



Scott & White  
HEALTH PLAN



INSURANCE COMPANY OF  
Scott & White



Scott & White  
CARE PLANS

Part of  
Baylor Scott & White HEALTH

# SWHP Group Value Formulary

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3<sup>rd</sup> Quarter 2020

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## Table of Contents

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

### **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 determine your prescription drug coverage is to review your *Plan Benefit Documents* or call the SWHP Customer Service department.

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

A formulary is a list of covered drugs selected by SWHP in consultation with a team of health care providers. The list 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 provided the drug is medically necessary and plan rules are followed. The list, updated regularly, contains both brand-name and generic medications.

The SWHP Group Value formulary is a tiered formulary, meaning there are different copayments for different levels of drugs. The formulary includes preferred drugs covered under your prescription benefit. Drugs not listed on the formulary are not covered. Non-formulary drugs require prior authorization or may be 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.

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

The SWHP Pharmacy and Therapeutics (P&T) Committee meets regularly to review new drugs approved by the FDA and new information regarding drugs that are already on the formulary. The Committee, primarily made up of physicians, pharmacists, and nurses, review information and scientific evidence concerning safety, effectiveness, and current use in therapy.

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

Since the P&T Committee meets regularly to review 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 or the FDA may withdraw a drug from the market.

- If 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?**

The SWHP Group Value formulary, updated quarterly, can be found on our website at [swhp.org](http://swhp.org). To view changes to the formulary, refer to the monthly *Formulary Changes* document posted on the website. If you have any questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact SWHP Pharmacy Help Desk at 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. If a generic form of a brand-name drug becomes available, the brand-name medication may no longer be covered by your prescription benefit and the generic medication may be covered at a lower copayment.

### **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, such as 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 may 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 additional requirements or limits on coverage. These requirements and limits may include safety edits, quantity limits, prior authorization, step therapy, and others. Please refer to the legend for a complete listing of requirements. All restrictions are effective as of the beginning of the plan year unless noted otherwise on the *Formulary Changes* document.

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

You, a representative, or a prescriber can submit a request to SWHP to make 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, a representative, or a prescriber can submit a coverage exception request to SWHP via [swhp.org](http://swhp.org), 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 for the full cost. For questions regarding this process, 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 complete plan coverage, limitations, and exclusions specific to your prescription drug benefit.

Often, over-the-counter medications and herbal products are not covered under SWHP 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 to confirm medications are covered by your prescription plan benefit. Your provider will be able to review drug categories for possible lower copay options when prescribing medications.

### **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 Program**

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

## Reading your formulary

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

### Tier information

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

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

### Drug list information

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

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



## Table of Contents

|  |    |  |    |
|--|----|--|----|
| Analgesics - Drugs for Pain.....   | 10 | Genitourinary Agents - Drugs for Bladder,<br>Genital and Kidney Conditions.....              | 39 |
| Analgesics - Drugs for Pain and Inflammation   | 11 | Genitourinary Agents - Drugs for Prostate<br>Conditions.....                                 | 39 |
| Anesthetics.....   | 11 | Hormonal Agents - Adrenal.....   | 39 |
| Anti-Addiction / Substance Abuse Treatment<br>Agents.....                            | 12 | Hormonal Agents - Men's Health.....  | 40 |
| Antibacterials.....  | 12 | Hormonal Agents - Osteoporosis.....  | 40 |
| Anticoagulants.....  | 14 | Hormonal Agents - Pituitary.....   | 40 |
| Anticonvulsants - Drugs for Seizures.....  | 14 | Hormonal Agents - Sex Hormones and Birth<br>Control.....                                     | 40 |
| Antidementia Agents - Drugs for Alzheimer's<br>Disease and Dementia.....             | 15 | Hormonal Agents - Thyroid.....   | 44 |
| Antidepressants.....   | 15 | Immunological Agents - Drugs for Immune<br>System Stimulation or Suppression.....            | 44 |
| Antiemetics - Drugs for Nausea and Vomiting  | 16 | Immunological Agents - Drugs for<br>Vaccination.....   | 45 |
| Antifungals.....   | 16 | Inflammatory Bowel Disease Agents.....   | 46 |
| Antigout Agents.....   | 17 | Metabolic Bone Disease Agents - Drugs for<br>Osteoporosis.....                               | 47 |
| Antimigraine Agents.....   | 17 | Metabolic Bone Disease Agents - Other.....   | 47 |
| Antimyasthenic Agents.....   | 17 | Miscellaneous Therapeutic Agents.....  | 47 |
| Antimycobacterials.....  | 18 | Ophthalmic Agents - Drugs for Eye Allergy,<br>Infection and Inflammation.....                | 49 |
| Antineoplastics - Drugs for Cancer.....  | 18 | Ophthalmic Agents - Drugs for Glaucoma.....  | 49 |
| Antiparasitics.....  | 20 | Ophthalmic Agents - Drugs for Miscellaneous<br>Eye Conditions.....                           | 50 |
| Antiparkinson Agents.....  | 20 | Otic Agents - Drugs for Ear Conditions.....  | 51 |
| Antiplatelets.....   | 21 | Respiratory Tract / Pulmonary Agents -<br>Drugs for Allergies, Cough, Cold.....              | 51 |
| Antipsychotics - Drugs for Mood Disorders....  | 21 | Respiratory Tract / Pulmonary Agents -<br>Drugs for Asthma and Other Lung<br>Conditions..... | 52 |
| Antivirals.....  | 21 | Respiratory Tract / Pulmonary Agents -<br>Drugs for Cystic Fibrosis.....                     | 53 |
| Anxiolytics - Drugs for Anxiety.....   | 23 | Respiratory Tract / Pulmonary Agents -<br>Drugs for Pulmonary Hypertension.....              | 53 |
| Bipolar Agents - Drugs for Mood Disorders....  | 23 | Skeletal Muscle Relaxants - Drugs for<br>Muscle Pain and Spasm.....                          | 53 |
| Blood Products / Modifiers / Volume<br>Expanders - Drugs for Bleeding Disorders...23 | 23 | Sleep Disorder Agents.....   | 53 |
| Cardiovascular Agents - Drugs for Heart and<br>Circulation Conditions.....           | 23 | Index of Drugs.....  | 55 |
| Central Nervous System Agents - Drugs for<br>Attention Deficit Disorder.....         | 26 |  |    |
| Central Nervous System Agents - Drugs for<br>Multiple Sclerosis.....                 | 27 |  |    |
| Central Nervous System Agents -<br>Miscellaneous.....                                | 27 |  |    |
| Dental and Oral Agents - Drugs for Mouth<br>and Throat Conditions.....               | 27 |  |    |
| Dermatological Agents - Drugs for Skin<br>Conditions.....                            | 28 |  |    |
| Diabetes - Antidiabetic Agents.....  | 31 |  |    |
| Diabetes - Glucose Monitoring.....   | 31 |  |    |
| Diabetes - Glycemic Agents.....  | 34 |  |    |
| Diabetes - Insulins.....   | 35 |  |    |
| Electrolytes / Minerals / Metals / Vitamins.....                                     | 36 |  |    |
| Gastrointestinal Agents - Drugs for Acid<br>Reflux and Ulcer.....                    | 37 |  |    |
| Gastrointestinal Agents - Drugs for Bowel,<br>Intestine and Stomach Conditions.....  | 38 |  |    |
| Genetic or Enzyme Disorder - Drugs for<br>Replacement, Modification, Treatment.....  | 39 |  |    |

| Drug Name   | Drug Tier | Notes  |
|---|-----------|--------|
| <b>Analgesics - Drugs for Pain</b>  |           |        |
| acetaminophen-codeine   | 1         | QL     |
| acetaminophen-codeine #2  | 1         | QL     |
| acetaminophen-codeine #3  | 1         | QL     |
| acetaminophen-codeine #4  | 1         | QL     |
| ascomp-codeine  | 1         |        |
| buprenorphine transdermal   | 3         | PA; QL |
| butalbital-acetaminophen oral tablet 50-325 mg  | 1         |        |
| butalbital-apap-caff-cod  | 1         |        |
| butalbital-apap-caffeine  | 1         |        |
| butalbital-asa-caff-codeine   | 1         |        |
| butalbital-aspirin-caffeine   | 1         |        |
| butorphanol tartrate nasal  | 1         | QL     |
| carisoprodol-aspirin-codeine  | 1         |        |
| codeine sulfate   | 1         | QL     |
| endocet   | 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 |
| hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml    | 1         | QL     |
| hydrocodone-acetaminophen oral tablet   | 1         | QL     |
| hydrocodone-ibuprofen   | 1         | QL     |
| hydromorphone hcl oral  | 1         | QL     |
| hydromorphone hcl rectal  | 1         | QL     |

| Drug Name   | Drug Tier | Notes  |
|---|-----------|--------|
| lorcet  | 1         | QL     |
| lorcet hd   | 1         | QL     |
| lorcet plus   | 1         | QL     |
| LORTAB  | 2         | QL     |
| methadone hcl intensol  | 1         |        |
| methadone hcl oral concentrate  | 1         |        |
| methadone hcl oral solution   | 1         |        |
| methadone hcl oral tablet   | 1         | PA     |
| methadone hcl oral tablet soluble   | 1         |        |
| methadose oral concentrate 10 mg/ml   | 1         |        |
| methadose oral tablet soluble   | 1         |        |
| methadose sugar-free  | 1         |        |
| morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml               | 1         | QL     |
| morphine sulfate er oral tablet extended release                                | 1         | PA; QL |
| morphine sulfate oral   | 1         | QL     |
| morphine sulfate rectal   | 1         | QL     |
| NUCYNTA   | 3         | QL     |
| NUCYNTA ER  | 3         | PA; QL |
| OXYCODONE HCL ER  | 1         | PA; QL |
| oxycodone hcl oral capsule  | 1         | QL     |
| oxycodone hcl oral concentrate 100 mg/5ml                                       | 1         | QL     |
| oxycodone hcl oral solution   | 1         | QL     |
| oxycodone hcl oral tablet   | 1         | QL     |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1         | QL     |
| oxycodone-aspirin   | 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  |
|--|-----------|--------|
| OXYCONTIN  | 2         | PA; QL |
| pentazocine-naloxone hcl                               | 1         | QL     |
| 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     |
| <b>Analgesics - Drugs for Pain and Inflammation</b>    |           |        |
| 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   | 0         | PV     |
| aspirin ec low dose                                    | 0         | PV     |
| aspirin ec low strength                                | 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 oral                                 | 1         |        |
| diclofenac sodium transdermal gel 1 %                  | 1         | QL     |
| diclofenac sodium transdermal solution                 | 3         | PA     |
| diclofenac-misoprostol                                 | 3         |        |
| diflunisal oral  | 1         |        |
| ec-naproxen  | 1         |        |
| etodolac   | 1         |        |
| etodolac er  | 1         |        |

| Drug Name                                       | Drug Tier | Notes |
|---|-----------|-------|
| fenoprofen calcium oral capsule 400 mg          | 1         |       |
| fenoprofen calcium oral tablet                  | 1         |       |
| flurbiprofen oral                               | 1         |       |
| 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         |       |
| ketoprofen er                                   | 1         |       |
| ketoprofen oral                                 | 1         |       |
| ketorolac tromethamine oral                     | 1         | QL    |
| meclofenamate sodium oral                       | 1         |       |
| mefenamic acid oral                             | 3         |       |
| meloxicam oral                                  | 1         |       |
| nabumetone oral                                 | 1         |       |
| naproxen dr                                     | 1         |       |
| naproxen oral                                   | 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    |
| sulindac oral                                   | 1         |       |
| tolmetin sodium                                 | 1         |       |
| <b>Anesthetics</b>                              |           |       |
| glydo   | 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                         |
|---|-----------|-------------------------------|
| lidocaine external ointment                                 | 1         |                               |
| lidocaine external patch 5 %                                | 1         |                               |
| lidocaine hcl external solution                             | 1         |                               |
| lidocaine hcl urethral/mucosal                              | 1         |                               |
| lidocaine-prilocaine external cream                         | 1         |                               |
| <b>Anti-Addiction / Substance Abuse Treatment Agents</b>    |           |                               |
| 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         |                               |
| goodsense nicotine mouth/throat gum                         | 0         | PV; QL; AL (Min 18 Years)     |
| naloxone hcl injection solution                             | 1         |                               |

| Drug Name  | Drug Tier | Notes                         |
|--|-----------|-------------------------------|
| 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                            |
| <b>Antibacterials</b>                                    |           |                               |
| amoxicillin  | 1         |                               |
| amoxicillin-potassium clavulanate er                     | 1         |                               |
| amoxicillin-potassium clavulanate oral                   | 1         |                               |
| ampicillin   | 1         |                               |
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML | 2         |                               |
| avidoxy  | 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 |
|--|-----------|-------|
| azithromycin oral  | 1         |       |
| 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         |       |
| 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         |       |
| 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         |       |
| E.E.S. 400   | 1         |       |
| ERYPED 400   | 2         |       |
| ERY-TAB  | 2         |       |
| erythromycin base  | 1         |       |
| erythromycin ethylsuccinate oral                         | 1         |       |

| Drug Name                                       | Drug Tier | Notes |
|---|-----------|-------|
| erythromycin oral                               | 1         |       |
| FIRVANQ   | 3         |       |
| gentamicin sulfate external                     | 1         |       |
| levofloxacin oral                               | 1         |       |
| linezolid oral                                  | 3         | QL    |
| methenamine hippurate                           | 1         |       |
| methenamine mandelate oral                      | 1         |       |
| metronidazole oral                              | 1         |       |
| metronidazole vaginal                           | 1         |       |
| minocycline hcl oral                            | 1         |       |
| mondoxyne nl oral capsule 100 mg                | 1         |       |
| MONUROL   | 2         |       |
| 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         |       |
| penicillin v potassium                          | 1         |       |
| silver sulfadiazine external                    | 1         |       |
| ssd   | 1         |       |
| sulfadiazine oral                               | 1         |       |
| sulfamethoxazole-trimethoprim oral              | 1         |       |
| sulfatrim pediatric                             | 1         |       |
| SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML | 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 |
|--|-----------|-------|
| 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    |
| <b>Anticoagulants</b>  |           |       |
| ARIXTRA  | SP3       | QL    |
| COUMADIN   | 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         |       |
| heparin sodium (porcine) pf  | 1         |       |
| jantoven   | 1         |       |
| LOVENOX SUBCUTANEOUS   | SP3       | QL    |
| warfarin sodium oral   | 1         |       |
| XARELTO  | 2         | QL    |
| XARELTO STARTER PACK   | 2         | QL    |
| <b>Anticonvulsants - Drugs for Seizures</b>                            |           |       |
| APTIOM   | 3         |       |
| BANZEL   | SP2       | PA    |
| carbamazepine er   | 1         |       |

| Drug Name                           | Drug Tier | Notes |
|-------------------------------------|-----------|-------|
| carbamazepine oral                  | 1         |       |
| CARBATROL                           | 2         |       |
| CELONTIN                            | 2         |       |
| clobazam                            | 3         | PA    |
| DEPAKOTE                            | 2         |       |
| DEPAKOTE ER                         | 2         |       |
| DEPAKOTE SPRINKLES                  | 2         |       |
| DIASTAT ACUDIAL                     | 2         | QL    |
| DIASTAT PEDIATRIC                   | 2         | QL    |
| 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         |       |
| FELBATOL                            | 2         |       |
| FYCOMPA                             | 3         |       |
| gabapentin oral                     | 1         |       |
| GABITRIL                            | 2         |       |
| KEPPRA ORAL                         | 2         |       |
| KEPPRA XR                           | 2         |       |
| LAMICTAL                            | 2         |       |
| LAMICTAL STARTER                    | 2         |       |
| lamotrigine er                      | 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         |       |

