

Baylor Scott & White Health Plan

Group Value Formulary

Baylor Scott & White Health Employees

4TH Quarter 2022



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What is my prescription drug coverage?

As part of your Baylor Scott & White Health Plan (BSWHP) coverage, you may have a prescription drug benefit. This document will help you understand your prescription drug benefit and the BSWHP 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 BSWHP Customer Service department.

What is the Baylor 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. BSWHP 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 BSWHP 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 meets 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 BSWHealthplan.com, 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 BSWHP Pharmacy Help Desk 1.800.728.7947.

What are brand-name and generic drugs?

BSWHP 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 BSWHP 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 BSWHP 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 BSWHealthplan.com or contact BSWHP 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 Accu-Chek® (Roche Diagnostics) Guide and Guide Me 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.

Naloxone \$0 Copay Program

Be prepared to respond to an overdose emergency. Naloxone can be used to protect your loved ones from accidental overdose and is available at \$0 cost-share. If you or someone you know is taking opioids, talk with your pharmacist or doctor about getting naloxone. In Texas, you can get naloxone from a pharmacy without a prescription. Naloxone is available as an injection or as naloxone nasal spray (Narcan®), and both are covered at a \$0 copay.

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
Tier 0	Preventive	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.
Tier 1	Preferred Generics	Use Tier 1 drugs instead of brand-name drugs, to help reduce your out-of-pocket costs.
Tier 2	Preferred Brand	Tier 2 drugs will generally have lower co-payments than non-preferred brand-name drugs.
Tier 3	Non-preferred Brands and Generics	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
Tier SP1	Specialty Preferred Generics	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.
Tier SP2	Specialty Preferred Brands	
Tier SP3	Specialty Non-preferred Brands	

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.

AL **Age limits** – Medications may only be covered if you meet the minimum or maximum age limit.

PA **Prior Authorization** – Your doctor is required to provide additional information to determine coverage.

PV **Preventive drugs** – Zero cost share preventive medications covered under Health Care Reform according to your plan benefits. Please note: this list is subject to change.

SF **Split Fill** – Oral Oncology medications restricted to a two week supply for the first two months of therapy.

QL **Quantity Limit** – Medication may be limited to a certain quantity.

ST **Step Therapy** – Trial of lower-cost medication(s) is required before a higher-cost medication can be covered.

BSW Employee Formulary

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain					
acetaminophen-codeine	1	QL	methadone hcl intensol	1	
acetaminophen-codeine #2	1	QL	methadone hcl oral concentrate	1	
acetaminophen-codeine #3	1	QL	methadone hcl oral solution	1	
acetaminophen-codeine #4	1	QL	methadone hcl oral tablet	1	PA
ascomp-codeine	1		methadone hcl oral tablet soluble	1	
bac	1		methadose oral concentrate 10 mg/ml	1	
BELBUCA	3	PA; QL	methadose oral tablet soluble	1	
buprenorphine	3	PA; QL	methadose sugar-free	1	
butalbital-acetaminophen oral tablet 50-325 mg	1		morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1		morphine sulfate er oral tablet extended release	1	PA; QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	1		morphine sulfate oral	1	QL
butalbital-apap-caffeine oral tablet	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	1	QL	oxycodone hcl oral tablet	1	QL
hydrocodone-ibuprofen	1	QL	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral	1	QL	pentazocine-naloxone hcl	1	QL
hydromorphone hcl rectal	1	QL	tramadol hcl er (biphasic)	1	PA; QL
LORTAB	2	QL	tramadol hcl er oral tablet extended release 24 hour	1	PA; QL
			tramadol hcl oral tablet	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	Drug Name	Drug Tier	Notes
tramadol-acetaminophen	1	QL	INDOCIN	2	
Analgesics - Drugs for Pain and Inflammation			indomethacin er	1	
adult aspirin regimen	0	PV	indomethacin oral capsule 25 mg, 50 mg	1	
aspirin adult low dose	0	PV	ketorolac tromethamine oral	1	QL
aspirin adult low strength	0	PV	MELOXICAM ORAL SUSPENSION	1	
aspirin childrens	0	PV	meloxicam oral tablet	1	
aspirin ec low dose	0	PV	nabumetone oral	1	
aspirin ec low strength	0	PV	naproxen oral tablet	1	
aspirin ec oral tablet delayed release 325 mg	0	PV	naproxen oral tablet delayed release	1	
aspirin low dose	0	PV	naproxen sodium oral tablet 275 mg, 550 mg	1	
aspirin oral tablet	0	PV	oxaprozin	1	
aspirin oral tablet delayed release	0	PV	piroxicam oral	1	
BAYER ASPIRIN	0	PV	salsalate oral	1	
BAYER ASPIRIN EC LOW DOSE	0	PV	ST JOSEPH LOW DOSE	0	PV
celecoxib oral	1	QL	sulindac oral	1	
diclofenac potassium oral tablet 50 mg	1		Anesthetics		
diclofenac sodium er	1		glydo	1	
diclofenac sodium external solution 1.5 %	1	PA	lidocaine external ointment 5 %	1	
diclofenac sodium gel 1 % external (rx)	1	QL	lidocaine external patch 5 %	1	
diclofenac sodium oral	1		lidocaine hcl external solution	1	
diclofenac-misoprostol	3		lidocaine hcl urethral/mucosal	1	
diflunisal oral	1		lidocaine-prilocaine external cream	1	
ec-naproxen	1		Anti-Addiction / Substance Abuse Treatment Agents		
etodolac	1		acamprosate calcium	1	
etodolac er	1		buprenorphine hcl sublingual	1	QL
flurbiprofen oral	1				
genuine aspirin	0	PV			
goodsense aspirin adults	0	PV			
goodsense aspirin low dose	0	PV			
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	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	
buprenorphine hcl-naloxone hcl sublingual film	3	QL		0	PV; QL; AL (Min 18 Years)	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL		3	ST; PV; QL; AL (Min 18 Years)	
		PV; QL; AL (Min 18 Years)	NICOTROL			
bupropion hcl er (smoking det)	3			3	ST; PV; QL; AL (Min 18 Years)	
disulfiram oral	1		NICOTROL NS			
goodsense nicotine mouth/throat lozenge 4 mg	0	PV; QL; AL (Min 18 Years)	SUBOXONE	3	QL	
	0	PV; QL; AL (Min 18 Years)	varenicline tartrate oral tablet	3	PV; QL; AL (Min 18 Years)	
habitrol			Antibacterials			
naloxone hcl injection	1		amoxicillin	1		
naloxone hcl nasal	1		amoxicillin-potassium clavulanate	1		
naltrexone hcl oral	1		amoxicillin-potassium clavulanate er	3		
NARCAN	2		ampicillin	1		
NICORETTE MOUTH/THROAT GUM 2 MG	0	PV; QL; AL (Min 18 Years)	avidoxy	1		
NICORETTE MOUTH/THROAT LOZENGE 4 MG	0	PV; QL; AL (Min 18 Years)	azithromycin oral	1		
	0	PV; QL; AL (Min 18 Years)	cefadroxil	1		
nicotine polacrilex mini			cefdinir	1		
nicotine polacrilex mouth/throat	0	PV; QL; AL (Min 18 Years)	cefixime oral capsule	1		
	0	PV; QL; AL (Min 18 Years)	cefpodoxime proxetil	1		
nicotine step 1			cefprozil	1		
nicotine step 2	0	PV; QL; AL (Min 18 Years)	cefuroxime axetil	1		
nicotine step 3	0	PV; QL; AL (Min 18 Years)	cephalexin	1		
			ciprofloxacin hcl oral	1		
			clarithromycin er	1		
			clarithromycin oral	1		
			CLEOCIN VAGINAL SUPPOSITORY	2		
			clindamycin hcl oral	1		
			clindamycin palmitate hcl	1		
			clindamycin phosphate vaginal	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
CLINDESSE	3		nitrofurantoin macrocrystal	1	
demeocycline hcl	3		nitrofurantoin monohydrate macrocrystals	1	
dicloxacillin sodium	1		paromomycin sulfate oral	3	
DIFICID ORAL TABLET	3		penicillin v potassium	1	
doxycycline hyclate oral capsule	1		silver sulfadiazine external	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1		ssd	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		sulfadiazine oral	3	
doxycycline monohydrate oral suspension reconstituted	1		sulfamethoxazole-trimethoprim oral	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1		sulfatrim pediatric	1	
erythromycin base oral	3		tetracycline hcl oral	1	
erythromycin ethylsuccinate oral	3		tinidazole oral	1	
erythromycin oral	3		trimethoprim oral	1	
FIRVANQ	3		vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg	3	
fosfomycin tromethamine	1		vancomycin hcl oral	3	
gentamicin sulfate external	1		vandazole	1	
levofloxacin oral	1		XIFAXAN	3	PA
linezolid oral suspension reconstituted	3	QL	Anticoagulants		
linezolid oral tablet	1	QL	ARIIXTRA	SP3	QL
methenamine hippurate	1		bd heparin posiflush	1	
metronidazole oral tablet	1		ELIQUIS	2	QL
metronidazole vaginal	1		ELIQUIS DVT/PE STARTER PACK	2	QL
minocycline hcl oral	1		enoxaparin sodium injection solution prefilled syringe	1	QL
monodoxine nl	1		fondaparinux sodium	SP1	QL
morgidox oral capsule 100 mg	1		FRAGMIN	SP3	QL
moxifloxacin hcl oral	1		heparin sod (pork) lock flush	1	
mupirocin external	1		heparin sodium (porcine)	1	
neomycin sulfate oral	1		heparin sodium (porcine) pf	1	
nitrofurantoin	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
jantoven	1		lamotrigine oral tablet	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	SP3	QL	lamotrigine oral tablet chewable	1	
warfarin sodium oral	1		lamotrigine oral tablet dispersible	3	
XARELTO	2	QL	lamotrigine starter kit- blue	1	
XARELTO STARTER PACK	2	QL	lamotrigine starter kit- green	1	
Anticonvulsants - Drugs for Seizures			lamotrigine starter kit- orange	1	
APTIOM	3		levetiracetam er	1	
carbamazepine er	1		levetiracetam oral	1	
carbamazepine oral	1		NAYZILAM	3	QL
CARBATROL	2		oxcarbazepine	1	
CELONTIN	2		OXTELLAR XR	3	
clobazam oral suspension	3	PA	phenobarbital oral	1	
clobazam oral tablet	1	PA	PHENYTEK	2	
DEPAKOTE	2		phenytoin infatabs	1	
DEPAKOTE ER	2		phenytoin oral	1	
DEPAKOTE SPRINKLES	2		phenytoin sodium extended	1	
diazepam rectal	1	QL	primidone oral	1	
DILANTIN	2		roweepra	1	
DILANTIN INFATABS	2		rufinamide	SP1	PA
divalproex sodium er	1		subvenite	1	
divalproex sodium oral	1		subvenite starter kit-blue	1	
EPIDIOLEX	SP2	PA	subvenite starter kit- green	1	
epitol	1		subvenite starter kit- orange	1	
ethosuximide oral	1		TEGRETOL	2	
felbamate	1		TEGRETOL-XR	2	
FYCOMPA	3		tiagabine hcl	1	
gabapentin oral capsule	1		topiramate oral	1	
gabapentin oral solution	1		valproic acid oral	1	
gabapentin oral tablet 600 mg, 800 mg	1		vigabatrin	SP1	PA
lacosamide oral	3		vigadron	SP1	PA
lamotrigine er	3		VIMPAT ORAL	3	
lamotrigine oral kit	3				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ZARONTIN	2		fluoxetine hcl (pmdd)	1	
zonisamide oral	1		fluoxetine hcl oral capsule	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia					
donepezil hcl	1		fluoxetine hcl oral capsule delayed release	1	QL
galantamine hydrobromide er	1		fluoxetine hcl oral solution	1	
galantamine hydrobromide oral tablet	1		fluoxetine hcl oral tablet	1	
memantine hcl	1		fluvoxamine maleate	1	
memantine hcl er	1	QL	fluvoxamine maleate er	3	QL
rivastigmine	1		imipramine hcl oral	1	
rivastigmine tartrate	1		mirtazapine oral	1	
Antidepressants					
amitriptyline hcl oral	1		nefazodone hcl	1	
amoxapine	1		nortriptyline hcl oral	1	
bupropion hcl er (sr)	1	QL	paroxetine hcl	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL	paroxetine hcl er	1	
bupropion hcl oral	1		phenelzine sulfate oral	1	
citalopram hydrobromide oral solution	1		protriptyline hcl	1	
citalopram hydrobromide oral tablet	1		sertraline hcl oral concentrate	1	
clomipramine hcl oral	1		sertraline hcl oral tablet	1	
desipramine hcl oral	1		tranylcypromine sulfate	1	
desvenlafaxine succinate er	1	QL	trazodone hcl oral	1	
doxepin hcl oral capsule	1		trimipramine maleate oral	1	
doxepin hcl oral concentrate	1		TRINTELLIX	3	ST; QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL	venlafaxine hcl	1	
escitalopram oxalate oral	1		venlafaxine hcl er oral capsule extended release 24 hour	1	
FETZIMA	3	QL	venlafaxine hcl er oral tablet extended release 24 hour	3	
FETZIMA TITRATION	3	QL	VIBRYD	3	QL
Antiemetics - Drugs for Nausea and Vomiting					
aprepitant	3	QL	VIBRYD STARTER PACK	3	QL
vilazodone hcl	3	QL	vilazodone hcl	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
BONJESTA	3	QL	EXELDERM	3	
compro	1		fluconazole oral	1	
doxylamine-pyridoxine	3	QL	griseofulvin microsize oral suspension	1	
dronabinol	3	PA; QL	griseofulvin microsize oral tablet	3	
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL	griseofulvin ultramicrosize	3	
granisetron hcl oral	3	QL	itraconazole oral	1	PA
metoclopramide hcl oral solution	1		ketoconazole external cream	1	
metoclopramide hcl oral tablet	1		ketoconazole external shampoo	1	
ondansetron hcl injection	1		ketoconazole oral	1	
ondansetron hcl oral solution	1	QL	naftifine hcl	3	
ondansetron hcl oral tablet 24 mg	1	QL	NAFTIN EXTERNAL GEL 2 %	3	
ondansetron hcl oral tablet 4 mg, 8 mg	1		NOXAFIL ORAL SUSPENSION	2	PA
ondansetron odt	1		nyamyc	1	
perphenazine oral	1		nystatin external	1	
prochlorperazine	1		nystatin mouth/throat	1	
prochlorperazine edisylate injection	1		nystatin oral	1	
prochlorperazine maleate oral	1		nystatin-triamcinolone	1	
scopolamine	1		nystop	1	
trimethobenzamide hcl oral	1		oxiconazole nitrate	3	QL
Antifungals			OXISTAT EXTERNAL LOTION	3	QL
ciclodan	1		posaconazole	1	PA
ciclopirox external	1		SULCONAZOLE NITRATE	3	
ciclopirox olamine external	1		terbinafine hcl oral	1	QL
clotrimazole mouth/throat	1		terconazole	1	
clotrimazole- betamethasone	1		voriconazole oral tablet	3	PA
Antigout Agents					
CRESEMBA ORAL	SP3	PA	allopurinol oral	1	
econazole nitrate external	1		COLCHICINE ORAL CAPSULE	1	
			colchicine oral tablet	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			
colchicine-probenecid	1		ethambutol hcl oral	1				
febuxostat	3		isoniazid oral	1				
probenecid	1		pyrazinamide oral	1				
Antimigraine Agents								
AIMOVIG SUBCUTANEOUS SOLUTION AUTO- INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL	rifabutin	3				
almotriptan malate	3	QL	rifampin oral	1				
dihydroergotamine mesylate injection	1	PA; QL	SIRTURO	SP3				
dihydroergotamine mesylate nasal	3	PA; QL	Antineoplastics - Drugs for Cancer					
eletriptan hydrobromide	1	QL	abiraterone acetate	SP1	PA; SF			
EMGALITY	2	PA; QL	AFINITOR	SP2	PA; QL			
ergotamine-caffeine	1	PA; QL	AFINITOR DISPERZ	SP2	PA			
frovatriptan succinate	1	QL	ALECENSA	SP2	PA			
naratriptan hcl	1	QL	ALUNBRIG	SP2	PA; QL			
NURTEC	2	PA; QL	anastrozole oral	1	PV			
rizatriptan benzoate	1	QL	AYVAKIT	SP2	PA; SF; QL			
sumatriptan nasal	1	QL	BALVERSA	SP2	PA; SF			
sumatriptan succinate oral	1	QL	bexarotene external	SP1	PA			
sumatriptan succinate refill subcutaneous solution cartridge	1	QL	bexarotene oral	SP1	PA; SF			
sumatriptan succinate subcutaneous	1	QL	bicalutamide	1				
UBRELVY	2	PA; QL	BOSULIF	SP2	PA; SF			
zolmitriptan oral	1	QL	BRAFTOVI	SP2	PA			
Antimyasthenic Agents								
pyridostigmine bromide er	1		BRUKINSA	SP2	PA; SF			
pyridostigmine bromide oral solution	1		CABOMETYX	SP2	PA; SF			
pyridostigmine bromide oral tablet 60 mg	1		CALQUENCE ORAL CAPSULE	SP2	PA; SF			
Antimycobacterials								
dapsone oral	1		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			

