



Scott & White  
**HEALTH PLAN**  
PART OF BAYLOR SCOTT & WHITE HEALTH

# SWHP Group Value Formulary

Baylor Scott & White Health Employees

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4<sup>th</sup> Quarter 2021

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### **What is my prescription drug coverage?**

As part of your Scott and White Health Plan (SWHP) coverage, you may have a prescription drug benefit. This document will help you understand your prescription drug benefit and the SWHP formulary.

Not every prescription drug benefit is the same. The best way to figure out your prescription drug coverage is to review your *Plan Benefit Documents* or call the SWHP Customer Service department.

### **What is the Scott & White Health Plan Group Value Formulary?**

A formulary is a list of selected medications covered by your plan as part of your health benefit in consultation with a team of health care providers. The formulary represents the prescription drugs believed to be a necessary part of a quality treatment program. SWHP will generally cover the drugs listed on the formulary as long as the drug is medically necessary and plan rules are followed. The list contains both brand-name and generic medications and is updated regularly.

The SWHP Group Value formulary lists drugs that are covered under your prescription benefit. Drugs not listed on the formulary are not covered. Non-formulary drugs require an exception request to be submitted for coverage consideration. Formularies continually change to reflect the most recent advances in drug therapy; therefore, this list is not inclusive and does not guarantee coverage. The formulary may change because we review new medical information regarding drugs as well as new drugs recently approved by the FDA.

### **How was the formulary created and how are new medications reviewed?**

The Pharmacy and Therapeutics (P&T) Committee meet regularly to review new drugs approved by the FDA and new information regarding existing drugs. The Committee, primarily made up of physicians, pharmacists, and nurses, reviews information and scientific evidence concerning safety, effectiveness, and current use in therapy.

### **Does the formulary ever change?**

Since the P&T Committee meets regularly and reviews new information, the formulary may change. Below are some possible reasons the formulary could change:

- Generic forms of the brand drug become available. The brand-name medication may no longer be covered when a generic is available. The generic medication may be covered at the lower copayment.
- New drugs may be added by the P&T Committee.
- A drug may be withdrawn from the market by the FDA.

- A drug becomes available without a prescription (becomes available over-the-counter), then the drug may be removed from the formulary. Often, drugs available over-the-counter are not covered under the prescription benefit.

### **How am I notified of changes to the formulary?**

You can find the formularies on our website at [bswhp.swhp.org](http://bswhp.swhp.org), which are updated quarterly. To view changes to the formularies, refer to the Monthly Group Value Formulary Changes document posted on the website. If you have questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact our SWHP Pharmacy Help Desk 1-800-728-7947.

### **What are brand-name and generic drugs?**

SWHP covers both brand-name and generic drugs. Medication that has a trade name and is protected by a patent (can be produced and sold only by the company holding the patent) is considered a brand name drug. A generic drug is a medication approved by the FDA and created to be the same as the brand-name drug in dosage form, safety, strength, route of administration, quality, and performance characteristics. Generally, generic drugs cost less than brand-name drugs but the quality and effectiveness are the same. Generic drugs may differ from the brand-name drug in color, shape, flavor, or inactive ingredients. Some brand-name drugs have a generic equivalent and others do not.

### **What is generic substitution?**

Generic substitution occurs when a pharmacist dispenses an FDA approved generic drug in place of a brand-name drug. Generic substitution will automatically occur at pharmacies in the SWHP network. Prescribers may choose to use a brand-name product and not allow generic substitution. Per state law, the prescriber must handwrite the statement "brand necessary" or "brand medically necessary" on the prescription. This does not guarantee coverage. The brand-name product may not be a covered drug on the formulary, and thus not covered by your prescription benefit.

### **What are specialty drugs?**

Specialty drugs are those drugs used to treat complex or chronic conditions and which usually require close monitoring. Examples include but are not limited to drugs used to treat multiple sclerosis, hepatitis, rheumatoid arthritis, and cancer. Specialty drugs may be self-administered in the home by injection (under the skin or into a muscle), by inhalation, by mouth, or on the skin. These drugs may also require special handling, special manufacturing processes, and have limited prescribing or limited pharmacy availability.

**What are pharmaceutical management procedures?**

Pharmaceutical management procedures are processes that help ensure safe and appropriate use of drugs and ensure access to cost-effective therapy options. As part of such processes, restrictions (described in the following section) may be applied to certain drugs.

**Are there any restrictions on my coverage?**

Some covered drugs may have restrictions or limitations to coverage. These may include but are not limited to prior authorization or step therapy requirements, quantity limits, or safe use requirements (e.g. drug used at medically appropriate dose, not used with other drugs of the same type, etc.). Refer to the legend for a listing of restrictions. All restrictions are effective as of the beginning of the plan year unless noted otherwise on the Monthly Group Value Formulary Changes document.

**How do I request an exception to the SWHP formulary?**

You, an authorized representative, or a prescriber can submit a request for an exception to the formulary. For example, if there are clinically significant reasons why you cannot take a drug in accordance with the coverage requirements (e.g. step therapy, quantity limits, etc.), an exception request can be submitted for review. Additionally, if you 1) have tried the formulary alternatives, or there are clinically significant reasons why the alternatives would not be appropriate for your specific condition, and 2) the requested drug is medically necessary, and 3) the drug is not excluded from coverage, an exception request to cover a drug not listed on formulary can be submitted for review.

To request an exception, you, an authorized representative, or a prescriber can submit a coverage request electronically, by fax, mail, or phone. You and your prescriber will be notified of the determination in writing. If approved, the drug will be covered at the applicable copayment. If the request is denied, you may still purchase the medication at full cost. For questions regarding this process, visit [swhp.org](http://swhp.org) or contact SWHP pharmacy customer service at 1-800-728-7947.

**What drugs are not covered by my prescription drug benefit?**

Please refer to your *Plan Benefit Documents* for more information regarding plan coverage, limitations, and exclusions specific to your prescription drug benefit.

Often, over-the-counter medications and herbal products are not covered under benefit plans.

### **How much medication does my copayment cover and does my plan cover maintenance medications?**

You can get up to a 30-day supply of medication for a single copayment. Note that medications with a quantity limit restrict the amount of drug you can get per prescription or per copayment. For example, categories that include drugs used for a short amount of time, such as antibiotics, antivirals, and most topical medications are available in 30-day supplies.

Maintenance drugs are medications prescribed for chronic, long-term conditions and are taken on a regular, recurring basis. To obtain this benefit, the prescriber must write the prescription for 3-months and the medication must be a covered maintenance drug. Your prescription benefit plan may not allow certain products or categories such as opioids, testosterone, sleep agents, benzodiazepines, specialty drugs, and drugs with quantity limits to be filled as maintenance.

### **How can I save money on prescriptions?**

Review your *Plan Benefit Documents* for prescription copays and deductible information. Generic medications will usually be the lowest copayment option; ask your provider or pharmacist whether your prescription can be filled with a generic medication.

Take this formulary with you when you visit your provider. Selecting drugs that are listed on your formulary and at lower tier options can help save money.

### **Contraceptive Coverage**

As specified by health care reform, women must have access to a full range of FDA-approved contraceptive methods and plans must cover without cost sharing at least one form of contraception in each of the FDA identified methods. However, plans can use reasonable medical management within each category to determine what birth control products are available at \$0 cost-share.

- Please refer to the preventive drug notation (PV) on the formulary to determine which contraceptives are available at a \$0 cost-share.
- Certain over-the-counter (OTC) contraceptives for women may also be covered at a \$0 cost-share. These must be filled at a network pharmacy with a prescription prescribed by a health care professional.

Coverage may vary according to your plan. Please refer to applicable plan benefit documents.

**Preventive Care Medications & Medications Covered Under Health Care Reform**

Preventive care medications as well as other medications covered under Health Care Reform are covered according to your plan benefits. These medications are noted as preventive drugs (PV). Please note this list is subject to change.

To obtain this benefit, you must fill at a network pharmacy with a prescription prescribed by a health care professional (includes prescription and over-the-counter medications).

**Smoking Cessation Medication Coverage**

All FDA approved tobacco cessation medications, including prescription and over-the-counter medications, are allowed at \$0 cost-share per the Patient Protection and Affordable Care Act (PPACA). You are limited to 2 smoking cessation attempts per year, up to 180 days total. These medications are noted as preventive drugs (PV). Please note some drugs may be subject to step therapy or prior authorization.

To obtain this benefit, you must fill at a network pharmacy with a prescription prescribed by a health care professional (includes prescription and over-the-counter medications).

**Diabetic Supplies**

The preferred diabetic testing supplies include all Accu-Chek® (Roche Diagnostics) Products and OneTouch® (LifeScan) products.

**Sexual Dysfunction Drugs**

All drugs for sexual dysfunction are excluded from coverage unless listed on the formulary. Clinical edits such as quantity limits may apply.

**Oral Oncology Split Fill Program**

Prescriptions for drugs included in the oral oncology program will be restricted to a 2-week supply for the first 2 months of therapy.

## Reading your formulary

The formulary gives you choices so you and your doctor can determine your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, TOPAMAX) and generic medications in lowercase (for example, topiramate).

### Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high deductible plan, the tier cost levels will apply once you meet your deductible.

Drug Tier	Includes	Helpful Tips
<b>Tier 0</b>	<b>Preventive</b>	Tier 0 drugs may be available at a \$0 cost share based on Health Care Reform regulations. Please refer to the Notes column in this drug list for more information.
<b>Tier 1</b>	<b>Preferred Generics</b>	Use Tier 1 drugs instead of brand-name drugs, to help reduce your out-of-pocket costs.
<b>Tier 2</b>	<b>Preferred Brand</b>	Tier 2 drugs will generally have lower co-payments than non-preferred brand-name drugs.
<b>Tier 3</b>	<b>Non-preferred Brands and Generics</b>	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
<b>Tier SP1</b>	<b>Specialty Preferred Generics</b>	Specialty drugs are sometimes used to treat complex and chronic conditions and may require special monitoring and handling. Use preferred options in SP1 and SP2 when available.
<b>Tier SP2</b>	<b>Specialty Preferred Brands</b>	
<b>Tier SP3</b>	<b>Specialty Non-preferred Brands</b>	

### Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan determines how these medications may be covered for you.

<b>AL</b>	<b>Age limits</b> – Medications may only be covered if you meet the minimum or maximum age limit.
<b>PA</b>	<b>Prior Authorization</b> – Your doctor is required to provide additional information to determine coverage.
<b>PV</b>	<b>Preventive drugs</b> – Zero cost share preventive medications covered under Health Care Reform according to your plan benefits. Please note: this list is subject to change.
<b>SF</b>	<b>Split Fill</b> – Oral Oncology medications restricted to a two week supply for the first two months of therapy.
<b>QL</b>	<b>Quantity Limit</b> – Medication may be limited to a certain quantity.
<b>ST</b>	<b>Step Therapy</b> – Trial of lower-cost medication(s) is required before a higher-cost medication can be covered.



