

Discussion Items:

MHCP Enrolled Providers – Pharmacies

Fee-for-Service PA Criteria Sheet – Ycanth® - DRAFT (March 2026)

Drug	Ycanth® (cantharidin) [Verrica Pharmaceuticals, Inc.]
Therapeutic Area	Keratolytics

Approval criteria:

- The patient has a diagnosis of molluscum contagiosum (MC)
- The patient's age is within FDA labeling for the requested indication for the requested agent; AND
- Ycanth will be applied by a healthcare professional trained in the preparation and administration of the treatment; AND
- The patient will NOT be using the requested agent in combination with another conventional therapy; AND
- The patient does NOT have any FDA labeled contraindications to the requested agent AND
- The patient has ONE of the following:
 - Tried and had an inadequate response to ONE conventional therapy (e.g cantharidin, cryotherapy, curettage, podofilox,); OR
 - An intolerance or hypersensitivity to ONE conventional therapy; OR
 - An FDA labeled contraindication to ALL conventional therapy

Quantity limits

- 2 applicators per treatment session for 12 weeks

Billing for Ycanth

- Ycanth must be billed as a professional claim

Provider Call Center (844) 575-7887

MHCP Enrolled Providers – Pharmacies

Fee-for-Service PA Criteria Sheet – Papzimeos™ - DRAFT

(March 2026)

Drug	Papzimeos™ (zopapogene imadenovec-drba) [Precigen, Inc.]
Therapeutic Area	Recurrent respiratory papillomatosis (RRP)

Approval criteria

- Patient is ≥ 18 years of age; AND
- Patient has a confirmed histological diagnosis of recurrent respiratory papillomatosis; AND
- Surgical debulking of any present visible papilloma will be performed prior to the initial, third and fourth injections; AND
- Patient has the presence of laryngotracheal papillomas; AND
- Patient has required three or more interventions (e.g., surgery, systemic therapy) in the last 12 months for control of respiratory papilloma; AND
- Prescriber has reviewed Papzimeos Warnings/Precautions and will monitor patient status as appropriate.
- Duration of approval is 6 months (180 days) for 4 doses total and cannot be renewed

Quantity limits

- 1 dose (5 x 10¹¹ particle units [PU] per dose) on day 1, day 12, week 6 and week 12 and may not be renewed

Billing for Papzimeos

Papzimeos must be billed as a professional claim

Provider Call Center (844) 575-7887

MHCP Enrolled Providers – Pharmacies

Fee-for-Service PA Criteria Sheet – Wayrilz™ - DRAFT

(March 2026)

Drug Wayrilz™ (**rilzabrutinib**) [Genzyme Corporation.]
Therapeutic Area Chronic immune thrombocytopenia (ITP)_

Initial approval criteria:

- Patient is ≥ 18 years of age; AND
- The patient has a diagnosis of persistent (defined as 3 to 12 months) or chronic (defined as lasting for > 12 months) immune (idiopathic) thrombocytopenia (ITP); AND
- The patient has a platelet count $\leq 30 \times 10^9/L$ OR;
- The patient has a platelet count $> 30 \times 10^9/L$ but $< 50 \times 10^9/L$ AND has symptomatic bleeding and/or an increased risk of bleeding AND;
- Patient has one of the following:
 - The patient has tried and had an inadequate response to ONE corticosteroid used for the treatment of ITP; OR
 - The patient has an intolerance or hypersensitivity to ONE corticosteroid used for the treatment of ITP; OR
 - The patient has an FDA labeled contraindication to ALL corticosteroids used for the treatment of ITP; OR
 - The patient has tried and had an inadequate response to another thrombopoietin receptor agonist (e.g., avatrombopag [Doptelet], romiplostim [Nplate], eltrombopag [Promacta]); OR
 - The patient has tried and had an inadequate response to immunoglobulins (intravenous immunoglobulin [IVIg] or Anti-D); OR
 - The patient has had an inadequate response to a splenectomy; OR
 - The patient has tried and had an inadequate response to rituximab; AND
- The patient will NOT use Wayrilz in combination with other kinase inhibitors with similar indications (e.g., fostamatinib [Tavalisse]); AND
- Prescriber has reviewed Wayrilz Warning/Precautions and Drug Interactions and will monitor patient status as appropriate; AND
- Patient of reproductive potential should have a negative pregnancy test prior to initiating Wayrilz and should use effective contraception during treatment and for one week after the last dose.
- Initial approval is for 6 months

Renewal criteria:

- Patient must continue to meet the initial approval criteria; AND
- Patient must have disease improvement and/or stabilization demonstrated by the patient's platelet count of $\geq 50 \times 10^9/L$ or the patient's platelet count has increased sufficiently to avoid clinically significant bleeding; AND
- Patient has NOT experienced any treatment-restricting adverse effects (e.g., serious infections, hepatotoxicity including drug-induced liver injury).
- Renewal approval is for 12 months

Quantity limits

- 60 tablets/30 days (max dose: 400 mg orally twice daily)

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MHCP Enrolled Providers – Pharmacies

Fee-for-Service PA Criteria Sheet – Blujepa - DRAFT (March 2026)

Drug **Blujepa (gepotidacin) [GlaxoSmithKline LLC.]**
Therapeutic Area Uncomplicated urinary tract infection (UTI)

Approval criteria:

- The patient's age and weight are within FDA labeling for the requested indication for the requested agent; AND
- Patient has a diagnosis of uncomplicated urinary tract infection (uUTI); AND
- The uUTI is caused by ≥ 1 of the following susceptible microorganisms: *Escherichia coli*, *Klebsiella pneumoniae*, *Citrobacter freundii* complex, *Staphylococcus saprophyticus* or *Enterococcus faecalis*; AND
- Patient must NOT have hypersensitivity to any component of the product; AND
- Patient does NOT have severe renal impairment or kidney failure (estimated glomerular filtration rate [eGFR] < 30 mL/min), including receipt of dialysis, due to the risk of increased drug levels and QTc prolongation; AND
- Patient does NOT have severe hepatic impairment (Child-Pugh Class C) due to the risk of increased drug levels and QTc prolongation; AND
- Prescriber has reviewed Blujepa Warnings/Precautions and Drug Interactions and will monitor patient status as appropriate.

Quantity limits

- 20 tablets/5 days (1,500 mg [two 750 mg tablets] twice daily for 5 days) and may not be renewed

Background

Blujepa is a triazaacenaphthylene bacterial type II topoisomerase inhibitor indicated for the treatment of the following infections caused by susceptible microorganisms:

- Uncomplicated urinary tract infections (uUTI) in female adult and pediatric patients 12 years of age and older weighing at least 40 kilograms (kg).
- Uncomplicated urogenital gonorrhea in adult and pediatric patients 12 years of age and older weighing at least 45 kilograms who have limited or no alternative treatment options. Approval of this indication is based on limited clinical safety data for this indication.

To reduce the development of drug-resistant bacteria and maintain the effectiveness of Blujepa and other antibacterial drugs, Blujepa should be used only to treat infections that are proven or strongly suspected to be caused by bacteria.

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MHCP Enrolled Providers – Pharmacies

Fee-for-Service PA Criteria Sheet – Jascayd® - DRAFT (March 2026)

Drug	Jascayd® (nerandomilast) [Boehringer Ingelheim Pharmaceuticals, Inc.]
Therapeutic Area	Pulmonary fibrosis

Initial approval criteria:

- Patient meets FDA-labeled age; AND
- Diagnosis of idiopathic pulmonary fibrosis (IPF) confirmed by lung biopsy OR high-resolution computed tomography; OR
- Diagnosis of progressive pulmonary fibrosis (PPF) consistent with current, established guidelines; AND
- Documented pulmonary function test within the past 60 days reflecting Forced Vital Capacity (FVC) \geq 45% of predicted AND;
- Patient baseline carbon monoxide diffusing capacity (DLCO, corrected for hemoglobin) \geq 25% of predicted AND;
- Prescriber is a specialist in the area of the patient's diagnosis (e.g., pathologist, pulmonologist, radiologist, rheumatologist) or the prescriber has consulted with a specialist in the area of the patient's diagnosis; AND
- Prescriber has reviewed Jascayd Drug Interactions and will monitor patient status as appropriate.

Renewal criteria:

- Patient must continue to meet the above criteria; AND
- Patient must have clinical benefit (e.g., reduction in forced vital capacity [FVC] decline); AND
- Patient has not experienced any treatment-restricting adverse effects.

Quantity limits

- 60 tablets/30 days
- Max dose 18 mg twice daily

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MHCP Enrolled Providers – Pharmacies

Fee-for-Service PA Criteria Sheet – Palsonify™ - DRAFT

(March 2026)

Drug	Palsonify™ (paltusotine) [Crinetics Pharmaceuticals, Inc.]
Therapeutic Area	Octreotides & Related

Initial approval criteria:

- Age \geq 18 years; AND
- Patient has a diagnosis of acromegaly; AND
- ONE of the following:
 - Patient had an inadequate response to surgical resection as indicated by growth hormone and serum insulin-like growth factor 1 (IGF-1) that are above the reference ranges; OR
 - Patient is not a candidate for surgical resection; OR
 - Palsonify will be used in combination with or following pituitary radiation therapy; AND
- Palsonify will NOT be used in combination with pasireotide (Signifor LAR); AND
- The prescriber is a specialist in the area of the patient's diagnosis (e.g., endocrinologist, oncologist) or the prescriber has consulted with a specialist in the area of the patient's diagnosis; AND
- Prescriber has reviewed Palsonify Warnings/Precautions and Drug Interactions and will monitor patient status as appropriate.

Renewal criteria:

- Patient must continue to meet the above criteria; AND
- Patient must have clinical benefit with treatment (e.g., decrease in symptom severity/frequency, reduction in tumor size, normalized IGF-1 and/or growth hormone levels); AND
- Patient has not experienced any treatment-restricting adverse effects (e.g., complications of cholelithiasis).

Quantity limits

- 60 tablets/30 days
- Max dose 60 mg (two 30 mg tablets) daily

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MHCP Enrolled Providers – Pharmacies

Fee-for-Service PA Criteria Sheet – Tavalisse® - DRAFT

(March 2026)

Drug Tavalisse® (fostamatinib disodium hexahydrate) [Rigel Pharmaceuticals, Inc.]
Therapeutic Area Thrombopoiesis Stimulating Proteins

Initial approval criteria:

- Patient has a diagnosis of chronic (defined as lasting for at least 12 months) immune (idiopathic) thrombocytopenia (ITP) AND BOTH of the following:
 - ONE of the following:
 - Patient has a platelet count less than or equal to $30 \times 10^9/L$; OR
 - Patient has a platelet count greater than $30 \times 10^9/L$ but less than $50 \times 10^9/L$ AND has symptomatic bleeding and/or an increased risk for bleeding; AND
 - ONE of the following:
 - Patient has tried and had an inadequate response to ONE corticosteroid used for the treatment of ITP; OR
 - Patient has an intolerance or hypersensitivity to ONE corticosteroid used for the treatment of ITP; OR
 - Patient has an FDA labeled contraindication to ALL corticosteroids used for the treatment of ITP; OR
 - Patient has tried and had an inadequate response to another thrombopoietin receptor agonist (e.g., Doptelet, Nplate, Promacta); OR
 - Patient has tried and had an inadequate response to immunoglobulins (IVIg or Anti-D); OR
 - Patient has had an inadequate response to a splenectomy; OR
 - Patient has tried and had an inadequate response to rituximab; AND
- Patient will NOT use the requested agent in combination with another thrombopoietin receptor agonist (i.e., avatrombopag, lusutrombopag, romiplostim, or eltrombopag); AND
- Patient does NOT have any FDA labeled contraindications to the requested agent
- Initial approval is for 3 months

Renewal criteria:

- Patient has a diagnosis of chronic immune (idiopathic) thrombocytopenia (ITP) AND ONE of the following:
- Patient's platelet count is greater than or equal to $50 \times 10^9/L$; OR
- Patient's platelet count has increased sufficiently to avoid clinically significant bleeding; OR
- Patient will NOT use the requested agent in combination with another thrombopoietin receptor agonist (i.e., avatrombopag, lusutrombopag, romiplostim, or eltrombopag); AND
- Patient does NOT have any FDA labeled contraindications to Tavalisse
- Renewal approval is for 12 months

Quantity limits

- 100 mg or 150 mg tablets: 60 tablets per 30 days
- Maximum dose of 150 mg twice daily

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MHCP Enrolled Providers – Pharmacies

Fee-for-Service PA Criteria Sheet – Rhapsido® - DRAFT

(March 2026)

Drug	Rhapsido® (remibrutinib) [Novartis Pharmaceuticals Corporation]
Therapeutic Area	Chronic spontaneous urticaria (CSU)

Initial approval criteria:

- Patient is ≥ 18 years of age; **AND**
- The patient has a diagnosis of chronic spontaneous urticaria (CSU) (otherwise known as chronic idiopathic urticaria [CIU]) **AND ALL** of the following:
 - The patient has had hives and itching for ≥ 6 weeks; **AND**
 - The prescriber has evaluated the patient to determine if the patient is currently treated with medication known to cause or worsen urticaria (e.g., nonsteroidal anti-inflammatory drugs [NSAIDs]) in order to reduce urticaria risk; **AND**
 - The patient has **ONE** of the following:
 - The patient tried and had an inadequate response to the FDA labeled maximum dose of **ONE second-generation** H1-antihistamine (e.g., cetirizine, fexofenadine, levocetirizine, loratadine) **AND ONE** of the following:
 - The patient has tried and had an inadequate response to a maximally tolerated dose of **ONE** second-generation H1-antihistamine titrated up to 4 times above the FDA labeled maximum dose after at least a 2-week duration of therapy; **OR**
 - There is support that the patient cannot be treated with a second-generation H1-antihistamine at a dose above the FDA labeled maximum dose; **OR**
 - The patient has an intolerance or hypersensitivity to **ONE** second generation H1-antihistamine; **OR**
 - The patient has an FDA labeled contraindication to **ALL** second generation H1-antihistamines; **AND**
- If the patient has a diagnosis of chronic spontaneous urticaria, then **ONE** of the following:
 - **BOTH** of the following:
 - The patient is currently treated with second-generation H1-antihistamine therapy (e.g., cetirizine, fexofenadine, levocetirizine, loratadine); **AND**
 - The patient will continue second-generation H1-antihistamine therapy in combination with Rhapsido; **OR**
 - The patient has an intolerance, hypersensitivity or FDA labeled contraindication to **ALL** second-generation H1-antihistamines; **AND**
- The prescriber is a specialist in the area of the patient's diagnosis (e.g., dermatologist, allergist, immunologist), or the prescriber has consulted with a specialist in the area of the patient's diagnosis; **AND**
- Prescriber has reviewed Rhapsido Warnings/Precautions and Drug Interactions and will monitor patient status as appropriate; **AND**
- If concurrent use with other biologic immunomodulators or other targeted synthetic small molecule drugs (e.g., BTK inhibitors, JAK inhibitors) is unavoidable, prescriber attestation is required that consideration has been given to the potential for additive adverse effects (e.g., immunosuppression, infections) and lack of data supporting concurrent use.

