non-Preferred
<i>sevelamer hcl oral tablet 800 mg</i>	(Renagel)	PDL Non-Preferred
<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
Electrolyte Maintenance		
PEDIATRIC ELECTROLYTE ORAL SOLUTION	(electrolytes-dextrose)	Common Formulary

Drug	Status	Notes
Phosphate Replacement		
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOL/ML	Common Formulary	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml, 3 mmol/ml (4.7 meq/ml)</i>	Common Formulary	
<i>sodium phosphate intravenous solution 3 mmol/ml</i>	Common Formulary	
Potassium Replacement		
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, 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
Endocrine Disorder - Fertility		
Pregnancy Facilitating/Maintaining Agent,Hormonal		
CRINONE VAGINAL GEL 8 %	PDL Non-Preferred	PA
Pregnancy Maintaining Agent,Hormonal		
<i>hydroxyprogesterone cap(pres) intramuscular oil 250 mg/ml (1 ml)</i>	Common Formulary	SP
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	(Makena)	Common Formulary
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML	PDL Non-Preferred	PA; SP
MAKENA INTRAMUSCULAR OIL 250 MG/ML	(hydroxyprogesterone cap(ppres))	Common Formulary
Endocrine Disorder - Other		
Adrenocorticotrophic Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antidiuretic And Vasopressor Hormones		
<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 (DDAVP)</i>	Common Formulary	QL (6 EA per 1 day)
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	Common Formulary	SP
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Common Formulary	SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Common Formulary	SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Common Formulary	SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Common Formulary	SP
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Common Formulary	SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	Common Formulary	SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Common Formulary	SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	Common Formulary	SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	Common Formulary	SP
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	Common Formulary	SP
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	Common Formulary	SP
Bone Formation Stim. Agents - Parathyroid Hormone		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	PDL Non-Preferred	PA; SP
Bone Formation Stimulating Agts - Pth Rel Peptides		

Drug	Status	Notes
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	PDL Non-Preferred	PA; SP
Bone Resorption Inhibitor & Vitamin D Combinations		
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)
Bone Resorption Inhibitors		
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	
<i>alendronate oral tablet 35 mg</i>	PDL Preferred	QL (0.15 EA per 1 day)
<i>alendronate oral tablet 70 mg (Fosamax)</i>	PDL Preferred	QL (0.15 EA per 1 day)
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC) 35 MG	PDL Non-Preferred	PA; QL (4 EA per 28 days)
BONIVA ORAL TABLET 150 MG (ibandronate)	PDL Non-Preferred	PA; QL (0.04 EA per 1 day)
<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 (Boniva)</i>	PDL Non-Preferred	PA; QL (0.04 EA per 1 day)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	PDL Non-Preferred	PA
<i>raloxifene oral tablet 60 mg (Evista)</i>	PDL Preferred	
<i>risedronate oral tablet 150 mg (Actonel)</i>	PDL Non-Preferred	PA
<i>risedronate oral tablet 30 mg, 5 mg</i>	PDL Non-Preferred	PA
<i>risedronate oral tablet 35 mg (Actonel)</i>	PDL Non-Preferred	PA; QL (4 EA per 28 days)
<i>risedronate oral tablet,delayed release (dr/ec) 35 mg</i>	PDL Non-Preferred	PA; QL (4 EA per 28 days)
Calcimimetic,Parathyroid Calcium Enhancer		
<i>cinacalcet oral tablet 30 mg, 60 mg (Sensipar)</i>	Common Formulary	PA; SP; QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg (Sensipar)</i>	Common Formulary	PA; SP; QL (4 EA per 1 day)
Growth Hormones		

Drug	Status	Notes
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; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	PDL Preferred	PA; SP
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	PDL Non-Preferred	PA; SP
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	PDL Non-Preferred	PA; SP
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; SP
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; SP
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; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	PDL Non-Preferred	PA; SP
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	PDL Non-Preferred	PA; SP
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	PDL Non-Preferred	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	PDL Non-Preferred	PA; SP
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; SP
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	PDL Non-Preferred	PA; SP
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Common Formulary	PA; SP
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb		
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)
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
ORILISSA ORAL TABLET 150 MG	PDL Preferred	Age (Min 18 Years)
ORILISSA ORAL TABLET 200 MG	PDL Preferred	PA; Age (Min 18 Years)
Lhrh(Gnrh)Agnst Pit.Sup-Central Precocious Puberty		
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	Common Formulary	SP
Natriuretic Peptides		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Pituitary Suppressive Agents		
<i>cabergoline oral tablet 0.5 mg</i>	Common Formulary	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Common Formulary	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Common Formulary	
<i>propylthiouracil oral tablet 50 mg</i>	Common Formulary	
Thyroid Hormones		
ARMOUR THYROID ORAL TABLET (thyroid (pork)) 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Common Formulary	Age (Max 64 Years)
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Common Formulary	Age (Max 64 Years)
EUTHYROX ORAL TABLET 100 MCG, (levothyroxine) 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	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>	Common Formulary	
<i>levothyroxine oral tablet 300 mcg (Levo-T)</i>	Common Formulary	

Drug	Status	Notes	
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 <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Common Formulary		
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	Common Formulary	Age (Max 64 Years)
THYQUIDITY ORAL SOLUTION 20 MCG/ML		Common Formulary	
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML		Common Formulary	
Eye - General Disorders			
Eye Antibiotic-Corticoid Combinations			
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	Common Formulary	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	Common Formulary	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	Common Formulary	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	(neomycin-bacitracin-poly-hc)	Common Formulary	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	(TobraDex)	Common Formulary	
Eye Antihistamines			
ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %)	(ketotifen fumarate)	PDL Preferred	
azelastine ophthalmic (eye) drops 0.05 %		PDL Preferred	
bepotastine besilate ophthalmic (eye) drops 1.5 %	(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	
epinastine ophthalmic (eye) drops 0.05 %		PDL Non-Preferred	PA
EYE ALLERGY ITCH RELIEF OPHTHALMIC (EYE) DROPS 0.2 %	(olopatadine)	PDL Preferred	
EYE ALLERGY ITCH-REDNESS RLF OPHTHALMIC (EYE) DROPS 0.1 %	(olopatadine)	PDL Preferred	
EYE ITCH RELIEF OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %)	(ketotifen fumarate)	PDL Preferred	
ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)	(Alaway)	PDL Preferred	

Drug	Status	Notes	
LASTACRAFT ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.25 %	PDL Non-Preferred	PA	
LASTACRAFT OPHTHALMIC (EYE) DROPS 0.25 %	PDL Non-Preferred	PA	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	PDL Preferred		
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	PDL Preferred		
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 Preferred	
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %		PDL Non-Preferred	PA
Eye Antiinflammatory Agents			
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
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %		PDL Non-Preferred	PA
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>		PDL Non-Preferred	PA
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %		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	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %		PDL Non-Preferred PA	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	(Pred Forte)	Common Formulary	

Drug	Status	Notes
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Common Formulary	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	PDL Non-Preferred	PA
Eye Antivirals		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Common Formulary	
Eye Local Anesthetics		
ALCAINE OPHTHALMIC (EYE) DROPS (proparacaine) 0.5 %	Common Formulary	
<i>proparacaine ophthalmic (eye) drops 0.5 % (Alcaine)</i>	Common Formulary	
Eye Sulfonamides		
<i>sulacetamide sodium ophthalmic (eye) drops 10 %</i>	Common Formulary	
<i>sulacetamide sodium ophthalmic (eye) ointment 10 %</i>	Common Formulary	
<i>sulacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Common Formulary	
Eye Vasoconstrictors (Rx Only)		
<i>phenylephrine hcl ophthalmic (eye) drops 2.5 %</i>	Common Formulary	
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	PDL Non-Preferred	PA; QL (8.4 ML per 30 days)
Ophthalmic Antibiotics		
AK-POLY-BAC OPHTHALMIC (EYE) (bacitracin-polymyxin b) OINTMENT 500-10,000 UNIT/GRAM	Common Formulary	
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>	Common Formulary	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	PDL Non-Preferred	PA
CILOXAN OPHTHALMIC (EYE) DROPS (ciprofloxacin hcl) 0.3 %	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 % (Zymaxid)</i>	PDL Non-Preferred	PA

Drug	Status	Notes
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM) (gentamicin)	Common Formulary	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Common Formulary	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	PDL Non-Preferred	PA
<i>moxifloxacin ophthalmic (eye) drops 0.5 % (Vigamox)</i>	PDL Non-Preferred	PA
<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 % (Ocuflax)</i>	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> (Polytrim)	Common Formulary	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Common Formulary	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 % (moxifloxacin)	PDL Preferred	
ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 % (gatifloxacin)	PDL Non-Preferred	PA
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
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)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	PDL Preferred	QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Common Formulary	PA; SP; QL (28 ML per 28 days); Age (Min 2 Years)
Ophthalmic Mast Cell Stabilizers		

Drug	Status	Notes
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	PDL Non-Preferred	PA
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	PDL Non-Preferred	PA
<i>cromolyn ophthalmic (eye) drops 4 %</i>	PDL Preferred	
Ophthalmic Preparations, Miscellaneous		
ALTACHLORE OPHTHALMIC (EYE) DROPS 5 % (sodium chloride)	Common Formulary	
ALTACHLORE OPHTHALMIC (EYE) OINTMENT 5 % (sodium chloride)	Common Formulary	
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 % (Altachlore)</i>	Common Formulary	
<i>sodium chloride ophthalmic (eye) ointment 5 % (Altachlore)</i>	Common Formulary	
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
<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)
Miotics/Other Intraoc. Pressure Reducers		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	PDL Non-Preferred	PA
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 % (brimonidine)	PDL Non-Preferred	PA
<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 0.15 % (Alphagan P)</i>	PDL Non-Preferred	PA
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	PDL Preferred	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 % (Combigan)</i>	PDL Non-Preferred	PA

Drug		Status	Notes
<i>brinzolamide ophthalmic (eye) drops, suspension 1 %</i>	(Azopt)	PDL Non-Preferred	PA
<i>carteolol ophthalmic (eye) drops 1 %</i>		PDL Preferred	
<i>COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %</i>	(brimonidine-timolol)	PDL Preferred	
<i>COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %</i>	(dorzolamide-timolol (pf))	PDL Non-Preferred	PA
<i>COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML</i>	(dorzolamide-timolol)	PDL Non-Preferred	PA
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	(Trusopt)	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	
<i>IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %</i>		PDL Non-Preferred	PA
<i>ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %</i>	(timolol maleate)	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
<i>LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %</i>		PDL Non-Preferred	PA
<i>PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %</i>		Common Formulary	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 4 %</i>		Common Formulary	
<i>pilocarpine hcl ophthalmic (eye) drops 2 %</i>	(Ispto Carpine)	Common Formulary	
<i>RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %</i>		PDL Preferred	
<i>ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %</i>		PDL Preferred	
<i>SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %</i>		PDL Preferred	
<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>	(Timoptic)	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>	(Timoptic-XE)	PDL Preferred	
<i>TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %</i>	(timolol maleate (pf))	PDL Non-Preferred	PA
<i>TIMOPTIC OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %</i>	(timolol maleate)	PDL Non-Preferred	PA

Drug	Status	Notes
TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION 0.25 %, 0.5 % (timolol maleate)	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
TRUSOPT OPHTHALMIC (EYE) DROPS 2 % (dorzolamide)	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
Mydriatics		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isoto Atropine)	Common Formulary	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Common Formulary	
<i>cyclopentolate ophthalmic (eye) drops 1 %, 2 %</i> (Cyclogyl)	Common Formulary	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine hbr)	Common Formulary	
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Common Formulary	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydriacyl)	Common Formulary	
Eye - Miscellaneous		
Artificial Tears		
ARTIFICIAL TEARS (POLYVIN ALC) OPHTHALMIC (EYE) DROPS 1.4 % (polyvinyl alcohol)	Common Formulary	
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	
<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> (Lubricant Eye Drops)	Common Formulary	
<i>carboxymethylcellulose sodium ophthalmic (eye) drops, liquid gel 1 %</i> (Lubricant Dry Eye Relief)	Common Formulary	
DRY EYE RELIEF (PG-PEG 400) OPHTHALMIC (EYE) DROPS,GEL 0.4-0.3 %	Common Formulary	

Drug	Status	Notes
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 DRY EYE RELIEF OPHTHALMIC (EYE) DROPS, LIQUID GEL 1 %	(carboxymethylcellulose sodium)	Common Formulary
LUBRICANT EYE (PG-PEG 400) OPHTHALMIC (EYE) DROPS 0.4-0.3 %	(carboxymethylcellulose sodium)	Common Formulary
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPPERETTE 0.5 %	(carboxymethylcellulose sodium)	Common Formulary
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPS 0.5 %	(carboxymethylcellulose sodium)	Common Formulary
LUBRICATING PLUS OPHTHALMIC (EYE) DROPPERETTE 0.5 %	(carboxymethylcellulose sodium)	Common Formulary
LUBRICATING TEARS OPHTHALMIC (EYE) DROPS 0.1-0.3 %	(carboxymethylcellulose sodium)	Common Formulary
<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
SYSTANE (PROPYLENE GLYCOL) OPHTHALMIC (EYE) DROPS 0.4-0.3 %	(carboxymethylcellulose sodium)	Common Formulary
SYSTANE ULTRA OPHTHALMIC (EYE) DROPS 0.4-0.3 %	(carboxymethylcellulose sodium)	Common Formulary
ULTRA FRESH OPHTHALMIC (EYE) DROPS 0.5 %	(carboxymethylcellulose sodium)	Common Formulary
Eye Preparations, Miscellaneous (Otc)		
FOR STY RELIEF OPHTHALMIC (EYE) OINTMENT	Common Formulary	
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	
Gout And Related Diseases		
Colchicine		
colchicine oral capsule 0.6 mg	(Mitigare)	PDL Non-Preferred
colchicine oral tablet 0.6 mg	(Colcrys)	PDL Preferred
COLCRYS ORAL TABLET 0.6 MG	(colchicine)	PDL Non-Preferred
		PA

Drug	Status	Notes
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	PDL Non-Preferred	PA
MITIGARE ORAL CAPSULE 0.6 MG (colchicine)	PDL Non-Preferred	PA
Hyperuricemia Tx - Purine Inhibitors		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	PDL Preferred	
<i>allopurinol oral tablet 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
Uricosuric Agents		
<i>probencid oral tablet 500 mg</i>	PDL Preferred	
<i>probencid-colchicine oral tablet 500-0.5 mg</i>	PDL Preferred	
Hematological Disorders		
Anticoagulants,Coumarin Type		
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	
Antifibrinolytic Agents		
AMICAR ORAL SOLUTION 250 MG/ML (aminocaproic acid) (25 %)	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

Drug	Status	Notes
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LYSTEDA ORAL TABLET 650 MG (tranexamic acid)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
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>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antihemophilic Factors		
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
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

Drug	Status	Notes
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
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

Drug	Status	Notes
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
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
Antiporphyrinia Factors		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Blood Factors,Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-)) UNIT RANGE	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Complement (C3) Inhibitors		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	PDL Preferred	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	PDL Preferred	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	PDL Non-Preferred	PA

Drug	Status	Notes
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	PDL Preferred	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	PDL Preferred	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	PDL Preferred	
Factor Ix Complex (Pcc) Preparations		
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
Factor Ix Preparations		
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
IDEVION 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, 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
Factor XIII Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Hematinics, Other		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	PDL Preferred	PA; SP
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; SP
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; SP
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; SP
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; SP
Hemophilia Treatment Agents, Non-Factor Replacement		
HELIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Hemorrheologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Common Formulary	
Heparin And Related Preparations		
ARIIXTRA 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
<i>enoxaparin subcutaneous solution 300 (Lovenox) mg/3 ml</i>	PDL Preferred	
<i>enoxaparin subcutaneous syringe 100 (Lovenox) 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>	PDL Preferred	PA REQUIRED IF DAYS SUPPLY IS GREATER THAN 10
<i>fondaparinux subcutaneous syringe 10 (Arixtra) mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	PDL Non-Preferred	PA

Drug	Status	Notes
FRAGMIN SUBCUTANEOUS SOLUTION 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
Human Monoclonal Antibody Complement(C5) Inhibitor		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML	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
Leukocyte (Wbc) Stimulants		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PDL Non-Preferred	PA; SP; QL (0.6 ML per 14 days)
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	PDL Non-Preferred	PA; SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	PDL Non-Preferred	PA; SP
LEUKINE INJECTION RECON SOLN 250 MCG	PDL Non-Preferred	PA; SP
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	PDL Non-Preferred	PA; SP; QL (0.6 ML per 14 days)
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PDL Non-Preferred	PA; SP; QL (0.6 ML per 14 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	PDL Preferred	SP

Drug	Status	Notes	
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	PDL Preferred	SP	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	PDL Non-Preferred	PA; SP	
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	PDL Non-Preferred	PA; SP	
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PDL Preferred	SP; QL (0.6 ML per 14 days)	
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	PDL Non-Preferred	PA; SP	
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	PDL Non-Preferred	PA; SP	
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PDL Non-Preferred	PA; SP; QL (0.6 ML per 14 days)	
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	PDL Non-Preferred	PA; SP; QL (48 ML per 30 days)	
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	PDL Non-Preferred	PA; SP; QL (0.6 ML per 14 days)	
Plasma Proteins			
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 INTRAVENOUS SOLUTION 25 %, 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

Drug		Status	Notes
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
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
PLASBUMIN 25 % INTRAVENOUS PARENTERAL SOLUTION 25 %	(albumin, human 25 %)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PLASBUMIN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %	(albumin, human 5 %)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
PLASMANATE INTRAVENOUS PARENTERAL SOLUTION 5 %	(plasma protein fraction)	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

Drug	Status	Notes
THROMBATE III INTRAVENOUS RECON SOLN 500 (+/-) UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Platelet Aggregation Inhibitors		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Common Formulary	QL (1 EA per 1 day)
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)	Common Formulary	QL (1 EA per 1 day)
aspirin oral tablet,chewable 81 mg (Aspirin Childrens)	Common Formulary	QL (1 EA per 1 day)
aspirin oral tablet,delayed release (dr/ec) (Adult Aspirin Regimen) 81 mg	Common Formulary	QL (1 EA per 1 day)
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	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)
cilostazol oral tablet 100 mg, 50 mg	Common Formulary	QL (2 EA per 1 day)
clopidogrel oral tablet 300 mg	PDL Preferred	QL (2 EA per 30 days)
clopidogrel oral tablet 75 mg (Plavix)	PDL Preferred	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	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
prasugrel oral tablet 10 mg, 5 mg (Effient)	PDL Preferred	Age (Max 75 Years)
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	Common Formulary	QL (1 EA per 1 day)
Platelet Reducing Agents		
anagrelide oral capsule 0.5 mg (Agrylin)	Common Formulary	
anagrelide oral capsule 1 mg	Common Formulary	
Protein C Preparations		
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
Sickle Cell Anemia Agents		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Common Formulary	

Drug	Status	Notes
ENDARI ORAL POWDER IN PACKET 5 GRAM	Common Formulary	PA; SP; QL (180 EA per 30 days); Age (Min 5 Years)
OXBRYTA ORAL TABLET 500 MG	Common Formulary	PA; SP; QL (90 EA per 30 days); Age (Min 12 Years)
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	Common Formulary	PA; SP; Age (Min 4 Years)
Thrombin Inhibitors, Selective, Direct, & Reversible		
dabigatran etexilate oral capsule 150 mg, 75 mg (Pradaxa)	PDL Non-Preferred	PA
PRADAXA ORAL CAPSULE 110 MG	PDL Preferred	
PRADAXA ORAL CAPSULE 150 MG, 75 MG (dabigatran etexilate)	PDL Preferred	
Vitamin K Preparations		
MEPHYTON ORAL TABLET 5 MG (phytonadione (vitamin k1))	Common Formulary	QL (3 EA per 30 days)
phytonadione (vitamin k1) oral tablet 5 mg (Mephyton)	Common Formulary	QL (3 EA per 30 days)
Hormonal Deficiency		
Androgenic Agents		
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
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)	PDL Non-Preferred	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml (Depo-Testosterone)	Common Formulary	
testosterone transdermal gel 50 mg/5 gram (1 %) (Testim)	PDL Non-Preferred	PA
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation (Fortesta)	PDL Non-Preferred	PA
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Vogelxo)	PDL Non-Preferred	PA
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (AndroGel)	PDL Preferred	PA