## Formulary

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Analgesics - Drugs for Pain</b>			methadone hcl intensol	1	
acetaminophen-codeine	1	QL	methadone hcl oral concentrate	1	
acetaminophen-codeine #2	1	QL	methadone hcl oral solution	1	
acetaminophen-codeine #3	1	QL	methadone hcl oral tablet	1	PA
acetaminophen-codeine #4	1	QL	methadone hcl oral tablet soluble	1	
ascomp-codeine	1		methadose oral concentrate 10 mg/ml	1	
bac	1		methadose oral tablet soluble	1	
BELBUCA	3	PA; QL	methadose sugar-free	1	
buprenorphine	3	PA; QL	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
butalbital-acetaminophen oral tablet 50-325 mg	1		morphine sulfate er oral tablet extended release	1	PA; QL
butalbital-apap-caff-cod	1		morphine sulfate oral	1	QL
butalbital-apap-caffeine	1		morphine sulfate rectal	1	QL
butalbital-asa-caff-codeine	1		NUCYNTA	3	QL
butalbital-aspirin-caffeine	1		NUCYNTA ER	3	PA; QL
butorphanol tartrate nasal	1	QL	OXYCODONE HCL ER	1	PA; QL
codeine sulfate	1	QL	oxycodone hcl oral capsule	1	QL
endocet	1	QL	oxycodone hcl oral concentrate 100 mg/5ml	1	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL	oxycodone hcl oral solution	1	QL
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL	oxycodone hcl oral tablet	1	QL
hydrocodone-acetaminophen oral tablet	1	QL	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydrocodone-ibuprofen	1	QL	OXYCONTIN	2	PA; QL
hydromorphone hcl oral	1	QL	pentazocine-naloxone hcl	1	QL
hydromorphone hcl rectal	1	QL	TENCON	1	
LORTAB	2	QL	tramadol hcl er (biphasic)	1	PA; QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
tramadol hcl er oral tablet extended release 24 hour	1	PA; QL	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
tramadol hcl ir	1	QL	INDOCIN	2	
tramadol-acetaminophen	1	QL	indomethacin er	1	
<b>Analgesics - Drugs for Pain and Inflammation</b>			indomethacin oral capsule 25 mg, 50 mg	1	
adult aspirin regimen	0	PV	ketorolac tromethamine oral	1	QL
aspirin adult low dose	0	PV	meloxicam oral tablet	1	
aspirin adult low strength	0	PV	nabumetone oral	1	
aspirin childrens	0	PV	naproxen oral tablet	1	
aspirin ec low dose	0	PV	naproxen oral tablet delayed release	1	
aspirin ec low strength	0	PV	naproxen sodium oral tablet 275 mg, 550 mg	1	
aspirin ec oral tablet delayed release 325 mg	0	PV	oxaprozin	1	
aspirin low dose	0	PV	piroxicam oral	1	
aspirin oral tablet	0	PV	salsalate oral	1	
aspirin oral tablet delayed release	0	PV	ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	0	PV
BAYER ASPIRIN	0	PV	sulindac oral	1	
BAYER ASPIRIN EC LOW DOSE	0	PV	<b>Anesthetics</b>		
celecoxib oral	1	QL	glydo	1	
diclofenac potassium	1		lidocaine external ointment 5 %	1	
diclofenac sodium er	1		lidocaine external patch 5 %	1	
diclofenac sodium external gel 1 %	1	QL	lidocaine hcl external solution	1	
diclofenac sodium external solution	1	PA	lidocaine hcl urethral/mucosal	1	
diclofenac sodium oral	1		lidocaine-prilocaine external cream	1	
diclofenac-misoprostol	3		<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
diflunisal oral	1		acamprosate calcium	1	
ec-naproxen	1				
etodolac	1				
etodolac er	1				
flurbiprofen oral	1				
goodsense aspirin adults	0	PV			
goodsense aspirin low dose	0	PV			

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
APO-VARENICLINE	3	ST; PV; QL; AL (Min 18 Years)
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	3	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	3	PV; QL; AL (Min 18 Years)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	3	ST; PV; QL; AL (Min 18 Years)
disulfiram oral	1	
goodsense nicotine mouth/throat lozenge 4 mg	0	PV; QL; AL (Min 18 Years)
habitrol	0	PV; QL; AL (Min 18 Years)
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	
NICORETTE MOUTH/THROAT GUM 2 MG	0	PV; QL; AL (Min 18 Years)
NICORETTE MOUTH/THROAT LOZENGE 4 MG	0	PV; QL; AL (Min 18 Years)
nicotine polacrilex mini	0	PV; QL; AL (Min 18 Years)
nicotine polacrilex mouth/throat	0	PV; QL; AL (Min 18 Years)

Drug Name	Drug Tier	Notes
nicotine step 1	0	PV; QL; AL (Min 18 Years)
nicotine step 2	0	PV; QL; AL (Min 18 Years)
nicotine step 3	0	PV; QL; AL (Min 18 Years)
nicotine transdermal kit	0	PV; QL; AL (Min 18 Years)
NICOTROL	3	ST; PV; QL; AL (Min 18 Years)
NICOTROL NS	3	ST; PV; QL; AL (Min 18 Years)
SUBOXONE	3	QL
<b>Antibacterials</b>		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	3	
ampicillin	1	
avidoxy	1	
azithromycin oral	1	
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefpodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
clarithromycin er	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
clarithromycin oral	1	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
demeclocycline hcl	3	
dicloxacillin sodium	1	
DIFICID ORAL TABLET	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
erythromycin base	1	
erythromycin ethylsuccinate oral	1	
erythromycin oral	1	
FIRVANQ	3	
fosfomycin tromethamine	1	
gentamicin sulfate external	1	
levofloxacin oral	1	
linezolid oral suspension reconstituted	3	QL
linezolid oral tablet	1	QL
methenamine hippurate	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral	1	
mondoxyne nl oral capsule 100 mg	1	
morgidox oral	1	

Drug Name	Drug Tier	Notes
moxifloxacin hcl oral	1	
mupirocin calcium	3	
mupirocin external	1	
neomycin sulfate oral	1	
nitrofurantoin	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
paromomycin sulfate oral	3	
penicillin v potassium	1	
silver sulfadiazine external	1	
ssd	1	
sulfadiazine oral	3	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	2	
SUPRAX ORAL TABLET CHEWABLE	2	
tetracycline hcl oral	1	
tinidazole oral	1	
trimethoprim oral	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 1000 mg, 500 mg, 750 mg	3	
vancomycin hcl oral	3	
vandazole	1	
VIBRAMYCIN ORAL SYRUP	2	
XIFAXAN	3	PA
<b>Anticoagulants</b>		
ARIXTRA	SP3	QL
ELIQUIS	2	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ELIQUIS DVT/PE STARTER PACK	2	QL	felbamate	1	
enoxaparin sodium subcutaneous	1	QL	FYCOMPA	3	
fondaparinux sodium	SP1	QL	gabapentin oral	1	
FRAGMIN	SP3	QL	KEPPRA ORAL	2	
heparin sodium (porcine)	1		KEPPRA XR	2	
heparin sodium (porcine) pf	1		LAMICTAL	2	
jantoven	1		LAMICTAL STARTER	2	
LOVENOX SUBCUTANEOUS	SP3	QL	lamotrigine er	3	
warfarin sodium oral	1		lamotrigine oral kit	3	
XARELTO	2	QL	lamotrigine oral tablet	1	
XARELTO STARTER PACK	2	QL	lamotrigine oral tablet chewable	1	
<b>Anticonvulsants - Drugs for Seizures</b>			lamotrigine oral tablet dispersible	3	
APTIOM	3		lamotrigine starter kit-blue	1	
BANZEL	SP2	PA	lamotrigine starter kit-green	1	
carbamazepine er	1		lamotrigine starter kit-orange	1	
carbamazepine oral	1		levetiracetam er	1	
CARBATROL	2		levetiracetam oral	1	
CELONTIN	2		NAYZILAM	3	QL
clobazam oral suspension	3	PA	oxcarbazepine	1	
clobazam oral tablet	1	PA	OXTELLAR XR	3	
DEPAKOTE	2		phenobarbital oral	1	
DEPAKOTE ER	2		PHENYTEK	2	
DEPAKOTE SPRINKLES	2		phenytoin infatabs	1	
diazepam rectal	1	QL	phenytoin oral	1	
DILANTIN	2		phenytoin sodium extended	1	
DILANTIN INFATABS	2		primidone oral	1	
divalproex sodium er	1		roweepra	1	
divalproex sodium oral	1		rufinamide	SP1	PA
EPIDIOLEX	SP2	PA	SABRIL	SP3	PA
epitol	1		subvenite	1	
ethosuximide oral	1		subvenite starter kit-blue	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	2	
TEGRETOL-XR	2	
tiagabine hcl	1	
topiramate oral	1	
TRILEPTAL	2	
valproic acid oral	1	
vigabatrin	SP1	PA
vigadrone	SP1	PA
VIMPAT ORAL	3	
ZARONTIN	2	
ZONEGRAN	3	
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
donepezil hcl	1	
galantamine hydrobromide er	1	
galantamine hydrobromide oral tablet	1	
memantine hcl	1	
memantine hcl er	1	QL
rivastigmine	1	
rivastigmine tartrate	1	
<b>Antidepressants</b>		
amitriptyline hcl oral	1	
amoxapine	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
chlordiazepoxide-amitriptyline	1	
citalopram hydrobromide	1	

Drug Name	Drug Tier	Notes
clomipramine hcl oral	1	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
escitalopram oxalate	1	
FETZIMA	3	QL
FETZIMA TITRATION	3	QL
fluoxetine hcl (pmdd)	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
imipramine hcl oral	1	
imipramine pamoate	3	
mirtazapine oral	1	
nefazodone hcl	1	
nortriptyline hcl oral	1	
paroxetine hcl	1	
paroxetine hcl er	1	
PAXIL ORAL SUSPENSION	2	
phenelzine sulfate oral	1	
protriptyline hcl	1	
sertraline hcl oral	1	
tranylcypromine sulfate	1	
trazodone hcl oral	1	
trimipramine maleate oral	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	3	
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	QL
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
aprepitant	3	QL
BONJESTA	3	PA; QL
compro	1	
doxylamine-pyridoxine	3	PA; QL
dronabinol	3	PA; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
granisetron hcl oral	3	QL
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	QL
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine edisylate injection	1	
prochlorperazine maleate oral	1	

Drug Name	Drug Tier	Notes
scopolamine	1	
trimethobenzamide hcl oral	1	
<b>Antifungals</b>		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone	1	
CRESEMBA ORAL	SP3	
econazole nitrate external	1	
EXELDERM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
itraconazole oral	1	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
naftifine hcl	3	
NAFTIN EXTERNAL GEL 2 %	3	
NOXAFIL ORAL SUSPENSION	2	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole nitrate	3	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.



Drug Name	Drug Tier	Notes
OXISTAT EXTERNAL LOTION	3	
posaconazole	1	
SULCONAZOLE NITRATE	3	
terbinafine hcl oral	1	QL
terconazole	1	
voriconazole oral	3	
<b>Antigout Agents</b>		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	1	
colchicine oral tablet	1	
colchicine-probenecid	1	
febuxostat	3	
probenecid	1	
<b>Antimigraine Agents</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
almotriptan malate	3	QL
dihydroergotamine mesylate injection	1	PA; QL
dihydroergotamine mesylate nasal	3	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
EMGALITY (300 MG DOSE)	2	PA; QL
ergotamine-caffeine	1	
frovatriptan succinate	1	QL
naratriptan hcl	1	QL
NURTEC	2	PA; QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL

Drug Name	Drug Tier	Notes
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA; QL
zolmitriptan oral	1	QL
<b>Antimyasthenic Agents</b>		
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet 60 mg	1	
<b>Antimycobacterials</b>		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
pyrazinamide oral	1	
rifabutin	3	
rifampin oral	1	
SIRTURO	SP3	
<b>Antineoplastics - Drugs for Cancer</b>		
abiraterone acetate	SP1	PA; SF
AFINITOR	SP2	PA; QL
AFINITOR DISPERZ	SP2	PA
ALECENSA	SP2	PA
ALUNBRIG	SP2	PA; QL
anastrozole oral	1	PV
AYVAKIT	SP2	PA; SF; QL
BALVERSA	SP2	PA; SF
bexarotene	SP1	PA; SF
bicalutamide	1	
BOSULIF	SP2	PA; SF
BRAFTOVI	SP2	PA
BRUKINSA	SP2	PA; SF
CABOMETYX	SP2	PA; SF
CALQUENCE	SP2	PA; SF

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
capecitabine	SP1	PA
CAPRELSA ORAL TABLET 100 MG	SP2	PA; QL
CAPRELSA ORAL TABLET 300 MG	SP2	PA
COMETRIQ	SP2	PA
COPIKTRA	SP2	PA; SF
COTELLIC	SP2	PA
cyclophosphamide oral capsule	1	
DAURISMO	SP2	PA; SF
DROXIA	3	
ERIVEDGE	SP2	PA; SF
ERLEADA	SP2	PA
erlotinib hcl oral tablet 100 mg, 150 mg	SP1	PA; SF
erlotinib hcl oral tablet 25 mg	SP1	PA; SF; QL
etoposide oral	SP1	
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	SP1	PA; QL
exemestane	1	PV
FARESTON	SP2	
FARYDAK	SP2	PA
flutamide	1	
FOTIVDA	SP2	PA
GAVRETO	SP2	PA; SF
GILOTRIF	SP2	PA; QL
GLEEVEC	SP2	PA
GLEOSTINE	SP2	
HYCAMTIN ORAL	SP2	
hydroxyurea oral	1	
IBRANCE	SP2	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	SP2	PA; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	SP2	PA
IDHIFA	SP2	PA; QL
imatinib mesylate	SP1	PA