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 |
|--------------------------------------|-----------|-------|
| levetiracetam er                     | 1         |       |
| levetiracetam oral                   | 1         |       |
| MYSOLINE                             | 2         |       |
| NEURONTIN                            | 2         |       |
| oxcarbazepine                        | 1         |       |
| OXTELLAR XR                          | 3         |       |
| phenobarbital oral                   | 1         |       |
| PHENYTEK                             | 2         |       |
| phenytoin infatabs                   | 1         |       |
| phenytoin oral suspension 125 mg/5ml | 1         |       |
| phenytoin oral tablet chewable       | 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         |       |
| subvenite starter kit-orange         | 1         |       |
| TEGRETOL                             | 2         |       |
| TEGRETOL-XR                          | 2         |       |
| tiagabine hcl                        | 1         |       |
| TOPAMAX                              | 2         |       |
| TOPAMAX SPRINKLE                     | 2         |       |
| topiramate oral                      | 1         |       |
| TRILEPTAL                            | 2         |       |
| valproic acid oral                   | 1         |       |
| vigabatrin                           | SP1       | PA    |
| vigadrone                            | SP1       | PA    |
| VIMPAT ORAL                          | 3         |       |
| ZARONTIN                             | 2         |       |
| ZONEGRAN                             | 3         |       |

| Drug Name   | Drug Tier | Notes |
|---|-----------|-------|
| zonisamide oral   | 1         |       |
| <b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>   |           |       |
| donepezil hcl   | 1         |       |
| galantamine hydrobromide er   | 1         |       |
| galantamine hydrobromide oral tablet                                      | 1         |       |
| memantine hcl er  | 1         | QL    |
| memantine hcl oral  | 1         |       |
| NAMENDA XR TITRATION PACK   | 2         | QL    |
| rivastigmine  | 1         |       |
| rivastigmine tartrate   | 1         |       |
| <b>Antidepressants</b>  |           |       |
| amitriptyline hcl oral  | 1         |       |
| amoxapine   | 1         |       |
| bupropion hcl er (sr)   | 1         | QL    |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg | 1         | QL    |
| bupropion hcl oral  | 1         |       |
| chlordiazepoxide-amitriptyline  | 1         |       |
| citalopram hydrobromide   | 1         |       |
| 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    |

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  |
|--|-----------|--------|
| fluoxetine hcl (pmdd)                              | 1         |        |
| fluoxetine hcl oral capsule                        | 1         |        |
| fluoxetine hcl oral capsule delayed release        | 1         | QL     |
| fluoxetine hcl oral solution                       | 1         |        |
| fluoxetine hcl oral tablet                         | 1         |        |
| fluvoxamine maleate                                | 1         |        |
| fluvoxamine maleate er                             | 3         | QL     |
| imipramine hcl oral                                | 1         |        |
| imipramine pamoate                                 | 3         |        |
| 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         |        |
| trazodone hcl oral                                 | 1         |        |
| trimipramine maleate oral                          | 1         |        |
| TRINTELLIX   | 3         | ST; QL |
| venlafaxine hcl                                    | 1         |        |
| venlafaxine hcl er                                 | 1         |        |
| VIIBRYD  | 3         | QL     |
| VIIBRYD STARTER PACK                               | 3         | QL     |
| <b>Antiemetics - Drugs for Nausea and Vomiting</b> |           |        |
| aprepitant   | 3         | QL     |
| BONJESTA   | 3         | PA; QL |
| compro   | 1         |        |
| doxylamine-pyridoxine                              | 3         | PA; QL |

| Drug Name                              | Drug Tier | Notes  |
|--|-----------|--------|
| dronabinol                             | 3         | PA; QL |
| EMEND ORAL SUSPENSION RECONSTITUTED    | 3         | QL     |
| granisetron hcl oral                   | 3         | QL     |
| metoclopramide hcl oral solution       | 1         |        |
| metoclopramide hcl oral tablet         | 1         |        |
| ondansetron hcl injection              | 1         |        |
| ondansetron hcl oral solution          | 1         | QL     |
| ondansetron hcl oral tablet 24 mg      | 1         | QL     |
| ondansetron hcl oral tablet 4 mg, 8 mg | 1         |        |
| ondansetron odt                        | 1         |        |
| perphenazine oral                      | 1         |        |
| prochlorperazine                       | 1         |        |
| prochlorperazine edisylate injection   | 1         |        |
| prochlorperazine maleate oral          | 1         |        |
| scopolamine                            | 1         |        |
| trimethobenzamide hcl oral             | 1         |        |
| <b>Antifungals</b>                     |           |        |
| bio-statin oral powder                 | 1         |        |
| ciclodan                               | 1         |        |
| ciclopirox                             | 1         |        |
| ciclopirox olamine external            | 1         |        |
| clotrimazole mouth/throat              | 1         |        |
| clotrimazole-betamethasone             | 1         |        |
| CRESEMBA ORAL                          | SP3       |        |
| dermazene                              | 1         |        |
| econazole nitrate external             | 1         |        |
| EXELDERM                               | 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 |
|-------------------------------|-----------|-------|
| fluconazole oral              | 1         |       |
| griseofulvin microsize oral   | 1         |       |
| griseofulvin ultramicrosize   | 1         |       |
| hydrocortisone-iodoquinol     | 1         |       |
| itraconazole oral             | 1         | PA    |
| ketoconazole external cream   | 1         |       |
| ketoconazole external shampoo | 1         |       |
| ketoconazole oral             | 1         |       |
| naftifine hcl                 | 1         |       |
| NAFTIN EXTERNAL GEL 2 %       | 2         |       |
| NOXAFIL ORAL SUSPENSION       | 2         |       |
| nyamyc                        | 1         |       |
| nystatin external             | 1         |       |
| nystatin mouth/throat         | 1         |       |
| nystatin oral                 | 1         |       |
| nystatin-triamcinolone        | 1         |       |
| nystop                        | 1         |       |
| oxiconazole nitrate           | 1         |       |
| OXISTAT EXTERNAL LOTION       | 2         |       |
| posaconazole                  | 1         |       |
| SULCONAZOLE NITRATE           | 2         |       |
| terbinafine hcl oral          | 1         | QL    |
| terconazole                   | 1         |       |
| voriconazole oral             | 3         |       |
| <b>Antigout Agents</b>        |           |       |
| allopurinol oral              | 1         |       |
| COLCHICINE ORAL CAPSULE       | 1         |       |
| colchicine oral tablet        | 1         |       |
| colchicine-probenecid         | 1         |       |

| Drug Name   | Drug Tier | Notes  |
|---|-----------|--------|
| febuxostat  | 3         |        |
| probenecid  | 1         |        |
| <b>Antimigraine Agents</b>                                      |           |        |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML | 2         | PA; QL |
| almotriptan malate  | 3         | QL     |
| dihydroergotamine mesylate injection                            | 1         |        |
| dihydroergotamine mesylate nasal                                | 1         | QL     |
| eletriptan hydrobromide   | 3         | QL     |
| EMGALITY  | 2         | PA; QL |
| EMGALITY (300 MG DOSE)  | 2         | PA; QL |
| ergotamine-caffeine   | 1         |        |
| frovatriptan succinate  | 3         | QL     |
| MIGERGOT  | 3         |        |
| naratriptan hcl   | 1         | QL     |
| rizatriptan benzoate  | 1         | QL     |
| sumatriptan nasal   | 1         | QL     |
| 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   | 3         | QL     |
| <b>Antimyasthenic Agents</b>                                    |           |        |
| pyridostigmine bromide er                                       | 1         |        |
| pyridostigmine bromide oral solution                            | 1         |        |
| pyridostigmine bromide oral tablet 60 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      |
|--|-----------|------------|
| <b>Antimycobacterials</b>                                |           |            |
| dapsone oral   | 1         |            |
| ethambutol hcl oral                                      | 1         |            |
| isoniazid oral   | 1         |            |
| pyrazinamide oral  | 1         |            |
| rifabutin  | 3         |            |
| rifampin oral  | 1         |            |
| SIRTURO  | SP3       |            |
| <b>Antineoplastics - Drugs for Cancer</b>                |           |            |
| abiraterone acetate                                      | SP1       | PA; SF     |
| AFINITOR   | SP2       | PA; QL     |
| AFINITOR DISPERZ   | SP2       | PA         |
| ALECENSA   | SP2       | PA         |
| ALUNBRIG   | SP2       | PA; QL     |
| anastrozole oral   | 1         |            |
| AYVAKIT  | SP2       | PA; SF; QL |
| BALVERSA   | SP2       | PA; SF     |
| bexarotene   | SP1       | PA; SF     |
| bicalutamide   | 1         |            |
| BOSULIF  | SP2       | PA; SF     |
| BRAFTOVI   | SP2       | PA         |
| BRUKINSA   | SP2       | PA; SF     |
| CABOMETYX  | SP2       | PA; SF     |
| CALQUENCE  | SP2       | PA; SF     |
| capecitabine   | SP1       | PA         |
| CAPRELSA ORAL TABLET 100 MG                              | SP2       | PA; QL     |
| CAPRELSA ORAL TABLET 300 MG                              | SP2       | PA         |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG | SP2       | PA         |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG | SP2       | PA         |
| COMETRIQ (60 MG DAILY DOSE)                              | SP2       | PA         |
| COPIKTRA   | SP2       | PA; SF     |

| Drug Name                                    | Drug Tier | Notes      |
|--|-----------|------------|
| 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         |            |
| 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         |
| 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     |

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      |
|-----------------------------|-----------|------------|
| KISQALI (200 MG DOSE)       | SP2       | PA         |
| KISQALI (400 MG DOSE)       | SP2       | PA         |
| KISQALI (600 MG DOSE)       | SP2       | 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         |            |
| LEUKERAN                    | 2         |            |
| LONSURF                     | SP2       | PA         |
| LORBRENA                    | SP2       | PA; SF     |
| LYNPARZA ORAL CAPSULE 50 MG | 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       |            |

| Drug Name                           | Drug Tier | Notes      |
|-------------------------------------|-----------|------------|
| NINLARO                             | SP2       | PA         |
| NUBEQA                              | SP2       | PA; SF     |
| ODOMZO                              | SP2       | PA         |
| 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       |            |
| 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         |
| TAFINLAR                            | SP2       | PA; SF     |
| TAGRISSEO ORAL TABLET 40 MG         | SP2       | PA; QL     |
| TAGRISSEO ORAL TABLET 80 MG         | SP2       | PA         |
| TALZENNA                            | SP2       | PA; SF     |
| tamoxifen citrate oral tablet 10 mg | 1         |            |
| tamoxifen citrate oral tablet 20 mg | 1         | PV         |
| TARCEVA ORAL TABLET 100 MG, 150 MG  | SP2       | PA; SF     |
| TARCEVA ORAL TABLET 25 MG           | SP2       | PA; SF; QL |
| TARGRETIN EXTERNAL                  | SP2       | PA         |
| TARGRETIN ORAL                      | SP2       | PA; SF     |
| TASIGNA                             | SP2       | PA         |
| TAZVERIK                            | SP2       | PA; SF     |
| TEMODAR ORAL                        | 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  |
|-----------------------------|-----------|--------|
| temozolomide                | SP1       | PA     |
| THALOMID                    | SP2       | PA     |
| TIBSOVO                     | SP2       | PA; SF |
| toremifene citrate          | SP1       |        |
| tretinoin oral              | SP1       |        |
| TURALIO                     | SP2       | PA     |
| TYKERB                      | SP2       | PA     |
| VALCHLOR                    | SP3       | PA     |
| VENCLEXTA                   | SP2       | PA     |
| VENCLEXTA STARTING PACK     | SP2       | PA     |
| VERZENIO                    | SP2       | PA; SF |
| VITRAKVI ORAL CAPSULE       | SP2       | PA; SF |
| VITRAKVI ORAL SOLUTION      | SP2       | PA     |
| VIZIMPRO                    | SP2       | PA; SF |
| VOTRIENT                    | SP2       | PA; SF |
| XALKORI                     | SP2       | PA; SF |
| XELODA                      | SP2       | PA     |
| XOSPATA                     | SP2       | PA     |
| XPOVIO (100 MG ONCE WEEKLY) | SP2       | PA     |
| XPOVIO (60 MG ONCE WEEKLY)  | SP2       | PA     |
| XPOVIO (80 MG ONCE WEEKLY)  | SP2       | PA     |
| XPOVIO (80 MG TWICE WEEKLY) | SP2       | PA     |
| XTANDI                      | SP2       | PA; SF |
| YONSA                       | SP2       | PA; SF |
| ZEJULA                      | SP2       | PA; SF |
| ZELBORAF                    | SP2       | PA     |
| ZOLINZA                     | SP2       | PA; SF |
| ZYDELIG                     | SP2       | PA     |
| ZYKADIA                     | SP2       | PA; SF |
| ZYTIGA                      | SP2       | PA; SF |