Drug	Status	Notes
testosterone transdermal gel in packet 1 % (25 mg/2.5 gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	PDL Non-Preferred	PA
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	PDL Non-Preferred	PA
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	PDL Non-Preferred	PA
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	PDL Non-Preferred	PA
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	PDL Non-Preferred	PA
Estrogenic Agents		
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG (estradiol-norethindrone acet)	Common Formulary	Age (Max 64 Years)
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)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg (Estrace)	Common Formulary	Age (Max 64 Years)
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 (Dotti)	Common Formulary	QL (8 EA per 28 days); Age (Max 64 Years)
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 (Climara)	Common Formulary	QL (4 EA per 28 days); Age (Max 64 Years)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml (Delestrogen)	Common Formulary	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg (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)
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg (Fyavolv)	Common Formulary	QL (1 EA per 1 day); Age (Max 64 Years)

Drug	Status	Notes
norethindrone ac-eth estradiol oral tablet (Fyavolv) 1-5 mg-mcg	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, (conjugated estrogens) 1.25 MG	Common Formulary	QL (1 EA per 1 day); Age (Max 64 Years)
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)
Progestational Agents		
AYGESTIN ORAL TABLET 5 MG (norethindrone acetate)	PDL Non-Preferred	PA
CRINONE VAGINAL GEL 4 %	PDL Non-Preferred	PA
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	Common Formulary	SP
medroxyprogesterone oral tablet 10 mg, (Provera) 2.5 mg, 5 mg	PDL Preferred	
norethindrone acetate oral tablet 5 mg (Aygestin)	PDL Preferred	
progesterone intramuscular oil 50 mg/ml	PDL Non-Preferred	PA
progesterone micronized oral capsule (Prometrium) 100 mg, 200 mg	PDL Preferred	
PROMETRIUM ORAL CAPSULE 100 (progesterone micronized) MG, 200 MG	PDL Non-Preferred	PA
PROVERA ORAL TABLET 10 MG, 2.5 (medroxyprogesterone) MG, 5 MG	PDL Non-Preferred	PA
Immunization		
Covid-19 Vaccines		
COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	Common Formulary	QL (0.3 ML per 17 days); Age (Min 12 Years)
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML	Common Formulary	QL (1 ML per 365 days); Age (Min 18 Years)
MODERNA COVID BIVAL(6M-5Y)-PF INTRAMUSCULAR SUSPENSION 10 MCG/0.2 ML	Common Formulary	AGE: 6 MONTHS TO 5 YEARS; QL (0.2 ML per 365 days)
MODERNA COVID BIVAL(6Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	Common Formulary	QL (0.5 ML per 365 days); Age (Min 6 Years)
MODERNA COVID(6M-5Y) VACC(EUA) INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	Common Formulary	AGE: 6 MONTHS TO 5 YEARS; QL (0.25 ML per 24 days)
MODERNA COVID-19 (6-11YR)(EUA) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	Common Formulary	QL (0.5 ML per 24 days); Age (Min 6 Years and Max 11 Years)
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	Common Formulary	QL (0.5 ML per 24 days); Age (Min 12 Years)

Drug	Status	Notes
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	Common Formulary	QL (0.5 ML per 17 days); Age (Min 12 Years)
PFIZER COVID BIVAL(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	Common Formulary	QL (0.3 ML per 365 days); Age (Min 12 Years)
PFIZER COVID BIVAL(5-11YR)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML	Common Formulary	QL (0.2 ML per 365 days); Age (Min 5 Years and Max 11 Years)
PFIZER COVID BIVAL(6MO-4Y)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.2 ML	Common Formulary	AGE: 6 MONTHS TO 4 YEARS; QL (0.2 ML per 365 days)
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	Common Formulary	QL (0.3 ML per 17 days); Age (Min 12 Years)
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML	Common Formulary	QL (0.2 ML per 17 days); Age (Min 5 Years and Max 11 Years)
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.2 ML	Common Formulary	AGE: 6 MONTHS TO 4 YEARS; QL (0.2 ML per 17 days)
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML	Common Formulary	QL (0.3 ML per 17 days); Age (Min 12 Years)
SPIKEVAX (PF) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	Common Formulary	QL (0.5 ML per 24 days); Age (Min 12 Years)
Gram Positive Coccidioides Vaccines		
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 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Common Formulary	QL (1 ML per 365 days)
Influenza Virus Vaccines		
AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Common Formulary	
AFLURIA QUAD 2022-2023(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Common Formulary	
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Common Formulary	
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Common Formulary	
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	Common Formulary	

Drug	Status	Notes
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Common Formulary	
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Common Formulary	
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Common Formulary	
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE 10EXP6.5- 7.5 FF UNIT/0.2 ML	Common Formulary	
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	Common Formulary	
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Common Formulary	
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Common Formulary	
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Common Formulary	
Toxin-Producing Bacilli Vaccines/Toxoids		
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	Common Formulary	
Viral/Tumorigenic Vaccines		
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)
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)
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)
Immunosuppression/Modulation		
Immunomodulators		
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Common Formulary	SP
<i>imiquimod topical cream in packet 5 %</i>	Common Formulary	QL (0.43 EA per 1 day)

Drug	Status	Notes
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	Common Formulary	SP
Immunosupp - Monoclonal Ab Inhibiting T Lymph Fxn		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	Common Formulary	SP
Immunosuppressives		
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Common Formulary	SP
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	Common Formulary	SP
<i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)	Common Formulary	
<i>azathioprine oral tablet 50 mg</i> (Imuran)	Common Formulary	
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG (hcl))	Common Formulary	SP
CELLCEPT ORAL CAPSULE 250 MG (mycophenolate mofetil)	Common Formulary	SP
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (mycophenolate mofetil)	Common Formulary	SP
CELLCEPT ORAL TABLET 500 MG (mycophenolate mofetil)	Common Formulary	SP
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	Common Formulary	SP
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	Common Formulary	SP
<i>cyclosporine modified oral capsule 50 mg</i>	Common Formulary	SP
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	Common Formulary	SP
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Common Formulary	SP
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Common Formulary	SP
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	Common Formulary	SP
GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Common Formulary	SP
GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Common Formulary	SP
IMURAN ORAL TABLET 50 MG (azathioprine)	Common Formulary	
LUPKYNIS ORAL CAPSULE 7.9 MG	Common Formulary	SP
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	Common Formulary	SP

Drug	Status	Notes
mycophenolate mofetil oral capsule 250 mg (CellCept)	Common Formulary	SP
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml (CellCept)	Common Formulary	SP
mycophenolate mofetil oral tablet 500 mg (CellCept)	Common Formulary	SP
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg (Myfortic)	Common Formulary	SP
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG (mycophenolate sodium)	Common Formulary	SP
NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Common Formulary	SP
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Common Formulary	SP
NULOJIX INTRAVENOUS RECON SOLN 250 MG	Common Formulary	SP
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	Common Formulary	
RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus)	Common Formulary	SP
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (sirolimus)	Common Formulary	SP
SANDIMMUNE INTRAVENOUS SOLUTION 250 MG/5 ML (cyclosporine)	Common Formulary	SP
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	Common Formulary	SP
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	Common Formulary	SP
sirolimus oral solution 1 mg/ml (Rapamune)	Common Formulary	SP
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg (Rapamune)	Common Formulary	SP
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)	Common Formulary	
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	Common Formulary	SP
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG (everolimus (immunosuppressive))	Common Formulary	SP
Infectious Disease - Bacterial		
Absorbable Sulfonamides		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml (Sulfatrim)	Common Formulary	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg (Bactrim)	Common Formulary	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg (Bactrim DS)	Common Formulary	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole-trimethoprim)	Common Formulary	

Drug	Status	Notes
Betalactams		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	PDL Preferred	SP
Cephalosporins - 1St Generation		
cefadroxil oral capsule 500 mg	PDL Preferred	QL (28 EA per 1 FILL)
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	PDL Preferred	
cefadroxil oral tablet 1 gram	PDL Non-Preferred	PA; QL (28 EA per 1 FILL)
cephalexin oral capsule 250 mg, 500 mg, 750 mg	PDL Preferred	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	PDL Preferred	
cephalexin oral tablet 250 mg, 500 mg	PDL Preferred	
Cephalosporins - 2Nd Generation		
cefaclor oral capsule 250 mg, 500 mg	PDL Non-Preferred	PA; QL (42 EA per 1 FILL)
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	PDL Non-Preferred	PA
cefaclor oral tablet extended release 12 hr 500 mg	PDL Non-Preferred	PA; QL (42 EA per 1 FILL)
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	PDL Preferred	
cefprozil oral tablet 250 mg, 500 mg	PDL Preferred	QL (28 EA per 1 FILL)
cefuroxime axetil oral tablet 250 mg, 500 mg	PDL Preferred	QL (42 EA per 1 FILL)
Cephalosporins - 3Rd Generation		
cefdinir oral capsule 300 mg	PDL Preferred	QL (28 EA per 1 FILL)
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	PDL Preferred	
cefixime oral capsule 400 mg (Suprax)	PDL Preferred	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Suprax)	PDL Non-Preferred	PA
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	PDL Non-Preferred	PA
cefpodoxime oral tablet 100 mg, 200 mg	PDL Non-Preferred	PA; QL (28 EA per 1 FILL)
SUPRAX ORAL CAPSULE 400 MG (cefixime)	PDL Preferred	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML (cefixime)	PDL Non-Preferred	PA
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	PDL Non-Preferred	PA
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	PDL Non-Preferred	PA
Chemotherapeutics, Antibacterial, Misc.		

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	
Macrolides		
<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>	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
<i>DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML</i>	PDL Non-Preferred	PA
<i>DIFICID ORAL TABLET 200 MG</i>	PDL Non-Preferred	PA
<i>E.E.S. 400 ORAL TABLET 400 MG</i> (erythromycin ethylsuccinate)	PDL Preferred	
<i>E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML</i> (erythromycin ethylsuccinate)	PDL Non-Preferred	PA
<i>ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML</i> (erythromycin ethylsuccinate)	PDL Non-Preferred	PA
<i>ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML</i> (erythromycin ethylsuccinate)	PDL Non-Preferred	PA
<i>ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG, 500 MG</i> (erythromycin)	PDL Non-Preferred	PA
<i>ERYTHROGIN (AS STEARATE) ORAL TABLET 250 MG</i> (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
erythromycin oral tablet, delayed release (Ery-Tab) (dr/ec) 250 mg, 333 mg, 500 mg	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
Nitrofuran Derivatives		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg (Macrodantin)	Common Formulary	QL (2 EA per 1 day); Age (Max 64 Years)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg (Macrobid)	Common Formulary	QL (2 EA per 1 day)
Oxazolidinones		
linezolid oral suspension for reconstitution 100 mg/5 ml (Zyvox)	PDL Non-Preferred	PA
linezolid oral tablet 600 mg (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)
Penicillins		
amoxicillin oral capsule 250 mg, 500 mg	Common Formulary	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	Common Formulary	
amoxicillin oral tablet 500 mg, 875 mg	Common Formulary	
amoxicillin oral tablet, chewable 125 mg, 250 mg	Common Formulary	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml	Common Formulary	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml (Augmentin)	Common Formulary	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml (Augmentin ES-600)	Common Formulary	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg	Common Formulary	
amoxicillin-pot clavulanate oral tablet 500-125 mg (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	
Quinolones		
BAXDELA ORAL TABLET 450 MG	PDL Non-Preferred	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (ciprofloxacin)	PDL Preferred	
CIPRO ORAL TABLET 250 MG, 500 MG (ciprofloxacin hcl)	PDL Non-Preferred	PA; QL (42 EA per 1 FILL)
ciprofloxacin hcl oral tablet 100 mg, 750 mg	PDL Preferred	QL (42 EA per 1 FILL)
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	PDL Preferred	QL (42 EA per 1 FILL)
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml (Cipro)	PDL Preferred	
levofloxacin oral solution 250 mg/10 ml	PDL Preferred	
levofloxacin oral tablet 250 mg, 500 mg	PDL Preferred	QL (14 EA per 1 FILL)
levofloxacin oral tablet 750 mg	PDL Preferred	QL (28 EA per 1 FILL)
moxifloxacin oral tablet 400 mg	PDL Non-Preferred	PA; QL (14 EA per 1 FILL)
ofloxacin oral tablet 300 mg, 400 mg	PDL Non-Preferred	PA
Tetracyclines		
doxycycline hyclate oral capsule 100 mg, (Morgidox) 50 mg	Common Formulary	
doxycycline hyclate oral tablet 100 mg (LymePak)	Common Formulary	
doxycycline monohydrate oral capsule 100 mg (Mondoxyne NL)	Common Formulary	
doxycycline monohydrate oral capsule 50 mg (Monodox)	Common Formulary	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml (Vibramycin (mono))	Common Formulary	
doxycycline monohydrate oral tablet 100 mg (Avidoxy)	Common Formulary	
doxycycline monohydrate oral tablet 50 mg	Common Formulary	
minocycline oral capsule 100 mg, 50 mg, 75 mg	Common Formulary	
tetracycline oral capsule 250 mg, 500 mg	Common Formulary	

Drug	Status	Notes
Infectious Disease - Fungal		
Antifungal Agents		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (flucytosine)	PDL Non-Preferred	PA
<i>clotrimazole mucous membrane troche 10 mg</i>	PDL Preferred	
CRESEMDA ORAL CAPSULE 186 MG	PDL Non-Preferred	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML, 40 MG/ML (fluconazole)	PDL Non-Preferred	PA
DIFLUCAN ORAL TABLET 100 MG, 200 MG (fluconazole)	PDL Non-Preferred	PA
DIFLUCAN ORAL TABLET 150 MG (fluconazole)	PDL Non-Preferred	PA; QL (2 EA per 1 FILL)
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml (Diflucan)</i>	PDL Preferred	
<i>fluconazole oral tablet 100 mg, 200 mg (Diflucan)</i>	PDL Preferred	
<i>fluconazole oral tablet 150 mg (Diflucan)</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 (Ancobon)</i>	PDL Non-Preferred	PA
<i>itraconazole oral capsule 100 mg (Sporanox)</i>	PDL Non-Preferred	PA; QL (84 EA per 1 FILL)
<i>itraconazole oral solution 10 mg/ml (Sporanox)</i>	PDL Non-Preferred	PA; QL (840 ML per 1 FILL)
<i>ketoconazole oral tablet 200 mg</i>	PDL Preferred	
NOXAFL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (posaconazole)	PDL Non-Preferred	PA
NOXAFL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG (posaconazole)	PDL Non-Preferred	PA
<i>posaconazole oral tablet, delayed release (Noxafil) (dr/ec) 100 mg</i>	PDL Non-Preferred	PA
SPORANOX ORAL CAPSULE 100 MG (itraconazole)	PDL Non-Preferred	PA; QL (84 EA per 1 FILL)
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
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml) (Vfend)</i>	PDL Non-Preferred	PA
<i>voriconazole oral tablet 200 mg, 50 mg (Vfend)</i>	PDL Non-Preferred	PA
Antifungal Antibiotics		
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	

Drug	Status	Notes
<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	
Infectious Disease - Miscellaneous		
Aminoglycosides		
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML (tobramycin)	PDL Preferred	SP
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin with nebulizer)	PDL Preferred	SP
<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; SP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	PDL Preferred	SP
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	PDL Non-Preferred	PA; SP
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	PDL Non-Preferred	PA; SP
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	PDL Non-Preferred	PA; SP
Antileprotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Common Formulary	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Common Formulary	SP
Anti-Mycobacterium Agents		
<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	
<i>pyrazinamide oral tablet 500 mg</i>	Common Formulary	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	Common Formulary	
TRECATOR ORAL TABLET 250 MG	Common Formulary	
Antitubercular Antibiotics		
<i>cycloserine oral capsule 250 mg</i>	Common Formulary	QL (4 EA per 1 day)

Drug	Status	Notes
<i>pretomanid oral tablet 200 mg</i>	Common Formulary	PA; QL (1 EA per 1 day); Age (Min 18 Years)
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	
Lincosamides		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	Common Formulary	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Common Formulary	Age (Max 12 Years)
Rifamycins And Related Derivative Antibiotics		
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)
Vancomycin And Derivatives		
FIRVANQ ORAL RECON SOLN 25 MG/ML	PDL Preferred	
FIRVANQ ORAL RECON SOLN 50 MG/ML	PDL Preferred	
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	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 50 mg/ml</i> (Firvanq)	PDL Non-Preferred	PA
Infectious Disease - Parasitic		
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial		
<i>tinidazole oral tablet 250 mg, 500 mg</i>	PDL Preferred	
Amebacides		
<i>paromomycin oral capsule 250 mg</i> (Humatin)	Common Formulary	
Anaerobic Antiprotozoal-Antibacterial Agents		
FLAGYL ORAL CAPSULE 375 MG (metronidazole)	PDL Non-Preferred	PA
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	PDL Non-Preferred	PA
<i>metronidazole oral tablet 250 mg, 500 mg</i>	PDL Preferred	
Anthelmintics		
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Common Formulary	QL (10 EA per 30 days)

Drug	Status	Notes
REESE'S PINWORM MEDICINE ORAL SUSPENSION 50 MG/ML	Common Formulary	
Antimalarial Drugs		
chloroquine phosphate oral tablet 250 mg, 500 mg	Common Formulary	QL (1 EA per 1 day)
hydroxychloroquine oral tablet 200 mg (Plaquenil)	Common Formulary	
KRINTAFEL ORAL TABLET 150 MG	Common Formulary	PA; QL (2 EA per 365 days); Age (Min 16 Years)
mefloquine oral tablet 250 mg	Common Formulary	PA; QL (5 EA per 30 days)
primaquine oral tablet 26.3 mg	Common Formulary	
pyrimethamine oral tablet 25 mg (Daraprim)	Common Formulary	SP; QL (3 EA per 1 day)
Antiparasitics		
nitazoxanide oral tablet 500 mg (Alinia)	PDL Non-Preferred	PA; QL (6 EA per 30 days)
Antiprotozoal Drugs,Miscellaneous		
atovaquone oral suspension 750 mg/5 ml (Mepron)	Common Formulary	
benznidazole oral tablet 100 mg, 12.5 mg	Common Formulary	PA
Infectious Disease - Viral		
Antiretroviral - Anti-Cd4 Domain 2 Monoclonal Ab		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antiretroviral-Integrase Inhibitor And Nnrti Comb.		
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
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO ORAL TABLET 50-300 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antiretroviral- Nucleoside,Nucleotide,Protease Inh.		