Drug Name	Drug Tier	Notes
IMBRUVICA	SP2	PA
INLYTA	SP2	PA; SF
INQOVI	SP2	PA
INREBIC	SP2	PA; SF
IRESSA	SP2	PA
JAKAFI ORAL TABLET 10 MG	SP2	PA; SF; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	SP2	PA; SF
KISQALI ORAL TABLET THERAPY PACK 200 MG	SP2	PA
KOSELUGO	SP2	PA
lapatinib ditosylate	SP1	PA
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	SP2	PA
letrozole oral	1	
leucovorin calcium oral	1	
LEUKERAN	2	
LONSURF	SP2	PA
LORBRENA	SP2	PA; SF
LUMAKRAS	SP2	PA; SF
LYNPARZA	SP2	PA
LYSODREN	SP2	
MATULANE	SP2	
MEKINIST	SP2	PA
MEKTOVI	SP2	PA
melphalan	1	
mercaptopurine oral	1	
MYLERAN	2	
NERLYNX	SP2	PA; SF; QL
NEXAVAR	SP2	PA; SF
NILANDRON	SP2	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
nilutamide	SP1		TARGRETIN ORAL	SP2	PA; SF
NINLARO	SP2	PA	TASIGNA	SP2	PA
NUBEQA	SP2	PA; SF	TAZVERIK	SP2	PA; SF
ODOMZO	SP2	PA	TEMODAR ORAL	SP2	PA
ONUREG	SP2	PA	temozolomide	SP1	PA
ORGOVYX	SP2	PA	TEPMETKO	SP2	PA
PEMAZYRE	SP2	PA; SF; QL	THALOMID	SP2	PA
PIQRAY	SP2	PA	TIBSOVO	SP2	PA; SF
POMALYST	SP2	PA	toremifene citrate	SP1	
PURIXAN	SP2		tretinoin oral	SP1	
QINLOCK	SP2	PA	TRUSELTIQ (100MG DAILY DOSE)	SP2	PA
RETEVMO	SP2	PA; SF	TRUSELTIQ (125MG DAILY DOSE)	SP2	PA
REVLIMID	SP2	PA	TRUSELTIQ (50MG DAILY DOSE)	SP2	PA
ROZLYTREK	SP2	PA; SF	TRUSELTIQ (75MG DAILY DOSE)	SP2	PA
RUBRACA	SP2	PA; SF	TUKYSA	SP2	PA
RYDAPT	SP2	PA	TURALIO	SP2	PA
SPRYCEL	SP2	PA; SF	TYKERB	SP2	PA
STIVARGA	SP2	PA	UKONIQ	SP2	PA; SF
sunitinib malate	SP1	PA	VALCHLOR	SP3	PA
SUTENT	SP2	PA	VENCLEXTA	SP2	PA
SYNRIBO	SP2	PA	VENCLEXTA STARTING PACK	SP2	PA
TABRECTA	SP2	PA	VERZENIO	SP2	PA; SF
TAFINLAR	SP2	PA; SF	VITRAKVI ORAL CAPSULE	SP2	PA; SF
TAGRISSE ORAL TABLET 40 MG	SP2	PA; QL	VITRAKVI ORAL SOLUTION	SP2	PA
TAGRISSE ORAL TABLET 80 MG	SP2	PA	VIZIMPRO	SP2	PA; SF
TALZENNA	SP2	PA; SF	VOTRIENT	SP2	PA; SF
tamoxifen citrate oral tablet 10 mg	1		XALKORI	SP2	PA; SF
tamoxifen citrate oral tablet 20 mg	1	PV	XELODA	SP2	PA
TARCEVA ORAL TABLET 100 MG, 150 MG	SP2	PA; SF	XOSPATA	SP2	PA
TARCEVA ORAL TABLET 25 MG	SP2	PA; SF; QL	XPOVIO (100 MG ONCE WEEKLY)	SP2	PA
TARGRETIN EXTERNAL	SP2	PA			

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
XPOVIO (40 MG ONCE WEEKLY)	SP2	PA
XPOVIO (40 MG TWICE WEEKLY)	SP2	PA
XPOVIO (60 MG ONCE WEEKLY)	SP2	PA
XPOVIO (60 MG TWICE WEEKLY)	SP2	PA
XPOVIO (80 MG ONCE WEEKLY)	SP2	PA
XPOVIO (80 MG TWICE WEEKLY)	SP2	PA
XTANDI	SP2	PA; SF
YONSA	SP2	PA; SF
ZEJULA	SP2	PA; SF
ZELBORAF	SP2	PA
ZOLINZA	SP2	PA; SF
ZYDELIG	SP2	PA
ZYKADIA	SP2	PA; SF
ZYTIGA	SP2	PA; SF
<b>Antiparasitics</b>		
albendazole oral	1	PA
atovaquone	3	
atovaquone-proguanil hcl	1	
chloroquine phosphate oral	1	
COARTEM	2	
crotan	1	
hydroxychloroquine sulfate oral tablet 200 mg	1	
IMPAVIDO	SP3	
ivermectin oral	1	PA; QL
lindane	1	
malathion	3	
mefloquine hcl	1	
pentamidine isethionate inhalation	1	
permethrin external	1	
praziquantel oral	3	

Drug Name	Drug Tier	Notes
primaquine phosphate	1	
pyrimethamine oral	SP1	PA
quinine sulfate oral	1	PA
spinosad	3	
<b>Antiparkinson Agents</b>		
amantadine hcl oral	1	
APOKYN	SP3	PA; QL
benztropine mesylate oral	1	
bromocriptine mesylate oral	1	
carbidopa oral	3	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet dispersible	3	
carbidopa-levodopa-entacapone	3	
entacapone	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
ropinirole hcl er	1	
selegiline hcl oral	1	
tolcapone	3	
trihexyphenidyl hcl	1	
<b>Antiplatelets</b>		
aspirin-dipyridamole er	1	
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
prasugrel hcl	1	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
aripiprazole oral solution	1	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
aripiprazole oral tablet	1	QL
aripiprazole oral tablet dispersible	3	QL
asenapine maleate	3	QL
chlorpromazine hcl oral tablet	1	
clozapine oral tablet	1	QL
clozapine oral tablet dispersible	3	QL
FANAPT	3	QL
FANAPT TITRATION PACK	3	QL
fluphenazine hcl oral	1	
haloperidol lactate oral	1	
haloperidol oral	1	
LATUDA	3	QL
loxapine succinate	1	
olanzapine oral	1	QL
paliperidone er	3	QL
pimozide	1	
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
risperidone	1	QL
SAPHRIS	3	QL
thioridazine hcl oral	1	
thiothixene	1	
trifluoperazine hcl	1	
VRAYLAR	3	QL
ziprasidone hcl	1	QL
<b>Antivirals</b>		
abacavir sulfate	1	
abacavir sulfate-lamivudine	1	
abacavir-lamivudine-zidovudine	SP1	
acyclovir external ointment	1	
acyclovir oral	1	

Drug Name	Drug Tier	Notes
adefovir dipivoxil	SP1	
APTIVUS	SP2	
atazanavir sulfate	3	
ATRIPLA	SP2	
BARACLUDE ORAL SOLUTION	SP2	QL
BARACLUDE ORAL TABLET	SP3	QL
BIKTARVY	SP2	
CIMDUO	SP2	
COMBIVIR	SP3	
COMPLERA	SP2	
CRIXIVAN	SP2	
DELSTRIGO	SP2	
DESCOVY	SP2	PA; PV
DOVATO	SP2	
EDURANT	SP2	
efavirenz	3	
efavirenz-emtricitabine-tenofovir	SP1	
efavirenz-lamivudine-tenofovir	SP1	
emtricitabine	3	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	SP1	
emtricitabine-tenofovir df oral tablet 200-300 mg	1	PV
EMTRIVA	SP2	
entecavir	SP1	QL
EPCLUSA	SP2	PA; QL
EPIVIR	SP3	
EPIVIR HBV ORAL SOLUTION	2	
EPZICOM	SP3	
etravirine	SP1	
EVOTAZ	SP2	
famciclovir oral	1	
fosamprenavir calcium	3	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FUZEON	SP2		stavudine	1	
GENVOYA	SP2		STRIBILD	SP2	
HARVONI	SP2	PA; QL	SUSTIVA	SP3	
HEPSERA	SP3		SYMFI	SP2	
INTELENCE	SP2		SYMFI LO	SP2	
INTRON A	SP3	PA	SYMTUZA	SP2	
INVIRASE	SP2		TEMIXYS	SP2	
ISENTRESS	SP2		tenofovir disoproxil fumarate	1	PV
ISENTRESS HD	SP2		TIVICAY	SP2	
JULUCA	SP2		TIVICAY PD	SP2	
KALETRA	SP2		TRIUMEQ	SP2	
lamivudine	1		TRIZIVIR	SP3	
lamivudine-zidovudine	1		TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	SP2	
LEXIVA	SP2		TYBOST	SP2	
lopinavir-ritonavir oral solution	3		valacyclovir hcl oral	1	QL
lopinavir-ritonavir oral tablet	SP1		valganciclovir hcl oral solution reconstituted	3	
MAVYRET	SP2	PA; QL	valganciclovir hcl oral tablet	1	
nevirapine er	3		VEMLIDY	SP2	
nevirapine oral suspension	3		VIRACEPT	SP2	
nevirapine oral tablet	1		VIRAMUNE	SP3	
NORVIR	SP2		VIRAMUNE XR	SP3	
ODEFSEY	SP2		VIREAD	SP2	
oseltamivir phosphate oral	1	QL	XOFLUZA (40 MG DOSE)	3	QL
PEGASYS	SP2	PA	XOFLUZA (80 MG DOSE)	3	QL
PIFELTRO	SP2		ZIAGEN ORAL SOLUTION	SP2	
PREZCOBIX	SP2		ZIAGEN ORAL TABLET	SP3	
PREZISTA	SP2		zidovudine	1	
RETROVIR ORAL	SP3		<b>Anxiolytics - Drugs for Anxiety</b>		
REYATAZ	SP2		alprazolam er	1	QL
ribavirin oral	SP1				
rimantadine hcl	1				
ritonavir	1				
RUKOBIA	SP2				
SELZENTRY	SP2	PA			

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
alprazolam oral tablet	1	QL
alprazolam xr	1	QL
buspirone hcl oral	1	
chlordiazepoxide hcl	1	QL
clonazepam oral	1	QL
clorazepate dipotassium	1	QL
diazepam intensol	1	
diazepam oral	1	
estazolam	1	QL
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam intensol	1	QL
lorazepam oral concentrate 2 mg/ml	1	QL
lorazepam oral tablet	1	QL
oxazepam	1	QL
triazolam	1	QL
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral	1	
<b>Blood Products and Modifiers - Drugs for Blood Disorders</b>		
anagrelide hcl	1	
NEULASTA	SP3	PA
NEULASTA ONPRO	SP3	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	SP3	PA
PROMACTA	SP3	PA
tranexamic acid oral	1	
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
acebutolol hcl oral	1	
ALDACTAZIDE ORAL TABLET 50-50 MG	2	

Drug Name	Drug Tier	Notes
aliskiren fumarate	3	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-atorvastatin	3	
amlodipine-olmesartan	1	
amlodipine-valsartan-hctz	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
	1	PV; AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 10 mg, 20 mg		
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
betaxolol hcl oral	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	3	
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	
CAROSPIR	3	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine	1	
clonidine hcl oral	1	
colesevelam hcl	3	
COLESTID FLAVORED ORAL PACKET	2	
COLESTID ORAL PACKET	2	
colestipol hcl	1	
CORLANOR	3	PA; QL
digitek	1	
digox	1	
digoxin oral	1	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
disopyramide phosphate	1	
DIURIL	2	
dofetilide	1	
doxazosin mesylate oral	1	
droxidopa	SP1	PA
enalapril maleate oral solution	3	
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO	3	QL
EPANED	3	
eplerenone	1	
ezetimibe	1	

Drug Name	Drug Tier	Notes
ezetimibe-simvastatin	1	
felodipine er	1	
fenofibrate micronized	1	
fenofibrate oral capsule	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
	1	PV; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium	1	
	1	PV; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium er	1	
fosinopril sodium	1	
fosinopril sodium-hctz	1	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
icosapent ethyl	3	
indapamide	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide dinitrate	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
isradipine	1	
JUXTAPID	SP3	PA; QL
labetalol hcl oral	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.



