



Scott & White
HEALTH PLAN



INSURANCE COMPANY OF
Scott & White



Scott & White
CARE PLANS

Part of
Baylor Scott & White HEALTH

SWHP Group Choice Formulary

1st Quarter 2021

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Table of Contents

What is my prescription drug coverage?.....	3
What is the Scott & White Health Plan Group Choice Formulary?	3
How was the formulary created and how are new medications reviewed?	3
Does the formulary ever change?	3
How am I notified of changes to the formulary?	4
What are brand-name and generic drugs?	4
What is generic substitution?	4
What are specialty drugs?	4
What are pharmaceutical management procedures?.....	5
Are there any restrictions on my coverage?.....	5
How do I request an exception to the SWHP formulary?.....	5
What drugs are not covered by my prescription drug benefit?.....	5
How much medication does my copayment cover and does my plan cover maintenance medications?	6
How can I save money on prescriptions?	6
Contraceptive Coverage	6
Preventive Care Medications & Medications Covered Under Health Care Reform	7
Smoking Cessation Medication Coverage	7
Diabetic Supplies	7
Oral Oncology Split Fill Program	7

What is my prescription drug coverage?

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

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

What is the Scott & White Health Plan Group Choice Formulary?

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

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

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

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

Does the formulary ever change?

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

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

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

How am I notified of changes to the formulary?

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

What are brand-name and generic drugs?

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

What is generic substitution?

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

What are specialty drugs?

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

What are pharmaceutical management procedures?

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

Are there any restrictions on my coverage?

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

How do I request an exception to the SWHP formulary?

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

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

What drugs are not covered by my prescription drug benefit?

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

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

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

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

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

How can I save money on prescriptions?

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

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

Contraceptive Coverage

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

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

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

Preventive Care Medications & Medications Covered Under Health Care Reform

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

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

Smoking Cessation Medication Coverage

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

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

Diabetic Supplies

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

Oral Oncology Split Fill Program

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

Reading your formulary

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

Tier information

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

Drug Tier	Includes	Helpful Tips
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.

Table of Contents

Analgesics - Drugs for Pain.....	10	Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions.....	40
Analgesics - Drugs for Pain and Inflammation	11	Genitourinary Agents - Drugs for Prostate Conditions.....	40
Anesthetics.....	12	Hormonal Agents - Adrenal.....	41
Anti-Addiction / Substance Abuse Treatment Agents.....	12	Hormonal Agents - Men's Health.....	41
Antibacterials.....	12	Hormonal Agents - Osteoporosis.....	41
Anticoagulants.....	14	Hormonal Agents - Pituitary.....	41
Anticonvulsants - Drugs for Seizures.....	14	Hormonal Agents - Sex Hormones and Birth Control.....	41
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia.....	15	Hormonal Agents - Thyroid.....	45
Antidepressants.....	15	Immunological Agents - Drugs for Immune System Stimulation or Suppression.....	45
Antiemetics - Drugs for Nausea and Vomiting	16	Immunological Agents - Drugs for Vaccination.....	46
Antifungals.....	17	Inflammatory Bowel Disease Agents.....	48
Antigout Agents.....	17	Metabolic Bone Disease Agents - Drugs for Osteoporosis.....	48
Antimigraine Agents.....	17	Metabolic Bone Disease Agents - Other.....	49
Antimyasthenic Agents.....	18	Miscellaneous Therapeutic Agents.....	49
Antimycobacterials.....	18	Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation.....	51
Antineoplastics - Drugs for Cancer.....	18	Ophthalmic Agents - Drugs for Glaucoma.....	52
Antiparasitics.....	20	Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....	52
Antiparkinson Agents.....	21	Otic Agents - Drugs for Ear Conditions.....	53
Antiplatelets.....	21	Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold.....	53
Antipsychotics - Drugs for Mood Disorders....	21	Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions.....	54
Antivirals.....	22	Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.....	55
Anxiolytics - Drugs for Anxiety.....	23	Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....	55
Bipolar Agents - Drugs for Mood Disorders....	24	Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	55
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders...24	24	Sleep Disorder Agents.....	56
Cardiovascular Agents - Drugs for Heart and Circulation Conditions.....	24	Index of Drugs.....	57
Central Nervous System Agents - Drugs for Attention Deficit Disorder.....	27		
Central Nervous System Agents - Drugs for Multiple Sclerosis.....	28		
Central Nervous System Agents - Miscellaneous.....	28		
Dental and Oral Agents - Drugs for Mouth and Throat Conditions.....	28		
Dermatological Agents - Drugs for Skin Conditions.....	28		
Diabetes - Antidiabetic Agents.....	31		
Diabetes - Glucose Monitoring.....	32		
Diabetes - Glycemic Agents.....	35		
Diabetes - Insulins.....	36		
Electrolytes / Minerals / Metals / Vitamins.....	37		
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer.....	38		
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions.....	39		
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment.....	40		

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain			ibudone oral tablet 5-200 mg	1	QL
acetaminophen-codeine	1	QL	lorcet hd oral tablet 10-325 mg	1	QL
acetaminophen-codeine #2	1	QL	lorcet oral tablet 5-325 mg	1	QL
acetaminophen-codeine #3	1	QL	lorcet plus oral tablet 7.5-325 mg	1	QL
acetaminophen-codeine #4	1	QL	LORTAB	2	QL
ascomp-codeine	1		methadone hcl intensol	1	
buprenorphine transdermal	3	PA; QL	methadone hcl oral concentrate	1	
butalbital-acetaminophen oral tablet 50-325 mg	1		methadone hcl oral solution	1	
butalbital-apap oral tablet 50-325 mg	1		methadone hcl oral tablet	1	PA
butalbital-apap-caff-cod	1		methadone hcl oral tablet soluble	1	
butalbital-apap-caffeine	1		methadose oral concentrate 10 mg/ml	1	
butalbital-asa-caff-codeine	1		methadose oral tablet soluble	1	
butalbital-aspirin-caffeine	1		methadose sugar-free	1	
butorphanol tartrate nasal	1	QL	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
codeine sulfate	1	QL	morphine sulfate er oral tablet extended release	1	PA; QL
endocet	1	QL	morphine sulfate oral	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	morphine sulfate rectal	1	QL
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL	NUCYNTA	3	QL
hydrocodone-acetaminophen oral tablet	1	QL	NUCYNTA ER	3	PA; QL
hydrocodone-ibuprofen	1	QL	OXYCODONE HCL ER	1	PA; QL
hydromorphone hcl oral	1	QL	oxycodone hcl oral capsule	1	QL
hydromorphone hcl rectal	1	QL	oxycodone hcl oral concentrate 100 mg/5ml	1	QL
			oxycodone hcl oral solution	1	QL
			oxycodone 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
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
oxycodone-aspirin	1	QL
OXYCONTIN	2	PA; QL
pentazocine-naloxone hcl	1	QL
phrenilin forte oral capsule 50-300-40 mg	1	
TENCON	1	
tramadol hcl er (biphasic)	1	QL
tramadol hcl er oral tablet extended release 24 hour	1	QL
tramadol hcl ir	1	QL
tramadol-acetaminophen	1	QL
Analgesics - Drugs for Pain and Inflammation		
adult aspirin regimen	0	PV
aspirin adult	0	PV
aspirin adult low strength oral tablet delayed release	0	PV
aspirin childrens	0	PV
aspirin ec low dose	0	PV
aspirin ec low strength	0	PV
aspirin ec oral tablet delayed release 325 mg	0	PV
aspirin low dose	0	PV
aspirin oral tablet	0	PV
aspirin oral tablet delayed release	0	PV
BAYER ASPIRIN	0	PV
BAYER ASPIRIN EC LOW DOSE	0	PV
celecoxib oral	1	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	1	QL

Drug Name	Drug Tier	Notes
diclofenac sodium external solution	1	PA
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
diflunisal oral	1	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
flurbiprofen oral	1	
gnp aspirin low dose	0	PV
goodsense aspirin low dose	0	PV
ibu	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	2	
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	QL
klofensaid ii external solution 1.5 %	1	PA
medique aspirin oral tablet 325 mg	0	PV
meloxicam oral	1	
nabumetone oral	1	
naproxen dr	1	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin	1	
piroxicam oral	1	
qc aspirin low dose oral tablet delayed release	0	PV
salsalate oral	1	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	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
sulindac oral	1	
Anesthetics		
glydo	1	
lidocaine external ointment	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal	1	
lidocaine pak external ointment 5 %	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	3	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	3	PV; QL; AL (Min 18 Years)
CHANTIX	3	ST; PV; QL; AL (Min 18 Years)
CHANTIX CONTINUING MONTH PAK	3	ST; PV; QL; AL (Min 18 Years)
CHANTIX STARTING MONTH PAK	3	ST; PV; QL; AL (Min 18 Years)
disulfiram oral	1	

Drug Name	Drug Tier	Notes
naloxone hcl injection solution	1	
NALOXONE HCL INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML	2	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe	1	
naltrexone hcl oral	1	
NARCAN	2	
NICORETTE MOUTH/THROAT GUM 2 MG	0	PV; QL; AL (Min 18 Years)
nicotine polacrilex mouth/throat	0	PV; QL; AL (Min 18 Years)
nicotine step 1	0	PV; QL; AL (Min 18 Years)
nicotine step 2	0	PV; QL; AL (Min 18 Years)
nicotine step 3	0	PV; QL; AL (Min 18 Years)
NICOTROL	3	ST; PV; QL; AL (Min 18 Years)
NICOTROL NS	3	ST; PV; QL; AL (Min 18 Years)
SUBOXONE	3	QL
Antibacterials		
amoxicillin	1	
amoxicillin-potassium clavulanate er	3	
amoxicillin-potassium clavulanate oral	1	
ampicillin	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
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	2	
avidoxy	1	
azithromycin oral	1	
BACTROBAN NASAL NASAL OINTMENT 2 %	2	
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefepodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)	1	
ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
demeclocycline hcl	3	
dicloxacillin sodium	1	
DIFICID	3	
doxycycline hyclate oral capsule	1	

Drug Name	Drug Tier	Notes
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
erythromycin base	1	
erythromycin ethylsuccinate oral	1	
erythromycin oral	1	
FIRVANQ	3	
fosfomicin tromethamine	1	
gentamicin sulfate external	1	
levofloxacin oral	1	
linezolid oral suspension reconstituted	3	QL
linezolid oral tablet	1	QL
methenamine hippurate	1	
methenamine mandelate oral	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral	1	
mondoxyne nl oral capsule 100 mg	1	
morgidox oral	1	
moxifloxacin hcl oral	1	
mupirocin calcium	3	
mupirocin external	1	
neomycin sulfate oral	1	
nitrofurantoin	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
paromomycin sulfate oral	3	

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

Drug Name	Drug Tier	Notes
penicillin v potassium	1	
silver sulfadiazine external	1	
ssd	1	
sulfadiazine oral	3	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	2	
SUPRAX ORAL TABLET CHEWABLE	2	
tetracycline hcl oral	1	
tinidazole oral	1	
trimethoprim oral	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg	3	
vancomycin hcl oral	3	
vandazole	1	
VIBRAMYCIN ORAL SYRUP	2	
XIFAXAN	3	PA
Anticoagulants		
ARIXTRA	SP3	QL
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	2	
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium subcutaneous	1	QL
fondaparinux sodium	SP1	QL
FRAGMIN	SP3	QL
heparin sodium (porcine)	1	

Drug Name	Drug Tier	Notes
heparin sodium (porcine) pf	1	
jantoven	1	
LOVENOX SUBCUTANEOUS	SP3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	
BANZEL	SP2	PA
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	2	
CELONTIN	2	
clobazam oral suspension	3	PA
clobazam oral tablet	1	PA
DEPAKENE ORAL CAPSULE 250 MG	2	
DEPAKENE ORAL SOLUTION 250 MG/5ML	2	
DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLES	2	
diazepam rectal	1	QL
DILANTIN	2	
DILANTIN INFATABS	2	
divalproex sodium er	1	
divalproex sodium oral	1	
EPIDIOLEX	SP2	PA
epitol	1	
ethosuximide oral	1	
felbamate	1	
FYCOMPA	3	
gabapentin 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
KEPPRA ORAL	2	
KEPPRA XR	2	
LAMICTAL	2	
LAMICTAL STARTER	2	
lamotrigine er	3	
lamotrigine oral kit	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral	1	
NAYZILAM	3	QL
oxcarbazepine	1	
OXTELLAR XR	3	
phenobarbital oral	1	
phenobarbital oral solution 20 mg/5ml	1	
PHENYTEK	2	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended	1	
primidone oral	1	
roweepra	1	
roweepra xr	1	
SABRIL	SP3	PA
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	

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

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
clomipramine hcl oral	1	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
escitalopram oxalate	1	
FETZIMA	3	QL
FETZIMA TITRATION	3	QL
fluoxetine hcl (pmdd) oral capsule 10 mg, 20 mg	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
imipramine hcl oral	1	
imipramine pamoate	3	
maprotiline hcl	1	
mirtazapine oral	1	
nefazodone hcl	1	
nortriptyline hcl oral	1	
paroxetine hcl	1	
paroxetine hcl er	1	
PAXIL ORAL SUSPENSION	2	
phenelzine sulfate oral	1	
protriptyline hcl	1	
sertraline hcl oral	1	
tranylcypromine sulfate	1	

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

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
prochlorperazine maleate oral	1	
scopolamine	1	
trimethobenzamide hcl oral	1	
Antifungals		
bio-statin oral powder	1	
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone	1	
CRESEMBA ORAL	SP3	
econazole nitrate external	1	
EXELDERM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicronize	1	
hydrocortisone-iodoquinol	1	
itraconazole oral	1	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
naftifine hcl	3	
NAFTIN EXTERNAL GEL 2 %	3	
NOXAFIL ORAL SUSPENSION	2	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	

Drug Name	Drug Tier	Notes
nystatin-triamcinolone	1	
nystop	1	
oxiconazole nitrate	3	
OXISTAT EXTERNAL LOTION	3	
posaconazole	1	
SULCONAZOLE NITRATE	3	
terbinafine hcl oral	1	QL
terconazole	1	
voriconazole oral	3	
Antigout Agents		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	1	
colchicine oral tablet	1	
colchicine-probenecid	1	
febuxostat	3	
probenecid	1	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
almotriptan malate	3	QL
dihydroergotamine mesylate injection	1	PA; QL
dihydroergotamine mesylate nasal	3	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
EMGALITY (300 MG DOSE)	2	PA; QL
ergotamine-caffeine	1	
frovatriptan succinate	3	QL
naratriptan hcl	1	QL
rizatriptan benzoate	1	QL
sumatriptan nasal	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
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous solution	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
zolmitriptan oral	1	QL
Antimyasthenic Agents		
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
pyrazinamide oral	1	
rifabutin	3	
rifampin oral	1	
SIRTURO	SP3	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	SP1	PA; SF
AFINITOR	SP2	PA; QL
AFINITOR DISPERZ	SP2	PA
ALECENSA	SP2	PA
ALUNBRIG	SP2	PA; QL
anastrozole oral	1	PV
AYVAKIT	SP2	PA; SF; QL
BALVERSA	SP2	PA; SF
bexarotene	SP1	PA; SF
bicalutamide	1	
BOSULIF	SP2	PA; SF
BRAFTOVI	SP2	PA

Drug Name	Drug Tier	Notes
BRUKINSA	SP2	PA; SF
CABOMETYX	SP2	PA; SF
CALQUENCE	SP2	PA; SF
capecitabine	SP1	PA
CAPRELSA ORAL TABLET 100 MG	SP2	PA; QL
CAPRELSA ORAL TABLET 300 MG	SP2	PA
COMETRIQ (100 MG DAILY DOSE)	SP2	PA
COMETRIQ (140 MG DAILY DOSE)	SP2	PA
COMETRIQ (60 MG DAILY DOSE)	SP2	PA
COPIKTRA	SP2	PA; SF
COTELLIC	SP2	PA
cyclophosphamide oral	1	
DAURISMO	SP2	PA; SF
DROXIA	3	
ERIVEDGE	SP2	PA; SF
ERLEADA	SP2	PA
erlotinib hcl oral tablet 100 mg, 150 mg	SP1	PA; SF
erlotinib hcl oral tablet 25 mg	SP1	PA; SF; QL
etoposide oral	SP1	
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	SP1	PA; QL
exemestane	1	PV
FARESTON	SP2	
FARYDAK	SP2	PA
flutamide	1	
GILOTRIF	SP2	PA; QL
GLEEVEC	SP2	PA
GLEOSTINE	SP2	
HYCAMTIN ORAL	SP2	
hydroxyurea oral	1	
IBRANCE	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
ICLUSIG ORAL TABLET 15 MG	SP2	PA; QL
ICLUSIG ORAL TABLET 45 MG	SP2	PA
IDHIFA	SP2	PA; QL
imatinib mesylate	SP1	PA
IMBRUVICA	SP2	PA
INLYTA	SP2	PA; SF
INREBIC	SP2	PA; SF
IRESSA	SP2	PA
JAKAFI ORAL TABLET 10 MG	SP2	PA; SF; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	SP2	PA; SF
KISQALI (200 MG DOSE)	SP2	PA
KISQALI (400 MG DOSE)	SP2	PA
KISQALI (600 MG DOSE)	SP2	PA
KOSELUGO	SP2	PA
lapatinib ditosylate	SP1	PA
LENVIMA (10 MG DAILY DOSE)	SP2	PA
LENVIMA (12 MG DAILY DOSE)	SP2	PA
LENVIMA (14 MG DAILY DOSE)	SP2	PA
LENVIMA (18 MG DAILY DOSE)	SP2	PA
LENVIMA (20 MG DAILY DOSE)	SP2	PA
LENVIMA (24 MG DAILY DOSE)	SP2	PA
LENVIMA (4 MG DAILY DOSE)	SP2	PA
LENVIMA (8 MG DAILY DOSE)	SP2	PA
letrozole oral	1	
leucovorin calcium oral	1	