Drug	Status	Notes
SYMTUZA ORAL TABLET 800-150-200-10 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antiviral - Main Protease (Mpro) Inhibitor		
PAXLOVID (EUA) ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG	Common Formulary	
Antiviral Monoclonal Antibodies		
EVUSHIELD (EUA) INTRAMUSCULAR SOLUTION 150 MG/1.5 ML- 150 MG/1.5 ML	Common Formulary	SP
<i>sotrovimab intravenous solution 500 mg/8 ml (62.5 mg/ml)</i>	Common Formulary	SP
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	Common Formulary	PA; SP
Antiviral Nucleotide Analogs		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Common Formulary	
Antivirals, General		
<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	
FLUMADINE ORAL TABLET 100 MG (rimantadine)	PDL Non-Preferred	PA
LIVTENCITY ORAL TABLET 200 MG	Common Formulary	PA; SP
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg (Tamiflu)</i>	PDL Preferred	QL (14 EA per 1 FILL)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml (Tamiflu)</i>	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)
<i>rimantadine oral tablet 100 mg (Flumadine)</i>	PDL Preferred	
SITAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	PDL Non-Preferred	PA
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)
<i>valacyclovir oral tablet 1 gram, 500 mg (Valtrex)</i>	PDL Preferred	
<i>valganciclovir oral recon soln 50 mg/ml (Valcyte)</i>	Common Formulary	
<i>valganciclovir oral tablet 450 mg (Valcyte)</i>	Common Formulary	QL (2 EA per 1 day)

Drug	Status	Notes
VALTREX ORAL TABLET 1 GRAM, 500 (valacyclovir) MG	PDL Non-Preferred	PA
XOFLUZA ORAL TABLET 20 MG, 40 MG	PDL Preferred	
ZOVIRAX ORAL SUSPENSION 200 (acyclovir) MG/5 ML	PDL Non-Preferred	PA
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTVUS ORAL CAPSULE 250 MG	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, 600 MG, 75 MG, 800 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
CIMDUO ORAL TABLET 300-300 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DESCOZY ORAL TABLET 120-15 MG, 200-25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
emtricitabine-tenofovir (tdf) oral tablet (Truvada) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TEMIXYS ORAL TABLET 300-300 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TRUVADA ORAL TABLET 100-150 MG, (emtricitabine-tenofovir 133-200 MG, 167-250 MG, 200-300 MG (tdf))	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
abacavir-lamivudine oral tablet 600-300 mg (Epzicom)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
COMBIVIR ORAL TABLET 150-300 MG (lamivudine-zidovudine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
EPZICOM ORAL TABLET 600-300 MG (abacavir-lamivudine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
TRIZIVIR ORAL TABLET 300-150-300 MG (abacavir-lamivudine-zidovudine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
<i>maraviroc oral tablet 150 mg, 300 mg</i> (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
SELZENTRY ORAL TABLET 25 MG, 75 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antivirals, Hiv-Specific, Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT ORAL TABLET 25 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>efavirenz oral capsule 200 mg, 50 mg</i> (Sustiva)	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> (Intelence)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
INTELENCE ORAL TABLET 100 MG, 200 MG (etravirine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
INTELENCE 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
SUSTIVA ORAL CAPSULE 200 MG, 50 MG (efavirenz)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug		Status	Notes
<i>abacavir oral tablet 300 mg</i>	(Ziagen)	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
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

Drug	Status	Notes
ZIAGEN ORAL SOLUTION 20 MG/ML (abacavir)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZIAGEN ORAL TABLET 300 MG (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
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		
<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
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
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
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
<i>lopinavir-ritonavir oral tablet 100-25 mg, (Kaletra) 200-50 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antivirals, Hiv-Specific, Protease Inhibitors		
<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 (Reyataz)</i>	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 (Lexiva)</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
INVIRASE ORAL TABLET 500 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LEXIVA ORAL SUSPENSION 50 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LEXIVA ORAL TABLET 700 MG (fosamprenavir)	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 SOLUTION 80 MG/ML	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

Drug	Status	Notes
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
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	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 10 MG, 25 MG, 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

Drug	Status	Notes
VOCABRIA ORAL TABLET 30 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Arv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
ATRIPLA ORAL TABLET 600-200-300 MG (efavirenz-emtricitabin-tenofovir)	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
DELSTRIGO ORAL TABLET 100-300-300 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>efavirenz-emtricitabin-tenofovir oral tablet (Atripla) 600-200-300 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>efavirenz-lamivu-tenofovir disop oral tablet 600-300-300 mg</i>	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-lamivu-tenofovir disop)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SYMFI ORAL TABLET 600-300-300 MG (efavirenz-lamivu-tenofovir disop)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor		
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

Drug	Status	Notes
STRIBILD ORAL TABLET 150-150-200-300 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Arv Comb-Nrtis & Integrase Inhibitor		
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
Cytochrome P450 Inhibitors		
TYBOST ORAL TABLET 150 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI ORAL TABLET 400-100-100 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		
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

Drug	Status	Notes
<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
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
SOVALDI ORAL TABLET 200 MG, 400 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Hepatitis B Treatment Agents		
<i>adefovir oral tablet 10 mg</i> (Hepsra)	Common Formulary	SP; QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Common Formulary	SP; QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	Common Formulary	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Common Formulary	PA; SP; QL (30 EA per 30 days)
Hepatitis C Treatment Agents		
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
Hepatitis C Virus - Ns5a, Ns3/4A, Ns5b Inhib Cmb.		
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

Drug	Status	Notes
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
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
Inflammatory Disease		
Anti-Flam. Interleukin-1 Receptor Antagonist		
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
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	PDL Non-Preferred	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	PDL Non-Preferred	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	PDL Non-Preferred	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	PDL Preferred	SP
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	PDL Preferred	SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	PDL Preferred	SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	PDL Preferred	SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	PDL Preferred	SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PDL Preferred	SP

Drug	Status	Notes
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PDL Preferred	SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PDL Preferred	SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	PDL Preferred	SP
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	SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	PDL Preferred	SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	PDL Preferred	SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	PDL Preferred	SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	PDL Preferred	SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	PDL Preferred	SP
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	PDL Non-Preferred	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	PDL Non-Preferred	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	PDL Non-Preferred	PA; SP
Anti-Inflammatory, Interleukin-1 Beta Blockers		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
leflunomide oral tablet 10 mg, 20 mg (Arava)	Common Formulary	QL (1 EA per 1 day)
Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA ORAL TABLET 30 MG	PDL Non-Preferred	PA; SP
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	PDL Non-Preferred	PA; SP; Age (Min 18 Years)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	Common Formulary	PA; SP; Age (Min 18 Years)

Drug	Status	Notes
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	PDL Non-Preferred	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	PDL Non-Preferred	PA; SP
C1 Esterase Inhibitors		
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
Glucocorticoids		
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Common Formulary	SP
<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>	PDL Non-Preferred	PA
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)	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	

Drug	Status	Notes
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs) (TaperDex)	Common Formulary	
dexamethasone oral tablets,dose pack 1.5 mg (35 tabs), 1.5 mg (51 tabs)	Common Formulary	
dexamethasone sodium phos (pf) injection solution 10 mg/ml	Common Formulary	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	Common Formulary	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Common Formulary	SP
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Common Formulary	SP
hydrocortisone oral tablet 10 mg, 20 mg, (Cortef) 5 mg	Common Formulary	
KENALOG INJECTION SUSPENSION (triamcinolone acetonide) 10 MG/ML, 40 MG/ML	Common Formulary	
MEDROL (PAK) ORAL TABLETS,DOSE (methylprednisolone) PACK 4 MG	Common Formulary	
MEDROL ORAL TABLET 16 MG, 4 MG, (methylprednisolone) 8 MG	Common Formulary	
MEDROL ORAL TABLET 2 MG	Common Formulary	
methylprednisolone acetate injection (Depo-Medrol) suspension 40 mg/ml, 80 mg/ml	Common Formulary	
methylprednisolone oral tablet 16 mg, 4 (Medrol) mg, 8 mg	Common Formulary	
methylprednisolone oral tablet 32 mg	Common Formulary	
methylprednisolone oral tablets,dose pack 4 mg (Medrol (Pak))	Common Formulary	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	Common Formulary	
methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg (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 10 MG, 15 MG, 30 MG (prednisolone sodium phosphate)	Common Formulary	
PEDIAPRED ORAL SOLUTION 5 MG BASE/5 ML (6.7 MG/5 ML) (prednisolone sodium phosphate)	Common Formulary	
prednisolone oral solution 15 mg/5 ml	Common Formulary	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml)	Common Formulary	

Drug	Status	Notes
<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
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
<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
Interleukin-6 (IL-6) Receptor Inhibitors		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	PDL Non-Preferred	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	PDL Non-Preferred	PA; SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Common Formulary	PA; SP; 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; SP

Drug	Status	Notes	
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	PDL Non-Preferred	PA; SP	
Janus Kinase (Jak) Inhibitors			
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	PDL Non-Preferred	PA; SP	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	PDL Non-Preferred	PA; SP	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	PDL Non-Preferred	PA; SP	
XELJANZ ORAL SOLUTION 1 MG/ML	PDL Non-Preferred	PA; SP	
XELJANZ ORAL TABLET 10 MG, 5 MG	PDL Non-Preferred	PA; SP	
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	PDL Non-Preferred	PA; SP	
Mineralocorticoids			
<i>fludrocortisone oral tablet 0.1 mg</i>	Common Formulary		
Monoclonal Antibody-Human Interleukin 12/23 Inhib			
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	PDL Non-Preferred	PA; SP	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PDL Non-Preferred	PA; SP	
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PDL Non-Preferred	PA; SP	
Nasal Nsaids, Cox Non-Selective, Systemic Analgesic			
<i>ketorolac nasal spray, non-aerosol 15.75 mg/spray</i> (Sprix)	PDL Non-Preferred	PA; QL (5 EA per 1 FILL)	
SPRIX NASAL SPRAY, NON-AEROSOL (ketorolac) 15.75 MG/SPRAY	PDL Non-Preferred	PA; QL (5 EA per 1 FILL)	
Nsaid & Histamine H2 Receptor Antagonist Comb.			
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	
Nsaid, Cox Inhibitor-Type & Proton Pump Inhib Comb			
<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
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb			
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC 50-200 MG-MCG	(diclofenac-misoprostol)	PDL Non-Preferred	PA

Drug		Status	Notes
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
Nsaids, Cyclooxygenase 2 Inhibitor - Type			
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	(celecoxib)	PDL Non-Preferred	PA; QL (2 EA per 1 day)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	(Celebrex)	PDL Preferred	ST: At least 2 prior prescriptions for Acuvail, Anjeso, Caldolor, Cambia, Diclo Gel, Diclofenac Potassium, Diclofenac Sodium, Diclofenac Submicronized, Diclofona, Diclozor, Etodolac, Fenoprofen Calcium, Flurbiprofen, Frotek, Ibuprofen, Indocin, Indomethacin, Indomethacin Submicronized, Ketoprofen, Ketorolac Tromethamine, Meclofenamate Sodium, Mefenamic Acid, Meloxicam, Meloxicam Submicronized, Nabumetone, Naproxen Sodium, Naproxen, Oxaprozin, Pennsaid, Piroxicam, Qmiiz ODT, Readysharp Ketorolac, Relafen, Sprix, Sulindac, Tivorbex, Tolmetin Sodium, or Zorvolex within the past 365 days; QL (2 EA per 1 day)
Nsaids, Cyclooxygenase Inhibitor-Type			
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 tablet 25 mg</i>	(Lofena)	PDL Non-Preferred	PA

Drug	Status	Notes
<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 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
INDOCIN ORAL SUSPENSION 25 MG/5 ML		PDL Non-Preferred PA
INDOCIN RECTAL SUPPOSITORY 50 MG	(indomethacin)	PDL Non-Preferred PA
<i>indomethacin oral capsule 25 mg, 50 mg</i>		PDL Preferred
<i>indomethacin oral capsule, extended release 75 mg</i>		PDL Non-Preferred PA
INFANT'S ADVIL ORAL DROPS,SUSPENSION 50 MG/1.25 ML	(ibuprofen)	PDL Preferred
INFANT'S IBUPROFEN ORAL DROPS,SUSPENSION 50 MG/1.25 ML	(ibuprofen)	PDL Preferred
<i>ketoprofen oral capsule 50 mg, 75 mg</i>		PDL Preferred
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>		PDL Non-Preferred PA

Drug	Status	Notes
ketorolac oral tablet 10 mg	PDL Preferred	QL (21 EA per 1 FILL)
LOFENA ORAL TABLET 25 MG (diclofenac potassium)	PDL Non-Preferred	PA
meclofenamate oral capsule 100 mg, 50 mg	PDL Non-Preferred	PA
mefenamic acid oral capsule 250 mg	PDL Non-Preferred	PA
meloxicam oral tablet 15 mg, 7.5 mg	PDL Preferred	
nabumetone oral tablet 500 mg, 750 mg	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
naproxen oral suspension 125 mg/5 ml (Naprosyn)	PDL Non-Preferred	PA
naproxen oral tablet 250 mg, 375 mg	PDL Preferred	
naproxen oral tablet 500 mg (Naprosyn)	PDL Preferred	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	PDL Non-Preferred	PA
naproxen sodium oral capsule 220 mg (Aleve)	PDL Preferred	
naproxen sodium oral tablet 220 mg (All Day Pain Relief)	PDL Preferred	
naproxen sodium oral tablet 275 mg	PDL Non-Preferred	PA
naproxen sodium oral tablet 550 mg (Anaprox DS)	PDL Non-Preferred	PA
naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg (Naprelan CR)	PDL Non-Preferred	PA
oxaprozin oral tablet 600 mg (Daypro)	PDL Non-Preferred	PA
piroxicam oral capsule 10 mg, 20 mg (Feldene)	PDL Non-Preferred	PA
RELAFEN DS ORAL TABLET 1,000 MG	PDL Non-Preferred	PA
sulindac oral tablet 150 mg, 200 mg	PDL Preferred	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG (meloxicam submicronized)	PDL Non-Preferred	PA
ZIPSOR ORAL CAPSULE 25 MG (diclofenac potassium)	PDL Non-Preferred	PA
ZORVOLEX ORAL CAPSULE 18 MG	PDL Non-Preferred	PA
ZORVOLEX ORAL CAPSULE 35 MG (diclofenac submicronized)	PDL Non-Preferred	PA
Plasma Kallikrein Inhibitors		
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
TAKHYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
TAKHYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Local Anesthesia		
Local Anesthetics		
GLYDO MUCOUS MEMBRANE JELLY (lidocaine hcl) IN APPLICATOR 2 %	Common Formulary	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Common Formulary	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Common Formulary	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	Common Formulary	
Lower Gastrointestinal Disorders - Bowel Inflamm		
Chronic Inflam. Colon Dx, 5-A-Salicylat,Rectal Tx		
mesalamine rectal enema 4 gram/60 ml (Rowasa)	Common Formulary	
mesalamine rectal suppository 1,000 mg (Canasa)	Common Formulary	
Drug Tx-Chronic Inflam. Colon Dx,5-Aminosalicylat		
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	(mesalamine)	PDL Preferred
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG	(mesalamine)	PDL Non-Preferred PA
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
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	(Delzicol)	PDL Non-Preferred PA
<i>mesalamine oral capsule, extended release 500 mg</i>	(Pentasa)	PDL Non-Preferred PA
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	(Apriso)	PDL Non-Preferred PA
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	(Lialda)	PDL Non-Preferred PA

Drug	Status	Notes
mesalamine oral tablet,delayed release (Asacol HD) (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 (Azulfidine EN-tabs) (dr/ec) 500 mg	PDL Preferred	
Ibs Agents,Mixed Opioid Recep Agonists/Antagonists		
VIBERZI ORAL TABLET 100 MG, 75 MG	PDL Non-Preferred	PA; QL (60 EA per 30 days)
Integrin Receptor Antagonist, Monoclonal Antibody		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	PDL Non-Preferred	PA; SP
Irritable Bowel Agents,Guanylate Cylase-C Agonist		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	PDL Preferred	
TRULANCE ORAL TABLET 3 MG	PDL Non-Preferred	PA
Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Common Formulary	
hydrocortisone acetate rectal suppository 25 mg (Anucort-HC)	Common Formulary	
Lower Gastrointestinal Disorders - Other		
Ammonia Inhibitors		
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
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

Drug		Status	Notes
carglumic acid oral tablet, dispersible 200 mg	(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
GENERLAC 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
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
sodium benzoate-sod phenylacet intravenous solution 10-10 %	(Ammonul)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
sodium phenylbutyrate oral powder 0.94 gram/gram	(Buphenyl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
sodium phenylbutyrate oral tablet 500 mg	(Buphenyl)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antidiarrheals			
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	
BISMATROL ORAL TABLET,CHEWABLE 262 MG	(bismuth subsalicylate)	Common Formulary	
BISMUTH ORAL TABLET,CHEWABLE 262 MG	(bismuth subsalicylate)	Common Formulary	
bismuth subsalicylate oral tablet,chewable 262 mg	(Bismatrol)	Common Formulary	
DIARRHEA RELIEF (BISMUTH SUBS) ORAL SUSPENSION 262 MG/15 ML	(bismuth subsalicylate)	Common Formulary	

Drug	Status	Notes
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	PDL Preferred	
diphenoxylate-atropine oral tablet 2.5-0.025 mg (Lomotil)	PDL Preferred	
IMODIUM A-D ORAL LIQUID 1 MG/7.5 ML (loperamide)	PDL Preferred	
KAOPECTATE (BISMUTH SUBSALICY) ORAL SUSPENSION 262 MG/15 ML (bismuth subsalicylate)	Common Formulary	
K-PEC ANTIDIARRHEAL (BISM SUB) ORAL SUSPENSION 262 MG/15 ML (bismuth subsalicylate)	Common Formulary	
loperamide oral capsule 2 mg (Anti-Diarrheal (loperamide))	PDL Preferred	
loperamide oral liquid 1 mg/7.5 ml (Anti-Diarrheal (loperamide))	PDL Preferred	
loperamide oral tablet 2 mg (Anti-Diarrheal (loperamide))	PDL Preferred	
PINK BISMUTH ORAL TABLET 262 MG (bismuth subsalicylate)	Common Formulary	
PINK BISMUTH ORAL TABLET,CHEWABLE 262 MG (bismuth subsalicylate)	Common Formulary	
STOMACH RELIEF MAX STRENGTH ORAL SUSPENSION 525 MG/15 ML (bismuth subsalicylate)	Common Formulary	
STOMACH RELIEF ORAL SUSPENSION 262 MG/15 ML (bismuth subsalicylate)	Common Formulary	
STOMACH RELIEF ORAL SUSPENSION 525 MG/15 ML (bismuth subsalicylate)	Common Formulary	
STOMACH RELIEF ORAL TABLET 262 MG (bismuth subsalicylate)	Common Formulary	
STOMACH RELIEF ORAL TABLET,CHEWABLE 262 MG (bismuth subsalicylate)	Common Formulary	
STOMACH RELIEF ORIGINAL ORAL SUSPENSION 262 MG/15 ML (bismuth subsalicylate)	Common Formulary	
ULTRA A-D ORAL TABLET 2 MG (loperamide)	PDL Preferred	
Bile Salts		
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
ursodiol oral capsule 300 mg	PDL Preferred	
ursodiol oral tablet 250 mg (URSO 250)	PDL Preferred	
ursodiol oral tablet 500 mg (URSO Forte)	PDL Preferred	
Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib		
IBSRELA ORAL TABLET 50 MG	PDL Non-Preferred	PA; QL (2 EA per 1 day); Age (Min 18 Years)
Ileal Bile Acid Transporter (Ibat) Inhibitor		

Drug	Status	Notes
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
BYLVAY ORAL PELLET 200 MCG, 600 MCG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LIVMARLI ORAL SOLUTION 9.5 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type		
alosetron oral tablet 0.5 mg, 1 mg (Lotronex)	PDL Non-Preferred	PA
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (alosetron)	PDL Non-Preferred	PA
Laxatives And Cathartics		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	PDL Preferred	
bisacodyl oral tablet, delayed release (dr/ec) 5 mg (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	
DOCU ORAL LIQUID 50 MG/5 ML (docusate sodium)	Common Formulary	
docusate calcium oral capsule 240 mg (Stool Softener (docusate cal))	Common Formulary	
docusate sodium oral capsule 100 mg (Laxa Basic)	Common Formulary	
docusate sodium oral capsule 250 mg (Stool Softener)	Common Formulary	
docusate sodium oral liquid 50 mg/5 ml (Docu)	Common Formulary	
docusate sodium oral tablet 100 mg (DOK)	Common Formulary	
DOK ORAL TABLET 100 MG (docusate sodium)	Common Formulary	
EX-LAX (SENNOSIDES) ORAL TABLET 15 MG	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-LAX ORAL TABLET 625 MG (calcium polycarbophil)	Common Formulary	
FIBER-TABS ORAL TABLET 625 MG (calcium polycarbophil)	Common Formulary	