Renewal criteria:

- Patient must continue to meet the above criteria; **AND**
- Patient must have disease improvement/clinical benefit (e.g., improvement in itch and/or hives); **AND**
- Patient has **NOT** experienced any treatment-restricting adverse effects (e.g., bleeding).

Quantity limits

- 60 tablets/30 days (maximum dose: 50 mg per day)

Background

Rhapsido is a kinase inhibitor indicated for the treatment of chronic spontaneous urticaria (CSU) in adult patients who remain symptomatic despite H1 antihistamine treatment. Rhapsido is not FDA-approved for other forms of urticaria.

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Enrolled Providers – Pharmacies

Fee-for-Service PA Criteria Sheet – Zoryve® foam or cream, 0.3% - DRAFT (March 2026)

Drug	Zoryve® foam or cream, 0.3% (roflumilast) [Arcutis Biotherapeutics, Inc.]
Therapeutic Area	Antipsoriatics, Topical

Initial approval criteria:

Plaque psoriasis

- Patient's age is within the FDA labeling for the requested indication for the requested agent; AND
- Patient must have a diagnosis of plaque psoriasis; AND
- Patient's estimated baseline psoriasis involvement (as % BSA [body surface area]) is provided at time of request; AND
- Patient's treatment locations (e.g., arms and elbows, legs and knees, or intertriginous areas) is provided at time of request; AND
- Patient does not have moderate to severe liver impairment (Child-Pugh B or C); AND
- Patient is not receiving any of the following concomitant therapy:
 - Biologic DMARD (e.g., Humira [adalimumab]); OR
 - Janus kinase (JAK) inhibitor (e.g., Xeljanz [tofacitinib]); OR
 - Phosphodiesterase 4 (PDE4) inhibitor (e.g., Otezla [apremilast]); AND
- Patient did not respond adequately (or is not a candidate) to a 4-week minimum trial of two of the following topical agents:
 - Coal tar
 - Calcineurin inhibitors (e.g., tacrolimus, pimecrolimus)
 - Tazarotene
 - Vitamin D analogs (e.g., calcitriol, calcipotriene)
 - Corticosteroids (medium potency or higher); OR
- Patient did not respond adequately (or is not a candidate) to a 4-week minimum trial of fixed dose combination calcipotriene and betamethasone dipropionate (e.g., Estilar); AND
- Zoryve is prescribed by or in consultation with a dermatologist; AND
- Initial approval is for 6 months

Seborrheic dermatitis

- Patient's age is within the FDA labeling for the requested indication for the requested agent; AND
- Patient must have a diagnosis of seborrheic dermatitis; AND
- Patient's estimated baseline psoriasis involvement (as % BSA [body surface area]) is provided at time of request; AND
- Patient's treatment locations (e.g., scalp, face, or body) is provided at time of request; AND
- Patient does not have moderate to severe liver impairment (Child-Pugh B or C); AND
- Patient did not respond adequately (or is not a candidate) to a 4-week minimum trial of two of the following topical agents:
 - Topical or systemic antifungal; AND
 - Topical corticosteroid; AND
- Patient did not respond adequately (or is not a candidate) to a 4-week minimum trial of topical calcineurin inhibitors or topical crisaborole;
- Initial approval is for 6 months

Renewal criteria:

- Patient continues to meet initial approval criteria; AND
- Documentation of clinical response to therapy as supported by one of the following:
 - Reduction in the body surface area (BSA) involvement from baseline; OR
 - Improvement in symptoms (e.g., itching, redness) from baseline; AND
- Absence of unacceptable adverse reactions (e.g., application site urticaria); AND
- Renewal approval is for 12 months

Quantity limits

- One 60-gram tube or one 60-gram can per 34 days

- If more than one 60-gram tube or 60-gram can is needed for a 34-day supply, prior authorization request must include the number of tubes and the corresponding days supplied.

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MHCP Enrolled Providers – Pharmacies

Fee-for-Service PA Criteria Sheet – Wakix® - DRAFT

(March 2026)

Drug Wakix® (pitolisant) [Harmony Biosciences, LLC.]
Therapeutic Area Narcolepsy

Initial approval criteria:

Universal Criteria

- Patient's age is within FDA labeling for the requested indication for the requested agent;
- Patient must not be receiving treatment with sedative hypnotic agents (e.g., zolpidem, eszopiclone, zaleplon, benzodiazepines, barbiturates) AND
- Patient will not use drugs that prolong the QT interval (e.g., quinidine, procainamide, disopyramide, amiodarone, sotalol, ziprasidone, chlorpromazine, thioridazine, moxifloxacin) concomitantly AND
- Patient will not use histamine-1 (H1) receptor antagonists (e.g., pheniramine maleate, diphenhydramine, promethazine, imipramine, clomipramine, mirtazapine) concomitantly AND
- Patient is not receiving concomitant solriamfetol, oxybate products (Xyrem and Xywav), modafinil, or armodafinil AND
- Patient does not have a history of prolonged QTc interval (e.g., QTc interval > 450 milliseconds) AND
- Wakix will not be used in patients with severe hepatic impairment (Child-Pugh C) AND
- Patient does not have end stage renal disease (ESRD) (e.g., eGFR < 15 mL/minute/1.73 m²); AND
- Wakix is prescribed by or in consultation with a sleep specialist physician or a neurologist

AND

Excessive daytime sleepiness (EDS) with narcolepsy

- Patient has been evaluated using polysomnography and a multiple sleep latency test; AND
- Prescriber attests that a diagnosis of narcolepsy has been confirmed; AND
- If patient is over 18 years of age, a 3-month trial of amphetamine or methylphenidate AND a 3-month trial of modafinil or armodafinil, unless contraindicated
- If patient is under 18 years age, a 3-month trial of amphetamine or methylphenidate AND a 3-month trial of brand Xyrem (or generic if patient has previously tried generic); AND
- Baseline daytime sleepiness as measured by a validated scale (e.g., Epworth Sleepiness Scale, Stanford Sleepiness Scale, Karolinska Sleepiness Scale, Cleveland Adolescent Sleepiness Questionnaire, or a Visual Analog Scale)

OR

Cataplexy with narcolepsy

- Patient has been evaluated using polysomnography and a multiple sleep latency test; AND
- Prescriber attests that a diagnosis of narcolepsy has been confirmed; AND
- A 3-month trial of amphetamine or methylphenidate AND a 3-month trial of brand Xyrem (or generic if patient has previously tried generic sodium oxybate); AND
- Baseline frequency of cataplexy attacks

AND

- Initial approval is for 3 months

Renewal criteria:

- Patient must continue to meet above criteria AND
- Patient has NOT experienced any treatment-restricting adverse effects (e.g., abnormal behavior, abnormal dreams or nightmares, anhedonia, anxiety, bipolar disorder, depression or depressed mood, nausea, QT prolongation, sleep disorder, suicide attempt or suicidal ideation)
- For Cataplexy: reduced frequency of cataplexy attacks from pre-treatment baseline
- For Excessive Daytime Sleepiness: Response to therapy with a reduction in excessive daytime sleepiness from pre-treatment baseline as measured by a validated scale (e.g., Epworth Sleepiness Scale, Stanford Sleepiness Scale, Karolinska Sleepiness Scale, Cleveland Adolescent Sleepiness Questionnaire, or a Visual Analog Scale) AND
- Renewal approval is for 3 months

Quantity limits

- Quantity limits pursuant to the FDA-approved label will apply

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MHCP Enrolled Providers – Pharmacies

Fee-for-Service PA Criteria Sheet – PCSK9 Inhibitors - DRAFT

(March 2026)

Drug	Praluent™ (alirocumab) [Regeneron Pharmaceuticals, Inc.] Repatha™ (evolocumab) [Amgen Inc]
Therapeutic Area	Lipotropics, Other

Initial approval criteria:

- Patient's age is within FDA labeling for the requested indication for the requested agent;

AND

- Patient has ONE of the following diagnoses that is aligned with the FDA-approved label of the requested agent:
 - Established Atherosclerotic Cardiovascular Disease (ASCVD) (e.g., acute coronary syndromes, history of myocardial infarction, stable or unstable angina, coronary or other arterial revascularization, stroke, transient ischemic attack, or peripheral arterial disease presumed to be of atherosclerotic origin); OR
 - Homozygous Familial Hypercholesterolemia (HoFH) as evidenced by one of the following:
 - Genetic confirmation of two mutant alleles at the LDL receptor, ApoB, PCSK9, or LDLRAP1 gene locus or ARH adaptor protein gene locus; OR
 - An untreated LDL-C > 500 mg/dL with either:
 - Cutaneous or tendon xanthoma before age 10 years; OR
 - Untreated LDL-C levels consistent with heterozygous familial hypercholesterolemia in both parents (≥ 190 mg/dL); OR
 - Heterozygous Familial Hypercholesterolemia as evidenced by one of the following:
 - Functional mutation in the LDLR, ApoB, PCSK9 or ARH adaptor protein (LDLRAP1) gene; OR
 - Corneal arcus (seen in ages < 45 years), xanthelasma (seen in ages < 25 years), or tendon xanthomas; OR
 - Clinical diagnosis based on the World Health Organization Dutch Lipid Clinical Network criteria with a "probable familial hypercholesterolemia" score of ≥ 6 points or definite diagnosis by Simon Broom criteria; OR
 - Primary hypercholesterolemia with ONE of the following:
 - Untreated LDL-C ≥ 190 mg/dL; OR
 - At high risk for ASCVD defined as a 10-year ASCVD risk $\geq 20\%$ with LDL-C 70-189 mg/dL; OR
 - 40-75 years of age with diabetes and 10-year ASCVD risk > 7.5%

AND

- Documentation of recent (within the last 30 days) LDL-C of one of the following despite maximally tolerated lipid-lowering therapy:
 - LDL-C ≥ 55 mg/dL AND Very High Risk ASCVD (defined as a history of multiple major ASCVD events or 1 major ASCVD event and multiple high-risk conditions); OR
 - LDL-C ≥ 70 mg/dL for patients with clinical ASCVD AND not at very high risk; OR
 - LDL-C ≥ 100 mg/dL (or LDL ≥ 70 mg/dL for patients 40 to 75 years of age with diabetes) for severe primary hypercholesterolemia (including HeFH) without ASCVD but with multiple risk factors that increase subsequent risk of ASCVD

AND

- Adherence (defined as 85% by consistent pharmacy claims) to a high intensity statin regimen for at least 12 weeks or to a moderate-intensity statin for at least 12 weeks if unable to tolerate a high-intensity statin, unless one of the following applies:
 - Statin therapy is contraindicated; OR
 - Documented statin risk factors; OR
 - Rhabdomyolysis or muscle symptoms with statin treatment with CK elevations; OR
 - Statin intolerance due to one of the following:
 - Myopathy: Unexplained muscle pain or weakness accompanied by CK elevations; OR
 - Myalgia: Muscle symptoms without CK elevations and meets both of the following:
 - Intolerable statin associated muscle symptoms (SAMS) persisted for at least two weeks which disappeared with discontinuation of the statin therapy and recurred with a statin re-challenge; AND

- Intolerant despite re-challenge with titration from the lowest possible dose and/or intermittent dosing frequency (e.g., 1 to 3 times weekly)

AND

- Adherence (defined as 85% by consistent pharmacy claims) to Zetia (ezetimibe) therapy used concomitantly with a statin at the maximally tolerated dose over the past 12 weeks, unless one of the following applies:
 - Zetia therapy is contraindicated; or
 - History of Zetia intolerance (e.g. associated diarrhea or upper respiratory tract infection); or
 - If $\geq 15\%$ LDL-C reduction is required despite adherence with statin therapy, use of Zetia is not required.

AND

- Requested agent will be used concomitantly with a maximally tolerated statin and Zetia unless contraindications, intolerance, or the use of Zetia is not required.

AND

- Requested agent will not be used in combination with Juxtapid (lomitapide), Leqvio (inclisiran), or another PCSK9 inhibitor.

Renewal criteria:

- Evidence of adherence (defined as 85% consistent pharmacy claims) to ongoing concomitant lipid lowering therapy as applicable; AND
- Lab results obtained within the last 12 weeks show an LDL-C reduction since the initiation of PCSK9 inhibitor therapy.