Drug Name	Drug Tier	Notes
LEUKERAN	2	
LONSURF	SP2	PA
LORBRENA	SP2	PA; SF
LYNPARZA	SP2	PA
LYSODREN	SP2	
MATULANE	SP2	
MEKINIST	SP2	PA
MEKTOVI	SP2	PA
melphalan	1	
mercaptopurine oral	1	
MYLERAN	2	
NERLYNX	SP2	PA; SF; QL
NEXAVAR	SP2	PA; SF
NILANDRON	SP2	
nilutamide	SP1	
NINLARO	SP2	PA
NUBEQA	SP2	PA; SF
ODOMZO	SP2	PA
PEMAZYRE	SP2	PA; SF; QL
PIQRAY (200 MG DAILY DOSE)	SP2	PA
PIQRAY (250 MG DAILY DOSE)	SP2	PA
PIQRAY (300 MG DAILY DOSE)	SP2	PA
POMALYST	SP2	PA
PURIXAN	SP2	
QINLOCK	SP2	PA
RETEVMO	SP2	PA; SF
REVLIMID	SP2	PA
ROZLYTREK	SP2	PA; SF
RUBRACA	SP2	PA; SF
RYDAPT	SP2	PA
SPRYCEL	SP2	PA; SF
STIVARGA	SP2	PA
SUTENT	SP2	PA
SYNRIBO	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
TABRECTA	SP2	PA	VOTRIENT	SP2	PA; SF
TAFINLAR	SP2	PA; SF	XALKORI	SP2	PA; SF
TAGRISSE ORAL TABLET 40 MG	SP2	PA; QL	XELODA	SP2	PA
TAGRISSE ORAL TABLET 80 MG	SP2	PA	XOSPATA	SP2	PA
TALZENNA	SP2	PA; SF	XPOVIO (100 MG ONCE WEEKLY)	SP2	PA
tamoxifen citrate oral tablet 10 mg	1		XPOVIO (40 MG ONCE WEEKLY)	SP2	PA
tamoxifen citrate oral tablet 20 mg	1	PV	XPOVIO (40 MG TWICE WEEKLY)	SP2	PA
TARCEVA ORAL TABLET 100 MG, 150 MG	SP2	PA; SF	XPOVIO (60 MG ONCE WEEKLY)	SP2	PA
TARCEVA ORAL TABLET 25 MG	SP2	PA; SF; QL	XPOVIO (60 MG TWICE WEEKLY)	SP2	PA
TARGRETIN EXTERNAL	SP2	PA	XPOVIO (80 MG ONCE WEEKLY)	SP2	PA
TARGRETIN ORAL	SP2	PA; SF	XPOVIO (80 MG TWICE WEEKLY)	SP2	PA
TASIGNA	SP2	PA	XTANDI	SP2	PA; SF
TAZVERIK	SP2	PA; SF	YONSA	SP2	PA; SF
TEMODAR ORAL	SP2	PA	ZEJULA	SP2	PA; SF
temozolomide	SP1	PA	ZELBORAF	SP2	PA
THALOMID	SP2	PA	ZOLINZA	SP2	PA; SF
TIBSOVO	SP2	PA; SF	ZYDELIG	SP2	PA
toremifene citrate	SP1		ZYKADIA ORAL CAPSULE 150 MG	SP2	PA; SF
tretinoin oral	SP1		ZYTIGA	SP2	PA; SF
TUKYSA	SP2	PA	Antiparasitics		
TURALIO	SP2	PA	albendazole oral	1	PA
TYKERB	SP2	PA	atovaquone oral	3	
VALCHLOR	SP3	PA	atovaquone-proguanil hcl	1	
VENCLEXTA	SP2	PA	chloroquine phosphate oral	1	QL
VENCLEXTA STARTING PACK	SP2	PA	COARTEM	2	
VERZENIO	SP2	PA; SF	crotan	1	
VITRAKVI ORAL CAPSULE	SP2	PA; SF	EURAX EXTERNAL CREAM 10 %	2	
VITRAKVI ORAL SOLUTION	SP2	PA	hydroxychloroquine sulfate tablet 200 mg oral	1	
VIZIMPRO	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
hydroxychloroquine sulfate tablet 200 mg oral	1	QL
IMPAVIDO	SP3	
ivermectin oral	1	
lindane	1	
malathion	3	
mefloquine hcl	1	
pentamidine isethionate inhalation	1	
permethrin external	1	
praziquantel oral	3	
primaquine phosphate	1	
pyrimethamine oral	SP1	PA
quinine sulfate oral	1	PA
spinosad	3	
Antiparkinson Agents		
amantadine hcl oral	1	
APOKYN	SP3	PA; QL
benztropine mesylate oral	1	
bromocriptine mesylate oral	1	
carbidopa oral	3	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet dispersible	3	
carbidopa-levodopa-entacapone	3	
entacapone	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
ropinirole hcl er	3	
selegiline hcl oral	1	
tolcapone	3	
trihexyphenidyl hcl	1	

Drug Name	Drug Tier	Notes
Antiplatelets		
aspirin-dipyridamole er	1	
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
prasugrel hcl	1	
Antipsychotics - Drugs for Mood Disorders		
aripiprazole oral solution	1	QL
aripiprazole oral tablet	1	QL
aripiprazole oral tablet dispersible	3	QL
chlorpromazine hcl oral	1	
clozapine oral tablet	1	QL
clozapine oral tablet dispersible	3	QL
FANAPT	3	QL
FANAPT TITRATION PACK	3	QL
fluphenazine hcl oral	1	
haloperidol lactate oral	1	
haloperidol oral	1	
LATUDA	3	QL
loxapine succinate	1	
olanzapine oral	1	QL
paliperidone er	3	QL
pimozide	1	
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
risperidone	1	QL
risperidone m-tab oral tablet dispersible 0.5 mg, 1 mg, 2 mg	1	QL
SAPHRIS	3	QL
thioridazine hcl oral	1	
thiothixene	1	
trifluoperazine hcl	1	

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

Drug Name	Drug Tier	Notes
VRAYLAR	3	QL
ziprasidone hcl	1	QL
Antivirals		
abacavir sulfate	SP1	
abacavir sulfate-lamivudine	SP1	
abacavir-lamivudine-zidovudine	SP1	
acyclovir external ointment	1	
acyclovir oral	1	
adefovir dipivoxil	SP1	
APTIVUS	SP2	
atazanavir sulfate	SP1	
ATRIPLA	SP2	
BARACLUDE ORAL SOLUTION	SP2	QL
BARACLUDE ORAL TABLET	SP3	QL
BIKTARVY	SP2	
CIMDUO	SP2	
COMBIVIR	SP3	
COMPLERA	SP2	
CRIXIVAN	SP2	
DELSTRIGO	SP2	
DESCOVY	SP2	PA; PV
didanosine	SP1	
DOVATO	SP2	
EDURANT	SP2	
efavirenz	SP1	
efavirenz-emtricitabine-tenofovir	SP1	
efavirenz-lamivudine-tenofovir	SP1	
emtricitabine	SP1	
emtricitabine-tenofovir df	SP1	PV
EMTRIVA	SP2	
entecavir	SP1	QL

Drug Name	Drug Tier	Notes
EPCLUSA ORAL TABLET 400-100 MG	SP2	PA; QL
EPIVIR	SP3	
EPIVIR HBV ORAL SOLUTION	2	
EPZICOM	SP3	
EVOTAZ	SP2	
famciclovir oral	1	
fosamprenavir calcium	SP1	
FUZEON	SP2	
GENVOYA	SP2	
HARVONI	SP2	PA; QL
HEPSERA	SP3	
INTELENCE	SP2	
INTRON A	SP3	PA
INVIRASE	SP2	
ISENTRESS	SP2	
ISENTRESS HD	SP2	
JULUCA	SP2	
KALETRA	SP2	
lamivudine oral solution	SP1	
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg, 300 mg	SP1	
lamivudine-zidovudine	SP1	
LEXIVA	SP2	
lopinavir-ritonavir	SP1	
MAVYRET	SP2	PA; QL
moderiba oral tablet 200 mg	SP1	
nevirapine	SP1	
nevirapine er	SP1	
NORVIR	SP2	
ODEFSEY	SP2	
oseltamivir phosphate oral	1	QL
PEGASYS	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
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML	SP2	PA	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	SP2	
PEGINTRON	SP2	PA	TRUVADA ORAL TABLET 200-300 MG	SP2	PA
PIFELTRO	SP2		TYBOST	SP2	
PREZCOBIX	SP2		valacyclovir hcl oral	1	QL
PREZISTA	SP2		valganciclovir hcl	SP1	
RESCRIPTOR ORAL TABLET 200 MG	SP2		VEMLIDY	SP2	
RETROVIR ORAL	SP3		VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG, 200 MG, 250 MG, 400 MG	SP3	
REYATAZ	SP2		VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	SP2	
ribasphere oral capsule 200 mg	SP1		VIRACEPT	SP2	
ribasphere oral tablet 200 mg	SP1		VIRAMUNE	SP3	
ribavirin oral	SP1		VIRAMUNE XR	SP3	
rimantadine hcl	1		VIREAD	SP2	
ritonavir	1		XOFLUZA (40 MG DOSE)	3	QL
SELZENTRY	SP2	PA	XOFLUZA (80 MG DOSE)	3	QL
stavudine	SP1		ZIAGEN ORAL SOLUTION	SP2	
STRIBILD	SP2		ZIAGEN ORAL TABLET	SP3	
SUSTIVA	SP3		zidovudine	SP1	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	SP3	PA	Anxiolytics - Drugs for Anxiety		
SYMFI	SP2		alprazolam er	1	QL
SYMFI LO	SP2		alprazolam oral tablet	1	QL
SYM TUZA	SP2		alprazolam xr	1	QL
TEMIXYS	SP2		buspirone hcl oral	1	
tenofovir disoproxil fumarate	SP1	PV	chlordiazepoxide hcl	1	QL
TIVICAY	SP2		clonazepam oral	1	QL
TIVICAY PD	SP2		clorazepate dipotassium	1	QL
TRIUMEQ	SP2		diazepam intensol	1	
TRIZIVIR	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
diazepam oral	1	
estazolam	1	QL
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam intensol	1	QL
lorazepam oral concentrate 2 mg/ml	1	QL
lorazepam oral tablet	1	QL
oxazepam	1	QL
triazolam	1	QL
Bipolar Agents - Drugs for Mood Disorders		
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders		
anagrelide hcl	1	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	SP2	PA
NEULASTA	SP3	PA
NEULASTA ONPRO	SP3	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	SP3	PA
PROMACTA	SP3	PA
tranexamic acid oral	1	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
ALDACTAZIDE ORAL TABLET 50-50 MG	2	
aliskiren fumarate	3	
amiloride hcl oral	1	

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

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

Drug Name	Drug Tier	Notes
cartia xt	1	
carvedilol	1	
chlorothiazide oral tablet 250 mg, 500 mg	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine	1	
clonidine hcl oral	1	
colesevelam hcl	3	
COLESTID FLAVORED ORAL PACKET	2	
COLESTID ORAL PACKET	2	
colestipol hcl	1	
CORLANOR	3	PA; QL
digitek	1	
digox	1	
digoxin oral	1	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
disopyramide phosphate	1	
DIURIL	2	
dofetilide	3	
doxazosin mesylate oral	1	
enalapril maleate oral	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO	3	QL
EPANED	3	
eplerenone	1	
ezetimibe	1	
ezetimibe-simvastatin	1	
felodipine er	1	

Drug Name	Drug Tier	Notes
fenofibrate micronized	1	
fenofibrate oral capsule	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
	1	PV; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium	1	
	1	PV; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium er		
fosinopril sodium	1	
fosinopril sodium-hctz	1	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
indapamide	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide dinitrate	1	
isosorbide dinitrate er oral tablet extended release 40 mg	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
isradipine	1	
JUXTAPID	SP3	PA; QL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	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
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
losartan potassium oral	1	
losartan potassium-hctz	1	
lovastatin	1	PV; AL (Min 40 Years and Max 75 Years)
matzim la	1	
methyclothiazide oral tablet 5 mg	1	
methyl dopa	1	
methyl dopa-hydrochlorothiazide	1	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
midodrine hcl	1	
minitran	1	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	2	
nadolol oral	1	
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nimodipine oral	3	
NITRO-BID	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	

Drug Name	Drug Tier	Notes
nitroglycerin er	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	1	
NORPACE CR	2	
NORTHERA	SP3	PA
NYMALIZE	SP3	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	
pentoxifylline er	1	
perindopril erbumine	1	
phenoxybenzamine hcl oral	1	
pindolol	1	
PRALUENT	SP3	PA; QL
pravastatin sodium	1	PV; AL (Min 40 Years and Max 75 Years)
prazosin hcl oral	1	
prevalite	1	
propafenone hcl	1	
propafenone hcl er	3	
propranolol hcl er	1	
propranolol hcl oral	1	
propranolol-hctz	1	
QBRELIS	3	
quinapril hcl	1	
quinapril-hydrochlorothiazide	1	
quinidine gluconate er	1	
quinidine sulfate	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
ramipril	1	
ranolazine er	1	
REPATHA	SP3	PA; QL
REPATHA PUSHTRONEX SYSTEM	SP3	PA; QL
REPATHA SURECLICK	SP3	PA; QL
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	PV; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
simvastatin oral	1	PV; AL (Min 40 Years and Max 75 Years)
sorine	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral	1	
spironolactone-hctz	1	
taztia xt	1	
TEKTURNA HCT	3	
telmisartan	1	
telmisartan-hctz	1	
tiadylt er	1	
timolol maleate oral	1	
torseamide	1	
trandolapril	1	
trandolapril-verapamil hcl er	3	
triamterene-hctz	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	3	
VECAMYL	3	
verapamil hcl er	1	

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

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

Drug Name	Drug Tier	Notes
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	SP3	PA; QL
AUBAGIO	SP3	PA; QL
AVONEX PEN	SP2	PA; QL
AVONEX PREFILLED	SP2	PA; QL
COPAXONE	SP2	PA; QL
dalfampridine er	SP1	PA; QL
dimethyl fumarate oral	SP1	PA; QL
dimethyl fumarate starter pack	SP1	PA; QL
EXTAVIA	SP2	PA; QL
GILENYA	SP2	PA; QL
glatiramer acetate	SP1	PA; QL
glatopa	SP1	PA; QL
PLEGRIDY	SP2	PA; QL
PLEGRIDY STARTER PACK	SP2	PA; QL
TECFIDERA	SP2	PA; QL
Central Nervous System Agents - Miscellaneous		
caffeine citrate oral	3	
pregabalin oral	1	QL
riluzole	3	PA
SAVELLA	3	QL
SAVELLA TITRATION PACK	3	QL
tetrabenazine	SP1	PA
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest	1	
cevimeline hcl	3	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	2	
DENTA 5000 PLUS	2	

Drug Name	Drug Tier	Notes
DENTAGEL	2	
FLUORIDEX	2	
FLUORIDEX ENHANCED WHITENING	2	
FLUORIDEX SENSITIVITY RELIEF	2	
lidocaine viscous hcl	1	
oralone	1	
paroex	1	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	2	
PREVIDENT 5000 DRY MOUTH	2	
PREVIDENT 5000 ENAMEL PROTECT	2	
PREVIDENT 5000 ORTHO DEFENSE	2	
PREVIDENT 5000 PLUS	2	
PREVIDENT 5000 SENSITIVE	2	
PREVIDENT DENTAL	2	
prevident mouth/throat	1	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
acitretin	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
adapalene external gel 0.3 %	1		clindamycin phosphate external solution	1	
AKTIPAK EXTERNAL PACKET 5-3 %	2		clindamycin phosphate external swab	1	
ala-cort external cream 2.5 %	1		clobetasol prop emollient base	1	
alclometasone dipropionate	1		clobetasol propionate e	1	
amnestem	1	PA	clobetasol propionate emulsion	3	
azelaic acid external	3		clobetasol propionate external cream	1	
AZELEX	2		clobetasol propionate external foam	3	
benzoyl peroxide-erythromycin	1		clobetasol propionate external gel	1	
besser external lotion	3		clobetasol propionate external liquid	1	
betamethasone dipropionate aug	1		clobetasol propionate external lotion	1	
betamethasone dipropionate external	1		clobetasol propionate external ointment	1	
betamethasone valerate external	1		clobetasol propionate external shampoo	3	
calcipotriene external cream	3		clobetasol propionate external solution	1	
calcipotriene external ointment	3		clodan external shampoo	3	
calcipotriene external solution	3		CONDYLOX	3	
calcipotriene-betameth diprop	3	QL	desonide external cream	1	
calcitriol external	3		desonide external lotion	1	
CAPEX	2		desonide external ointment	1	
claravis	1	PA	desoximetasone external cream 0.25 %	1	
clindacin etz external swab	1		desoximetasone external gel	3	
clindacin-p	1		desoximetasone external liquid	3	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1		desoximetasone external ointment 0.25 %	1	
clindamycin phosphate external gel	1		diclofenac sodium external gel 3 %	1	QL
clindamycin phosphate external lotion	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
DRYSOL	2	
DUPIXENT	SP2	PA; QL
EPIFOAM	2	
ery	1	
erythromycin external	1	
erythromycin external pad 2 %	1	
EUCRISA	2	ST
FINACEA EXTERNAL FOAM	3	ST
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external	1	
FLUOROPLEX	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
fluticasone propionate external cream	1	
fluticasone propionate external lotion	3	
fluticasone propionate external ointment	1	
gordons urea	1	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
hydrocortisone butyrate external cream	1	

Drug Name	Drug Tier	Notes
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 2.5 %	1	
hydrocortisone valerate	1	
imiquimod external	1	
isotretinoin oral	1	PA
methoxsalen rapid	3	
metronidazole external	1	
mometasone furoate external	1	
myorisan	1	PA
neuac external gel	1	
PICATO	3	ST
pimecrolimus	1	
podocon	1	
podofilox external	1	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL LOTION	2	
PRAMOSONE EXTERNAL OINTMENT	2	
prednicarbate	1	
REGANEX	2	PA
rosadan external cream	1	
rosadan external gel	1	
SANTYL	2	
selenium sulfide external lotion	1	
selenium sulfide external shampoo 2.25 %	1	

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

Drug Name	Drug Tier	Notes
sodium sulfacetamide wash liquid 10 % external	1	
SODIUM SULFACETAMIDE WASH LIQUID 10 % EXTERNAL	2	
sss 10-5 external foam	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external liquid	1	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide-sulfur in urea	3	
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external ointment	1	
tazarotene external	1	AL (Max 40 Years)
TAZORAC EXTERNAL CREAM 0.05 %	2	AL (Max 40 Years)
TAZORAC EXTERNAL GEL	2	AL (Max 40 Years)
TEXACORT	2	
tovet external foam	3	
tretinoin external cream	1	AL (Max 40 Years)
tretinoin external gel 0.01 %, 0.025 %	1	AL (Max 40 Years)
tretinoin external gel 0.05 %	3	AL (Max 40 Years)

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

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
JENTADUETO	2	
JENTADUETO XR	2	
metformin hcl er	1	
metformin hcl oral tablet	1	
miglitol	3	
nateglinide	1	
OZEMPIC	2	QL
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	3	
pioglitazone hcl-metformin hcl	1	
repaglinide	1	
RYBELSUS	3	QL
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	ST
SYNJARDY XR	2	ST
tolazamide oral tablet 250 mg, 500 mg	1	
tolbutamide	1	
TRADJENTA	2	
TRULICITY	2	QL
VICTOZA	2	QL
XIGDUO XR	2	ST
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	1	
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	1	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	1	
ACCU-CHEK AVIVA PLUS TEST STRIPS	1	QL
ACCU-CHEK COMPACT PLUS CARE KIT	1	