Drug	Status	Notes
GAVILYTE-C ORAL RECON SOLN 240- (peg 3350-electrolytes) 22.72-6.72 -5.84 GRAM	Common Formulary	
GAVILYTE-G ORAL RECON SOLN 236- (peg 3350-electrolytes) 22.74-6.74 -5.86 GRAM	Common Formulary	
GENTLE LAXATIVE (BISACODYL) (bisacodyl) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG	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	
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	Common Formulary	
LAX STOOL SOFTENER WITH SENNA ORAL TABLET 8.6-50 MG	(sennosides-docusate sodium)	Common Formulary
LAXA BASIC ORAL CAPSULE 100 MG	(docusate sodium)	Common Formulary
LAXATIVE (BISACODYL) ORAL TABLET 5 MG	(bisacodyl)	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
magnesium citrate oral solution	(Citrate of Magnesia)	Common Formulary
METAMUCIL (SUGAR) ORAL POWDER	(psyllium seed (sugar))	Common Formulary
METAMUCIL (WITH SUGAR) ORAL POWDER 3.4 GRAM/7 GRAM		Common Formulary
METAMUCIL MULTIHEALTH FIBER ORAL POWDER 3.4 GRAM/5.8 GRAM		Common Formulary
METAMUCIL SUGAR-FREE (ASPART) ORAL POWDER 3.4 GRAM/5.8 GRAM		Common Formulary
METAMUCIL SUNRISE ORAL POWDER	(psyllium seed (sugar))	Common Formulary
MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5 ML	(magnesium hydroxide)	Common Formulary
NATURAL FIBER LAXATIVE (SUGAR) ORAL POWDER	(psyllium seed (sugar))	Common Formulary
NATURAL FIBER LAXATIVE (SUGAR) ORAL POWDER 3.4 GRAM/7 GRAM		Common Formulary
NATURAL FIBER LAXATIVE(ASPART) ORAL POWDER		Common Formulary
NATURAL VEGETABLE ORAL POWDER	(psyllium seed (with dextrose))	Common Formulary
NATURA-LAX ORAL POWDER 17 GRAM/DOSE	(polyethylene glycol 3350)	Common Formulary

Drug	Status	Notes
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram (GaviLyte-G)	Common Formulary	
peg-electrolyte soln oral recon soln 420 gram	Common Formulary	
PERDIEM OVERNIGHT RELIEF ORAL TABLET 15 MG	Common Formulary	
polyethylene glycol 3350 oral powder 17 gram/dose (ClearLax)	Common Formulary	
SENEXON-S ORAL TABLET 8.6-50 MG (sennosides-docusate sodium)	Common Formulary	
SENNAX ORAL TABLET 8.6 MG (sennosides)	Common Formulary	
SENNAX LAXATIVE ORAL TABLET 8.6 MG (sennosides)	Common Formulary	
SENNAX ORAL CAPSULE 8.6 MG	Common Formulary	
SENNAX ORAL SYRUP 8.8 MG/5 ML (sennosides)	Common Formulary	
SENNAX ORAL TABLET 8.6 MG (sennosides)	Common Formulary	
SENNAX PLUS ORAL TABLET 8.6-50 MG (sennosides-docusate sodium)	Common Formulary	
SENNAX-S ORAL TABLET 8.6-50 MG (sennosides-docusate sodium)	Common Formulary	
SENNAX-TIME S ORAL TABLET 8.6-50 MG (sennosides-docusate sodium)	Common Formulary	
sennosides oral syrup 8.8 mg/5 ml (senna)	Common Formulary	
sennosides-docusate sodium oral tablet 8.6-50 mg (Lax Stool Softener With Senna)	Common Formulary	
SENO-KOT EXTRA STRENGTH ORAL TABLET 17.2 MG	Common Formulary	
SENO-KOT-S ORAL TABLET 8.6-50 MG (sennosides-docusate sodium)	Common Formulary	
SEN-O-TAB ORAL TABLET 8.6 MG (sennosides)	Common Formulary	
STIMULANT LAXATIVE PLUS ORAL TABLET 8.6-50 MG (sennosides-docusate sodium)	Common Formulary	
STOOL SOFTENER (DOCUSATE CAL) ORAL CAPSULE 240 MG (docusate calcium)	Common Formulary	
STOOL SOFTENER ORAL CAPSULE 100 MG, 250 MG (docusate sodium)	Common Formulary	
STOOL SOFTENER ORAL LIQUID 50 MG/5 ML (docusate sodium)	Common Formulary	
STOOL SOFTENER ORAL TABLET 100 MG (docusate sodium)	Common Formulary	
STOOL SOFTENER-LAXATIVE ORAL TABLET 8.6-50 MG (sennosides-docusate sodium)	Common Formulary	

Drug	Status	Notes
STOOL SOFTENER-STIMULANT LAXAT ORAL TABLET 8.6-50 MG	(sennosides-docusate sodium)	Common Formulary
VEGETABLE LAXATIVE ORAL TABLET 8.6 MG	(sennosides)	Common Formulary
VEGETABLE LAX-STOOL SOFTENER ORAL TABLET 8.6-50 MG	(sennosides-docusate sodium)	Common Formulary
WOMEN'S GENTLE LAXATIVE(BISAC) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG	(bisacodyl)	Common Formulary
WOMEN'S LAXATIVE (BISACODYL) ORAL TABLET 5 MG		Common Formulary
Laxatives, Local/Rectal		
bisacodyl rectal suppository 10 mg	(Gentle Laxative (bisacodyl))	Common Formulary
docusate sodium rectal enema 283 mg/5 ml	(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
GENTLE LAXATIVE (BISACODYL) RECTAL SUPPOSITORY 10 MG	(bisacodyl)	Common Formulary
READY-TO-USE ENEMA (MIN OIL) RECTAL ENEMA	(mineral oil)	Common Formulary
READY-TO-USE ENEMA RECTAL ENEMA 19-7 GRAM/118 ML		Common Formulary
Narcotic Antagonists, Peripherally- Acting		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	PDL Preferred	
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
Medical Supplies		
Durable Medical Equipment,Misc(Group 1)		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE	(lancets)	Common Formulary
ACCU-CHEK FASTCLIX LANCET DRUM	(lancets)	Common Formulary

Drug	Status	Notes
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 (lancets) GAUGE, 30 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
ADVOCATE LANCET 26 GAUGE, 30 (lancets) GAUGE	Common Formulary	QL (100 EA per 1 FILL)
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ASSURE HAEMOLANCE PLUS 1.2 MM, 18 GAUGE, 25 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
ASSURE HAEMOLANCE PLUS 21 (lancets) GAUGE, 28 GAUGE	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 (lancets) GAUGE	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 (lancets) GAUGE, 30 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
BD ULTRA FINE LANCETS 33 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
BD ULTRA-FINE II LANCETS 30 (lancets) GAUGE	Common Formulary	QL (100 EA per 1 FILL)
BULLSEYE MINI SAFETY LANCETS 21 (lancets) GAUGE, 28 GAUGE	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 (lancets) GAUGE	Common Formulary	QL (100 EA per 1 FILL)
CAREONE THIN LANCET (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)

Drug		Status	Notes
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)
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 LANCETS	(lancets)	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)

Drug		Status	Notes
EZ SMART LANCETS 28 GAUGE	(lancets)	Common Formulary	QL (100 EA per 1 FILL)
EZ-LETS 26 GAUGE	(lancets)	Common Formulary	QL (100 EA per 1 FILL)
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE	(lancets)	Common Formulary	QL (100 EA per 1 FILL)
FIFTY50 SAFETY SEAL LANCETS 32 GAUGE		Common Formulary	QL (100 EA per 1 FILL)
FINE 30 UNIVERSAL LANCETS 30 GAUGE	(lancets)	Common Formulary	QL (100 EA per 1 FILL)
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</i>	(Assure Haemolance Plus)	Common Formulary	QL (100 EA per 1 FILL)
<i>lancets 26 gauge</i>	(Advocate Lancet)	Common Formulary	QL (100 EA per 1 FILL)
<i>lancets 28 gauge, 30 gauge</i>	(1st Tier Unilet ComforTouch)	Common Formulary	QL (100 EA per 1 FILL)
<i>lancets 33 gauge</i>	(BD Ultra Fine Lancets)	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, THIN 23 GAUGE		Common Formulary	QL (100 EA per 1 FILL)

Drug	Status	Notes
LANCETS,ULTRA THIN , 26 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (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)
MICROLET LANCET (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 LANCETS 30 GAUGE, 33 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 SURESOFT LANCING DEV 28 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
ONETOUCH ULTRASOFT LANCETS (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)

Drug	Status	Notes
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)
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)
READYLANCE SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
READYLANCE SAFETY LANCETS 23 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
RELIAMED LANCET 23 GAUGE (lancets)	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, 26 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 (lancets)	Common Formulary	QL (100 EA per 1 FILL)

Drug	Status	Notes
SUPER THIN LANCETS , 28 GAUGE, (lancets) 30 GAUGE	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	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 25 GAUGE	Common Formulary	QL (100 EA per 1 FILL)
TECHLITE LANCETS 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 COMBO PACK	Common Formulary	QL (100 EA per 1 FILL)
THIN LANCETS 26 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
TOPCARE UNIVERSAL1 LANCET , 33 (lancets) GAUGE	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)

Drug		Status	Notes
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 EXCELITE II LANCET	(lancets)	Common Formulary	QL (100 EA per 1 FILL)
UNILET EXCELITE LANCET	(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)
UNISTIK 3 COMFORT LANCET	(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 LANCETS 21 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)

Drug	Status	Notes
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)
VIVAGUARD LANCET 30 GAUGE (lancets)	Common Formulary	QL (100 EA per 1 FILL)
Syringes And Accessories		
ADVOCATE SYRINGES 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)
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" (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"	Common Formulary	QL (100 EA per 1 FILL)
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 SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	Common Formulary	QL (100 EA per 1 FILL)
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML (insulin syringe needleless)	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 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" (insulin syringe-needle u-100)	Common Formulary	QL (100 EA per 1 FILL)
BD INSULIN SYRINGE SYRINGE 1 ML 25 X 1", 1 ML 26 X 1/2"	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)

Drug	Status	Notes
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 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)
COMFORT EZ INSULIN SYRINGE 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" (insulin syringe-needle u-100)	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 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 (insulin syringe-needle u-100)	Common Formulary	QL (100 EA per 1 FILL)

Drug	Status	Notes
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)
EASY COMFORT INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 100) 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 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- SYRINGE 0.3 ML 31 GAUGE X 15/64", 100) 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Common Formulary	QL (100 EA per 1 FILL)
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 (insulin syringe-needle u- SYRINGE 0.3 ML 30 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", 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"	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 (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 (insulin syringe needleless) ML	Common Formulary	QL (100 EA per 1 FILL)
EXEL INSULIN SYRINGE 0.3 ML 29 (insulin syringe-needle u- GAUGE X 1/2", 0.5 ML 30 GAUGE X 100) 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Common Formulary	QL (100 EA per 1 FILL)

Drug	Status	Notes	
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 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)
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	Common Formulary	QL (100 EA per 1 FILL)
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge</i>	(Ultilet Insulin Syringe)	Common Formulary	QL (100 EA per 1 FILL)
<i>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 29 gauge x 1/2", 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</i>	(Ultra Comfort 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 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 27 gauge x 1/2", 1 ml 28 gauge x 1/2"</i>	(BD Insulin Syringe)	Common Formulary	QL (100 EA per 1 FILL)
<i>insulin syringe-needle u-100 syringe 1 ml 28 gauge, 1 ml 30 gauge x 7/16", 1/2 ml 28 gauge, 1/2 ml 29 , 1/2 ml 30 gauge</i>	(Lite Touch Insulin Syringe)	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)

Drug		Status	Notes
<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 x 1/2"</i>	(BD Lo-Dose Micro-Fine IV)	Common Formulary	QL (100 EA per 1 FILL)
LITE TOUCH INSULIN SYRINGE 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, 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	(insulin syringe-needle u-100)	Common Formulary	QL (100 EA per 1 FILL)
LITE TOUCH INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE		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)
MONOJECT INSULIN SAFETY SYRING 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"	(insulin syringe-needle u-100)	Common Formulary	QL (100 EA per 1 FILL)
MONOJECT INSULIN SAFETY SYRING SYRINGE 29 GAUGE X 1/2"		Common Formulary	QL (100 EA per 1 FILL)
MONOJECT INSULIN SYRINGE 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"	(insulin syringe-needle u-100)	Common Formulary	QL (100 EA per 1 FILL)
MONOJECT INSULIN SYRINGE SYRINGE 1 ML	(insulin syringes (disposable))	Common Formulary	QL (100 EA per 1 FILL)

Drug		Status	Notes
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 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)
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	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)
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	Common Formulary	QL (100 EA per 1 FILL)
SURE COMFORT INSULIN SYRINGE 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"	(insulin syringe-needle u-100)	Common Formulary	QL (100 EA per 1 FILL)
SURE-JECT INSULIN SYRINGE 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)
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	Common Formulary	QL (100 EA per 1 FILL)

Drug	Status	Notes
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 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", 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"	Common Formulary	QL (100 EA per 1 FILL)
TERUMO INSULIN SYRINGE SYRINGE (insulin syringe-needle u- 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 100) 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"	Common Formulary	QL (100 EA per 1 FILL)
THINPRO INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 100) 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"	Common Formulary	QL (100 EA per 1 FILL)
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 31 X 3/8"	Common Formulary	QL (100 EA per 1 FILL)
TOPCARE ULTRA COMFORT (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", 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	Common Formulary	QL (100 EA per 1 FILL)
TRUE COMFORT INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 100) ML 31 GAUGE X 5/16	Common Formulary	QL (100 EA per 1 FILL)
TRUE COMFORT PRO INS SYRINGE (insulin syringe-needle u- SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 100) 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)
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 (insulin syringe-needle u- 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 100) 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"	Common Formulary	QL (100 EA per 1 FILL)

Drug		Status	Notes
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)
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 SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE 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	(insulin syringe-needle u- 100)	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 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"	(insulin syringe-needle u- 100)	Common Formulary	QL (100 EA per 1 FILL)

Drug	Status	Notes
ULTRACARE 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 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)
ULTRA-THIN II (SHORT) INS SYR 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)
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u- 100) 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 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u- 100) Common Formulary	QL (100 EA per 1 FILL)
Miscellaneous Agents		
Anaphylaxis Therapy Agents		
AUVI-Q INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	(epinephrine)	PDL Preferred QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 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)
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
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML	Carve Out	CONTACT THE PROGRAM REVIEW DIVISION (PRD) AT 800-622-0276 TO OBTAIN A SPINRAZA DOCUMENTATION CHECKLIST ONCE ALL DOCUMENTATION IS COLLATED, PLEASE FAX IT TO 517-335-0075 FOR REVIEW
Genetic D/O Tx-Exon Skipping Antisense Oligonucleo		
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
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Parasympathetic Agents		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Common Formulary	QL (4 EA per 1 day)
pilocarpine hcl oral tablet 5 mg, 7.5 mg (Salagen (pilocarpine))	Common Formulary	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz		
GALAFOLD ORAL CAPSULE 123 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
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

Drug	Status	Notes
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
Systemic Enzyme Inhibitors		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Neoplastic Disease		
Alkylating Agents		
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN 50 MG (melphalan hcl)	Common Formulary	SP
ALKERAN ORAL TABLET 2 MG (melphalan)	Common Formulary	
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)	Common Formulary	SP
BICNU INTRAVENOUS RECON SOLN 100 MG (carmustine)	Common Formulary	SP
<i>busulfan intravenous solution 60 mg/10 ml</i> (Busulfex)	Common Formulary	SP
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML (busulfan)	Common Formulary	SP
<i>carboplatin intravenous recon soln 150 mg</i> (Paraplatin)	Common Formulary	SP
<i>carboplatin intravenous solution 10 mg/ml</i> (BiCNU)	Common Formulary	SP
<i>carmustine intravenous recon soln 100 mg</i> (cisplatin)	Common Formulary	SP
<i>cisplatin intravenous solution 1 mg/ml</i> (cyclophosphamide)	Common Formulary	SP
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i> (lomustine)	Common Formulary	SP
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i> (GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG)	Common Formulary	SP

Drug	Status	Notes
GLIADEL WAFER IMPLANT WAFER 7.7 MG	Common Formulary	SP
HYDREA ORAL CAPSULE 500 MG (hydroxyurea)	Common Formulary	
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Common Formulary	
IFEX INTRAVENOUS RECON SOLN 1 (ifosfamide) GRAM, 3 GRAM	Common Formulary	SP
<i>ifosfamide intravenous recon soln 1</i> (Ifex) <i>gram, 3 gram</i>	Common Formulary	SP
<i>ifosfamide intravenous solution 1</i> <i>gram/20 ml, 3 gram/60 ml</i>	Common Formulary	SP
LEUKERAN ORAL TABLET 2 MG	Common Formulary	SP
<i>melphalan hcl intravenous recon soln 50</i> (Alkeran (as HCl)) <i>mg</i>	Common Formulary	SP
<i>melphalan oral tablet 2 mg</i> (Alkeran)	Common Formulary	
MYLERAN ORAL TABLET 2 MG	Common Formulary	SP
<i>oxaliplatin intravenous recon soln 100</i> <i>mg, 50 mg</i>	Common Formulary	SP
<i>oxaliplatin intravenous solution 100</i> <i>mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	Common Formulary	SP
PARAPLATIN INTRAVENOUS SOLUTION 10 MG/ML (carboplatin)	Common Formulary	SP
TEMODAR INTRAVENOUS RECON SOLN 100 MG	Common Formulary	SP
TEMODAR ORAL CAPSULE 250 MG (temozolomide)	Common Formulary	SP
<i>temozolomide oral capsule 100 mg, 140</i> <i>mg, 180 mg, 20 mg, 5 mg</i>	Common Formulary	SP
<i>temozolomide oral capsule 250 mg</i> (Temodar)	Common Formulary	SP
Antiandrogenic Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	Common Formulary	SP
<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	SP
EULEXIN ORAL CAPSULE 125 MG (flutamide)	Common Formulary	
<i>flutamide oral capsule 125 mg</i> (Eulexin)	Common Formulary	
NILANDRON ORAL TABLET 150 MG (nilutamide)	Common Formulary	SP