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
ERLEADA	SP2	PA	JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	SP2	PA; SF
erlotinib hcl oral tablet 100 mg, 150 mg	SP1	PA; SF	KISQALI ORAL TABLET THERAPY PACK 200 MG	SP2	PA
erlotinib hcl oral tablet 25 mg	SP1	PA; SF; QL	KOSELUGO	SP2	PA
etoposide oral	SP1		lapatinib ditosylate	SP1	PA
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	SP1	PA; QL	lenalidomide	SP1	PA
everolimus oral tablet soluble	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
exemestane	1	PV	letrozole oral	1	
EXKIVITY	SP2	PA; SF	leucovorin calcium oral	1	
FARESTON	SP2		LEUKERAN	2	
flutamide	1		LONSURF	SP2	PA
FOTIVDA	SP2	PA	LORBRENA	SP2	PA; SF
GAVRETO	SP2	PA; SF	LUMAKRAS	SP2	PA; SF
GILOTrif	SP2	PA; QL	LYNPARZA	SP2	PA
GLEEVEC	SP2	PA	LYSODREN	SP2	
GLEOSTINE	SP2		MATULANE	SP2	
HYCAMTIN ORAL	SP2		MEKINIST	SP2	PA
hydroxyurea oral	1		MEKTOVI	SP2	PA
IBRANCE	SP2	PA	melphalan	1	
ICLUSIG ORAL TABLET 10 MG, 15 MG	SP2	PA; QL	mercaptopurine oral	1	
ICLUSIG ORAL TABLET 30 MG, 45 MG	SP2	PA	MYLERAN	2	
IDHIFA	SP2	PA; QL	NERLYNX	SP2	PA; SF; QL
imatinib mesylate	SP1	PA	NEXAVAR	SP2	PA; SF
IMBRUVICA ORAL CAPSULE	SP2	PA; QL	NILANDRON	SP2	
IMBRUVICA ORAL TABLET	SP2	PA; QL	nilutamide	SP1	
INLYTA	SP2	PA; SF	NINLARO	SP2	PA
INQOVI	SP2	PA	NUBEQA	SP2	PA; SF
INREBIC	SP2	PA; SF	ODOMZO	SP2	PA
IRESSA	SP2	PA	ONUREG	SP2	PA
JAKAFI ORAL TABLET 10 MG	SP2	PA; SF; QL	ORGOVYX	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	Drug Name	Drug Tier	Notes
PEMAZYRE	SP2	PA; SF; QL	TARGRETIN EXTERNAL	SP2	PA
PIQRAY	SP2	PA	TARGRETIN ORAL	SP2	PA; SF
POMALYST	SP2	PA	TASIGNA	SP2	PA
PURIXAN	SP2		TAZVERIK	SP2	PA; SF
QINLOCK	SP2	PA	TEMODAR ORAL	SP2	PA
RETEVMO	SP2	PA; SF	temozolomide	SP1	PA
REVLIMID	SP2	PA	TEPMETKO	SP2	PA
ROZLYTREK	SP2	PA; SF	THALOMID	SP2	PA
RUBRACA	SP2	PA; SF	TIBSOVO	SP2	PA; SF
RYDAPT	SP2	PA	toremifene citrate	SP1	
SCEMBLIX ORAL TABLET 20 MG	SP2	PA; QL	tretinoin oral	SP1	
SCEMBLIX ORAL TABLET 40 MG	SP2	PA	TRUSELTIQ (100MG DAILY DOSE)	SP2	PA
sorafenib tosylate	SP1	PA; SF	TRUSELTIQ (125MG DAILY DOSE)	SP2	PA
SPRYCEL	SP2	PA; SF	TRUSELTIQ (50MG DAILY DOSE)	SP2	PA
STIVARGA	SP2	PA	TRUSELTIQ (75MG DAILY DOSE)	SP2	PA
sunitinib malate	SP1	PA	TUKYSA	SP2	PA
SUTENT	SP2	PA	TURALIO	SP2	PA
SYNRIBO	SP2	PA	TYKERB	SP2	PA
TABRECTA	SP2	PA	VALCHLOR	SP3	PA
TAFINLAR	SP2	PA; SF	VENCLEXTA	SP2	PA
TAGRISSO ORAL TABLET 40 MG	SP2	PA; QL	VENCLEXTA STARTING PACK	SP2	PA
TAGRISSO ORAL TABLET 80 MG	SP2	PA	VERZENIO	SP2	PA; SF
TALZENNA ORAL CAPSULE 0.25 MG, 0.75 MG, 1 MG	SP2	PA; SF	VITRAKVI ORAL CAPSULE	SP2	PA; SF
TALZENNA ORAL CAPSULE 0.5 MG	SP2	PA; SF; QL	VITRAKVI ORAL SOLUTION	SP2	PA
tamoxifen citrate oral tablet 10 mg	1		VIZIMPRO	SP2	PA; SF
tamoxifen citrate oral tablet 20 mg	1	PV	VONJO	SP2	PA
TARCEVA ORAL TABLET 100 MG, 150 MG	SP2	PA; SF	VOTRIENT	SP2	PA; SF
TARCEVA ORAL TABLET 25 MG	SP2	PA; SF; QL	WELIREG	SP2	PA; SF
			XALKORI	SP2	PA; SF
			XELODA	SP2	PA
			XOSPATA	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	Drug Name	Drug Tier	Notes
XPOVIO (100 MG ONCE WEEKLY)	SP2	PA	permethrin external	1	
XPOVIO (40 MG ONCE WEEKLY)	SP2	PA	praziquantel oral	3	
XPOVIO (40 MG TWICE WEEKLY)	SP2	PA	primaquine phosphate	1	
XPOVIO (60 MG ONCE WEEKLY)	SP2	PA	pyrimethamine oral	SP1	PA
XPOVIO (60 MG TWICE WEEKLY)	SP2	PA	quinine sulfate oral	1	PA
XPOVIO (80 MG ONCE WEEKLY)	SP2	PA	spinosad	3	
XPOVIO (80 MG TWICE WEEKLY)	SP2	PA	Antiparkinson Agents		
XTANDI	SP2	PA; SF	amantadine hcl oral	1	
YONSA	SP2	PA; SF	APOKYN	SP3	PA; QL
ZEJULA	SP2	PA; SF	apomorphine hcl subcutaneous	SP1	PA; QL
ZELBORAF	SP2	PA	benztropine mesylate oral	1	
ZOLINZA	SP2	PA; SF	bromocriptine mesylate oral	1	
ZYDELIG	SP2	PA	carbidopa oral	3	
ZYKADIA	SP2	PA; SF	carbidopa-levodopa er	1	
ZYTIGA	SP2	PA; SF	carbidopa-levodopa oral tablet	1	
Antiparasitics			carbidopa-levodopa oral tablet dispersible	3	
albendazole oral	3	PA	carbidopa-levodopa-entacapone	3	
atovaquone	3		entacapone	3	
atovaquone-proguanil hcl	1		pramipexole dihydrochloride	1	
chloroquine phosphate oral	1		rasagiline mesylate oral	3	
COARTEM	2		ropinirole hcl	1	
crotan	1		ropinirole hcl er	1	
hydroxychloroquine sulfate oral tablet 200 mg	1		selegiline hcl oral	1	
IMPAVIDO	SP3		tolcapone	3	
ivermectin oral	1	PA; QL	trihexyphenidyl hcl	1	
lindane	1		Antiplatelets		
malathion	3		aspirin-dipyridamole er	1	
mefloquine hcl	1		BRILINTA	2	
pentamidine isethionate inhalation	1		cilostazol	1	
			clopidogrel bisulfate oral	1	
			dipyridamole 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	Drug Name	Drug Tier	Notes
prasugrel hcl	1		acyclovir oral	1	
Antipsychotics - Drugs for Mood Disorders					
aripiprazole oral solution	1	QL	adefovir dipivoxil	SP1	
aripiprazole oral tablet	1	QL	APTIVUS	SP2	
aripiprazole oral tablet dispersible	3	QL	atazanavir sulfate	3	
asenapine maleate	3	QL	BARACLUDE ORAL SOLUTION	SP2	QL
chlorpromazine hcl oral tablet	1		BARACLUDE ORAL TABLET	SP3	QL
clozapine oral tablet	1	QL	BIKTARVY	SP2	
clozapine oral tablet dispersible	3	QL	CIMDUO	SP2	
FANAPT	3	QL	COMPLERA	SP2	
FANAPT TITRATION PACK	3	QL	DELSTRIGO	SP2	
fluphenazine hcl oral	1		DESCOVY ORAL TABLET 120-15 MG	SP2	
haloperidol lactate oral	1		DESCOVY ORAL TABLET 200-25 MG	SP2	PA; PV
haloperidol oral	1		DOVATO	SP2	
LATUDA	3	QL	EDURANT	SP2	
loxapine succinate	1		efavirenz	3	
olanzapine oral	1	QL	efavirenz-emtricitab-tenofovir	SP1	
paliperidone er	3	QL	efavirenz-lamivudine-tenofovir	SP1	
pimozide	1		emtricitabine	3	
quetiapine fumarate	1	QL	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	SP1	
quetiapine fumarate er	1	QL	emtricitabine-tenofovir df oral tablet 200-300 mg	1	PV
risperidone	1	QL	EMTRIVA ORAL SOLUTION	SP2	
thioridazine hcl oral	1		entecavir	SP1	QL
thiothixene	1		EPCLUSA	SP2	PA; QL
trifluoperazine hcl	1		EPIVIR HBV ORAL SOLUTION	2	
VRAYLAR	3	QL	etravirine	SP1	
ziprasidone hcl	1	QL	EVOTAZ	SP2	
Antivirals					
abacavir sulfate	1		famciclovir oral	1	
abacavir sulfate-lamivudine	1		fosamprenavir calcium	3	
acyclovir external ointment	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
FUZEON	SP2		PREZCOBIX	SP2	
GENVOYA	SP2		PREZISTA	SP2	
HARVONI	SP2	PA; QL	REYATAZ ORAL PACKET	SP2	
HEPSERA	SP3		ribavirin oral	SP1	
INTELENCE	SP2		rimantadine hcl	1	
INTRON A	SP3	PA	ritonavir	1	
ISENTRESS	SP2		RUKOBIA	SP2	
ISENTRESS HD	SP2		SELZENTRY	SP2	PA
JULUCA	SP2		stavudine	1	
LAGEVRIO	3	QL; AL (Min 18 Years)	STRIBILD	SP2	
lamivudine	1		SYMTUZA	SP2	
lamivudine-zidovudine	1		tenofovir disoproxil fumarate	1	PV
LEXIVA ORAL SUSPENSION	SP2		TIVICAY	SP2	
lopinavir-ritonavir oral solution	3		TIVICAY PD	SP2	
lopinavir-ritonavir oral tablet	SP1		TRIUMEQ	SP2	
maraviroc	SP1	PA	TRIUMEQ PD	SP2	
MAVYRET	SP2	PA; QL	TYBOST	SP2	
nevirapine er	3		valacyclovir hcl oral	1	QL
nevirapine oral suspension	3		valganciclovir hcl oral solution reconstituted	3	
nevirapine oral tablet	1		valganciclovir hcl oral tablet	1	
NORVIR ORAL PACKET	SP2		VEMLIDY	SP2	
NORVIR ORAL SOLUTION	SP2		VIRACEPT	SP2	
ODEFSEY	SP2		VIREAD ORAL POWDER	SP2	
oseltamivir phosphate oral	1	QL	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	SP2	
PAXLOVID (150/100)	3	QL; AL (Min 12 Years)	XOFLUZA (40 MG DOSE)	3	QL
PAXLOVID (300/100)	3	QL; AL (Min 12 Years)	XOFLUZA (80 MG DOSE)	3	QL
PEGASYS	SP2	PA	zidovudine	1	
PIFELTRO	SP2		Anxiolytics - Drugs for Anxiety		
			alprazolam er	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	Drug Name	Drug Tier	Notes
alprazolam oral tablet	1	QL	amiloride-hydrochlorothiazide	1	
alprazolam xr	1	QL	amiodarone hcl oral	1	
buspirone hcl oral	1		amlodipine besylate oral	1	
chlordiazepoxide hcl	1	QL	amlodipine besylate-benazepril hcl	1	
clonazepam oral	1	QL	amlodipine besylate-valsartan	1	
clorazepate dipotassium	1	QL	amlodipine-atorvastatin	3	
diazepam intensol	1		amlodipine-olmesartan	1	
diazepam oral	1		amlodipine-valsartan-hctz	1	
estazolam	1	QL	atenolol oral	1	
hydroxyzine hcl oral	1		atenolol-chlorthalidone	1	
hydroxyzine pamoate oral	1				PV; AL (Min 40 Years and Max 75 Years)
lorazepam intensol	1	QL	atorvastatin calcium oral tablet 10 mg, 20 mg	1	
lorazepam oral concentrate 2 mg/ml	1	QL	atorvastatin calcium oral tablet 40 mg, 80 mg	1	
lorazepam oral tablet	1	QL	benazepril hcl oral	1	
oxazepam	1	QL	benazepril-hydrochlorothiazide	1	
triazolam	1	QL	betaxolol hcl oral	1	
Bipolar Agents - Drugs for Mood Disorders			bisoprolol fumarate oral	1	
lithium carbonate er	1		bisoprolol-hydrochlorothiazide	1	
lithium carbonate oral	1		bumetanide oral	1	
Blood Products and Modifiers - Drugs for Blood Disorders			candesartan cilexetil	1	
anagrelide hcl	3		candesartan cilexetil-hctz	1	
NEULASTA	SP3	PA	captopril oral	1	
NEULASTA ONPRO	SP3	PA	CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	SP3	PA	CAROSPIR	3	
PROMACTA	SP3	PA	cartia xt	1	
tranexamic acid oral	1		carvedilol	1	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions			chlorthalidone	1	
acebutolol hcl oral	1				
aliskiren fumarate	3				
amiloride 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	Drug Name	Drug Tier	Notes
cholestyramine light	1		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