Drug Name	Drug Tier	Notes
ACCU-CHEK COMPACT PLUS CONTROL	1	
ACCU-CHEK COMPACT PLUS TEST STRIPS	1	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK GUIDE KIT W/DEVICE	1	
ACCU-CHEK GUIDE CONTROL	1	
ACCU-CHEK GUIDE TEST STRIPS	1	QL
ACCU-CHEK GUIDE KIT W/DEVICE	1	
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	1	
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	1	
ACCU-CHEK SMARTVIEW CONTROL	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	1	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
AGAMATRIX CONTROL LEVEL 2	2	
AGAMATRIX CONTROL LEVEL 4	2	
AGAMATRIX PRESTO TEST	2	QL
ASSURE PLATINUM	2	QL
AUTOLET LANCING DEVICE	2	
BAYER CONTOUR LINK 2.4 KIT W/DEVICE	2	
BIOTEL CARE BLOOD GLUCOSE SYST	2	
BLOOD GLUCOSE 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
CARETOUCH CONTROL SOL LEVEL 2	2		DIATHRIVE+ GLUCOSE MONITOR	2	
CARETOUCH LANCING/EJECTOR	2		DIATHRIVE+ GLUCOSE TEST	2	QL
CARETOUCH TEST	2	QL	EASY TRAK II BLOOD GLUCOSE SYS	2	
CEQUR SIMPLICITY 2U	2		EASY TRAK II CONTROL	2	
CEQUR SIMPLICITY INSERTER	2		EASY TRAK II GLUCOSE TEST	2	QL
CEQUR SIMPLICITY STARTER	2		EASYMAX 15 LEVEL 2-3 CONTROL	2	
CHEMSTRIP UGK	1		EASYMAX CONTROL	2	
CONTOUR CONTROL	2		EASYMAX CONTROL NORMAL/HIGH	2	
CONTOUR NEXT CONTROL	2		EMBRACE TALK BLOOD GLUCOSE	2	
CONTOUR NEXT LINK	2		EMBRACE TALK GLUCOSE CONTROL	2	
CONTOUR NEXT MONITOR	2		EMBRACE TALK GLUCOSE TEST	2	QL
CONTOUR NEXT TEST	2	QL	EMBRACE TALK MONITORING SYSTEM	2	
CONTOUR TEST	2	QL	EVENCARE PROVIEW GLUCOSE TEST	2	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3		FORA 6 CONNECT	2	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3		FORA GTEL BLOOD GLUCOSE SYSTEM	2	
DIATHRIVE BLOOD GLUCOSE METER	2		FORA GTEL BLOOD GLUCOSE TEST	2	QL
DIATHRIVE BLOOD GLUCOSE TEST	2	QL	FORTISCARE CONTROL	2	
DIATHRIVE GLUCOSE CONTROL SOLN	2		FORTISCARE GLUCOSE SYSTEM DEVICE	2	
DIATHRIVE GLUCOSE TEST	2	QL	FORTISCARE T1 GLUCOSE SYSTEM	2	
DIATHRIVE LANCING DEVICE	2		FREESTYLE FREEDOM LITE	2	
			FREESTYLE INSULINX SYSTEM	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
FREESTYLE INSULINX TEST	2	QL	HW EMBRACE PRO GLUCOSE METER	2	
FREESTYLE LIBRE 14 DAY READER	3		HW EMBRACE PRO GLUCOSE TEST	2	QL
FREESTYLE LIBRE 14 DAY SENSOR	3		HW EMBRACE TALK BLOOD GLUCOSE	2	
FREESTYLE LIBRE 2 READER SYSTM	3		HW EMBRACE TALK GLUCOSE TEST	2	QL
FREESTYLE LIBRE 2 SENSOR SYSTM	3		INFINITY BLOOD GLUCOSE TEST	2	QL
FREESTYLE LIBRE READER	3		INPEN 100-BLUE-LILLY	2	
FREESTYLE LIBRE SENSOR SYSTEM	3		INPEN 100-BLUE-NOVO	2	
FREESTYLE LITE TEST	2	QL	INPEN 100-GRAY-LILLY	2	
FREESTYLE PRECISION NEO TEST	2	QL	INPEN 100-GREY-NOVO	2	
FREESTYLE TEST	2	QL	INPEN 100-PINK-LILLY	2	
GENTEEL LANCING KIT (BLUE)	2		INPEN 100-PINK-NOVO	2	
GLUCOCARD 01 SENSOR PLUS	2	QL	KETONE TEST	2	
GLUCOCARD EXPRESSION TEST	2	QL	KETOSTIX	2	
GLUCOCARD SHINE CONNEX	2		KROGER HEALTHPRO GLUCOSE TEST	2	QL
GLUCOCARD SHINE EXPRESS	2		LANCETS	1	
GLUCOCARD SHINE TEST	2	QL	LANCETS	2	
GLUCOCARD VITAL TEST	2	QL	LANCETS KIT	2	
GOJJI BLOOD GLUCOSE TEST	2	QL	MICRODOT TEST	2	QL
GOJJI BLOOD TEST STRIP/LANCETS	2	QL	MICROLET NEXT LANCING DEVICE	2	
GOJJI CONTROL	2		NOVOPEN ECHO	2	
GOJJI LANCING DEVICE/CLEAR CAP	2		OMNIPOD DASH SYSTEM	3	
HARMONY BLOOD GLUCOSE TEST	2	QL	OMNIPOD STARTER	3	
			ONE DROP BLOOD GLUCOSE MONITOR	2	
			ONE DROP TEST	2	QL
			ONETOUCH DELICA LANCING DEV	1	
			ONETOUCH DELICA PLUS LANCING	1	
			ONETOUCH ULTRA	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
ONETOUCH ULTRA 2 KIT W/DEVICE	1		RELION PREMIER CLASSIC	2	
ONETOUCH ULTRA MINI KIT W/DEVICE	1		RELION PREMIER TEST	2	QL
ONETOUCH VERIO KIT W/DEVICE	1		RELION ULTIMA TEST	2	QL
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1		SURESTEP PRO HIGH GLUCOSE	1	
ONETOUCH VERIO IN VITRO SOLUTION HIGH	1		SURESTEP PRO LOW GLUCOSE	1	
ONETOUCH VERIO TEST STRIPS	1	QL	SURESTEP PRO NORMAL GLUCOSE	1	
ONETOUCH VERIO IQ SYSTEM	1		TRUE FOCUS BLOOD GLUCOSE METER	2	
ONETOUCH VERIO REFLECT	1		TRUE METRIX BLOOD GLUCOSE TEST	2	QL
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1		TRUE METRIX LEVEL 1	2	
PRECISION LINK	2		TRUE METRIX LEVEL 2	2	
PRECISION PCX PLUS TEST	2	QL	TRUE METRIX LEVEL 3	2	
PRECISION QID MONITOR	2		TRUE METRIX PRO BLOOD GLUCOSE	2	QL
PRECISION QID TEST	2	QL	TRUETRACK TEST	2	QL
PRECISION SOF-TACT MONITOR	2		UNISTRIP CONTROL IN VITRO SOLUTION LOW	2	
PRECISION SOF-TACT TEST	2	QL	V-GO 20	3	
PRECISION XTRA BLOOD GLUCOSE	2	QL	V-GO 30	3	
PRECISION XTRA DEVICE	2		V-GO 40	3	
PRECISION XTRA KIT	2		VIVAGUARD INO CONTROL SOLUTION	2	
PRECISION XTRA MONITOR	2		VIVAGUARD INO GLUCOSE METER	2	
PRODIGY NO CODING BLOOD GLUC	2		VIVAGUARD INO TEST STRIPS	2	QL
RELION BLOOD GLUCOSE TEST	2	QL	VIVAGUARD LANCING DEVICE	2	
			Diabetes - Glycemic Agents		
			BAQSIMI ONE PACK	2	
			BAQSIMI TWO PACK	2	
			diazoxide oral	3	
			GLUCAGEN HYPOKIT	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
GLUCAGON EMERGENCY KIT	2		HUMALOG MIX 75/25 VIAL	2	
GVOKE HYPOPEN 1-PACK	2		HUMALOG U-100 JUNIOR KWIKPEN	2	
GVOKE HYPOPEN 2-PACK	2		HUMALOG VIAL	2	
GVOKE PFS	2		HUMULIN 70/30 KWIKPEN	2	
Diabetes - Insulins			HUMULIN 70/30 VIAL	2	
APIDRA SOLOSTAR	3		HUMULIN N KWIKPEN	2	
APIDRA VIAL	3		HUMULIN N VIAL	2	
BD AUTOSHIELD DUO PEN NEEDLES	1		HUMULIN R U-500 KWIKPEN	2	
BD INTEGRA NEEDLE 25G X 5/8"	1		HUMULIN R U-500 VIAL	2	
BD SAFETYGLIDE SYRINGE/NEEDLE 21G X 1-1/2"	1		HUMULIN R VIAL	2	
BD ULTRA-FINE INSULIN SYRINGES	1		INSULIN PEN NEEDLES	1	
BD ULTRA-FINE PEN NEEDLES	1		INSULIN SYRINGES	1	
BD VEO INSULIN SYR U/F 1/2UNIT	1		LANTUS SOLOSTAR	2	
DIATHRIVE PEN NEEDLE	1		LANTUS U-100 VIAL	2	
DROPLET MICRON	1		LEVEMIR U-100 FLEXTOUCH	2	
EASYPOINT NEEDLE 18G X 1" , 18G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2"	1		LEVEMIR U-100 VIAL	2	
FIASP	1		MAXICOMFORT SYR 27G X 1/2"	1	
FIASP FLEXTOUCH	1		NOVOFINE AUTOCOVER PEN NEEDLE	1	
FIASP PENFILL	1		NOVOFINE PEN NEEDLE	1	
HUMALOG KWIKPEN	2		NOVOFINE PLUS PEN NEEDLE	1	
HUMALOG MIX 50/50 KWIKPEN	2		NOVOLIN 70/30 FLEXPEN	2	
HUMALOG MIX 50/50 VIAL	2		NOVOLIN 70/30 FLEXPEN RELION	2	
HUMALOG MIX 75/25 KWIKPEN	2		NOVOLIN 70/30 RELION	2	
			NOVOLIN 70/30 VIAL	2	
			NOVOLIN N FLEXPEN	2	
			NOVOLIN N FLEXPEN RELION	2	
			NOVOLIN N RELION	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
NOVOLIN N VIAL	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLIN R VIAL	2	
NOVOLOG FLEXPEN	1	
NOVOLOG MIX 70/30 FLEXPEN	1	
NOVOLOG MIX 70/30 VIAL	1	
NOVOLOG PENFILL	1	
NOVOLOG U-100 VIAL	1	
NOVOTWIST PEN NEEDLE	1	
SECURESAFE HYPODERMIC NEEDLE 18G X 1" , 19G X 1" , 19G X 1-1/2" , 22G X 1"	1	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
Electrolytes / Minerals / Metals / Vitamins		
CARBAGLU	SP3	
CARNITOR INTRAVENOUS	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CITRANATAL BLOOM	3	
clovique	SP1	PA
cyanocobalamin injection solution 1000 mcg/ml	1	
cytra k crystals	1	
deferasirox oral tablet soluble	SP1	PA
deferiprone	SP1	PA

Drug Name	Drug Tier	Notes
effer-k oral tablet effervescent 25 meq	1	
effervescent pot chloride oral tablet effervescent 25 meq	1	
ergocalciferol oral capsule	1	
EXJADE	SP3	PA
ferocon	1	
ferotinsic	1	
FERRALET 90	3	
FERRIPROX	SP3	PA
fluoritab	0	PV
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	0	PV
FOLIVANE-F	2	
FOLIVANE-PLUS	2	
foltrin	1	
GALZIN	2	
INTEGRA F	2	
INTEGRA PLUS	2	
iodine strong oral	1	
k-effervescent oral tablet effervescent 25 meq	1	
kionex	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
KLOR-CON M15	2	
klor-con m20	1	
klor-con sprinkle	1	
klor-con/ef	1	
K-PHOS	2	
K-PHOS NO 2	2	
k-prime	1	
k-vescent oral tablet effervescent 25 meq	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
levocarnitine oral solution	3	
levocarnitine oral tablet	3	
levocarnitine sf	3	
M-NATAL PLUS	1	
multi prenatal	0	PV
multivitamin/fluoride oral tablet chewable 1 mg	1	
nafrinse	0	PV
nafrinse drops	0	PV
NASCOBAL	2	
NEONATAL COMPLETE	1	
NEONATAL PLUS	1	
ONE VITE WOMENS	0	PV
ONE VITE WOMENS PLUS	1	
ONE-A-DAY WOMENS PRENATAL 1	0	PV
ORACIT	2	
phosphorous	1	
phospho-trin 250 neutral	1	
phytonadione oral	1	
pot bicarb-pot chloride	1	
potassium bicarbonate oral	1	
potassium chloride cryser	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
prenatal multi +dha	0	PV
prenatal oral tablet 27-0.8 mg, 28-0.8 mg	0	PV
prenatal oral tablet 27-1 mg	1	
prenatal plus iron	1	
PRENATRIX	1	
PROFERRIN-FORTE	2	

Drug Name	Drug Tier	Notes
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG	1	
sod citrate-citric acid	1	
sodium fluoride oral	0	PV
sodium polystyrene sulfonate	1	
sps	1	
SYPRINE	SP3	PA
taron-crystals	1	
tl icon oral capsule	1	
TRICARE PRENATAL DHA ONE	3	
tricitrates	1	
trientine hcl	SP1	PA
VIL-RX ORAL TABLET 29-1 MG	1	
VIRT-FEFA PLUS	2	
virt-phos 250 neutral	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
VITATHELY WITH GINGER	1	
WESTAB PLUS	1	
WESTGEL DHA	3	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
esomeprazole magnesium oral capsule delayed release 40 mg	3	QL
esomeprazole magnesium oral packet	3	QL; AL (Max 12 Years)
famotidine oral suspension reconstituted	3	
lansoprazole oral capsule delayed release 30 mg	3	QL

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
lansoprazole oral tablet delayed release dispersible	3	QL; AL (Max 12 Years)	gavilyte-g	1	PV; QL
misoprostol oral	1		gavilyte-n with flavor pack	1	PV; QL
NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	QL; AL (Max 12 Years)	generlac	1	
omeprazole oral capsule delayed release 10 mg, 40 mg	3	QL	gentle laxative oral	0	PV; QL
pantoprazole sodium oral tablet delayed release	3	QL	glycolax	0	PV; QL
PREVACID SOLUTAB	3	QL; AL (Max 12 Years)	glycopyrrolate oral tablet 1 mg, 2 mg	1	
rabeprazole sodium oral tablet delayed release	3	QL	hyoscyamine sulfate er	1	
sucralfate oral	1		hyoscyamine sulfate oral	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			hyoscyamine sulfate sl	1	
alosetron hcl	3	PA	hyoscyamine sulfate sublingual	1	
AMITIZA	3	QL	hyosyne	1	
ANASPAZ	2		lactulose encephalopathy	1	
bisacodyl ec	0	PV; QL	lactulose oral solution	1	
chlordiazepoxide-clidinium	1		LINZESS	3	QL
citroma	0	PV; QL	magnesium citrate oral solution	0	PV; QL
clearlax	0	PV; QL	MOVANTIK	3	QL
constulose	1		NULEV	2	
cromolyn sodium oral	3		oscimin	1	
CUVPOSA	3		oscimin oral tablet dispersible 0.125 mg	1	
dicyclomine hcl oral	1		oscimin sr	1	
diphenoxylate-atropine	1		OSMOPREP	3	
ED-SPAZ	2		peg 3350/electrolytes oral solution reconstituted 240 gm	1	PV; QL
enulose	1		peg 3350-kcl-na bicarb-nacl	1	PV; QL
GATTEX	SP3	PA	peg-3350/electrolytes	1	PV; QL
gavilax oral powder	0	PV; QL	peg-3350/electrolytes/ascorb at	3	
gavilyte-c	1	PV; QL	peg-kcl-nacl-nasulf-na asc-c	3	
			PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM	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
qc magnesium citrate	0	PV; QL
RELISTOR SUBCUTANEOUS	SP3	QL
SUPREP BOWEL PREP KIT	3	
SYMAX DUOTAB	2	
trilyte	1	PV; QL
ursodiol oral	1	
VIBERZI	3	PA; QL
XERMELO	SP3	PA; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
BUPHENYL	SP3	
CERDELGA	SP3	PA
CHOLBAM	SP3	PA
CREON	2	
GALAFOLD	SP3	PA; QL
MYALEPT	SP3	PA
nitisinone	SP1	PA
OCALIVA	SP3	PA; QL
ORFADIN	SP3	PA
PANCREAZE	2	
PROCYSBI	SP3	PA
RAVICTI	SP3	PA
sodium phenylbutyrate oral	SP1	
STRENSIQ	SP3	PA
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	

Drug Name	Drug Tier	Notes
darifenacin hydrobromide er	3	
DEPEN TITRATABS	SP2	PA
D-PENAMINE ORAL TABLET 125 MG	SP2	PA
ELMIRON	2	
flavoxate hcl	1	
INTRAROSA	3	
LITHOSTAT	3	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
penicillamine oral tablet	SP1	PA
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
sevelamer carbonate	3	
sevelamer hcl	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	3	QL
solifenacin succinate	1	
tadalafil oral tablet 2.5 mg, 5 mg	3	QL
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	3	
uro-mp	1	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 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
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
Hormonal Agents - Adrenal		
cortisone acetate oral	1	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 2 MG	2	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
Hormonal Agents - Men's Health		
ANDRODERM	2	PA
danazol oral	3	
DEPO-TESTOSTERONE	2	PA
testosterone cypionate intramuscular	1	PA
testosterone enanthate intramuscular	1	PA
testosterone transdermal	3	PA
Hormonal Agents - Osteoporosis		
OSPHENA	3	
raloxifene hcl	1	PV

Drug Name	Drug Tier	Notes
Hormonal Agents - Pituitary		
cabergoline	1	
DDAVP RHINAL TUBE	2	
desmopressin ace spray refrig	1	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
NORDITROPIN FLEXPPO	SP2	PA
NUTROPIN AQ NUSPIN 10	SP2	PA
NUTROPIN AQ NUSPIN 20	SP2	PA
NUTROPIN AQ NUSPIN 5	SP2	PA
octreotide acetate	SP1	PA
OMNITROPE	SP2	PA
ORILISSA	3	PA; QL
SIGNIFOR	SP3	PA; QL
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP3	PA
STIMATE	2	
Hormonal Agents - Sex Hormones and Birth Control		
afirmelle	0	PV
altavera	0	PV
alyacen 1/35	0	PV
alyacen 7/7/7	0	PV
amabelz	1	
amethia	0	PV; QL
amethia lo	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
amethyst	0	PV	dasetta 1/35	0	PV
ANGELIQ	2		dasetta 7/7/7	0	PV
ANNOVERA	3	QL	daysee	0	PV; QL
apri	0	PV	deblitane	0	PV
aranelle	0	PV	DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	2	
ashlyna	0	PV; QL	delyla	0	PV
aubra	0	PV	DEPO-ESTRADIOL	2	
aubra eq	0	PV	desogestrel-ethinyl estradiol	0	PV
aurovela 1.5/30	0	PV	DIVIGEL	3	
aurovela 1/20	0	PV	dotti	1	
aurovela 24 fe	0	PV	drospiren-eth estrad- levomefol	0	PV
aurovela fe 1.5/30	0	PV	drospirenone-ethinyl estradiol	0	PV
aurovela fe 1/20	0	PV	DUAVEE	2	
aviane	0	PV	ELESTRIN	3	
ayuna	0	PV	elinest	0	PV
azurette	0	PV	ELLA	0	PV
BALCOLTRA	3		eluryng	0	PV
balziva	0	PV	emoquette	0	PV
bekyree	0	PV	enpresse-28	0	PV
blisovi 24 fe	0	PV	enskyce	0	PV
blisovi fe 1.5/30	0	PV	errin	0	PV
blisovi fe 1/20	0	PV	est estrogens-methyltest	1	
briellyn	0	PV	est estrogens-methyltest ds	1	
camila	0	PV	est estrogens-methyltest hs	1	
camrese	0	PV; QL	estarylla	0	PV
camrese lo	0	PV; QL	estradiol oral	1	
caziant	0	PV	estradiol transdermal	1	
charlotte 24 fe	0	PV	estradiol vaginal	1	
chateal	0	PV	estradiol valerate intramuscular	1	
chateal eq	0	PV	estradiol-norethindrone acet	1	
CLIMARA PRO	3				
COMBIPATCH	3				
cryselle-28	0	PV			
cyclafem 1/35	0	PV			
cyclafem 7/7/7	0	PV			
cyred	0	PV			
cyred 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
ESTRING	3	QL
ESTROGEL	3	
ethynodiol diac-eth estradiol	0	PV
etonogestrel-ethinyl estradiol	0	PV
EVAMIST	3	
falmina	0	PV
fayosim	0	PV; QL
femynor	0	PV
fyavolv	1	
gianvi	0	PV
hailey 1.5/30	0	PV
hailey 24 fe	0	PV
hailey fe 1.5/30	0	PV
hailey fe 1/20	0	PV
heather	0	PV
incassia	0	PV
introvale	0	PV; QL
isibloom	0	PV
jaimiess	0	PV; QL
jasmiel	0	PV
jencycla	0	PV
jinteli	1	
jolessa	0	PV; QL
jolivette oral tablet 0.35 mg	0	PV
juleber	0	PV
junel 1.5/30	0	PV
junel 1/20	0	PV
junel fe 1.5/30	0	PV
junel fe 1/20	0	PV
junel fe 24	0	PV
kaitlib fe	0	PV
kalliga	0	PV
kariva	0	PV
kelnor 1/35	0	PV