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

Drug	Status	Notes
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (valrubicin)	Common Formulary	SP
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	Common Formulary	SP
Anti-Cd20 (B Lymphocyte) Monoclonal Antibody		
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	Common Formulary	SP
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	Common Formulary	SP
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	Common Formulary	SP
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	Common Formulary	SP
Antimetabolites		
ADRUCIL INTRAVENOUS SOLUTION 2.5 GRAM/50 ML (fluorouracil)	Common Formulary	
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML (nelarabine)	Common Formulary	SP
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	Common Formulary	SP
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Common Formulary	SP
<i>cladribine intravenous solution 10 mg/10 ml</i>	Common Formulary	SP
<i>clofarabine intravenous solution 1 mg/ml</i> (Clolar)	Common Formulary	SP
CLOLAR INTRAVENOUS SOLUTION 1 MG/ML (clofarabine)	Common Formulary	SP
<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	SP
<i>cytarabine injection solution 20 mg/ml</i>	Common Formulary	SP
DACOGEN INTRAVENOUS RECON SOLN 50 MG (decitabine)	Common Formulary	SP
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	Common Formulary	SP
<i>floxuridine injection recon soln 0.5 gram</i>	Common Formulary	SP
<i>fludarabine intravenous recon soln 50 mg</i>	Common Formulary	SP
<i>fludarabine intravenous solution 50 mg/2 ml</i>	Common Formulary	SP
<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	SP
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	Common Formulary	SP
<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	SP
INQOVI ORAL TABLET 35-100 MG	Common Formulary	SP
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Common Formulary	SP
<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	SP
NIPENT INTRAVENOUS RECON SOLN (pentostatin) 10 MG	Common Formulary	SP
ONUREG ORAL TABLET 200 MG, 300 MG	Common Formulary	SP
<i>pemetrexed disodium intravenous recon soln 100 mg, 500 mg</i> (Alimta)	Common Formulary	SP
<i>pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)</i> (Folotyn)	Common Formulary	SP
PURIXAN ORAL SUSPENSION 20 MG/ML	Common Formulary	SP
TABLOID ORAL TABLET 40 MG (thioguanine)	Common Formulary	SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Common Formulary	
VIDAZA INJECTION RECON SOLN 100 MG (azacitidine)	Common Formulary	SP
XATMEP ORAL SOLUTION 2.5 MG/ML	Common Formulary	SP
XELODA ORAL TABLET 150 MG, 500 MG (capecitabine)	Common Formulary	SP
Antineoplast Egf Receptor Blocker Rcmb Mc Antibody		
KANJINTI INTRAVENOUS RECON SOLN 420 MG	Common Formulary	SP
Antineoplast Hum Vegf Inhibitor Recomb Mc Antibody		

Drug	Status	Notes
MVASI INTRAVENOUS SOLUTION 25 MG/ML	Common Formulary	SP
Antineoplastic Aromatase Inhibitors		
<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	
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	Common Formulary	SP
TAFINLAR ORAL CAPSULE 50 MG, 75 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
Antineoplastic - Epothilones And Analogs		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	Common Formulary	SP
Antineoplastic - Halichondrin B Analogs		
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	Common Formulary	SP
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO ORAL TABLET 100 MG, 25 MG	Common Formulary	SP
ERIVEDGE ORAL CAPSULE 150 MG	Common Formulary	SP
ODOMZO ORAL CAPSULE 200 MG	Common Formulary	SP
Antineoplastic - Immunotherapy, Therapeutic Vac		
PROVENGE INTRAVENOUS SUSPENSION 50 MILLION CELL/250 ML	Common Formulary	SP
Antineoplastic - Janus Kinase (Jak) Inhibitors		

Drug	Status	Notes	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Common Formulary	SP	
Antineoplastic - Kras Protein Inhibitor			
LUMAKRAS ORAL TABLET 120 MG	Common Formulary	SP	
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors			
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 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	
Antineoplastic - Mtor Kinase Inhibitors			
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	(everolimus (antineoplastic))	Common Formulary	SP
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	(everolimus (antineoplastic))	Common Formulary	SP
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	(Afinitor)	Common Formulary	SP
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	Common Formulary	SP
temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)	(Torisel)	Common Formulary	SP
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	(temsirolimus)	Common Formulary	SP
Antineoplastic - Protein Methyltransferase Inhibit			
TAZVERIK ORAL TABLET 200 MG	Common Formulary	SP	
Antineoplastic - Topoisomerase I Inhibitors			
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML	(irinotecan)	Common Formulary	SP
HYCAMTIN INTRAVENOUS RECON SOLN 4 MG	(topotecan)	Common Formulary	SP
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Common Formulary	SP	

Drug	Status	Notes
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i>	Common Formulary	SP
<i>irinotecan intravenous solution 500 mg/25 ml</i>	Common Formulary	SP
<i>topotecan intravenous recon soln 4 mg (Hycamtin)</i>	Common Formulary	SP
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	Common Formulary	SP
Antineoplastic - Vegf-A,B & P1gf Inhibitor		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	Common Formulary	SP
Antineoplastic - Vegfr Antagonist		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	Common Formulary	SP
Antineoplastic Immunomodulator Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	Common Formulary	SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Common Formulary	SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG (lenalidomide)	Common Formulary	SP
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	Common Formulary	SP
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Common Formulary	SP
ORGOVYX ORAL TABLET 120 MG	Common Formulary	SP
Antineoplastic Systemic Enzyme Inhibitors		
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

Drug	Status	Notes
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	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 (Velcade)</i>	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 TABLET 100 MG, 400 MG, 500 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
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
CALQUENCE ORAL CAPSULE 100 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
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
GAVRETO ORAL CAPSULE 100 MG	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
GLEEVEC ORAL TABLET 100 MG, 400 (imatinib) MG	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

Drug	Status	Notes
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, 560 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	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
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

Drug	Status	Notes
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
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
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

Drug	Status	Notes
STIVARGA ORAL TABLET 40 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>sunitinib 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	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 0.25 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	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
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	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 200 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
TYKERB ORAL TABLET 250 MG (lapatinib)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VELCADE INJECTION RECON SOLN 3.5 MG (bortezomib)	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	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
XOSPATA ORAL TABLET 40 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ZEJULA ORAL CAPSULE 100 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
Antineoplastic,Anti-Programmed Death-1 (Pd-1) Mab		
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	Common Formulary	SP
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML	Common Formulary	SP
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	Common Formulary	SP
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Common Formulary	SP
ISTODAX INTRAVENOUS RECON (romidepsin) SOLN 10 MG/2 ML	Common Formulary	SP
<i>romidepsin intravenous recon soln 10 mg/2 ml</i> (Istodax)	Common Formulary	SP
ZOLINZA ORAL CAPSULE 100 MG	Common Formulary	SP
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Common Formulary	SP
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Common Formulary	SP
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG ORAL TABLET 40 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antineoplastic-Interleukin-6(IL-6)Inhib, Antibody		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	Common Formulary	SP
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Common Formulary	SP
TIBSOVO ORAL TABLET 250 MG	Common Formulary	SP
Antineoplastics Antibody/Antibody- Drug Complexes		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	Common Formulary	SP
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	Common Formulary	SP
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	Common Formulary	SP
Antineoplastics,Miscellaneous		

Drug	Status	Notes
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	Common Formulary	
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	Common Formulary	SP
ERWINASE INJECTION RECON SOLN 10,000 UNIT	Common Formulary	SP
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	Common Formulary	
<i>etoposide intravenous solution 20 mg/ml (Toposar)</i>	Common Formulary	
<i>etoposide oral capsule 50 mg</i>	Common Formulary	
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	Common Formulary	SP
LYSODREN ORAL TABLET 500 MG	Common Formulary	SP
MATULANE ORAL CAPSULE 50 MG	Common Formulary	SP
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	Common Formulary	SP
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	Common Formulary	SP
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	Common Formulary	SP
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	Common Formulary	SP
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	Common Formulary	SP
<i>teniposide intravenous solution 50 mg/5 ml</i>	Common Formulary	SP
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	Common Formulary	
TOPOSAR INTRAVENOUS SOLUTION (etoposide) 20 MG/ML	Common Formulary	
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Common Formulary	SP
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
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	PA; SP
Chemotherapy Rescue/Antidote Agents		

Drug	Status	Notes
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Common Formulary	
MESNEX ORAL TABLET 400 MG	Common Formulary	
Cytotoxic T-Lymphocyte Antigen(Ctla-4)Rmc Antibody		
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	Common Formulary	SP
Photoactivated, Antineoplastic Agents (Systemic)		
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	Common Formulary	SP
UVADEX INJECTION SOLUTION 20 MCG/ML	Common Formulary	
Radioactive Therapeutic Agents		
XOFIGO INTRAVENOUS SOLUTION 1,100 KBQ/ML(30 MICROCURIE/ML)	Common Formulary	SP
Selective Estrogen Receptor Modulators (Serm)		
FARESTON ORAL TABLET 60 MG (toremifene)	Common Formulary	SP
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML (fulvestrant)	Common Formulary	SP
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	Common Formulary	SP
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	SP
Selective Retinoid X Receptor Agonists (Rxr)		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Common Formulary	SP
TARGRETIN ORAL CAPSULE 75 MG (bexarotene)	Common Formulary	SP
Steroid Antineoplastics		
EMCYT ORAL CAPSULE 140 MG	Common Formulary	SP
<i>megestrol oral tablet 20 mg, 40 mg</i>	Common Formulary	
Vinca Alkaloids		
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	Common Formulary	SP
NAVELBINE INTRAVENOUS SOLUTION 10 MG/ML, 50 MG/5 ML (vinorelbine)	Common Formulary	SP

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

Drug	Status	Notes	
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	PDL Non-Preferred	PA; SP	
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	PDL Non-Preferred	PA; SP	
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	PDL Non-Preferred	PA; SP	
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	PDL Non-Preferred	PA; SP	
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	PDL Non-Preferred	PA; SP	
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	PDL Non-Preferred	PA; SP	
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	PDL Non-Preferred	PA; SP	
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	PDL Non-Preferred	PA; SP	
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	PDL Non-Preferred	PA; SP	
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	PDL Non-Preferred	PA; SP	
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	PDL Non-Preferred	PA; SP	
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	PDL Non-Preferred	PA; SP; Age (Min 18 Years and Max 55 Years)	
PONVORY ORAL TABLET 20 MG	PDL Non-Preferred	PA; SP; Age (Min 18 Years and Max 55 Years)	
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML	PDL Non-Preferred	PA; SP	
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 44 MCG/0.5 ML	PDL Non-Preferred	PA; SP; 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; SP	
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	PDL Non-Preferred	PA; SP	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	(dimethyl fumarate)	PDL Non-Preferred	PA; SP
VUMERTY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	PDL Non-Preferred	PA; SP	

Drug	Status	Notes	
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr			
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	(dalfampridine)	Common Formulary	PA; SP; QL (2 EA per 1 day); Age (Min 18 Years and Max 70 Years)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	(Ampyra)	Common Formulary	PA; SP; 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
Amyotrophic Lateral Sclerosis Agents			
EXSERVAN ORAL FILM 50 MG		Common Formulary	PA; SP; Age (Min 18 Years)
<i>riluzole oral tablet 50 mg</i>	(Rilutek)	Common Formulary	
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML		Common Formulary	PA; SP; Age (Min 18 Years)
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib			
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)
Movement Disorders(Drug Therapy)			
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG		Common Formulary	PA; SP; 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; SP; Age (Min 18 Years)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		Common Formulary	PA; SP; Age (Min 18 Years)
Neuropathic Agents			
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
Postherpetic Neuralgia Agents			
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG		PDL Non-Preferred	PA; QL (3 EA per 1 day)

Drug	Status	Notes
Sphingosine 1-Phosphate (S1p) Receptor Modulator		
ZEPOSIA ORAL CAPSULE 0.92 MG	PDL Non-Preferred	PA; SP
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	PDL Non-Preferred	PA; SP
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	PDL Non-Preferred	PA; SP
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
chlorhexidine gluconate mucous membrane mouthwash 0.12 % (Periogard)	Common Formulary	
ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)	Common Formulary	QL (5 GM per 30 days)
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Common Formulary	
triamcinolone acetonide dental paste 0.1 % (Oralone)	Common Formulary	QL (5 GM per 30 days)
Nose Preparations, Miscellaneous (Rx)		
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	PDL Preferred	
Other Drugs		
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.		
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)	PDL Preferred	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	PDL Non-Preferred	PA
Blood Testing Preparations,In-Vitro		
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
Condoms		
AIMSCO LATEX CONDOM DEVICE	Common Formulary	QL (36 EA per 30 days)
CONDOMS-PREM LUBRICATED 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)

Drug	Status	Notes
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 MAXX 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)
Cystic Fibrosis - Inhaled Osmotic Agents		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Common Formulary	PA; SP; QL (560 EA per 28 days); Age (Min 18 Years)
Diagnostic Test Devices And Supplies		
BD VERITOR AT-HOME COVID19 TST 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)
COVID-19 AT-HOME TEST KIT	Common Formulary	QL (1 EA per 1 day)

Drug		Status	Notes
covid-19 test specimen collect	(EverlyWell COVID19 Hom Collect)	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)
FASTEPE 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)
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)
LUCIRA CHECK-IT COVID HOME TST 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)
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)
VERITOR SARS-COV-2 AND FLU A-B KIT		Common Formulary	QL (1 EA per 1 day)
Drugs To Treat Hereditary Tyrosinemia			
nitisinone oral capsule 10 mg, 2 mg, 5 mg	(Orfadin)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
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, 5 MG (nitisinone)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
ORFADIN ORAL CAPSULE 20 MG	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
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA ORAL CAPSULE 84 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>miglustat oral capsule 100 mg</i> (Zavesca)	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
General Anesthetics - Benzodiazepine, Injectable		
<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)
General Inhalation Agents		
<i>sodium chloride inhalation solution for nebulization 0.9 %</i>	Common Formulary	
Metabolic Deficiency Agents		
<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

Drug	Status	Notes
CARNITOR INTRAVENOUS SOLUTION (levocarnitine) 200 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
CARNITOR ORAL SOLUTION 100 (levocarnitine (with sugar)) MG/ML	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
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> 100 mg/ml (Carnitor)	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
Metabolic Disease Enzyme Replace, Hypophosphatasia		
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
Metabolic Disease Enzyme Replacement, Fabry's Dx		
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Metabolic Disease Enzyme Replacement, Gaucher's Dx		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
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
Metabolic Disease Enzyme Replacement,Pompe Disease		
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
Metabolic Dx Enzyme Replace, Mucopolysaccharidosis		
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
Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.		
REVCOVY INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Metallic Poison,Agents To Treat		
CHEMET ORAL CAPSULE 100 MG	Common Formulary	
Needles/Needleless Devices		

Drug	Status	Notes
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)
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 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 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	(pen needle, diabetic) Common Formulary	QL (100 EA per 1 FILL)
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	(pen needle, diabetic) Common Formulary	QL (100 EA per 1 FILL)
ASSURE ID PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic, safety) Common Formulary	QL (100 EA per 1 FILL)
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	(pen needle, diabetic) 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)
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)

Drug	Status	Notes
COMFORT EZ PEN NEEDLES NEEDLE 33 GAUGE X 5/16"	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", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	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"	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"	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"	Common Formulary	QL (100 EA per 1 FILL)
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	Common Formulary	QL (100 EA per 1 FILL)
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"	Common Formulary	QL (100 EA per 1 FILL)
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	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)
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	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", 32 GAUGE X 5/32"	Common Formulary	QL (100 EA per 1 FILL)

Drug	Status	Notes
INCONTROL 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)
INSUPEN 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 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Common Formulary	QL (100 EA per 1 FILL)
LITE TOUCH INSULIN PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Common Formulary	QL (100 EA per 1 FILL)
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	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 INSULIN PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Common Formulary	QL (100 EA per 1 FILL)
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	Common Formulary	QL (100 EA per 1 FILL)
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	Common Formulary	QL (100 EA per 1 FILL)
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"	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"	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>	Common Formulary	QL (100 EA per 1 FILL)
<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 5/16"</i>	Common Formulary	QL (100 EA per 1 FILL)
<i>pen needle, diabetic needle 31 gauge x 5/32"</i>	Common Formulary	QL (100 EA per 1 FILL)
<i>pen needle, diabetic needle 32 gauge x 1/4"</i>	Common Formulary	QL (100 EA per 1 FILL)
<i>pen needle, diabetic needle 32 gauge x 3/16"</i>	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>	Common Formulary	QL (100 EA per 1 FILL)
<i>pen needle, diabetic needle 33 gauge x 5/32"</i>	Common Formulary	QL (100 EA per 1 FILL)

Drug		Status	Notes
pen needle, diabetic, safety needle 31 gauge x 3/16"	(Assure ID Pen Needle)	Common Formulary	QL (100 EA per 1 FILL)
pen needle, diabetic, safety needle 31 gauge x 5/32"		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	QL (100 EA per 1 FILL)
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"		Common Formulary	QL (100 EA per 1 FILL)
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	QL (100 EA per 1 FILL)
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	QL (100 EA per 1 FILL)
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	Common Formulary	QL (100 EA per 1 FILL)
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"		Common Formulary	QL (100 EA per 1 FILL)
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"		Common Formulary	QL (100 EA per 1 FILL)
SURE COMFORT PEN NEEDLE 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"	(pen needle, diabetic)	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 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
TECHLITE 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 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 3/8"		Common Formulary	QL (100 EA per 1 FILL)
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	(pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)

Drug	Status	Notes	
TRUE COMFORT 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 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	(pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
TRUEPLUS 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)
ULTICARE 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"	(pen needle, diabetic)	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 GAUGE X 5/32"	(pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
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 PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Common Formulary	QL (100 EA per 1 FILL)
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"		Common Formulary	QL (100 EA per 1 FILL)
UNIFINE PENTIPS NEEDLE 29 GAUGE		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)

Drug	Status	Notes
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	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"	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"	Common Formulary	QL (100 EA per 1 FILL)
VERIFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Common Formulary	QL (100 EA per 1 FILL)
Nose Preparations, Miscellaneous (Otc)		
ALTAMIST NASAL AEROSOL,SPRAY 0.65 %	(sodium chloride)	Common Formulary
AYR SALINE NASAL AEROSOL,SPRAY 0.65 %	(sodium chloride)	Common Formulary
BABY AYR SALINE NASAL DROPS 0.65 %		Common Formulary
DEEP SEA NASAL NASAL AEROSOL,SPRAY 0.65 %	(sodium chloride)	Common Formulary
NASAL MOISTURIZING NASAL AEROSOL,SPRAY 0.65 %	(sodium chloride)	Common Formulary
OCEAN NASAL NASAL AEROSOL,SPRAY 0.65 %	(sodium chloride)	Common Formulary
SALINE MIST NASAL AEROSOL,SPRAY 0.65 %	(sodium chloride)	Common Formulary
SALINE NASAL MIST NASAL AEROSOL,SPRAY 0.65 %	(sodium chloride)	Common Formulary
SALINE NASAL NASAL AEROSOL,SPRAY 0.65 %	(sodium chloride)	Common Formulary
Somatostatic Agents		
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml		Common Formulary PA; SP
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml	(Sandostatin)	Common Formulary PA; SP
Urine Acetone Test Aids		
KETONE CARE STRIP	Common Formulary	
KETONE URINE TEST STRIP	Common Formulary	
KETOSTIX STRIP	Common Formulary	
TRUEPLUS KETONE STRIP	Common Formulary	
Vaccine Adjuvants		
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION	Common Formulary	Age (Min 50 Years)

Drug	Status	Notes
Other Respiratory Disorders		
Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator		
KALYDECO ORAL GRANULES IN PACKET 25 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
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
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 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
Mucolytics		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Common Formulary	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Common Formulary	PA; SP; QL (75 ML per 30 days)
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
butalbital-acetaminophen oral tablet 50- 325 mg (Tencon)	Common Formulary	QL (4 EA per 1 day); Age (Min 10 Years and Max 64 Years)
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb		
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Common Formulary	QL (4 EA per 1 day); Age (Max 64 Years)
Analgesic,Non-Salicylate,Barbiturate,&Xanthine Cmb		
butalbital-acetaminophen-caff oral tablet (Esgic) 50-325-40 mg	Common Formulary	QL (4 EA per 1 day); Age (Min 10 Years and Max 64 Years)
Analgesic/Antipyretics, Salicylates		