| Drug Name                                  | Drug Tier | Notes  |
|--|-----------|--------|
| <b>Antiparasitics</b>                      |           |        |
| albendazole oral                           | 1         | PA     |
| atovaquone oral                            | 3         |        |
| atovaquone-proguanil hcl                   | 1         |        |
| chloroquine phosphate oral                 | 1         | QL     |
| COARTEM                                    | 2         |        |
| crotan                                     | 1         |        |
| DARAPRIM                                   | 2         | PA     |
| hydroxychloroquine sulfate oral            | 1         | QL     |
| IMPAVIDO                                   | SP3       |        |
| ivermectin oral                            | 1         |        |
| lindane                                    | 1         |        |
| malathion                                  | 3         |        |
| mefloquine hcl                             | 1         |        |
| NEBUPENT                                   | 2         |        |
| pentamidine isethionate inhalation         | 1         |        |
| permethrin external                        | 1         |        |
| praziquantel oral                          | 3         |        |
| primaquine phosphate                       | 1         |        |
| pyrimethamine oral                         | 1         | PA     |
| quinine sulfate oral                       | 1         | PA     |
| spinosad                                   | 3         |        |
| <b>Antiparkinson Agents</b>                |           |        |
| amantadine hcl oral                        | 1         |        |
| APOKYN                                     | SP3       | PA; QL |
| benztropine mesylate oral                  | 1         |        |
| bromocriptine mesylate oral                | 1         |        |
| carbidopa oral                             | 3         |        |
| carbidopa-levodopa er                      | 1         |        |
| carbidopa-levodopa oral tablet             | 1         |        |
| carbidopa-levodopa oral tablet dispersible | 3         |        |

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 |
|--|-----------|-------|
| 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         |       |
| <b>Antiplatelets</b>                             |           |       |
| aspirin-dipyridamole er                          | 1         |       |
| BRILINTA   | 2         |       |
| cilostazol                                       | 1         |       |
| clopidogrel bisulfate oral                       | 1         |       |
| dipyridamole oral                                | 1         |       |
| prasugrel hcl                                    | 1         |       |
| <b>Antipsychotics - Drugs for Mood Disorders</b> |           |       |
| aripiprazole                                     | 1         | 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    |

| Drug Name                      | Drug Tier | Notes  |
|--------------------------------|-----------|--------|
| risperidone                    | 1         | QL     |
| SAPHRIS                        | 3         | QL     |
| thioridazine hcl oral          | 1         |        |
| thiothixene                    | 1         |        |
| trifluoperazine hcl            | 1         |        |
| VRAYLAR                        | 3         | QL     |
| ziprasidone hcl                | 1         | QL     |
| <b>Antivirals</b>              |           |        |
| abacavir sulfate               | SP1       |        |
| abacavir sulfate-lamivudine    | SP1       |        |
| abacavir-lamivudine-zidovudine | SP1       |        |
| acyclovir external             | 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       |        |
| EMTRIVA                        | SP2       |        |
| entecavir                      | SP1       | QL     |
| EPCLUSA                        | SP2       | PA; QL |
| EPIVIR                         | 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  |
|---------------------------------------|-----------|--------|
| 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 |
| nevirapine                            | SP1       |        |
| nevirapine er                         | SP1       |        |
| NORVIR                                | SP2       |        |
| ODEFSEY                               | SP2       |        |
| oseltamivir phosphate oral            | 1         | QL     |
| PEGASYS                               | SP2       | PA     |
| PEGASYS PROCLICK                      | SP2       | PA     |
| PEGINTRON                             | SP2       | PA     |
| PIFELTRO                              | SP2       |        |
| PREZCOBIX                             | SP2       |        |
| PREZISTA                              | SP2       |        |

| Drug Name                     | Drug Tier | Notes |
|-------------------------------|-----------|-------|
| RETROVIR ORAL                 | SP3       |       |
| REYATAZ                       | SP2       |       |
| ribavirin oral                | SP1       |       |
| rimantadine hcl               | 1         |       |
| ritonavir                     | 1         |       |
| SELZENTRY                     | SP2       | PA    |
| stavudine                     | SP1       |       |
| STRIBILD                      | SP2       |       |
| SUSTIVA                       | SP3       |       |
| SYLATRON                      | SP3       | PA    |
| SYMFI                         | SP2       |       |
| SYMFI LO                      | SP2       |       |
| SYMTUZA                       | SP2       |       |
| TEMIXYS                       | SP2       |       |
| tenofovir disoproxil fumarate | SP1       | PV    |
| TIVICAY                       | SP2       |       |
| TRIUMEQ                       | SP2       |       |
| TRIZIVIR                      | SP3       |       |
| TRUVADA                       | SP2       | PV    |
| TYBOST                        | SP2       |       |
| valacyclovir hcl oral         | 1         | QL    |
| valganciclovir hcl            | SP1       |       |
| VEMLIDY                       | SP2       |       |
| VIRACEPT                      | SP2       |       |
| VIRAMUNE                      | SP3       |       |
| VIRAMUNE XR                   | SP3       |       |
| VIREAD                        | SP2       |       |
| XOFLUZA (40 MG DOSE)          | 3         | QL    |
| XOFLUZA (80 MG DOSE)          | 3         | QL    |
| ZIAGEN ORAL SOLUTION          | SP2       |       |
| ZIAGEN ORAL TABLET            | SP3       |       |
| zidovudine                    | SP1       |       |

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

| Drug Name   | Drug Tier | Notes |
|---|-----------|-------|
| <b>Anxiolytics - Drugs for Anxiety</b>  |           |       |
| alprazolam er   | 1         | QL    |
| alprazolam oral tablet  | 1         | QL    |
| alprazolam xr   | 1         | QL    |
| bupirone hcl oral   | 1         |       |
| chlordiazepoxide hcl  | 1         | QL    |
| clonazepam oral   | 1         | QL    |
| clorazepate dipotassium   | 1         | QL    |
| diazepam intensol   | 1         |       |
| diazepam oral   | 1         |       |
| estazolam   | 1         | QL    |
| hydroxyzine hcl oral  | 1         |       |
| hydroxyzine pamoate oral  | 1         |       |
| KLONOPIN  | 2         | QL    |
| lorazepam intensol  | 1         | QL    |
| lorazepam oral concentrate 2 mg/ml  | 1         | QL    |
| lorazepam oral tablet   | 1         | QL    |
| oxazepam  | 1         | QL    |
| triazolam   | 1         | QL    |
| <b>Bipolar Agents - Drugs for Mood Disorders</b>                                    |           |       |
| lithium   | 1         |       |
| lithium carbonate er  | 1         |       |
| lithium carbonate oral  | 1         |       |
| <b>Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders</b> |           |       |
| anagrelide hcl  | 1         |       |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE                         | SP2       | PA    |
| NEULASTA  | SP3       | PA    |
| NEULASTA ONPRO  | SP3       | PA    |

| Drug Name   | Drug Tier | Notes                                  |
|---|-----------|--|
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE                             | SP3       | PA                                     |
| PROMACTA  | SP3       | PA                                     |
| tranexamic acid oral  | 1         |  |
| <b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b> |           |  |
| acebutolol hcl oral   | 1         |  |
| ALDACTAZIDE ORAL TABLET 50-50 MG  | 2         |  |
| aliskiren fumarate  | 3         |  |
| amiloride hcl oral  | 1         |  |
| amiloride-hydrochlorothiazide   | 1         |  |
| amiodarone hcl oral   | 1         |  |
| amlodipine besylate oral  | 1         |  |
| amlodipine besylate-benazepril hcl  | 1         |  |
| amlodipine besylate-valsartan   | 1         |  |
| amlodipine-atorvastatin   | 3         |  |
| amlodipine-olmesartan   | 1         |  |
| amlodipine-valsartan-hctz   | 1         |  |
| atenolol oral   | 1         |  |
| atenolol-chlorthalidone   | 1         |  |
| atorvastatin calcium oral tablet 10 mg, 20 mg                             | 1         | PV; AL (Min 40 Years and Max 75 Years) |
| 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         |  |

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  |
|---|-----------|--------|
| 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         |        |
| cartia xt   | 1         |        |
| carvedilol  | 1         |        |
| chlorothiazide oral                                     | 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         |        |
| DILATRATE-SR  | 2         |        |
| diltiazem hcl er beads                                  | 1         |        |
| diltiazem hcl er coated beads                           | 1         |        |
| diltiazem hcl er oral capsule extended release 12 hour  | 1         |        |
| diltiazem hcl oral                                      | 1         |        |
| dilt-xr   | 1         |        |

| Drug Name  | Drug Tier | Notes                                  |
|--|-----------|--|
| 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         |  |
| fenofibrate micronized                               | 1         |  |
| fenofibrate oral capsule                             | 1         |  |
| fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg | 1         |  |
| fenofibric acid                                      | 1         |  |
| FIBRICOR   | 1         |  |
| flecainide acetate                                   | 1         |  |
| fluvastatin sodium                                   | 1         | PV; AL (Min 40 Years and Max 75 Years) |
| fluvastatin sodium er                                | 1         | PV; AL (Min 40 Years and Max 75 Years) |
| 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         |  |

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                                  |
|--------------------------------------|-----------|--|
| irbesartan                           | 1         |  |
| irbesartan-hydrochlorothiazide       | 1         |  |
| ISORDIL TITRADOSE ORAL TABLET 40 MG  | 2         |  |
| isosorbide dinitrate                 | 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         |  |
| lisinopril oral                      | 1         |  |
| lisinopril-hydrochlorothiazide       | 1         |  |
| losartan potassium oral              | 1         |  |
| losartan potassium-hctz              | 1         |  |
|                                      | 1         | PV; AL (Min 40 Years and Max 75 Years) |
| lovastatin                           |           |  |
| matzim la                            | 1         |  |
| methyldopa                           | 1         |  |
| methyldopa-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         |  |

| Drug Name  | Drug Tier | Notes  |
|--|-----------|--------|
| 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         |        |
| nitroglycerin sublingual                                 | 1         |        |
| nitroglycerin transdermal                                | 1         |        |
| nitroglycerin translingual                               | 1         |        |
| nitro-time   | 1         |        |
| NORPACE CR   | 2         |        |
| NORTHERA   | SP3       | PA     |
| NYMALIZE   | SP3       |        |
| olmesartan medoxomil oral                                | 1         |        |
| olmesartan medoxomil-hctz                                | 1         |        |
| olmesartan-amlodipine-hctz                               | 1         |        |
| omega-3-acid ethyl esters                                | 3         |        |
| pacerone oral tablet 200 mg                              | 1         |        |
| pentoxifylline er  | 1         |        |
| perindopril erbumine                                     | 1         |        |
| phenoxybenzamine hcl oral                                | 1         |        |
| pindolol   | 1         |        |
| PRALUENT   | SP3       | PA; QL |

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

| Drug Name                                     | Drug Tier | Notes                                  | Drug Name   | Drug Tier | Notes |
|---|-----------|--|---|-----------|-------|
|   |           | PV; AL (Min 40 Years and Max 75 Years) | spironolactone-hctz   | 1         |       |
| pravastatin sodium                            | 1         |  | taztia xt   | 1         |       |
| prazosin hcl oral                             | 1         |  | TEKTURNA HCT  | 3         |       |
| prevalite                                     | 1         |  | telmisartan   | 1         |       |
| propafenone hcl                               | 1         |  | telmisartan-hctz  | 1         |       |
| propafenone hcl er                            | 3         |  | tiadylt er  | 1         |       |
| propranolol hcl er                            | 1         |  | timolol maleate oral  | 1         |       |
| propranolol hcl oral                          | 1         |  | torse mide  | 1         |       |
| propranolol-hctz                              | 1         |  | trandolapril  | 1         |       |
| QBRELIS                                       | 3         |  | trandolapril-verapamil hcl er   | 3         |       |
| quinapril hcl                                 | 1         |  | triamterene-hctz  | 1         |       |
| quinapril-hydrochlorothiazide                 | 1         |  | valsartan   | 1         |       |
| quinidine gluconate er                        | 1         |  | valsartan-hydrochlorothiazide   | 1         |       |
| quinidine sulfate                             | 1         |  | VASCEPA   | 3         |       |
| ramipril                                      | 1         |  | VECAMYL   | 3         |       |
| ranolazine er                                 | 3         |  | verapamil hcl er  | 1         |       |
| REPATHA                                       | SP3       | PA; QL                                 | verapamil hcl oral  | 1         |       |
| REPATHA PUSHTRONEX SYSTEM                     | SP3       | PA; QL                                 | <b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b> |           |       |
| REPATHA SURECLICK                             | SP3       | PA; QL                                 | amphetamine sulfate   | 3         | QL    |
|   |           | PV; AL (Min 40 Years and Max 75 Years) | amphetamine-dextroamphetamine   | 1         | QL    |
| rosuvastatin calcium oral tablet 10 mg, 5 mg  | 1         |  | amphetamine-dextroamphetamine er  | 1         | QL    |
| rosuvastatin calcium oral tablet 20 mg, 40 mg | 1         |  | atomoxetine hcl   | 1         | QL    |
|   |           | PV; AL (Min 40 Years and Max 75 Years) | clonidine hcl er  | 1         |       |
| simvastatin oral                              | 1         |  | DAYTRANA  | 2         | QL    |
| sorine  | 1         |  | dexmethylphenidate hcl  | 1         | QL    |
| sotalol hcl (af)                              | 1         |  | dexmethylphenidate hcl er   | 3         | QL    |
| sotalol hcl oral                              | 1         |  | dextroamphetamine sulfate er  | 1         | QL    |
| spironolactone oral                           | 1         |  | dextroamphetamine sulfate oral tablet                                       | 1         | QL    |
|   |           |  | guanfacine hcl er   | 1         |       |