Drug Name	Drug Tier	Notes
LANOXIN ORAL TABLET 125 MCG, 250 MCG	2	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
losartan potassium oral	1	
losartan potassium-hctz	1	
	1	PV; AL (Min 40 Years and Max 75 Years)
lovastatin oral		
matzim la	1	
methyldopa	1	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
midodrine hcl	1	
minitran	1	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	2	
nadolol oral	1	
nebivolol hcl	3	
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nimodipine oral	3	
NITRO-BID	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	

Drug Name	Drug Tier	Notes
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	1	
nitro-time	1	
NORPACE CR	2	
NORTHERA	SP3	PA
NYMALIZE	SP3	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	
pentoxifylline er	1	
perindopril erbumine	1	
phenoxybenzamine hcl oral	1	
pindolol	1	
PRALUENT	SP3	PA; QL
	1	PV; AL (Min 40 Years and Max 75 Years)
pravastatin sodium		
prazosin hcl oral	1	
prevalite	1	
propafenone hcl	1	
propafenone hcl er	3	
propranolol hcl er	1	
propranolol hcl oral	1	
QBRELIS	3	
quinapril hcl	1	
quinapril-hydrochlorothiazide	1	
quinidine gluconate er	1	
quinidine sulfate	1	
ramipril	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
ranolazine er	1	
REPATHA	SP3	PA; QL
REPATHA PUSHTRONEX SYSTEM	SP3	PA; QL
REPATHA SURECLICK	SP3	PA; QL
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	PV; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
simvastatin oral	1	PV; AL (Min 40 Years and Max 75 Years)
sorine	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral	1	
spironolactone-hctz	1	
taztia xt	1	
TEKTURNA HCT	3	
telmisartan	1	
telmisartan-hctz	1	
tiadylt er	1	
timolol maleate oral	1	
toremide	1	
trandolapril	1	
trandolapril-verapamil hcl er	3	
triamterene-hctz	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	3	
VECAMYL	3	
verapamil hcl er	1	
verapamil hcl oral	1	

Drug Name	Drug Tier	Notes
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
amphetamine sulfate	1	QL
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
atomoxetine hcl	1	QL
clonidine hcl er	1	
DAYTRANA	2	QL
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL
guanfacine hcl er	1	
methamphetamine hcl	3	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	1	QL
methylphenidate hcl er oral tablet extended release 24 hour	1	QL
methylphenidate hcl oral	1	QL
QUILLICHEW ER	3	QL
QUILLIVANT XR	3	QL
VYVANSE	2	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>			chlorhexidine gluconate mouth/throat	1	
AUBAGIO	SP3	PA; QL	CLINPRO 5000	2	
AVONEX PEN	SP2	PA; QL	DENTA 5000 PLUS	2	
AVONEX PREFILLED	SP2	PA; QL	DENTAGEL	2	
COPAXONE	SP2	PA; QL	FLUORIDEX	2	
dalfampridine er	SP1	PA; QL	FLUORIDEX ENHANCED WHITENING	2	
dimethyl fumarate oral	SP1	PA; QL	FLUORIDEX SENSITIVITY RELIEF	2	
dimethyl fumarate starter pack	SP1	PA; QL	lidocaine viscous hcl	1	
EXTAVIA	SP2	PA; QL	oralone	1	
GILENYA	SP2	PA; QL	periogard	1	
glatiramer acetate	SP1	PA; QL	pilocarpine hcl oral	1	
glatopa	SP1	PA; QL	PREVIDENT 5000 BOOSTER PLUS	2	
KESIMPTA	SP2	PA; QL	PREVIDENT 5000 DRY MOUTH	2	
MAVENCLAD	SP3	PA	PREVIDENT 5000 ENAMEL PROTECT	2	
PLEGRIDY	SP2	PA; QL	PREVIDENT 5000 ORTHO DEFENSE	2	
PLEGRIDY STARTER PACK	SP2	PA; QL	PREVIDENT 5000 PLUS	2	
ZEPOSIA	SP3	PA; QL	PREVIDENT 5000 SENSITIVE	2	
ZEPOSIA 7-DAY STARTER PACK	SP3	PA; QL	PREVIDENT DENTAL	2	
ZEPOSIA STARTER KIT	SP3	PA; QL	prevident mouth/throat	1	
<b>Central Nervous System Agents - Miscellaneous</b>			sf	1	
caffeine citrate oral	3		sf 5000 plus	1	
pregabalin	1	QL	sodium fluoride 5000 enamel	1	
riluzole	3	PA; QL	sodium fluoride 5000 plus	1	
SAVELLA	3	QL	sodium fluoride 5000 ppm	1	
SAVELLA TITRATION PACK	3	QL	sodium fluoride 5000 sensitive	1	
tetrabenazine	SP1	PA	sodium fluoride dental	1	
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>					
cavarest	1				
cevimeline hcl	1				

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
sodium fluoride mouth/throat	1	
triamcinolone acetonide mouth/throat	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
acutane	1	PA
acitretin	3	
adapalene external gel 0.3 %	1	
ala-cort external cream 2.5 %	1	
alclometasone dipropionate	1	
amnesteem	1	PA
azelaic acid external	3	
AZELEX	2	
benzoyl peroxide-erythromycin	1	
besser external lotion	3	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
calcipotriene external cream	3	
calcipotriene external ointment	3	
calcipotriene external solution	3	
calcipotriene-betameth diprop	3	QL
calcitriol external	3	
CAPEX	2	
claravis	1	PA
clindacin etz external swab	1	
clindacin-p	1	

Drug Name	Drug Tier	Notes
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol prop emollient base	1	
clobetasol propionate e	1	
clobetasol propionate emulsion	3	
clobetasol propionate external cream	1	
clobetasol propionate external foam	3	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	3	
clobetasol propionate external solution	1	
clodan external shampoo	3	
CONDYLOX	3	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
desoximetasone external cream 0.25 %	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
desoximetasone external gel	3		hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
desoximetasone external liquid	3		hydrocortisone butyrate external cream	1	
desoximetasone external ointment 0.25 %	1		hydrocortisone butyrate external ointment	1	
diclofenac sodium external gel 3 %	1	QL	hydrocortisone butyrate external solution	1	
DRYSOL	2		hydrocortisone external cream 2.5 %	1	
DUPIXENT	SP2	PA; QL	hydrocortisone external lotion 2.5 %	1	
EPIFOAM	2		hydrocortisone external ointment 2.5 %	1	
ery	1		hydrocortisone valerate	1	
erythromycin external	1		imiquimod external cream 5 %	1	
EUCRISA	2	ST	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	PA
FINACEA EXTERNAL FOAM	3	ST	methoxsalen rapid	3	
fluocinolone acetonide body	1		metronidazole external	1	
fluocinolone acetonide external	1		mometasone furoate external	1	
fluocinolone acetonide scalp	1		myorisan	1	PA
fluocinonide emulsified base	1		neuac external gel	1	
fluocinonide external	1		pimecrolimus	1	
FLUOROPLEX	3		podocon	1	
fluorouracil external cream 5 %	1		podofilox external	1	
fluorouracil external solution	1		PRAMOSONE EXTERNAL CREAM 1-1 %	2	
fluticasone propionate external cream	1		PRAMOSONE EXTERNAL LOTION	2	
fluticasone propionate external lotion	3		PRAMOSONE EXTERNAL OINTMENT 1-2.5 %	2	
fluticasone propionate external ointment	1		prednicarbate	1	
halobetasol propionate external cream	1		REGRANEX	2	PA
halobetasol propionate external ointment	1		rosadan external cream	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
rosadan external gel	1	
SANTYL	2	
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SODIUM SULFACETAMIDE-BAKUCHIOL	2	
sss 10-5 external foam	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external liquid	1	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid 9-4.5 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide-sulfur in urea	3	
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external	1	
tazarotene external cream	1	AL (Max 40 Years)
TAZORAC EXTERNAL CREAM 0.05 %	2	AL (Max 40 Years)
TAZORAC EXTERNAL GEL	2	AL (Max 40 Years)
TEXACORT	2	
tovet external foam	3	
tretinoin external cream	1	AL (Max 40 Years)
tretinoin external gel 0.01 %, 0.025 %	1	AL (Max 40 Years)
tretinoin external gel 0.05 %	3	AL (Max 40 Years)

Drug Name	Drug Tier	Notes
tretinoin microsphere	1	AL (Max 40 Years)
tretinoin microsphere pump	1	AL (Max 40 Years)
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	
urea external cream 40 %	1	
zenatane	1	PA
<b>Diabetes - Antidiabetic Agents</b>		
acarbose oral	1	
BYDUREON BCISE AUTOINJECTOR	3	QL
BYETTA 10 MCG PEN	3	QL
BYETTA 5 MCG PEN	3	QL
FARXIGA	2	ST
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glipizide-metformin hcl	1	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
INVOKAMET	3	ST
INVOKAMET XR	3	ST
INVOKANA	3	ST
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	ST
JENTADUETO	2	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
JENTADUETO XR	2		ACCU-CHEK GUIDE CONTROL	1	
metformin hcl er	1		ACCU-CHEK GUIDE TEST STRIPS	1	QL
metformin hcl oral tablet	1		ACCU-CHEK GUIDE KIT W/DEVICE	1	
migliitol	3		ACCU-CHEK SMARTVIEW CONTROL	1	
nateglinide	1		ACCU-CHEK SMARTVIEW TEST STRIPS	1	QL
OZEMPIC	2	QL	ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
pioglitazone hcl	1		AGAMATRIX CONTROL LEVEL 2	2	
pioglitazone hcl-glimepiride	3		AGAMATRIX CONTROL LEVEL 4	2	
pioglitazone hcl-metformin hcl	1		AGAMATRIX PRESTO TEST	2	QL
repaglinide	1		ASSURE PLATINUM	2	QL
RYBELSUS	3	QL	AUTOLET LANCING DEVICE	2	
SYMLINPEN 120	3	PA	BIOTEL CARE BLOOD GLUCOSE	2	
SYMLINPEN 60	3	PA	BIOTEL CARE BLOOD GLUCOSE SYST	2	
SYNJARDY	2	ST	BLOOD GLUCOSE TEST	2	QL
SYNJARDY XR	2	ST	BLULINK CONTROL HIGH & LOW	2	
tolbutamide	1		BLULINK GLUCOSE MONITORING SYS	2	
TRADJENTA	2		BLULINK GLUCOSE TEST	2	QL
TRULICITY	2	QL	CARETOUCH CONTROL SOL LEVEL 2	2	
VICTOZA	2	QL	CARETOUCH LANCING/EJECTOR	2	
XIGDUO XR	2	ST	CARETOUCH TEST	2	QL
<b>Diabetes - Glucose Monitoring</b>			CEQUR SIMPLICITY 2U	2	
ACCU-CHEK AVIVA DEVICE	1				
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	1				
ACCU-CHEK AVIVA PLUS TEST STRIPS	1	QL			
ACCU-CHEK COMPACT PLUS CONTROL	1				
ACCU-CHEK COMPACT PLUS TEST STRIPS	1	QL			
ACCU-CHEK FASTCLIX LANCET KIT	1				
ACCU-CHEK GUIDE TEST STRIPS	1				

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
CEQUR SIMPLICITY INSERTER	2		DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	QL
CEQUR SIMPLICITY STARTER	2		DIATHRIVE BLOOD GLUCOSE METER	2	
CHEMSTRIP 10 MD	1		DIATHRIVE BLOOD GLUCOSE TEST	2	QL
CHEMSTRIP 10/SG	1		DIATHRIVE GLUCOSE CONTROL SOLN	2	
CHEMSTRIP 2 GP	1		DIATHRIVE GLUCOSE TEST	2	QL
CHEMSTRIP 5 OB	1		DIATHRIVE LANCING DEVICE	2	
CHEMSTRIP 7	1		DIATHRIVE+ GLUCOSE MONITOR	2	
CHEMSTRIP 9	1		DIATHRIVE+ GLUCOSE TEST	2	QL
CHEMSTRIP K	1		DROPLET GENTEEL LANCING DEVICE	2	
CONTOUR CONTROL SOLUTION	2		EASY TALK PLUS II TEST STRIPS	2	QL
CONTOUR MONITOR DEVICE	2		EASY TOUCH HEALTHPRO GLUCOSE	2	QL
CONTOUR MONITOR KIT W/DEVICE	2		EASY TRAK II BLOOD GLUCOSE SYS	2	
CONTOUR NEXT CONTROL SOLUTION	2		EASY TRAK II CONTROL	2	
CONTOUR NEXT EZ KIT W/DEVICE	2		EASY TRAK II GLUCOSE TEST	2	QL
CONTOUR NEXT LINK KIT W/DEVICE	2		EASYMAX 15 LEVEL 2-3 CONTROL	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2		EASYMAX CONTROL	2	
CONTOUR NEXT ONE KIT	2		GLUCOSE CONTROL SOLUTIONS	2	
CONTOUR NEXT TEST STRIPS	2	QL	EMBRACE EVO GLUCOSE MONITOR	2	
CONTOUR TEST STRIPS	2	QL	EMBRACE LANCING DEVICE/EJECTOR	2	
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	QL			

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.



Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
EMBRACE TALK BLOOD GLUCOSE	2		GENTEEL LANCING KIT (BLUE)	2	
EMBRACE TALK GLUCOSE CONTROL	2		GHT BLOOD GLUCOSE MONITOR	2	
EMBRACE TALK GLUCOSE TEST	2	QL	GLUCOCARD 01 SENSOR PLUS	2	QL
EMBRACE TALK MONITORING SYSTEM	2		GLUCOCARD EXPRESSION TEST	2	QL
FORA 6 CONNECT	2	QL	GLUCOCARD SHINE CONNEX	2	
FORA GTEL BLOOD GLUCOSE SYSTEM	2		GLUCOCARD SHINE EXPRESS	2	
FORA GTEL BLOOD GLUCOSE TEST	2	QL	GLUCOCARD SHINE TEST	2	QL
FORA TN'G ADVANCE PRO IN VITRO	2	QL	GLUCOCARD VITAL TEST	2	QL
FORTISCARE CONTROL	2		GOJJI BLOOD GLUCOSE TEST	2	QL
FORTISCARE G1 TEST STRIP	2	QL	GOJJI CONTROL	2	
FORTISCARE T1 GLUCOSE SYSTEM	2		GOJJI LANCING DEVICE/CLEAR CAP	2	
FREESTYLE FREEDOM LITE	2		HW EMBRACE PRO GLUCOSE METER	2	
FREESTYLE INSULINX SYSTEM	2		HW EMBRACE PRO GLUCOSE TEST	2	QL
FREESTYLE INSULINX TEST	2	QL	HW EMBRACE TALK BLOOD GLUCOSE	2	
FREESTYLE LIBRE 14 DAY READER	3	QL	HW EMBRACE TALK GLUCOSE TEST	2	QL
FREESTYLE LIBRE 14 DAY SENSOR	3		INFINITY BLOOD GLUCOSE TEST	2	QL
FREESTYLE LIBRE 2 READER	3	QL	INPEN 100-BLUE-LILLY	2	
FREESTYLE LIBRE 2 SENSOR	3	QL	INPEN 100-BLUE-NOVO	2	
FREESTYLE LIBRE READER	3	QL	INPEN 100-GRAY-LILLY	2	
FREESTYLE LITE TEST	2	QL	INPEN 100-GREY-NOVO	2	
FREESTYLE PRECISION NEO TEST	2	QL	INPEN 100-PINK-LILLY	2	
FREESTYLE TEST	2	QL	INPEN 100-PINK-NOVO	2	
			KETONE TEST	2	
			KETOSTIX	2	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
KROGER HEALTHPRO GLUCOSE TEST	2	QL	POGO AUTOMATIC BLOOD GLUCOSE	2	
LANCETS	2		PRECISION LINK	2	
LANCETS IN VITRO STRIP	2	QL	PRECISION PCX PLUS TEST	2	QL
MICRODOT TEST	2	QL	PRECISION QID MONITOR	2	
MICROLET NEXT LANCING DEVICE	2		PRECISION QID TEST	2	QL
NOVOPEN ECHO	2		PRECISION SOF-TACT MONITOR	2	
OMNIPOD DASH SYSTEM	3		PRECISION SOF-TACT TEST	2	QL
OMNIPOD STARTER	3		PRECISION XTRA BLOOD GLUCOSE	2	QL
ONE DROP BLOOD GLUCOSE MONITOR	2		PRECISION XTRA DEVICE	2	
ONE DROP TEST	2	QL	PRECISION XTRA KIT	2	
ONETOUCH DELICA LANCING DEV	1		PRECISION XTRA MONITOR	2	
ONETOUCH DELICA PLUS LANCING	1		PRODIGY NO CODING BLOOD GLUC	2	
ONETOUCH DELICA SAFETY LANCING	2		RELION BLOOD GLUCOSE TEST	2	QL
ONETOUCH ULTRA TEST STRIPS	1	QL	RELION PREMIER CLASSIC	2	
ONETOUCH ULTRA 2 KIT W/DEVICE	1		RELION PREMIER TEST	2	QL
ONETOUCH ULTRA MINI KIT W/DEVICE	1		RIGHTEST GT333 BLOOD GLUCOSE	2	
ONETOUCH VERIO KIT W/DEVICE	1		RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	2	QL
ONETOUCH VERIO FLEX SYSTEM	1		SURESTEP PRO HIGH GLUCOSE	1	
ONETOUCH VERIO IN VITRO SOLUTION HIGH	1		SURESTEP PRO LOW GLUCOSE	1	
ONETOUCH VERIO TEST STRIPS	1	QL	SURESTEP PRO NORMAL GLUCOSE	1	
ONETOUCH VERIO IQ SYSTEM	1		TRUE FOCUS BLOOD GLUCOSE METER	2	
ONETOUCH VERIO REFLECT	1		TRUE METRIX BLOOD GLUCOSE TEST	2	QL
ONETOUCH VERIO SYNC SYSTEM	1				

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
TRUE METRIX LEVEL 1	2		<b>Diabetes - Insulins</b>		
TRUE METRIX LEVEL 2	2		APIDRA SOLOSTAR	3	
TRUE METRIX LEVEL 3	2		APIDRA VIAL	3	
TRUE METRIX METER KIT	2		BD AUTOSHIELD DUO PEN NEEDLES	1	
TRUE METRIX PRO BLOOD GLUCOSE	2	QL	BD ULTRA-FINE INSULIN SYRINGES	1	
TRUETRACK TEST	2	QL	BD ULTRA-FINE PEN NEEDLES	1	
UNISTRIP CONTROL IN VITRO SOLUTION LOW	2		CARETOUCH HYPODERMIC NEEDLE 22G X 1"	1	
V-GO 20	3	QL	DROPLET MICRON	1	
V-GO 30	3	QL	EASYPOINT NEEDLE 18G X 1" , 18G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 5/8"	1	
V-GO 40	3	QL	FIASP	1	
VIVAGUARD INO CONTROL SOLUTION	2		FIASP FLEXTOUCH	1	
VIVAGUARD INO GLUCOSE METER	2		FIASP PENFILL	1	
VIVAGUARD INO TEST STRIPS	2	QL	HUMALOG	2	
VIVAGUARD LANCING DEVICE	2		HUMALOG KWIKPEN	2	
<b>Diabetes - Glycemic Agents</b>			HUMALOG MIX 50/50 KWIKPEN	2	
BAQSIMI ONE PACK	2		HUMALOG MIX 50/50 VIAL	2	
BAQSIMI TWO PACK	2		HUMALOG MIX 75/25 KWIKPEN	2	
diazoxide oral	3		HUMALOG MIX 75/25 VIAL	2	
GLUCAGEN HYPOKIT	2		HUMALOG U-100 JUNIOR KWIKPEN	2	
glucagon emergency kit 1 mg injection 1 mg	1		HUMULIN 70/30 KWIKPEN	2	
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	2		HUMULIN 70/30 VIAL	2	
GLUCAGON EMERGENCY KIT	2		HUMULIN N KWIKPEN	2	
GVOKE HYPOPEN 1-PACK	2		HUMULIN N VIAL	2	
GVOKE HYPOPEN 2-PACK	2				
GVOKE PFS	2				

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HUMULIN R U-500 KWIKPEN	2		NOVOLOG U-100 VIAL	1	
HUMULIN R U-500 VIAL	2		NOVOTWIST PEN NEEDLE	1	
HUMULIN R VIAL	2		SECURESAFE HYPODERMIC NEEDLE 18G X 1" , 19G X 1" , 19G X 1-1/2" , 22G X 1"	1	
INSULIN PEN NEEDLES	1		TOUJEO MAX SOLOSTAR	2	
INSULIN SYRINGES	1		TOUJEO SOLOSTAR	2	
LANTUS SOLOSTAR	2		TRESIBA	2	
LANTUS U-100 VIAL	2		TRESIBA FLEXTOUCH	2	
LEVEMIR U-100 FLEXTOUCH	2		ULTIGUARD SAFEPACK SYR/NEEDLE	1	
LEVEMIR U-100 VIAL	2		<b>Electrolytes / Minerals / Metals / Vitamins</b>		
NOVOFINE AUTOCOVER PEN NEEDLE	1		CARBAGLU	SP3	
NOVOFINE PEN NEEDLE	1		CARNITOR INTRAVENOUS	3	
NOVOFINE PLUS PEN NEEDLE	1		CARNITOR ORAL SOLUTION	3	
NOVOLIN 70/30 FLEXPEN	2		CARNITOR SF	3	
NOVOLIN 70/30 FLEXPEN RELION	2		CITRANATAL BLOOM	3	
NOVOLIN 70/30 RELION	2		clovique	SP1	PA
NOVOLIN 70/30 VIAL	2		cyanocobalamin injection solution 1000 mcg/ml	1	
NOVOLIN N FLEXPEN	2		cytra k crystals	1	
NOVOLIN N FLEXPEN RELION	2		deferasirox oral tablet	3	PA
NOVOLIN N RELION	2		deferasirox oral tablet soluble	SP1	PA
NOVOLIN N VIAL	2		deferiprone	SP1	PA
NOVOLIN R FLEXPEN	2		effer-k oral tablet effervescent 25 meq	1	
NOVOLIN R FLEXPEN RELION	2		ergocalciferol oral capsule	1	
NOVOLIN R RELION	2		EXJADE	SP3	PA
NOVOLIN R VIAL	2		ferocon	1	
NOVOLOG FLEXPEN	1		ferottrinsic	1	
NOVOLOG MIX 70/30 FLEXPEN	1		FERRALET 90	3	
NOVOLOG MIX 70/30 VIAL	1				
NOVOLOG PENFILL	1				

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
FERRIPROX	SP3	PA
fluoritab	0	PV
folate	0	PV
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	0	PV
FOLIVANE-F	2	
FOLIVANE-PLUS	2	
foltrin	1	
GALZIN	2	
INTEGRA F	2	
INTEGRA PLUS	2	
iodine strong oral	1	
JYNARQUE	SP2	QL
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con/ef	1	
K-PHOS	2	
K-PHOS NO 2	2	
k-prime	1	
levocarnitine oral solution	3	
levocarnitine oral tablet	3	
levocarnitine sf	3	
M-NATAL PLUS	1	
multivitamin/fluoride oral tablet chewable 1 mg	1	
nafrinse	0	PV
nafrinse drops	0	PV
NASCOBAL	2	
NEONATAL COMPLETE	1	
NEONATAL PLUS	1	
ONE VITE WOMENS	0	PV
ONE VITE WOMENS PLUS	1	

Drug Name	Drug Tier	Notes
ONE-A-DAY WOMENS PRENATAL 1	0	PV
ORACIT	2	
phosphorous	1	
phospho-trin 250 neutral	1	
phytonadione oral	1	
pot & sod cit-cit ac	1	
potassium chloride cryser	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
prenatal multi +dha	0	PV
prenatal oral tablet 27-0.8 mg	0	PV
prenatal oral tablet 27-1 mg	1	
prenatal plus iron	1	
prenatal vitamin plus low iron	1	
PRENATRIX	1	
preplus	1	
PRETAB	1	
PROFERRIN-FORTE	2	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG	1	
sod citrate-citric acid	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	0	PV
sodium fluoride oral tablet	0	PV
sodium fluoride oral tablet chewable	0	PV
sodium polystyrene sulfonate	1	
sps	1	
SYPRINE	SP3	PA

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
TOLVAPTAN ORAL TABLET 15 MG	SP1	QL
tolvaptan oral tablet 30 mg	SP1	QL
TRICARE PRENATAL DHA ONE	3	
tricitrates	1	
trientine hcl	SP1	PA
TRISTART DHA	3	
VINATE ONE	1	
VIRT-FEFA PLUS	2	
virt-phos 250 neutral	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
VITATHELY WITH GINGER	1	
WESTAB PLUS	1	
WESTGEL DHA	3	
WILZIN	2	
yl folic acid	0	PV
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
esomeprazole magnesium oral capsule delayed release 40 mg	3	QL
esomeprazole magnesium oral packet	3	QL; AL (Max 12 Years)
famotidine oral suspension reconstituted	3	
lansoprazole oral capsule delayed release 30 mg	3	QL
lansoprazole oral tablet delayed release dispersible	3	QL; AL (Max 12 Years)
misoprostol oral	1	
NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	QL; AL (Max 12 Years)