cholestyramine oral	1		fenofibrate oral capsule 150 mg, 50 mg	3	
clonidine	1		fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
clonidine hcl oral	1		fenofibric acid oral capsule delayed release	1	
colesevelam hcl	3		flecainide acetate	1	
colestipol hcl	1				PV; AL (Min 40 Years and Max 75 Years)
CORLANOR	3	PA; QL	fluvastatin sodium	1	PV; AL (Min 40 Years and Max 75 Years)
digitek	1		fluvastatin sodium er	1	
digox	1		fosinopril sodium	1	
digoxin oral solution	1		fosinopril sodium-hctz	1	
digoxin oral tablet 125 mcg, 250 mcg	1		furosemide oral	1	
diltiazem hcl er	1		gemfibrozil oral	1	
diltiazem hcl er beads	1		guanfacine hcl	1	
diltiazem hcl er coated beads	1		hydralazine hcl oral	1	
diltiazem hcl oral	1		hydrochlorothiazide oral	1	
dilt-xr	1		icosapent ethyl oral capsule 1 gm	3	
disopyramide phosphate	1		indapamide	1	
DIURIL	2		irbesartan	1	
dofetilide	1		irbesartan-hydrochlorothiazide	1	
doxazosin mesylate oral	1		isosorbide dinitrate	1	
droxidopa	SP1	PA	isosorbide mononitrate	1	
enalapril maleate oral solution	3		isosorbide mononitrate er	1	
enalapril maleate oral tablet	1		isradipine	1	
enalapril-hydrochlorothiazide	1		JUXTAPID	SP3	PA; QL
ENTRESTO	3	QL	labetalol hcl oral	1	
eplerenone	1				
ezetimibe	1				
ezetimibe-simvastatin	1				
felodipine er	1				
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	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
LANOXIN ORAL TABLET 125 MCG, 250 MCG	2		nitroglycerin translingual	1	
lisinopril oral	1		nitro-time	1	
lisinopril-hydrochlorothiazide	1		NORPACE CR	2	
losartan potassium oral	1		NORTHERA	SP3	PA
losartan potassium-hctz	1		NYMALIZE	SP3	
		PV; AL (Min 40 Years and Max 75 Years)	olmesartan medoxomil oral	1	
lovastatin oral	1		olmesartan medoxomil-hctz	1	
matzim la	1		olmesartanamlodipine-hctz	1	
metolazone	1		omega-3-acid ethyl esters	1	
metoprolol succinate er	1		pentoxifylline er	1	
metoprolol tartrate oral	1		perindopril erbumine	1	
metoprolol-hydrochlorothiazide	1		phenoxybenzamine hcl oral	3	PA
mexiletine hcl oral	1		pindolol	1	
midodrine hcl	1		PRALUENT	3	PA; QL
minoxidil oral	1				PV; AL (Min 40 Years and Max 75 Years)
moexipril hcl	1		pravastatin sodium		
MULTAQ	2		prazosin hcl oral	1	
nadolol oral	1		prevalite	1	
nebivolol hcl	3		propafenone hcl	1	
niacin er (antihyperlipidemic)	1		propafenone hcl er	3	
nifedipine er	1		propranolol hcl er	1	
nifedipine er osmotic release	1		propranolol hcl oral	1	
nifedipine oral	1		QBRELIS	3	
nimodipine oral	3		quinapril hcl	1	
NITRO-BID	2		quinapril-hydrochlorothiazide	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2		quinidine gluconate er	1	
nitroglycerin sublingual	1		quinidine sulfate	1	
nitroglycerin transdermal	1		ramipril	1	
			ranolazine er	1	
			REPATHA	3	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
REPATHA PUSHTRONEX SYSTEM	3	PA; QL	Central Nervous System Agents - Drugs for Attention Deficit Disorder		
REPATHA SURECLICK	3	PA; QL	amphetamine sulfate	1	QL
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	PV; AL (Min 40 Years and Max 75 Years)	amphetamine-dextroamphetamine	1	QL
rosuvastatin calcium oral tablet 20 mg, 40 mg	1		amphetamine-dextroamphetamine er	1	QL
simvastatin oral	1	PV; AL (Min 40 Years and Max 75 Years)	atomoxetine hcl	1	QL
sorine	1		clonidine hcl er	1	
sotalol hcl (af)	1		DAYTRANA	2	QL
sotalol hcl oral	1		dexmethylphenidate hcl	1	QL
spironolactone oral	1		dexmethylphenidate hcl er	1	QL
spironolactone-hctz	1		dextroamphetamine sulfate er	1	QL
taztia xt	1		dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL
TEKTURN A HCT	3		guanfacine hcl er	1	
telmisartan	1		methamphetamine hcl	3	QL
telmisartan-hctz	1		methylphenidate	1	QL
tiadylt er	1		methylphenidate hcl er	1	QL
timolol maleate oral	1		methylphenidate hcl er (cd)	1	
torsemide	1		methylphenidate hcl er (la)	1	QL
trandolapril	1		methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
trandolapril-verapamil hcl er	3		methylphenidate hcl oral	1	QL
triamterene-hctz	1		QUILLICHEW ER	3	QL
valsartan oral tablet	1		QUILLIVANT XR	3	QL
valsartan-hydrochlorothiazide	1		VYVANSE	2	QL
VASCEPA	3		Central Nervous System Agents - Drugs for Multiple Sclerosis		
VECAMYL	3		AUBAGIO	SP3	PA; QL
verapamil hcl er	1		AVONEX PEN	SP2	PA; QL
verapamil 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	Drug Name	Drug Tier	Notes
AVONEX PREFILLED	SP2	PA; QL	FLUORIDEX	2	
COPAXONE	SP2	PA; QL	FLUORIDEX ENHANCED WHITENING	2	
dalfampridine er	SP1	PA; QL	FLUORIDEX SENSITIVITY RELIEF	2	
dimethyl fumarate oral	SP1	PA; QL	FLUORIMAX 5000	2	
dimethyl fumarate starter pack	SP1	PA; QL	FLUORIMAX 5000 SENSITIVE	2	
EXTAVIA	SP2	PA; QL	JUST RIGHT 5000	2	
GILENYA	SP2	PA; QL	lidocaine viscous hcl	1	
glatiramer acetate	SP1	PA; QL	oralone	1	
glatopa	SP1	PA; QL	paroex mouth/throat solution 0.12 %	1	
KESIMPTA	SP2	PA; QL	periogard	1	
MAVENCLAD	SP3	PA	pilocarpine hcl oral	1	
PLEGRIDY	SP2	PA; QL	PREVIDENT	2	
PLEGRIDY STARTER PACK	SP2	PA; QL	PREVIDENT 5000 BOOSTER PLUS	2	
ZEPOSIA	SP3	PA; QL	PREVIDENT 5000 DRY MOUTH	2	
ZEPOSIA 7-DAY STARTER PACK	SP3	PA; QL	PREVIDENT 5000 ENAMEL PROTECT	2	
ZEPOSIA STARTER KIT	SP3	PA; QL	PREVIDENT 5000 ORTHO DEFENSE	2	
Central Nervous System Agents - Miscellaneous			PREVIDENT 5000 PLUS	2	
caffeine citrate oral	3		PREVIDENT 5000 SENSITIVE	2	
pregabalin	1	QL	sf	1	
riluzole	3	PA; QL	sf 5000 plus	1	
SAVELLA	3	QL	sodium fluoride 5000 enamel	1	
SAVELLA TITRATION PACK	3	QL	sodium fluoride 5000 plus	1	
tetrabenazine	SP1	PA	sodium fluoride 5000 ppm	1	
Dental and Oral Agents - Drugs for Mouth and Throat Conditions			sodium fluoride 5000 sensitive	1	
cavarest	1		sodium fluoride dental	1	
cevimeline hcl	1				
chlorhexidine gluconate mouth/throat	1				
CLINPRO 5000	2				
DENTA 5000 PLUS	2				
DENTAGEL	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
sodium fluoride mouth/throat	1		clindamycin phosphate external gel	1	
triamcinolone acetonide mouth/throat	1		clindamycin phosphate external lotion	1	
Dermatological Agents - Drugs for Skin Conditions			clindamycin phosphate external solution	1	
accutane	1	PA	clindamycin phosphate external swab	1	
acitretin	3		clobetasol prop emollient base	1	
adapalene external gel 0.3 %	1		clobetasol propionate e	1	
ala-cort external cream 2.5 %	1		clobetasol propionate external cream	1	
alclometasone dipropionate	1		clobetasol propionate external foam	3	
amnesteem	1	PA	clobetasol propionate external gel	1	
azelaic acid external	1		clobetasol propionate external liquid	1	
AZELEX	2		clobetasol propionate external lotion	1	
benzoyl peroxide-erythromycin	1		clobetasol propionate external ointment	1	
betamethasone dipropionate aug	1		clobetasol propionate external shampoo	3	
betamethasone dipropionate external	1		clobetasol propionate external solution	1	
betamethasone valerate external	1		clodan external shampoo	3	
calcipotriene external cream	3		desonide external cream	1	
calcipotriene external ointment	3		desonide external lotion	1	
calcipotriene external solution	3		desonide external ointment	1	
calcitriol external	3		desoximetasone external cream 0.25 %	1	
CAPEX	2		desoximetasone external gel	3	
claravis	1	PA	desoximetasone external liquid	3	
clindacin etz external swab	1		desoximetasone external ointment 0.25 %	1	
clindacin-p	1				
clindamycin phos- benzoyl perox external gel 1-5 %, 1.2-5 %	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
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	
ery	1		hydrocortisone external ointment 2.5 %	1	
erythromycin external	1		hydrocortisone valerate	1	
EUCRISA	2	ST	imiquimod external cream 5 %	1	
FINACEA EXTERNAL FOAM	3	ST	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	PA
fluocinolone acetonide body	1		methoxsalen rapid	3	
fluocinolone acetonide external	1		metronidazole external	1	
fluocinolone acetonide scalp	1		mometasone furoate external	1	
fluocinonide emulsified base	1		myorisan	1	PA
fluocinonide external	1		neuac external gel	1	
FLUOROPLEX EXTERNAL CREAM 1 %	3		pimecrolimus	1	QL
fluorouracil external cream 5 %	1		podocon-25	1	
fluorouracil external solution	1		podofilox external	1	
fluticasone propionate external cream	1		prednicarbate	1	
fluticasone propionate external lotion	3		REGRANEX	2	PA
fluticasone propionate external ointment	1		rosadan external cream	1	
halobetasol propionate external cream	1		rosadan external gel	1	
halobetasol propionate external ointment	1		SANTYL	2	QL
hydrocortisone ace-pramoxine external cream 2.5-1 %	1		selenium sulfide external lotion	1	
hydrocortisone butyrate external cream	1		sodium sulfacetamide wash	1	
hydrocortisone butyrate external ointment	1		sulfacetamide sodium (acne)	1	
			sulfacetamide sodium external	1	
			sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4.5 %	1	
			tacrolimus external	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
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	
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)
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
Diabetes - Antidiabetic Agents		
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	