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

| Drug Name  | Drug Tier | Notes  |
|--|-----------|--------|
| 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     |
| <b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>                          |           |        |
| AMPYRA   | SP3       | PA; QL |
| AUBAGIO  | SP3       | PA; QL |
| AVONEX PEN   | SP2       | PA; QL |
| AVONEX PREFILLED   | SP2       | PA; QL |
| AVONEX VIAL INTRAMUSCULAR KIT INTRAMUSCULAR KIT 30 MCG                                       | SP2       | PA; QL |
| COPAXONE   | SP2       | PA; QL |
| dalfampridine er   | 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 |

| Drug Name   | Drug Tier | Notes |
|---|-----------|-------|
| <b>Central Nervous System Agents - Miscellaneous</b>                  |           |       |
| caffeine citrate oral   | 3         |       |
| pregabalin oral   | 1         | QL    |
| riluzole  | 3         | PA    |
| SAVELLA   | 3         | QL    |
| SAVELLA TITRATION PACK  | 3         | QL    |
| tetrabenazine   | SP1       | PA    |
| <b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b> |           |       |
| cavarest  | 1         |       |
| cevimeline hcl  | 3         |       |
| chlorhexidine gluconate mouth/throat                                  | 1         |       |
| clinpro 5000  | 1         |       |
| denta 5000 plus   | 1         |       |
| dentagel  | 1         |       |
| fluoridex   | 1         |       |
| fluoridex enhanced whitening  | 1         |       |
| fluoridex sensitivity relief  | 1         |       |
| lidocaine viscous hcl   | 1         |       |
| neutral sodium fluoride   | 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         |       |

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             |
|--|-----------|-------------------|
| 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         |                   |
| <b>Dermatological Agents - Drugs for Skin Conditions</b> |           |                   |
| acitretin  | 3         |                   |
| adapalene external gel 0.3 %                             | 1         |                   |
| ala-cort external cream 2.5 %                            | 1         |                   |
| alclometasone dipropionate                               | 1         |                   |
| amcinonide external cream                                | 3         |                   |
| amcinonide external lotion                               | 3         |                   |
| amnestem   | 1         | PA                |
| avar cleanser  | 1         |                   |
| avita  | 1         | AL (Max 40 Years) |
| azelaic acid external                                    | 3         |                   |
| AZELEX   | 2         |                   |
| benzoyl peroxide-erythromycin                            | 1         |                   |
| beser external lotion                                    | 3         |                   |
| betamethasone dipropionate aug                           | 1         |                   |

| Drug Name   | Drug Tier | Notes |
|---|-----------|-------|
| betamethasone dipropionate external                             | 1         |       |
| betamethasone valerate external                                 | 1         |       |
| calcipotriene   | 3         |       |
| calcipotriene-betameth diprop external ointment                 | 3         | QL    |
| calcipotriene-betameth diprop suspension 0.005-0.064 % external | 3         | QL    |
| CALCIPOTRIENE-BETAMETH DIPROP SUSPENSION 0.005-0.064 % EXTERNAL | 3         | QL    |
| calcitriol external   | 3         |       |
| CAPEX   | 2         |       |
| claravis  | 1         | PA    |
| clindacin etz external swab                                     | 1         |       |
| clindacin-p   | 1         |       |
| clindamycin phosph-benzoyl perox external gel 1-5 %, 1.2-5 %    | 1         |       |
| clindamycin phosphate external gel                              | 1         |       |
| clindamycin phosphate external lotion                           | 1         |       |
| clindamycin phosphate external solution                         | 1         |       |
| clindamycin phosphate external swab                             | 1         |       |
| clobetasol prop emollient base                                  | 1         |       |
| clobetasol propionate e   | 1         |       |
| clobetasol propionate emulsion                                  | 3         |       |
| clobetasol propionate external cream                            | 1         |       |
| clobetasol propionate external foam                             | 3         |       |
| clobetasol propionate external gel                              | 1         |       |

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 |
|--|-----------|--------|---|-----------|-------|
| clobetasol propionate external liquid            | 1         |        | FINACEA EXTERNAL FOAM                               | 3         | ST    |
| clobetasol propionate external lotion            | 1         |        | fluocinolone acetonide body                         | 1         |       |
| clobetasol propionate external ointment          | 1         |        | fluocinolone acetonide external                     | 1         |       |
| clobetasol propionate external shampoo           | 3         |        | fluocinolone acetonide scalp                        | 1         |       |
| clobetasol propionate external solution          | 1         |        | fluocinonide emulsified base                        | 1         |       |
| clodan external shampoo                          | 3         |        | fluocinonide external cream 0.05 %                  | 1         |       |
| CONDYLOX   | 2         |        | fluocinonide external cream 0.1 %                   | 3         |       |
| desonide external cream                          | 1         |        | fluocinonide external gel                           | 1         |       |
| desonide external lotion                         | 1         |        | fluocinonide external ointment                      | 1         |       |
| desonide external ointment                       | 1         |        | fluocinonide external solution                      | 1         |       |
| desoximetasone external cream 0.25 %             | 1         |        | FLUOROPLEX  | 2         |       |
| desoximetasone external gel                      | 1         |        | fluorouracil external cream 5 %                     | 1         |       |
| desoximetasone external liquid                   | 3         |        | fluorouracil external solution                      | 1         |       |
| desoximetasone external ointment 0.25 %          | 1         |        | fluticasone propionate external cream               | 1         |       |
| diclofenac sodium transdermal gel 3 %            | 3         | QL     | fluticasone propionate external lotion              | 3         |       |
| diflorasone diacetate external cream             | 3         |        | fluticasone propionate external ointment            | 1         |       |
| diflorasone diacetate external ointment          | 1         |        | gordons urea  | 1         |       |
| DRYSOL   | 2         |        | halobetasol propionate external cream               | 1         |       |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | SP2       | PA; QL | halobetasol propionate external ointment            | 1         |       |
| ELIDEL   | 2         | ST     | hydrocortisone ace-pramoxine external cream 2.5-1 % | 1         |       |
| EPIFOAM  | 2         |        | hydrocortisone butyrate external cream              | 1         |       |
| ery  | 1         |        | hydrocortisone butyrate external ointment           | 1         |       |
| erythromycin external                            | 1         |        |   |           |       |
| EUCRISA  | 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 |
|--|-----------|-------|
| 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         |       |
| REGRANEX                                       | 2         | PA    |
| rosadan external cream                         | 1         |       |
| rosadan external gel                           | 1         |       |
| SANTYL   | 2         |       |
| selenium sulfide external lotion               | 1         |       |
| selenium sulfide external shampoo 2.25 %       | 1         |       |
| sodium sulfacetamide wash liquid 10 % external | 1         |       |

| Drug Name  | Drug Tier | Notes             |
|--|-----------|-------------------|
| 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) |
| tretinoin microsphere                                      | 1         | AL (Max 40 Years) |

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

| Drug Name   | Drug Tier | Notes             |
|---|-----------|-------------------|
| tretinoin microsphere pump                                      | 1         | AL (Max 40 Years) |
| triamcinolone acetonide external aerosol solution               | 3         |                   |
| 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         |                   |
| uremez-40   | 1         |                   |
| zenatane  | 1         | PA                |
| <b>Diabetes - Antidiabetic Agents</b>                           |           |                   |
| acarbose oral   | 1         |                   |
| BYDUREON  | 3         | QL                |
| BYDUREON BCISE AUTOINJECTOR                                     | 3         | QL                |
| BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG          | 3         | QL                |
| BYETTA 10 MCG PEN   | 3         | QL                |
| BYETTA 5 MCG PEN  | 3         | QL                |
| 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   | 2         |                   |
| INVOKANA  | 2         |                   |
| JANUMET   | 2         |                   |

| Drug Name                            | Drug Tier | Notes |
|--------------------------------------|-----------|-------|
| JANUMET XR                           | 2         |       |
| JANUVIA                              | 2         |       |
| JARDIANCE                            | 2         |       |
| JENTADUETO                           | 2         |       |
| JENTADUETO XR                        | 2         |       |
| metformin hcl er                     | 1         |       |
| metformin hcl oral tablet            | 1         |       |
| migliitol                            | 3         |       |
| nateglinide                          | 1         |       |
| OZEMPIC                              | 2         | QL    |
| pioglitazone hcl                     | 1         |       |
| pioglitazone hcl-glimepiride         | 3         |       |
| pioglitazone hcl-metformin hcl       | 3         |       |
| repaglinide                          | 1         |       |
| RYBELSUS                             | 3         | QL    |
| SYMLINPEN 120                        | 3         | PA    |
| SYMLINPEN 60                         | 3         | PA    |
| SYNJARDY                             | 2         |       |
| tolbutamide                          | 1         |       |
| TRADJENTA                            | 2         |       |
| TRULICITY                            | 2         | QL    |
| VICTOZA                              | 2         | QL    |
| <b>Diabetes - Glucose Monitoring</b> |           |       |
| 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         |       |
| ACCU-CHEK COMPACT PLUS CONTROL       | 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 |
|---------------------------------------|-----------|-------|--------------------------------|-----------|-------|
| ACCU-CHEK COMPACT PLUS TEST STRIPS    | 1         | QL    | CARETOUCH TEST                 | 2         | QL    |
| ACCU-CHEK FASTCLIX LANCET KIT         | 1         |       | CEQUR SIMPLICITY 2U            | 2         |       |
| ACCU-CHEK GUIDE KIT W/DEVICE          | 1         |       | CEQUR SIMPLICITY INSERTER      | 2         |       |
| ACCU-CHEK GUIDE CONTROL               | 1         |       | CEQUR SIMPLICITY STARTER       | 2         |       |
| ACCU-CHEK GUIDE TEST STRIPS           | 1         | QL    | CHEMSTRIP UGK                  | 1         |       |
| ACCU-CHEK GUIDE ME                    | 1         |       | CONTOUR CONTROL                | 2         |       |
| ACCU-CHEK MULTICLIX LANCET DEVICE KIT | 1         |       | CONTOUR NEXT CONTROL           | 2         |       |
| ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE | 1         |       | CONTOUR NEXT MONITOR           | 2         |       |
| ACCU-CHEK SMARTVIEW CONTROL           | 1         |       | CONTOUR NEXT TEST              | 2         | QL    |
| ACCU-CHEK SMARTVIEW TEST STRIPS       | 1         | QL    | CONTOUR TEST                   | 2         | QL    |
| ACCU-CHEK SOFTCLIX LANCET DEVICE KIT  | 1         |       | DIATHRIVE BLOOD GLUCOSE METER  | 2         |       |
| AGAMATRIX CONTROL LEVEL 2             | 2         |       | DIATHRIVE BLOOD GLUCOSE TEST   | 2         | QL    |
| AGAMATRIX CONTROL LEVEL 4             | 2         |       | DIATHRIVE GLUCOSE CONTROL SOLN | 2         |       |
| AGAMATRIX PRESTO TEST                 | 2         | QL    | DIATHRIVE GLUCOSE TEST         | 2         | QL    |
| ASSURE PLATINUM                       | 2         | QL    | DIATHRIVE LANCING DEVICE       | 2         |       |
| AUTOLET LANCING DEVICE                | 2         |       | EASY TRAK II BLOOD GLUCOSE SYS | 2         |       |
| BIOTEL CARE BLOOD GLUCOSE SYST        | 2         |       | EASY TRAK II CONTROL           | 2         |       |
| BLOOD GLUCOSE TEST                    | 2         | QL    | EASY TRAK II GLUCOSE TEST      | 2         | QL    |
| CARETOUCH CONTROL SOL LEVEL 2         | 2         |       | EASYMAX 15 LEVEL 2-3 CONTROL   | 2         |       |
| CARETOUCH LANCING/EJECTOR             | 2         |       | EASYMAX CONTROL                | 2         |       |
|                                       |           |       | EASYMAX CONTROL NORMAL/HIGH    | 2         |       |
|                                       |           |       | EMBRACE TALK BLOOD GLUCOSE     | 2         |       |
|                                       |           |       | EMBRACE TALK GLUCOSE CONTROL   | 2         |       |
|                                       |           |       | EMBRACE TALK 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 |
|----------------------------------|-----------|-------|--------------------------------|-----------|-------|
| EMBRACE TALK MONITORING SYSTEM   | 2         |       | GOJJI BLOOD TEST STRIP/LANCETS | 2         | QL    |
| EVENCARE PROVIEW GLUCOSE TEST    | 2         | QL    | GOJJI CONTROL                  | 2         |       |
| FORA GTEL BLOOD GLUCOSE SYSTEM   | 2         |       | GOJJI LANCING DEVICE/CLEAR CAP | 2         |       |
| FORA GTEL BLOOD GLUCOSE TEST     | 2         | QL    | HARMONY BLOOD GLUCOSE TEST     | 2         | QL    |
| FORTISCARE CONTROL               | 2         |       | HW EMBRACE PRO GLUCOSE METER   | 2         |       |
| FORTISCARE GLUCOSE SYSTEM DEVICE | 2         |       | HW EMBRACE PRO GLUCOSE TEST    | 2         | QL    |
| FORTISCARE T1 GLUCOSE SYSTEM     | 2         |       | HW EMBRACE TALK BLOOD GLUCOSE  | 2         |       |
| FREESTYLE FREEDOM LITE           | 2         |       | HW EMBRACE TALK GLUCOSE TEST   | 2         | QL    |
| FREESTYLE INSULINX SYSTEM        | 2         |       | INFINITY BLOOD GLUCOSE TEST    | 2         | QL    |
| FREESTYLE INSULINX TEST          | 2         | QL    | INPEN 100-BLUE-LILLY           | 2         |       |
| FREESTYLE LITE TEST              | 2         | QL    | INPEN 100-BLUE-NOVO            | 2         |       |
| FREESTYLE PRECISION NEO TEST     | 2         | QL    | INPEN 100-GRAY-LILLY           | 2         |       |
| FREESTYLE TEST                   | 2         | QL    | INPEN 100-GREY-NOVO            | 2         |       |
| GENTEEL LANCING KIT (BLUE)       | 2         |       | INPEN 100-PINK-LILLY           | 2         |       |
| GLUCOCARD 01 SENSOR PLUS         | 2         | QL    | INPEN 100-PINK-NOVO            | 2         |       |
| GLUCOCARD EXPRESSION TEST        | 2         | QL    | KETONE TEST                    | 2         |       |
| GLUCOCARD SHINE CONNEX           | 2         |       | KETOSTIX                       | 2         |       |
| GLUCOCARD SHINE EXPRESS          | 2         |       | KROGER HEALTHPRO GLUCOSE TEST  | 2         | QL    |
| GLUCOCARD SHINE TEST             | 2         | QL    | LANCETS                        | 1         |       |
| GLUCOCARD VITAL TEST             | 2         | QL    | LANCETS                        | 2         |       |
| GOJJI BLOOD GLUCOSE TEST         | 2         | QL    | LANCETS KIT                    | 2         |       |
|                                  |           |       | MICRODOT TEST                  | 2         | QL    |
|                                  |           |       | MICROLET NEXT LANCING DEVICE   | 2         |       |
|                                  |           |       | NOVOPEN ECHO                   | 2         |       |
|                                  |           |       | ONE DROP BLOOD GLUCOSE MONITOR | 2         |       |
|                                  |           |       | ONE DROP TEST                  | 2         | QL    |
|                                  |           |       | ONETOUCH DELICA LANCING DEV    | 1         |       |