Drug Name	Drug Tier	Notes
omeprazole oral capsule delayed release 10 mg, 40 mg	3	QL
pantoprazole sodium oral tablet delayed release	3	QL
PREVACID SOLUTAB	3	QL; AL (Max 12 Years)
rabeprazole sodium oral tablet delayed release	3	QL
sucralfate oral	1	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
alosetron hcl	3	PA
AMITIZA	3	QL
ANASPAZ	2	
bisacodyl ec	0	PV; QL
citroma	0	PV; QL
clearlax	0	PV; QL
constulose	1	
cromolyn sodium oral	3	
CUVPOSA	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ED-SPAZ	2	
enulose	1	
GATTEX	SP3	PA
gavilax oral powder	0	PV; QL
gavilyte-c	1	PV; QL
gavilyte-g	1	PV; QL
gavilyte-n with flavor pack	1	PV; QL
generlac	1	
gentle laxative oral	0	PV; QL
glycolax	0	PV; QL
glycopyrrolate oral	1	
hyoscyamine sulfate er	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
lactulose encephalopathy	1	
lactulose oral solution	1	
LINZESS	3	QL
LUBIPROSTONE	3	QL
magnesium citrate oral solution	0	PV; QL
mm clearlax	0	PV; QL
MOVANTIK	3	QL
NULEV	2	
oscimin	1	
oscimin sr	1	
OSMOPREP	3	
peg 3350-kcl-na bicarb-nacl	1	PV; QL
peg-3350/electrolytes	1	PV; QL
peg-3350/electrolytes/ascorbic acid	3	
peg-kcl-nacl-nasulf-naasc-c	3	
polyethylene glycol 3350 oral powder	0	PV; QL
qc magnesium citrate	0	PV; QL
RELISTOR SUBCUTANEOUS	SP3	QL
SUPREP BOWEL PREP KIT	3	
SYMAX DUOTAB ORAL TABLET EXTENDED RELEASE 0.375 MG	2	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA; QL
XERMELO	SP3	PA; QL

Drug Name	Drug Tier	Notes
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
BUPHENYL	SP3	
CERDELGA	SP3	PA
CHOLBAM	SP3	PA
CREON	2	
GALAFOLD	SP3	PA; QL
MYALEPT	SP3	PA
nitisinone	SP1	PA
OCALIVA	SP3	PA; QL
ORFADIN	SP3	PA
PANCREAZE	2	
PROCYSBI	SP3	PA
RAVICTI	SP3	PA
sodium phenylbutyrate oral	SP1	
STRENSIQ	SP3	PA
ZENPEP	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	3	
bethanechol chloride oral	1	
calcium acetate (phosphate binder) oral capsule	1	
darifenacin hydrobromide er	3	
DEPEN TITRATABS	SP2	PA
ELMIRON	2	
flavoxate hcl	1	
INTRAROSA	3	
LITHOSTAT	3	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
penicillamine oral tablet	SP1	PA

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
sevelamer carbonate	1	
sevelamer hcl oral tablet 400 mg	1	
sevelamer hcl oral tablet 800 mg	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	3	QL
solifenacin succinate	1	
tadalafil oral tablet 2.5 mg, 5 mg	3	QL
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	3	
uro-mp	1	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
<b>Hormonal Agents - Adrenal</b>		
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	

Drug Name	Drug Tier	Notes
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 2 MG	2	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
<b>Hormonal Agents - Men's Health</b>		
ANDRODERM	2	PA
danazol oral	3	
DEPO-TESTOSTERONE	2	PA
testosterone cypionate intramuscular	1	PA
testosterone enanthate intramuscular	1	PA
testosterone transdermal	3	PA
<b>Hormonal Agents - Osteoporosis</b>		
OSPHERA	3	
raloxifene hcl	1	PV
<b>Hormonal Agents - Pituitary</b>		
cabergoline	1	
desmopressin ace spray refrig	1	
desmopressin acetate injection	1	
DESMOPRESSIN ACETATE NASAL	2	
desmopressin acetate oral	1	
desmopressin acetate pf	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.



Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
desmopressin acetate spray	1		aurovela 24 fe	0	PV
NORDITROPIN FLEXPRO	SP2	PA	aurovela fe 1.5/30	0	PV
NUTROPIN AQ NUSPIN 10	SP2	PA	aurovela fe 1/20	0	PV
NUTROPIN AQ NUSPIN 20	SP2	PA	aviane	0	PV
NUTROPIN AQ NUSPIN 5	SP2	PA	ayuna	0	PV
octreotide acetate	SP1	PA	azurette	0	PV
OMNITROPE	SP2	PA	BALCOLTRA	3	
ORLISSA	3	PA; QL	balziva	0	PV
SIGNIFOR	SP3	PA; QL	blisovi 24 fe	0	PV
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP3	PA	blisovi fe 1.5/30	0	PV
STIMATE	2		blisovi fe 1/20	0	PV
<b>Hormonal Agents - Sex Hormones and Birth Control</b>			briellyn	0	PV
afirmelle	0	PV	camila	0	PV
altavera	0	PV	camrese	0	PV; QL
alyacen 1/35	0	PV	camrese lo	0	PV; QL
alyacen 7/7/7	0	PV	caziant	0	PV
amabelz	1		charlotte 24 fe	0	PV
amethia	0	PV; QL	chateal	0	PV
amethyst	0	PV	chateal eq	0	PV
ANGELIQ	2		CLIMARA PRO	3	
ANNOVERA	0	PV; QL	COMBIPATCH	3	
apri	0	PV	cryselle-28	0	PV
aranelle	0	PV	cyclafem 1/35	0	PV
ashlyna	0	PV; QL	cyclafem 7/7/7	0	PV
aubra	0	PV	cyred	0	PV
aubra eq	0	PV	cyred eq	0	PV
aurovela 1.5/30	0	PV	dasetta 1/35	0	PV
aurovela 1/20	0	PV	dasetta 7/7/7	0	PV
			daysee	0	PV; QL
			deblitane	0	PV
			DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	2	
			delyla	0	PV
			DEPO-ESTRADIOL	2	
			desogestrel-ethinyl estradiol	0	PV

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
DIVIGEL	3		fyavolv	1	
dolishale	0	PV	gemmily	0	PV
dotti	1		gianvi oral tablet 3-0.02 mg	0	PV
drospiren-eth estrad-levomefol	0	PV	hailey 1.5/30	0	PV
drospirenone-ethinyl estradiol	0	PV	hailey 24 fe	0	PV
DUAVEE	2		hailey fe 1.5/30	0	PV
ELESTRIN	3		hailey fe 1/20	0	PV
elinest	0	PV	heather	0	PV
ELLA	0	PV	iclevia	0	PV; QL
eluryng	0	PV	incassia	0	PV
emoquette	0	PV	introvale	0	PV; QL
enpresse-28	0	PV	isibloom	0	PV
enskyce	0	PV	jaimiess	0	PV; QL
errin	0	PV	jasmiel	0	PV
est estrogens-methyltest	1		jencycla	0	PV
est estrogens-methyltest ds	1		jinteli	1	
est estrogens-methyltest hs	1		jolessa	0	PV; QL
estarylla	0	PV	juleber	0	PV
estradiol oral	1		junel 1.5/30	0	PV
estradiol transdermal	1		junel 1/20	0	PV
estradiol vaginal	1		junel fe 1.5/30	0	PV
estradiol valerate intramuscular	1		junel fe 1/20	0	PV
estradiol-norethindrone acet	1		junel fe 24	0	PV
ESTRING	3	QL	kaitlib fe	0	PV
ESTROGEL	3		kalliga	0	PV
ethynodiol diac-eth estradiol	0	PV	kariva	0	PV
etonogestrel-ethinyl estradiol	0	PV	kelnor 1/35	0	PV
EVAMIST	3		kelnor 1/50	0	PV
falmina	0	PV	kurvelo	0	PV
fayosim	0	PV; QL	KYLEENA	0	PV
femynor	0	PV	larin 1.5/30	0	PV
			larin 1/20	0	PV
			larin 24 fe	0	PV
			larin fe 1.5/30	0	PV
			larin fe 1/20	0	PV
			larissia	0	PV

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
layolis fe	0	PV	microgestin 1/20	0	PV
leena	0	PV	microgestin 24 fe	0	PV
lessina	0	PV	microgestin fe 1.5/30	0	PV
levonest	0	PV	microgestin fe 1/20	0	PV
levonorgest-eth est & eth est	0	PV; QL	mili	0	PV
levonorgest-eth estrad 91-day	0	PV; QL	mimvey	1	
levonorgestrel	0	PV	MIRENA (52 MG)	0	PV
levonorgestrel-ethinyl estrad	0	PV	mono-lynyah	0	PV
levonorg-eth estrad triphasic	0	PV	NATAZIA	0	PV
levora 0.15/30 (28)	0	PV	necon 0.5/35 (28)	0	PV
LILETTA (52 MG)	0	PV	NEXPLANON	0	PV
lillow	0	PV	nikki	0	PV
LO LOESTRIN FE	3		nora-be	0	PV
lojaimiess	0	PV; QL	norethin ace-eth estrad-fe	0	PV
loryna	0	PV	norethindrone acetate oral	1	
low-ogestrel	0	PV	norethindrone acet-ethinyl est	0	PV
lo-zumandimine	0	PV	norethindrone oral	0	PV
luteria	0	PV	norethindrone-eth estradiol	1	
lyleq	0	PV	norethin-eth estradiol-fe	0	PV
lyllana	1		norgestimate-eth estradiol	0	PV
lyza	0	PV	norgestimate-ethinyl estradiol triphasic	0	PV
marlissa	0	PV	norlyda	0	PV
medroxyprogesterone acetate intramuscular	0	PV; QL	norlyroc	0	PV
medroxyprogesterone acetate oral	1		nortrel 0.5/35 (28)	0	PV
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	1		nortrel 1/35 (21)	0	PV
megestrol acetate oral tablet	1		nortrel 1/35 (28)	0	PV
MENEST	2		nortrel 7/7/7	0	PV
merzee	0	PV	nylia 7/7/7	0	PV
mibelas 24 fe	0	PV	nymyo	0	PV
microgestin 1.5/30	0	PV	ocella	0	PV
			orsythia	0	PV

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PARAGARD INTRAUTERINE COPPER	0	PV	tri-lo-estarylla	0	PV
philith	0	PV	tri-lo-marzia	0	PV
pimtrea	0	PV	tri-lo-mili	0	PV
pirmella 1/35	0	PV	tri-lo-sprintec	0	PV
pirmella 7/7/7	0	PV	tri-mili	0	PV
portia-28	0	PV	tri-nymyo	0	PV
PREMARIN ORAL	2		tri-previfem	0	PV
PREMARIN VAGINAL	2		tri-sprintec	0	PV
PREMPHASE	2		trivora (28)	0	PV
PREMPRO	2		tri-vylibra	0	PV
preventeza	0	PV	tri-vylibra lo	0	PV
previfem	0	PV	tulana	0	PV
progesterone intramuscular	1		tyblume	0	PV
progesterone oral	1		tydemy	0	PV
reclipsen	0	PV	velivet	0	PV
rivelsa	0	PV; QL	vestura	0	PV
setlakin	0	PV; QL	vienva	0	PV
sharobel	0	PV	viorele	0	PV
simliya	0	PV	volnea	0	PV
simpesse	0	PV; QL	vyfemla	0	PV
SKYLA	0	PV	vylibra	0	PV
SLYND	3		wera	0	PV
sprintec 28	0	PV	wymzya fe	0	PV
sronyx	0	PV	xulane	0	PV
syeda	0	PV	yuvafem	1	
tarina 24 fe	0	PV	zafemy	0	PV
tarina fe 1/20	0	PV	zarah	0	PV
tarina fe 1/20 eq	0	PV	zovia 1/35 (28)	0	PV
taysofy	0	PV	zovia 1/35e (28)	0	PV
tilia fe	0	PV	zumandimine	0	PV
tri femynor	0	PV	<b>Hormonal Agents - Thyroid</b>		
tri-estarylla	0	PV	ARMOUR THYROID	2	
tri-legest fe	0	PV	euthyrox	1	
tri-linyah	0	PV	levo-t	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
nature-throid	1	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	2	
TIROSINT	3	
unithroid	1	
westhroid	1	
wp thyroid	1	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	SP3	PA
ACTEMRA SUBCUTANEOUS	SP3	PA
ACTIMMUNE	SP2	PA
azathioprine oral	1	
BERINERT	SP2	PA; QL
CELLCEPT	SP3	
CIMZIA	SP2	PA
CIMZIA PREFILLED KIT	SP2	PA
CIMZIA STARTER KIT	SP2	PA
COSENTYX (300 MG DOSE)	SP3	PA
COSENTYX 150 MG/ML	SP3	PA
COSENTYX SENSOREADY (300 MG)	SP3	PA
COSENTYX SENSOREADY PEN	SP3	PA
cyclosporine modified	1	