Drug		Status	Notes
aspirin oral tablet 325 mg	(Bayer Aspirin)	Common Formulary	QL (1 EA per 1 day)
aspirin oral tablet,delayed release (dr/ec) 325 mg	(Aspir-Trin)	Common Formulary	QL (1 EA per 1 day)
aspirin rectal suppository 300 mg		Common Formulary	
aspirin,buffd-calcium carb-mag oral tablet 325 mg	(Tri-Buffered Aspirin)	Common Formulary	
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	(aspirin)	Common Formulary	QL (1 EA per 1 day)
choline,magnesium salicylate oral liquid 500 mg/5 ml		Common Formulary	
diflunisal oral tablet 500 mg		PDL Non-Preferred	PA
TRI-BUFFERED ASPIRIN ORAL TABLET 325 MG	(aspirin,buffd-calcium carb-mag)	Common Formulary	
Analgesic/Antipyretics,Non-Salicylate			
8 HOUR PAIN RELIEVER ORAL TABLET EXTENDED RELEASE 650 MG	(acetaminophen)	Common Formulary	
ACETAMINOPHEN EXTRA STRENGTH ORAL TABLET 500 MG	(acetaminophen)	Common Formulary	
acetaminophen oral capsule 500 mg	(Mapap (acetaminophen))	Common Formulary	
acetaminophen oral liquid 160 mg/5 ml	(Children's Acetaminophen)	Common Formulary	
acetaminophen oral solution 160 mg/5 ml (5 ml)		Common Formulary	
acetaminophen oral suspension 160 mg/5 ml (5 ml)	(Children's Acetaminophen)	Common Formulary	
acetaminophen oral tablet 325 mg	(Masophen)	Common Formulary	
acetaminophen oral tablet 500 mg	(Acetaminophen Extra Strength)	Common Formulary	
acetaminophen oral tablet extended release 650 mg	(8 Hour Pain Reliever)	Common Formulary	
acetaminophen rectal suppository 120 mg	(Fever Reducer)	Common Formulary	
acetaminophen rectal suppository 650 mg	(Feverall)	Common Formulary	
ARTHRITIS PAIN RELIEF (ACETAM) ORAL TABLET EXTENDED RELEASE 650 MG	(acetaminophen)	Common Formulary	
BETATEMP ORAL SUSPENSION 160 MG/5 ML	(acetaminophen)	Common Formulary	
CHILDREN'S ACETAMINOPHEN ORAL LIQUID 160 MG/5 ML	(acetaminophen)	Common Formulary	
CHILDREN'S ACETAMINOPHEN ORAL SUSPENSION 160 MG/5 ML, 160 MG/5 ML (5 ML)	(acetaminophen)	Common Formulary	

Drug	Status	Notes
CHILDREN'S ACETAMINOPHEN ORAL TABLET,CHEWABLE 80 MG (acetaminophen)	Common Formulary	
CHILDREN'S EASY-MELTS ORAL TABLET,DISINTEGRATING 80 MG (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	
FEVER REDUCER RECTAL SUPPOSITORY 120 MG (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	
INFANTS' PAIN RELIEF ORAL SUSPENSION 160 MG/5 ML (acetaminophen)	Common Formulary	
MAPAP (ACETAMINOPHEN) ORAL CAPSULE 500 MG (acetaminophen)	Common Formulary	
MAPAP ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE 650 MG (acetaminophen)	Common Formulary	
MASOPHEN ORAL TABLET 325 MG, 500 MG (acetaminophen)	Common Formulary	
M-PAP ORAL LIQUID 160 MG/5 ML (acetaminophen)	Common Formulary	
NON-ASPIRIN PAIN RELIEF ORAL TABLET 500 MG (acetaminophen)	Common Formulary	
NORTEMP ORAL DROPS 80 MG/0.8 ML (acetaminophen)	Common Formulary	
NORTEMP ORAL SUSPENSION 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	

Drug	Status	Notes
PAIN RELIEVER ES(ACETAMINOPHN) ORAL TABLET 500 MG (acetaminophen)	Common Formulary	
PHARBETOL ORAL TABLET 325 MG, 500 MG (acetaminophen)	Common Formulary	
TYLENOL ORAL TABLET 325 MG (acetaminophen)	Common Formulary	
TYLOPHEN ORAL CAPSULE 500 MG (acetaminophen)	Common Formulary	
Analgesics, Narcotic Agonist And Nsaid Combination		
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	PDL Non-Preferred	PA
SEGLENTIS ORAL TABLET 44-56 MG	PDL Non-Preferred	PA; QL (120 EA per 30 days); Age (Min 12 Years)
Analgesics,Narcotics		
ACTIQ BUCCAL LOZENGE ON A HANDLE 1,200 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (fentanyl citrate)	PDL Non-Preferred	PA; QL (120 EA per 30 days)
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)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour (Butrans)	PDL Non-Preferred	PA; QL (6 EA per 28 days)
butorphanol nasal spray,non-aerosol 10 mg/ml	PDL Non-Preferred	PA; QL (15 ML per 30 days)
BUTTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR (buprenorphine)	PDL Preferred	QL (6 EA per 28 days)
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	PDL Preferred	QL (180 EA per 30 days); Age (Min 12 Years)
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG (tramadol)	PDL Non-Preferred	PA; Age (Min 12 Years)
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG (tramadol)	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 (165 EA per 30 days)
DILAUDID ORAL TABLET 8 MG (hydromorphone)	PDL Non-Preferred	PA; QL (84 EA per 30 days)
DISKETS ORAL TABLET,SOLUBLE 40 MG (methadone)	PDL Non-Preferred	PA
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg (Actiq)	PDL Non-Preferred	PA; QL (120 EA per 30 days)

Drug		Status	Notes
fentanyl citrate buccal tablet, effervescent 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	(Fentora)	PDL Non-Preferred	PA; QL (120 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		PDL Preferred	QL (10 EA per 1 FILL)
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour		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)
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg		PDL Non-Preferred	PA
hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	(Hysingla ER)	PDL Non-Preferred	PA
hydromorphone oral liquid 1 mg/ml	(Dilaudid)	PDL Preferred	QL (120 ML per 30 days)
hydromorphone oral tablet 2 mg	(Dilaudid)	PDL Preferred	QL (180 EA per 30 days)
hydromorphone oral tablet 4 mg	(Dilaudid)	PDL Preferred	QL (165 EA per 30 days)
hydromorphone oral tablet 8 mg	(Dilaudid)	PDL Preferred	QL (84 EA per 30 days)
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg		PDL Non-Preferred	PA
hydromorphone rectal suppository 3 mg		PDL Non-Preferred	PA
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
levorphanol tartrate oral tablet 2 mg, 3 mg		PDL Non-Preferred	PA
meperidine oral solution 50 mg/5 ml		PDL Non-Preferred	PA; QL (240 ML per 30 days)
meperidine oral tablet 50 mg		PDL Non-Preferred	PA; QL (120 EA per 30 days)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	(methadone)	PDL Non-Preferred	PA
methadone oral concentrate 10 mg/ml	(Methadone Intensol)	PDL Non-Preferred	PA
methadone oral solution 10 mg/5 ml, 5 mg/5 ml		PDL Non-Preferred	PA
methadone oral tablet 10 mg, 5 mg		PDL Non-Preferred	PA
methadone oral tablet, soluble 40 mg	(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
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		PDL Preferred	QL (120 ML per 30 days)

Drug	Status	Notes
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	PDL Non-Preferred	PA
morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	PDL Non-Preferred	PA
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	PDL Preferred	QL (240 ML per 30 days)
morphine oral tablet 15 mg	PDL Preferred	QL (180 EA per 30 days)
morphine oral tablet 30 mg	PDL Preferred	QL (90 EA per 30 days)
morphine oral tablet extended release (MS Contin) 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	PDL Preferred	
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	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
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG	PDL Non-Preferred	PA; QL (90 EA per 30 days)
oxycodone oral capsule 5 mg	PDL Non-Preferred	PA; QL (90 EA per 30 days)
oxycodone oral concentrate 20 mg/ml	PDL Non-Preferred	PA; QL (90 ML per 30 days)
oxycodone oral solution 5 mg/5 ml	PDL Preferred	QL (240 ML per 30 days)
oxycodone oral tablet 10 mg, 5 mg	PDL Preferred	QL (90 EA per 30 days)
oxycodone oral tablet 15 mg (Roxicodone)	PDL Preferred	QL (90 EA per 30 days)
oxycodone oral tablet 20 mg	PDL Non-Preferred	PA; QL (90 EA per 30 days)
oxycodone oral tablet 30 mg (Roxicodone)	PDL Non-Preferred	PA; QL (60 EA per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg (OxyContin)	PDL Non-Preferred	PA; QL (180 EA per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr 20 mg (OxyContin)	PDL Non-Preferred	PA; QL (90 EA per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr 40 mg (OxyContin)	PDL Non-Preferred	PA; QL (45 EA per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg (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)

Drug	Status	Notes
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
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 5 MG	PDL Non-Preferred	PA; QL (90 EA per 30 days)
<i>tramadol oral capsule,er biphasic 24 hr 17-83 300 mg</i> (ConZip)	PDL Non-Preferred	PA; Age (Min 12 Years)
<i>tramadol oral capsule,er biphasic 24 hr 25-75 100 mg, 200 mg</i> (ConZip)	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 100 mg, 200 mg, 300 mg</i>	PDL Preferred	Age (Min 12 Years)
<i>tramadol oral tablet, er multiphasic 24 hr 100 mg, 200 mg, 300 mg</i>	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)
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	PDL Preferred	PA; QL (1 ML per 30 days)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	PDL Preferred	PA; QL (2 ML per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	PDL Non-Preferred	PA; QL (1.5 ML per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	PDL Non-Preferred	PA; QL (1.5 ML per 30 days)

Drug	Status	Notes	
almotriptan malate oral tablet 12.5 mg, 6.25 mg	PDL Non-Preferred	PA; QL (9 EA per 1 FILL)	
eletriptan oral tablet 20 mg, 40 mg (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	
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	PDL Preferred	PA; QL (1 ML per 30 days)	
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	PDL Preferred	PA; QL (1 ML per 30 days)	
FROVA ORAL TABLET 2.5 MG (frovatriptan)	PDL Non-Preferred	PA; QL (18 EA per 1 FILL)	
frovatriptan oral tablet 2.5 mg (Frova)	PDL Non-Preferred	PA; QL (18 EA per 1 FILL)	
IMITREX NASAL SPRAY, NON- AEROSOL 20 MG/ACTUATION, 5 MG/ACTUATION	(sumatriptan)	PDL Preferred	QL (6 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)	
MAXALT-MLT ORAL TABLET, DISINTEGRATING 10 MG	(rizatriptan)	PDL Non-Preferred	PA; QL (18 EA per 1 FILL)
naratriptan oral tablet 1 mg, 2.5 mg	PDL Non-Preferred	PA; QL (9 EA per 1 FILL)	
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	PDL Preferred	PA; QL (48 EA per 96 days); Age (Min 18 Years)	
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	PDL Non-Preferred	PA	
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	PDL Non-Preferred	PA; QL (90 EA per 90 days)	
RELPAX 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)	
rizatriptan oral tablet 10 mg (Maxalt)	PDL Preferred	QL (18 EA per 1 FILL)	
rizatriptan oral tablet 5 mg	PDL Preferred	QL (18 EA per 1 FILL)	
rizatriptan oral tablet, disintegrating 10 mg	(Maxalt-MLT)	PDL Preferred	QL (18 EA per 1 FILL)
rizatriptan oral tablet, disintegrating 5 mg	PDL Preferred	QL (18 EA per 1 FILL)	
sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation	(Imitrex)	PDL Non-Preferred	PA; QL (6 EA per 1 FILL)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	(Imitrex)	PDL Preferred	QL (18 EA per 1 FILL)

Drug	Status	Notes
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml (Imitrex STATdose Refill)	PDL Preferred	QL (4 ML per 1 FILL)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml (Imitrex STATdose Pen)	PDL Preferred	QL (4 ML per 1 FILL)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml (Imitrex)	PDL Preferred	QL (2 ML per 1 FILL)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	PDL Preferred	QL (4 ML per 1 FILL)
sumatriptan-naproxen oral tablet 85-500 mg (TrexiMet)	PDL Non-Preferred	PA
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	PDL Non-Preferred	PA; QL (6 EA per 1 FILL)
TREXIMET ORAL TABLET 85-500 MG (sumatriptan-naproxen)	PDL Non-Preferred	PA
UBRELVY ORAL TABLET 100 MG, 50 MG	PDL Non-Preferred	PA; QL (16 EA per 30 days); Age (Min 18 Years)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	PDL Non-Preferred	PA
zolmitriptan nasal spray, non-aerosol 2.5 mg, 5 mg (Zomig)	PDL Non-Preferred	PA
zolmitriptan oral tablet 2.5 mg, 5 mg (Zomig)	PDL Non-Preferred	PA; QL (12 EA per 1 FILL)
zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg	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)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	PDL Preferred	PA; QL (3 ML per 30 days)
Narc. & Non-Sal. Analgesic, Barbiturate & Xanthine Cmb		
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg (Fioricet with Codeine)	PDL Non-Preferred	PA; Age (Min 12 Years)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	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)
Narcotic & Salicylate Analgesics, Barb. & Xanthine		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-butalbital-asa-caff)	PDL Non-Preferred	PA; Age (Min 12 Years)
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-butalbital-asa-caff)	PDL Non-Preferred	PA; Age (Min 12 Years)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg (Ascomp with Codeine)	PDL Non-Preferred	PA; Age (Min 12 Years)

Drug	Status	Notes
Narcotic Analgesic & Non-Salicylate Analgesic Comb		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml	PDL Preferred	Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	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
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg (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	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	PDL Preferred	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	PDL Preferred	
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	PDL Non-Preferred	PA
NALOCET ORAL TABLET 2.5-300 MG (oxycodone-acetaminophen)	PDL Non-Preferred	PA
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (Endocet)	PDL Preferred	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	PDL Non-Preferred	PA
PROLATE ORAL SOLUTION 10-300 MG/5 ML (oxycodone-acetaminophen)	PDL Non-Preferred	PA
tramadol-acetaminophen oral tablet 37.5-325 mg	PDL Preferred	Age (Min 12 Years)
Narcotic Analgesic,Non-Salicylate,Xanthine Comb		
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg (Trezix)	PDL Non-Preferred	PA
Narcotic Withdrawal Therapy Agents		
buprenorphine hcl sublingual tablet 2 mg, 8 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg (Suboxone)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
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 (buprenorphine-naloxone) MG, 2-0.5 MG, 4-1 MG, 8-2 MG	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
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist		
LUCEMYRA ORAL TABLET 0.18 MG	PDL Preferred	
Parkinsons Disease		
Antiparkinsonism Drugs, Anticholinergic		
benztropine injection solution 1 mg/ml	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
trihexyphenidyl oral elixir 0.4 mg/ml	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
trihexyphenidyl oral tablet 2 mg, 5 mg	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Antiparkinsonism Drugs, Other		
amantadine hcl oral capsule 100 mg	PDL Preferred	
amantadine hcl oral solution 50 mg/5 ml	PDL Preferred	
amantadine hcl oral tablet 100 mg	PDL Non-Preferred	PA
AZILECT ORAL TABLET 0.5 MG, 1 MG (rasagiline)	PDL Non-Preferred	PA; Age (Min 18 Years)
bromocriptine oral capsule 5 mg (Parlodel)	PDL Non-Preferred	PA
bromocriptine oral tablet 2.5 mg (Parlodel)	PDL Non-Preferred	PA
carbidopa-levodopa oral tablet 10-100 mg	PDL Preferred	
carbidopa-levodopa oral tablet 25-100 mg (Dhivy)	PDL Preferred	
carbidopa-levodopa oral tablet 25-250 mg	PDL Preferred	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	PDL Preferred	

Drug	Status	Notes	
<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</i>	(Stalevo 50)	PDL Non-Preferred	PA
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i>	(Stalevo 75)	PDL Non-Preferred	PA
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i>	(Stalevo 100)	PDL Non-Preferred	PA
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i>	(Stalevo 125)	PDL Non-Preferred	PA
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i>	(Stalevo 150)	PDL Non-Preferred	PA
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i>	(Stalevo 200)	PDL Non-Preferred	PA
COMTAN ORAL TABLET 200 MG	(entacapone)	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; SP
<i>entacapone oral tablet 200 mg</i>	(Comtan)	PDL Non-Preferred	PA
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG		PDL Non-Preferred	PA; SP
INBRIJA INHALATION CAPSULE 42 MG		PDL Non-Preferred	PA; SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG		PDL Non-Preferred	PA; SP
KYNMOBI SUBLINGUAL FILM 10 MG, 10-15-20-25-30 MG, 15 MG, 20 MG, 25 MG, 30 MG		PDL Non-Preferred	PA; SP
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
MIRAPEX ORAL TABLET 1.5 MG	(pramipexole)	PDL Non-Preferred	PA
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		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>	(Mirapex)	PDL Preferred	

Drug	Status	Notes
pramipexole oral tablet extended release (Mirapex ER) 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	PDL Non-Preferred	PA
rasagiline oral tablet 0.5 mg, 1 mg (Azilect)	PDL Non-Preferred	PA; Age (Min 18 Years)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	PDL Preferred	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	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
selegiline hcl oral capsule 5 mg	PDL Non-Preferred	PA
selegiline hcl oral tablet 5 mg	PDL Non-Preferred	PA
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (carbidopa-levodopa)	PDL Non-Preferred	PA
STALEVO 100 ORAL TABLET 25-100-200 MG (carbidopa-levodopa-entacapone)	PDL Non-Preferred	PA
STALEVO 125 ORAL TABLET 31.25-125-200 MG (carbidopa-levodopa-entacapone)	PDL Non-Preferred	PA
STALEVO 150 ORAL TABLET 37.5-150-200 MG (carbidopa-levodopa-entacapone)	PDL Non-Preferred	PA
STALEVO 200 ORAL TABLET 50-200-200 MG (carbidopa-levodopa-entacapone)	PDL Non-Preferred	PA
STALEVO 50 ORAL TABLET 12.5-50-200 MG (carbidopa-levodopa-entacapone)	PDL Non-Preferred	PA
STALEVO 75 ORAL TABLET 18.75-75-200 MG (carbidopa-levodopa-entacapone)	PDL Non-Preferred	PA
TASMAR ORAL TABLET 100 MG (tolcapone)	PDL Non-Preferred	PA
tolcapone oral tablet 100 mg (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
Decarboxylase Inhibitors		
carbidopa oral tablet 25 mg (Lodosyn)	PDL Non-Preferred	PA
LODOSYN ORAL TABLET 25 MG (carbidopa)	PDL Non-Preferred	PA
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
clobazam oral suspension 2.5 mg/ml (Onfi)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
clobazam oral tablet 10 mg, 20 mg (Onfi)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
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
DIASTAT ACUDIAL RECTAL KIT 12.5- 15-17.5-20 MG, 5-7.5-10 MG (diazepam)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DIASTAT RECTAL KIT 2.5 MG (diazepam)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg (Diastat AcuDial)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
diazepam rectal kit 2.5 mg (Diastat)	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
Anticonvulsant - Cannabinoid Type		

Drug	Status	Notes
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Anticonvulsants		
ACTIVE-PAC KIT,GEL AND CAPSULE 300-4-1 MG-%-%	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
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 suspension 200 mg/10 ml</i>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug		Status	Notes
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
carbamazepine oral tablet, chewable 100 mg		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		Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
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

Drug		Status	Notes
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 release</i> <i>sprinkle 125 mg</i>	(Depakote Sprinkles)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>divalproex oral tablet extended release</i> <i>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</i> <i>(dr/ec) 125 mg, 250 mg, 500 mg</i>	(Depakote)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
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>	(Felbatol)	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 SUSPENSION 600 MG/5 ML	(felbamate)	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

Drug	Status	Notes
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
<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 250 mg/5 ml (5 ml), 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
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG (tiagabine)	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