Drug Name	Drug Tier	Notes
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	
JENTADUETO XR	2	
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
miglitol	3	
nateglinide	1	
OZEMPIC	2	QL
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	3	
pioglitazone hcl-metformin hcl	1	
repaglinide	1	
RYBELSUS	2	QL
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	
TRULICITY	2	QL
VICTOZA	2	QL
XIGDUO XR	2	ST

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
Diabetes - Glucose Monitoring			BLULINK GLUCOSE TEST	2	QL
ACCU-CHEK AVIVA DEVICE	1		CARETOUCH CONTROL SOL LEVEL 2	2	
ACCU-CHEK FASTCLIX LANCET KIT	1		CARETOUCH LANCING/EJECTOR	2	
ACCU-CHEK FASTCLIX LANCETS	1		CARETOUCH TEST	2	QL
ACCU-CHEK GUIDE TEST STRIPS	1		CEQUR SIMPLICITY 2U KIT	2	
ACCU-CHEK GUIDE CONTROL	1		CEQUR SIMPLICITY INSERTER	2	
ACCU-CHEK GUIDE TEST STRIPS	1	QL	CEQUR SIMPLICITY STARTER KIT	2	
ACCU-CHEK GUIDE KIT W/DEVICE	1		CHEMSTRIP 10 MD	1	
ACCU-CHEK SAFE-T PRO LANCETS	1		CHEMSTRIP 10/SG	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		CHEMSTRIP 2 GP	1	
ACCU-CHEK SOFTCLIX LANCETS	1		CHEMSTRIP 5 OB	1	
AGAMATRIX CONTROL LEVEL 2	2		CHEMSTRIP 7	1	
AGAMATRIX CONTROL LEVEL 4	2		CHEMSTRIP 9	1	
AGAMATRIX PRESTO TEST	2	QL	CHEMSTRIP K	1	
ASSURE PLATINUM	2	QL	CHEMSTRIP UGK	1	
AUTOLET LANCING DEVICE	2		CONTOUR CONTROL SOLUTION	2	
BIOTEL CARE BLOOD GLUCOSE	2		CONTOUR MONITOR DEVICE	2	
BIOTEL CARE BLOOD GLUCOSE SYST	2		CONTOUR MONITOR KIT W/DEVICE	2	
BLOOD GLUCOSE TEST	2	QL	CONTOUR NEXT CONTROL SOLUTION	2	
BLULINK CONTROL HIGH & LOW	2		CONTOUR NEXT EZ KIT W/DEVICE	2	
BLULINK GLUCOSE MONITORING SYS	2		CONTOUR NEXT GEN MONITOR	2	
			CONTOUR NEXT LINK KIT W/DEVICE	2	
			CONTOUR NEXT MONITOR KIT W/DEVICE	2	
			CONTOUR NEXT ONE KIT	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
CONTOUR NEXT TEST STRIPS	2	QL	EASY TRAK II CONTROL	2	
CONTOUR TEST STRIPS	2	QL	EASY TRAK II GLUCOSE TEST	2	QL
CVS KETONE CARE	2		EASYMAX 15 LEVEL 2-3 CONTROL	2	
DEXCOM G4 PLATINUM TRANSMITTER	3	QL	EASYMAX CONTROL	2	
DEXCOM G5 MOB/G4 PLAT SENSOR	3	QL	GLUCOSE CONTROL SOLUTIONS	2	
DEXCOM G5 MOBILE TRANSMITTER	3	QL	EMBRACE EVO GLUCOSE MONITOR	2	
DEXCOM G6 RECEIVER	3	QL	EMBRACE LANCING DEVICE/EJECTOR	2	
DEXCOM G6 SENSOR	3	QL	EMBRACE PRESSURE ACTIVATED 21G	2	
DEXCOM G6 TRANSMITTER	3	QL	EMBRACE PRESSURE ACTIVATED 28G	2	
DIATHRIVE BLOOD GLUCOSE METER	2		EMBRACE TALK BLOOD GLUCOSE	2	
DIATHRIVE BLOOD GLUCOSE TEST	2	QL	EMBRACE TALK GLUCOSE CONTROL	2	
DIATHRIVE GLUCOSE CONTROL SOLN	2		EMBRACE TALK GLUCOSE TEST	2	QL
DIATHRIVE GLUCOSE TEST	2	QL	EMBRACE TALK MONITORING SYSTEM	2	
DIATHRIVE LANCING DEVICE	2		FORA 6 CONNECT	2	QL
DIATHRIVE+ GLUCOSE MONITOR	2		FORA GTEL BLOOD GLUCOSE SYSTEM	2	
DIATHRIVE+ GLUCOSE TEST	2	QL	FORA GTEL BLOOD GLUCOSE TEST	2	QL
DROPLET GENTEL LANCING DEVICE	2		FORA TN'G ADVANCE PRO IN VITRO	2	QL
EASY TALK PLUS II CONTROL	2		FORTISCARE CONTROL	2	
EASY TALK PLUS II TEST STRIPS	2	QL	FORTISCARE G1 TEST STRIP	2	QL
EASY TOUCH HEALTHPRO GLUCOSE	2	QL	FORTISCARE T1 GLUCOSE SYSTEM	2	
EASY TOUCH LANCING DEVICE	2		FREESTYLE FREEDOM LITE	2	
EASY TRAK II BLOOD GLUCOSE SYS	2		FREESTYLE INSULINX TEST	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
FREESTYLE LIBRE 14 DAY READER	3	QL	HW EMBRACE PRO GLUCOSE TEST	2	QL
FREESTYLE LIBRE 14 DAY SENSOR	3		HW EMBRACE TALK BLOOD GLUCOSE	2	
FREESTYLE LIBRE 2 READER	3	QL	HW EMBRACE TALK GLUCOSE TEST	2	QL
FREESTYLE LIBRE 2 SENSOR	3	QL	INFINITY BLOOD GLUCOSE TEST	2	QL
FREESTYLE LIBRE 3 SENSOR	3		INPEN 100-BLUE-LILLY-HUMALOG	2	
FREESTYLE LIBRE READER	3	QL	INPEN 100-BLUE-NOVOLOG-FIASP	2	
FREESTYLE LIBRE SENSOR SYSTEM	3	QL	INPEN 100-GREY-LILLY-HUMALOG	2	
FREESTYLE LITE TEST	2	QL	INPEN 100-GREY-NOVOLOG-FIASP	2	
FREESTYLE PRECISION NEO TEST	2	QL	INPEN 100-PINK-LILLY-HUMALOG	2	
FREESTYLE TEST	2	QL	INPEN 100-PINK-NOVOLOG-FIASP	2	
GENTEEL LANCING KIT (BLUE)	2		KETO-DIASTIX	2	
GHT BLOOD GLUCOSE MONITOR	2		KETONE TEST	2	
GLUCOCARD 01 SENSOR PLUS	2	QL	KETOSTIX	2	
GLUCOCARD EXPRESSION TEST	2	QL	KROGER HEALTHPRO GLUCOSE TEST	2	QL
GLUCOCARD SHINE CONNEX	2		LANCETS	1	
GLUCOCARD SHINE EXPRESS	2		LANCETS	2	
GLUCOCARD SHINE TEST	2	QL	LANCETS IN VITRO STRIP	2	QL
GLUCOCARD VITAL TEST	2	QL	MICRODOT TEST	2	QL
GOJJI BLOOD GLUCOSE TEST	2	QL	MICROLET NEXT LANCING DEVICE	2	
GOJJI CONTROL	2		NOVOPEN ECHO	2	
GOJJI LANCING DEVICE/CLEAR CAP	2		ONE DROP BLOOD GLUCOSE MONITOR	2	
HW EMBRACE PRO GLUCOSE METER	2		ONE DROP TEST	2	QL
			ONETOUCH CLUB LANCETS FINE PT	1	
			ONETOUCH DELICA LANCETS 30G	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
ONETOUCH DELICA LANCETS 33G	1		PRODIGY NO CODING BLOOD GLUC	2	
ONETOUCH DELICA LANCING DEV	1		PTS PANELS EGLU TEST	2	QL
ONETOUCH DELICA PLUS LANCET30G	1		RELION PREMIER CLASSIC	2	
ONETOUCH DELICA PLUS LANCET33G	1		RELION PREMIER TEST	2	QL
ONETOUCH DELICA PLUS LANCING	1		RIGHTEST GT333 BLOOD GLUCOSE	2	
ONETOUCH DELICA SAFETY LANCING	2		RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	2	QL
ONETOUCH FINEPOINT LANCETS	1		SURESTEP PRO HIGH GLUCOSE	1	
ONETOUCH SOLUTIONS STARTER KIT	1		SURESTEP PRO LOW GLUCOSE	1	
ONETOUCH ULTRA TEST STRIPS	1	QL	SURESTEP PRO NORMAL GLUCOSE	1	
ONETOUCH ULTRA 2 KIT W/DEVICE	1		TRUE FOCUS BLOOD GLUCOSE METER	2	
ONETOUCH ULTRA MINI KIT W/DEVICE	1		TRUE METRIX BLOOD GLUCOSE TEST	2	QL
ONETOUCH ULTRASOFT LANCETS	1		TRUE METRIX LEVEL 1	2	
ONETOUCH VERIO KIT W/DEVICE	1		TRUE METRIX LEVEL 2	2	
ONETOUCH VERIO FLEX SYSTEM	1		TRUE METRIX LEVEL 3	2	
ONETOUCH VERIO IN VITRO SOLUTION HIGH	1		TRUE METRIX METER KIT	2	
ONETOUCH VERIO TEST STRIPS	1	QL	TRUE METRIX PRO BLOOD GLUCOSE	2	QL
ONETOUCH VERIO IQ SYSTEM	1		TRUETRACK TEST	2	QL
ONETOUCH VERIO REFLECT KIT W/DEVICE	1		UNISTRIP CONTROL IN VITRO SOLUTION LOW	2	
POGO AUTOMATIC BLOOD GLUCOSE	2		VIVAGUARD INO CONTROL SOLUTION	2	
PRECISION XTRA BLOOD GLUCOSE	2	QL	VIVAGUARD INO GLUCOSE METER	2	
			VIVAGUARD INO SMART GLUC METER	2	
			VIVAGUARD INO TEST STRIPS	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
VIVAGUARD LANCING DEVICE	2		HUMALOG U-100 JUNIOR KWIKPEN	2	
Diabetes - Glycemic Agents			HUMULIN 70/30 KWIKPEN	2	
BAQSIMI ONE PACK	2		HUMULIN 70/30 VIAL	2	
BAQSIMI TWO PACK	2		HUMULIN N KWIKPEN	2	
diazoxide oral	3		HUMULIN N VIAL	2	
GLUCAGEN HYPOKIT	2		HUMULIN R U-500 KWIKPEN	2	
glucagon emergency kit 1 mg injection 1 mg	1		HUMULIN R U-500 VIAL	2	
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	2		HUMULIN R VIAL	2	
GLUCAGON EMERGENCY KIT	2		INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	1	
GVOKE HYPOOPEN 1-PACK	2		LANTUS SOLOSTAR	2	
GVOKE HYPOOPEN 2-PACK	2		LANTUS U-100 VIAL	2	
GVOKE KIT	2		LEVEMIR U-100 FLEXTOUCH	2	
GVOKE PFS	2		LEVEMIR U-100 VIAL	2	
Diabetes - Insulins			NOVOLIN 70/30 FLEXPEN	2	
APIDRA SOLOSTAR	3		NOVOLIN 70/30 FLEXPEN RELION	2	
APIDRA VIAL	3		NOVOLIN 70/30 RELION	2	
BD ULTRA-FINE INSULIN SYRINGES	1		NOVOLIN 70/30 VIAL	2	
FIASP	1		NOVOLIN N FLEXPEN	2	
FIASP FLEXTOUCH	1				
FIASP PENFILL	1				
HUMALOG	2				
HUMALOG KWIKPEN	2				
HUMALOG MIX 50/50 KWIKPEN	2				
HUMALOG MIX 50/50 VIAL	2				
HUMALOG MIX 75/25 KWIKPEN	2				
HUMALOG MIX 75/25 VIAL	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
NOVOLIN N FLEXPEN RELION	2		FERRALET 90	3	
NOVOLIN N RELION	2		FLORIVA ORAL LIQUID	0	PV
NOVOLIN N VIAL	2		fluoritab	0	PV
NOVOLIN R FLEXPEN	2		folate	0	PV
NOVOLIN R FLEXPEN RELION	2		folic acid oral tablet 1 mg	1	
NOVOLIN R RELION	2		folic acid oral tablet 400 mcg, 800 mcg	0	PV
NOVOLIN R VIAL	2		FOLIVANE-F	2	
NOVOLOG FLEXPEN	1		FOLIVANE-PLUS	2	
NOVOLOG MIX 70/30 FLEXPEN	1		foltrin	1	
NOVOLOG MIX 70/30 VIAL	1		GALZIN	2	
NOVOLOG PENFILL	1		INTEGRA F	2	
NOVOLOG U-100 VIAL	1		INTEGRA PLUS	2	
TOUJEO MAX SOLOSTAR	2		iodine strong oral	1	
TOUJEO SOLOSTAR	2		JYNARQUE	SP2	QL
TRESIBA	2		klor-con	1	
TRESIBA FLEXTOUCH	2		klor-con 10	1	
ULTIGUARD SAFEPACK SYR/NEEDLE	1		klor-con m10	1	
Electrolytes / Minerals / Metals / Vitamins			klor-con m15	1	
CARBAGLU	SP3	PA	klor-con m20	1	
carglumic acid	SP1	PA	klor-con sprinkle oral capsule extended release 10 meq, 8 meq	1	
CARNITOR INTRAVENOUS	3		klor-con/ef	1	
cyanocobalamin injection solution 1000 mcg/ml	1		K-PHOS	2	
cytra k crystals	1		K-PHOS NO 2	2	
deferasirox oral tablet	3	PA	k-prime	1	
effer-k oral tablet effervescent 25 meq	1		levocarnitine oral solution	3	
ergocalciferol oral capsule	1		levocarnitine oral tablet	3	
ferocon	1		levocarnitine sf	3	
ferotrinisic	1		MASONATAL	0	PV
			multivitamin/fluoride tablet chewable 1 mg oral	1	
			MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG 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	Drug Name	Drug Tier	Notes
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 1 MG	1		tolvaptan	SP1	QL
nafrinse	0	PV	tricitrates	1	
nafrinse drops	0	PV	trientine hcl	SP1	PA
NASCOBAL	2		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
ONE VITE WOMENS	0	PV	WILZIN	2	
ONE-A-DAY WOMENS PRENATAL 1	0	PV	yl folic acid	0	PV
phosphorous	1		Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
phospho-trin 250 neutral	1		esomeprazole magnesium oral capsule delayed release 40 mg	3	QL
PHOSPHO-TRIN K500	2		esomeprazole magnesium oral packet	3	QL; AL (Max 12 Years)
phytonadione oral	1		famotidine oral suspension reconstituted	3	
pot & sod cit-cit ac	1		lansoprazole oral capsule delayed release 30 mg	3	QL
potassium chloride crys er	1		lansoprazole oral tablet delayed release dispersible	3	QL; AL (Max 12 Years)
potassium chloride er	1		misoprostol oral	1	
potassium chloride oral	1		NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	QL; AL (Max 12 Years)
potassium citrate er	1		omeprazole oral capsule delayed release 10 mg, 40 mg	3	QL
potassium citrate-citric acid	1		pantoprazole sodium oral tablet delayed release	3	QL
prenatal multi +dha	0	PV	rabeprazole sodium oral tablet delayed release	3	QL
prenatal oral tablet 27-0.8 mg	0	PV	sucralfate oral	1	
prenatal oral tablet 27-1 mg	1		Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
prenatal plus vitamin/mineral	1		alosetron hcl	3	PA
prenatal vitamin plus low iron	1		AMITIZA	3	QL
prenatal/folic acid+dha	0	PV			
PROFERRIN-FORTE	2				
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG	1				
sod citrate-citric acid	1				
sodium fluoride oral	0	PV			
sodium polystyrene sulfonate	1				
sps	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
bisacodyl ec	0	PV; QL	na sulfate-k sulfate-mg sulf solution 17.5-3.13-1.6 gm/177ml oral	3	
citroma	0	PV; QL	NA SULFATE-K SULFATE-MG SULF SOLUTION 17.5-3.13-1.6 GM/177ML ORAL	3	
clearlax	0	PV; QL	peg 3350-kcl-na bicarb-nacl	1	PV; QL
constulose	1		peg-3350/electrolytes	1	PV; QL
cromolyn sodium oral	3		peg-3350/electrolytes/ascorb at	3	
CUVPOSA	3		peg-kcl-nacl-nasulf-na asc-c	3	
dicyclomine hcl oral	1		polyethylene glycol 3350 oral powder	0	PV; QL
diphenoxylate-atropine	1		qc magnesium citrate	0	PV; QL
enulose	1		RELISTOR SUBCUTANEOUS	SP3	QL
GATTEX	SP3	PA	SUPREP BOWEL PREP KIT	3	
gavilax oral powder	0	PV; QL	trilyte oral solution reconstituted 420 gm	1	PV; QL
gavilyte-c	1	PV; QL	ursodiol oral capsule 300 mg	1	
gavilyte-g	1	PV; QL	ursodiol oral tablet	1	
gavilyte-n with flavor pack oral solution reconstituted 420 gm	1	PV; QL	VIBERZI	3	PA; QL
generlac	1		XERMELO	SP3	PA; QL
gentle laxative oral	0	PV; QL	Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
gentlelax	0	PV; QL	CERDELGA	SP3	PA
glycolax	0	PV; QL	CHOLBAM	SP3	PA
glycopyrrolate oral solution	3	PA	CREON	2	
glycopyrrolate oral tablet 1 mg, 2 mg	1		GALAFOLD	SP3	PA; QL
hyoscyamine sulfate er	1		MYALEPT	SP3	PA
hyoscyamine sulfate oral	1		nitisinone	SP1	PA
hyoscyamine sulfate sl	1		OCALIVA	SP3	PA; QL
hyoscyamine sulfate sublingual	1		ORFADIN	SP3	PA
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			