Drug Name	Drug Tier	Notes
kelnor 1/50	0	PV
kurvelo	0	PV
KYLEENA	0	PV
larin 1.5/30	0	PV
larin 1/20	0	PV
larin 24 fe	0	PV
larin fe 1.5/30	0	PV
larin fe 1/20	0	PV
larissia	0	PV
layolis fe	0	PV
leena	0	PV
lessina	0	PV
levonest	0	PV
levonorgest-eth est & eth est	0	PV; QL
levonorgest-eth estrad 91-day	0	PV; QL
levonorgestrel	0	PV
levonorgestrel-ethinyl estrad	0	PV
levonorg-eth estrad triphasic	0	PV
levora 0.15/30 (28)	0	PV
LILETTA (52 MG)	0	PV
lillow	0	PV
LO LOESTRIN FE	3	
lojaimiess	0	PV; QL
lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
loryna	0	PV
low-ogestrel	0	PV
lo-zumandimine	0	PV
luteru	0	PV
lyza	0	PV
marlissa	0	PV
medroxyprogesterone acetate intramuscular	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
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	1	
megestrol acetate oral tablet	1	
melodetta 24 fe	0	PV
MENEST	2	
mibelas 24 fe	0	PV
microgestin 1.5/30	0	PV
microgestin 1/20	0	PV
microgestin fe 1.5/30	0	PV
microgestin fe 1/20	0	PV
mili	0	PV
mimvey	1	
mimvey lo oral tablet 0.5-0.1 mg	1	
MIRENA (52 MG)	0	PV
mono-lynyah	0	PV
mononessa	0	PV
myzilra oral tablet 50-30/75-40/ 125-30 mcg	0	PV
NATAZIA	0	PV
necon 0.5/35 (28)	0	PV
NEXPLANON	0	PV
nikki	0	PV
nora-be	0	PV
norethin ace-eth estrad-fe	0	PV
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	0	PV
norethindrone acet-ethinyl est oral tablet chewable 1-20 mg-mcg(24)	0	PV
norethindrone oral	0	PV

Drug Name	Drug Tier	Notes
norethindrone-eth estradiol	1	
norethin-eth estradiol-fe	0	PV
norgestimate-eth estradiol	0	PV
norgestimate-ethinyl estradiol triphasic	0	PV
norlyda	0	PV
norlyroc	0	PV
nortrel 0.5/35 (28)	0	PV
nortrel 1/35 (21)	0	PV
nortrel 1/35 (28)	0	PV
nortrel 7/7/7	0	PV
ocella	0	PV
ogestrel oral tablet 0.5-50 mg-mcg	0	PV
orsythia	0	PV
PARAGARD INTRAUTERINE COPPER	0	PV
philith	0	PV
pimtrea	0	PV
pirmella 1/35	0	PV
pirmella 7/7/7	0	PV
portia-28	0	PV
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
preventeza	0	PV
previfem	0	PV
progesterone intramuscular	1	
progesterone micronized oral	1	
quasense oral tablet 0.15-0.03 mg	0	PV; QL
reclipsen	0	PV
rivelsa	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
setlakin	0	PV; QL	wera	0	PV
sharobel	0	PV	wymzya fe	0	PV
simliya	0	PV	xulane	0	PV
simpesse	0	PV; QL	yuvaferm	1	
SKYLA	0	PV	zarah	0	PV
SLYND	3		zovia 1/35e (28)	0	PV
sprintec 28	0	PV	zumandimine	0	PV
sronyx	0	PV	Hormonal Agents - Thyroid		
syeda	0	PV	ARMOUR THYROID	2	
tarina 24 fe	0	PV	euthyrox	1	
tarina fe 1/20	0	PV	levo-t	1	
tarina fe 1/20 eq	0	PV	levothyroxine sodium oral tablet	1	
TAYTULLA	3		levoxyl	1	
tilia fe	0	PV	liothyronine sodium oral	1	
tri femynor	0	PV	methimazole oral	1	
tri-estarylla	0	PV	nature-throid	1	
tri-legest fe	0	PV	np thyroid	1	
tri-linyah	0	PV	propylthiouracil oral	1	
tri-lo-estarylla	0	PV	SYNTHROID	2	
tri-lo-marzia	0	PV	thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
tri-lo-mili	0	PV	TIROSINT	3	
tri-lo-sprintec	0	PV	unithroid	1	
tri-mili	0	PV	westhroid	1	
tri-previfem	0	PV	wp thyroid	1	
tri-sprintec	0	PV	Immunological Agents - Drugs for Immune System Stimulation or Suppression		
trivora (28)	0	PV	ACTEMRA ACTPEN	SP3	PA
tri-vylibra	0	PV	ACTEMRA SUBCUTANEOUS	SP3	PA
tri-vylibra lo	0	PV	ACTIMMUNE	SP2	PA
tulana	0	PV	azathioprine oral	1	
tyblume	0	PV	BERINERT	SP2	PA; QL
tydemy	0	PV	CELLCEPT	SP3	
velivet	0	PV			
vienva	0	PV			
viorele	0	PV			
volnea	0	PV			
vyfemla	0	PV			
vylibra	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
CIMZIA	SP2	PA	MYFORTIC	SP3	
CIMZIA PREFILLED KIT	SP2	PA	NEORAL	SP3	
CIMZIA STARTER KIT	SP2	PA	ORENCIA CLICKJECT	SP3	PA
COSENTYX (300 MG DOSE)	SP3	PA	ORENCIA SUBCUTANEOUS	SP3	PA
COSENTYX 150 MG/ML	SP3	PA	OTEZLA	SP2	PA
COSENTYX SENSOREADY (300 MG)	SP3	PA	PROGRAF ORAL CAPSULE	SP3	
COSENTYX SENSOREADY PEN	SP3	PA	PROGRAF ORAL PACKET	SP2	
cyclosporine modified	1		RAPAMUNE ORAL SOLUTION	SP2	
cyclosporine oral	1		RAPAMUNE ORAL TABLET	SP3	
ENBREL	SP3	PA	RIDAURA	SP2	
ENBREL MINI	SP3	PA	RINVOQ	SP2	PA
ENBREL SURECLICK	SP3	PA	SANDIMMUNE ORAL CAPSULE	SP3	
ENVARUSUS XR	SP2		SANDIMMUNE ORAL SOLUTION	SP2	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	SP1	PA	SIMPONI	SP2	PA
FIRAZYR	SP3	PA; QL	sirolimus oral solution	SP1	
gengraf	1		sirolimus oral tablet	1	
HAEGARDA	SP2	PA	SKYRIZI (150 MG DOSE)	SP2	PA
HUMIRA	SP2	PA	STELARA SUBCUTANEOUS	SP2	PA
HUMIRA PEDIATRIC CROHNS START	SP2	PA	tacrolimus oral	1	
HUMIRA PEN	SP2	PA	TALTZ	SP2	PA
HUMIRA PEN-CD/UC/HS STARTER	SP2	PA	TREMFYA	SP2	PA
HUMIRA PEN-PS/UV/ADOL HS START	SP2	PA	XATMEP	SP2	
icatibant acetate	SP1	PA; QL	XELJANZ	SP2	PA
KINERET	SP3	PA	XELJANZ XR	SP2	PA
leflunomide oral	1		ZORTRESS	SP3	PA
methotrexate oral	1		Immunological Agents - Drugs for Vaccination		
methotrexate sodium	1			3	PV; AL (Max 6 Years)
methotrexate sodium (pf)	1		ACTHIB		
mycophenolate mofetil	1		ADACEL	0	PV
mycophenolate sodium	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
AFLURIA INTRAMUSCULAR SUSPENSION	0	PV	FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION	0	PV
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	0	PV	FLUMIST QUADRIVALENT	3	PV; AL (Min 2 Years and Max 49 Years)
AFLURIA QUADRIVALENT	0	PV	FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	0	PV; AL (Min 65 Years)
BCG VACCINE	3		FLUZONE HIGH-DOSE QUADRIVALENT	0	PV; AL (Min 65 Years)
BEXSERO	0	PV	FLUZONE QUADRIVALENT	0	PV
BOOSTRIX	0	PV		3	PV; AL (Min 9 Years and Max 26 Years)
DAPTACEL	0	PV	GARDASIL 9		
DIPHThERIA-TETANUS TOXOIDS DT	0	PV	HAVRIX	0	PV
ENGERIX-B INTRAMUSCULAR INJECTABLE 10 MCG/0.5ML, 20 MCG/ML	0	PV	HEPLISAV-B INTRAMUSCULAR SOLUTION 20 MCG/0.5ML	3	PV; AL (Min 18 Years)
EZ FLU SHOT-FLUCELVAX QUAD INTRAMUSCULAR PREFILLED SYRINGE KIT 0.5 ML	0	PV		3	PV; AL (Max 6 Years)
	0	PV; AL (Min 65 Years)	HIBERIX		
FLUAD	0	PV; AL (Min 65 Years)	IMOVAX RABIES	3	
FLUAD QUADRIVALENT	0	PV; AL (Min 65 Years)	INFANRIX	0	PV
FLUARIX QUADRIVALENT	0	PV		3	PV; AL (Max 17 Years)
FLUBLOK QUADRIVALENT	0	PV	IPOL		
FLUCELVAX QUADRIVALENT	0	PV	KINRIX	0	PV
FLULAVAL QUADRIVALENT	0	PV	MENACTRA	0	PV
			MENQUADFI	0	PV
			MENVEO	0	PV
			M-M-R II	0	PV
			PEDIARIX	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
	3	PV; AL (Max 6 Years)	anucort-hc	1	
PEDVAX HIB			balsalazide disodium	1	
PENTACEL	0	PV	budesonide er	3	
PNEUMOVAX 23	0	PV	budesonide oral	3	
PREVNAR 13	0	PV	CANASA	2	
PROQUAD	0	PV	colocort rectal enema 100 mg/60ml	1	
QUADRACEL	0	PV	hydrocortisone (perianal)	1	
RECOMBIVAX HB	0	PV	hydrocortisone ace-pramoxine external cream 1-1 %	1	
	3	PV; AL (Max 8 Months)	hydrocortisone acetate rectal suppository 25 mg	1	
ROTARIX			hydrocortisone acetate rectal suppository 30 mg	3	
	3	PV; AL (Max 8 Months)	hydrocortisone rectal	1	
ROTATEQ			hydrocort-pramoxine (perianal)	1	
	3	PV; AL (Min 50 Years)	mesalamine er	1	
SHINGRIX			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 external cream 2.5 %	1	
VAQTA	0	PV	proctozone-hc	1	
VARIVAX	0	PV	sulfasalazine oral	1	
VAXCHORA	3		UCERIS ORAL	3	
VIVOTIF	2		Metabolic Bone Disease Agents - Drugs for Osteoporosis		
YF-VAX	3		alendronate sodium oral solution	1	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	3	PV; AL (Min 60 Years)	alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	1	
Inflammatory Bowel Disease Agents					
ANALPRAM-HC EXTERNAL LOTION	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
alendronate sodium oral tablet 35 mg, 70 mg	1	QL	COMPACT SPACE CHAMBER/MED MASK	2	
calcitonin (salmon)	1	QL	COMPACT SPACE CHAMBER/SM MASK	2	
FORTEO	SP2	PA	EASIVENT	2	
ibandronate sodium oral	1	QL	EASY GLIDE LUER LOCK SYRINGE	1	
risedronate sodium oral tablet 150 mg, 35 mg	1	QL	EASYPOINT NEEDLE 25G X 1-1/2"	1	
risedronate sodium oral tablet 30 mg, 5 mg	1		ENCARE	0	PV; QL
risedronate sodium oral tablet delayed release	3	QL	EO28 SPLASH	3	
TYMLOS	SP2	PA	EQUACARE JR	3	
Metabolic Bone Disease Agents - Other			ESSENTIAL CARE JR	3	
calcitriol oral	1		FC FEMALE CONDOM	0	PV; QL
cinacalcet hcl	SP1	PA	FC2 FEMALE CONDOM	0	PV; QL
etidronate disodium oral tablet 200 mg, 400 mg	1		FEMCAP	0	PV; QL
paricalcitol oral	1		FILTER NEEDLE 18G X 1-1/2"	1	
SENSIPAR	SP3	PA	FLEXICHAMBER ADULT MASK/SMALL	2	
Miscellaneous Therapeutic Agents			FLEXICHAMBER CHILD MASK/LARGE	2	
BD SYRINGE LUER-LOK 30 ML	1		FLEXICHAMBER CHILD MASK/SMALL	2	
BREATHE EASE LARGE	2		FORA D40G GLUCOSE/PRESSURE	2	
BREATHE EASE MEDIUM	2		GLYTACTIN BETTERMILK 15	2	
BREATHE EASE SMALL	2		GLYTACTIN BETTERMILK DE-LITE	2	
BREATHERITE	2		GLYTACTIN BUILD 10PE	2	
CAMINO PRO COMPLETE/GLYTACTIN	2		GLYTACTIN BUILD 20/20 PKU	2	
CAMINO PRO PKU ORAL LIQUID	2		GLYTACTIN BURST	2	
CAYA	0	PV; QL	GLYTACTIN COMPLETE 10PE	2	
CLEVER CHOICE HOLDING CHAMBER	2		GLYTACTIN RESTORE 10	2	
COMPACT SPACE CHAMBER/LG MASK	2		GLYTACTIN RESTORE 5	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
GLYTACTIN RESTORE LITE 10	2		PANDA MASK LARGE	2	
GLYTACTIN RESTORE LITE 10PE	2		PANDA MASK MEDIUM	2	
GLYTACTIN RTD 10	2		PANDA MASK SMALL	2	
GLYTACTIN RTD 15	2		PEDIATRIC PANDA MASK	2	
GLYTACTIN RTD LITE 15	2		PHENACTIN AA PLUS	2	
GLYTACTIN SWIRL 15PE	2		PHENEX-1	2	
heparin lock flush	1		PHENYLADE DRINK MIX	2	
heparin sodium flush intravenous kit 100-0.9 unit/ml-%	1		PHENYLADE GMP READY	2	
heparin sodium lock flush	1		PKU EASY	2	
HUMATROPEN FOR 12MG	1		PKU EASY MICROTABS	2	
HUMATROPEN FOR 24MG	1		POCKET SPACER	2	
HUMATROPEN FOR 6MG	1		PRO COMFORT SPACER ADULT	2	
INSPIREASE RESERVOIR BAGS	2		PRO COMFORT SPACER CHILD	2	
J-TIP KIT W/VIAL ADAPTERS	1		PRO COMFORT SPACER INFANT	2	
MASK VORTEX	2		PROCARE SPACER/ADULT MASK	2	
methergine	3	QL	PROCARE SPACER/CHILD MASK	2	
methylergonovine maleate oral	3	QL	PURAMINO DHA/ARA	3	
MICROCHAMBER DEVICE	2		sash kit intravenous kit 100-0.9 unit/ml-%	1	
NEOCATE JUNIOR	3		SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2"	1	
NORDIPEN 5 INJECTION DEVICE	1		SYRINGE LUER LOCK 30 ML	1	
NORM-JECT LUER SLIP SYRINGE	1		SYRINGE LUER SLIP 1 ML	1	
OMNIPOD 5 PACK	3		TODAY SPONGE	0	PV; QL
OMNIPOD DASH 5 PACK PODS	3		TOLEREX	3	
OPTIONS CONCEPTROL	0	PV; QL	VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	0	PV; QL
			vcf vaginal contraceptive vaginal gel	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
VIVONEX PEDIATRIC	3	
WIDE-SEAL DIAPHRAGM 60	0	PV; QL
WIDE-SEAL DIAPHRAGM 65	0	PV; QL
WIDE-SEAL DIAPHRAGM 70	0	PV; QL
WIDE-SEAL DIAPHRAGM 75	0	PV; QL
WIDE-SEAL DIAPHRAGM 80	0	PV; QL
WIDE-SEAL DIAPHRAGM 85	0	PV; QL
WIDE-SEAL DIAPHRAGM 90	0	PV; QL
WIDE-SEAL DIAPHRAGM 95	0	PV; QL
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALOCRIAL	2	
ALOMIDE	2	
ALREX	2	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	QL
CILOXAN OPHTHALMIC OINTMENT	2	
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
DUREZOL	3	

Drug Name	Drug Tier	Notes
epinastine hcl	1	
erythromycin ophthalmic	1	
FLAREX	2	
fluorometholone	1	
flurbiprofen sodium	1	
FML	2	
FML FORTE	2	
gatifloxacin ophthalmic	1	
gentak	1	
gentamicin sulfate ophthalmic	1	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic	1	
LOTEMAX OPHTHALMIC GEL	2	QL
LOTEMAX OPHTHALMIC OINTMENT	2	QL
loteprednol etabonate	1	
MAXIDEX	2	
moxifloxacin hcl ophthalmic	1	
NATACYN	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PAZEO	3	
prednisolone acetate ophthalmic	1	
prednisolone acetate p-f	1	
prednisolone sodium phosphate ophthalmic	1	
PROLENSA	3	QL
sulfacetamide sodium ophthalmic	1	
tobramycin ophthalmic	1	
TOBREX OPHTHALMIC OINTMENT	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
trifluridine	1	
ZIRGAN	3	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	1	
acetazolamide oral	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
apraclonidine hcl	1	
AZOPT	2	
betaxolol hcl ophthalmic	1	
BETIMOL	2	
BETOPTIC-S	2	
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic	1	
carteolol hcl	1	
COMBIGAN	2	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	3	
IOPIDINE	2	
latanoprost ophthalmic	1	
levobunolol hcl	1	
LUMIGAN	2	QL
methazolamide oral	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
timolol maleate ophthalmic	1	
TIMOPTIC OCUDOSE	2	

Drug Name	Drug Tier	Notes
travoprost (bak free)	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ak-poly-bac	1	
altafrin	1	
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution 1 %	1	
bacitracin-polymyxin b ophthalmic	1	
bacitra-neomycin- polymyxin-hc	1	
cyclopentolate hcl ophthalmic	1	
homatropaire	1	
homatropine hbr ophthalmic solution 5 %	1	
ISOPTO ATROPINE	1	
LACRISERT	2	
neomycin-bacitracin zn- polymyx	1	
neomycin-polymyxin- dexameth ophthalmic ointment	1	
neomycin-polymyxin- dexameth ophthalmic suspension 3.5-10000- 0.1	1	
neomycin-polymyxin- gramicidin	1	
neomycin-polymyxin-hc ophthalmic	1	
neo-polycin	1	
neo-polycin hc	1	
phenylephrine hcl ophthalmic	1	
polycin	1	
polymyxin b-trimethoprim	1	

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
PRED-G	2	
PRED-G S.O.P.	2	
proparacaine hcl ophthalmic	1	
RESTASIS	3	PA
RESTASIS MULTIDOSE	3	PA
tetacaine ophthalmic solution 0.5 %	1	
tetracaine hcl ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	2	
tobramycin-dexamethasone	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	
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	2	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	2	

Drug Name	Drug Tier	Notes
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
allergy spray 24 hour nasal aerosol	1	
azelastine hcl nasal	1	QL
benzonatate oral capsule 100 mg, 200 mg	1	
bromfed dm	1	
cyproheptadine hcl oral	1	
FASENRA	SP2	PA
FASENRA PEN	SP2	PA
fluticasone propionate nasal	1	
guaiaatussin ac	1	PA; QL; AL (Min 18 Years)
guaifenesin ac	1	PA; QL; AL (Min 18 Years)
hydrocodone polst-chlorphen polst er susp	1	PA; QL; AL (Min 18 Years)
hydrocodone-homatropine	1	PA; QL; AL (Min 18 Years)
hydromet	1	PA; QL; AL (Min 18 Years)
ipratropium bromide nasal	1	
maxi-tuss ac	1	PA; QL; AL (Min 18 Years)
nasal allergy 24 hour	1	
nebusal inhalation nebulization solution 3 %	1	
phenadoz rectal suppository 12.5 mg, 25 mg	1	
promethazine 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
promethazine hcl rectal	1	
promethazine-codeine	1	PA; QL; AL (Min 18 Years)
promethazine-dm	1	
promethazine-dm oral solution 6.25-15 mg/5ml	1	
promethazine-phenyleph-codeine	1	PA; QL; AL (Min 18 Years)
promethazine-phenylephrine	1	
promethegan	1	
pseudoephedrine-bromphen-dm oral syrup	1	
pulmosal inhalation nebulization solution 7 %	1	
sodium chloride inhalation	1	
SSKI	2	
virtussin ac w/alc	1	PA; QL; AL (Min 18 Years)
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
acetylcysteine inhalation	1	
ADVAIR HFA	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	QL