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

| Drug Name                                      | Drug Tier | Notes | Drug Name                              | Drug Tier | Notes |
|--|-----------|-------|--|-----------|-------|
| ONETOUCH DELICA PLUS LANCING                   | 1         |       | PRODIGY NO CODING BLOOD GLUC           | 2         |       |
| ONETOUCH ULTRA 2 KIT W/DEVICE                  | 1         |       | RELION BLOOD GLUCOSE TEST              | 2         | QL    |
| ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP | 1         | QL    | 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    | VIVAGUARD INO CONTROL SOLUTION         | 2         |       |
| PRECISION XTRA BLOOD GLUCOSE                   | 2         | QL    | VIVAGUARD INO GLUCOSE METER            | 2         |       |
| PRECISION XTRA DEVICE                          | 2         |       | VIVAGUARD INO TEST STRIPS              | 2         | QL    |
| PRECISION XTRA KIT                             | 2         |       | VIVAGUARD LANCING DEVICE               | 2         |       |
| PRECISION XTRA MONITOR                         | 2         |       | <b>Diabetes - Glycemic Agents</b>      |           |       |
|  |           |       | BAQSIMI ONE PACK                       | 2         |       |
|  |           |       | BAQSIMI TWO PACK                       | 2         |       |
|  |           |       | diazoxide oral                         | 1         |       |
|  |           |       | GLUCAGEN HYPOKIT                       | 2         |       |

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| Drug Name  | Drug Tier | Notes | Drug Name                               | Drug Tier | Notes |
|--|-----------|-------|---|-----------|-------|
| GLUCAGON EMERGENCY KIT   | 2         |       | HUMULIN R U-500 VIAL (CONCENTRATED)     | 2         |       |
| PROGLYCEM  | 2         |       | HUMULIN R VIAL                          | 2         |       |
| <b>Diabetes - Insulins</b>   |           |       | INSULIN PEN NEEDLES                     | 1         |       |
| APIDRA SOLOSTAR  | 3         |       | INSULIN SYRINGES                        | 1         |       |
| APIDRA VIAL  | 3         |       | LANTUS SOLOSTAR                         | 2         |       |
| BD AUTOSHIELD DUO PEN NEEDLES  | 1         |       | LANTUS U-100 VIAL                       | 2         |       |
| BD ULTRA-FINE INSULIN SYRINGES   | 1         |       | LEVEMIR U-100 FLEXTOUCH                 | 2         |       |
| BD ULTRA-FINE PEN NEEDLES  | 1         |       | LEVEMIR U-100 VIAL                      | 2         |       |
| DROPLET MICRON   | 1         |       | MAXICOMFORT SYR 27G X 1/2"              | 1         |       |
| 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         |       | MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2" | 1         |       |
| FIASP  | 1         |       | NOVOFINE AUTOCOVER PEN NEEDLE           | 1         |       |
| FIASP FLEXTOUCH  | 1         |       | NOVOFINE PEN NEEDLE                     | 1         |       |
| FIASP PENFILL  | 1         |       | NOVOFINE PLUS PEN NEEDLE                | 1         |       |
| HUMALOG  | 2         |       | NOVOLIN 70/30 FLEXPEN                   | 2         |       |
| HUMALOG KWIKPEN  | 2         |       | NOVOLIN 70/30 FLEXPEN RELION            | 2         |       |
| HUMALOG MIX 50/50 KWIKPEN  | 2         |       | NOVOLIN 70/30 RELION                    | 2         |       |
| HUMALOG MIX 50/50 VIAL   | 2         |       | NOVOLIN 70/30 VIAL                      | 2         |       |
| HUMALOG MIX 75/25 KWIKPEN  | 2         |       | NOVOLIN N FLEXPEN                       | 2         |       |
| HUMALOG MIX 75/25 VIAL   | 2         |       | NOVOLIN N FLEXPEN RELION                | 2         |       |
| HUMALOG U-100 JUNIOR KWIKPEN   | 2         |       | NOVOLIN N RELION                        | 2         |       |
| HUMULIN 70/30 KWIKPEN  | 2         |       | NOVOLIN N VIAL                          | 2         |       |
| HUMULIN 70/30 VIAL   | 2         |       | NOVOLIN R FLEXPEN                       | 2         |       |
| HUMULIN N KWIKPEN  | 2         |       | NOVOLIN R FLEXPEN RELION                | 2         |       |
| HUMULIN N VIAL   | 2         |       | NOVOLIN R RELION                        | 2         |       |
| HUMULIN R U-500 KWIKPEN  | 2         |       | NOVOLIN R VIAL                          | 2         |       |
|  |           |       | NOVOLOG FLEXPEN                         | 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 |
|--|-----------|-------|
| 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         |       |
| <b>Electrolytes / Minerals / Metals / Vitamins</b>                         |           |       |
| 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    |
| effer-k oral tablet effervescent 25 meq                                    | 1         |       |
| ergocalciferol oral capsule  | 1         |       |
| EXJADE   | SP3       | PA    |
| ferocon  | 1         |       |
| ferotinsic   | 1         |       |
| FERRALET 90  | 3         |       |

| Drug Name                                       | Drug Tier | Notes |
|---|-----------|-------|
| 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         |       |
| gnp daily prenatal                              | 0         | PV    |
| gnp folic acid                                  | 0         | PV    |
| INTEGRA F                                       | 2         |       |
| INTEGRA PLUS                                    | 2         |       |
| iodine strong oral                              | 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         |       |
| levocarnitine oral solution                     | 3         |       |
| levocarnitine oral tablet                       | 3         |       |
| levocarnitine sf                                | 3         |       |
| ludent  | 0         | PV    |
| M-NATAL PLUS                                    | 1         |       |
| multi prenatal                                  | 0         | PV    |
| multivitamin/fluoride oral tablet chewable 1 mg | 1         |       |
| mvc-fluoride oral tablet chewable 1 mg          | 1         |       |
| nafrinse  | 0         | PV    |
| nafrinse drops                                  | 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 |
|---|-----------|-------|
| NASCOBAL                                    | 2         |       |
| NEONATAL COMPLETE                           | 1         |       |
| NEONATAL PLUS                               | 1         |       |
| ONE-A-DAY WOMENS PRENATAL 1                 | 0         | PV    |
| ORACIT                                      | 2         |       |
| phospha 250 neutral                         | 1         |       |
| phosphorous                                 | 1         |       |
| phospho-trin 250 neutral                    | 1         |       |
| phytonadione oral                           | 1         |       |
| pnv prenatal plus multivit+dha              | 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         |       |
| PROFERRIN-FORTE                             | 2         |       |
| QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG | 1         |       |
| ra one daily                                | 0         | PV    |
| sod citrate-citric acid                     | 1         |       |
| sodium fluoride oral                        | 0         | PV    |
| sodium polystyrene sulfonate                | 1         |       |
| sps   | 1         |       |
| SYPRINE                                     | SP3       | PA    |

| Drug Name  | Drug Tier | Notes                 |
|--|-----------|-----------------------|
| taron-crystals   | 1         |                       |
| TRICARE PRENATAL DHA ONE   | 3         |                       |
| tricitrates  | 1         |                       |
| tricon   | 1         |                       |
| trientine hcl  | SP1       | PA                    |
| VIRT-FEFA PLUS   | 2         |                       |
| virt-phos 250 neutral  | 1         |                       |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)       | 1         |                       |
| VITATHELY WITH GINGER  | 1         |                       |
| <b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b> |           |                       |
| CARAFATE ORAL SUSPENSION   | 2         |                       |
| esomeprazole magnesium oral capsule delayed release 40 mg        | 3         | QL                    |
| esomeprazole magnesium oral packet                               | 3         | QL; AL (Max 12 Years) |
| famotidine oral suspension reconstituted                         | 3         |                       |
| lansoprazole oral capsule delayed release 30 mg                  | 3         | QL                    |
| lansoprazole oral tablet delayed release dispersible             | 3         | QL; AL (Max 12 Years) |
| misoprostol oral   | 1         |                       |
| NEXIUM ORAL PACKET   | 3         | QL; AL (Max 12 Years) |
| omeprazole oral capsule delayed release 10 mg, 40 mg             | 3         | QL                    |
| pantoprazole sodium oral   | 3         | QL                    |
| PREVACID SOLUTAB   | 3         | QL; AL (Max 12 Years) |

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

| Drug Name  | Drug Tier | Notes  |
|--|-----------|--------|
| rabeprazole sodium oral tablet delayed release                                     | 3         | QL     |
| sucralfate oral  | 1         |        |
| <b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b> |           |        |
| alosetron hcl  | 3         | PA     |
| AMITIZA  | 3         | QL     |
| ANASPAZ  | 2         |        |
| bisacodyl ec   | 0         | PV; QL |
| chlordiazepoxide-clidinium   | 1         |        |
| citroma  | 0         | PV; QL |
| clearlax   | 0         | PV; QL |
| constulose   | 1         |        |
| cromolyn sodium oral   | 3         |        |
| CUVPOSA  | 3         |        |
| dicyclomine hcl oral   | 1         |        |
| diphenoxylate-atropine   | 1         |        |
| ed-spaz  | 1         |        |
| enulose  | 1         |        |
| GATTEX   | SP3       | PA     |
| gavilax oral powder  | 0         | PV; QL |
| gavilyte-c   | 1         | PV; QL |
| gavilyte-g   | 1         | PV; QL |
| gavilyte-n with flavor pack  | 1         | PV; QL |
| generlac   | 1         |        |
| gentle laxative oral   | 0         | PV; QL |
| glycolax   | 0         | PV; QL |
| glycopyrrolate oral tablet 1 mg, 2 mg  | 1         |        |
| hyoscyamine sulfate er   | 1         |        |
| hyoscyamine sulfate oral   | 1         |        |
| hyoscyamine sulfate sl   | 1         |        |
| hyoscyamine sulfate sublingual   | 1         |        |
| hyosyne  | 1         |        |

| Drug Name                               | Drug Tier | Notes  |
|---|-----------|--------|
| lactulose encephalopathy                | 1         |        |
| lactulose oral solution                 | 1         |        |
| LINZESS                                 | 3         | QL     |
| magnesium citrate oral solution         | 0         | PV; QL |
| methscopolamine bromide oral            | 1         |        |
| MOVANTIK                                | 3         | QL     |
| MOVIPREP                                | 3         |        |
| nulev                                   | 1         |        |
| oscimin                                 | 1         |        |
| oscimin sr                              | 1         |        |
| OSMOPREP                                | 3         |        |
| pb-hyoscy-atropine-scopolamine          | 1         |        |
| peg 3350-kcl-na bicarb-nacl             | 1         | PV; QL |
| peg-3350/electrolytes                   | 1         | PV; QL |
| phenobarbital-belladonna alk            | 1         |        |
| phenohydro                              | 1         |        |
| PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM | 3         |        |
| propantheline bromide oral              | 1         |        |
| qc magnesium citrate                    | 0         | PV; QL |
| RELISTOR SUBCUTANEOUS                   | SP3       | QL     |
| SUPREP BOWEL PREP KIT                   | 3         |        |
| SYMAX DUOTAB                            | 2         |        |
| symax-sl                                | 1         |        |
| symax-sr                                | 1         |        |
| trilyte                                 | 1         | PV; QL |
| ursodiol oral                           | 1         |        |
| VIBERZI                                 | 3         | PA; QL |
| XERMELO                                 | SP3       | PA; QL |