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
PANCREAZE	2		tolterodine tartrate	1	
PROCYSB1	SP3	PA	tolterodine tartrate er	1	
RAVICTI	SP3	PA	trospium chloride	1	
sodium phenylbutyrate oral	SP1		trospium chloride er	3	
STRENSIQ	SP3	PA	Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
ZENPEP	2		alfuzosin hcl er	1	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions			dutasteride oral	1	
AURYXIA	3		dutasteride-tamsulosin hcl	1	
bethanechol chloride oral	1		finasteride oral tablet 5 mg	1	
calcium acetate (phos binder) oral capsule	1		silodosin	1	
darifenacin hydrobromide er	3		tamsulosin hcl	1	
ELMIRON	2	PA	terazosin hcl	1	
flavoxate hcl	1		Hormonal Agents - Adrenal		
INTRAROSA	3		dexamethasone intensol	1	
LITHOSTAT	3		dexamethasone oral elixir	1	
MYRBETRIQ	2		dexamethasone oral solution	1	
oxybutynin chloride er	1		dexamethasone oral tablet	1	
oxybutynin chloride oral	1		fludrocortisone acetate oral	1	
penicillamine oral tablet	SP1	PA	hydrocortisone oral	1	
phenazo oral tablet 200 mg	1		MEDROL ORAL TABLET 2 MG	2	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1		methylprednisolone oral	1	
sevelamer carbonate	1		prednisolone oral	1	
sevelamer hcl oral tablet 400 mg	1		prednisolone sodium phosphate oral solution	1	
sevelamer hcl oral tablet 800 mg	3		prednisolone sodium phosphate oral tablet dispersible	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	3	QL	prednisone intensol	1	
solifenacain succinate	1		prednisone oral	1	
tadalafil oral tablet 2.5 mg, 5 mg	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			
Hormonal Agents - Men's Health								
ANDRODERM	2	PA	STIMATE	2				
danazol oral	3		Hormonal Agents - Selective Estrogen Receptor Modifying Agents					
DEPO-TESTOSTERONE	2	PA	OSPHENA	3				
testosterone cypionate intramuscular	1	PA	raloxifene hcl	1	PV			
testosterone enanthate intramuscular	1	PA	Hormonal Agents - Sex Hormones and Birth Control					
testosterone transdermal	3	PA	afirmelle	0	PV			
Hormonal Agents - Pituitary								
cabergoline	1		aftera	0	PV			
desmopressin ace spray refrig	1		altavera	0	PV			
desmopressin acetate injection	1		alyacen 1/35	0	PV			
DESMOPRESSIN ACETATE NASAL	2		alyacen 7/7/7	0	PV			
desmopressin acetate oral	1		amabelz	1				
desmopressin acetate pf	1		amethia	0	PV; QL			
desmopressin acetate spray	1		amethia lo oral tablet 0.1-0.02 & 0.01 mg	0	PV; QL			
NORDITROPIN FLEXPRO	SP2	PA	amethyst	0	PV			
NUTROPIN AQ NUSPIN 10	SP2	PA	ANGELIQ	2				
NUTROPIN AQ NUSPIN 20	SP2	PA	ANNOVERA	0	PV; QL			
NUTROPIN AQ NUSPIN 5	SP2	PA	apri	0	PV			
octreotide acetate	SP1	PA	aranelle	0	PV			
ORILISSA	3	PA; QL	ashlyna	0	PV; QL			
SANDOSTATIN	SP1	PA	aubra	0	PV			
SIGNIFOR	SP3	PA; QL	aubra eq	0	PV			
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP3	PA	aurovela 1.5/30	0	PV			
			aurovela 1/20	0	PV			
			aurovela 24 fe	0	PV			
			aurovela fe 1.5/30	0	PV			
			aurovela fe 1/20	0	PV			
			aviane	0	PV			
			ayuna	0	PV			
			azurette	0	PV			
			BALCOLTRA	3	PV			
			balziva	0	PV			
			blisovi 24 fe	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
blisovi fe 1.5/30	0	PV	elinest	0	PV
blisovi fe 1/20	0	PV	ELLA	0	PV
briellyn	0	PV	eluryng	0	PV
camila	0	PV	emoquette	0	PV
camrese	0	PV; QL	enpresse-28	0	PV
camrese lo	0	PV; QL	enskyce	0	PV
charlotte 24 fe	0	PV	errin	0	PV
chateal	0	PV	est estrogens-methyltest	1	
chateal eq	0	PV	est estrogens-methyltest	1	
CLIMARA PRO	3		ds		
COMBIPATCH	3		est estrogens-methyltest	1	
cryselle-28	0	PV	hs		
cyclafem 1/35 oral tablet 1-35 mg-mcg	0	PV	estarrylla	0	PV
cyred	0	PV	estradiol oral	1	
cyred eq	0	PV	estradiol transdermal	1	
dasetta 1/35	0	PV	estradiol vaginal	1	
dasetta 7/7/7	0	PV	estradiol valerate	1	
daysee	0	PV; QL	intramuscular		
deblitane	0	PV	estradiol-norethindrone	1	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	2		acet		
delyla	0	PV	ESTRING	3	QL
DEPO-ESTRADIOL	2		ESTROGEL	3	
desogestrel-ethinyl estradiol	0	PV	ethynodiol diac-eth estradiol	0	PV
DIVIGEL	3		etongestrel-ethinyl estradiol	0	PV
dolishale	0	PV	EVAMIST	3	
dotti	1		falmina	0	PV
drospirene-eth estrad- levomefrol	0	PV	fayosim	0	PV; QL
drospirenone-ethinyl estradiol	0	PV	femynor	0	PV
DUAVEE	2		finzala	0	PV
econtra ez	0	PV	fyavolv	1	
econtra one-step	0	PV	gummily	0	PV
ELESTRIN	3		gianvi oral tablet 3-0.02 mg	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
hailey fe 1/20	0	PV	levonorgest-eth estrad 91-day	0	PV; QL
heather	0	PV	levonorgestrel	0	PV
iclevia	0	PV; QL	levonorgestrel-ethinyl estrad	0	PV
incassia	0	PV	levonorg-eth estrad triphasic	0	PV
introvale	0	PV; QL	levora 0.15/30 (28)	0	PV
isibloom	0	PV	LILETTA (52 MG)	0	PV
jaimiess	0	PV; QL	lillow oral tablet 0.15-30 mg-mcg	0	PV
jasmiel	0	PV	LO LOESTRIN FE	3	PV
jencycla	0	PV	lojaimiess	0	PV; QL
jinteli	1		lopreeza oral tablet 1-0.5 mg	1	
jolessa	0	PV; QL	loryna	0	PV
juleber	0	PV	low-ogestrel	0	PV
junel 1.5/30	0	PV	lo-zumandimine	0	PV
junel 1/20	0	PV	lutera	0	PV
junel fe 1.5/30	0	PV	lyeq	0	PV
junel fe 1/20	0	PV	lyllana	1	
junel fe 24	0	PV	lyza	0	PV
kaitlib fe	0	PV	marlissa	0	PV
kalliga	0	PV	medroxyprogesterone acetate intramuscular	0	PV; QL
kariva	0	PV	medroxyprogesterone acetate oral	1	
kelnor 1/35	0	PV	megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1	
kelnor 1/50	0	PV	megestrol acetate oral tablet	1	
kurvelo	0	PV	MENEST	2	
KYLEENA	0	PV	merzee	0	PV
larin 1.5/30	0	PV	microgestin 1.5/30	0	PV
larin 1/20	0	PV	microgestin 1/20	0	PV
larin 24 fe	0	PV	microgestin 24 fe	0	PV
larin fe 1.5/30	0	PV	microgestin fe 1.5/30	0	PV
larin fe 1/20	0	PV			
larissia oral tablet 0.1-20 mg-mcg	0	PV			
layolis fe	0	PV			
leena	0	PV			
lessina	0	PV			
levonest	0	PV			
levonorgest-eth est & eth est	0	PV; 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
microgestin fe 1/20	0	PV	ocella	0	PV
mili	0	PV	opcicon one-step	0	PV
mimvey	1		option 2	0	PV
MIRENA (52 MG)	0	PV	ORIAHNN	3	PA; QL
mono-lnyah	0	PV	orsythia	0	PV
my choice	0	PV	PARAGARD INTRAUTERINE COPPER	0	PV
my way	0	PV	philith	0	PV
NATAZIA	0	PV	pimtrea	0	PV
necon 0.5/35 (28)	0	PV	pirmella 1/35	0	PV
new day	0	PV	pirmella 7/7/7	0	PV
NEXPLANON	0	PV	portia-28	0	PV
nikki	0	PV	PREMARIN ORAL	2	
nora-be	0	PV	PREMARIN VAGINAL	2	
norethin ace-eth estrad-fe	0	PV	PREMPHASE	2	
norethindrone acetate oral	1		PREMPRO	2	
norethindrone acet-ethinyl est	0	PV	previfem oral tablet 0.25-35 mg-mcg	0	PV
norethindrone oral	0	PV	progesterone intramuscular	1	
norethindrone-eth estradiol	1		progesterone oral	1	
norethindron-ethinyl estrad-fe	0	PV	react	0	PV
norethin-eth estradiol-fe	0	PV	reclipsen	0	PV
norgestimate-eth estradiol	0	PV	rivelsa	0	PV; QL
norgestimate-ethinyl estradiol triphasic	0	PV	setlakin	0	PV; QL
norlyda	0	PV	sharobel	0	PV
norlyroc	0	PV	simliya	0	PV
nortrel 0.5/35 (28)	0	PV	simpesse	0	PV; QL
nortrel 1/35 (21)	0	PV	SKYLA	0	PV
nortrel 1/35 (28)	0	PV	SLYND	3	
nortrel 7/7/7	0	PV	sprintec 28	0	PV
nylia 1/35	0	PV	sronyx	0	PV
nylia 7/7/7	0	PV	syeda	0	PV
nymyo	0	PV	take action	0	PV
			tarina 24 fe	0	PV
			tarina fe 1/20	0	PV
			tarina fe 1/20 eq	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
taysofy	0	PV	zumandimine	0	PV
tilia fe	0	PV	Hormonal Agents - Thyroid		
tri femynor	0	PV	ARMOUR THYROID	2	
tri-estarrylla	0	PV	euthyrox	1	
tri-legest fe	0	PV	levo-t	1	
tri-linyah	0	PV	LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
tri-lo-estarrylla	0	PV	levothyroxine sodium oral tablet	1	
tri-lo-marzia	0	PV	levoxyl	1	
tri-lo-mili	0	PV	liothyronine sodium oral	1	
tri-lo-sprintec	0	PV	methimazole oral	1	
tri-mili	0	PV	np thyroid	1	
tri-nymyo	0	PV	propylthiouracil oral	1	
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	0	PV	SYNTHROID	2	
tri-sprintec	0	PV	TIROSINT	3	
trivora (28)	0	PV	unithroid	1	
tri-vylibra	0	PV	Immunological Agents - Drugs for Immune System Stimulation or Suppression		
tri-vylibra lo	0	PV	ACTEMRA ACTPEN	SP3	PA
tulana oral tablet 0.35 mg	0	PV	ACTEMRA SUBCUTANEOUS	SP3	PA
tyblume	0	PV	ACTIMMUNE	SP2	PA
tydemy	0	PV	azathioprine oral tablet 50 mg	1	
velivet	0	PV	BERINERT	SP2	PA; QL
vestura	0	PV	CELLCEPT	SP3	
vienna	0	PV	CIMZIA	SP2	PA
viorele	0	PV	CIMZIA PREFILLED KIT	SP2	PA
volnea	0	PV	CIMZIA STARTER KIT	SP2	PA
vyfemla	0	PV	COSENTYX (300 MG DOSE)	SP3	PA
vylibra	0	PV	COSENTYX 150 MG/ML	SP3	PA
wera	0	PV	COSENTYX SENSOREADY (300 MG)	SP3	PA
wymzya fe	0	PV			
xulane	0	PV			
yuvafem	1				
zafemy	0	PV			
zarah oral tablet 3-0.03 mg	0	PV			
zovia 1/35 (28)	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
COSENTYX	SP3	PA	NEORAL	SP3	
SENSOREADY PEN			ORENCIA CLICKJECT	SP3	PA
cyclosporine modified	1		ORENCIA SUBCUTANEOUS	SP3	PA
cyclosporine oral	1		OTEZLA	SP2	PA
ENBREL	SP3	PA	PROGRAF ORAL CAPSULE	SP3	
ENBREL MINI	SP3	PA	PROGRAF ORAL PACKET	SP2	
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	SP3	PA	RAPAMUNE ORAL SOLUTION	SP2	
ENBREL SURECLICK	SP3	PA	RAPAMUNE ORAL TABLET	SP3	
ENVARSUS XR	SP2		RIDAURA	SP2	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	SP1		RINVOQ	SP2	PA
FIRAZYR	SP3	PA; QL	sajazir	SP1	PA; QL
gengraf	1		SANDIMMUNE ORAL CAPSULE	SP3	
HAEGARDA	SP2	PA	SANDIMMUNE ORAL SOLUTION	SP2	
HUMIRA	SP2	PA	SIMPONI	SP2	PA
HUMIRA PEDIATRIC CROHNS START	SP2	PA	sirolimus oral solution	SP1	
HUMIRA PEN	SP2	PA	sirolimus oral tablet	1	
HUMIRA PEN- CD/UC/HS STARTER	SP2	PA	SKYRIZI	SP2	PA
HUMIRA PEN- PEDIATRIC UC START	SP2	PA	SKYRIZI (150 MG DOSE)	SP2	PA
HUMIRA PEN- PS/UV/ADOL HS START	SP2	PA	SKYRIZI PEN	SP2	PA
HUMIRA PEN- PSOR/UVEIT STARTER	SP2	PA	STELARA SUBCUTANEOUS	SP2	PA; QL
icatibant acetate	SP1	PA; QL	tacrolimus oral	1	
KINERET	SP3	PA	TALTZ	SP3	PA
leflunomide oral	1		TREMFYA	SP2	PA
methotrexate oral	1		XATMEP	3	
methotrexate sodium	1		XELJANZ ORAL TABLET	SP2	PA
methotrexate sodium (pf)	1		XELJANZ XR	SP2	PA
mycophenolate mofetil oral	1		ZORTRESS	SP3	
mycophenolate sodium	1				
MYFORTIC	SP3				