Drug Name	Drug Tier	Notes
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml	1	
albuterol sulfate oral	1	
ANORO ELLIPTA	2	QL
ARCAPTA NEOHALER	2	
ASMANEX (120 METERED DOSES)	2	QL
ASMANEX (14 METERED DOSES)	2	QL
ASMANEX (30 METERED DOSES)	2	QL
ASMANEX (60 METERED DOSES)	2	QL
ASMANEX (7 METERED DOSES)	2	QL
ASMANEX HFA	2	QL
ATROVENT HFA	2	QL
BREO ELLIPTA	2	QL
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	3	QL
COMBIVENT RESPIMAT	2	QL
cromolyn sodium inhalation	3	
DALIRESP	3	PA
epinephrine injection solution auto-injector	1	
ESBRIET	SP3	PA
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	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
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
INCRUSE ELLIPTA	2	QL
ipratropium bromide inhalation	1	QL
ipratropium-albuterol	1	QL
levalbuterol hcl inhalation	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	1	QL
montelukast sodium oral	1	
OFEV	SP3	PA
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PROVENTIL HFA	2	QL
PULMICORT FLEXHALER	2	QL
QVAR REDIHALER	2	QL
SEREVENT DISKUS	2	QL
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	3	QL
SYMJEPI	2	
THEO-24	2	
theophylline	1	
theophylline er	1	
TRELEGY ELLIPTA	2	QL
VENTOLIN HFA	1	QL
wixela inhub	1	QL
XOPENEX HFA	3	QL
zafirlukast	1	

Drug Name	Drug Tier	Notes
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
CAYSTON	SP3	PA
KALYDECO	SP3	PA
ORKAMBI	SP3	PA; QL
PULMOZYME	SP2	PA
TOBI NEBULIZER	SP3	
TOBI PODHALER	SP2	QL
tobramycin nebulization solution 300 mg/5ml inhalation	SP1	
TRIKAFTA	SP3	PA; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	SP3	PA; QL
alyq	SP1	PA; QL
ambrisentan	SP1	PA; QL
bosentan	SP1	PA; QL
OPSUMIT	SP2	PA; QL
sildenafil citrate oral tablet 20 mg	SP1	PA; QL
tadalafil (pah)	SP1	PA; QL
TRACLEER 32 MG	SP2	PA; QL
TYVASO	SP2	PA; QL
TYVASO REFILL	SP2	PA; QL
TYVASO STARTER	SP2	PA; QL
UPTRAVI	SP3	PA; QL
VENTAVIS	SP2	PA; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral	1	
carisoprodol oral tablet 350 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
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
dantrolene sodium oral	1	
metaxall oral tablet 800 mg	1	
metaxalone oral tablet 800 mg	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
armodafinil	1	PA; QL
BELSOMRA	3	QL
doxepin hcl oral tablet	3	QL
eszopiclone	1	QL
flurazepam hcl	1	PA; QL
modafinil	1	PA; QL
ramelteon	3	QL
temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL
zaleplon	1	QL
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL

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

Index of Drugs

abacavir sulfate.....	22	adapalene.....	29	amantadine hcl.....	21
abacavir sulfate-lamivudine	22	adefovir dipivoxil.....	22	ambrisentan.....	55
abacavir-lamivudine- zidovudine.....	22	ADEMPAS.....	55	amethia.....	41
abiraterone acetate.....	18	adult aspirin regimen.....	11	amethia lo.....	41
acamprosate calcium.....	12	ADVAIR HFA.....	54	amethyst.....	42
acarbose.....	31	AFINITOR.....	18	amiloride hcl.....	24
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	32	AFINITOR DISPERZ.....	18	amiloride- hydrochlorothiazide.....	24
ACCU-CHEK AVIVA DEVICE.....	32	afirmelle.....	41	amiodarone hcl.....	24
ACCU-CHEK AVIVA PLUS KIT W/DEVICE.....	32	AFLURIA.....	47	AMITIZA.....	39
ACCU-CHEK COMPACT PLUS CARE KIT.....	32	AFLURIA PRESERVATIVE FREE.....	47	amitriptyline hcl.....	15
ACCU-CHEK COMPACT PLUS CONTROL.....	32	AFLURIA QUADRIVALENT.....	47	amlodipine besylate.....	24
ACCU-CHEK COMPACT PLUS TEST STRIPS.....	32	AGAMATRIX CONTROL LEVEL 2.....	32	amlodipine besylate- benazepril hcl.....	24
ACCU-CHEK FASTCLIX LANCET KIT.....	32	AGAMATRIX CONTROL LEVEL 4.....	32	amlodipine besylate- valsartan.....	24
ACCU-CHEK GUIDE CONTROL.....	32	AGAMATRIX PRESTO TEST.....	32	amlodipine-atorvastatin.....	24
ACCU-CHEK GUIDE KIT W/DEVICE.....	32	AIMOVIG.....	17	amlodipine-olmesartan.....	24
ACCU-CHEK MULTICLIX LANCET DEVICE KIT.....	32	ak-poly-bac.....	52	amlodipine-valsartan-hctz...	24
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE.....	32	AKTIPAK.....	29	amnestem.....	29
ACCU-CHEK SMARTVIEW CONTROL...	32	ala-cort.....	29	amoxapine.....	15
ACCU-CHEK SMARTVIEW TEST STRIPS.....	32	albendazole.....	20	amoxicillin.....	12
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT.....	32	albuterol sulfate.....	54	amoxicillin-potassium clavulanate.....	12
acebutolol hcl.....	24	albuterol sulfate hfa.....	54	amoxicillin-potassium clavulanate er.....	12
acetaminophen-codeine.....	10	ALBUTEROL SULFATE HFA.....	54	amphetamine sulfate.....	27
acetaminophen-codeine #2	10	alclometasone dipropionate.....	29	amphetamine- dextroamphetamine.....	27
acetaminophen-codeine #3	10	ALDACTAZIDE.....	24	amphetamine- dextroamphetamine er.....	27
acetaminophen-codeine #4	10	ALECENSA.....	18	ampicillin.....	12
acetazolamide.....	52	alendronate sodium.....	48, 49	AMPYRA.....	28
acetazolamide er.....	52	alfuzosin hcl er.....	40	anagrelide hcl.....	24
acetic acid.....	53	aliskiren fumarate.....	24	ANALPRAM-HC.....	48
acetylcysteine.....	54	allergy spray 24 hour.....	53	ANASPAZ.....	39
acitretin.....	28	allopurinol.....	17	anastrozole.....	18
ACTEMRA.....	45	almotriptan malate.....	17	ANDRODERM.....	41
ACTEMRA ACTPEN.....	45	ALOCRIAL.....	51	ANGELIQ.....	42
ACTHIB.....	46	ALOMIDE.....	51	ANNOVERA.....	42
ACTIMMUNE.....	45	alose tron hcl.....	39	ANORO ELLIPTA.....	54
acyclovir.....	22	ALPHAGAN P.....	52	anucort-hc.....	48
ADACEL.....	46	alprazolam.....	23	APIDRA SOLOSTAR.....	36
		alprazolam er.....	23	APIDRA VIAL.....	36
		alprazolam xr.....	23	APOKYN.....	21
		ALREX.....	51	apraclonidine hcl.....	52
		altafrin.....	52	aprepitant.....	16
		altavera.....	41	apri.....	42
		ALUNBRIG.....	18	APTIOM.....	14
		alyacen 1/35.....	41	APTIVUS.....	22
		alyacen 7/7/7.....	41	aranelle.....	42
		alyq.....	55	ARANESP (ALBUMIN FREE).....	24
		amabelz.....	41		

ARCAPTA NEOHALER.....	54	AVONEX PREFILLED.....	28	beser.....	29
aripiprazole.....	21	ayuna.....	42	BESIVANCE.....	51
ARIXTRA.....	14	AYVAKIT.....	18	betamethasone	
armodafinil.....	56	AZASITE.....	51	dipropionate.....	29
ARMOUR THYROID.....	45	azathioprine.....	45	betamethasone	
ascomp-codeine.....	10	azelaic acid.....	29	dipropionate aug.....	29
ashlyna.....	42	azelastine hcl.....	51, 53	betamethasone valerate....	29
ASMANEX (120		AZELEX.....	29	betaxolol hcl.....	24, 52
METERED DOSES).....	54	azithromycin.....	13	bethanechol chloride.....	40
ASMANEX (14 METERED		AZOPT.....	52	BETIMOL.....	52
DOSES).....	54	azurette.....	42	BETOPTIC-S.....	52
ASMANEX (30 METERED		bacitracin.....	51	bexarotene.....	18
DOSES).....	54	bacitracin-polymyxin b.....	52	BEXSERO.....	47
ASMANEX (60 METERED		bacitra-neomycin-		bicalutamide.....	18
DOSES).....	54	polymyxin-hc.....	52	BIKTARVY.....	22
ASMANEX (7 METERED		baclofen.....	55	bimatoprost.....	52
DOSES).....	54	BACTROBAN NASAL.....	13	bio-statin.....	17
ASMANEX HFA.....	54	BALCOLTRA.....	42	BIOTEL CARE BLOOD	
aspirin.....	11	balsalazide disodium.....	48	GLUCOSE SYST.....	32
aspirin adult.....	11	BALVERSA.....	18	bisacodyl ec.....	39
aspirin adult low strength....	11	balziva.....	42	bisoprolol fumarate.....	24
aspirin childrens.....	11	BANZEL.....	14	bisoprolol-	
aspirin ec.....	11	BAQSIMI ONE PACK.....	35	hydrochlorothiazide.....	24
aspirin ec low dose.....	11	BAQSIMI TWO PACK.....	35	blisovi 24 fe.....	42
aspirin ec low strength.....	11	BARACLUDGE.....	22	blisovi fe 1.5/30.....	42
aspirin low dose.....	11	BAYER ASPIRIN.....	11	blisovi fe 1/20.....	42
aspirin-dipyridamole er.....	21	BAYER ASPIRIN EC LOW		BLOOD GLUCOSE TEST ..	32
ASSURE PLATINUM.....	32	DOSE.....	11	BONJESTA.....	16
atazanavir sulfate.....	22	BAYER CONTOUR LINK		BOOSTRIX.....	47
atenolol.....	24	2.4.....	32	bosentan.....	55
atenolol-chlorthalidone.....	24	BCG VACCINE.....	47	BOSULIF.....	18
atomoxetine hcl.....	27	BD AUTOSHIELD DUO		BRAFTOVI.....	18
atorvastatin calcium.....	24	PEN NEEDLES.....	36	BREATHE EASE LARGE...	49
atovaquone.....	20	BD INTEGRA NEEDLE.....	36	BREATHE EASE MEDIUM.	49
atovaquone-proguanil hcl...	20	BD SAFETYGLIDE		BREATHE EASE SMALL...	49
ATRIPLA.....	22	SYRINGE/NEEDLE.....	36	BREATHERITE.....	49
atropine sulfate.....	52	BD SYRINGE LUER-LOK...	49	BREO ELLIPTA.....	54
ATROVENT HFA.....	54	BD ULTRA-FINE INSULIN		briellyn.....	42
AUBAGIO.....	28	SYRINGES.....	36	BRILINTA.....	21
aubra.....	42	BD ULTRA-FINE PEN		brimonidine tartrate.....	52
aubra eq.....	42	NEEDLES.....	36	bromfed dm.....	53
AUGMENTIN.....	13	BD VEO INSULIN SYR		bromfenac sodium (once-	
aurovela 1.5/30.....	42	U/F 1/2UNIT.....	36	daily).....	51
aurovela 1/20.....	42	bekyree.....	42	bromocriptine mesylate.....	21
aurovela 24 fe.....	42	BELSOMRA.....	56	BRUKINSA.....	18
aurovela fe 1.5/30.....	42	benazepril hcl.....	24	budesonide.....	48, 54
aurovela fe 1/20.....	42	benazepril-		budesonide er.....	48
AURYXIA.....	40	hydrochlorothiazide.....	24	BUDESONIDE-	
AUTOLET LANCING		benzonatate.....	53	FORMOTEROL	
DEVICE.....	32	benzoyl peroxide-		FUMARATE.....	54
aviane.....	42	erythromycin.....	29	bumetanide.....	24
avidoxy.....	13	benztropine mesylate.....	21	BUPHENYL.....	40
AVONEX PEN.....	28	BERINERT.....	45	buprenorphine.....	10

buprenorphine hcl.....	12	carbidopa-levodopa.....	21	chlorhexidine gluconate.....	28
buprenorphine hcl- naloxone hcl.....	12	carbidopa-levodopa er.....	21	chloroquine phosphate.....	20
bupropion hcl.....	15	carbidopa-levodopa- entacapone.....	21	chlorothiazide.....	25
bupropion hcl er (smoking det).....	12	CARDIZEM LA.....	24	chlorpromazine hcl.....	21
bupropion hcl er (sr).....	15	CARETOUCH CONTROL SOL LEVEL 2.....	33	chlorthalidone.....	25
bupropion hcl er (xl).....	15	CARETOUCH LANCING/EJECTOR.....	33	chlorzoxazone.....	56
buspirone hcl.....	23	CARETOUCH TEST.....	33	CHOLBAM.....	40
butalbital-acetaminophen....	10	carisoprodol.....	55	cholestyramine.....	25
butalbital-apap.....	10	CARNITOR.....	37	cholestyramine light.....	25
butalbital-apap-caff-cod.....	10	CARNITOR SF.....	37	ciclodan.....	17
butalbital-apap-caffeine.....	10	CAROSPIR.....	24	ciclopirox.....	17
butalbital-aspirin-caffeine....	10	carteolol hcl.....	52	ciclopirox olamine.....	17
butorphanol tartrate.....	10	cartia xt.....	25	cilostazol.....	21
BYDUREON.....	31	carvedilol.....	25	CILOXAN.....	51
BYDUREON BCISE AUTOINJECTOR.....	31	cavarest.....	28	CIMDUO.....	22
BYETTA 10 MCG PEN.....	31	CAYA.....	49	CIMZIA.....	46
BYETTA 5 MCG PEN.....	31	CAYSTON.....	55	CIMZIA PREFILLED KIT....	46
BYSTOLIC.....	24	caziant.....	42	CIMZIA STARTER KIT.....	46
cabergoline.....	41	cefaclor.....	13	cinacalcet hcl.....	49
CABOMETYX.....	18	cefaclor er.....	13	CIPRO HC.....	53
caffeine citrate.....	28	cefadroxil.....	13	ciprofloxacin.....	13
calcipotriene.....	29	cefdinir.....	13	ciprofloxacin hcl.....	13, 51, 53
calcipotriene-betameth diprop.....	29	cefexime.....	13	ciprofloxacin-ciproflox hcl er.....	13
calcitonin (salmon).....	49	cefpodoxime proxetil.....	13	ciprofloxacin- dexamethasone.....	53
calcitriol.....	29, 49	cefprozil.....	13	CIPROFLOXACIN- FLUOCINOLONE PF.....	53
calcium acetate (phos binder).....	40	cefuroxime axetil.....	13	citalopram hydrobromide....	15
CALQUENCE.....	18	celecoxib.....	11	CITRANATAL BLOOM.....	37
camila.....	42	CELLCEPT.....	45	citroma.....	39
CAMINO PRO COMPLETE/GLYTACTIN... 49	49	CELONTIN.....	14	claravis.....	29
CAMINO PRO PKU.....	49	cephalexin.....	13	clarithromycin.....	13
camrese.....	42	CEQUR SIMPLICITY 2U... 33	33	clarithromycin er.....	13
camrese lo.....	42	CEQUR SIMPLICITY INSERTER.....	33	clearlax.....	39
CANASA.....	48	CEQUR SIMPLICITY STARTER.....	33	CLEOCIN.....	13
candesartan cilexetil.....	24	CERDELGA.....	40	CLEVER CHOICE HOLDING CHAMBER.....	49
candesartan cilexetil-hctz... 24	24	cevimeline hcl.....	28	CLIMARA PRO.....	42
capecitabine.....	18	CHANTIX.....	12	clindacin etz.....	29
CAPEX.....	29	CHANTIX CONTINUING MONTH PAK.....	12	clindacin-p.....	29
CAPRELSA.....	18	CHANTIX STARTING MONTH PAK.....	12	clindamycin hcl.....	13
captopril.....	24	charlotte 24 fe.....	42	clindamycin palmitate hcl....	13
captopril- hydrochlorothiazide.....	24	chateal.....	42	clindamycin phosphate. 13, 29	29
CARBAGLU.....	37	chateal eq.....	42	clindamycin phosphate- benzoyl peroxide.....	29
carbamazepine.....	14	CHEMSTRIP UGK.....	33	CLINDESSE.....	13
carbamazepine er.....	14	chlordiazepoxide hcl.....	23	CLINPRO 5000.....	28
CARBATROL.....	14	chlordiazepoxide- amitriptyline.....	15	clobazam.....	14
carbidopa.....	21	chlordiazepoxide-clidinium..39	39	clobetasol prop emollient base.....	29

clobetasol propionate emulsion.....	29	CONTOUR TEST.....	33	demeclocycline hcl.....	13
clodan.....	29	COPAXONE.....	28	DENTA 5000 PLUS.....	28
clomipramine hcl.....	16	COPIKTRA.....	18	DENTAGEL.....	28
clonazepam.....	23	CORLANOR.....	25	DEPAKENE.....	14
clonidine.....	25	cortisone acetate.....	41	DEPAKOTE.....	14
clonidine hcl.....	25	COSENTYX (300 MG DOSE).....	46	DEPAKOTE ER.....	14
clonidine hcl er.....	27	COSENTYX 150 MG/ML.....	46	DEPAKOTE SPRINKLES... 14	
clopidogrel bisulfate.....	21	COSENTYX SENSOREADY (300 MG)... 46		DEPEN TITRATABS.....	40
clorazepate dipotassium....	23	COSENTYX SENSOREADY PEN.....	46	DEPO-ESTRADIOL.....	42
clotrimazole.....	17	COTELLIC.....	18	DEPO-TESTOSTERONE... 41	
clotrimazole- betamethasone.....	17	COUMADIN.....	14	DESCOVY.....	22
clovique.....	37	CREON.....	40	desipramine hcl.....	16
clozapine.....	21	CRESEMBA.....	17	desmopressin ace spray refrig.....	41
COARTEM.....	20	CRIXIVAN.....	22	desmopressin acetate.....	41
codeine sulfate.....	10	cromolyn sodium.....	39, 51, 54	desmopressin acetate spray.....	41
COLCHICINE.....	17	crotan.....	20	desogestrel-ethinyl estradiol.....	42
colchicine.....	17	cryselle-28.....	42	desonide.....	29
colchicine-probenecid.....	17	CUVPOSA.....	39	desoximetasone.....	29
colesevelam hcl.....	25	cyanocobalamin.....	37	desvenlafaxine succinate er.....	16
COLESTID.....	25	cyclafem 1/35.....	42	dexamethasone.....	41
COLESTID FLAVORED.....	25	cyclafem 7/7/7.....	42	dexamethasone intensol....	41
colestipol hcl.....	25	cyclobenzaprine hcl.....	56	dexamethasone sodium phosphate.....	51
colocort.....	48	cyclopentolate hcl.....	52	DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)....	33
COLY-MYCIN S.....	53	cyclophosphamide.....	18	dexmethylphenidate hcl.....	27
COMBIGAN.....	52	cyclosporine.....	46	dexmethylphenidate hcl er..	27
COMBIPATCH.....	42	cyclosporine modified.....	46	dextroamphetamine sulfate	27
COMBIVENT RESPIMAT... 54		cyproheptadine hcl.....	53	er.....	27
COMBIVIR.....	22	cyred.....	42	DIATHRIVE BLOOD GLUCOSE METER.....	33
COMETRIQ (100 MG DAILY DOSE).....	18	cyred eq.....	42	DIATHRIVE BLOOD GLUCOSE TEST.....	33
COMETRIQ (140 MG DAILY DOSE).....	18	cytra k crystals.....	37	DIATHRIVE GLUCOSE CONTROL SOLN.....	33
COMETRIQ (60 MG DAILY DOSE).....	18	dalfampridine er.....	28	DIATHRIVE GLUCOSE TEST.....	33
COMPACT SPACE CHAMBER/LG MASK.....	49	DALIRESP.....	54	DIATHRIVE LANCING DEVICE.....	33
COMPACT SPACE CHAMBER/MED MASK.....	49	danazol.....	41	DIATHRIVE+ GLUCOSE MONITOR.....	33
COMPACT SPACE CHAMBER/SM MASK.....	49	dantrolene sodium.....	56	DIATHRIVE+ GLUCOSE TEST.....	33
COMPLERA.....	22	dapsone.....	18	diazepam.....	14, 24
compro.....	16	DAPTACEL.....	47		
CONDYLOX.....	29	darifenacin hydrobromide er.....	40		
constulose.....	39	dasetta 1/35.....	42		
CONTOUR CONTROL.....	33	dasetta 7/7/7.....	42		
CONTOUR NEXT CONTROL.....	33	DAURISMO.....	18		
CONTOUR NEXT LINK.....	33	daysee.....	42		
CONTOUR NEXT MONITOR.....	33	DAYTRANA.....	27		
CONTOUR NEXT TEST.....	33	DDAVP RHINAL TUBE.....	41		
		deblitane.....	42		
		deferasirox.....	37		
		deferiprone.....	37		
		DELESTROGEN.....	42		
		DELSTRIGO.....	22		
		delyla.....	42		