Drug		Status	Notes
<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
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	(lamotrigine)	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 DISPERSIBLE 25 MG, 5 MG	(lamotrigine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	(lamotrigine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
LAMICTAL 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
LAMICTAL 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
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	(lamotrigine)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID

Drug	Status	Notes
LAMICTAL XR STARTER (BLUE) ORAL 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) 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) 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, 200 mg, 25 mg</i> (Lamictal)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<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

Drug	Status	Notes	
<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>	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID	
<i>levetiracetam oral solution 100 mg/ml</i>	(Keprra)	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>	(Keprra)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	(Keprra 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
LYRICA ORAL SOLUTION 20 MG/ML	(pregabalin)	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

Drug	Status	Notes	
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
<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 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

Drug	Status	Notes
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 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
<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

Drug	Status	Notes
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, (Gabitril) 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
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, (Topamax) 25 mg</i>	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	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

Drug	Status	Notes
vigabatrin oral powder in packet 500 mg (Sabril)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
vigabatrin oral tablet 500 mg (Sabril)	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
VIGADRONE 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
Skeletal Muscle Disorder		
Skeletal Muscle Relaxants		
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 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 Preferred
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	(Lorzone)	PDL Preferred
<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 5 MG/ML		PDL Non-Preferred PA
LORZONE ORAL TABLET 375 MG, 750 MG	(chlorzoxazone)	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
<i>orphenadrine citrate oral tablet extended release 100 mg</i>		PDL Preferred
<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

Drug	Status	Notes
Smoking Cessation		
Smoking Deterrent Agents (Ganglionic Stim,Others)		
nicotine (polacrilex) buccal gum 2 mg (Nicorette)	Common Formulary	QL (30 EA per 1 day)
nicotine (polacrilex) buccal gum 4 mg (Nicorette)	Common Formulary	QL (24 EA per 1 day)
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg (Nicorette)	Common Formulary	QL (20 EA per 1 day)
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg (Nicorette)	Common Formulary	QL (20 EA per 1 day)
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr (Nicoderm CQ)	Common Formulary	QL (1 EA per 1 day)
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	Common Formulary	QL (1 EA per 1 day)
NICOTROL INHALATION CARTRIDGE 10 MG	Common Formulary	QL (168 EA per 30 days)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	Common Formulary	QL (40 ML per 30 days)
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
varenicline oral tablet 0.5 mg	Common Formulary	MAXIMUM TWO 12 WEEK COURSES OF THERAPY PER YEAR; QL (2 EA per 1 day)
varenicline oral tablet 1 mg (Chantix)	Common Formulary	MAXIMUM TWO 12 WEEK COURSES OF THERAPY PER YEAR; QL (2 EA per 1 day)
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42) (Chantix Starting Month Box)	Common Formulary	MAXIMUM TWO 12 WEEK COURSES OF THERAPY PER YEAR; QL (2 EA per 1 day)
Smoking Deterrents, Other		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	Common Formulary	QL (2 EA per 1 day)
Upper Gastrointestinal Disorders - Digestive		
Antiflatulents		
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	

Drug	Status	Notes
simethicone oral drops,suspension 40 mg/0.6 ml (Infants Gas Relief)	Common Formulary	
simethicone oral tablet,chewable 125 mg (Gas Relief Extra Strength)	Common Formulary	
simethicone oral tablet,chewable 80 mg (Gas Relief (simethicone))	Common Formulary	
Gastric Enzymes		
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 (lactase) 3,000 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DAIRY DIGESTIVE ORAL TABLET (lactase) 9,000 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DAIRY DIGESTIVE ORAL TABLET,CHEWABLE 9,000 UNIT	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
DAIRY RELIEF ORAL TABLET 3,000 (lactase) UNIT, 9,000 UNIT	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	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

Drug	Status	Notes
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
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

Drug	Status	Notes
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
Pancreatic Enzymes		
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
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000- 97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	PDL Non-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
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	PDL Preferred	PA
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
dicyclomine oral capsule 10 mg	Common Formulary	Age (Max 64 Years)

Drug	Status	Notes	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Common Formulary		
<i>dicyclomine oral tablet 20 mg</i>	Common Formulary	Age (Max 64 Years)	
Belladonna Alkaloids			
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)
Upper Gastrointestinal Disorders - Ulcer Disease			
Antacids			
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	
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	
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 CALCIUM ORAL TABLET,CHEWABLE 215 MG CALCIUM (500 MG)		Common Formulary	

Drug		Status	Notes
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 ORAL SUSPENSION 200- 200-20 MG/5 ML	(alum-mag hydroxide-simeth)	Common Formulary	
ANTACID PLUS ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5 ML, 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	
ANTACID-SIMETHICONE ORAL SUSPENSION 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), 320 MG CALCIUM (750 MG), 400 MG CALCIUM (1,000 MG)	(calcium carbonate)	Common Formulary	
<i>calcium carbonate oral tablet,chewable 200 mg calcium (500 mg)</i>	(Antacid (calcium carbonate))	Common Formulary	
CAL-GEST ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG)	(calcium carbonate)	Common Formulary	
FOAMING ANTACID ORAL SUSPENSION 95-358 MG/15 ML		Common Formulary	
GAVISCON ORAL SUSPENSION 95- 358 MG/15 ML		Common Formulary	
GERI-LANTA ORAL SUSPENSION 200- 200-20 MG/5 ML	(alum-mag hydroxide-simeth)	Common Formulary	
MAALOX ADVANCED ORAL SUSPENSION 200-200-20 MG/5 ML	(alum-mag hydroxide-simeth)	Common Formulary	
MAALOX MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML	(alum-mag hydroxide-simeth)	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	

Drug	Status	Notes
SMOOTH ANTACID ORAL TABLET,CHEWABLE 300 MG (750 MG) (calcium carbonate)	Common Formulary	
sodium bicarbonate oral tablet 325 mg, 650 mg	Common Formulary	
ULTRA STRENGTH ANTACID ORAL TABLET,CHEWABLE 400 MG CALCIUM (1,000 MG) (calcium carbonate)	Common Formulary	
Anticholinergics,Quaternary Ammonium		
glycopyrrolate oral solution 1 mg/5 ml (Cuvposa)	Common Formulary	Age (Max 12 Years)
(0.2 mg/ml)		
glycopyrrolate oral tablet 1 mg (Robinul)	Common Formulary	
glycopyrrolate oral tablet 2 mg (Robinul Forte)	Common Formulary	
Anti-Ulcer Preparations		
misoprostol oral tablet 100 mcg, 200 mcg (Cytotec)	Common Formulary	QL (4 EA per 1 day)
sucralfate oral tablet 1 gram (Carafate)	Common Formulary	QL (4 EA per 1 day)
Anti-Ulcer-H.Pylori Agents		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	PDL Non-Preferred	PA; QL (224 EA per 1 FILL)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	PDL Non-Preferred	PA
PYLERA ORAL CAPSULE 140-125-125 MG	PDL Preferred	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	PDL Non-Preferred	PA
Histamine H2-Receptor Inhibitors		
ACID REDUCER (FAMOTIDINE) ORAL TABLET 10 MG, 20 MG (famotidine)	Common Formulary	
cimetidine hcl oral solution 300 mg/5 ml	Common Formulary	
cimetidine oral tablet 200 mg (Heartburn Relief (cimetidine))	Common Formulary	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	Common Formulary	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	Common Formulary	QL (5 ML per 1 day)
famotidine oral tablet 10 mg, 20 mg (Acid Reducer (famotidine))	Common Formulary	
famotidine oral tablet 40 mg (Pepcid)	Common Formulary	
HEARTBURN RELIEF (CIMETIDINE) ORAL TABLET 200 MG (cimetidine)	Common Formulary	
HEARTBURN RELIEF (FAMOTIDINE) ORAL TABLET 10 MG, 20 MG (famotidine)	Common Formulary	

Drug	Status	Notes
Intestinal Motility Stimulants		
metoclopramide hcl oral solution 5 mg/5 ml	Common Formulary	
metoclopramide hcl oral tablet 10 mg, 5 mg (Reglan)	Common Formulary	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	PDL Non-Preferred	PA
Proton-Pump Inhibitors		
ACID REDUCER (OMEPRAZOLE) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (omeprazole magnesium)	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
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg (Dexilant)	PDL Non-Preferred	PA
esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg (Nexium)	PDL Non-Preferred	PA
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg (Nexium Packet)	PDL Non-Preferred	PA
lansoprazole oral capsule,delayed release(dr/ec) 15 mg (Prevacid 24Hr)	PDL Non-Preferred	PA
lansoprazole oral capsule,delayed release(dr/ec) 30 mg (Prevacid)	PDL Non-Preferred	PA
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg (Prevacid SoluTab)	PDL Non-Preferred	PA
NEXIUM 24HR ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (esomeprazole magnesium)	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	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	PDL Preferred	
omeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg (Acid Reducer (omeprazole))	PDL Non-Preferred	PA
omeprazole magnesium oral tablet,delayed release (dr/ec) 20 mg (Prilosec OTC)	PDL Non-Preferred	PA
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	PDL Preferred	

Drug	Status	Notes
omeprazole oral tablet,delayed release (dr/ec) 20 mg	PDL Non-Preferred	PA
omeprazole oral tablet,disintegrat, delay rel 20 mg	PDL Non-Preferred	PA
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram (Zegerid)	PDL Non-Preferred	PA
omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg (Zegerid)	PDL Non-Preferred	PA
pantoprazole oral granules dr for susp in packet 40 mg (Protonix)	PDL Non-Preferred	PA
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg (Protonix)	PDL Preferred	
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	
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG, 40 MG (pantoprazole)	PDL Preferred	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg (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
ZEGERID OTC ORAL CAPSULE 20-1.1 MG-GRAM (omeprazole-sodium bicarbonate)	PDL Non-Preferred	PA
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
alfuzosin oral tablet extended release 24 hr 10 mg (Uroxatral)	PDL Preferred	
AVODART ORAL CAPSULE 0.5 MG (dutasteride)	PDL Non-Preferred	PA
dutasteride oral capsule 0.5 mg (Avodart)	PDL Preferred	
finasteride oral tablet 5 mg (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
silodosin oral capsule 4 mg, 8 mg (Rapaflo)	PDL Non-Preferred	PA

Drug	Status	Notes
tamsulosin oral capsule 0.4 mg (Flomax)	PDL Preferred	
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg (Jalyn)	PDL Non-Preferred	PA
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG (dutasteride-tamsulosin)	PDL Non-Preferred	PA
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
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 EXTENDED RELEASE 24 HR 25 MG, 50 MG	PDL Non-Preferred	PA
Urinary Ph Modifiers		
CYTRA-2 ORAL SOLUTION 500-334 MG/5 ML (sodium citrate-citric acid)	Common Formulary	
CYTRA-K ORAL SOLUTION 1,100-334 MG/5 ML (potassium citrate-citric acid)	Common Formulary	
K-PHOS NO 2 ORAL TABLET 305-700 MG	Common Formulary	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	Common Formulary	
potassium citrate oral tablet extended release 10 meq (1,080 mg) (Urocit-K 10)	Common Formulary	
potassium citrate oral tablet extended release 15 meq (Urocit-K 15)	Common Formulary	
potassium citrate oral tablet extended release 5 meq (540 mg) (Urocit-K 5)	Common Formulary	
potassium citrate-citric acid oral solution 1,100-334 mg/5 ml (Cytra-K)	Common Formulary	
sodium citrate-citric acid oral solution 500-334 mg/5 ml (Cytra-2)	Common Formulary	
VIRTRATE-2 ORAL SOLUTION 500-334 MG/5 ML (sodium citrate-citric acid)	Common Formulary	
VIRTRATE-K ORAL SOLUTION 1,100-334 MG/5 ML (potassium citrate-citric acid)	Common Formulary	
Urinary Tract Analgesic Agents		
ELMIRON ORAL CAPSULE 100 MG	Common Formulary	
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)		
phenazopyridine oral tablet 100 mg, 200 mg (Pyridium)	Common Formulary	
Urinary Tract Antispasmodic, M(3) Selective Antag.		

Drug	Status	Notes
<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
Urinary Tract		
Antispasmodic/Antiincontinence Agent		
<i>DETROL LA ORAL CAPSULE, EXTENDED RELEASE 24HR 2 MG, 4 MG</i> (tolterodine)	PDL Non-Preferred	PA
<i>DETROL ORAL TABLET 1 MG, 2 MG</i> (tolterodine)	PDL Non-Preferred	PA
<i>DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG</i> (oxybutynin chloride)	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
<i>GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)</i>	PDL Non-Preferred	PA
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	PDL Preferred	
<i>oxybutynin chloride oral tablet 5 mg</i>	PDL Preferred	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	PDL Preferred	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	PDL Preferred	
<i>OXYTROL FOR WOMEN TRANSDERMAL PATCH 4 DAY 3.9 MG/24 HOUR</i>	Common Formulary	
<i>OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR</i>	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
<i>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG</i> (fesoterodine)	PDL Preferred	
<i>trospium oral capsule, extended release 24hr 60 mg</i>	PDL Non-Preferred	PA
<i>trospium oral tablet 20 mg</i>	PDL Non-Preferred	PA
Vaginal Disorders		
Vaginal Antibiotics		
<i>CLEOCIN VAGINAL CREAM 2 %</i> (clindamycin phosphate)	PDL Non-Preferred	PA
<i>CLEOCIN VAGINAL SUPPOSITORY 100 MG</i>	PDL Preferred	
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	PDL Preferred	

Drug	Status	Notes
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	PDL Non-Preferred	PA
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	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
Vaginal Antifungals		
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 comb pack, prefill appl, cream 4 % (200 mg)-2 % (9 gram)</i> (Miconazole-3)	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
Vaginal Estrogen Preparations		
<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	
Vitamin And/Or Mineral Deficiency		
Antioxidant Multivitamin Combinations		
I-VITE ORAL TABLET 300 MCG-200 MG-27 MG-2 MG	Common Formulary	
Calcium Replacement		
CALCIUM 500 + D ORAL TABLET 500 MG-5 MCG (200 UNIT) (calcium carbonate-vitamin d3)	Common Formulary	
CALCIUM 600 + D(3) ORAL TABLET 600 MG-5 MCG (200 UNIT) (calcium carbonate-vitamin d3)	Common Formulary	
CALCIUM 600 ORAL TABLET 600 MG CALCIUM (1,500 MG) (calcium carbonate)	Common Formulary	

Drug	Status	Notes
calcium carbonate oral suspension 500 mg/5 ml (1,250 mg/5 ml)	Common Formulary	
calcium carbonate oral tablet 500 mg calcium (1,250 mg) (Oyster Shell Calcium)	Common Formulary	
calcium carbonate oral tablet 600 mg calcium (1,500 mg) (Calcium 600)	Common Formulary	
calcium carbonate oral tablet, chewable 260 mg calcium (650 mg) (Cal-Mint)	Common Formulary	
calcium carbonate oral tablet, chewable 500 mg calcium (1,250 mg) (Calcium 500)	Common Formulary	
calcium carbonate-vitamin d3 oral tablet 250 mg-3.125 mcg (125 unit) (Oyster Shell + D3)	Common Formulary	
calcium carbonate-vitamin d3 oral tablet 500 mg-15 mcg (600 unit) (Os-Cal 500 + D3)	Common Formulary	
calcium carbonate-vitamin d3 oral tablet 600 mg-10 mcg (400 unit) (Calcium with Vitamin D)	Common Formulary	
calcium carbonate-vitamin d3 oral tablet 600 mg-20 mcg (800 unit) (Caltrate with Vitamin D3)	Common Formulary	
calcium carbonate-vitamin d3 oral tablet 600 mg-5 mcg (200 unit) (Calcium 600 + D(3))	Common Formulary	
calcium citrate-vitamin d3 oral tablet 315 mg-5 mcg (200 unit) (Calcium Citrate + D)	Common Formulary	
calcium citrate-vitamin d3 oral tablet 315 mg-6.25 mcg (250 unit) (Citracal + D Maximum)	Common Formulary	
CALCIUM WITH VITAMIN D ORAL TABLET 600 MG-10 MCG (400 UNIT) (calcium carbonate-vitamin d3)	Common Formulary	
CAL-MINT ORAL TABLET, CHEWABLE 260 MG CALCIUM (650 MG) (calcium carbonate)	Common Formulary	
CALTRATE WITH VITAMIN D3 ORAL TABLET 600 MG-20 MCG (800 UNIT) (calcium carbonate-vitamin d3)	Common Formulary	
FOSFREE ORAL TABLET 175.5-14.5 MG	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-10 MCG (400 UNIT), 500 MG-5 MCG (200 UNIT) (calcium carbonate-vitamin d3)	Common Formulary	
PARVA-CAL 500 ORAL TABLET 500 MG-5 MCG (200 UNIT)	Common Formulary	
SUPER CALCIUM ORAL TABLET 600 MG CALCIUM (1,500 MG) (calcium carbonate)	Common Formulary	
Fluoride Preparations		

Drug	Status	Notes
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>	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>	Common Formulary	QL (1 EA per 1 day)
LUDENT FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG(0.55 MG SOD. FLUORIDE)	Common Formulary	QL (1 EA per 1 day); Age (Max 16 Years)
PREVENT DENTAL GEL 1.1 % (fluoride (sodium))	Common Formulary	
SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Common Formulary	
SF DENTAL GEL 1.1 % (fluoride (sodium))	Common Formulary	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Common Formulary	
Folic Acid Preparations		
<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)
Geriatric Vitamin Preparations		
THERATRUM COMPLETE 50 PLUS/LUT ORAL TABLET	Common Formulary	
Iron Replacement		
FEOSOL ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Common Formulary	
FERATE ORAL TABLET 240 MG (27 MG IRON) (ferrous gluconate)	Common Formulary	
FERGON ORAL TABLET 240 MG (27 MG IRON) (ferrous gluconate)	Common Formulary	
FEROSUL ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Common Formulary	
FERRO-TIME ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Common Formulary	
<i>ferrous gluconate oral tablet 240 mg (27 mg iron)</i> (Ferate)	Common Formulary	
<i>ferrous gluconate oral tablet 324 mg (38 mg iron)</i>	Common Formulary	

Drug	Status	Notes
ferrous sulfate oral drops 15 mg iron (75 mg)/ml (Fer-In-Sol)	Common Formulary	Age (Max 12 Years)
ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml	Common Formulary	Age (Max 12 Years)
ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml	Common Formulary	Age (Max 12 Years)
ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml	Common Formulary	Age (Max 12 Years)
ferrous sulfate oral tablet 325 mg (65 mg iron) (Feosol)	Common Formulary	
ferrous sulfate oral tablet, delayed release (dr/ec) 324 mg (65 mg iron), 325 mg (65 mg iron)	Common Formulary	
ICAR-C PLUS ORAL TABLET 100-250-25-1 MG-MG-MCG-MG	Common Formulary	Age (Max 12 Years)
IRON 100 PLUS ORAL TABLET 100-250-25-1 MG-MG-MCG-MG	Common Formulary	Age (Max 12 Years)
IRON ORAL TABLET 325 MG (65 MG (ferrous sulfate) IRON)	Common Formulary	
IRON ORAL TABLET EXTENDED RELEASE 159 MG (45 MG IRON)	Common Formulary	
PARVLEX ORAL TABLET 29 MG IRON-400 MCG	Common Formulary	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 160 MG (50 MG IRON) (ferrous sulfate, dried)	Common Formulary	
Magnesium Salts Replacement		
BEELITH ORAL TABLET 362-20 MG	Common Formulary	
MAG-G ORAL TABLET 27 MG (magnesium gluconate) MAGNESIUM (500 MG)	Common Formulary	
MAGNESIUM (OXIDE/AA CHELATE) ORAL CAPSULE 300 MG	Common Formulary	
magnesium amino acid chelate oral tablet 100 mg	Common Formulary	
magnesium chloride injection solution 200 mg/ml (20 %)	Common Formulary	
magnesium citrate oral tablet 100 mg	Common Formulary	
magnesium gluconate oral tablet 27.5 mg magne- sium (500 mg), 30 mg (550 mg)	Common Formulary	
magnesium l-lactate oral tablet extended release 84 mg (Magtab)	Common Formulary	
magnesium oxide oral tablet 400 mg (241.3 mg magnesium) (MagOx)	Common Formulary	
magnesium oxide oral tablet 420 mg	Common Formulary	