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
Immunological Agents - Drugs for Vaccination					
ACTHIB	3	PV; AL (Max 6 Years)	GARDASIL 9	3	PV; AL (Min 9 Years and Max 26 Years)
ADACEL	0	PV	HAVRIX	0	PV
AFLURIA QUADRIVALENT	0	PV	HEPLISAV-B	3	PV; AL (Min 18 Years)
BCG VACCINE	3		HIBERIX	3	PV; AL (Max 6 Years)
BEXSERO	0	PV	IMOVAX RABIES	3	
BOOSTRIX	0	PV	INFANRIX	0	PV
COMIRNATY	0	PV; AL (Min 12 Years)	IPOL	3	PV; AL (Max 17 Years)
DAPTACEL	0	PV	JANSSEN COVID-19 VACCINE	0	PV
DIPHTHERIA-TETANUS TOXOIDS DT	0	PV	KINRIX	0	PV
ENGERIX-B	0	PV	MENACTRA	0	PV
FLUAD QUADRIVALENT	0	PV; AL (Min 65 Years)	MENQUADFI	0	PV
FLUARIX QUADRIVALENT	0	PV	MENVEO	0	PV
FLUBLOK QUADRIVALENT	0	PV	M-M-R II	0	PV
FLUCELVAX QUADRIVALENT	0	PV	MODERNA COVID-19 VAC (BOOSTER)	0	PV
FLULAVAL QUADRIVALENT	0	PV	MODERNA COVID-19 VACCINE	0	PV; AL (Min 12 Years)
FLUMIST QUADRIVALENT	3	PV; AL (Min 2 Years and Max 49 Years)	PEDIARIX	0	PV
FLUZONE HIGH-DOSE QUADRIVALENT	0	PV; AL (Min 65 Years)	PEDVAX HIB	3	PV; AL (Max 6 Years)
FLUZONE QUADRIVALENT	0	PV	PENTACEL	0	PV
			PFIZER COVID-19 VAC-TRIS 5-11Y	0	PV; AL (Min 5 Years and Max 11 Years)
			PFIZER-BIONT COVID-19 VAC-TRIS	0	PV; AL (Min 12 Years)