Drug Name	Drug Tier	Notes
cyclosporine oral	1	
ENBREL	SP3	PA
ENBREL MINI	SP3	PA
ENBREL SURECLICK	SP3	PA
ENVARSUS XR	SP2	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	SP1	
FIRAZYR	SP3	PA; QL
gengraf	1	
HAEGARDA	SP2	PA
HUMIRA	SP2	PA
HUMIRA PEDIATRIC CROHNS START	SP2	PA
HUMIRA PEN	SP2	PA
HUMIRA PEN-CD/UC/HS STARTER	SP2	PA
HUMIRA PEN-PEDIATRIC UC START	SP2	PA
HUMIRA PEN-PS/UV/ADOL HS START	SP2	PA
HUMIRA PEN-PSOR/UEIT STARTER	SP2	PA
icatibant acetate	SP1	PA; QL
KINERET	SP3	PA
leflunomide oral	1	
methotrexate oral	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
MYFORTIC	SP3	
NEORAL	SP3	
ORENCIA CLICKJECT	SP3	PA
ORENCIA SUBCUTANEOUS	SP3	PA
OTEZLA	SP2	PA

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
PROGRAF ORAL CAPSULE	SP3	
PROGRAF ORAL PACKET	SP2	
RAPAMUNE ORAL SOLUTION	SP2	
RAPAMUNE ORAL TABLET	SP3	
RIDAURA	SP2	
RINVOQ	SP2	PA
sajazir	SP1	PA; QL
SANDIMMUNE ORAL CAPSULE	SP3	
SANDIMMUNE ORAL SOLUTION	SP2	
SIMPONI	SP2	PA
sirolimus oral solution	SP1	
sirolimus oral tablet	1	
SKYRIZI	SP2	PA; QL
SKYRIZI (150 MG DOSE)	SP2	PA; QL
SKYRIZI PEN	SP2	PA; QL
STELARA SUBCUTANEOUS	SP2	PA; QL
tacrolimus oral	1	
TALTZ	SP2	PA
TREMFYA	SP2	PA
XATMEP	3	
XELJANZ ORAL TABLET	SP2	PA
XELJANZ XR	SP2	PA
ZORTRESS	SP3	
<b>Immunological Agents - Drugs for Vaccination</b>		
	3	PV; AL (Max 6 Years)
ACTHIB	3	PV; AL (Max 6 Years)
ADACEL	0	PV
AFLURIA QUADRIVALENT	0	PV

Drug Name	Drug Tier	Notes
BCG VACCINE	3	
BEXSERO	0	PV
BOOSTRIX	0	PV
DAPTACEL	0	PV
DIPHTHERIA-TETANUS TOXOIDS DT	0	PV
ENGERIX-B	0	PV
	0	PV; AL (Min 65 Years)
FLUAD QUADRIVALENT	0	PV
FLUARIX QUADRIVALENT	0	PV
FLUBLOK QUADRIVALENT	0	PV
FLUCELVAX QUADRIVALENT	0	PV
FLULAVAL QUADRIVALENT	0	PV
	3	PV; AL (Min 2 Years and Max 49 Years)
FLUMIST QUADRIVALENT	3	PV; AL (Min 2 Years and Max 49 Years)
	0	PV; AL (Min 65 Years)
FLUZONE HIGH-DOSE QUADRIVALENT	0	PV; AL (Min 65 Years)
FLUZONE QUADRIVALENT	0	PV
	3	PV; AL (Min 9 Years and Max 26 Years)
GARDASIL 9	3	PV; AL (Min 9 Years and Max 26 Years)
HAVRIX	0	PV
	3	PV; AL (Min 18 Years)
HEPLISAV-B	3	PV; AL (Min 18 Years)
	3	PV; AL (Max 6 Years)
HIBERIX	3	PV; AL (Max 6 Years)
IMOVAX RABIES	3	
INFANRIX	0	PV

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
IPOL	3	PV; AL (Max 17 Years)
JANSSEN COVID-19 VACCINE	0	PV
KINRIX	0	PV
MENACTRA	0	PV
MENQUADFI	0	PV
MENVEO	0	PV
M-M-R II	0	PV
MODERNA COVID-19 VACCINE	0	PV
PEDIARIX	0	PV
PEDVAX HIB	3	PV; AL (Max 6 Years)
PENTACEL	0	PV
PFIZER-BIONTECH COVID-19 VACC	0	PV
PNEUMOVAX 23	0	PV
PREVNAR 13	0	PV
PROQUAD	0	PV
QUADRACEL	0	PV
RECOMBIVAX HB	0	PV
ROTARIX	3	PV; AL (Max 8 Months)
ROTATEQ	3	PV; AL (Max 8 Months)
SHINGRIX	3	PV; AL (Min 50 Years)
STAMARIL	3	
TDVAX	0	PV
TENIVAC	0	PV
TETANUS-DIPHtheria TOXOIDS TD	0	PV
TRUMENBA	0	PV
TWINRIX	0	PV

Drug Name	Drug Tier	Notes
TYPHIM VI	3	
VAQTA	0	PV
VARIVAX	0	PV
VAXCHORA	3	
VAXELIS	0	PV
YF-VAX	3	
<b>Inflammatory Bowel Disease Agents</b>		
ANALPRAM-HC EXTERNAL LOTION	2	
anucort-hc	1	
balsalazide disodium	1	
budesonide er	3	
budesonide oral	1	
CANASA	2	
hydrocortisone (perianal)	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal suppository 25 mg	1	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	1	
mesalamine er oral capsule 0.375 gm	1	
mesalamine oral	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
PENTASA	2	
PROCTOFOAM HC	2	
procto-med hc	1	
procto-pak	1	
proctozone-hc	1	
sulfasalazine oral	1	
UCERIS ORAL	3	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral solution	1	
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
calcitonin (salmon) nasal	1	QL
FORTEO	SP2	PA
ibandronate sodium oral	1	QL
risedronate sodium oral tablet 150 mg, 35 mg	1	QL
risedronate sodium oral tablet 30 mg, 5 mg	1	
risedronate sodium oral tablet delayed release	3	QL
TERIPARATIDE (RECOMBINANT)	SP2	PA
TYMLOS	SP2	PA
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral	1	
cinacalcet hcl	3	PA
paricalcitol oral	1	
SENSIPAR	SP3	PA
<b>Miscellaneous Therapeutic Agents</b>		
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	

Drug Name	Drug Tier	Notes
BREATHE EASE SMALL	2	
CAMINO PRO COMPLETE/GLYTACTIN	2	
CARETOUCH HYPODERMIC NEEDLE 26G X 1"	1	
CARETOUCH LUER LOCK 1 ML	1	
CAYA	0	PV; QL
CLEVER CHOICE HOLDING CHAMBER	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
DEFLUX METAL NEEDLE	1	
EASIVENT	2	
EASY GLIDE LUER LOCK SYRINGE	1	
EASY GLIDE SLIP LOCK SYRINGE	1	
EASYPOINT NEEDLE 25G X 1-1/2"	1	
ELECARE	3	
ENCARE	0	PV; QL
EO28 SPLASH	3	
EQUACARE JR	3	
ESSENTIAL CARE JR	3	
FC FEMALE CONDOM	0	PV; QL
FC2 FEMALE CONDOM	0	PV; QL
FEMCAP	0	PV; QL
FLEXICHAMBER	2	
FLEXICHAMBER ADULT MASK/SMALL	2	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.



Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FLEXICHAMBER CHILD MASK/LARGE	2		INSPIREASE RESERVOIR BAGS	2	
FLEXICHAMBER CHILD MASK/SMALL	2		J-TIP KIT W/VIAL ADAPTERS	1	
FORA D40G GLUCOSE/PRESSURE	2		methergine	3	QL
GLYTACTIN BETTERMILK 15	2		methylergonovine maleate oral	3	QL
GLYTACTIN BETTERMILK DE-LITE	2		MICROCHAMBER	2	
GLYTACTIN BUILD 10PE	2		NEOCATE JUNIOR	3	
GLYTACTIN BUILD 20/20	2		NORDIPEN 5 INJECTION DEVICE	1	
GLYTACTIN BUILD 20/20 PKU	2		NORM-JECT LUER SLIP SYRINGE	1	
GLYTACTIN BURST	2		OMNIPOD 5 PACK	3	QL
GLYTACTIN COMPLETE 10PE	2		OMNIPOD DASH 5 PACK PODS	3	QL
GLYTACTIN RESTORE 10	2		OPTICHAMBER DIAMOND	2	
GLYTACTIN RESTORE 5	2		OPTICHAMBER DIAMOND-LG MASK	2	
GLYTACTIN RESTORE LITE 10	2		OPTICHAMBER DIAMOND-MD MASK	2	
GLYTACTIN RESTORE LITE 10PE	2		OPTICHAMBER DIAMOND-SM MASK	2	
GLYTACTIN RTD 10	2		OPTIONS GYNOL II CONTRACEPTIVE	0	PV; QL
GLYTACTIN RTD 15	2		PANDA MASK LARGE	2	
GLYTACTIN RTD LITE 15	2		PANDA MASK MEDIUM	2	
GLYTACTIN SWIRL 15PE	2		PANDA MASK SMALL	2	
heparin lock flush	1		PEDIATRIC PANDA MASK	2	
heparin sodium lock flush	1		PHENEX-1	2	
HUMATROPEN FOR 12MG	1		PHENEX-2	2	
HUMATROPEN FOR 24MG	1		PHENYLADE DRINK MIX	2	
HUMATROPEN FOR 6MG	1		PHENYLADE GMP READY	2	
			PHENYLADE GMP ULTRA	2	
			PKU EASY	2	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
PKU EASY MICROTABS	2	
PKU GO	2	
PKU SPHERE 20 ORAL LIQUID	2	
POCKET SPACER	2	
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
PRO COMFORT SPACER INFANT	2	
PROCARE SPACER/ADULT MASK	2	
PROCARE SPACER/CHILD MASK	2	
PURAMINO DHA/ARA	3	
SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2"	1	
SYRINGE LUER LOCK 30 ML	1	
SYRINGE LUER SLIP 1 ML	1	
TODAY SPONGE	0	PV; QL
TOLEREX	3	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	0	PV; QL
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	0	PV; QL
vcf vaginal contraceptive vaginal gel	0	PV; QL
VIVONEX PEDIATRIC	3	
VORTEX VALVED HOLDING CHAMBER	2	
WIDE-SEAL DIAPHRAGM 60	0	PV; QL
WIDE-SEAL DIAPHRAGM 65	0	PV; QL

Drug Name	Drug Tier	Notes
WIDE-SEAL DIAPHRAGM 70	0	PV; QL
WIDE-SEAL DIAPHRAGM 75	0	PV; QL
WIDE-SEAL DIAPHRAGM 80	0	PV; QL
WIDE-SEAL DIAPHRAGM 85	0	PV; QL
WIDE-SEAL DIAPHRAGM 90	0	PV; QL
WIDE-SEAL DIAPHRAGM 95	0	PV; QL
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ALOCRIIL	2	
ALOMIDE	2	
ALREX	2	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	QL
CILOXAN OPHTHALMIC OINTMENT	2	
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	3	
DUREZOL	3	
epinastine hcl	1	
erythromycin ophthalmic	1	
FLAREX	2	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
fluorometholone	1	
flurbiprofen sodium	1	
FML	2	
FML FORTE	2	
gatifloxacin ophthalmic	1	
gentak	1	
gentamicin sulfate ophthalmic	1	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic	1	
LOTEMAX OPTHALMIC GEL	2	QL
LOTEMAX OPTHALMIC OINTMENT	2	QL
loteprednol etabonate ophthalmic gel	1	QL
loteprednol etabonate ophthalmic suspension	1	
MAXIDEX	2	
moxifloxacin hcl ophthalmic solution	1	
NATACYN	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
prednisolone acetate ophthalmic	1	
prednisolone acetate p-f	1	
prednisolone sodium phosphate ophthalmic	1	
PROLENSA	3	QL
sulfacetamide sodium ophthalmic	1	
tobramycin ophthalmic	1	
TOBREX OPTHALMIC OINTMENT	2	
trifluridine	1	
ZIRGAN	3	