Drug	Status	Notes
magnesium oxide oral tablet 500 mg (Phillips)	Common Formulary	
magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml	Common Formulary	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	Common Formulary	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	Common Formulary	
magnesium sulfate injection solution 4 meq/ml (50 %)	Common Formulary	
magnesium sulfate injection syringe 4 meq/ml	Common Formulary	
MAGONATE (MAGNESIUM CARB) ORAL LIQUID 54 MG/5 ML	Common Formulary	
MAGTAB ORAL TABLET EXTENDED RELEASE 84 MG (magnesium l-lactate)	Common Formulary	
NU-MAG ORAL TABLET,DELAYED RELEASE (DR/EC) 71.5 MG	Common Formulary	
SLOW-MAG ORAL TABLET,DELAYED RELEASE (DR/EC) 71.5 MG	Common Formulary	
Multivitamin Preparations		
BACMIN ORAL TABLET 27 MG IRON- 1 MG	Common Formulary	
BODY, HAIR, SKIN AND NAILS ORAL CAPSULE 3-133 MG-MCG	Common Formulary	
CENTRUM COMPLETE ORAL TABLET 18-400 MG-MCG	Common Formulary	
CENTRUM MEN ORAL TABLET 8 MG IRON- 200 MCG-600 MCG	Common Formulary	
CENTRUM ORAL TABLET 18-400 MG-MCG	Common Formulary	
CENTRUM SILVER ORAL TABLET 0.4 MG-300 MCG- 250 MCG	Common Formulary	
CENTRUM SILVER ULTRA MEN'S ORAL TABLET 300-600-300 MCG	Common Formulary	
CENTRUM SPECIALIST HEART ORAL TABLET 3-200-400 MG-MCG-MG	Common Formulary	
CENTRUM ULTRA MEN'S ORAL TABLET 8 MG IRON- 200 MCG-600 MCG	Common Formulary	
CEROVITE SENIOR ORAL TABLET 0.4 MG-300 MCG- 250 MCG	Common Formulary	
CERTA PLUS ORAL TABLET 18-0.4-250 MG-MG-MCG	Common Formulary	
CERTAVITE SENIOR ORAL TABLET 0.4 MG-300 MCG- 250 MCG	Common Formulary	

Drug	Status	Notes
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 MULTIPLE VITAMINS/IRON ORAL TABLET (multivitamin with iron)	Common Formulary	
DAILY MULTI-VITAMIN ORAL TABLET (multivitamin)	Common Formulary	
DAILY MULTIVITAMIN-MINERALS ORAL TABLET (multivitamin with minerals)	Common Formulary	
DAILY VALUE ORAL TABLET (multivitamin)	Common Formulary	
DAILY VITAMIN FORMULA ORAL TABLET (multivitamin)	Common Formulary	
DAILY VITAMIN FORMULA-MINERALS ORAL TABLET (multivitamin with minerals)	Common Formulary	
DAILY VITAMIN WITH IRON ORAL TABLET (multivitamin with iron)	Common Formulary	
DAILY VITES/IRON ORAL TABLET (multivitamin with iron)	Common Formulary	
DAILY-VITE (WITH FOLIC ACID) ORAL TABLET 400 MCG (multivitamin with folic acid)	Common Formulary	
DAILY-VITE ORAL TABLET (multivitamin)	Common Formulary	
FREEDAVITE ORAL TABLET 1.8 MG IRON-400 MCG	Common Formulary	
HAIR VITAMINS ORAL TABLET (multivitamin with iron)	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 MULTIPLE/CHELATED MINERAL ORAL TABLET (multivitamin with minerals)	Common Formulary	
MEGA MULTIVITAMIN FOR MEN ORAL TABLET 200-175-250 MCG	Common Formulary	
MEN'S DAILY ORAL CAPSULE 0.4-600 MG-MCG	Common Formulary	
MONOCAPS ORAL TABLET 14 MG IRON- 400 MCG	Common Formulary	
MULTI-DAY WITH IRON ORAL TABLET 18-400 MG-MCG	Common Formulary	
MULTI-DELYN WITH IRON ORAL LIQUID 10 MG IRON/5 ML	Common Formulary	
MULTIPLE VITAMIN-MINERALS ORAL TABLET (multivitamin with minerals)	Common Formulary	
<i>multivitamin oral tablet</i> (Daily Multi-Vitamin)	Common Formulary	

Drug	Status	Notes
multivit-min-iron fum-folic ac oral tablet 7.5 mg iron-400 mcg	Common Formulary	
MY-VITALIFE ORAL CAPSULE	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 ESSENTIAL ORAL TABLET (multivitamin)	Common Formulary	
ONE DAILY ESSENTIAL ORAL TABLET (multivitamin with folic acid) 400 MCG	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 PLUS IRON ORAL TABLET 18-400 MG-MCG	Common Formulary	
ONE DAILY WOMEN 50 PLUS ORAL TABLET 400-120 MCG-MG	Common Formulary	
ONE DAILY WOMEN'S HEALTH ORAL TABLET 18 MG IRON-400 MCG-450 MG CA	Common Formulary	
PRENATAL-U ORAL CAPSULE 106.5-1 MG	Common Formulary	QL (1 EA per 1 day); Age (Min 12 Years and Max 55 Years)
PRORENAL QD ORAL CAPSULE 400-500 MCG-UNIT	Common Formulary	
PROSIGHT ORAL TABLET 5,000-60-30 UNIT-MG-UNIT	Common Formulary	
QUINTABS ORAL TABLET 400 MCG (multivitamin with folic acid)	Common Formulary	
QUINTABS-M IRON FREE ORAL TABLET 0.4 MG (multivit with min-folic acid)	Common Formulary	
QUINTABS-M ORAL TABLET 10 MG IRON-400 MCG	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	
SUPER GINSENG MULTIVITAMIN ORAL CAPSULE	Common Formulary	
SUPER MULTIPLE ORAL TABLET (multivitamin with iron-mineral)	Common Formulary	
SUPER MULTIVITAMIN ORAL TABLET (multivitamin)	Common Formulary	

Drug	Status	Notes
SUPER THERA VITE M ORAL TABLET	Common Formulary	
TAB-A-VITE ORAL TABLET 400 MCG (multivitamin with folic acid)	Common Formulary	
THERA M PLUS (FERROUS FUMARAT) ORAL TABLET 9 MG IRON-400 MCG	Common Formulary	
THERA ORAL TABLET 400 MCG (multivitamin with folic acid)	Common Formulary	
THERA-M ORAL TABLET 27-0.4 MG, 9 MG IRON-400 MCG	Common Formulary	
THERA-TABS ORAL TABLET (therapeutic multivitamin)	Common Formulary	
THERATRUM COMPLETE WITH LUTEIN ORAL TABLET	Common Formulary	
ULTRA FREEDA ORAL TABLET 267 MCG, 6 MG IRON-267 MCG	Common Formulary	
V-C FORTE ORAL CAPSULE 1 MG	Common Formulary	
VIC-FORTE ORAL CAPSULE 1 MG	Common Formulary	
VISION ORAL TABLET	Common Formulary	
VITAMINS A-D-E SELENIUM ORAL TABLET 10,000-400 UNIT-UNIT	Common Formulary	
VITAMINS FOR HAIR ORAL CAPSULE 400-400 MCG	Common Formulary	
WOMEN'S DAILY FORMULA ORAL TABLET 27-0.4 MG	Common Formulary	
YELETS ORAL TABLET 18-400 MG-MCG	Common Formulary	
Pediatric Vitamin Preparations		
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)
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)
MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG	Common Formulary	QL (1 EA per 1 day); Age (Max 12 Years)
MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 1 MG	Common Formulary	QL (1 EA per 1 day); Age (Max 12 Years)
MVC-FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pedi multivit no.12 w-fluoride)	Common Formulary	QL (1 EA per 1 day); Age (Max 12 Years)
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML	Common Formulary	QL (2 ML per 1 day); Age (Max 12 Years)

Drug	Status	Notes	
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.5 MG FLUORIDE (1.1 MG)/ML	Common Formulary	QL (2 ML per 1 day); Age (Max 64 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 (Tri-Vi-Sol) 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)	
Prenatal Vitamin Preparations			
CLASSIC PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	Common Formulary	Female Only; QL (1 EA per 1 day); Age (Min 12 Years and Max 55 Years)	
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)	
KPN ORAL TABLET	Common Formulary	Female Only; QL (1 EA per 30 days); 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)	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	Common Formulary	Female Only; QL (1 EA per 1 day); Age (Min 12 Years and Max 55 Years)	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	Common Formulary	Female Only; QL (1 EA per 1 day); Age (Min 12 Years and Max 55 Years)	
NESTABS ORAL TABLET 32-1,000 MG-MCG	Common Formulary	Female Only; QL (1 EA per 1 day); Age (Min 12 Years and Max 55 Years)	
NEWGEN ORAL TABLET 32-1,000 MG-MCG	Common Formulary	Female Only; QL (1 EA per 1 day); Age (Min 12 Years and Max 55 Years)	
PRENATABS FA ORAL TABLET 29-1 MG	Common Formulary	Female Only; QL (1 EA per 1 day); Age (Min 12 Years and Max 55 Years)	
PRENATABS 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)	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG	(pnv cmb#95-ferrous fumarate-fa)	Common Formulary	Female Only; QL (1 EA per 30 days); Age (Min 12 Years and Max 55 Years)

Drug	Status	Notes
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG	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 PLUS (CALCIUM CARB) 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 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)
TRINATE ORAL TABLET 28 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)
Vitamin B Preparations		
B COMPLEX 1 (WITH FOLIC ACID) ORAL TABLET 0.4 MG	(vitamin b complex-folic acid) Common Formulary	
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML	Common Formulary	
B COMPLEX PLUS VITAMIN C ORAL CAPSULE 15-10-50-5-300 MG	Common Formulary	
B COMPLEX SUBLINGUAL LIQUID 1.7- 20-2-1.2 MG/ML	Common Formulary	
B COMPLEX-VITAMIN B12 ORAL TABLET	(vitamin b complex) Common Formulary	
<i>b complex-vitamin c-folic acid oral tablet extended release 400 mcg</i>	Common Formulary	
BALANCE B-100 (FOLIC ACID) ORAL TABLET 0.4 MG	(vitamin b complex-folic acid) Common Formulary	
BALANCE B-50 (WITH FOLIC ACID) ORAL TABLET 0.4 MG	(vitamin b complex-folic acid) Common Formulary	
<i>biotin oral tablet 1 mg, 10 mg, 5 mg, 800 mcg</i>	Common Formulary	

Drug	Status	Notes
COMPLEX B-100 ORAL TABLET EXTENDED RELEASE	Common Formulary	
DIALYVITE 3000 ORAL TABLET 3-70-15 MG-MCG-MG	Common Formulary	
DIALYVITE 5000 ORAL TABLET 5 MG	Common Formulary	
DIALYVITE 800 ORAL TABLET 0.8 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	
FABB ORAL TABLET 2.2-25-1 MG	Common Formulary	
FOLBEE ORAL TABLET 2.5-25-1 MG (folic acid-vit b6-vit b12)	Common Formulary	
FOLBEE PLUS ORAL TABLET 5 MG, 5-1.5-25 MG	Common Formulary	
FOLBIC ORAL TABLET 2.5-25-2 MG (folic acid-vit b6-vit b12)	Common Formulary	
FOLINIC-PLUS ORAL TABLET 4-50-2 MG	Common Formulary	
FOLPLEX 2.2 ORAL TABLET 2.2-25-0.5 (folic acid-vit b6-vit b12) MG	Common Formulary	
FOLTABS 800 ORAL TABLET 0.8-10-115 MG-MG-MCG	Common Formulary	
FULL SPECTRUM B-VITAMIN C ORAL TABLET 0.8 MG	Common Formulary	
HOMOCYSTEINE FORMULA ORAL TABLET 0.8-50-100 MG-MG-MCG	Common Formulary	
KOBEE ORAL TABLET 0.4 MG (vitamin b complex-folic acid)	Common Formulary	
<i>Imefol ca-acetyl-meb12-algal oral tablet 6 mg-600 mg- 2 mg-90.314 mg</i>	(Metafolbic Plus RF)	Common Formulary
MEDTYCHOLL-B COMPLEX-LIVER ORAL CAPSULE	Common Formulary	
METAFOLBIC PLUS RF ORAL TABLET (Imefol ca-acetyl-meb12-6 MG-600 MG- 2 MG-90.314 MG algal)	Common Formulary	
NEPHPLEX RX ORAL TABLET 1-60-300-12.5 MG-MG-MCG-MG	Common Formulary	

Drug	Status	Notes
NEPHRO-VITE ORAL TABLET 0.8 MG	Common Formulary	
NIVA-FOL ORAL TABLET 2.5-25-2 MG (folic acid-vit b6-vit b12)	Common Formulary	
PRORENAL ORAL TABLET 8 MG IRON-800 MCG-1,000 UNIT	Common Formulary	
QUIN B STRONG ORAL TABLET 500-400-15 MG-MCG-MG	Common Formulary	
RENAL CAPS ORAL CAPSULE 1 MG	Common Formulary	
RENAL VITAMIN ORAL TABLET 0.8 MG	Common Formulary	
RENAL-VITE ORAL TABLET 0.8 MG	Common Formulary	
RENA-VITE ORAL TABLET 0.8 MG	Common Formulary	
RENA-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG	Common Formulary	
RENO CAPS ORAL CAPSULE 1 MG	Common Formulary	
STRESS FORMULA WITH IRON ORAL TABLET 500 MG-400 MCG- 18 MG IRON	Common Formulary	
STRESS FORMULA WITH IRON(SULF) ORAL TABLET 500 MG-400 MCG- 27 MG IRON	Common Formulary	
SUPER QINTS B-50 ORAL TABLET (vitamin b complex)	Common Formulary	
SUPER QINTS ORAL TABLET 0.4 MG (vitamin b complex-folic acid)	Common Formulary	
TRIPHROCAPS ORAL CAPSULE 1 MG	Common Formulary	
ULTRA B-100 COMPLEX ORAL TABLET EXTENDED RELEASE	Common Formulary	
VIRT-CAPS ORAL CAPSULE 1 MG	Common Formulary	
VIRT-GARD ORAL TABLET 2.2-25-1 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> (Vitamins B Complex)	Common Formulary	
VITAMINS B COMPLEX ORAL CAPSULE (vitamin b complex)	Common Formulary	
VITA-RESPA ORAL TABLET 2.2-25-1.3 MG	Common Formulary	
VP-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG	Common Formulary	
WESCAPS ORAL CAPSULE 1 MG	Common Formulary	

Drug	Status	Notes
WESTAB MAX ORAL TABLET 2.5-25-2 (folic acid-vit b6-vit b12) MG	Common Formulary	
WESTAB MINI ORAL TABLET 2.2-25-1 MG	Common Formulary	
WESTAB ONE ORAL TABLET 2.5-25-1 (folic acid-vit b6-vit b12) MG	Common Formulary	
Vitamin B12 Preparations		
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml (Dodex)	Common Formulary	
DODEX INJECTION SOLUTION 1,000 MCG/ML (cyanocobalamin (vitamin b-12))	Common Formulary	
Vitamin D Preparations		
calcitriol oral capsule 0.25 mcg, 0.5 mcg (Rocaltrol)	Common Formulary	QL (4 EA per 1 day)
calcitriol oral solution 1 mcg/ml (Rocaltrol)	Common Formulary	Age (Max 12 Years)
cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit) (Decara)	Common Formulary	
cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit), 50 mcg (2,000 unit) (Vitamin D3)	Common Formulary	
cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml) (D-Vi-Sol)	Common Formulary	
cholecalciferol (vitamin d3) oral tablet 125 mcg (5,000 unit), 25 mcg (1,000 unit) (Vitamin D3)	Common Formulary	
DECARA ORAL CAPSULE 1,250 MCG (cholecalciferol (vitamin d3)) (50,000 UNIT)	Common Formulary	
DELTA D3 ORAL TABLET 10 MCG (400 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)	Common Formulary	
D-VI-SOL ORAL DROPS 10 MCG/ML (400 UNIT/ML) (cholecalciferol (vitamin d3))	Common Formulary	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit) (Vitamin D2)	Common Formulary	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) (ergocalciferol (vitamin d2))	Common Formulary	
VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 25 MCG (1,000 UNIT), 50 MCG (2,000 UNIT) (cholecalciferol (vitamin d3))	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	
Vitamin E Preparations		

Drug	Status	Notes
SOLUVITA-E ORAL DROPS 22.5 MG (50 UNIT)/ML (vitamin e (dl, acetate))	Common Formulary	
vitamin e (dl, acetate) oral capsule 180 mg (400 unit), 45 mg (100 unit), 450 mg (1,000 unit)	Common Formulary	
vitamin e (dl, acetate) oral capsule 90 mg (200 unit) (E-200)	Common Formulary	
vitamin e (dl, acetate) oral drops 22.5 mg (SoluVita-E) (50 unit/ml)	Common Formulary	
vitamin e (dl, acetate) oral drops 45 mg/0.25ml 100 unit/0.25ml	Common Formulary	
vitamin e mixed oral capsule 1,000 unit	Common Formulary	
vitamin e mixed oral tablet 100 unit, 200 unit, 400 unit	Common Formulary	
vitamin e oral capsule 268 mg (400 unit)	Common Formulary	
vitamin e oral liquid 1,150 unit/1.25 ml	Common Formulary	
vitamin e succinate oral tablet 134 mg (200 unit), 67 mg (100 unit)	Common Formulary	
Weight Reduction		
Anorexic Agents		
ADIPEX-P ORAL CAPSULE 37.5 MG (phentermine)	PDL Preferred	PA; Age (Min 18 Years)
ADIPEX-P ORAL TABLET 37.5 MG (phentermine)	PDL Preferred	PA; Age (Min 18 Years)
benzphetamine oral tablet 50 mg	PDL Preferred	PA; Age (Min 18 Years)
diethylpropion oral tablet 25 mg	PDL Preferred	PA; Age (Min 18 Years)
diethylpropion oral tablet extended release 75 mg	PDL Preferred	PA; Age (Min 18 Years)
phendimetrazine tartrate oral capsule, extended release 105 mg	PDL Preferred	PA; Age (Min 18 Years)
phendimetrazine tartrate oral tablet 35 mg	PDL Preferred	PA; Age (Min 18 Years)
phentermine oral capsule 15 mg, 30 mg	PDL Preferred	PA; Age (Min 18 Years)
phentermine oral capsule 37.5 mg (Adipex-P)	PDL Preferred	PA; Age (Min 18 Years)
phentermine oral tablet 37.5 mg (Adipex-P)	PDL Preferred	PA; Age (Min 18 Years)
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	PDL Preferred	PA; Age (Min 12 Years)
Anti-Obesity - Melanocortin 4 Receptor Agonists		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Carve Out	CARVE OUT MEDICATION RESUBMIT PHARMACY CLAIM TO FFS MEDICAID
Anti-Obesity - Opioid Antag/Norepi & Da Reup Inhib		

Drug	Status	Notes
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	PDL Preferred	PA; Age (Min 18 Years)
Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist		
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 18 Years)
Fat Absorption Decreasing Agents		
XENICAL ORAL CAPSULE 120 MG (orlistat)	PDL Preferred	PA; Age (Min 12 Years)

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