diazepam intensol.....	23	drospiren-eth estrad-		EMBRACE TALK	
diazoxide.....	35	levomefol.....	42	MONITORING SYSTEM.....	33
diclofenac potassium.....	11	drospirenone-ethinyl		EMEND.....	16
diclofenac sodium... 11, 29, 51		estradiol.....	42	EMGALITY.....	17
diclofenac sodium er.....	11	DROXIA.....	18	EMGALITY (300 MG	
diclofenac-misoprostol.....	11	DRYSOL.....	30	DOSE).....	17
dicloxacillin sodium.....	13	DUAVEE.....	42	emoquette.....	42
dicyclomine hcl.....	39	duloxetine hcl.....	16	emtricitabine.....	22
didanosine.....	22	DUPIXENT.....	30	emtricitabine-tenofovir df....	22
DIFICID.....	13	DUREZOL.....	51	EMTRIVA.....	22
diflunisal.....	11	dutasteride.....	40	enalapril maleate.....	25
digitek.....	25	dutasteride-tamsulosin hcl..	40	enalapril-	
digox.....	25	EASIVENT.....	49	hydrochlorothiazide.....	25
digoxin.....	25	EASY GLIDE LUER LOCK		ENBREL.....	46
dihydroergotamine		SYRINGE.....	49	ENBREL MINI.....	46
mesylate.....	17	EASY TRAK II BLOOD		ENBREL SURECLICK.....	46
DILANTIN.....	14	GLUCOSE SYS.....	33	ENCARE.....	49
DILANTIN INFATABS.....	14	EASY TRAK II CONTROL..	33	endocet.....	10
diltiazem hcl.....	25	EASY TRAK II GLUCOSE		ENGERIX-B.....	47
diltiazem hcl er.....	25	TEST.....	33	enoxaparin sodium.....	14
diltiazem hcl er beads.....	25	EASYMAX 15 LEVEL 2-3		enpresse-28.....	42
diltiazem hcl er coated		CONTROL.....	33	enskyce.....	42
beads.....	25	EASYMAX CONTROL.....	33	entacapone.....	21
dilt-xr.....	25	EASYMAX CONTROL		entecavir.....	22
dimethyl fumarate.....	28	NORMAL/HIGH.....	33	ENTRESTO.....	25
dimethyl fumarate starter		EASYPOINT NEEDLE..	36, 49	enulose.....	39
pack.....	28	ec-naproxen.....	11	ENVARUSUS XR.....	46
diphenoxylate-atropine.....	39	econazole nitrate.....	17	EO28 SPLASH.....	49
DIPHThERIA-TETANUS		ED-SPAZ.....	39	EPANED.....	25
TOXOIDS DT.....	47	EDURANT.....	22	EPCLUSA.....	22
dipyridamole.....	21	efavirenz.....	22	EPIDIOLEX.....	14
disopyramide phosphate.....	25	efavirenz-emtricitab-		EPIFOAM.....	30
disulfiram.....	12	tenofovir.....	22	epinastine hcl.....	51
DIURIL.....	25	efavirenz-lamivudine-		epinephrine.....	54
divalproex sodium.....	14	tenofovir.....	22	epitol.....	14
divalproex sodium er.....	14	effer-k.....	37	EPIVIR.....	22
DIVIGEL.....	42	effervescent pot chloride.....	37	EPIVIR HBV.....	22
dofetilide.....	25	ELESTRIN.....	42	eplerenone.....	25
donepezil hcl.....	15	eletriptan hydrobromide.....	17	EPZICOM.....	22
dorzolamide hcl.....	52	elinest.....	42	EQUACARE JR.....	49
dorzolamide hcl-timolol mal		ELIQUIS.....	14	ergocalciferol.....	37
dorzolamide hcl-timolol mal		ELIQUIS DVT/PE		ergotamine-caffeine.....	17
pf.....	52	STARTER PACK.....	14	ERIVEDGE.....	18
dotti.....	42	ELLA.....	42	ERLEADA.....	18
DOVATO.....	22	ELMIRON.....	40	erlotinib hcl.....	18
doxazosin mesylate.....	25	eluryng.....	42	errin.....	42
doxepin hcl.....	16, 56	EMBRACE TALK BLOOD		ery.....	30
doxycycline hyclate.....	13	GLUCOSE.....	33	erythromycin.....	13, 30, 51
doxycycline monohydrate... 13		EMBRACE TALK		erythromycin base.....	13
doxylamine-pyridoxine.....	16	GLUCOSE CONTROL.....	33	erythromycin	
D-PENAMINE.....	40	EMBRACE TALK		ethylsuccinate.....	13
dronabinol.....	16	GLUCOSE TEST.....	33	ESBRIET.....	54
DROPLET MICRON.....	36			escitalopram oxalate.....	16

esomeprazole magnesium ..38	fayosim..... 43	fluocinolone acetamide
ESSENTIAL CARE JR..... 49	FC FEMALE CONDOM..... 49	body..... 30
est estrogens-methyltest..... 42	FC2 FEMALE CONDOM... 49	fluocinolone acetamide
est estrogens-methyltest	febuxostat..... 17	scalp..... 30
ds..... 42	felbamate..... 14	fluocinonide.....30
est estrogens-methyltest	felodipine er..... 25	fluocinonide emulsified
hs..... 42	FEMCAP..... 49	base..... 30
estarylla..... 42	femynor..... 43	FLUORIDEX..... 28
estazolam..... 24	fenofibrate..... 25	FLUORIDEX ENHANCED
estradiol..... 42	fenofibrate micronized..... 25	WHITENING..... 28
estradiol valerate..... 42	fenofibric acid..... 25	FLUORIDEX SENSITIVITY
estradiol-norethindrone	fentanyl..... 10	RELIEF..... 28
acet..... 42	ferocon..... 37	fluoritab..... 37
ESTRING..... 43	ferotinsic..... 37	fluorometholone..... 51
ESTROGEL..... 43	FERRALET 90..... 37	FLUOROPLEX..... 30
eszopiclone..... 56	FERRIPROX..... 37	fluorouracil..... 30
ethambutol hcl..... 18	FETZIMA..... 16	fluoxetine hcl..... 16
ethosuximide..... 14	FETZIMA TITRATION..... 16	fluoxetine hcl (pmdd)..... 16
ethynodiol diac-eth	FIASP..... 36	fluphenazine hcl..... 21
estradiol..... 43	FIASP FLEXTOUCH..... 36	flurazepam hcl..... 56
etidronate disodium..... 49	FIASP PENFILL..... 36	flurbiprofen..... 11
etodolac..... 11	FILTER NEEDLE..... 49	flurbiprofen sodium..... 51
etodolac er..... 11	FINACEA..... 30	flutamide..... 18
etonogestrel-ethinyl	finasteride..... 40	fluticasone propionate...30, 53
estradiol..... 43	FIRAZYR..... 46	fluticasone-salmeterol..... 54
etoposide..... 18	FIRVANQ..... 13	FLUTICASONE-
EUCRISA..... 30	flac..... 53	SALMETEROL..... 55
EURAX..... 20	FLAREX..... 51	fluvastatin sodium..... 25
euthyrox..... 45	flavoxate hcl..... 40	fluvastatin sodium er..... 25
EVAMIST..... 43	flecainide acetate..... 25	fluvoxamine maleate..... 16
EVENCARE PROVIEW	FLEXICHAMBER ADULT	fluvoxamine maleate er..... 16
GLUCOSE TEST..... 33	MASK/SMALL..... 49	FLUZONE HIGH-DOSE..... 47
everolimus..... 18, 46	FLEXICHAMBER CHILD	FLUZONE HIGH-DOSE
EVOTAZ..... 22	MASK/LARGE..... 49	QUADRIVALENT..... 47
EXELDERM..... 17	FLEXICHAMBER CHILD	FLUZONE
exemestane..... 18	MASK/SMALL..... 49	QUADRIVALENT..... 47
EXJADE..... 37	FLOVENT DISKUS..... 54	FML..... 51
EXTAVIA..... 28	FLOVENT HFA..... 54	FML FORTE..... 51
EZ FLU SHOT-	FLUAD..... 47	folic acid..... 37
FLUCELVAX QUAD..... 47	FLUAD QUADRIVALENT... 47	FOLIVANE-F..... 37
ezetimibe..... 25	FLUARIX	FOLIVANE-PLUS..... 37
ezetimibe-simvastatin..... 25	QUADRIVALENT..... 47	foltrin..... 37
falmina..... 43	FLUBLOK	fondaparinux sodium..... 14
famciclovir..... 22	QUADRIVALENT..... 47	FORA 6 CONNECT..... 33
famotidine..... 38	FLUCELVAX	FORA D40G
FANAPT..... 21	QUADRIVALENT..... 47	GLUCOSE/PRESSURE.... 49
FANAPT TITRATION	fluconazole..... 17	FORA GTEL BLOOD
PACK..... 21	fludrocortisone acetate..... 41	GLUCOSE SYSTEM..... 33
FARESTON..... 18	FLULAVAL	FORA GTEL BLOOD
FARXIGA..... 31	QUADRIVALENT..... 47	GLUCOSE TEST..... 33
FARYDAK..... 18	FLUMIST	FORTEO..... 49
FASENRA..... 53	QUADRIVALENT..... 47	FORTISCARE CONTROL.. 33
FASENRA PEN..... 53	fluocinolone acetamide.. 30, 53	

FORTISCARE GLUCOSE SYSTEM.....	33	gentamicin sulfate.....	13, 51	GLYTACTIN RESTORE LITE 10PE.....	50
FORTISCARE T1 GLUCOSE SYSTEM.....	33	GENTEEL LANCING KIT (BLUE).....	34	GLYTACTIN RTD 10.....	50
fosamprenavir calcium.....	22	gentle laxative.....	39	GLYTACTIN RTD 15.....	50
fosfomycin tromethamine....	13	GENVOYA.....	22	GLYTACTIN RTD LITE 15..	50
fosinopril sodium.....	25	gianvi.....	43	GLYTACTIN SWIRL 15PE..	50
fosinopril sodium-hctz.....	25	GILENYA.....	28	gnp aspirin low dose.....	11
FRAGMIN.....	14	GILOTRIF.....	18	GOJJI BLOOD GLUCOSE TEST.....	34
FREESTYLE FREEDOM LITE.....	33	glatiramer acetate.....	28	GOJJI BLOOD TEST STRIP/LANCETS.....	34
FREESTYLE INSULINX SYSTEM.....	33	glatopa.....	28	GOJJI CONTROL.....	34
FREESTYLE INSULINX TEST.....	34	GLEEVEC.....	18	GOJJI LANCING DEVICE/CLEAR CAP.....	34
FREESTYLE LIBRE 14 DAY READER.....	34	GLEOSTINE.....	18	goodsense aspirin low dose.....	11
FREESTYLE LIBRE 14 DAY SENSOR.....	34	glimepiride.....	31	gordons urea.....	30
FREESTYLE LIBRE 2 READER SYSTM.....	34	glipizide er.....	31	granisetron hcl.....	16
FREESTYLE LIBRE 2 SENSOR SYSTM.....	34	glipizide ir.....	31	griseofulvin microsize.....	17
FREESTYLE LIBRE READER.....	34	glipizide xl.....	31	griseofulvin ultramicrosize..	17
FREESTYLE LIBRE SENSOR SYSTEM.....	34	glipizide-metformin hcl.....	31	guaiaatussin ac.....	53
FREESTYLE LITE TEST...	34	GLUCAGEN HYPOKIT.....	35	guaifenesin ac.....	53
FREESTYLE PRECISION NEO TEST.....	34	GLUCAGON EMERGENCY KIT.....	36	guanfacine hcl.....	25
frovatriptan succinate.....	17	GLUCOCARD 01 SENSOR PLUS.....	34	guanfacine hcl er.....	27
furosemide.....	25	GLUCOCARD EXPRESSION TEST.....	34	GVOKE HYPOPEN 1-PACK.....	36
FUZEON.....	22	GLUCOCARD SHINE CONNEX.....	34	GVOKE HYPOPEN 2-PACK.....	36
fyavolv.....	43	GLUCOCARD SHINE EXPRESS.....	34	GVOKE PFS.....	36
FYCOMPA.....	14	GLUCOCARD SHINE TEST.....	34	HAEGARDA.....	46
gabapentin.....	14	GLUCOCARD VITAL TEST.....	34	hailey 1.5/30.....	43
GALAFOLD.....	40	glyburide.....	31	hailey 24 fe.....	43
galantamine hydrobromide..	15	glyburide micronized.....	31	hailey fe 1.5/30.....	43
galantamine hydrobromide er.....	15	glyburide-metformin.....	31	hailey fe 1/20.....	43
GALZIN.....	37	glycolax.....	39	halobetasol propionate.....	30
GARDASIL 9.....	47	glycopyrrolate.....	39	haloperidol.....	21
gatifloxacin.....	51	glydo.....	12	haloperidol lactate.....	21
GATTEX.....	39	GLYTACTIN BETTERMILK 15.....	49	HARMONY BLOOD GLUCOSE TEST.....	34
gavilax.....	39	GLYTACTIN BETTERMILK DE-LITE.....	49	HARVONI.....	22
gavilyte-c.....	39	GLYTACTIN BUILD 10PE..	49	HAVRIX.....	47
gavilyte-g.....	39	GLYTACTIN BUILD 20/20 PKU.....	49	heather.....	43
gavilyte-n with flavor pack...	39	GLYTACTIN BURST.....	49	heparin lock flush.....	50
gemfibrozil.....	25	GLYTACTIN COMPLETE 10PE.....	49	heparin sodium (porcine)....	14
generlac.....	39	GLYTACTIN RESTORE 10.....	49	heparin sodium (porcine) pf.....	14
gengraf.....	46	GLYTACTIN RESTORE 5..	49	heparin sodium flush.....	50
gentak.....	51	GLYTACTIN RESTORE LITE 10.....	50	heparin sodium lock flush...	50
				HEPLISAV-B.....	47
				HEPSERA.....	22
				HIBERIX.....	47
				homatropaire.....	52
				homatropine hbr.....	52

HUMALOG KWIKPEN.....	36	hydrocortisone ace-		INSPIREASE	
HUMALOG MIX 50/50		pramoxine.....	30, 48	RESERVOIR BAGS.....	50
KWIKPEN.....	36	hydrocortisone acetate.....	48	INSULIN PEN NEEDLES...	36
HUMALOG MIX 50/50		hydrocortisone butyrate.....	30	INSULIN SYRINGES.....	36
VIAL.....	36	hydrocortisone valerate.....	30	INTEGRA F.....	37
HUMALOG MIX 75/25		hydrocortisone-acetic acid..	53	INTEGRA PLUS.....	37
KWIKPEN.....	36	hydrocortisone-iodoquinol...	17	INTELENCE.....	22
HUMALOG MIX 75/25		hydrocort-pramoxine		INTRAROSA.....	40
VIAL.....	36	(perianal).....	48	INTRON A.....	22
HUMALOG U-100 JUNIOR		hydromet.....	53	introvale.....	43
KWIKPEN.....	36	hydromorphone hcl.....	10	INVIRASE.....	22
HUMALOG VIAL.....	36	hydroxychloroquine sulfate		INVOKAMET.....	31
HUMATROPEN FOR		20, 21	INVOKAMET XR.....	31
12MG.....	50	hydroxyurea.....	18	INVOKANA.....	31
HUMATROPEN FOR		hydroxyzine hcl.....	24	iodine strong.....	37
24MG.....	50	hydroxyzine pamoate.....	24	IOPIDINE.....	52
HUMATROPEN FOR 6MG.	50	hyoscyamine sulfate.....	39	IPOL.....	47
HUMIRA.....	46	hyoscyamine sulfate er.....	39	ipratropium bromide.....	53, 55
HUMIRA PEDIATRIC		hyoscyamine sulfate sl.....	39	ipratropium-albuterol.....	55
CROHNS START.....	46	hyosyne.....	39	irbesartan.....	25
HUMIRA PEN.....	46	ibandronate sodium.....	49	irbesartan-	
HUMIRA PEN-CD/UC/HS		IBRANCE.....	18	hydrochlorothiazide.....	25
STARTER.....	46	ibu.....	11	IRESSA.....	19
HUMIRA PEN-		ibudone.....	10	ISENTRESS.....	22
PS/UV/ADOL HS START...	46	ibuprofen.....	11	ISENTRESS HD.....	22
HUMULIN 70/30		icatibant acetate.....	46	isibloom.....	43
KWIKPEN.....	36	ICLUSIG.....	19	isoniazid.....	18
HUMULIN 70/30 VIAL.....	36	IDHIFA.....	19	ISOPTO ATROPINE.....	52
HUMULIN N KWIKPEN.....	36	imatinib mesylate.....	19	isosorbide dinitrate.....	25
HUMULIN N VIAL.....	36	IMBRUVICA.....	19	isosorbide dinitrate er.....	25
HUMULIN R U-500		imipramine hcl.....	16	isosorbide mononitrate.....	25
KWIKPEN.....	36	imipramine pamoate.....	16	isosorbide mononitrate er...	25
HUMULIN R U-500 VIAL....	36	imiquimod.....	30	isotretinoin.....	30
HUMULIN R VIAL.....	36	IMOVAX RABIES.....	47	isradipine.....	25
HW EMBRACE PRO		IMPAVIDO.....	21	itraconazole.....	17
GLUCOSE METER.....	34	incassia.....	43	ivermectin.....	21
HW EMBRACE PRO		INCRUSE ELLIPTA.....	55	jaimiess.....	43
GLUCOSE TEST.....	34	indapamide.....	25	JAKAFI.....	19
HW EMBRACE TALK		INDOCIN.....	11	jantoven.....	14
BLOOD GLUCOSE.....	34	indomethacin.....	11	JANUMET.....	31
HW EMBRACE TALK		indomethacin er.....	11	JANUMET XR.....	31
GLUCOSE TEST.....	34	INFANRIX.....	47	JANUVIA.....	31
HYCANTIN.....	18	INFINITY BLOOD		JARDIANCE.....	31
hydralazine hcl.....	25	GLUCOSE TEST.....	34	jasmiel.....	43
hydrochlorothiazide.....	25	INLYTA.....	19	jencycla.....	43
hydrocodone polst-		INPEN 100-BLUE-LILLY....	34	JENTADUETO.....	32
chlorphen polst er susp.....	53	INPEN 100-BLUE-NOVO...	34	JENTADUETO XR.....	32
hydrocodone-		INPEN 100-GRAY-LILLY....	34	jinteli.....	43
acetaminophen.....	10	INPEN 100-GREY-NOVO...	34	jolessa.....	43
hydrocodone-homatropine..	53	INPEN 100-PINK-LILLY....	34	jolivette.....	43
hydrocodone-ibuprofen.....	10	INPEN 100-PINK-NOVO....	34	J-TIP KIT W/VIAL	
hydrocortisone.....	30, 41, 48	INREBIC.....	19	ADAPTERS.....	50
hydrocortisone (perianal)....	48			juleber.....	43