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
PFIZER-BIONTECH COVID-19 VACC	0	PV; AL (Min 12 Years)	Inflammatory Bowel Disease Agents		
PNEUMOVAX 23	0	PV	anucort-hc	1	
PREHEVBRIOS	0	PV; AL (Min 18 Years)	balsalazide disodium	1	
PREVNAR 13	0	PV	budesonide er	3	
PREVNAR 20	0	PV	budesonide oral	1	
PROQUAD	0	PV	hydrocortisone (perianal)	1	
QUADRACEL	0	PV	hydrocortisone ace-pramoxine external cream 1-1 %	1	
RECOMBIVAX HB	0	PV	hydrocortisone acetate rectal suppository 25 mg	1	
ROTARIX	3	PV; AL (Max 8 Months)	hydrocortisone rectal	1	
ROTAQUE	3	PV; AL (Max 8 Months)	hydrocort-pramoxine (perianal)	1	
SHINGRIX	3	PV; AL (Min 19 Years)	mesalamine er	1	
SPIKEVAX COVID-19 VACCINE	0	PV; AL (Min 12 Years)	mesalamine oral	1	
STAMARIL	3		mesalamine rectal	1	
TDVAX	0	PV	mesalamine-cleanser	1	
TENIVAC	0	PV	PENTASA	2	
TETANUS-DIPHTHERIA TOXOIDS TD	0	PV	PROCTOFOAM HC	2	
TRUMENBA	0	PV	procto-med hc	1	
TWINRIX	0	PV	procto-pak	1	
TYPHIM VI	3		proctosol hc	1	
VAQTA	0	PV	proctozone-hc	1	
VARIVAX	0	PV	sulfasalazine oral	1	
VAXCHORA	3		Metabolic Bone Disease Agents - Drugs for Osteoporosis		
VAXELIS	0	PV	alendronate sodium oral solution	1	
VAXNEUVANCE	0	PV	alendronate sodium oral tablet 10 mg, 5 mg	1	
VIVOTIF	2		alendronate sodium oral tablet 35 mg, 70 mg	1	QL
YF-VAX	3		calcitonin (salmon) nasal	1	QL
			FORTEO	SP2	PA
			ibandronate sodium 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.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
risedronate sodium oral tablet 150 mg, 35 mg	1	QL	BREATHE EASE LARGE	2	
risedronate sodium oral tablet 30 mg, 5 mg	1		BREATHE EASE MEDIUM	2	
risedronate sodium oral tablet delayed release	3	QL	BREATHE EASE SMALL	2	
TERIPARATIDE (RECOMBINANT)	SP2	PA	CAMINO PRO COMPLETE/GLYTACTIN	2	
TYMLOS	SP2	PA	CAREPOINT SYRINGE LUER LOCK 1 ML	1	
Metabolic Bone Disease Agents - Other			CARETOUCH HYPODERMIC NEEDLE 22G X 1", 26G X 1"	1	
calcitriol oral	1		CARETOUCH LUER LOCK 1 ML	1	
cinacalcet hcl	3		CAYA	0	PV; QL
paricalcitol oral	1		CLEVER CHOICE HOLDING CHAMBER	2	
Miscellaneous Therapeutic Agents			COMPACT SPACE CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2		COMPACT SPACE CHAMBER/LG MASK	2	
AEROCHAMBER MV	2		COMPACT SPACE CHAMBER/MED MASK	2	
AEROCHAMBER PLUS FLO-VU	2		COMPACT SPACE CHAMBER/SM MASK	2	
AEROCHAMBER PLUS FLOW VU	2		DEFLUX METAL NEEDLE	1	
AEROCHAMBER W/FLOWSIGNAL	2		DROPLET MICRON	1	
AUM MINI INSULIN PEN NEEDLE	1		EASIVENT	2	
AUM READYGARD DUO PEN NEEDLE	1		EASY GLIDE LUER LOCK SYRINGE	1	
AUM SAFETY PEN NEEDLE	1		EASY GLIDE SLIP LOCK SYRINGE	1	
BD AUTOSHIELD DUO PEN NEEDLES	1		EASY TOUCH HYPODERMIC NEEDLE 16G X 1"	1	
BD ECLIPSE NEEDLE 25G X 1"	1		EASYPOINT NEEDLE	1	
BD ULTRA-FINE PEN NEEDLES	1		ELECARE	3	
BREATHE COMFORT CHAMBER/ADULT	2		ENCARE	0	PV; QL
BREATHE COMFORT CHAMBER/CHILD	2		EO28 SPLASH	3	
			EQUACARE JR	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
ESSENTIAL CARE JR	3		HUMATROPEN FOR 24MG	1	
FC2 FEMALE CONDOM	0	PV; QL	HUMATROPEN FOR 6MG	1	
FEMCAP	0	PV; QL	INCONTROL ULTICARE PEN NEEDLES	1	
FLEXICHAMBER	2		INSPIREASE RESERVOIR BAGS	2	
FLEXICHAMBER ADULT MASK/SMALL	2		INSULIN PEN NEEDLES	1	
FLEXICHAMBER CHILD MASK/LARGE	2		J-TIP KIT W/VIAL ADAPTERS	1	
FLEXICHAMBER CHILD MASK/SMALL	2		methergine	3	QL
FORA D40G GLUCOSE/PRESSURE	2		methylergonovine maleate oral	3	QL
GLYTACTIN BETTERMILK 15	2		MICROCHAMBER	2	
GLYTACTIN BETTERMILK DE-LITE	2		NEOCATE JUNIOR	3	
GLYTACTIN BUILD 10PE	2		NEOCATE SPLASH	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		NOVOFINE AUTOCOVER PEN NEEDLE	1	
GLYTACTIN COMPLETE 10PE	2		NOVOFINE PEN NEEDLE	1	
GLYTACTIN RESTORE 10	2		NOVOFINE PLUS PEN NEEDLE	1	
GLYTACTIN RESTORE 5	2		NOVOTWIST PEN NEEDLE 32G X 5 MM	1	
GLYTACTIN RESTORE LITE 10	2		OMNIPOD 5 G6 INTRO (GEN 5)	3	
GLYTACTIN RESTORE LITE 10PE	2		OMNIPOD 5 G6 POD (GEN 5)	3	QL
GLYTACTIN RTD 10	2		OMNIPOD CLASSIC PDM (GEN 3)	3	
GLYTACTIN RTD 15	2		OMNIPOD CLASSIC PODS (GEN 3)	3	QL
GLYTACTIN RTD LITE 15	2		OMNIPOD DASH INTRO (GEN 4)	3	
GLYTACTIN SWIRL 15PE	2				
HUMATROPEN FOR 12MG	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
OMNIPOD DASH PDM (GEN 4)	3		PRO COMFORT SPACER CHILD	2	
OMNIPOD DASH PODS (GEN 4)	3	QL	PRO COMFORT SPACER INFANT	2	
OMNIPOD POD PALS	3	QL	PROCARE SPACER/ADULT MASK	2	
OPTICHAMBER DIAMOND	2		PROCARE SPACER/CHILD MASK	2	
OPTICHAMBER DIAMOND-LG MASK	2		PURAMINO DHA/ARA	3	
OPTICHAMBER DIAMOND-MD MASK	2		PURE COMFORT SPACER CHAMBER	2	
OPTICHAMBER DIAMOND-SM MASK	2		SAFETY PEN NEEDLES	1	
OPTIONS GYNOL II CONTRACEPTIVE	0	PV; QL	SECURESAFE HYPODERMIC NEEDLE 19G X 1" , 19G X 1-1/2" , 22G X 1" , 25G X 1-1/2"	1	
PANDA MASK LARGE	2		SYRINGE LUER LOCK 30 ML	1	
PANDA MASK MEDIUM	2		SYRINGE LUER SLIP 1 ML	1	
PANDA MASK SMALL	2		TODAY SPONGE	0	PV; QL
PEDIATRIC PANDA MASK	2		TOLEREX	3	
PHENEX-1	2		VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	0	PV; QL
PHENEX-2	2		VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	0	PV; QL
PHENYLADE DRINK MIX	2		vcf vaginal contraceptive vaginal gel	0	PV; QL
PHENYLADE GMP READY	2		V-GO 20	3	QL
PHENYLADE GMP ULTRA	2		V-GO 30	3	QL
PKU EASY	2		V-GO 40	3	QL
PKU EASY MICROTABS	2		VIVONEX PEDIATRIC	3	
PKU EXPRESS 15 PLUS+	2		VORTEX VALVED HOLDING CHAMBER	2	
PKU EXPRESS 20 PLUS+	2		WIDE-SEAL DIAPHRAGM 60	0	PV; QL
PKU GO	2		WIDE-SEAL DIAPHRAGM 65	0	PV; QL
PKU SPHERE 20	2				
PKU START	2				
POCKET SPACER	2				
PRO COMFORT SPACER ADULT	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
WIDE-SEAL DIAPHRAGM 70	0	PV; QL	FML	2	
WIDE-SEAL DIAPHRAGM 75	0	PV; QL	FML FORTE	2	
WIDE-SEAL DIAPHRAGM 80	0	PV; QL	gatifloxacin ophthalmic	1	
WIDE-SEAL DIAPHRAGM 85	0	PV; QL	gentak	1	
WIDE-SEAL DIAPHRAGM 90	0	PV; QL	gentamicin sulfate ophthalmic	1	
WIDE-SEAL DIAPHRAGM 95	0	PV; QL	ketorolac tromethamine ophthalmic	1	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation			levofloxacin ophthalmic	1	
ALOCRIL	2		LOTEMAX OPHTHALMIC OINTMENT	2	QL
ALOMIDE	2		loteprednol etabonate ophthalmic gel	1	QL
ALREX	2		loteprednol etabonate ophthalmic suspension	1	
AZASITE	3		MAXIDEX	2	
azelastine hcl ophthalmic	1		moxifloxacin hcl ophthalmic solution	1	
bacitracin ophthalmic	1		NATACYN	3	
BESIVANCE	3		neomycin-polymyxin- dexameth ophthalmic ointment	1	
bromfenac sodium (once-daily)	1	QL	neomycin-polymyxin- dexameth ophthalmic suspension 3.5-10000-0.1	1	
CILOXAN	2		neomycin-polymyxin-hc ophthalmic	1	
ciprofloxacin hcl ophthalmic	1		ofloxacin ophthalmic	1	
cromolyn sodium ophthalmic	1		olopatadine hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1		prednisolone acetate ophthalmic	1	
diclofenac sodium ophthalmic	1		prednisolone acetate p-f	1	
difluprednate	3		prednisolone sodium phosphate ophthalmic	1	
epinastine hcl	1		PROLENSA	3	QL
erythromycin ophthalmic	1		sulfacetamide sodium ophthalmic	1	
FLAREX	2				
fluorometholone	1				
flurbiprofen sodium	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
TOBRADEX OPHTHALMIC OINTMENT	2		PHOSPHOLINE IODIDE	2	
tobramycin ophthalmic	1		pilocarpine hcl ophthalmic	1	
tobramycin-dexamethasone	1		RHOPRESSA	3	QL
TOBREX	2		ROCKLATAN	3	QL
trifluridine	1		SIMBRINZA	2	
ZIRGAN	3		timolol maleate (once-daily)	1	
Ophthalmic Agents - Drugs for Glaucoma			timolol maleate ophthalmic	1	
acetazolamide er	1		travoprost (bak free)	3	QL
acetazolamide oral	1		Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2		ak-poly-bac	1	
apraclonidine hcl	1		altafrin	1	
betaxolol hcl ophthalmic	1		atropine sulfate ophthalmic ointment	1	
BETIMOL	2		atropine sulfate ophthalmic solution 1 %	1	
BETOPTIC-S	2		bacitracin-polymyxin b ophthalmic	1	
bimatoprost ophthalmic	1	QL	bacitra-neomycin-polymyxin-hc	1	
brimonidine tartrate ophthalmic	1		cyclopentolate hcl ophthalmic	1	
brimonidine tartrate-timolol	1		cyclosporine ophthalmic	3	PA
brinzolamide	1		homatropaire	1	
carteolol hcl	1		ISOPTO ATROPINE	1	
COMBIGAN	2		LACRISERT	2	
dorzolamide hcl ophthalmic	1		neomycin-bacitracin zn-polymyx	1	
dorzolamide hcl-timolol mal	1		neomycin-polymyxin-gramicidin	1	
dorzolamide hcl-timolol mal pf	1		neo-polycin	1	
IOPIDINE	2		neo-polycin hc	1	
latanoprost ophthalmic	1		phenylephrine hcl ophthalmic	1	
levobunolol hcl	1		polycin	1	
LUMIGAN	2	QL			
methazolamide oral	3				

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Drug Name	Drug Tier	Notes
polymyxin b-trimethoprim	1	
PRED-G	2	
PRED-G S.O.P.	2	
proparacaine hcl ophthalmic	1	
RESTASIS	3	PA
RESTASIS MULTIDOSE	3	PA
tetracaine hcl ophthalmic	1	
tropicamide ophthalmic	1	
XIIDRA	3	PA
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
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	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
benzonatate oral capsule 100 mg, 200 mg	1	
cyproheptadine hcl oral	1	
FASENRA	SP2	PA