Quantity limits

- Quantity limits pursuant to the FDA-approved label will apply

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Discussion Item:

90-day Supply Drug List Review

Drug Name	Dosage Form	Strength
ACARBOSE	TABLET	25 MG
ACARBOSE	TABLET	50 MG
ACARBOSE	TABLET	100 MG
ACYCLOVIR	CAPSULE	200 MG
ACYCLOVIR	TABLET	400 MG
ACYCLOVIR	TABLET	800 MG
ALBUTEROL SULFATE	VIAL-NEB	2.5 MG/3 ML
ALENDRONATE SODIUM	TABLET	5 MG
ALENDRONATE SODIUM	TABLET	10 MG
ALENDRONATE SODIUM	TABLET	35 MG
ALENDRONATE SODIUM	TABLET	70 MG
ALFUZOSIN HCL ER	TAB ER 24H	10 MG
ALLOPURINOL	TABLET	100 MG
ALLOPURINOL	TABLET	300 MG
AMANTADINE	CAPSULE	100 MG
AMANTADINE	SOLUTION	50 MG/5 ML
AMILORIDE HCL	TABLET	5 MG
AMILORIDE - HYDROCHLOROTHIAZIDE	TABLET	5 MG - 50 MG
AMIODARONE HCL	TABLET	100 MG
AMIODARONE HCL	TABLET	200 MG
AMIODARONE HCL	TABLET	400 MG
AMITRIPTYLINE HCL	TABLET	10 MG
AMITRIPTYLINE HCL	TABLET	25 MG
AMITRIPTYLINE HCL	TABLET	50 MG
AMITRIPTYLINE HCL	TABLET	75 MG
AMITRIPTYLINE HCL	TABLET	100 MG
AMITRIPTYLINE HCL	TABLET	150 MG
AMLODIPINE BESYLATE	TABLET	2.5 MG
AMLODIPINE BESYLATE	TABLET	5 MG
AMLODIPINE BESYLATE	TABLET	10 MG
AMLODIPINE BESYLATE-BENAZEPRIL	CAPSULE	2.5MG-10MG
AMLODIPINE BESYLATE-BENAZEPRIL	CAPSULE	5 MG-10 MG
AMLODIPINE BESYLATE-BENAZEPRIL	CAPSULE	5 MG-20 MG
AMLODIPINE BESYLATE-BENAZEPRIL	CAPSULE	5 MG-40 MG
AMLODIPINE BESYLATE-BENAZEPRIL	CAPSULE	10 MG-20MG
AMLODIPINE BESYLATE-BENAZEPRIL	CAPSULE	10 MG-40MG
AMLODIPINE-VALSARTAN	TABLET	5 MG-160MG
AMLODIPINE-VALSARTAN	TABLET	5 MG-320MG
AMLODIPINE-VALSARTAN	TABLET	10 MG-160MG
AMLODIPINE-VALSARTAN	TABLET	10 MG-320MG

ANASTROZOLE	TABLET	1 MG
ARIPIRAZOLE	SOLUTION	1 MG/ML
ARIPIRAZOLE	TABLET	2 MG
ARIPIRAZOLE	TABLET	5 MG
ARIPIRAZOLE	TABLET	10 MG
ARIPIRAZOLE	TABLET	15 MG
ARIPIRAZOLE	TABLET	20 MG
ARIPIRAZOLE	TABLET	30 MG
ATENOLOL	TABLET	25 MG
ATENOLOL	TABLET	50 MG
ATENOLOL	TABLET	100 MG
ATOMOXETINE HCL	CAPSULE	10 MG
ATOMOXETINE HCL	CAPSULE	18 MG
ATOMOXETINE HCL	CAPSULE	25 MG
ATOMOXETINE HCL	CAPSULE	40 MG
ATOMOXETINE HCL	CAPSULE	60 MG
ATOMOXETINE HCL	CAPSULE	80 MG
ATOMOXETINE HCL	CAPSULE	100 MG
ATORVASTATIN CALCIUM	TABLET	10 MG
ATORVASTATIN CALCIUM	TABLET	20 MG
ATORVASTATIN CALCIUM	TABLET	40 MG
ATORVASTATIN CALCIUM	TABLET	80 MG
AZATHIOPRINE	TABLET	50 MG
AZELASTINE HCL	SPRAY/PUMP	137 MCG
BACLOFEN	TABLET	5 MG
BACLOFEN	TABLET	10 MG
BACLOFEN	TABLET	20 MG
BANOPHEN	CAPSULE	50 MG
BENAZEPRIL HCL	TABLET	5 MG
BENAZEPRIL HCL	TABLET	10 MG
BENAZEPRIL HCL	TABLET	20 MG
BENAZEPRIL HCL	TABLET	40 MG
BENAZEPRIL-HYDROCHLOROTHIAZIDE	TABLET	5-6.25 MG
BENAZEPRIL-HYDROCHLOROTHIAZIDE	TABLET	10-12.5 MG
BENAZEPRIL-HYDROCHLOROTHIAZIDE	TABLET	20-12.5 MG
BENAZEPRIL-HYDROCHLOROTHIAZIDE	TABLET	20-25 MG
BENZTROPINE MESYLATE	TABLET	0.5 MG
BENZTROPINE MESYLATE	TABLET	1 MG
BENZTROPINE MESYLATE	TABLET	2 MG
BETHANECHOL CHLORIDE	TABLET	5 MG
BETHANECHOL CHLORIDE	TABLET	10 MG
BETHANECHOL CHLORIDE	TABLET	25 MG
BISOPROLOL FUMARATE	TABLET	5 MG
BISOPROLOL FUMARATE	TABLET	10 MG
BISOPROLOL-HYDROCHLOROTHIAZIDE	TABLET	2.5-6.25MG
BISOPROLOL-HYDROCHLOROTHIAZIDE	TABLET	5-6.25MG

BISOPROLOL-HYDROCHLOROTHIAZIDE	TABLET	10-6.25 MG
BRIMONIDINE TARTRATE	DROPS	0.1%
BRIMONIDINE TARTRATE	DROPS	0.2 %
BUDESONIDE	AMPUL-NEB	0.25 MG/2ML
BUDESONIDE	AMPUL-NEB	0.5 MG/2ML
BUMETANIDE	TABLET	0.5 MG
BUMETANIDE	TABLET	1 MG
BUMETANIDE	TABLET	2 MG
BUPROPION HCL	TABLET	75 MG
BUPROPION HCL	TABLET	100 MG
BUPROPION HCL SR	TAB SR 12H	100 MG
BUPROPION HCL SR	TAB SR 12H	150 MG
BUPROPION HCL SR	TAB SR 12H	200 MG
BUPROPION XL	TAB ER 24H	150 MG
BUPROPION XL	TAB ER 24H	300 MG
BUSPIRONE HCL	TABLET	5 MG
BUSPIRONE HCL	TABLET	7.5 MG
BUSPIRONE HCL	TABLET	10 MG
BUSPIRONE HCL	TABLET	15 MG
BUSPIRONE HCL	TABLET	30 MG
CABERGOLINE	TABLET	0.5 MG
CALCITRIOL	CAPSULE	0.25 MCG
CALCITRIOL	CAPSULE	0.5 MCG
CALCITRIOL	SOLUTION	1 MCG/ML
CALCIUM ACETATE	CAPSULE	667 MG
CAPTOPRIL	TABLET	12.5 MG
CAPTOPRIL	TABLET	25 MG
CAPTOPRIL	TABLET	50 MG
CAPTOPRIL	TABLET	100 MG
CAPTOPRIL-HYDROCHLOROTHIAZIDE	TABLET	25 MG-15MG
CAPTOPRIL-HYDROCHLOROTHIAZIDE	TABLET	25 MG-25MG
CAPTOPRIL-HYDROCHLOROTHIAZIDE	TABLET	50 MG-15MG
CAPTOPRIL-HYDROCHLOROTHIAZIDE	TABLET	50 MG-25MG
CARBAMAZEPINE	TABLET	100 MG
CARBAMAZEPINE	TABLET	200 MG
CARBAMAZEPINE	TAB CHEW	100 MG
CARBAMAZEPINE	TAB CHEW	200 MG
CARBAMAZEPINE	ORAL SUSP	100 MG/5ML
CARBAMAZEPINE ER	TABLET	100 MG
CARBAMAZEPINE ER	TABLET	200 MG
CARBAMAZEPINE ER	TABLET	400 MG
CARBIDOPA-LEVODOPA	TABLET	10MG-100MG
CARBIDOPA-LEVODOPA	TABLET	25MG-100MG
CARBIDOPA-LEVODOPA	TABLET	25MG-250MG
CARBIDOPA-LEVODOPA ER	TABLET	25MG-100MG
CARBIDOPA-LEVODOPA ER	TABLET	50MG-200MG

CARTIA XT	CAP ER 24H	120 MG
CARTIA XT	CAP ER 24H	180 MG
CARTIA XT	CAP ER 24H	240 MG
CARTIA XT	CAP ER 24H	300 MG
CARVEDILOL	TABLET	3.125 MG
CARVEDILOL	TABLET	6.25 MG
CARVEDILOL	TABLET	12.5 MG
CARVEDILOL	TABLET	25 MG
CELECOXIB	CAPSULE	50 MG
CELECOXIB	CAPSULE	100 MG
CELECOXIB	CAPSULE	200 MG
CELECOXIB	CAPSULE	400 MG
CETIRIZINE HCL	SOLUTION	1 MG/ML
CHLORPROMAZINE HCL	TABLET	10 MG
CHLORPROMAZINE HCL	TABLET	25 MG
CHLORPROMAZINE HCL	TABLET	50 MG
CHLORPROMAZINE HCL	TABLET	100 MG
CHLORPROMAZINE HCL	TABLET	200 MG
CHLORTHALIDONE	TABLET	25 MG
CHLORTHALIDONE	TABLET	50 MG
CHOLESTYRAMINE	POWD PACK	4 G
CHOLESTYRAMINE	POWDER	4 G
CHOLESTYRAMINE LIGHT	POWD PACK	4 G
CHOLESTYRAMINE LIGHT	POWDER	4 G
CILOSTAZOL	TABLET	50 MG
CILOSTAZOL	TABLET	100 MG
CINACALCET HCL	TABLET	30 MG
CINACALCET HCL	TABLET	60 MG
CINACALCET HCL	TABLET	90 MG
CITALOPRAM HBR	TABLET	10 MG
CITALOPRAM HBR	TABLET	20 MG
CITALOPRAM HBR	TABLET	40 MG
CITALOPRAM HBR	SOLUTION	10 MG/5 ML
CLONIDINE HCL	TABLET	0.1 MG
CLONIDINE HCL	TABLET	0.2 MG
CLONIDINE HCL	TABLET	0.3 MG
CLONIDINE HCL ER	TABLET	0.1 MG
CLOPIDOGREL	TABLET	75 MG
CONSTULOSE	SOLUTION	10 G/15 ML
CROMOLYN SODIUM	DROPS	4 %
CYCLOPENTOLATE HCL	DROPS	1 %
CYPROHEPTADINE HCL	TABLET	4 MG
CYPROHEPTADINE HCL	SYRUP	2 MG/5 ML
DESIPRAMINE HCL	TABLET	10 MG
DESIPRAMINE HCL	TABLET	25 MG
DESIPRAMINE HCL	TABLET	50 MG

DESMOPRESSIN ACETATE	SPRAY/PUMP	10/SPRAY
DESMOPRESSIN ACETATE	TABLET	0.1 MG
DESMOPRESSIN ACETATE	TABLET	0.2 MG
DESVENLAFAXINE SUCCINATE ER	CAPSULE	25 MG
DESVENLAFAXINE SUCCINATE ER	CAPSULE	50 MG
DESVENLAFAXINE SUCCINATE ER	CAPSULE	100 MG
DEXAMETHASONE	TABLET	0.5 MG
DEXAMETHASONE	TABLET	0.75 MG
DEXAMETHASONE	TABLET	1 MG
DEXAMETHASONE	TABLET	1.5 MG
DEXAMETHASONE	TABLET	2 MG
DEXAMETHASONE	TABLET	4 MG
DEXAMETHASONE	TABLET	6 MG
DEXAMETHASONE	ELIXIR	0.5 MG/5ML
DEXAMETHASONE INTENSOL	DROPS	1 MG/ML
DICLOFENAC SODIUM	GEL (GRAM)	1 %
DICLOFENAC SODIUM	TABLET DR	50 MG
DICLOFENAC SODIUM	TABLET DR	75 MG
DICYCLOMINE HCL	CAPSULE	10 MG
DICYCLOMINE HCL	CAPSULE	20 MG
DIGOXIN	TABLET	125 MCG
DIGOXIN	TABLET	250 MCG
DILTIAZEM 24HR ER	CAP SA 24H	120 MG
DILTIAZEM 24HR ER	CAP SA 24H	180 MG
DILTIAZEM 24HR ER	CAP SA 24H	240 MG
DILTIAZEM 24HR ER	CAP SA 24H	300 MG
DILTIAZEM 24HR ER	CAP SA 24H	360 MG
DILTIAZEM 24HR ER (CD)	CAP ER 24H	120 MG
DILTIAZEM 24HR ER (CD)	CAP ER 24H	180 MG
DILTIAZEM 24HR ER (CD)	CAP ER 24H	240 MG
DILTIAZEM 24HR ER (CD)	CAP ER 24H	300 MG
DILTIAZEM 24HR ER (CD)	CAP ER 24H	360 MG
DILTIAZEM 24HR ER (XR)	CAP ER DEG	120 MG
DILTIAZEM 24HR ER (XR)	CAP ER DEG	180 MG
DILTIAZEM 24HR ER (XR)	CAP ER DEG	240 MG
DILTIAZEM HCL	TABLET	30 MG
DILTIAZEM HCL	TABLET	60 MG
DILTIAZEM HCL	TABLET	90 MG
DILTIAZEM HCL	TABLET	120 MG
DIMETHYL FUMARATE	CAPSULE DR	120 MG
DIMETHYL FUMARATE	CAPSULE DR	240 MG
DIVALPROEX SODIUM	CAP DR SPR	125 MG
DIVALPROEX SODIUM	TABLET DR	125 MG
DIVALPROEX SODIUM	TABLET DR	250 MG
DIVALPROEX SODIUM	TABLET DR	500 MG
DIVALPROEX SODIUM ER	TAB ER 24H	250 MG