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

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

| Drug Name   | Drug Tier | Notes |
|---|-----------|-------|
| 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         |       |
| uribel  | 1         |       |
| uro-mp  | 1         |       |
| vilamit mb  | 1         |       |
| <b>Genitourinary Agents - Drugs for Prostate Conditions</b> |           |       |
| alfuzosin hcl er  | 1         |       |
| dutasteride oral  | 1         |       |
| dutasteride-tamsulosin hcl                                  | 1         |       |
| finasteride oral tablet 5 mg                                | 1         |       |
| silodosin   | 3         |       |
| tamsulosin hcl  | 1         |       |
| terazosin hcl   | 1         |       |
| <b>Hormonal Agents - Adrenal</b>                            |           |       |
| cortisone acetate oral                                      | 1         |       |
| dexamethasone intensol                                      | 1         |       |
| dexamethasone oral elixir                                   | 1         |       |
| dexamethasone oral solution                                 | 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 |
|---------------------------------------|-----------|-------|
| dexamethasone oral tablet             | 1         |       |
| fludrocortisone acetate oral          | 1         |       |
| hydrocortisone oral                   | 1         |       |
| MEDROL ORAL TABLET 2 MG               | 2         |       |
| methylprednisolone oral               | 1         |       |
| prednisolone oral solution            | 1         |       |
| prednisolone sodium phosphate oral    | 1         |       |
| prednisone intensol                   | 1         |       |
| prednisone oral                       | 1         |       |
| <b>Hormonal Agents - Men's Health</b> |           |       |
| ANDRODERM                             | 2         | PA    |
| danazol oral                          | 3         |       |
| DEPO-TESTOSTERONE                     | 2         | PA    |
| testosterone cypionate intramuscular  | 1         | PA    |
| testosterone enanthate intramuscular  | 1         | PA    |
| testosterone transdermal              | 3         | PA    |
| <b>Hormonal Agents - Osteoporosis</b> |           |       |
| OSPHENA                               | 3         |       |
| raloxifene hcl                        | 1         | PV    |
| <b>Hormonal Agents - Pituitary</b>    |           |       |
| cabergoline                           | 1         |       |
| DDAVP RHINAL TUBE                     | 2         |       |
| desmopressin ace spray refrig         | 1         |       |
| desmopressin acetate injection        | 1         |       |
| desmopressin acetate oral             | 1         |       |
| desmopressin acetate spray            | 1         |       |

| Drug Name  | Drug Tier | Notes  |
|--|-----------|--------|
| NORDITROPIN FLEXPRO  | 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         |        |
| <b>Hormonal Agents - Sex Hormones and Birth Control</b>          |           |        |
| 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 |
| amethyst   | 0         | PV     |
| ANGELIQ  | 2         |        |
| ANNOVERA   | 3         | QL     |
| apri   | 0         | PV     |
| aranelle   | 0         | PV     |
| ashlyna  | 0         | PV; QL |
| aubra  | 0         | PV     |
| aubra eq   | 0         | PV     |
| aurovela 1.5/30  | 0         | PV     |
| aurovela 1/20  | 0         | PV     |
| aurovela 24 fe   | 0         | PV     |

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



| Drug Name                                    | Drug Tier | Notes  |
|--|-----------|--------|
| aurovela fe 1.5/30                           | 0         | PV     |
| aurovela fe 1/20                             | 0         | PV     |
| aviane                                       | 0         | PV     |
| ayuna  | 0         | PV     |
| azurette                                     | 0         | PV     |
| BALCOLTRA                                    | 3         |        |
| balziva                                      | 0         | PV     |
| bekyree                                      | 0         | PV     |
| blisovi 24 fe                                | 0         | PV     |
| blisovi fe 1.5/30                            | 0         | PV     |
| blisovi fe 1/20                              | 0         | PV     |
| briellyn                                     | 0         | PV     |
| camila                                       | 0         | PV     |
| camrese                                      | 0         | PV; QL |
| camrese lo                                   | 0         | PV; QL |
| caziant                                      | 0         | PV     |
| chateal                                      | 0         | PV     |
| chateal eq                                   | 0         | PV     |
| CLIMARA PRO                                  | 3         |        |
| COMBIPATCH                                   | 3         |        |
| covaryx                                      | 1         |        |
| covaryx hs                                   | 1         |        |
| cryselle-28                                  | 0         | PV     |
| cyclafem 1/35                                | 0         | PV     |
| cyclafem 7/7/7                               | 0         | PV     |
| cyred  | 0         | PV     |
| cyred eq                                     | 0         | PV     |
| dasetta 1/35                                 | 0         | PV     |
| dasetta 7/7/7                                | 0         | PV     |
| daysee                                       | 0         | PV; QL |
| deblitane                                    | 0         | PV     |
| DELESTROGEN<br>INTRAMUSCULAR OIL<br>10 MG/ML | 2         |        |
| delyla                                       | 0         | PV     |
| DEPO-ESTRADIOL                               | 2         |        |

| Drug Name                           | Drug Tier | Notes |
|-------------------------------------|-----------|-------|
| desogestrel-ethinyl<br>estradiol    | 0         | PV    |
| DIVIGEL                             | 3         |       |
| dotti                               | 1         |       |
| drospiren-eth estrad-<br>levomefol  | 0         | PV    |
| drospirenone-ethinyl<br>estradiol   | 0         | PV    |
| DUAVEE                              | 2         |       |
| eemt                                | 1         |       |
| eemt hs                             | 1         |       |
| ELESTRIN                            | 3         |       |
| elinest                             | 0         | PV    |
| ELLA                                | 0         | PV    |
| eluryng                             | 0         | PV    |
| emoquette                           | 0         | PV    |
| enpresse-28                         | 0         | PV    |
| enskyce                             | 0         | PV    |
| errin                               | 0         | PV    |
| est estrogens-methyltest            | 1         |       |
| est estrogens-methyltest<br>ds      | 1         |       |
| est estrogens-methyltest<br>hs      | 1         |       |
| estarylla                           | 0         | PV    |
| estradiol oral                      | 1         |       |
| estradiol transdermal               | 1         |       |
| estradiol vaginal                   | 1         |       |
| estradiol valerate<br>intramuscular | 1         |       |
| estradiol-norethindrone<br>acet     | 1         |       |
| ESTRING                             | 3         | QL    |
| ESTROGEL                            | 3         |       |
| ethynodiol diac-eth<br>estradiol    | 0         | PV    |
| etonogestrel-ethinyl<br>estradiol   | 0         | PV    |
| EVAMIST                             | 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  |
|------------------|-----------|--------|---|-----------|--------|
| falmina          | 0         | PV     | layolis fe  | 0         | PV     |
| fayosim          | 0         | PV; QL | leena   | 0         | PV     |
| femynor          | 0         | PV     | lessina   | 0         | PV     |
| fyavolv          | 1         |        | levonest  | 0         | PV     |
| gianvi           | 0         | PV     | levonorgest-eth est & eth est                           | 0         | PV; QL |
| hailey 1.5/30    | 0         | PV     | levonorgest-eth estrad 91-day                           | 0         | PV; QL |
| hailey 24 fe     | 0         | PV     | levonorgestrel  | 0         | PV     |
| hailey fe 1.5/30 | 0         | PV     | levonorgestrel-ethinyl estrad                           | 0         | PV     |
| hailey fe 1/20   | 0         | PV     | levonorg-eth estrad triphasic                           | 0         | PV     |
| heather          | 0         | PV     | levora 0.15/30 (28)                                     | 0         | PV     |
| incassia         | 0         | PV     | LILETTA (52 MG)   | 0         | PV     |
| introvale        | 0         | PV; QL | lillow  | 0         | PV     |
| isibloom         | 0         | PV     | LO LOESTRIN FE  | 3         |        |
| jaimiess         | 0         | PV; QL | lojaimiess  | 0         | PV; QL |
| jasmiel          | 0         | PV     | lopreeza  | 1         |        |
| jencycla         | 0         | PV     | loryna  | 0         | PV     |
| jinteli          | 1         |        | low-ogestrel  | 0         | PV     |
| jolessa          | 0         | PV; QL | lo-zumandimine  | 0         | PV     |
| juleber          | 0         | PV     | lutura  | 0         | PV     |
| junel 1.5/30     | 0         | PV     | lyza  | 0         | PV     |
| junel 1/20       | 0         | PV     | marlissa  | 0         | PV     |
| junel fe 1.5/30  | 0         | PV     | medroxyprogesterone acetate intramuscular               | 0         | PV; QL |
| junel fe 1/20    | 0         | PV     | medroxyprogesterone acetate oral                        | 1         |        |
| junel fe 24      | 0         | PV     | megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml | 1         |        |
| kaitlib fe       | 0         | PV     | megestrol acetate oral tablet                           | 1         |        |
| kalliga          | 0         | PV     | melodetta 24 fe   | 0         | PV     |
| kariva           | 0         | PV     | MENEST  | 2         |        |
| kelnor 1/35      | 0         | PV     | mibelas 24 fe   | 0         | PV     |
| kelnor 1/50      | 0         | PV     | microgestin 1.5/30                                      | 0         | PV     |
| kurvelo          | 0         | PV     | microgestin 1/20  | 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     |   |           |        |

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 |
|--|-----------|-------|
| microgestin fe 1.5/30                    | 0         | PV    |
| microgestin fe 1/20                      | 0         | PV    |
| mili                                     | 0         | PV    |
| mimvey                                   | 1         |       |
| MIRENA (52 MG)                           | 0         | PV    |
| mono-linyah                              | 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 oral                       | 0         | PV    |
| 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    |
| orsythia                                 | 0         | PV    |
| PARAGARD INTRAUTERINE COPPER             | 0         | PV    |
| philith                                  | 0         | PV    |
| pimtrea                                  | 0         | PV    |
| pirmella 1/35                            | 0         | PV    |

| Drug Name                    | Drug Tier | Notes  |
|------------------------------|-----------|--------|
| 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         |        |
| reclipsen                    | 0         | PV     |
| rivelsa                      | 0         | PV; QL |
| setlakin                     | 0         | PV; QL |
| sharobel                     | 0         | PV     |
| simliya                      | 0         | PV     |
| simpesse                     | 0         | PV; QL |
| SKYLA                        | 0         | PV     |
| SLYND                        | 3         |        |
| sprintec 28                  | 0         | PV     |
| sronyx                       | 0         | PV     |
| syeda                        | 0         | PV     |
| tarina 24 fe                 | 0         | PV     |
| tarina fe 1/20               | 0         | PV     |
| tarina fe 1/20 eq            | 0         | PV     |
| TAYTULLA                     | 3         |        |
| tilia fe                     | 0         | PV     |
| tri femynor                  | 0         | PV     |
| tri-estarylla                | 0         | PV     |
| tri-legest fe                | 0         | PV     |
| tri-linyah                   | 0         | PV     |
| tri-lo-estarylla             | 0         | PV     |
| tri-lo-marzia                | 0         | PV     |
| tri-lo-mili                  | 0         | PV     |
| tri-lo-sprintec              | 0         | PV     |
| tri-mili                     | 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 |
|----------------------------------|-----------|-------|
| tri-previfem                     | 0         | PV    |
| tri-sprintec                     | 0         | PV    |
| trivora (28)                     | 0         | PV    |
| tri-vylibra                      | 0         | PV    |
| tri-vylibra lo                   | 0         | PV    |
| tulana                           | 0         | PV    |
| tydemy                           | 0         | PV    |
| velivet                          | 0         | PV    |
| vienva                           | 0         | PV    |
| viorele                          | 0         | PV    |
| volnea                           | 0         | PV    |
| vyfemla                          | 0         | PV    |
| vylibra                          | 0         | PV    |
| wera                             | 0         | PV    |
| wymzya fe                        | 0         | PV    |
| xulane                           | 0         | PV    |
| yuvafem                          | 1         |       |
| zarah                            | 0         | PV    |
| zovia 1/35e (28)                 | 0         | PV    |
| zumandimine                      | 0         | PV    |
| <b>Hormonal Agents - Thyroid</b> |           |       |
| ARMOUR THYROID                   | 2         |       |
| euthyrox                         | 1         |       |
| levo-t                           | 1         |       |
| levothyroxine sodium oral        | 1         |       |
| levoxyl                          | 1         |       |
| liothyronine sodium oral         | 1         |       |
| methimazole oral                 | 1         |       |
| nature-throid                    | 1         |       |
| np thyroid                       | 1         |       |
| propylthiouracil oral            | 1         |       |
| SYNTHROID                        | 2         |       |
| TIROSINT                         | 3         |       |
| unithroid                        | 1         |       |
| westhroid                        | 1         |       |
| wp thyroid                       | 1         |       |

| Drug Name  | Drug Tier | Notes |
|--|-----------|-------|
| <b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b> |           |       |
| ACTEMRA ACTPEN   | SP3       | PA    |
| ACTEMRA SUBCUTANEOUS   | SP3       | PA    |
| ACTIMMUNE  | SP2       | PA    |
| azathioprine oral  | 1         |       |
| BERINERT   | SP2       | PA    |
| CELLCEPT   | SP3       |       |
| CIMZIA   | SP2       | PA    |
| CIMZIA PREFILLED KIT   | SP2       | PA    |
| CIMZIA STARTER KIT   | SP2       | PA    |
| COSENTYX (300 MG DOSE)   | SP3       | PA    |
| COSENTYX 150 MG/ML   | SP3       | PA    |
| COSENTYX SENSOREADY (300 MG)   | SP3       | PA    |
| COSENTYX SENSOREADY PEN  | SP3       | PA    |
| cyclosporine modified  | 1         |       |
| cyclosporine oral  | 1         |       |
| ENBREL   | SP3       | PA    |
| ENBREL MINI  | SP3       | PA    |
| ENBREL SURECLICK   | SP3       | PA    |
| ENVARBUS XR  | SP2       |       |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg                                  | SP1       | PA    |
| FIRAZYR  | SP3       | PA    |
| gengraf  | 1         |       |
| HAEGARDA   | SP2       | PA    |
| HUMIRA   | SP2       | PA    |
| HUMIRA PEDIATRIC CROHNS START  | SP2       | PA    |
| HUMIRA PEN   | SP2       | PA    |
| HUMIRA PEN-CD/UC/HS STARTER  | SP2       | PA    |