Drug Name	Drug Tier	Notes
FASENRA PEN	SP2	PA
	1	PA; QL; AL (Min 18 Years)
guaiatussin ac	1	PA; QL; AL (Min 18 Years)
guaifenesin ac	1	PA; QL; AL (Min 18 Years)
guaifenesin-codeine	1	PA; QL; AL (Min 18 Years)
hydrocodone bit-homatrop mbr	1	PA; QL; AL (Min 18 Years)
hydrocodone polst-chlorphen polst er susp	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	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
sodium chloride inhalation	1		fluticasone-salmeterol inhalation aerosol		
SSKI	2		powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP2	PA	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions					
acetylcysteine inhalation	1		INCRUSE ELLIPTA	2	QL
ADVAIR HFA	2	QL	ipratropium bromide inhalation	1	QL
albuterol sulfate hfa	1	QL	ipratropium-albuterol	1	QL
albuterol sulfate inhalation	1	QL	levalbuterol hcl inhalation	1	QL
albuterol sulfate oral	1		LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	ST; QL
ANORO ELLIPTA	2	QL	montelukast sodium oral	1	
ASMANEX (120 METERED DOSES)	2	QL	OFEV	SP3	PA
ASMANEX (14 METERED DOSES)	2	QL	pirfenidone oral tablet 267 mg, 801 mg	SP1	PA
ASMANEX (30 METERED DOSES)	2	QL	PROAIR RESPICLICK	3	ST; QL
ASMANEX (60 METERED DOSES)	2	QL	PULMICORT FLEXHALER	2	QL
ASMANEX HFA	2	QL	QVAR REDIHALER	2	QL
ATROVENT HFA	2	QL	SEREVENT DISKUS	2	QL
BREO ELLIPTA	2	QL	SPIRIVA HANDIHALER	2	QL
budesonide inhalation	1	QL	SPIRIVA RESPIMAT	2	QL
COMBIVENT RESPIMAT	2	QL	STIOLTO RESPIMAT	2	QL
cromolyn sodium inhalation	3		SYMBICORT	2	QL
DALIRESP	3	PA	SYMJEPI	2	
epinephrine injection solution auto-injector	1		THEO-24	2	
ESBRIET	SP3	PA	theophylline	1	
FLOVENT DISKUS	2	QL	theophylline er	1	
FLOVENT HFA	2	QL	TRELEGY ELLIPTA	2	QL
			VENTOLIN HFA	3	ST; QL
			wixela inhub	1	QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
zafirlukast	1		Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis			baclofen oral tablet	1	
CAYSTON	SP3	PA	carisoprodol oral tablet 350 mg	1	
KALYDECO	SP3	PA	chlorzoxazone oral tablet 500 mg	1	
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	SP3	PA; QL	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
ORKAMBI ORAL TABLET	SP3	PA; QL	dantrolene sodium oral	1	
PULMOZYME	SP2	PA	metaxalone oral tablet 800 mg	1	
TOBI PODHALER	SP2	QL	methocarbamol oral	1	
tobramycin inhalation	SP1		orphenadrine citrate er	1	QL
TRIKAFTA	SP3	PA; QL	tizanidine hcl oral	1	
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension			Sleep Disorder Agents		
ADEMPAS	SP3	PA; QL	armodafinil	1	QL
alyq	SP1	PA; QL	BELSOMRA	3	QL
ambrisentan	SP1	PA; QL	doxepin hcl oral tablet	3	QL
bosentan	SP1	PA; QL	eszopiclone	1	QL
OPSUMIT	SP2	PA; QL	modafinil	1	QL
sildenafil citrate oral tablet 20 mg	SP1	PA; QL	ramelteon	1	QL
tadalafil (pah)	SP1	PA; QL	temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL
TRACLEER 32 MG	SP2	PA; QL	WAKIX	SP3	PA; QL
TYVASO	SP2	PA; QL	zaleplon	1	QL
TYVASO DPI MAINTENANCE KIT	SP2	PA; QL	zolpidem tartrate er	3	QL
TYVASO DPI TITRATION KIT	SP2	PA; QL	zolpidem tartrate oral	1	QL
TYVASO REFILL	SP2	PA; QL			
TYVASO STARTER	SP2	PA; QL			
UPTRAVI ORAL	SP3	PA; QL			
VENTAVIS	SP2	PA; 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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NORMAL GLUCOSE	36	(RECOMBINANT).....	50	trandolapril-verapamil hcl	
SUTENT.....	21	testosterone	42	er.....	28
syeda.....	45	testosterone cypionate	42	tranexamic acid	25
SYMBICORT.....	56	testosterone enanthate	42	tranylcypromine sulfate	17
SYMJEPI.....	56	TETANUS-DIPHTHERIA		travoprost (bak free)	54
SYMLINPEN 120.....	32	TOXOIDS TD	49	trazodone hcl.....	17
SYMLINPEN 60.....	32	tetrabenazine.....	29	TRELEGY ELLIPTA.....	56
SYMTUZA.....	24	tetracaine hcl.....	55	TREMFYA.....	47
SYNJARDY.....	32	tetracycline hcl.....	15	TRESIBA.....	38
SYNJARDY XR.....	32	TEXACORT	32	TRESIBA FLEXTOUCH	38
SYNRIBO.....	21	THALOMID	21	tretinoin.....	21, 32
SYNTHROID.....	46	THEO-24	56	tretinoin microsphere	32
SYRINGE LUER LOCK.....	52	theophylline	56	tretinoin microsphere pump	32
SYRINGE LUER SLIP	52	theophylline er	56	tri femynor	46
TABRECTA.....	21	thioridazine hcl	23	triamcinolone acetonide	30, 32
tacrolimus.....	31, 47	thiothixene	23	triamterene-hctz	28
tadalafil.....	41	tiadylt er	28	triazolam	25
tadalafil (pah).....	57	tiagabine hcl	16	tricitrates	39
TAFINLAR.....	21	TIBSOVO	21	triderm	32
TAGRISSO.....	21	tilia fe	46	trientine hcl	39
take action.....	45	timolol maleate	28, 54	tri-estarylla	46
TALTZ.....	47	timolol maleate (once-		trifluoperazine hcl	23
TALZENNA.....	21	daily)	54	trifluridine	54
tamoxifen citrate	21	tinidazole	15	trihexyphenidyl hcl	22
tamsulosin hcl.....	41	TIROSINT	46	TRIKAFTA	57
TARCEVA.....	21	TIVICAY	24	tri-legest fe	46
TARGRETIN.....	21	TIVICAY PD	24	tri-linyah	46
tarina 24 fe.....	45	tizanidine hcl	57	tri-lo-estarylla	46
tarina fe 1/20	45	TOBI PODHALER	57	tri-lo-marzia	46
tarina fe 1/20 eq	45	TOBRADEX	54	tri-lo-mili	46
TASIGNA.....	21	tobramycin	54, 57	tri-lo-sprintec	46
taysofy.....	46	tobramycin-		trilyte	40
tazarotene.....	32	dexamethasone	54	trimethobenzamide hcl	18
TAZORAC.....	32	TOBREX	54	trimethoprim	15
taztia xt.....	28	TODAY SPONGE	52	tri-mili	46
TAZVERIK.....	21	tolcapone	22	trimipramine maleate	17
TDVAX.....	49	TOLEREX	52	TRINTELLIX	17
TEGRETOL.....	16	tolterodine tartrate	41	tri-nymyo	46
TEGRETOL-XR	16	tolterodine tartrate er	41	tri-previfem	46
TEKTURN HCT	28	tolvaptan	39	tri-sprintec	46
telmisartan.....	28	topiramate	16	TRIUMEQ	24
telmisartan-hctz	28	toremifene citrate	21	TRIUMEQ PD	24
temazepam.....	57	torsemide	28	trivora (28)	46
TEMODAR.....	21	TOUJEO MAX		tri-vylibra	46
temozolomide	21	SOLOSTAR	38	tri-vylibra lo	46
TENIVAC.....	49	TOUJEO SOLOSTAR	38	tropicamide	55
tenofovir disoproxil fumarate	24	TRACLEER	57	trospium chloride	41
TEPMETKO.....	21	TRADJENTA	32	trospium chloride er	41
terazosin hcl.....	41	tramadol hcl er	12	TRUE FOCUS BLOOD	
		tramadol hcl er (biphasic)	12	GLUCOSE METER.....	36

TRUE METRIX BLOOD	VAQTA.....	49	VIZIMPRO.....	21
GLUCOSE TEST.....	varenicline tartrate.....	14	volnea.....	46
TRUE METRIX LEVEL 1....	VARIVAX.....	49	VONJO.....	21
TRUE METRIX LEVEL 2....	VASCEPA.....	28	voriconazole.....	18
TRUE METRIX LEVEL 3....	VAXCHORA.....	49	VORTEX VALVED	
TRUE METRIX METER....	VAXELIS.....	49	HOLDING CHAMBER.....	52
TRUE METRIX PRO	VAXNEUVANCE.....	49	VOTRIENT.....	21
BLOOD GLUCOSE.....	VCF VAGINAL		VRAYLAR.....	23
TRUETRACK TEST.....	CONTRACEPTIVE.....	52	vyfemla.....	46
TRULICITY.....	vcf vaginal contraceptive....	52	vylibra.....	46
TRUMENBA.....	VECAMYL.....	28	VYVANSE.....	28
TRUSELTIQ (100MG DAILY DOSE).....	velivet.....	46	WAKIX.....	57
TRUSELTIQ (125MG DAILY DOSE).....	VEMLIDY.....	24	warfarin sodium.....	16
TRUSELTIQ (50MG DAILY DOSE).....	VENCLEXTA.....	21	WELIREG.....	21
TRUSELTIQ (75MG DAILY DOSE).....	VENCLEXTA STARTING PACK.....	21	wera.....	46
TUKYSA.....	venlafaxine hcl.....	17	WIDE-SEAL DIAPHRAGM	
tulana.....	venlafaxine hcl er.....	17	60.....	52
TURALIO.....	VENTAVIS.....	57	WIDE-SEAL DIAPHRAGM	
TWINRIX.....	VENTOLIN HFA.....	56	65.....	52
tyblume.....	verapamil hcl.....	28	WIDE-SEAL DIAPHRAGM	
TYBOST.....	verapamil hcl er.....	28	70.....	53
tydemy.....	VERZENIO.....	21	WIDE-SEAL DIAPHRAGM	
TYKERB.....	vestura.....	46	75.....	53
TYMLOS.....	V-GO 20.....	52	WIDE-SEAL DIAPHRAGM	
TYPHIM VI.....	V-GO 30.....	52	80.....	53
TYVASO.....	V-GO 40.....	52	WIDE-SEAL DIAPHRAGM	
TYVASO DPI MAINTENANCE KIT	VIBERZI.....	40	85.....	53
TYVASO DPI TITRATION KIT.....	VICTOZA.....	32	WIDE-SEAL DIAPHRAGM	
TYVASO REFILL.....	vienna.....	46	90.....	53
TYVASO STARTER.....	vigabatrin.....	16	WIDE-SEAL DIAPHRAGM	
UBRELVY.....	vigadronе.....	16	95.....	53
ULTIGUARD SAFEPACK SYR/NEEDLE	VIIBRYD.....	17	WILZIN.....	39
UNISTRIP CONTROL.....	VIIBRYD STARTER PACK.	17	wixela inhub.....	56
unithroid.....	vilazodone hcl.....	17	wymzya fe.....	46
UPTRAVI.....	VIMPAT.....	16	XALKORI.....	21
urea.....	viorele.....	46	XARELTO.....	16
ursodiol.....	VIRACEPT.....	24	XARELTO STARTER	
valacyclovir hcl.....	VIREAD.....	24	PACK.....	16
VALCHLOR.....	vitamin d (ergocalciferol)....	39	XATMEP.....	47
valganciclovir hcl.....	VITRAKVI.....	21	XELJANZ.....	47
valproic acid.....	VIVAGUARD INO		XELJANZ XR.....	47
valsartan.....	CONTROL SOLUTION.....	36	XELODA.....	21
valsartan-hydrochlorothiazide.....	VIVAGUARD INO		XERMELO.....	40
vancomycin hcl.....	GLUCOSE METER.....	36	XIFAXAN.....	15
vandazole.....	VIVAGUARD INO SMART		XIGDUO XR.....	32
	GLUC METER.....	36	XIIDRA.....	55
	VIVAGUARD INO TEST		XOFLUZA (40 MG DOSE)....	24
	STRIPS.....	36	XOFLUZA (80 MG DOSE)....	24
	VIVAGUARD LANCING DEVICE.....	37	XOLAIR.....	56
	VIVONEX PEDIATRIC.....	52	XOSPATA.....	21
	VIVOTIF.....	49	XPOVIO (100 MG ONCE WEEKLY).....	22

XPOVIO (40 MG ONCE WEEKLY).....	22
XPOVIO (40 MG TWICE WEEKLY).....	22
XPOVIO (60 MG ONCE WEEKLY).....	22
XPOVIO (60 MG TWICE WEEKLY).....	22
XPOVIO (80 MG ONCE WEEKLY).....	22
XPOVIO (80 MG TWICE WEEKLY).....	22
XTANDI.....	22
xulane.....	46
YF-VAX.....	49
yl folic acid.....	39
YONSA.....	22
yuvafem.....	46
zafemy.....	46
zaflun.....	57
zaleplon.....	57
zarah.....	46
ZARONTIN.....	17
ZEJULA.....	22
ZELBORAF.....	22
zenatane.....	32
ZENPEP.....	41
ZEPOSIA.....	29
ZEPOSIA 7-DAY STARTER PACK.....	29
ZEPOSIA STARTER KIT....	29
zidovudine.....	24
ziprasidone hcl.....	23
ZIRGAN.....	54
ZOLINZA.....	22
zolmitriptan.....	19
zolpidem tartrate.....	57
zolpidem tartrate er.....	57
zonisamide.....	17
ZORTRESS.....	47
zovia 1/35 (28).....	46
zumandimine.....	46
ZYDELIG.....	22
ZYKADIA.....	22
ZYLET.....	55
ZYTIGA.....	22