DIVALPROEX SODIUM ER	TAB ER 24H	500 MG
DONEPEZIL HCL	TABLET	5 MG
DONEPEZIL HCL	TABLET	10 MG
DORZOLAMIDE HCL	DROPS	2 %
DORZOLAMIDE-TIMOLOL	DROPS	22.3-6.8/1
DOXAZOSIN MESYLATE	TABLET	1 MG
DOXAZOSIN MESYLATE	TABLET	2 MG
DOXAZOSIN MESYLATE	TABLET	4 MG
DOXAZOSIN MESYLATE	TABLET	8 MG
DOXEPIN HCL	CAPSULE	10 MG
DOXEPIN HCL	CAPSULE	25 MG
DOXEPIN HCL	CAPSULE	50 MG
DOXEPIN HCL	CAPSULE	75 MG
DOXEPIN HCL	CAPSULE	100 MG
DOXEPIN HCL	CAPSULE	150 MG
DOXEPIN HCL	ORAL CONC	10 MG/ML
DULOXETINE HCL	CAPSULE DR	20 MG
DULOXETINE HCL	CAPSULE DR	30 MG
DULOXETINE HCL	CAPSULE DR	60 MG
DUTASTERIDE	CAPSULE	0.5 MG
ENALAPRIL MALEATE	TABLET	2.5 MG
ENALAPRIL MALEATE	TABLET	5 MG
ENALAPRIL MALEATE	TABLET	10 MG
ENALAPRIL MALEATE	TABLET	20 MG
ENALAPRIL-HYDROCHLOROTHIAZIDE	TABLET	5MG-12.5MG
ENALAPRIL-HYDROCHLOROTHIAZIDE	TABLET	10 MG-25MG
ENTACAPONE	TABLET	200 MG
EPLERENONE	TABLET	25 MG
EPLERENONE	TABLET	50 MG
ESCITALOPRAM OXALATE	TABLET	5 MG
ESCITALOPRAM OXALATE	TABLET	10 MG
ESCITALOPRAM OXALATE	TABLET	20 MG
ESOMEPRAZOLE MAGNESIUM	CAPSULE DR	20 MG
ESOMEPRAZOLE MAGNESIUM	CAPSULE DR	40 MG
ESTRADIOL	TABLET	0.5 MG
ESTRADIOL	TABLET	1 MG
ESTRADIOL	TABLET	2 MG
ESTRADIOL (ONCE WEEKLY)	PATCH TDWK	0.025MG/24
ESTRADIOL (ONCE WEEKLY)	PATCH TDWK	0.0375MG/24
ESTRADIOL (ONCE WEEKLY)	PATCH TDWK	0.05MG/24
ESTRADIOL (ONCE WEEKLY)	PATCH TDWK	0.06MG/24
ESTRADIOL (ONCE WEEKLY)	PATCH TDWK	0.075MG/24
ESTRADIOL (ONCE WEEKLY)	PATCH TDWK	0.1MG/24
ETHOSUXIMIDE	CAPSULE	250 MG
ETHOSUXIMIDE	SOLUTION	250 MG/5ML
EXEMESTANE	TABLET	25 MG

EZETIMIBE	TABLET	10 MG
FAMOTIDINE	TABLET	20 MG
FAMOTIDINE	TABLET	40 MG
FEBUXOSTAT	TABLET	40 MG
FEBUXOSTAT	TABLET	80 MG
FELBAMATE	TABLET	400 MG
FELBAMATE	TABLET	600 MG
FELODIPINE ER	TAB ER 24H	2.5 MG
FELODIPINE ER	TAB ER 24H	5 MG
FELODIPINE ER	TAB ER 24H	10 MG
FENOFIBRATE	TABLET	48 MG
FENOFIBRATE	TABLET	54 MG
FENOFIBRATE	CAPSULE	67 MG
FENOFIBRATE	CAPSULE	134 MG
FENOFIBRATE	TABLET	145 MG
FENOFIBRATE	TABLET	160 MG
FENOFIBRATE	CAPSULE	200 MG
FINASTERIDE	TABLET	5 MG
FLECAINIDE ACETATE	TABLET	50 MG
FLECAINIDE ACETATE	TABLET	100 MG
FLECAINIDE ACETATE	TABLET	150 MG
FLUORIDE	TAB CHEW	0.25(0.55)
FLUORIDE	TAB CHEW	0.5(1.1)MG
FLUORIDE	TAB CHEW	1MG(2.2MG)
FLUDROCORTISONE ACETATE	TABLET	0.1 MG
FLUOXETINE HCL	CAPSULE	10 MG
FLUOXETINE HCL	TABLET	10 MG
FLUOXETINE HCL	CAPSULE	20 MG
FLUOXETINE HCL	CAPSULE	40 MG
FLUOXETINE HCL	SOLUTION	20 MG/5ML
FLUPHENAZINE HCL	TABLET	1 MG
FLUPHENAZINE HCL	TABLET	2.5 MG
FLUPHENAZINE HCL	TABLET	5 MG
FLUPHENAZINE HCL	TABLET	10 MG
FLUPHENAZINE HCL	ELIXIR	2.5 MG/5ML
FLUPHENAZINE HCL	ORAL CONC	5 MG/ML
FLUTICASONE PROPIONATE	SPRAY SUSP	50 MCG
FLUVOXAMINE MALEATE	TABLET	25 MG
FLUVOXAMINE MALEATE	TABLET	50 MG
FLUVOXAMINE MALEATE	TABLET	100 MG
FOLIC ACID	TABLET	0.4 MG
FOLIC ACID	TABLET	0.8 MG
FOLIC ACID	TABLET	1 MG
FOSINOPRIL SODIUM	TABLET	10 MG
FOSINOPRIL SODIUM	TABLET	20 MG
FOSINOPRIL SODIUM	TABLET	40 MG

FOSINOPRIL-HYDROCHLOROTHIAZIDE	TABLET	10-12.5 MG
FOSINOPRIL-HYDROCHLOROTHIAZIDE	TABLET	20-12.5 MG
FUROSEMIDE	TABLET	20 MG
FUROSEMIDE	TABLET	40 MG
FUROSEMIDE	TABLET	80 MG
FUROSEMIDE	SOLUTION	10 MG/ML
GEMFIBROZIL	TABLET	600 MG
GENERLAC	SOLUTION	10 G/15 ML
GLIMEPIRIDE	TABLET	1 MG
GLIMEPIRIDE	TABLET	2 MG
GLIMEPIRIDE	TABLET	4 MG
GLIPIZIDE	TABLET	5 MG
GLIPIZIDE	TABLET	10 MG
GLIPIZIDE ER	TAB ER 24	2.5 MG
GLIPIZIDE ER	TAB ER 24	5 MG
GLIPIZIDE ER	TAB ER 24	10 MG
GLIPIZIDE XL	TAB ER 24	2.5 MG
GLIPIZIDE XL	TAB ER 24	5 MG
GLIPIZIDE XL	TAB ER 24	10 MG
GLIPIZIDE-METFORMIN	TABLET	2.5-250 MG
GLIPIZIDE-METFORMIN	TABLET	2.5-500 MG
GLIPIZIDE-METFORMIN	TABLET	5 MG-500MG
GLYBURIDE	TABLET	1.25 MG
GLYBURIDE	TABLET	2.5 MG
GLYBURIDE	TABLET	5 MG
GLYBURIDE MICRONIZED	TABLET	1.5 MG
GLYBURIDE MICRONIZED	TABLET	3 MG
GLYBURIDE MICRONIZED	TABLET	6 MG
GLYBURIDE-METFORMIN HCL	TABLET	1.25-250 MG
GLYBURIDE-METFORMIN HCL	TABLET	2.5-250 MG
GLYBURIDE-METFORMIN HCL	TABLET	2.5-500 MG
GLYBURIDE-METFORMIN HCL	TABLET	5 MG-500MG
GLYCOPYRROLATE	TABLET	1 MG
GLYCOPYRROLATE	TABLET	2 MG
GLYCOPYRROLATE	SOLUTION	1 MG/5ML
GUANFACINE HCL	TABLET	1 MG
GUANFACINE HCL	TABLET	2 MG
GUANFACINE HCL ER	TAB ER 24H	1 MG
GUANFACINE HCL ER	TAB ER 24H	2 MG
GUANFACINE HCL ER	TAB ER 24H	3 MG
GUANFACINE HCL ER	TAB ER 24H	4 MG
HALOPERIDOL	TABLET	0.5 MG
HALOPERIDOL	TABLET	1 MG
HALOPERIDOL	TABLET	2 MG
HALOPERIDOL	TABLET	5 MG
HALOPERIDOL	TABLET	10 MG

HALOPERIDOL	TABLET	20 MG
HALOPERIDOL LACTATE	ORAL CONC	2 MG/ML
HYDRALAZINE HCL	TABLET	10 MG
HYDRALAZINE HCL	TABLET	25 MG
HYDRALAZINE HCL	TABLET	50 MG
HYDRALAZINE HCL	TABLET	100 MG
HYDROCHLOROTHIAZIDE	TABLET	12.5 MG
HYDROCHLOROTHIAZIDE	CAPSULE	12.5 MG
HYDROCHLOROTHIAZIDE	TABLET	25 MG
HYDROCHLOROTHIAZIDE	TABLET	50 MG
HYDROCORTISONE	TABLET	5 MG
HYDROCORTISONE	TABLET	10 MG
HYDROCORTISONE	TABLET	20 MG
HYDROXYCHLOROQUINE SULFATE	TABLET	100 MG
HYDROXYCHLOROQUINE SULFATE	TABLET	200 MG
HYDROXYCHLOROQUINE SULFATE	TABLET	300 MG
HYDROXYCHLOROQUINE SULFATE	TABLET	400 MG
HYDROXYUREA	CAPSULE	500 MG
IBANDRONATE SODIUM	TABLET	150 MG
IBUPROFEN	TABLET	400 MG
IBUPROFEN	TABLET	600 MG
IBUPROFEN	TABLET	800 MG
IMIPRAMINE HCL	TABLET	10 MG
IMIPRAMINE HCL	TABLET	25 MG
IMIPRAMINE HCL	TABLET	50 MG
INDAPAMIDE	TABLET	1.25 MG
INDAPAMIDE	TABLET	2.5 MG
INDOMETHACIN	CAPSULE	25 MG
INDOMETHACIN	CAPSULE	50 MG
INDOMETHACIN ER	CAPSULE ER	75 MG
IPRATROPIUM BROMIDE	SOLUTION	0.2 MG/ML
IPRATROPIUM BROMIDE	SPRAY	21 MCG
IPRATROPIUM BROMIDE	SPRAY	42 MCG
IPRATROPIUM-ALBUTEROL	AMPUL-NEB	0.5-3MG/3
IRBESARTAN	TABLET	75 MG
IRBESARTAN	TABLET	150 MG
IRBESARTAN	TABLET	300 MG
IRBESARTAN-HYDROCHLOROTHIAZIDE	TABLET	150-12.5MG
IRBESARTAN-HYDROCHLOROTHIAZIDE	TABLET	300-12.5MG
ISOSORBIDE DINITRATE	TABLET	10 MG
ISOSORBIDE DINITRATE	TABLET	20 MG
ISOSORBIDE DINITRATE	TABLET	30 MG
ISOSORBIDE MONONITRATE ER	TAB ER 24H	30 MG
ISOSORBIDE MONONITRATE ER	TAB ER 24H	60 MG
ISOSORBIDE MONONITRATE ER	TAB ER 24H	120 MG
JANTOVEN	TABLET	1 MG

JANTOVEN	TABLET	2 MG
JANTOVEN	TABLET	2.5 MG
JANTOVEN	TABLET	3 MG
JANTOVEN	TABLET	4 MG
JANTOVEN	TABLET	5 MG
JANTOVEN	TABLET	6 MG
JANTOVEN	TABLET	7.5 MG
JANTOVEN	TABLET	10 MG
KETOROLAC TROMETHAMINE	DROPS	0.5 %
LABETALOL HCL	TABLET	100 MG
LABETALOL HCL	TABLET	200 MG
LABETALOL HCL	TABLET	300 MG
LACTULOSE	SOLUTION	10 G/15 ML
LAMOTRIGINE	TABLET	5 MG
LAMOTRIGINE	TABLET	25 MG
LAMOTRIGINE	TABLET	100 MG
LAMOTRIGINE	TABLET	150 MG
LAMOTRIGINE	TABLET	200 MG
LAMOTRIGINE ER	TAB ER 24	25 MG
LAMOTRIGINE ER	TAB ER 24	50 MG
LAMOTRIGINE ER	TAB ER 24	100 MG
LAMOTRIGINE ER	TAB ER 24	200 MG
LAMOTRIGINE ER	TAB ER 24	250 MG
LAMOTRIGINE ER	TAB ER 24	300 MG
LANSOPRAZOLE	CAPSULE DR	15 MG
LANSOPRAZOLE	CAPSULE DR	30 MG
LATANOPROST	DROPS	0.005 %
LEFLUNOMIDE	TABLET	10 MG
LEFLUNOMIDE	TABLET	20 MG
LETROZOLE	TABLET	2.5 MG
LEVETIRACETAM	TABLET	250 MG
LEVETIRACETAM	TABLET	500 MG
LEVETIRACETAM	TABLET	750 MG
LEVETIRACETAM	TABLET	1000 MG
LEVETIRACETAM	SOLUTION	100 MG/ML
LEVETIRACETAM ER	TAB ER 24H	500 MG
LEVETIRACETAM ER	TAB ER 24H	750 MG
LEVOCARNITINE	TABLET	330 MG
LEVOCARNITINE	SOLUTION	100 MG/ML
LEVOCARNITINE SF	SOLUTION	100 MG/ML
LEVOCETIRIZINE DIHYDROCHLORIDE	TABLET	5 MG
LEVOCETIRIZINE DIHYDROCHLORIDE	SOLUTION	2.5 MG/5ML
LEVOTHYROXINE SODIUM	TABLET	25 MCG
LEVOTHYROXINE SODIUM	TABLET	50 MCG
LEVOTHYROXINE SODIUM	TABLET	75 MCG
LEVOTHYROXINE SODIUM	TABLET	88 MCG