Drug Name	Drug Tier	Notes
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
acetazolamide er	1	
acetazolamide oral	1	
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	
apraclonidine hcl	1	
AZOPT	2	
betaxolol hcl ophthalmic	1	
BETIMOL	2	
BETOPTIC-S	2	
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic	1	
brinzolamide	1	
carteolol hcl	1	
COMBIGAN	2	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IOPIDINE	2	
latanoprost ophthalmic	1	
levobunolol hcl	1	
LUMIGAN	2	QL
methazolamide oral	1	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	2	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
travoprost (bak free)	3	QL
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
ak-poly-bac	1	
altafrin	1	
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution 1 %	1	
bacitracin-polymyxin b ophthalmic	1	
bacitra-neomycin-polymyxin-hc	1	
cyclopentolate hcl ophthalmic	1	
homatropaire	1	
ISOPTO ATROPINE	1	
LACRISERT	2	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin	1	
neomycin-polymyxin-hc ophthalmic	1	
neo-polycin	1	
neo-polycin hc	1	
phenylephrine hcl ophthalmic	1	
polycin	1	
polymyxin b-trimethoprim	1	
PRED-G	2	
PRED-G S.O.P.	2	

Drug Name	Drug Tier	Notes
proparacaine hcl ophthalmic	1	
RESTASIS	3	PA
RESTASIS MULTIDOSE	3	PA
tetracaine hcl ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	2	
tobramycin-dexamethasone	1	
tropicamide ophthalmic	1	
XIIDRA	3	PA
ZYLET	3	
<b>Otic Agents - Drugs for Ear Conditions</b>		
acetic acid otic	1	
CIPRO HC	2	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
CIPROFLOXACIN-FLUOCINOLONE PF	2	
CORTISPORIN-TC	2	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	2	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal	1	QL
benzonatate oral capsule 100 mg, 200 mg	1	
cyproheptadine hcl oral	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
FASENRA	SP2	PA
FASENRA PEN	SP2	PA
guaiaatussin ac	1	PA; QL; AL (Min 18 Years)
guaifenesin ac	1	PA; QL; AL (Min 18 Years)
hydrocodone polst-chlorphen polst er susp	1	PA; QL; AL (Min 18 Years)
hydrocodone-homatropine	1	PA; QL; AL (Min 18 Years)
hydromet	1	PA; QL; AL (Min 18 Years)
ipratropium bromide nasal	1	
maxi-tuss ac	1	PA; QL; AL (Min 18 Years)
promethazine hcl oral	1	
promethazine hcl rectal	1	
promethazine vc	1	
promethazine vc/codeine	1	PA; QL; AL (Min 18 Years)
promethazine-codeine	1	PA; QL; AL (Min 18 Years)
promethazine-dm	1	
promethazine-phenyleph-codeine	1	PA; QL; AL (Min 18 Years)
promethazine-phenylephrine	1	
promethegan	1	
pseudoephedrine-bromphen-dm	1	
sodium chloride inhalation	1	

Drug Name	Drug Tier	Notes
SSKI	2	
virtussin ac w/alc	1	PA; QL; AL (Min 18 Years)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP2	PA
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
acetylcysteine inhalation	1	
ADVAIR HFA	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	QL
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml	1	
albuterol sulfate oral	1	
ANORO ELLIPTA	2	QL
ASMANEX (120 METERED DOSES)	2	QL
ASMANEX (14 METERED DOSES)	2	QL
ASMANEX (30 METERED DOSES)	2	QL
ASMANEX (60 METERED DOSES)	2	QL
ASMANEX (7 METERED DOSES)	2	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ASMANEX HFA	2	QL	PULMICORT FLEXHALER	2	QL
ATROVENT HFA	2	QL	QVAR REDHALER	2	QL
BREO ELLIPTA	2	QL	SEREVENT DISKUS	2	QL
budesonide inhalation	1	QL	SPIRIVA HANDHALER	2	QL
COMBIVENT RESPIMAT	2	QL	SPIRIVA RESPIMAT	2	QL
cromolyn sodium inhalation	3		STIOLTO RESPIMAT	2	QL
DALIRESP	3	PA	SYMBICORT	2	QL
epinephrine injection solution auto-injector	1		SYMJEPI	2	
ESBRIET	SP3	PA	THEO-24	2	
FLOVENT DISKUS	2	QL	theophylline	1	
FLOVENT HFA	2	QL	theophylline er	1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL	TRELEGY ELLIPTA	2	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL	VENTOLIN HFA	1	QL
INCRUSE ELLIPTA	2	QL	wixela inhub	1	QL
ipratropium bromide inhalation	1	QL	XOPENEX HFA	3	QL
ipratropium-albuterol	1	QL	zafirlukast	1	
levalbuterol hcl inhalation	1	QL	<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	1	QL	CAYSTON	SP3	PA
montelukast sodium oral	1		KALYDECO	SP3	PA
OFEV	SP3	PA	ORKAMBI	SP3	PA; QL
PROAIR HFA	2	QL	PULMOZYME	SP2	PA
PROAIR RESPICLICK	2	QL	TOBI NEBULIZER	SP3	
PROVENTIL HFA	2	QL	TOBI PODHALER	SP2	QL
			tobramycin nebulization solution 300 mg/5ml inhalation	SP1	
			TRIKAFTA	SP3	PA; QL
			<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
			ADEMPAS	SP3	PA; QL
			alyq	SP1	PA; QL
			ambrisentan	SP1	PA; QL
			bosentan	SP1	PA; QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
OPSUMIT	SP2	PA; QL
sildenafil citrate oral tablet 20 mg	SP1	PA; QL
tadalafil (pah)	SP1	PA; QL
TRACLEER 32 MG	SP2	PA; QL
TYVASO	SP2	PA; QL
TYVASO REFILL	SP2	PA; QL
TYVASO STARTER	SP2	PA; QL
UPTRAVI ORAL	SP3	PA; QL
VENTAVIS	SP2	PA; QL
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
baclofen oral	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
dantrolene sodium oral	1	
metaxalone oral tablet 800 mg	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
tizanidine hcl oral	1	
<b>Sleep Disorder Agents</b>		
armodafinil	1	PA; QL
BELSOMRA	3	QL
doxepin hcl oral tablet	3	QL
eszopiclone	1	QL
flurazepam hcl	1	PA; QL
modafinil	1	PA; QL
ramelteon	1	QL
temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL
zaleplon	1	QL
zolpidem tartrate er	3	QL

Drug Name	Drug Tier	Notes
zolpidem tartrate oral	1	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

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rosuvastatin calcium.....	26	sodium chloride.....	53	sulfur.....	30
ROTARIX.....	47	sodium fluoride..... 27, 28,	37	sulfacetamide-sulfur in	
ROTATEQ.....	47	sodium fluoride 5000		urea.....	30
roweepra.....	14	enamel.....	27	sulfadiazine.....	13
ROZLYTREK.....	19	sodium fluoride 5000 plus... 27		sulfamethoxazole-	
RUBRACA.....	19	sodium fluoride 5000 ppm..	27	trimethoprim.....	13
rufinamide.....	14	sodium fluoride 5000		sulfasalazine.....	47
RUKOBIA.....	22	sensitive.....	27	sulfatrim pediatric.....	13
RYBELSUS.....	31	sodium phenylbutyrate.....	39	sulindac.....	11
RYDAPT.....	19	sodium polystyrene		sumatriptan.....	17
SABRIL.....	14	sulfonate.....	37	sumatriptan succinate.....	17
sajazir.....	46	sodium sulfacetamide		sumatriptan succinate refill..	17
salsalate.....	11	wash.....	30	sunitinib malate.....	19
SANDIMMUNE.....	46	SODIUM		SUPRAX.....	13
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SELZENTRY.....	22	spironolactone-hctz.....	26	SYMAX DUOTAB.....	39
SENSIPAR.....	48	sprintec 28.....	44	SYMBICORT.....	54
SEREVENT DISKUS.....	54	SPRYCEL.....	19	SYMFI.....	22
sertraline hcl.....	15	sps.....	37	SYMFI LO.....	22
setlakin.....	44	sronyx.....	44	SYMJEPI.....	54
sevelamer carbonate.....	40	ssd.....	13	SYMLINPEN 120.....	31
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sf.....	27	sss 10-5.....	30	SYMTUZA.....	22
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SIGNIFOR.....	41	STELARA.....	46	SYNTHROID.....	45
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silodosin.....	40	STIOLTO RESPIMAT.....	54	SYRINGE LUER LOCK.....	50
silver sulfadiazine.....	13	STIVARGA.....	19	SYRINGE LUER SLIP.....	50
SIMBRINZA.....	51	STRENSIQ.....	39	TABRECTA.....	19
simliya.....	44	STRIBILD.....	22	TACLONEX.....	30
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TAFINLAR.....	19	tiagabine hcl.....	15	tretinoin microsphere pump	30
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tamsulosin hcl.....	40	timolol maleate pf.....	51	TRICARE PRENATAL	
TARCEVA.....	19	TIMOPTIC OCUDOSE.....	51	DHA ONE.....	38
TARGRETIN.....	19	tinidazole.....	13	tricitrates.....	38
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tarina fe 1/20.....	44	TIVICAY.....	22	trientine hcl.....	38
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taysofy.....	44	TOBI NEBULIZER.....	54	trifluridine.....	51
tazarotene.....	30	TOBI PODHALER.....	54	trihexyphenidyl hcl.....	20
TAZORAC.....	30	TOBRADEX.....	52	TRIKAFTA.....	54
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TEMIXYS.....	22	tolterodine tartrate er.....	40	tri-mili.....	44
TEMODAR.....	19	TOLVAPTAN.....	38	trimipramine maleate.....	15
temozolomide.....	19	tolvaptan.....	38	TRINTELLIX.....	16
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TENIVAC.....	47	toremifene citrate.....	19	tri-previfem.....	44
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terazosin hcl.....	40	TOUJEO SOLOSTAR.....	36	trivora (28).....	44
terbinafine hcl.....	17	tovet.....	30	tri-vylibra.....	44
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(RECOMBINANT).....	48	tramadol hcl er.....	11	tropicamide.....	52
testosterone.....	40	tramadol hcl er (biphasic)...	10	tropium chloride.....	40
testosterone cypionate.....	40	tramadol hcl ir.....	11	tropium chloride er.....	40
testosterone enanthate.....	40	tramadol-acetaminophen....	11	TRUE FOCUS BLOOD	
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TOXOIDS TD.....	47	trandolapril-verapamil hcl		TRUE METRIX BLOOD	
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TRUSELTIQ (75MG DAILY DOSE).....	19	venlafaxine hcl er.....	16	wera.....	44
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TURALIO.....	19	verapamil hcl er.....	26	WIDE-SEAL DIAPHRAGM 60.....	50
TWINRIX.....	47	VERZENIO.....	19	WIDE-SEAL DIAPHRAGM 65.....	50
tyblume.....	44	vestura.....	44	WIDE-SEAL DIAPHRAGM 70.....	50
TYBOST.....	22	V-GO 20.....	35	WIDE-SEAL DIAPHRAGM 75.....	50
tydemy.....	44	V-GO 30.....	35	WIDE-SEAL DIAPHRAGM 80.....	50
TYKERB.....	19	V-GO 40.....	35	WIDE-SEAL DIAPHRAGM 85.....	50
TYMLOS.....	48	VIBERZI.....	39	WIDE-SEAL DIAPHRAGM 90.....	50
TYPHIM VI.....	47	VIBRAMYCIN.....	13	WIDE-SEAL DIAPHRAGM 95.....	50
TYVASO.....	55	VICTOZA.....	31	WILZIN.....	38
TYVASO REFILL.....	55	vienva.....	44	wixela inhub.....	54
TYVASO STARTER.....	55	vigabatrin.....	15	wp thyroid.....	45
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valacyclovir hcl.....	22	VIRT-FEFA PLUS.....	38	XIGDUO XR.....	31
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VAQTA.....	47	VIVAGUARD INO TEST STRIPS.....	35	XPOVIO (40 MG ONCE WEEKLY).....	20
VARIVAX.....	47	VIVAGUARD LANCING DEVICE.....	35	XPOVIO (40 MG TWICE WEEKLY).....	20
VASCEPA.....	26	VIVONEX PEDIATRIC.....	50	XPOVIO (60 MG ONCE WEEKLY).....	20
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