JULUCA.....	22	lamotrigine er.....	15	levofloxacin.....	13, 51
junel 1.5/30.....	43	lamotrigine starter kit-blue..	15	levonest.....	43
junel 1/20.....	43	lamotrigine starter kit-		levonorgest-eth est & eth	
junel fe 1.5/30.....	43	green.....	15	est.....	43
junel fe 1/20.....	43	lamotrigine starter kit-		levonorgest-eth estrad 91-	
junel fe 24.....	43	orange.....	15	day.....	43
JUXTAPID.....	25	LANCETS.....	34	levonorgestrel.....	43
kaitlib fe.....	43	LANOXIN.....	25	levonorgestrel-ethinyl	
KALETRA.....	22	lansoprazole.....	38, 39	estrad.....	43
kalliga.....	43	LANTUS SOLOSTAR.....	36	levonorg-eth estrad	
KALYDECO.....	55	LANTUS U-100 VIAL.....	36	triphasic.....	43
kariva.....	43	lapatinib ditosylate.....	19	levora 0.15/30 (28).....	43
k-effervescent.....	37	larin 1.5/30.....	43	levo-t.....	45
kelnor 1/35.....	43	larin 1/20.....	43	levothyroxine sodium.....	45
kelnor 1/50.....	43	larin 24 fe.....	43	levoxyl.....	45
KEPPRA.....	15	larin fe 1.5/30.....	43	LEXIVA.....	22
KEPPRA XR.....	15	larin fe 1/20.....	43	lidocaine.....	12
ketoconazole.....	17	larissia.....	43	lidocaine hcl.....	12
KETONE TEST.....	34	latanoprost.....	52	lidocaine hcl	
ketorolac tromethamine 11, 51		LATUDA.....	21	urethral/mucosal.....	12
KETOSTIX.....	34	layolis fe.....	43	lidocaine pak.....	12
KINERET.....	46	leena.....	43	lidocaine viscous hcl.....	28
KINRIX.....	47	leflunomide.....	46	lidocaine-prilocaine.....	12
kionex.....	37	LENVIMA (10 MG DAILY		LILETTA (52 MG).....	43
KISQALI (200 MG DOSE)..	19	DOSE).....	19	lillow.....	43
KISQALI (400 MG DOSE)..	19	LENVIMA (12 MG DAILY		lindane.....	21
KISQALI (600 MG DOSE)..	19	DOSE).....	19	linezolid.....	13
klofensaid ii.....	11	LENVIMA (14 MG DAILY		LINZESS.....	39
klor-con.....	37	DOSE).....	19	liothyronine sodium.....	45
klor-con 10.....	37	LENVIMA (18 MG DAILY		lisinopril.....	26
klor-con m10.....	37	DOSE).....	19	lisinopril-	
KLOR-CON M15.....	37	LENVIMA (20 MG DAILY		hydrochlorothiazide.....	26
klor-con m20.....	37	DOSE).....	19	lithium.....	24
klor-con sprinkle.....	37	LENVIMA (24 MG DAILY		lithium carbonate.....	24
klor-con/ef.....	37	DOSE).....	19	lithium carbonate er.....	24
KOSELUGO.....	19	LENVIMA (4 MG DAILY		LITHOSTAT.....	40
K-PHOS.....	37	DOSE).....	19	LO LOESTRIN FE.....	43
K-PHOS NO 2.....	37	LENVIMA (8 MG DAILY		lojaimiess.....	43
k-prime.....	37	DOSE).....	19	LONSURF.....	19
KROGER HEALTHPRO		lessina.....	43	lopinavir-ritonavir.....	22
GLUCOSE TEST.....	34	letrozole.....	19	lopreeza.....	43
kurvelo.....	43	leucovorin calcium.....	19	lorazepam.....	24
k-vescent.....	37	LEUKERAN.....	19	lorazepam intensol.....	24
KYLEENA.....	43	levabuterol hcl.....	55	LORBRENA.....	19
labetalol hcl.....	25	LEVALBUTEROL HFA.....	55	lorcet.....	10
LACRISERT.....	52	LEVEMIR U-100		lorcet hd.....	10
lactulose.....	39	FLEXTOUCH.....	36	lorcet plus.....	10
lactulose encephalopathy...	39	LEVEMIR U-100 VIAL.....	36	LORTAB.....	10
LAMICTAL.....	15	levetiracetam.....	15	loryna.....	43
LAMICTAL STARTER.....	15	levetiracetam er.....	15	losartan potassium.....	26
lamivudine.....	22	levobunolol hcl.....	52	losartan potassium-hctz.....	26
lamivudine-zidovudine.....	22	levocarnitine.....	38	LOTEMAX.....	51
lamotrigine.....	15	levocarnitine sf.....	38	loteprednol etabonate.....	51

lovastatin.....	26	methazolamide.....	52	mometasone furoate.....	30
LOVENOX.....	14	methenamine hippurate.....	13	mondoxyne nl.....	13
low-ogestrel.....	43	methenamine mandelate.....	13	mono-lynyah.....	44
loxapine succinate.....	21	methergine.....	50	mononessa.....	44
lo-zumandimine.....	43	methimazole.....	45	montelukast sodium.....	55
LUMIGAN.....	52	methocarbamol.....	56	morgidox.....	13
lutera.....	43	methotrexate.....	46	morphine sulfate.....	10
LYNPARZA.....	19	methotrexate sodium.....	46	morphine sulfate	
LYSODREN.....	19	methotrexate sodium (pf)....	46	(concentrate).....	10
lyza.....	43	methoxsalen rapid.....	30	morphine sulfate er.....	10
magnesium citrate.....	39	methyclothiazide.....	26	MOVANTIK.....	39
malathion.....	21	methyl dopa.....	26	moxifloxacin hcl.....	13, 51
maprotiline hcl.....	16	methyl dopa-		MULTAQ.....	26
marlissa.....	43	hydrochlorothiazide.....	26	multi prenatal.....	38
MASK VORTEX.....	50	methylergonovine maleate..	50	multivitamin/fluoride.....	38
MATULANE.....	19	methylphenidate hcl.....	27	mupirocin.....	13
matzim la.....	26	methylphenidate hcl er.....	27	mupirocin calcium.....	13
MAVYRET.....	22	methylphenidate hcl er (cd)	27	MYALEPT.....	40
MAXICOMFORT SYR 27G		methylphenidate hcl er (la)	27	mycophenolate mofetil.....	46
X 1/2".....	36	methylprednisolone.....	41	mycophenolate sodium.....	46
MAXIDEX.....	51	metoclopramide hcl.....	16	MYFORTIC.....	46
maxi-tuss ac.....	53	metolazone.....	26	MYLERAN.....	19
medique aspirin.....	11	metoprolol succinate er.....	26	myorisan.....	30
MEDROL.....	41	metoprolol tartrate.....	26	MYRBETRIQ.....	40
medroxyprogesterone		metoprolol-		myzilra.....	44
acetate.....	43, 44	hydrochlorothiazide.....	26	nabumetone.....	11
mefloquine hcl.....	21	metronidazole.....	13, 30	nadolol.....	26
megestrol acetate.....	44	mexiletine hcl.....	26	nafrinse.....	38
MEKINIST.....	19	mibelas 24 fe.....	44	nafrinse drops.....	38
MEKTOVI.....	19	MICROCHAMBER.....	50	naftifine hcl.....	17
melodetta 24 fe.....	44	MICRODOT TEST.....	34	NAFTIN.....	17
meloxicam.....	11	microgestin 1.5/30.....	44	naloxone hcl.....	12
melphalan.....	19	microgestin 1/20.....	44	NALOXONE HCL.....	12
memantine hcl.....	15	microgestin fe 1.5/30.....	44	naltrexone hcl.....	12
memantine hcl er.....	15	microgestin fe 1/20.....	44	NAMENDA XR	
MENACTRA.....	47	MICROLET NEXT		TITRATION PACK.....	15
MENEST.....	44	LANCING DEVICE.....	34	naproxen.....	11
MENQUADFI.....	47	midodrine hcl.....	26	naproxen dr.....	11
MENVEO.....	47	miglitol.....	32	naproxen sodium.....	11
mercaptapurine.....	19	mili.....	44	naratriptan hcl.....	17
mesalamine.....	48	mimvey.....	44	NARCAN.....	12
mesalamine er.....	48	mimvey lo.....	44	nasal allergy 24 hour.....	53
mesalamine-cleanser.....	48	minitran.....	26	NASCOBAL.....	38
metadate er.....	27	minocycline hcl.....	13	NATACYN.....	51
metaxall.....	56	minoxidil.....	26	NATAZIA.....	44
metaxalone.....	56	MIRENA (52 MG).....	44	nateglinide.....	32
metformin hcl er.....	32	mirtazapine.....	16	nature-throid.....	45
metformin hcl ir.....	32	misoprostol.....	39	NAYZILAM.....	15
methadone hcl.....	10	M-M-R II.....	47	nebusal.....	53
methadone hcl intensol.....	10	M-NATAL PLUS.....	38	necon 0.5/35 (28).....	44
methadose.....	10	modafinil.....	56	nefazodone hcl.....	16
methadose sugar-free.....	10	moderiba.....	22	NEOCATE JUNIOR.....	50
methamphetamine hcl.....	27	moexipril hcl.....	26	neomycin sulfate.....	13

neomycin-bacitracin zn- polymyx.....	52	norethin ace-eth estrad-fe...44	np thyroid.....	45
neomycin-polymyxin- dexameth.....	52	norethindrone.....	NUBEQA.....	19
neomycin-polymyxin- gramicidin.....	52	norethindrone acetate.....	NUCYNTA.....	10
neomycin-polymyxin-hc	52, 53	norethindrone acet-ethinyl est.....	NUCYNTA ER.....	10
NEONATAL COMPLETE.....	38	norethindrone-eth estradiol.44	NULEV.....	39
NEONATAL PLUS.....	38	norethin-eth estradiol-fe.....	NUTROPIN AQ NUSPIN 10.....	41
neo-polycin.....	52	norgestimate-eth estradiol..	NUTROPIN AQ NUSPIN 20.....	41
neo-polycin hc.....	52	norgestimate-ethinyl estradiol triphasic.....	NUTROPIN AQ NUSPIN 5.41	
NEORAL.....	46	norlyda.....	nyamyc.....	17
NERLYNX.....	19	norlyroc.....	NYMALIZE.....	26
neuac.....	30	NORM-JECT LUER SLIP SYRINGE.....	nystatin.....	17
NEULASTA.....	24	NORPACE CR.....	nystatin-triamcinolone.....	17
NEULASTA ONPRO.....	24	NORTHERA.....	nystop.....	17
NEUPOGEN.....	24	nortrel 0.5/35 (28).....	OALIVA.....	40
nevirapine.....	22	nortrel 1/35 (21).....	ocella.....	44
nevirapine er.....	22	nortrel 1/35 (28).....	octreotide acetate.....	41
NEXAVAR.....	19	nortrel 7/7/7.....	ODEFSEY.....	22
NEXIUM.....	39	nortriptyline hcl.....	ODOMZO.....	19
NEXPLANON.....	44	NORVIR.....	OFEV.....	55
niacin er (antihyperlipidemic).....	26	NOVOFINE AUTOCOVER PEN NEEDLE.....	ofloxacin.....	51, 53
NICORETTE.....	12	NOVOFINE PEN NEEDLE.....	ogestrel.....	44
nicotine polacrilex.....	12	NOVOFINE PLUS PEN NEEDLE.....	olanzapine.....	21
nicotine step 1.....	12	NOVOLIN 70/30 FLEXPEN	olmesartan medoxomil.....	26
nicotine step 2.....	12	NOVOLIN 70/30 FLEXPEN	olmesartan medoxomil- hctz.....	26
nicotine step 3.....	12	RELION.....	olmesartan-amlodipine- hctz.....	26
NICOTROL.....	12	NOVOLIN 70/30 RELION... 36	olopatadine hcl.....	51
NICOTROL NS.....	12	NOVOLIN 70/30 VIAL.....	omega-3-acid ethyl esters..	26
nifedipine.....	26	NOVOLIN N FLEXPEN.....	omeprazole.....	39
nifedipine er.....	26	NOVOLIN N FLEXPEN	OMNIPOD 5 PACK.....	50
nifedipine er osmotic release.....	26	RELION.....	OMNIPOD DASH 5 PACK	
nikki.....	44	NOVOLIN N RELION.....	PODS.....	50
NILANDRON.....	19	NOVOLIN N VIAL.....	OMNIPOD DASH SYSTEM.....	34
nilutamide.....	19	NOVOLIN R FLEXPEN.....	OMNIPOD STARTER.....	34
nimodipine.....	26	NOVOLIN R FLEXPEN	OMNITROPE.....	41
NINLARO.....	19	RELION.....	ondansetron hcl.....	16
nitisinone.....	40	NOVOLIN R RELION.....	ondansetron odt.....	16
NITRO-BID.....	26	NOVOLIN R VIAL.....	ONE DROP BLOOD GLUCOSE MONITOR.....	34
NITRO-DUR.....	26	NOVOLOG FLEXPEN.....	ONE DROP TEST.....	34
nitrofurantoin.....	13	NOVOLOG MIX 70/30 FLEXPEN.....	ONE VITE WOMENS.....	38
nitrofurantoin macrocrystal.	13	NOVOLOG MIX 70/30 VIAL.....	ONE VITE WOMENS PLUS.....	38
nitrofurantoin monohydrate macrocrystals.....	13	NOVOLOG PENFILL.....	ONE-A-DAY WOMENS	
nitroglycerin.....	26	NOVOLOG U-100 VIAL.....	PRENATAL 1.....	38
nitroglycerin er.....	26	NOVOPEN ECHO.....	ONETOUCH DELICA LANCING DEV.....	34
nora-be.....	44	NOVOTWIST PEN NEEDLE.....	ONETOUCH DELICA PLUS LANCING.....	34
NORDIPEN 5 INJECTION DEVICE.....	50	NOXAFIL.....		
NORDITROPIN FLEXPRO.41				

ONETOUCH ULTRA.....	34	pantoprazole sodium.....	39	phenytoin sodium	
ONETOUCH ULTRA 2 KIT		PARAGARD		extended.....	15
W/DEVICE.....	35	INTRAUTERINE COPPER..	44	philith.....	44
ONETOUCH ULTRA MINI		paricalcitol.....	49	PHOSPHOLINE IODIDE....	52
KIT W/DEVICE.....	35	paroex.....	28	phosphorous.....	38
ONETOUCH VERIO FLEX		paromomycin sulfate.....	13	phospho-trin 250 neutral....	38
SYSTEM KIT W/DEVICE....	35	paroxetine hcl.....	16	phrenilin forte.....	11
ONETOUCH VERIO IQ		paroxetine hcl er.....	16	phytonadione.....	38
SYSTEM.....	35	PAXIL.....	16	PICATO.....	30
ONETOUCH VERIO KIT		PAZEO.....	51	PIFELTRO.....	23
W/DEVICE.....	35	PEDIARIX.....	47	pilocarpine hcl.....	28, 52
ONETOUCH VERIO		PEDIATRIC PANDA		pimecrolimus.....	30
REFLECT.....	35	MASK.....	50	pimozide.....	21
ONETOUCH VERIO		PEDVAX HIB.....	48	pimtrea.....	44
SYNC SYSTEM KIT		peg 3350/electrolytes.....	39	pindolol.....	26
W/DEVICE.....	35	peg 3350-kcl-na bicarb-		pioglitazone hcl.....	32
OPSUMIT.....	55	nacl.....	39	pioglitazone hcl-glimepiride	32
OPTIONS CONCEPTROL..	50	peg-3350/electrolytes.....	39	pioglitazone hcl-metformin	
ORACIT.....	38	peg-		hcl.....	32
oralone.....	28	3350/electrolytes/ascorbat..	39	PIQRAY (200 MG DAILY	
ORENCIA.....	46	PEGASYS.....	22	DOSE).....	19
ORENCIA CLICKJECT.....	46	PEGASYS PROCLICK.....	23	PIQRAY (250 MG DAILY	
ORFADIN.....	40	PEGINTRON.....	23	DOSE).....	19
ORLISSA.....	41	peg-kcl-nacl-nasulf-na asc-		PIQRAY (300 MG DAILY	
ORKAMBI.....	55	c.....	39	DOSE).....	19
orphenadrine citrate er....	56	PEMAZYRE.....	19	pirmella 1/35.....	44
orsythia.....	44	penicillamine.....	40	pirmella 7/7/7.....	44
oscimin.....	39	penicillin v potassium.....	14	piroxicam.....	11
oscimin sr.....	39	PENTACEL.....	48	PKU EASY.....	50
oseltamivir phosphate.....	22	pentamidine isethionate.....	21	PKU EASY MICROTABS...	50
OSMOPREP.....	39	PENTASA.....	48	PLEGRIDY.....	28
OSPHENA.....	41	pentazocine-naloxone hcl...	11	PLEGRIDY STARTER	
OTEZLA.....	46	pentoxifylline er.....	26	PACK.....	28
OTOVEL.....	53	perindopril erbumine.....	26	PNEUMOVAX 23.....	48
oxaprozin.....	11	periogard.....	28	POCKET SPACER.....	50
oxazepam.....	24	permethrin.....	21	podocon.....	30
oxcarbazepine.....	15	perphenazine.....	16	podofilox.....	30
oxiconazole nitrate.....	17	PHENACTIN AA PLUS.....	50	polycin.....	52
OXISTAT.....	17	phenadoz.....	53	polymyxin b-trimethoprim....	52
OXTELLAR XR.....	15	phenazo.....	40	POMALYST.....	19
oxybutynin chloride.....	40	phenazopyridine hcl.....	40	portia-28.....	44
oxybutynin chloride er....	40	phenelzine sulfate.....	16	posaconazole.....	17
oxycodone hcl.....	10	PHENEX-1.....	50	pot bicarb-pot chloride.....	38
OXYCODONE HCL ER.....	10	phenobarbital.....	15	potassium bicarbonate.....	38
oxycodone-acetaminophen..	11	phenoxybenzamine hcl.....	26	potassium chloride.....	38
oxycodone-aspirin.....	11	PHENYLADE DRINK MIX..	50	potassium chloride crys er..	38
OXYCONTIN.....	11	PHENYLADE GMP		potassium chloride er.....	38
OZEMPIC.....	32	READY.....	50	potassium citrate er.....	38
paliperidone er.....	21	phenylephrine hcl.....	52	potassium citrate-citric acid	38
PANCREAZE.....	40	PHENYTEK.....	15	PRALUENT.....	26
PANDA MASK LARGE.....	50	phenytoin.....	15	pramipexole	
PANDA MASK MEDIUM.....	50	phenytoin infatabs.....	15	dihydrochloride.....	21
PANDA MASK SMALL.....	50			PRAMOSONE.....	30