LEVOTHYROXINE SODIUM	TABLET	100 MCG
LEVOTHYROXINE SODIUM	TABLET	112 MCG
LEVOTHYROXINE SODIUM	TABLET	125 MCG
LEVOTHYROXINE SODIUM	TABLET	137 MCG
LEVOTHYROXINE SODIUM	TABLET	150 MCG
LEVOTHYROXINE SODIUM	TABLET	175 MCG
LEVOTHYROXINE SODIUM	TABLET	200 MCG
LEVOTHYROXINE SODIUM	TABLET	300 MCG
LIOTHYRONINE SODIUM	TABLET	5 MCG
LIOTHYRONINE SODIUM	TABLET	25 MCG
LIOTHYRONINE SODIUM	TABLET	50 MCG
LISINAPRIL	TABLET	2.5 MG
LISINAPRIL	TABLET	5 MG
LISINAPRIL	TABLET	10 MG
LISINAPRIL	TABLET	20 MG
LISINAPRIL	TABLET	30 MG
LISINAPRIL	TABLET	40 MG
LISINAPRIL-HYDROCHLOROTHIAZIDE	TABLET	10-12.5MG
LISINAPRIL-HYDROCHLOROTHIAZIDE	TABLET	20-12.5 MG
LISINAPRIL-HYDROCHLOROTHIAZIDE	TABLET	20 MG-25MG
LITHIUM CARBONATE	CAPSULE	150 MG
LITHIUM CARBONATE	CAPSULE	300 MG
LITHIUM CARBONATE	TABLET	300 MG
LITHIUM CARBONATE	CAPSULE	600 MG
LITHIUM CARBONATE ER	TABLET ER	300 MG
LITHIUM CARBONATE ER	TABLET ER	450 MG
LITHIUM CITRATE	SOLUTION	8 MEQ/5 ML
LOSARTAN POTASSIUM	TABLET	25 MG
LOSARTAN POTASSIUM	TABLET	50 MG
LOSARTAN POTASSIUM	TABLET	100 MG
LOSARTAN-HYDROCHLOROTHIAZIDE	TABLET	50-12.5 MG
LOSARTAN-HYDROCHLOROTHIAZIDE	TABLET	100-12.5MG
LOSARTAN-HYDROCHLOROTHIAZIDE	TABLET	100MG-25MG
LOVASTATIN	TABLET	10 MG
LOVASTATIN	TABLET	20 MG
LOVASTATIN	TABLET	40 MG
LOXAPINE	CAPSULE	5 MG
LOXAPINE	CAPSULE	10 MG
LOXAPINE	CAPSULE	25 MG
LOXAPINE	CAPSULE	50 MG
LUBIPROSTONE	CAPSULE	8 MCG
LUBIPROSTONE	CAPSULE	24MCG
LURASIDONE HCL	TABLET	20 MG
LURASIDONE HCL	TABLET	40 MG
LURASIDONE HCL	TABLET	60 MG
LURASIDONE HCL	TABLET	80 MG

LURASIDONE HCL	TABLET	120 MG
MEDROXYPROGESTERONE ACETATE	TABLET	2.5 MG
MEDROXYPROGESTERONE ACETATE	TABLET	5 MG
MEDROXYPROGESTERONE ACETATE	TABLET	10 MG
MEGESTROL ACETATE	TABLET	20 MG
MEGESTROL ACETATE	TABLET	40 MG
MELOXICAM	TABLET	7.5 MG
MELOXICAM	TABLET	15 MG
MEMANTINE HCL	TABLET	5 MG
MEMANTINE HCL	TABLET	10 MG
MESALAMINE	TABLET DR	1.2 G
METFORMIN HCL	TABLET	500 MG
METFORMIN HCL	TABLET	850 MG
METFORMIN HCL	TABLET	1000 MG
METFORMIN HCL ER	TAB ER 24H	500 MG
METFORMIN HCL ER	TAB ER 24H	750 MG
METFORMIN ER GASTRIC	TABERGR24H	500 MG
METFORMIN ER GASTRIC	TABERGR24H	1000 MG
METFORMIN ER OSMOTIC	TAB ER 24	500 MG
METFORMIN ER OSMOTIC	TAB ER 25	1000 MG
METHENAMINE HIPPURATE	TABLET	1 G
METHIMAZOLE	TABLET	5 MG
METHIMAZOLE	TABLET	10 MG
METHYLDOPA	TABLET	250 MG
METHYLDOPA	TABLET	500 MG
METOCLOPRAMIDE HCL	TABLET	5 MG
METOCLOPRAMIDE HCL	TABLET	10 MG
METOLAZONE	TABLET	2.5 MG
METOLAZONE	TABLET	5 MG
METOLAZONE	TABLET	10 MG
METOPROLOL SUCCINATE	TAB ER 24H	25 MG
METOPROLOL SUCCINATE	TAB ER 24H	50 MG
METOPROLOL SUCCINATE	TAB ER 24H	100 MG
METOPROLOL SUCCINATE	TAB ER 24H	200 MG
METOPROLOL TARTRATE	TABLET	25 MG
METOPROLOL TARTRATE	TABLET	37.5 MG
METOPROLOL TARTRATE	TABLET	50 MG
METOPROLOL TARTRATE	TABLET	75 MG
METOPROLOL TARTRATE	TABLET	100 MG
MEXILETINE HCL	CAPSULE	150 MG
MEXILETINE HCL	CAPSULE	200 MG
MEXILETINE HCL	CAPSULE	250 MG
MIDODRINE HCL	TABLET	2.5 MG
MIDODRINE HCL	TABLET	5 MG
MIDODRINE HCL	TABLET	10 MG
MINOXIDIL	TABLET	2.5 MG

MINOXIDIL	TABLET	10 MG
MIRTAZAPINE	TABLET	7.5 MG
MIRTAZAPINE	TABLET	15 MG
MIRTAZAPINE	TABLET	30 MG
MIRTAZAPINE	TABLET	45 MG
MIRTAZAPINE	TAB RAPDIS	15 MG
MIRTAZAPINE	TAB RAPDIS	30 MG
MIRTAZAPINE	TAB RAPDIS	45 MG
MONTELUKAST SODIUM	TAB CHEW	4 MG
MONTELUKAST SODIUM	TAB CHEW	5 MG
MONTELUKAST SODIUM	TABLET	10 MG
MULTIVITAMIN WITH FLUORIDE	TAB CHEW	0.25 MG
MULTIVITAMIN WITH FLUORIDE	TAB CHEW	0.5 MG
MULTIVITAMIN WITH FLUORIDE	DROPS	0.5 MG/ML
MULTIVITAMIN WITH FLUORIDE	TAB CHEW	1 MG
MYCOPHENOLATE MOFETIL	CAPSULE	250 MG
MYCOPHENOLATE MOFETIL	TABLET	500 MG
NABUMETONE	TABLET	500 MG
NABUMETONE	TABLET	750 MG
NADOLOL	TABLET	20 MG
NADOLOL	TABLET	40 MG
NADOLOL	TABLET	80 MG
NAPROXEN	TABLET	250 MG
NAPROXEN	TABLET	375 MG
NAPROXEN	TABLET	500 MG
NAPROXEN	TABLET DR	375 MG
NAPROXEN	TABLET DR	500 MG
NARATRIPTAN HCL	TABLET	2.5 MG
NEVIRAPINE	TABLET	200 MG
NIACIN ER	TAB ER 24H	500 MG
NIACIN ER	TAB ER 24H	750 MG
NIACIN ER	TAB ER 24H	1000 MG
NIFEDIPINE	CAPSULE	10 MG
NIFEDIPINE	CAPSULE	20 MG
NIFEDIPINE ER	TAB ER 24	30 MG
NIFEDIPINE ER	TABLET ER	30 MG
NIFEDIPINE ER	TAB ER 24	60 MG
NIFEDIPINE ER	TABLET ER	60 MG
NIFEDIPINE ER	TAB ER 24	90 MG
NIFEDIPINE ER	TABLET ER	90 MG
NORTRIPTYLINE HCL	CAPSULE	10 MG
NORTRIPTYLINE HCL	CAPSULE	25 MG
NORTRIPTYLINE HCL	CAPSULE	50 MG
NORTRIPTYLINE HCL	CAPSULE	75 MG
NORTRIPTYLINE HCL	SOLUTION	10 MG/5 ML
OFLOXACIN	DROPS	0.3 %

OFLOXACIN	DROPS	0.3 %
OLANZAPINE	TABLET	2.5 MG
OLANZAPINE	TABLET	5 MG
OLANZAPINE	TABLET	7.5 MG
OLANZAPINE	TABLET	10 MG
OLANZAPINE	TABLET	15 MG
OLANZAPINE	TABLET	20 MG
OLMESARTAN MEDOXOMIL	TABLET	5 MG
OLMESARTAN MEDOXOMIL	TABLET	20 MG
OLMESARTAN MEDOXOMIL	TABLET	40 MG
OLMESARTAN-HYDROCHLOROTHIAZIDE	TABLET	20-12.5 MG
OLMESARTAN-HYDROCHLOROTHIAZIDE	TABLET	40-12.5 MG
OLMESARTAN-HYDROCHLOROTHIAZIDE	TABLET	40 MG-25MG
OLOPATADINE HCL	DROPS	0.1 %
OLOPATADINE HCL	DROPS	0.2 %
OMEGA-3 ACID ETHYL ESTERS	CAPSULE	1 G
OMEPRAZOLE	CAPSULE DR	10 MG
OMEPRAZOLE	CAPSULE DR	20 MG
OMEPRAZOLE	CAPSULE DR	40 MG
ONDANSETRON HCL	TABLET	4 MG
ONDANSETRON HCL	SOLUTION	4 MG/5 ML
ONDANSETRON HCL	TABLET	8 MG
ONDANSETRON ODT	TAB RAPDIS	4 MG
ONDANSETRON ODT	TAB RAPDIS	8 MG
OXCARBAZEPINE	TABLET	150 MG
OXCARBAZEPINE	TABLET	300 MG
OXCARBAZEPINE	TABLET	600 MG
OXCARBAZEPINE	ORAL SUSP	300 MG/5ML
OXYBUTYNIN CHLORIDE	TABLET	5 MG
OXYBUTYNIN CHLORIDE	SYRUP	5 MG/5 ML
OXYBUTYNIN CHLORIDE ER	TAB ER 24	5 MG
OXYBUTYNIN CHLORIDE ER	TAB ER 24	10 MG
OXYBUTYNIN CHLORIDE ER	TAB ER 24	15 MG
PALIPERIDONE ER	TAB ER 24	1.5 MG
PALIPERIDONE ER	TAB ER 24	3 MG
PALIPERIDONE ER	TAB ER 24	6 MG
PALIPERIDONE ER	TAB ER 24	9 MG
PANTOPRAZOLE SODIUM	TABLET DR	20 MG
PANTOPRAZOLE SODIUM	TABLET DR	40 MG
PAROXETINE HCL	TABLET	10 MG
PAROXETINE HCL	TABLET	20 MG
PAROXETINE HCL	TABLET	30 MG
PAROXETINE HCL	TABLET	40 MG
PENTOXIFYLLINE	TABLET ER	400 MG
PERPHENAZINE	TABLET	2 MG
PERPHENAZINE	TABLET	4 MG

PERPHENAZINE	TABLET	8 MG
PERPHENAZINE	TABLET	16 MG
PHENYTOIN	TAB CHEW	50 MG
PHENYTOIN	ORAL SUSP	125 MG/5 ML
PHENYTOIN SODIUM EXTENDED	CAPSULE	100 MG
PILOCARPINE HCL	TABLET	5 MG
PILOCARPINE HCL	TABLET	7.5 MG
PIOGLITAZONE HCL	TABLET	15 MG
PIOGLITAZONE HCL	TABLET	30 MG
PIOGLITAZONE HCL	TABLET	45 MG
PIROXICAM	CAPSULE	10 MG
PIROXICAM	CAPSULE	20 MG
POTASSIUM CHLORIDE	TABLET ER	8 MEQ
POTASSIUM CHLORIDE	TABLET ER	10 MEQ
POTASSIUM CHLORIDE	TABLET ER	20 MEQ
POTASSIUM CHLORIDE	CAPSULE ER	8 MEQ
POTASSIUM CHLORIDE	CAPSULE ER	10 MEQ
POTASSIUM CHLORIDE	TAB ER PRT	10 MEQ
POTASSIUM CHLORIDE	TAB ER PRT	15 MEQ
POTASSIUM CHLORIDE	TAB ER PRT	20 MEQ
POTASSIUM CHLORIDE	PACKET	20 MEQ
POTASSIUM CHLORIDE	LIQUID	20MEQ/15ML
POTASSIUM CHLORIDE	LIQUID	40MEQ/15ML
POTASSIUM CITRATE ER	TABLET ER	5 MEQ
POTASSIUM CITRATE ER	TABLET ER	10 MEQ
POTASSIUM CITRATE ER	TABLET ER	15 MEQ
POTASSIUM CITRATE-CITRIC ACID	SOLUTION	1100-334/5
PRAMIPEXOLE DIHYDROCHLORIDE	TABLET	0.125 MG
PRAMIPEXOLE DIHYDROCHLORIDE	TABLET	0.25 MG
PRAMIPEXOLE DIHYDROCHLORIDE	TABLET	0.5 MG
PRAMIPEXOLE DIHYDROCHLORIDE	TABLET	0.75 MG
PRAMIPEXOLE DIHYDROCHLORIDE	TABLET	1 MG
PRAMIPEXOLE DIHYDROCHLORIDE	TABLET	1.5 MG
PRASUGREL HCL	TABLET	5 MG
PRASUGREL HCL	TABLET	10 MG
PRAVASTATIN SODIUM	TABLET	10 MG
PRAVASTATIN SODIUM	TABLET	20 MG
PRAVASTATIN SODIUM	TABLET	40 MG
PRAVASTATIN SODIUM	TABLET	80 MG
PRAZOSIN HCL	CAPSULE	1 MG
PRAZOSIN HCL	CAPSULE	2 MG
PRAZOSIN HCL	CAPSULE	5 MG
PREDNISOLONE	SOLUTION	15 MG/5 ML
PREDNISOLONE SODIUM PHOSPHATE	SOLUTION	15 MG/5 ML
PREDNISON	TABLET	1 MG
PREDNISON	TABLET	2.5 MG