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 |
|--------------------------------|-----------|-------|
| HUMIRA PEN-PS/UV/ADOL HS START | SP2       | PA    |
| icatibant acetate              | SP1       | PA    |
| IMURAN                         | 2         |       |
| KINERET                        | SP3       | PA    |
| leflunomide oral               | 1         |       |
| methotrexate oral              | 1         |       |
| methotrexate sodium            | 1         |       |
| methotrexate sodium (pf)       | 1         |       |
| mycophenolate mofetil          | 1         |       |
| mycophenolate sodium           | 1         |       |
| MYFORTIC                       | SP3       |       |
| NEORAL                         | SP3       |       |
| ORENCIA CLICKJECT              | SP3       | PA    |
| ORENCIA SUBCUTANEOUS           | SP3       | PA    |
| OTEZLA                         | SP2       | PA    |
| PROGRAF ORAL CAPSULE           | SP3       |       |
| PROGRAF ORAL PACKET            | SP2       |       |
| RAPAMUNE ORAL SOLUTION         | SP2       |       |
| RAPAMUNE ORAL TABLET           | SP3       |       |
| RIDAURA                        | 2         |       |
| RINVOQ                         | SP2       | PA    |
| SANDIMMUNE ORAL CAPSULE        | SP3       |       |
| SANDIMMUNE ORAL SOLUTION       | SP2       |       |
| SIMPONI                        | SP2       | PA    |
| sirolimus oral solution        | SP1       |       |
| sirolimus oral tablet          | 1         |       |
| SKYRIZI (150 MG DOSE)          | SP2       | PA    |
| STELARA SUBCUTANEOUS           | SP2       | PA    |
| tacrolimus oral                | 1         |       |

| Drug Name   | Drug Tier | Notes                      |
|---|-----------|----------------------------|
| TALTZ   | SP2       | PA                         |
| TREMFYA   | SP2       | PA                         |
| XATMEP  | SP2       |                            |
| XELJANZ   | SP2       | PA                         |
| XELJANZ XR  | SP2       | PA                         |
| ZORTRESS  | SP3       | PA                         |
| <b>Immunological Agents -<br/>Drugs for Vaccination</b> |           |                            |
|   | 3         | PV; AL<br>(Max 6<br>Years) |
| ACTHIB  |           |                            |
| ADACEL  | 0         | PV                         |
| AFLURIA QUADRIVALENT                                    | 0         | PV                         |
| BCG VACCINE   | 3         |                            |
| BEXSERO   | 0         | PV                         |
| BOOSTRIX  | 0         | PV                         |
| DAPTACEL  | 0         | PV                         |
| DIPHThERIA-TETANUS TOXOIDS DT                           | 0         | PV                         |
| ENGERIX-B   | 0         | PV                         |
| FLUAD   | 0         | PV                         |
| FLUAD QUADRIVALENT                                      | 0         | PV                         |
| FLUARIX QUADRIVALENT                                    | 0         | PV                         |
| FLUBLOK QUADRIVALENT                                    | 0         | PV                         |
| FLUCELVAX QUADRIVALENT                                  | 0         | PV                         |
| FLULAVAL QUADRIVALENT                                   | 0         | PV                         |
| FLUZONE HIGH-DOSE                                       | 0         | PV                         |
| FLUZONE HIGH-DOSE QUADRIVALENT                          | 0         | PV                         |
| FLUZONE QUADRIVALENT                                    | 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                 |
|---------------|-----------|---------------------------------------|---|-----------|-----------------------|
|               |           | PV; AL (Min 9 Years and Max 26 Years) | TDVAX   | 0         | PV                    |
| GARDASIL 9    | 3         |                                       | TENIVAC   | 0         | PV                    |
| HAVRIX        | 0         | PV                                    | TRUMENBA  | 0         | PV                    |
|               |           | PV; AL (Min 18 Years)                 | TWINRIX   | 0         | PV                    |
| HEPLISAV-B    | 3         |                                       | TYPHIM VI   | 3         |                       |
|               |           | PV; AL (Max 6 Years)                  | VAQTA   | 0         | PV                    |
| HIBERIX       | 3         |                                       | VARIVAX   | 0         | PV                    |
| IMOVAX RABIES | 3         |                                       | VAXCHORA  | 3         |                       |
| INFANRIX      | 0         | PV                                    | VIVOTIF   | 2         |                       |
|               |           | PV; AL (Max 17 Years)                 | YF-VAX  | 3         |                       |
| IPOL          | 3         |                                       |   | 3         | PV; AL (Min 60 Years) |
| KINRIX        | 0         | PV                                    | ZOSTAVAX  |           |                       |
| MENACTRA      | 0         | PV                                    | <b>Inflammatory Bowel Disease Agents</b>          |           |                       |
| MENVEO        | 0         | PV                                    | ANALPRAM-HC EXTERNAL LOTION                       | 2         |                       |
| M-M-R II      | 0         | PV                                    | anucort-hc  | 1         |                       |
| PEDIARIX      | 0         | PV                                    | anusol-hc rectal                                  | 1         |                       |
|               |           | PV; AL (Max 6 Years)                  | APRISO  | 2         |                       |
| PEDVAX HIB    | 3         |                                       | 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  | 1         |                       |
| QUADRACEL     | 0         | PV                                    | hemmorex-hc                                       | 1         |                       |
| RECOMBIVAX HB | 0         | PV                                    | hydrocortisone (perianal)                         | 1         |                       |
|               |           | PV; AL (Max 8 Months)                 | hydrocortisone ace-pramoxine external cream 1-1 % | 1         |                       |
| ROTARIX       | 3         |                                       | hydrocortisone acetate rectal suppository 25 mg   | 1         |                       |
|               |           | PV; AL (Max 8 Months)                 | hydrocortisone acetate rectal suppository 30 mg   | 3         |                       |
| ROTATEQ       | 3         |                                       | hydrocortisone rectal                             | 1         |                       |
|               |           | PV; AL (Min 50 Years)                 | hydrocort-pramoxine (perianal)                    | 1         |                       |
| SHINGRIX      | 3         |                                       | mesalamine er                                     | 1         |                       |
| STAMARIL      | 3         |                                       | mesalamine 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 |
|---|-----------|-------|
| mesalamine rectal   | 1         |       |
| mesalamine-cleanser   | 1         |       |
| PENTASA   | 2         |       |
| PROCTOFOAM HC   | 2         |       |
| procto-med hc   | 1         |       |
| procto-pak  | 1         |       |
| proctosol hc  | 1         |       |
| proctozone-hc   | 1         |       |
| sulfasalazine oral  | 1         |       |
| UCERIS ORAL   | 3         |       |
| <b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b> |           |       |
| alendronate sodium oral solution                              | 1         |       |
| alendronate sodium oral tablet 10 mg, 5 mg                    | 1         |       |
| alendronate sodium oral tablet 35 mg, 70 mg                   | 1         | QL    |
| calcitonin (salmon)   | 1         | QL    |
| FORTEO  | SP2       | PA    |
| ibandronate sodium oral                                       | 1         | QL    |
| risedronate sodium oral tablet 150 mg, 35 mg                  | 1         | QL    |
| risedronate sodium oral tablet 30 mg, 5 mg                    | 1         |       |
| risedronate sodium oral tablet delayed release                | 3         | QL    |
| TYMLOS  | SP2       | PA    |
| <b>Metabolic Bone Disease Agents - Other</b>                  |           |       |
| calcitriol oral   | 1         |       |
| cinacalcet hcl  | SP1       | PA    |
| paricalcitol oral   | 1         |       |
| SENSIPAR  | SP3       | PA    |
| <b>Miscellaneous Therapeutic Agents</b>                       |           |       |
| BREATHE EASE LARGE  | 2         |       |

| Drug Name                      | Drug Tier | Notes  |
|--------------------------------|-----------|--------|
| BREATHE EASE MEDIUM            | 2         |        |
| BREATHE EASE SMALL             | 2         |        |
| BREATHERITE                    | 2         |        |
| CAMINO PRO COMPLETE/GLYTACTIN  | 2         |        |
| CAYA                           | 0         | PV; QL |
| CLEVER CHOICE HOLDING CHAMBER  | 2         |        |
| COMPACT SPACE CHAMBER/LG MASK  | 2         |        |
| COMPACT SPACE CHAMBER/MED MASK | 2         |        |
| COMPACT SPACE CHAMBER/SM MASK  | 2         |        |
| EASIVENT                       | 2         |        |
| EASY GLIDE LUER LOCK SYRINGE   | 1         |        |
| EASYPOINT NEEDLE 25G X 1-1/2"  | 1         |        |
| encare                         | 0         | PV; QL |
| FC FEMALE CONDOM               | 0         | PV; QL |
| FC2 FEMALE CONDOM              | 0         | PV; QL |
| FEMCAP                         | 0         | PV; QL |
| FLEXICHAMBER ADULT MASK/SMALL  | 2         |        |
| FLEXICHAMBER CHILD MASK/LARGE  | 2         |        |
| FLEXICHAMBER CHILD MASK/SMALL  | 2         |        |
| FORA D40G GLUCOSE/PRESSURE     | 2         |        |
| GLYTACTIN BETTERMILK 15        | 2         |        |
| GLYTACTIN BETTERMILK DE-LITE   | 2         |        |
| GLYTACTIN BUILD 10PE           | 2         |        |
| GLYTACTIN BUILD 20/20 PKU      | 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 COMPLETE 10PE       | 2         |        | PANDA MASK MEDIUM                         | 2         |        |
| GLYTACTIN RESTORE 10          | 2         |        | PANDA MASK SMALL                          | 2         |        |
| GLYTACTIN RESTORE 5           | 2         |        | PEDIATRIC PANDA MASK                      | 2         |        |
| GLYTACTIN RESTORE LITE 10     | 2         |        | PHENACTIN AA PLUS                         | 2         |        |
| GLYTACTIN RESTORE LITE 10PE   | 2         |        | PHENYLADE DRINK MIX                       | 2         |        |
| GLYTACTIN RTD 10              | 2         |        | PHENYLADE GMP READY                       | 2         |        |
| GLYTACTIN RTD 15              | 2         |        | PKU EASY                                  | 2         |        |
| GLYTACTIN RTD LITE 15         | 2         |        | PKU EASY MICROTABS                        | 2         |        |
| GLYTACTIN SWIRL 15PE          | 2         |        | pocket spacer                             | 2         |        |
| heparin lock flush            | 1         |        | PRO COMFORT SPACER ADULT                  | 2         |        |
| heparin sodium lock flush     | 1         |        | PRO COMFORT SPACER CHILD                  | 2         |        |
| HUMATROPEN FOR 12MG           | 1         |        | PRO COMFORT SPACER INFANT                 | 2         |        |
| HUMATROPEN FOR 24MG           | 1         |        | PROCARE SPACER/ADULT MASK                 | 2         |        |
| HUMATROPEN FOR 6MG            | 1         |        | PROCARE SPACER/CHILD MASK                 | 2         |        |
| INSPIREASE RESERVOIR BAGS     | 2         |        | SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2" | 1         |        |
| J-TIP KIT W/VIAL ADAPTERS     | 1         |        | SYRINGE LUER LOCK 30 ML                   | 1         |        |
| MASK VORTEX                   | 2         |        | SYRINGE LUER SLIP 1 ML                    | 1         |        |
| methergine                    | 3         |        | TODAY SPONGE                              | 0         | PV; QL |
| methylergonovine maleate oral | 3         |        | VCF VAGINAL CONTRACEPTIVE VAGINAL FILM    | 0         | PV; QL |
| MICROCHAMBER DEVICE           | 2         |        | vcf vaginal contraceptive vaginal gel     | 0         | PV; QL |
| NORDIPEN 5 INJECTION DEVICE   | 1         |        | WIDE-SEAL DIAPHRAGM 60                    | 0         | PV; QL |
| NORM-JECT LUER SLIP SYRINGE   | 1         |        | WIDE-SEAL DIAPHRAGM 65                    | 0         | PV; QL |
| OPTIONS CONCEPTROL            | 0         | PV; QL | WIDE-SEAL DIAPHRAGM 70                    | 0         | PV; QL |
| PANDA MASK LARGE              | 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  |
|--|-----------|--------|
| WIDE-SEAL DIAPHRAGM 75   | 0         | PV; QL |
| WIDE-SEAL DIAPHRAGM 80   | 0         | PV; QL |
| WIDE-SEAL DIAPHRAGM 85   | 0         | PV; QL |
| WIDE-SEAL DIAPHRAGM 90   | 0         | PV; QL |
| WIDE-SEAL DIAPHRAGM 95   | 0         | PV; QL |
| <b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b> |           |        |
| 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         |        |
| epinastine hcl   | 1         |        |
| erythromycin ophthalmic  | 1         |        |
| FLAREX   | 2         |        |
| fluorometholone  | 1         |        |
| flurbiprofen sodium  | 1         |        |
| FML  | 2         |        |

| Drug Name                                     | Drug Tier | Notes |
|---|-----------|-------|
| 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         |       |
| trifluridine                                  | 1         |       |
| ZIRGAN  | 3         |       |
| <b>Ophthalmic Agents - Drugs for Glaucoma</b> |           |       |
| acetazolamide er                              | 1         |       |
| acetazolamide 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 |
|-------------------------------------|-----------|-------|
| ALPHAGAN P OPTHALMIC SOLUTION 0.1 % | 2         |       |
| apraclonidine hcl                   | 1         |       |
| AZOPT                               | 2         |       |
| betaxolol hcl ophthalmic            | 1         |       |
| BETIMOL                             | 2         |       |
| BETOPTIC-S                          | 2         |       |
| bimatoprost ophthalmic              | 1         | QL    |
| brimonidine tartrate ophthalmic     | 1         |       |
| 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         |       |
| ROCKLATAN                           | 3         | QL    |
| SIMBRINZA                           | 2         |       |
| timolol maleate ophthalmic          | 1         |       |
| TIMOPTIC OCUDOSE                    | 2         |       |
| TRAVATAN Z                          | 3         | QL    |
| travoprost (bak free)               | 3         | QL    |