prasugrel hcl.....	21	PREVIDENT 5000		PROQUAD.....	48
pravastatin sodium.....	26	SENSITIVE.....	28	protriptyline hcl.....	16
praziquantel.....	21	previfem.....	44	PROVENTIL HFA.....	55
prazosin hcl.....	26	PREVNAR 13.....	48	pseudoephedrine-	
PRECISION LINK.....	35	PREZCOBIX.....	23	bromphen-dm.....	54
PRECISION PCX PLUS		PREZISTA.....	23	PULMICORT FLEXHALER.....	55
TEST.....	35	primaquine phosphate.....	21	pulmosal.....	54
PRECISION QID		primidone.....	15	PULMOZYME.....	55
MONITOR.....	35	PRO COMFORT SPACER		PURAMINO DHA/ARA.....	50
PRECISION QID TEST.....	35	ADULT.....	50	PURIXAN.....	19
PRECISION SOF-TACT		PRO COMFORT SPACER		pyrazinamide.....	18
MONITOR.....	35	CHILD.....	50	pyridostigmine bromide.....	18
PRECISION SOF-TACT		PRO COMFORT SPACER		pyridostigmine bromide er..	18
TEST.....	35	INFANT.....	50	pyrimethamine.....	21
PRECISION XTRA.....	35	PROAIR HFA.....	55	QBRELIS.....	26
PRECISION XTRA		PROAIR RESPICLICK.....	55	qc aspirin low dose.....	11
BLOOD GLUCOSE.....	35	probenecid.....	17	qc magnesium citrate.....	40
PRECISION XTRA		PROCARE		QINLOCK.....	19
MONITOR.....	35	SPACER/ADULT MASK.....	50	QUADRACEL.....	48
PRED-G.....	53	PROCARE		quasense.....	44
PRED-G S.O.P.....	53	SPACER/CHILD MASK.....	50	quetiapine fumarate.....	21
prednicarbate.....	30	prochlorperazine.....	16	quetiapine fumarate er.....	21
prednisolone.....	41	prochlorperazine edisylate..	16	QUFLORA PEDIATRIC.....	38
prednisolone acetate.....	51	prochlorperazine maleate...	17	QUILLICHEW ER.....	27
prednisolone acetate p-f.....	51	PROCTOFOAM HC.....	48	QUILLIVANT XR.....	27
prednisolone sodium		procto-med hc.....	48	quinapril hcl.....	26
phosphate.....	41, 51	procto-pak.....	48	quinapril-	
prednisone.....	41	proctosol hc.....	48	hydrochlorothiazide.....	26
prednisone intensol.....	41	proctozone-hc.....	48	quinidine gluconate er.....	26
pregabalin.....	28	PROCYSBI.....	40	quinidine sulfate.....	26
PREMARIN.....	44	PRODIGY NO CODING		quinine sulfate.....	21
PREMPHASE.....	44	BLOOD GLUC.....	35	QVAR REDIHALER.....	55
PREMPRO.....	44	PROFERRIN-FORTE.....	38	rabeprazole sodium.....	39
prenatal.....	38	progesterone.....	44	raloxifene hcl.....	41
prenatal multi +dha.....	38	progesterone micronized....	44	ramelteon.....	56
prenatal plus iron.....	38	PROGRAF.....	46	ramipril.....	27
PRENATRIX.....	38	PROLENSA.....	51	ranolazine er.....	27
PREPOPIK.....	39	PROMACTA.....	24	RAPAMUNE.....	46
PREVACID SOLUTAB.....	39	promethazine hcl.....	53, 54	rasagiline mesylate.....	21
prevalite.....	26	promethazine-codeine.....	54	RAVICTI.....	40
preventeza.....	44	promethazine-dm.....	54	reclipsen.....	44
PREVIDENT.....	28	promethazine-phenyleph-		RECOMBIVAX HB.....	48
prevident.....	28	codeine.....	54	REGRANEX.....	30
PREVIDENT 5000		promethazine-		RELION BLOOD	
BOOSTER PLUS.....	28	phenylephrine.....	54	GLUCOSE TEST.....	35
PREVIDENT 5000 DRY		promethegan.....	54	RELION PREMIER	
MOUTH.....	28	propafenone hcl.....	26	CLASSIC.....	35
PREVIDENT 5000		propafenone hcl er.....	26	RELION PREMIER TEST...	35
ENAMEL PROTECT.....	28	proparacaine hcl.....	53	RELION ULTIMA TEST.....	35
PREVIDENT 5000 ORTHO		propranolol hcl.....	26	RELISTOR.....	40
DEFENSE.....	28	propranolol hcl er.....	26	repaglinide.....	32
PREVIDENT 5000 PLUS....	28	propranolol-hctz.....	26	REPATHA.....	27
		propylthiouracil.....	45		

REPATHA PUSHTRONEX SYSTEM.....	27	SECURESAFE		spironolactone-hctz.....	27
REPATHA SURECLICK.....	27	HYPODERMIC NEEDLE		sprintec 28.....	45
RESCRIPTOR.....	23	37, 50	SPRYCEL.....	19
RESTASIS.....	53	selegiline hcl.....	21	sps.....	38
RESTASIS MULTIDOSE.....	53	selenium sulfide.....	30	sronyx.....	45
RETEVMO.....	19	SELZENTRY.....	23	ssd.....	14
RETROVIR.....	23	SENSIPAR.....	49	SSKI.....	54
REVLIMID.....	19	SEREVENT DISKUS.....	55	sss 10-5.....	31
REYATAZ.....	23	sertraline hcl.....	16	ST JOSEPH LOW DOSE...	11
RHOPRESSA.....	52	setlakin.....	45	STAMARIL.....	48
ribasphere.....	23	sevelamer carbonate.....	40	stavudine.....	23
ribavirin.....	23	sevelamer hcl.....	40	STELARA.....	46
RIDAURA.....	46	sf.....	28	STIMATE.....	41
rifabutin.....	18	sf 5000 plus.....	28	STIOLTO RESPIMAT.....	55
rifampin.....	18	sharobel.....	45	STIVARGA.....	19
riluzole.....	28	SHINGRIX.....	48	STRENSIQ.....	40
rimantadine hcl.....	23	SIGNIFOR.....	41	STRIBILD.....	23
RINVOQ.....	46	sildenafil citrate.....	40, 55	SUBOXONE.....	12
risedronate sodium.....	49	silodosin.....	41	subvenite.....	15
risperidone.....	21	silver sulfadiazine.....	14	subvenite starter kit-blue.....	15
risperidone m-tab.....	21	SIMBRINZA.....	52	subvenite starter kit-green..	15
ritonavir.....	23	simliya.....	45	subvenite starter kit-orange	15
rivastigmine.....	15	simpesse.....	45	sucralfate.....	39
rivastigmine tartrate.....	15	SIMPONI.....	46	SULCONAZOLE NITRATE..	17
rivelsa.....	44	simvastatin.....	27	sulfacetamide sodium...	31, 51
rizatriptan benzoate.....	17	sirolimus.....	46	sulfacetamide sodium	
ROCKLATAN.....	52	SIRTURO.....	18	(acne).....	31
ropinirole hcl.....	21	SKYLA.....	45	sulfacetamide sodium-	
ropinirole hcl er.....	21	SKYRIZI (150 MG DOSE)..	46	sulfur.....	31
rosadan.....	30	SLYND.....	45	sulfacetamide-sulfur in	
rosuvastatin calcium.....	27	sod citrate-citric acid.....	38	urea.....	31
ROTARIX.....	48	sodium chloride.....	54	sulfadiazine.....	14
ROTATEQ.....	48	sodium fluoride.....	28, 38	sulfamethoxazole-	
roweepra.....	15	sodium fluoride 5000 plus...	28	trimethoprim.....	14
roweepra xr.....	15	sodium fluoride 5000 ppm..	28	sulfasalazine.....	48
ROZLYTREK.....	19	sodium fluoride 5000		sulfatrim pediatric.....	14
RUBRACA.....	19	sensitive.....	28	sulindac.....	12
RYBELSUS.....	32	sodium phenylbutyrate.....	40	sumatriptan.....	17
RYDAPT.....	19	sodium polystyrene		sumatriptan succinate.....	18
SABRIL.....	15	sulfonate.....	38	sumatriptan succinate refill.	18
salsalate.....	11	sodium sulfacetamide		SUPRAX.....	14
SANDIMMUNE.....	46	wash.....	31	SUPREP BOWEL PREP	
SANTYL.....	30	SODIUM		KIT.....	40
SAPHRIS.....	21	SULFACETAMIDE WASH..	31	SURESTEP PRO HIGH	
sash kit.....	50	solifenacin succinate.....	40	GLUCOSE.....	35
SAVELLA.....	28	SOMAVERT.....	41	SURESTEP PRO LOW	
SAVELLA TITRATION		sorine.....	27	GLUCOSE.....	35
PACK.....	28	sotalol hcl.....	27	SURESTEP PRO	
scopolamine.....	17	sotalol hcl (af).....	27	NORMAL GLUCOSE.....	35
		spinosad.....	21	SUSTIVA.....	23
		SPIRIVA HANDIHALER.....	55	SUTENT.....	19
		SPIRIVA RESPIMAT.....	55	syeda.....	45
		spironolactone.....	27	SYLATRON.....	23

SYMAX DUOTAB.....	40	terazosin hcl.....	41	TRACLEER.....	55
SYMBICORT.....	55	terbinafine hcl.....	17	TRADJENTA.....	32
SYMFI.....	23	terconazole.....	17	tramadol hcl er.....	11
SYMFI LO.....	23	testosterone.....	41	tramadol hcl er (biphasic)...	11
SYMJEPI.....	55	testosterone cypionate.....	41	tramadol hcl ir.....	11
SYMLINPEN 120.....	32	testosterone enanthate.....	41	tramadol-acetaminophen....	11
SYMLINPEN 60.....	32	TETANUS-DIPHTHERIA		trandolapril.....	27
SYMTUZA.....	23	TOXOIDS TD.....	48	trandolapril-verapamil hcl	
SYNJARDY.....	32	tetcaine.....	53	er.....	27
SYNJARDY XR.....	32	tetrabenazine.....	28	tranexamic acid.....	24
SYNRIBO.....	19	tetracaine hcl.....	53	tranylcypromine sulfate.....	16
SYNTHROID.....	45	tetracycline hcl.....	14	travoprost (bak free).....	52
SYPRINE.....	38	TEXACORT.....	31	trazodone hcl.....	16
SYRINGE LUER LOCK.....	50	THALOMID.....	20	TRELEGY ELLIPTA.....	55
SYRINGE LUER SLIP.....	50	THEO-24.....	55	TREMFYA.....	46
TABRECTA.....	20	theophylline.....	55	TRESIBA.....	37
TACLONEX.....	31	theophylline er.....	55	TRESIBA FLEXTOUCH.....	37
tacrolimus.....	31, 46	thioridazine hcl.....	21	tretinoin.....	20, 31
tadalafil.....	40	thiothixene.....	21	tretinoin microsphere.....	31
tadalafil (pah).....	55	thyroid.....	45	tretinoin microsphere pump	31
TAFINLAR.....	20	tiadylt er.....	27	tri femynor.....	45
TAGRISSE.....	20	tiagabine hcl.....	15	triamcinolone acetonide	28, 31
TALTZ.....	46	TIBSOVO.....	20	triamterene-hctz.....	27
TALZENNA.....	20	tilia fe.....	45	triazolam.....	24
tamoxifen citrate.....	20	timolol maleate.....	27, 52	TRICARE PRENATAL	
tamsulosin hcl.....	41	TIMOPTIC OCUDOSE.....	52	DHA ONE.....	38
TARCEVA.....	20	tinidazole.....	14	tricitrates.....	38
TARGRETIN.....	20	TIROSINT.....	45	triderm.....	31
tarina 24 fe.....	45	TIVICAY.....	23	trientine hcl.....	38
tarina fe 1/20.....	45	TIVICAY PD.....	23	tri-estarylla.....	45
tarina fe 1/20 eq.....	45	tizanidine hcl.....	56	trifluoperazine hcl.....	21
taron-crystals.....	38	tl icon.....	38	trifluridine.....	52
TASIGNA.....	20	TOBI NEBULIZER.....	55	trihexyphenidyl hcl.....	21
TAYTULLA.....	45	TOBI PODHALER.....	55	TRIKAFTA.....	55
tazarotene.....	31	TOBRADEX.....	53	tri-legest fe.....	45
TAZORAC.....	31	tobramycin.....	51, 55	TRILEPTAL.....	15
taztia xt.....	27	tobramycin-		tri-lynyah.....	45
TAZVERIK.....	20	dexamethasone.....	53	tri-lo-estarylla.....	45
TDVAX.....	48	TOBREX.....	51	tri-lo-marzia.....	45
TECFIDERA.....	28	TODAY SPONGE.....	50	tri-lo-mili.....	45
TEGRETOL.....	15	tolazamide.....	32	tri-lo-sprintec.....	45
TEGRETOL-XR.....	15	tolbutamide.....	32	trilyte.....	40
TEKTURN HCT.....	27	tolcapone.....	21	trimethobenzamide hcl.....	17
telmisartan.....	27	TOLEREX.....	50	trimethoprim.....	14
telmisartan-hctz.....	27	tolterodine tartrate.....	40	tri-mili.....	45
temazepam.....	56	tolterodine tartrate er.....	40	trimipramine maleate.....	16
TEMIXYS.....	23	topiramate.....	15	TRINTELLIX.....	16
TEMODAR.....	20	toremifene citrate.....	20	tri-previfem.....	45
temozolomide.....	20	torse mide.....	27	tri-sprintec.....	45
TENCON.....	11	TOUJEO MAX		TRIUMEQ.....	23
TENIVAC.....	48	SOLOSTAR.....	37	trivora (28).....	45
tenofovir disoproxil		TOUJEO SOLOSTAR.....	37	tri-vylibra.....	45
fumarate.....	23	tovet.....	31	tri-vylibra lo.....	45

TRIZIVIR.....	23	VECAMYL.....	27	VOTRIENT.....	20
tropicamide.....	53	velivet.....	45	VRAYLAR.....	22
tropium chloride.....	40	VEMLIDY.....	23	vyfemla.....	45
tropium chloride er.....	40	VENCLEXTA.....	20	vylibra.....	45
TRUE FOCUS BLOOD GLUCOSE METER.....	35	VENCLEXTA STARTING PACK.....	20	VYVANSE.....	27
TRUE METRIX BLOOD GLUCOSE TEST.....	35	venlafaxine hcl.....	16	warfarin sodium.....	14
TRUE METRIX LEVEL 1....	35	venlafaxine hcl er.....	16	wera.....	45
TRUE METRIX LEVEL 2....	35	VENTAVIS.....	55	WESTAB PLUS.....	38
TRUE METRIX LEVEL 3....	35	VENTOLIN HFA.....	55	WESTGEL DHA.....	38
TRUE METRIX PRO BLOOD GLUCOSE.....	35	verapamil hcl.....	27	westhroid.....	45
TRUETRACK TEST.....	35	verapamil hcl er.....	27	WIDE-SEAL DIAPHRAGM 60.....	51
TRULICITY.....	32	VERZENIO.....	20	WIDE-SEAL DIAPHRAGM 65.....	51
TRUMENBA.....	48	V-GO 20.....	35	WIDE-SEAL DIAPHRAGM 70.....	51
TRUVADA.....	23	V-GO 30.....	35	WIDE-SEAL DIAPHRAGM 75.....	51
TUKYSA.....	20	V-GO 40.....	35	WIDE-SEAL DIAPHRAGM 80.....	51
tulana.....	45	VIBERZI.....	40	WIDE-SEAL DIAPHRAGM 85.....	51
TURALIO.....	20	VIBRAMYCIN.....	14	WIDE-SEAL DIAPHRAGM 90.....	51
TWINRIX.....	48	VICTOZA.....	32	WIDE-SEAL DIAPHRAGM 95.....	51
tyblume.....	45	VIDEX.....	23	wixela inhub.....	55
TYBOST.....	23	VIDEX EC.....	23	wp thyroid.....	45
tydemy.....	45	vienva.....	45	wymzya fe.....	45
TYKERB.....	20	vigabatrin.....	15	XALKORI.....	20
TYMLOS.....	49	vigadrone.....	15	XARELTO.....	14
TYPHIM VI.....	48	VIIBRYD.....	16	XARELTO STARTER PACK.....	14
TYVASO.....	55	VIIBRYD STARTER PACK.....	16	XATMEP.....	46
TYVASO REFILL.....	55	VIL-RX.....	38	XELJANZ.....	46
TYVASO STARTER.....	55	VIMPAT.....	15	XELJANZ XR.....	46
UCERIS.....	48	viorele.....	45	XELODA.....	20
UNISTRIP CONTROL.....	35	VIRACEPT.....	23	XERMELO.....	40
unithroid.....	45	VIRAMUNE.....	23	XIFAXAN.....	14
UPTRAVI.....	55	VIRAMUNE XR.....	23	XIGDUO XR.....	32
urea.....	31	VIREAD.....	23	XIIDRA.....	53
uro-mp.....	40	VIRT-FEFA PLUS.....	38	XOFLUZA (40 MG DOSE)..	23
ursodiol.....	40	virt-phos 250 neutral.....	38	XOFLUZA (80 MG DOSE)..	23
valacyclovir hcl.....	23	virtussin ac w/alc.....	54	XOPENEX HFA.....	55
VALCHLOR.....	20	vitamin d (ergocalciferol)....	38	XOSPATA.....	20
valganciclovir hcl.....	23	VITATHELY WITH GINGER.....	38	XPOVIO (100 MG ONCE WEEKLY).....	20
valproic acid.....	15	VITRAKVI.....	20	XPOVIO (40 MG ONCE WEEKLY).....	20
valsartan.....	27	VIVAGUARD INO CONTROL SOLUTION.....	35	XPOVIO (40 MG TWICE WEEKLY).....	20
valsartan- hydrochlorothiazide.....	27	VIVAGUARD INO GLUCOSE METER.....	35	XPOVIO (60 MG ONCE WEEKLY).....	20
vancomycin hcl.....	14	VIVAGUARD INO TEST STRIPS.....	35		
vandazole.....	14	VIVAGUARD LANCING DEVICE.....	35		
VAQTA.....	48	VIVONEX PEDIATRIC.....	51		
VARIVAX.....	48	VIVOTIF.....	48		
VASCEPA.....	27	VIZIMPRO.....	20		
VAXCHORA.....	48	volnea.....	45		
VCF VAGINAL CONTRACEPTIVE.....	50	voriconazole.....	17		
vcf vaginal contraceptive....	50				

XPOVIO (60 MG TWICE WEEKLY).....	20
XPOVIO (80 MG ONCE WEEKLY).....	20
XPOVIO (80 MG TWICE WEEKLY).....	20
XTANDI.....	20
xulane.....	45
YF-VAX.....	48
YONSA.....	20
yuvaferm.....	45
zafirlukast.....	55
zaleplon.....	56
zarah.....	45
ZARONTIN.....	15
ZEJULA.....	20
ZELBORAF.....	20
zenatane.....	31
ZENPEP.....	40
ZIAGEN.....	23
zidovudine.....	23
ziprasidone hcl.....	22
ZIRGAN.....	52
ZOLINZA.....	20
zolmitriptan.....	18
zolpidem tartrate.....	56
zolpidem tartrate er.....	56
ZONEGRAN.....	15
zonisamide.....	15
ZORTRESS.....	46
ZOSTAVAX.....	48
zovia 1/35e (28).....	45
zumandimine.....	45
ZYDELIG.....	20
ZYKADIA.....	20
ZYLET.....	53
ZYTIGA.....	20