PREDNISONE	TABLET	5 MG
PREDNISONE	TABLET	10 MG
PREDNISONE	TABLET	20 MG
PREDNISONE	TABLET	50 MG
PRENATABS FA	TABLET	29 MG-1 MG
PRENATABS RX	TABLET	29 MG-1 MG
PRENATAL VITAMIN PLUS LOW IRON	TABLET	27 MG-1 MG
PREPLUS	TABLET	27 MG-1 MG
PRIMIDONE	TABLET	50 MG
PRIMIDONE	TABLET	250 MG
PROBENECID	TABLET	500 MG
PROGESTERONE	CAPSULE	100 MG
PROGESTERONE	CAPSULE	200 MG
PROMETHAZINE HCL	TABLET	12.5 MG
PROMETHAZINE HCL	TABLET	25 MG
PROPAFENONE HCL	TABLET	150 MG
PROPAFENONE HCL	TABLET	225 MG
PROPAFENONE HCL ER	CAP ER 12H	225 MG
PROPAFENONE HCL ER	CAP ER 12H	325 MG
PROPAFENONE HCL ER	CAP ER 12H	425 MG
PROPRANOLOL HCL	TABLET	10 MG
PROPRANOLOL HCL	TABLET	20 MG
PROPRANOLOL HCL	TABLET	40 MG
PROPRANOLOL HCL	TABLET	60 MG
PROPRANOLOL HCL	TABLET	80 MG
PROPRANOLOL HCL	SOLUTION	20 MG/5 ML
PROPRANOLOL HCL ER	CAP SA 24H	60 MG
PROPRANOLOL HCL ER	CAP SA 24H	80 MG
PROPRANOLOL HCL ER	CAP SA 24H	120 MG
PROPRANOLOL HCL ER	CAP SA 24H	160 MG
PROPYLTHIOURACIL	TABLET	50 MG
QUETIAPINE FUMARATE	TABLET	25 MG
QUETIAPINE FUMARATE	TABLET	50 MG
QUETIAPINE FUMARATE	TABLET	100 MG
QUETIAPINE FUMARATE	TABLET	200 MG
QUETIAPINE FUMARATE	TABLET	300 MG
QUETIAPINE FUMARATE	TABLET	400 MG
QUETIAPINE FUMARATE ER	TAB ER 24H	50 MG
QUETIAPINE FUMARATE ER	TAB ER 24H	150 MG
QUETIAPINE FUMARATE ER	TAB ER 24H	200 MG
QUETIAPINE FUMARATE ER	TAB ER 24H	300 MG
QUETIAPINE FUMARATE ER	TAB ER 24H	400 MG
QUINAPRIL HCL	TABLET	20 MG
QUINAPRIL HCL	TABLET	40 MG
RALOXIFENE HCL	TABLET	60 MG
RAMIPRIL	CAPSULE	1.25 MG

RAMIPRIL	CAPSULE	2.5 MG
RAMIPRIL	CAPSULE	5 MG
RAMIPRIL	CAPSULE	10 MG
RANITIDINE HCL	SYRUP	15 MG/ML
RANITIDINE HCL	TABLET	150 MG
RANOLAZINE ER	TAB ER 12H	500 MG
RANOLAZINE ER	TAB ER 12H	1000 MG
REPAGLINIDE	TABLET	0.5 MG
REPAGLINIDE	TABLET	1 MG
REPAGLINIDE	TABLET	2 MG
RISPERIDONE	TABLET	0.25 MG
RISPERIDONE	TABLET	0.5 MG
RISPERIDONE	TABLET	1 MG
RISPERIDONE	TABLET	2 MG
RISPERIDONE	TABLET	3 MG
RISPERIDONE	TABLET	4 MG
RISPERIDONE ODT	TAB RAPDIS	0.25 MG
RISPERIDONE ODT	TAB RAPDIS	0.5 MG
RISPERIDONE ODT	TAB RAPDIS	1 MG
RISPERIDONE ODT	TAB RAPDIS	2 MG
RISPERIDONE ODT	TAB RAPDIS	3 MG
RISPERIDONE ODT	TAB RAPDIS	4 MG
RISPERIDONE	SOLUTION	1 MG/ML
RIZATRIPTAN	TABLET	5 MG
RIZATRIPTAN	TABLET	10 MG
RIZATRIPTAN	TAB RAPDIS	10 MG
ROFLUMILAST	TABLET	500 MCG
ROPINIROLE HCL	TABLET	0.25 MG
ROPINIROLE HCL	TABLET	0.5 MG
ROPINIROLE HCL	TABLET	1 MG
ROPINIROLE HCL	TABLET	2 MG
ROPINIROLE HCL	TABLET	3 MG
ROPINIROLE HCL	TABLET	4 MG
ROPINIROLE HCL	TABLET	5 MG
ROSUVASTATIN CALCIUM	TABLET	5 MG
ROSUVASTATIN CALCIUM	TABLET	10 MG
ROSUVASTATIN CALCIUM	TABLET	20 MG
ROSUVASTATIN CALCIUM	TABLET	40 MG
SE-NATAL-19	TABLET	29 MG-1 MG
SE-NATAL 19	TAB CHEW	29 MG-1 MG
SERTRALINE HCL	TABLET	25 MG
SERTRALINE HCL	TABLET	50 MG
SERTRALINE HCL	TABLET	100 MG
SERTRALINE HCL	ORAL CONC	20 MG/ML
SEVELAMER CARBONATE	TABLET	800 MG
SEVELAMER CARBONATE	POWD PACK	0.8 G

SEVELAMER CARBONATE	POWD PACK	2.4 G
SIMVASTATIN	TABLET	5 MG
SIMVASTATIN	TABLET	10 MG
SIMVASTATIN	TABLET	20 MG
SIMVASTATIN	TABLET	40 MG
SIMVASTATIN	TABLET	80 MG
SODIUM CHLORIDE	VIAL-NEB	0.9 %
SODIUM CHLORIDE	VIAL-NEB	3%
SODIUM CITRATE-CITRIC ACID	SOLUTION	334-500MG
SOLIFENACIN SUCCINATE	TABLET	5 MG
SOLIFENACIN SUCCINATE	TABLET	10 MG
SOTALOL	TABLET	80 MG
SOTALOL	TABLET	120 MG
SOTALOL	TABLET	160 MG
SOTALOL	TABLET	240 MG
SPIRONOLACTONE	TABLET	25 MG
SPIRONOLACTONE	TABLET	50 MG
SPIRONOLACTONE	TABLET	100 MG
SPIRONOLACTONE-HCTZ	TABLET	25 MG-25MG
SULFASALAZINE	TABLET	500 MG
SULFASALAZINE DR	TABLET DR	500 MG
SULINDAC	TABLET	150 MG
SULINDAC	TABLET	200 MG
SUMATRIPTAN SUCCINATE	TABLET	25 MG
SUMATRIPTAN SUCCINATE	TABLET	50 MG
SUMATRIPTAN SUCCINATE	TABLET	100 MG
TACROLIMUS	CAPSULE	0.5 MG
TACROLIMUS	CAPSULE	1 MG
TACROLIMUS	CAPSULE	5 MG
TAMOXIFEN CITRATE	TABLET	10 MG
TAMOXIFEN CITRATE	TABLET	20 MG
TAMSULOSIN HCL	CAPSULE	0.4 MG
TERAZOSIN HCL	CAPSULE	1 MG
TERAZOSIN HCL	CAPSULE	2 MG
TERAZOSIN HCL	CAPSULE	5 MG
TERAZOSIN HCL	CAPSULE	10 MG
TERIFLUNOMIDE	TABLET	7 MG
TERIFLUNOMIDE	TABLET	14 MG
THYROID	TABLET	15 MG
THYROID	TABLET	30 MG
THYROID	TABLET	60 MG
THYROID	TABLET	90 MG
THYROID	TABLET	120 MG
TIMOLOL MALEATE	DROPS	0.25 %
TIMOLOL MALEATE	DROPS	0.5 %
TOLTERODINE TARTRATE	TABLET	1 MG

TOLTERODINE TARTRATE	TABLET	2 MG
TOLTERODINE TARTRATE ER	CAP ER 24H	2 MG
TOLTERODINE TARTRATE ER	CAP ER 24H	4 MG
TOPIRAMATE	TABLET	15 MG
TOPIRAMATE	TABLET	25 MG
TOPIRAMATE	TABLET	50 MG
TOPIRAMATE	TABLET	100 MG
TOPIRAMATE	TABLET	200 MG
TORSEMIDE	TABLET	5 MG
TORSEMIDE	TABLET	10 MG
TORSEMIDE	TABLET	20 MG
TORSEMIDE	TABLET	100 MG
TRAZODONE HCL	TABLET	50 MG
TRAZODONE HCL	TABLET	100 MG
TRAZODONE HCL	TABLET	150 MG
TRAZODONE HCL	TABLET	300 MG
TRIAMTERENE-HYDROCHLOROTHIAZID	TABLET	37.5-25 MG
TRIAMTERENE-HYDROCHLOROTHIAZID	TABLET	75 MG-50MG
TRIAMTERENE-HYDROCHLOROTHIAZID	CAPSULE	37.5-25 MG
TRICITRATES	SOLUTION	500-550/5
TRIHEXYPHENIDYL HCL	TABLET	2 MG
TRIHEXYPHENIDYL HCL	TABLET	5 MG
TRIHEXYPHENIDYL HCL	SOLUTION	2 MG/5 ML
TRINATAL RX 1	TABLET	60 MG-1 MG
TRINATE	TABLET	28 MG-1 MG
TRIPHROCAPS	CAPSULE	1 MG
TROPICAMIDE	DROPS	0.5 %
TROPICAMIDE	DROPS	1 %
URSODIOL	TABLET	250 MG
URSODIOL	CAPSULE	300 MG
URSODIOL	TABLET	500 MG
VALACYCLOVIR	TABLET	500 MG
VALACYCLOVIR	TABLET	1000 MG
VALPROIC ACID	CAPSULE	250 MG
VALPROIC ACID	SOLUTION	250 MG/5ML
VALSARTAN	TABLET	40 MG
VALSARTAN	TABLET	80 MG
VALSARTAN	TABLET	160 MG
VALSARTAN	TABLET	320 MG
VALSARTAN-HYDROCHLOROTHIAZIDE	TABLET	80-12.5MG
VALSARTAN-HYDROCHLOROTHIAZIDE	TABLET	160-12.5MG
VALSARTAN-HYDROCHLOROTHIAZIDE	TABLET	160MG-25MG
VALSARTAN-HYDROCHLOROTHIAZIDE	TABLET	320MG-12.5MG
VALSARTAN-HYDROCHLOROTHIAZIDE	TABLET	320MG-25MG
VENLAFAXINE HCL	TABLET	25 MG

VENLAFAXINE HCL	TABLET	37.5 MG
VENLAFAXINE HCL	TABLET	50 MG
VENLAFAXINE HCL	TABLET	75 MG
VENLAFAXINE HCL	TABLET	100 MG
VENLAFAXINE HCL ER	CAP ER 24H	37.5 MG
VENLAFAXINE HCL ER	CAP ER 24H	75 MG
VENLAFAXINE HCL ER	CAP ER 24H	150 MG
VERAPAMIL ER	TABLET ER	120 MG
VERAPAMIL ER	TABLET ER	180 MG
VERAPAMIL ER	TABLET ER	240 MG
VERAPAMIL HCL	TABLET	40 MG
VERAPAMIL HCL	TABLET	80 MG
VERAPAMIL HCL	TABLET	120 MG
VERAPAMIL SR	CAP24PEL	120 MG
VERAPAMIL SR	CAP24PEL	180 MG
VERAPAMIL SR	CAP24PEL	240 MG
VITAMIN D2	CAPSULE	1250 MCG
WARFARIN SODIUM	TABLET	1 MG
WARFARIN SODIUM	TABLET	2 MG
WARFARIN SODIUM	TABLET	2.5 MG
WARFARIN SODIUM	TABLET	3 MG
WARFARIN SODIUM	TABLET	4 MG
WARFARIN SODIUM	TABLET	5 MG
WARFARIN SODIUM	TABLET	6 MG
WARFARIN SODIUM	TABLET	7.5 MG
WARFARIN SODIUM	TABLET	10 MG
ZIPRASIDONE HCL	CAPSULE	20 MG
ZIPRASIDONE HCL	CAPSULE	40 MG
ZIPRASIDONE HCL	CAPSULE	60 MG
ZIPRASIDONE HCL	CAPSULE	80 MG
ZONISAMIDE	CAPSULE	25 MG
ZONISAMIDE	CAPSULE	50 MG
ZONISAMIDE	CAPSULE	100 MG

Discussion Items

ALZHEIMER'S AGENTS section reviewed 3-18-2026

Preferred	Nonpreferred
DONEPEZIL ODT (ORAL) DONEPEZIL TABLET (ORAL) EXELON (TRANSDERM.) MEMANTINE TABLET (ORAL)	ADLARITY (TRANSDERM) ARICEPT (ORAL) ARICEPT 23 MG (ORAL) ARICEPT ODT (ORAL) DONEPEZIL 23 MG (ORAL) GALANTAMINE ER (ORAL) GALANTAMINE SOLUTION (ORAL) GALANTAMINE TABLET (ORAL) <u>MEMANTINE/DONEPEZIL ER CAP (ORAL)</u> MEMANTINE ER (ORAL) MEMANTINE SOLUTION (ORAL) MEMANTINE TABLET DOSE PACK (AG) (ORAL) NAMENDA TABLET (ORAL) NAMENDA TABLET DOSE PACK (ORAL) NAMZARIC (ORAL) NAMZARIC DOSE PACK (ORAL) RIVASTIGMINE (AG) (TRANSDERM.) RIVASTIGMINE (TRANSDERM.) RIVASTIGMINE CAPSULES (ORAL) <u>ZUNVEYL (ORAL)</u>

ANGIOTENSIN MODULATOR COMBINATIONS section reviewed 3-18-2026

Preferred	Nonpreferred
AMLODIPINE / BENAZEPRIL (ORAL) AMLODIPINE / VALSARTAN (ORAL) AMLODIPINE / VALSARTAN / HCTZ (ORAL)	AMLODIPINE / OLMESARTAN (ORAL) AMLODIPINE / OLMESARTAN / HCTZ (ORAL) AZOR (ORAL) EXFORGE (ORAL) EXFORGE HCT (ORAL)LOTREL (ORAL) LOTREL (ORAL) <u>OLMESARTAN/AMLODIPINE/HCTZ (ORAL)</u> TELMISARTAN / AMLODIPINE (ORAL) TRANDOLAPRIL/VERAPAMIL (ORAL) TRIBENZOR (ORAL)

ANGIOTENSIN MODULATORS section reviewed 3-18-2026

Preferred	Nonpreferred
BENAZEPRIL (ORAL) BENAZEPRIL HCTZ (ORAL) CAPTOPRIL (ORAL) CAPTOPRIL HCTZ (ORAL) ENALAPRIL (ORAL) ENALAPRIL HCTZ (ORAL) ENTRESTO (ORAL) FOSINOPRIL (ORAL) FOSINOPRIL HCTZ (ORAL) IRBESARTAN (ORAL) IRBESARTAN HCTZ (ORAL)	ALISKIREN (ORAL) <u>ARBLI SUSPENSION (ORAL)</u> ALTACE (ORAL) ATACAND (ORAL) ATACAND HCT (ORAL) AVALIDE (ORAL) AVAPRO (ORAL) BENICAR (ORAL) BENICAR HCT (ORAL) CANDESARTAN (ORAL) CANDESARTAN HCTZ (ORAL)

Preferred	Nonpreferred
LISINOPRIL (ORAL)	COZAAR (ORAL)
LISINOPRIL HCTZ (ORAL)	DIOVAN (ORAL)
LOSARTAN (ORAL)	DIOVAN HCT (ORAL)
LOSARTAN HCTZ (ORAL)	EDARBI (ORAL)
MOEXIPRIL (ORAL)	EDARBYCLOR (ORAL)
OLMESARTAN (ORAL)	ENALAPRIL SOLUTION (ORAL)
OLMESARTAN HCTZ (ORAL)	<u>ENTRESTO (ORAL)</u>
PERINDOPRIL (ORAL)	ENTRESTO SPRINKLE CAP (ORAL)
QUINAPRIL HCTZ (ORAL)	EPANED POWDER (ORAL)
RAMIPRIL (ORAL)	EPANED SOLUTION (ORAL)
<u>SACUBITRIL-VALSARTAN (ORAL)</u>	EPROSARTAN (ORAL)
TRANDOLAPRIL (ORAL)	HYZAAR (ORAL)
VALSARTAN (ORAL)	LOTENSIN (ORAL)
VALSARTAN HCTZ (ORAL)	LOTENSIN HCT (ORAL)
	MICARDIS (ORAL)
	MICARDIS HCT (ORAL)
	QBRELIS SOLUTION (ORAL)
	QUINAPRIL (ORAL)
	TEKTRUNA (ORAL)
	TELMISARTAN (ORAL)
	TELMISARTAN HCTZ (ORAL)
	<u>VALSARTAN SOLUTION (ORAL)</u>
	VASERETIC (ORAL)
	VASOTEC (ORAL)
	ZESTORETIC (ORAL)
	ZESTRIL (ORAL)

ANTICONVULSANTS reviewed 3-18-2026

Preferred	Nonpreferred
CARBAMAZEPINE CHEWABLE TABLET (ORAL)	APTIOM (ORAL)
CARBAMAZEPINE SUSPENSION (ORAL)	BANZEL SUSPENSION (ORAL)
CARBAMAZEPINE TABLET (ORAL)	BANZEL TABLET (ORAL)
CARBAMAZEPINE XR (ORAL)	<u>BRIVARACETAM TABLET (ORAL)</u>
<u>CARBATROL (ORAL)</u>	BRIVIACT SOLUTION (ORAL)
CELONTIN (ORAL)	BRIVIACT TABLET (ORAL)
CLOBAZAM TABLET (ORAL)	CARBAMAZEPINE ER (GENERIC CARBATROL) (ORAL)
CLOBAZAM SUSPENSION (ORAL)	DEPAKOTE (ORAL)
DILANTIN (ORAL)	DEPAKOTE ER (ORAL)
DILANTIN 30 MG CAPSULE (ORAL)	DEPAKOTE SPRINKLE (ORAL)
DIVALPROEX ER (ORAL)	DIACOMIT (ORAL)
DIVALPROEX SPRINKLE (ORAL)	DILANTIN INFATAB (ORAL)
DIVALPROEX TABLET (ORAL)	DILANTIN SUSPENSION (ORAL)
ETHOSUXIMIDE CAPSULE (ORAL)	ELEPSIA XR TABLET (ORAL)
ETHOSUXIMIDE SYRUP (ORAL)	EPIDIOLEX SOLUTION (ORAL)
FELBAMATE SUSPENSION (ORAL)	EPRONTIA SOLUTION (ORAL)
FELBAMATE TABLET (ORAL)	EQUETRO (ORAL)
LACOSAMIDE SOLUTION (ORAL)	ESLICARBAZEPINE (ORAL)
LACOSAMIDE TABLET (ORAL)	FELBATOL TABLET (ORAL)
LAMOTRIGINE CHEWABLE TABLET (ORAL)	FINTEPLA (ORAL)
LAMOTRIGINE TABLET (ORAL)	FYCOMPA SUSPENSION (ORAL)
LAMOTRIGINE XR (ORAL)	FYCOMPA TABLET (ORAL)
LEVETIRACETAM ER (ORAL)	KEPPRA SOLUTION (ORAL)

Preferred	Nonpreferred
LEVETIRACETAM SOLUTION (ORAL) LEVETIRACETAM TABLETS (ORAL) OXCARBAZEPINE SUSPENSION (ORAL) OXCARBAZEPINE TABLETS (ORAL) PHENYTEK (ORAL) PHENYTOIN CAPSULE (ORAL) PHENYTOIN CHEWABLE TABLET (ORAL) PHENYTOIN EXT CAPSULE (GENERIC PHENYTEK) (ORAL) PHENYTOIN SUSPENSION (ORAL) PRIMIDONE (ORAL) QUDEXY XR (ORAL) ROWEEPRA TABLET (ORAL) ROWEEPRA XR (ORAL) TOPIRAMATE SPRINKLE (ORAL) TOPIRAMATE TABLETS (ORAL) VALPROIC ACID CAPSULE (ORAL) VALPROIC ACID SOLUTION (ORAL) ZONISAMIDE (ORAL)	KEPPRA TABLETS (ORAL) KEPPRA XR (ORAL) LAMICTAL CHEWABLE TABLET (ORAL) LAMICTAL ODT (ORAL) LAMICTAL ODT DOSE PACK (ORAL) LAMICTAL TABLET (ORAL) LAMICTAL TABLET DOSE PACK (ORAL) LAMICTAL XR (ORAL) LAMICTAL XR DOSE PACK (ORAL) LAMOTRIGINE ODT (ORAL) LAMOTRIGINE ODT DOSE PACK (ORAL) LAMOTRIGINE TABLET DOSE PACK (ORAL) LEVETIRACETAM TABLETS (AG) (SPRITAM) (ORAL) METHSUXIMIDE (ORAL) MOTPOLY XR (ORAL) ONFI SUSPENSION (ORAL) ONFI TABLET (ORAL) <u>OXCARBAZEPINE ER (ORAL)</u> OXTELLAR XR (ORAL) PERAMPANEL TABLET (ORAL) RUFINAMIDE SUSPENSION (ORAL) RUFINAMIDE TABLET (ORAL) SABRIL POWDER PACK (ORAL) SABRIL TABLET (ORAL) SPRITAM (ORAL) <u>SUBVENITE SUSPENSION (ORAL)</u> SYMPAZAN (ORAL) TEGRETOL SUSPENSION (ORAL) TEGRETOL TABLET (ORAL) TEGRETOL XR (ORAL) TIAGABINE (ORAL) TOPAMAX SPRINKLE (ORAL) TOPAMAX TABLETS (ORAL) TOPIRAMATE ER (QUDEXY) (ORAL) TOPIRAMATE ER (TROKENDI) (ORAL) <u>TOPIRAMATE SOLUTION (ORAL)</u> TRILEPTAL SUSPENSION (ORAL) TRILEPTAL TABLETS (ORAL) TROKENDI XR (ORAL) VIGABATRIN POWDER PACK (ORAL) VIGABATRIN TABLET (ORAL) VIMPAT SOLUTION (ORAL) VIMPAT TABLET (ORAL) XCOPRI TABLET (ORAL) XCOPRI TITRATION PAK (ORAL) ZARONTIN CAPSULE (ORAL) ZARONTIN SYRUP (ORAL) ZONISADE (ORAL) ZTALMY (ORAL)

ANTIPARKINSON'S AGENTS section reviewed 3-18-2026

Preferred	Nonpreferred
APOKYN (SUBCUTAENOUS) CARBIDOPA / LEVODOPA (ORAL) CARBIDOPA / LEVODOPA ER (ORAL) CARBIDOPA / LEVODOPA ODT (ORAL) CARBIDOPA/LEVODOPA/ENTACAPONE (ORAL) ENTACAPONE (ORAL) PRAMIPEXOLE (ORAL) ROPINIROLE (ORAL)	APOMORPHINE (SUBCUTANEOUS) CREXONT CAPSULE ER (ORAL) DHIVY TABLET (ORAL) GOCOVRI (ORAL) INBRIJA (ORAL) KYNMOBI (SUBLINGUAL) MIRAPEX ER (ORAL) NEUPRO (TRANSDERM) NOURIANZ (ORAL) ONAPGO (SUBCUTANEOUS) ONGENTYS (ORAL) PRAMIPEXOLE ER (ORAL) EQUIP (ORAL) EQUIP XL (ORAL) ROPINIROLE ER (ORAL) RYTARY (ORAL) SINEMET (ORAL) STALEVO (ORAL) TASMAR (ORAL) TOLCAPONE (ORAL) VYALEV (SUBCUTANE.) XADAGO (ORAL)

IMMUNOMODULATORS, ATOPIC DERMATITIS section reviewed 3-18-2026

Preferred	Nonpreferred
DUPIXENT (SUBCUTANE.) EUCRISA (TOPICAL)	ADBRY (SUBCUTANEOUS) ANZUPGO CREAM (TOPICAL) EBGlySS (SUBCUTANEOUS) NEMLUVIO PEN (SUBCUTANEOUS) OPZELURA (TOPICAL) ZORYVE 0.15% CREAM (TOPICAL) ZORYVE 0.05% CREAM FOAM (TOPICAL)

MULTIPLE SCLEROSIS AGENTS section reviewed 3-18-2026

Preferred	Nonpreferred
AVONEX (INTRAMUSC.) AVONEX PEN (INTRAMUSC.) BETASERON KIT (SUBCUTANE.) BETASERON VIAL (SUBCUTANE.) COPAXONE 20 MG/ML (SUBCUTANE.) DALFAMPRIDINE ER (ORAL) DIMETHYL FUMARATE DR (ORAL) FINGOLIMOD (ORAL) REBIF (SUBCUTANE.) REBIF REBIDOSE PEN INJCTR (SUBCUTANE.) TERIFLUNOMIDE TABLET (ORAL)	AMPYRA (ORAL) AUBAGIO (ORAL) BAFIERTAM (ORAL) BRIUMVI (INTRAVEN.) CLADRIBINE (ORAL) COPAXONE 40 MG/ML (SUBCUTANE.) DALFAMPRIDINE ER (ORAL) DIMETHYL FUMARATE DR STARTER PACK (ORAL) GILENYA (ORAL) GLATIRAMER 20 MG/ML (SUBCUTANE.) GLATIRAMER 40 MG/ML (SUBCUTANE.) GLATOPA 20 MG/ML (SUBCUTANE.) GLATOPA 40 MG/ML (SUBCUTANE.) KESIMPTA PEN (SUBCUTANE.) LEMTRADA (INTRAVEN.) MAVENCLAD (ORAL)

Preferred	Nonpreferred
	MAYZENT (ORAL) OCREVUS (INTRAVEN.) OCREVUS ZUNOVO (SUBCUTANE.) PLEGRIDY (SUBCUTANE.) PONVORY (ORAL) TASCENSO ODT (ORAL) TECFIDERA (ORAL) <u>TYRUKO (INTRAVEN.)</u> TYSABRI (INTRAVEN.) VUMERITY (ORAL) ZEPOSIA (ORAL)

OPIATE DEPENDENCE TREATMENTS section reviewed 3-18-2026

Preferred	Nonpreferred
KLOXXADO SPRAY (NASAL) NALOXONE SYRINGE (INJECTION) NALOXONE VIAL (INJECTION) NARCAN SPRAY (RX) (NASAL) NARCAN SPRAY (OTC) (NASAL) REXTOVY SPRAY (NASAL) SUBOXONE FILM (SUBLINGUAL) BUPRENORPHINE/NALOXONE TAB (SUBLINGUAL)	BRIXADI MONTHLY (SUBCUTANEOUS) BRAXADI WEEKLY (SUBCUTANEOUS) BUPRENORPHINE HCL (SUBLINGUAL) BUPRENORPHINE/NALOXONE FILM (SUBLINGUAL) NALOXONE SPRAY (NASAL) OPVEE SPRAY (NASAL) SUBLOCADE (SUBCUTANEOUS) ZIMHI (INJECTION) ZUBSOLV (SUBLINGUAL) <u>ZURNAI (INJECTION)</u>

Consent Agenda Items

ANTICOAGULANTS section reviewed 3-18-2026

Preferred	Nonpreferred
ELIQUIS (ORAL) ELIQUIS DOSE PACK (ORAL) <u>ELIQUIS SPRINKLE (ORAL)</u> <u>ELIQUIS TABLET SUSPENSION (ORAL)</u> ENOXAPARIN SODIUM VIAL (SUBCUTANEOUS) ENOXAPARIN SYRINGE (SUBCUTANEOUS) FRAGMIN VIAL (SUBCUTANEOUS) JANTOVEN (ORAL) PRADAXA (ORAL) WARFARIN (ORAL) XARELTO (ORAL) XARELTO DOSE PACK (ORAL)	ARIXTRA (SUBCUTANE.) DABIGATRAN (ORAL) FONDAPARINUX (SUBCUTANE.) FRAGMIN DISP SYRIN (SUBCUTANE.) LOVENOX SYRINGE (SUBCUTANE.) LOVENOX VIAL (SUBCUTANE.) PRADAXA PELLET PACK (ORAL) <u>RIVAROXABAN (ORAL)</u> <u>RIVAROXABAN SUSPENSION (ORAL)</u> SAVAYSA (ORAL) XARELTO SOLUTION (ORAL)

BPH TREATMENTS section reviewed 3-18-2026 no change

Preferred	Nonpreferred
ALFUZOSIN (ORAL) DOXAZOSIN (ORAL) DUTASTERIDE (ORAL) FINASTERIDE (ORAL) TAMSULOSIN (ORAL) TERAZOSIN (ORAL)	AVODART (ORAL) CARDURA (ORAL) CARDURA XL (ORAL) DUTASTERIDE/TAMSULOSIN (ORAL) ENTADFI (ORAL) FLOMAX (ORAL) JALYN (ORAL) PROSCAR (ORAL) RAPAFLO (ORAL) SILODOSIN (ORAL) TEZRULY (ORAL)

DIABETES METERS section reviewed 3-18-2026

Preferred	Nonpreferred
ACCU-CHEK GUIDE, <u>65702-0729-10</u> ACCU-CHEK GUIDE ME, <u>65702-0731-10</u> CONTOUR NEXT EZ, <u>00193-7553-01</u> CONTOUR NEXT ONE, <u>00193-7825-01</u> CONTOUR <u>PLUS BLUE</u> , <u>00193-7036-01</u>	CONTOUR NEXT CONTOUR NEXT GEN FORA G20 FREESTYLE FREEDOM LITE FREESTYLE INSULINX FREESTYLE LITE METER GLUCOCARD EXPRESSION GLUCOCARD SHINE GLUCOCARD SHINE XL ONETOUCH ULTRA2 ONETOUCH ULTRAMINI ONETOUCH VERIO ONETOUCH VERIO FLEX ONETOUCH VERIO IQ PRECISION XTRA PRODIGY PRODIGY POCKET PRODIGY VOICE

Preferred	Nonpreferred
	TRUE METRIX AIR GLUCOSE METER TRUE METRIX BLOOD GLUCOSE MTR WAVESENSE PRESTO

DIABETES METERS, CONTINUOUS section reviewed 3-18-2026

Preferred	Nonpreferred
DEXCOM G6 CGM, 08627-0091-11 DEXCOM G7 CGM, 08627-0078-01 FREESTYLE LIBRE 14 DAY READER FREESTYLE LIBRE 2 READER, 57599-0803-00 FREESTYLE LIBRE 3 READER, 57599-0820-00 See Transmitter and Sensors section for Preferred and Nonpreferred Transmitters and Sensors	DEXCOM RECEIVER KIT DEXCOM G5 RECEIVER KIT

DIABETES TEST STRIPS section reviewed 3-18-2026

Preferred	Nonpreferred
ACCU-CHEK AVIVA PLUS: 65702-0407-10 , 65702-0408-10 ACCU-CHEK GUIDE: 65702-0711-10 , 65702-0712-10 ACCU-CHEK SMARTVIEW: 65702-0492-10 , 65702-0493-10 CONTOUR: 00193-7080-50 , 00193-7090-21 CONTOUR NEXT: 00193-7310-25 , 00193-7311-50 , 00193-7312-21 CONTOUR PLUS: 00193-7584-50	FORA G20 FREESTYLE INSULINX FREESTYLE INSULINX TEST STRIPS FREESTYLE LITE STRIPS FREESTYLE TEST STRIPS GLUCOCARD EXPRESSION GLUCOCARD SHINE ONETOUCH ULTRA BLUE TEST STRP ONETOUCH VERIO PRECISION XTRA PRODIGY NO CODING TRUE METRIX GLUCOSE TEST STRIP WAVESENSE PRESTO

TRANSMITTERS AND SENSORS section reviewed 3-18-2026

Preferred	Nonpreferred
DEXCOM G6 SENSOR, 08627-0053-03 DEXCOM G6 TRANSMITTER, 08627-0016-01 DEXCOM G7 SENSOR, 08627-0077-01 DEXCOM G7 15 DAY SENSOR, 08627-0079-01 FREESTYLE LIBRE 14 DAY SENSOR, 57599-0001-01 FREESTYLE LIBRE 2 SENSOR, 57599-0800-00 FREESTYLE LIBRE 3 SENSOR, 57599-0818-00 FREESTYLE LIBRE 2 PLUS SENSOR KIT, 57599-0835-00 FREESTYLE LIBRE 3 SENSOR PLUS KIT, 57599-0818-00 See Diabetes Meters, Continuous section for Preferred and Nonpreferred Readers and Receivers	DEXCOM G5-G4 SENSOR KIT DEXCOM G5 TRANSMITTER KIT

HYPOGLYCEMICS, INSULIN AND RELATED AGENTS section reviewed 3-18-2026

Preferred	Nonpreferred
HUMALOG CARTRIDGE (SUBCUTANE.) HUMALOG JUNIOR KWIKPEN (SUBCUTANE.)	ADMELOG SOLOSTAR PEN (SUBCUTANE.) ADMELOG VIAL (SUBCUTANE.)

Preferred	Nonpreferred
<p>HUMALOG MIX PEN (SUBCUTANE.) HUMALOG PEN (SUBCUTANE.) HUMALOG VIAL (SUBCUTANE.) HUMALOG MIX VIAL (SUBCUTANE.) HUMULIN 500 U/M PEN (SUBCUTANE.) HUMULIN 500 U/M VIAL (SUBCUTANE.) HUMULIN 70/30 PEN OTC (SUBCUTANE.) HUMULIN 70/30 VIAL OTC (SUBCUTANE.) HUMULIN VIAL OTC (SUBCUTANE.) INSULIN ASPART VIAL INSULIN ASPART FLEXPEN INSULIN ASPART PENFILL INSULIN ASPART/INSULIN ASPART PROTAMINE VIAL (AG) (SUBCUTANEOUS) INSULIN ASPART/INSULIN ASPART PROTAMINE INSULIN PEN (AG) (SUBCUTANEOUS) INSULIN LISPRO JUNIOR KWIKPEN INSULIN LISPRO PEN (SUBCUTANE.) INSULIN LISPRO VIAL (SUBCUTANE.) LANTUS SOLOSTAR PEN (SUBCUTANE.) LANTUS VIAL (SUBCUTANE.) NOVOLIN VIAL OTC (SUBCUTANE.) NOVOLOG CARTRIDGE (SUBCUTANE.) NOVOLOG MIX PEN (SUBCUTANE.) NOVOLOG MIX VIAL (SUBCUTANE.) NOVOLOG PEN (SUBCUTANE.) NOVOLOG VIAL (SUBCUTANE.)</p>	<p>AFREZZA CARTRIDGE (INHALATION) APIDRA SOLOSTAR PEN (SUBCUTANE.) APIDRA VIAL (SUBCUTANE.) BASAGLAR KWIKPEN (SUBCUTANE.) BASAGLAR TEMPO PEN (SUBCUTANE.) FIASP FLEXTOUCH PEN (SUBCUTANE.) FIASP PENFILL (SUBCUTANE.) FIASP PUMPCART (SUBCUTANE.) FIASP VIAL (SUBCUTANE.) HUMALOG 200 U/ML PEN (SUBCUTANE.) HUMALOG TEMPO PEN (SUBCUTANE.) HUMULIN PEN OTC (SUBCUTANE.) INSULIN DEGLUDEC VIAL (SUBCUTANE.) INSULIN DEGLUDEC PEN (U-100) (SUBCUTANE.) INSULIN DEGLUDEC PEN (U-200) (SUBCUTANE.) INSULIN GLARGINE MAX SOLOSTAR PEN (SUBCUTANE.) INSULINE GLARGINE SOLOSTAR PEN (SUBCUTANE.) INSULIN GLARGINE VIAL (WINTHROP) (SUBCUTANE.) INSULIN GLARGINE-YFGN VIAL (SUBCUTANE.) INSULIN GLARGINE-YFGN PEN (SUBCUTANE.) INSULIN LISPRO PROTAMINE MIX KWIKPEN (AG) (SUBCUTANEOUS) <u>KIRSTY VIAL</u> <u>KIRSTY PEN</u> LYUMJEV VIAL LYUMJEV KWIKPEN U-100 LYUMJEV KWIKPEN U-200 LYUMJEV TEMPO PEN U-100 MERILOG VIAL (SUBCUTANE.) MERILOG SOLOSTAR PEN (SUBCUTANE) NOVOLIN 70/30 PEN OTC (SUBCUTANE.) NOVOLIN 70/30 VIAL OTC (SUBCUTANE.) NOVOLIN PEN OTC (SUBCUTANE.) REZVOGLAR KWIKPEN (SUBCUTANE.) SEMGLEE (YFGN) PEN (SUBCUTANE.) SEMGLEE (YFGN) VIAL (SUBCUTANE.) TOUJEO MAX SOLOSTAR PEN (SUBCUTANE.) TOUJEO SOLOSTAR PEN (SUBCUTANE.) TRESIBA FLEXTOUCH 100 U/ML PEN (SUBCUTANE.) TRESIBA FLEXTOUCH 200 U/ML PEN (SUBCUTANE.) TRESIBA VIAL</p>

IMMUNOSUPPRESSIVES, ORAL section reviewed 3-18-2026

Preferred	Nonpreferred
<p>AZATHIOPRINE (ORAL) CELLCEPT SUSPENSION (ORAL) CYCLOSPORINE CAPSULE (ORAL) CYCLOSPORINE SOFTGEL (ORAL) CYCLOSPORINE, MODIFIED CAPSULE (ORAL) CYCLOSPORINE, MODIFIED SOLUTION (ORAL) MYCOPHENOLATE MOFETIL CAPSULE (ORAL) MYCOPHENOLATE MOFETIL TABLET (ORAL)</p>	<p>ASTAGRAF XL (ORAL) AZASAN (ORAL) CELLCEPT CAPSULE (ORAL) CELLCEPT TABLET (ORAL) ENVARUSUS XR (ORAL) EVEROLIMUS TABLET (ZORTRESS) (ORAL) <u>GENGRAF (ORAL)</u> IMURAN (ORAL)</p>

Preferred	Nonpreferred
SIROLIMUS (ORAL) TACROLIMUS (ORAL)	MYCOPHENOLATE MOFETIL SUSPENSION (ORAL) MYCOPHENOLIC ACID (ORAL) MYFORTIC (ORAL) MYHIBBIN SUSPENSION (ORAL) NEORAL CAPSULE (ORAL) NEORAL SOLUTION (ORAL) PROGRAF (ORAL) REZUROCK (ORAL) SANDIMMUNE CAPSULE (ORAL) SANDIMMUNE SOLUTION (ORAL) TAVNEOS (ORAL) ZORTRESS (ORAL)

LIPOTROPICS, OTHER section reviewed 3-18-2026 no change

Preferred	Nonpreferred
CHOLESTYRAMINE/ASPARTAME (ORAL) CHOLESTYRAMINE/SUCROSE (ORAL) COLESTIPOL GRANULES (ORAL) COLESTIPOL TABLET (ORAL) EZETIMIBE (ORAL) FENOFIBRATE CAPSULE (LOFIBRA) (ORAL) FENOFIBRATE TABLET (LOFIBRA) (ORAL) FENOFIBRATE TABLET (TRICOR) (ORAL) GEMFIBROZIL (ORAL) NIACIN TABLET OTC (ORAL) NIACIN CAPSULE ER OTC (ORAL) NIACIN ER (ORAL) NIACIN TABLET ER OTC (ORAL) OMEGA-3 ACID ETHYL ESTERS (LOVAZA) (ORAL)	ANTARA (ORAL) COLESEVELAM (ORAL) COLESEVELAM POWDER PACK (ORAL) COLESTID TABLET (ORAL) EVKEEZA (INTRAVENOUS) FENOFIBRATE (ANTARA) (ORAL) FENOFIBRATE (FENOGLIDE) (ORAL) FENOFIBRATE (TRIGLIDE) (ORAL) FENOFIBRATE CAPSULE (LIPOFEN) (ORAL) FENOFIBRIC ACID (FIBRICOR) (ORAL) FENOFIBRIC ACID (TRILIPIX) (ORAL) FENOGLIDE (ORAL) FIBRICOR (ORAL) ICOSAPENT ETHYL (ORAL) LEQVIO (SUBCUTANEOUS) LOPID LIPOFEN (ORAL) NEXLETOL (ORAL) NEXLIZET (ORAL) PRALUENT PEN (SUBCUTANEOUS) QUESTRAN (ORAL) QUESTRAN LIGHT (ORAL) REPATHA PUSHTRONEX (SUBCUTANEOUS) REPATHA SURECLICK (SUBCUTANEOUS) REPATHA SYRINGE (SUBCUTANEOUS) TRICOR (ORAL) TRILIPIX (ORAL) TRYNGOLZA (SUBCUTANEOUS) WELCHOL POWDER PACK (ORAL) WELCHOL TABLET (ORAL) ZETIA (ORAL)