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

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    |
| sulfacetamide-prednisolone ophthalmic solution                                 | 1         |       |
| tetracaine hcl ophthalmic  | 1         |       |
| TOBRADEX OPTHALMIC OINTMENT  | 2         |       |
| tobramycin-dexamethasone   | 1         |       |
| tropicamide ophthalmic   | 1         |       |
| XIIDRA   | 3         | PA    |
| ZYLET  | 3         |       |
| <b>Otic Agents - Drugs for Ear Conditions</b>                                  |           |       |
| acetic acid otic   | 1         |       |
| CIPRO HC   | 2         |       |
| CIPRODEX   | 2         |       |
| ciprofloxacin hcl otic   | 1         |       |
| CIPROFLOXACIN-FLUOCINOLONE PF  | 2         |       |
| flac   | 1         |       |
| fluocinolone acetonide otic  | 1         |       |
| hydrocortisone-acetic acid   | 1         |       |
| neomycin-polymyxin-hc otic   | 1         |       |
| ofloxacin otic   | 1         |       |
| OTOVEL   | 2         |       |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b> |           |       |
| azelastine hcl nasal   | 1         | QL    |

| Drug Name                                    | Drug Tier | Notes                     |
|--|-----------|---------------------------|
| 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-cpm polst er               | 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) |
| nebusal inhalation nebulization solution 3 % | 1         |                           |
| promethazine hcl oral                        | 1         |                           |
| promethazine hcl rectal                      | 1         |                           |
| promethazine-codeine                         | 1         | PA; QL; AL (Min 18 Years) |
| promethazine-dm                              | 1         |                           |
| promethazine-phenyleph-codeine               | 1         | PA; QL; AL (Min 18 Years) |
| promethazine-phenylephrine                   | 1         |                           |
| promethegan                                  | 1         |                           |

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                     |
|--|-----------|---------------------------|
| pseudoephedrine-bromphen-dm  | 1         |                           |
| pulmosal   | 1         |                           |
| sodium chloride inhalation   | 1         |                           |
| SSKI   | 2         |                           |
| virtussin ac w/alc   | 1         | PA; QL; AL (Min 18 Years) |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b> |           |                           |
| acetylcysteine inhalation  | 1         |                           |
| ADVAIR HFA   | 2         | QL                        |
| albuterol sulfate er   | 1         |                           |
| 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 HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION                  | 3         | QL                        |
| albuterol sulfate inhalation   | 1         | QL                        |
| 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                        |

| Drug Name   | Drug Tier | Notes |
|---|-----------|-------|
| 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  | 1         |       |
| 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    |
| 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    |
| levabuterol hcl inhalation  | 1         | QL    |
| LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT  | 1         | QL    |
| montelukast sodium oral   | 1         |       |
| OFEV  | SP3       | PA    |
| PROAIR HFA  | 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  |
|--|-----------|--------|--|-----------|--------|
| PROAIR RESPICLICK  | 2         | QL     | LETAIRIS   | SP2       | PA; QL |
| PROVENTIL HFA  | 2         | QL     | OPSUMIT  | SP2       | PA; QL |
| PULMICORT FLEXHALER  | 2         | QL     | sildenafil citrate oral tablet 20 mg                               | SP1       | PA; QL |
| QVAR REDHALER  | 2         | QL     | TRACLEER   | SP2       | PA; QL |
| SEREVENT DISKUS  | 2         | QL     | TYVASO   | SP2       | PA; QL |
| SPIRIVA HANDHALER  | 2         | QL     | TYVASO REFILL  | SP2       | PA; QL |
| SPIRIVA RESPIMAT   | 2         | QL     | TYVASO STARTER   | SP2       | PA; QL |
| STIOLTO RESPIMAT   | 2         | QL     | UPTRAVI  | SP3       | PA; QL |
| SYMBICORT  | 3         | QL     | VENTAVIS   | SP2       | PA; QL |
| SYMJEPI  | 2         |        | <b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b> |           |        |
| terbutaline sulfate oral   | 1         |        | baclofen oral  | 1         |        |
| THEO-24  | 2         |        | carisoprodol oral tablet 350 mg                                    | 1         |        |
| theophylline   | 1         |        | carisoprodol-aspirin   | 1         |        |
| theophylline er  | 1         |        | chlorzoxazone oral tablet 500 mg                                   | 1         |        |
| TRELEGY ELLIPTA  | 2         | QL     | cyclobenzaprine hcl oral tablet 10 mg, 5 mg                        | 1         |        |
| VENTOLIN HFA   | 1         | QL     | dantrolene sodium oral   | 1         |        |
| wixela inhub   | 1         | QL     | metaxalone   | 1         |        |
| XOPENEX HFA  | 3         | QL     | methocarbamol oral   | 1         |        |
| zafirlukast  | 1         |        | orphenadrine citrate er  | 1         |        |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>        |           |        | tizanidine hcl oral capsule  | 3         |        |
| CAYSTON  | SP3       | PA     | tizanidine hcl oral tablet   | 1         |        |
| KALYDECO   | SP3       | PA     | <b>Sleep Disorder Agents</b>                                       |           |        |
| ORKAMBI  | SP3       | PA; QL | armodafinil  | 1         | PA; QL |
| PULMOZYME  | SP2       | PA     | BELSOMRA   | 3         | QL     |
| TOBI NEBULIZER   | SP3       |        | doxepin hcl oral tablet  | 3         | QL     |
| TOBI PODHALER  | SP2       | QL     | eszopiclone  | 1         | QL     |
| tobramycin inhalation  | SP1       |        | flurazepam hcl   | 1         | PA; QL |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b> |           |        | modafinil  | 3         | PA; QL |
| ADEMPAS  | SP3       | PA; QL | ramelteon  | 3         | QL     |
| ambrisentan  | SP1       | PA; QL | SILENOR  | 3         | QL     |
| bosentan   | SP1       | PA; QL |  |           |        |

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

| Drug Name                                      | Drug Tier | Notes |
|--|-----------|-------|
| temazepam oral capsule<br>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.....       | 21 | ADACEL.....                | 45 | amethia.....                 | 40 |
| abacavir sulfate-lamivudine | 21 | adapalene.....             | 28 | amethia lo.....              | 40 |
| abacavir-lamivudine-        |    | adefovir dipivoxil.....    | 21 | amethyst.....                | 40 |
| zidovudine.....             | 21 | ADEMPAS.....               | 53 | amiloride hcl.....           | 23 |
| abiraterone acetate.....    | 18 | adult aspirin regimen..... | 11 | amiloride-                   |    |
| acamprosate calcium.....    | 12 | ADVAIR HFA.....            | 52 | hydrochlorothiazide.....     | 23 |
| acarbose.....               | 31 | AFINITOR.....              | 18 | amiodarone hcl.....          | 23 |
| ACCU-CHEK AVIVA             |    | AFINITOR DISPERZ.....      | 18 | AMITIZA.....                 | 38 |
| CONNECT KIT W/DEVICE.       | 31 | afirmelle.....             | 40 | amitriptyline hcl.....       | 15 |
| ACCU-CHEK AVIVA             |    | AFLURIA                    |    | amlodipine besylate.....     | 23 |
| DEVICE.....                 | 31 | QUADRIVALENT.....          | 45 | amlodipine besylate-         |    |
| ACCU-CHEK AVIVA PLUS        |    | AGAMATRIX CONTROL          |    | benazepril hcl.....          | 23 |
| KIT W/DEVICE.....           | 31 | LEVEL 2.....               | 32 | amlodipine besylate-         |    |
| ACCU-CHEK COMPACT           |    | AGAMATRIX CONTROL          |    | valsartan.....               | 23 |
| PLUS CARE KIT.....          | 31 | LEVEL 4.....               | 32 | amlodipine-atorvastatin..... | 23 |
| ACCU-CHEK COMPACT           |    | AGAMATRIX PRESTO           |    | amlodipine-olmesartan.....   | 23 |
| PLUS CONTROL.....           | 31 | TEST.....                  | 32 | amlodipine-valsartan-hctz... | 23 |
| ACCU-CHEK COMPACT           |    | AIMOVIG.....               | 17 | amnestem.....                | 28 |
| PLUS TEST STRIPS.....       | 32 | ak-poly-bac.....           | 50 | amoxapine.....               | 15 |
| ACCU-CHEK FASTCLIX          |    | ala-cort.....              | 28 | amoxicillin.....             | 12 |
| LANCET KIT.....             | 32 | albendazole.....           | 20 | amoxicillin-potassium        |    |
| ACCU-CHEK GUIDE             |    | albuterol sulfate.....     | 52 | clavulanate.....             | 12 |
| CONTROL.....                | 32 | albuterol sulfate er.....  | 52 | amoxicillin-potassium        |    |
| ACCU-CHEK GUIDE KIT         |    | albuterol sulfate hfa..... | 52 | clavulanate er.....          | 12 |
| W/DEVICE.....               | 32 | ALBUTEROL SULFATE          |    | amphetamine sulfate.....     | 26 |
| ACCU-CHEK GUIDE ME...       | 32 | HFA.....                   | 52 | amphetamine-                 |    |
| ACCU-CHEK MULTICLIX         |    | alclometasone              |    | dextroamphetamine.....       | 26 |
| LANCET DEVICE KIT.....      | 32 | dipropionate.....          | 28 | amphetamine-                 |    |
| ACCU-CHEK NANO              |    | ALDACTAZIDE.....           | 23 | dextroamphetamine er.....    | 26 |
| SMARTVIEW KIT               |    | ALECENSA.....              | 18 | ampicillin.....              | 12 |
| W/DEVICE.....               | 32 | alendronate sodium.....    | 47 | AMPYRA.....                  | 27 |
| ACCU-CHEK                   |    | alfuzosin hcl er.....      | 39 | anagrelide hcl.....          | 23 |
| SMARTVIEW CONTROL...        | 32 | aliskiren fumarate.....    | 23 | ANALPRAM-HC.....             | 46 |
| ACCU-CHEK                   |    | allopurinol.....           | 17 | ANASPAZ.....                 | 38 |
| SMARTVIEW TEST              |    | almotriptan malate.....    | 17 | anastrozole.....             | 18 |
| STRIPS.....                 | 32 | ALOCRIIL.....              | 49 | ANDRODERM.....               | 40 |
| ACCU-CHEK SOFTCLIX          |    | ALOMIDE.....               | 49 | ANGELIQ.....                 | 40 |
| LANCET DEVICE KIT.....      | 32 | alosetron hcl.....         | 38 | ANNOVERA.....                | 40 |
| acebutolol hcl.....         | 23 | ALPHAGAN P.....            | 50 | ANORO ELLIPTA.....           | 52 |
| acetaminophen-codeine....   | 10 | alprazolam.....            | 23 | anucort-hc.....              | 46 |
| acetaminophen-codeine #2    | 10 | alprazolam er.....         | 23 | anusol-hc.....               | 46 |
| acetaminophen-codeine #3    | 10 | alprazolam xr.....         | 23 | APIDRA SOLOSTAR.....         | 35 |
| acetaminophen-codeine #4    | 10 | ALREX.....                 | 49 | APIDRA VIAL.....             | 35 |
| acetazolamide.....          | 49 | altacaine.....             | 50 | APOKYN.....                  | 20 |
| acetazolamide er.....       | 49 | altafrin.....              | 50 | apraclonidine hcl.....       | 50 |
| acetic acid.....            | 51 | altavera.....              | 40 | aprepitant.....              | 16 |
| acetylcysteine.....         | 52 | ALUNBRIG.....              | 18 | apri.....                    | 40 |
| acitretin.....              | 28 | alyacen 1/35.....          | 40 | APRISO.....                  | 46 |
| ACTEMRA.....                | 44 | alyacen 7/7/7.....         | 40 | APTIOM.....                  | 14 |
| ACTEMRA ACTPEN.....         | 44 | amabelz.....               | 40 | APTIVUS.....                 | 21 |
| ACTHIB.....                 | 45 | amantadine hcl.....        | 20 | aranelle.....                | 40 |
| ACTIMMUNE.....              | 44 | ambrisentan.....           | 53 | ARANESP (ALBUMIN             |    |
| acyclovir.....              | 21 | amcinonide.....            | 28 | FREE).....                   | 23 |



|                                |    |                             |        |                             |        |
|--------------------------------|----|-----------------------------|--------|-----------------------------|--------|
| ARCAPTA NEOHALER.....          | 52 | avita.....                  | 28     | betamethasone               |        |
| aripiprazole.....              | 21 | AVONEX PEN.....             | 27     | dipropionate aug.....       | 28     |
| ARIXTRA.....                   | 14 | AVONEX PREFILLED.....       | 27     | betamethasone valerate..... | 28     |
| armodafinil.....               | 53 | AVONEX VIAL                 |        | betaxolol hcl.....          | 23, 50 |
| ARMOUR THYROID.....            | 44 | INTRAMUSCULAR KIT.....      | 27     | bethanechol chloride.....   | 39     |
| ascomp-codeine.....            | 10 | ayuna.....                  | 41     | BETIMOL.....                | 50     |
| ashlyna.....                   | 40 | AYVAKIT.....                | 18     | BETOPTIC-S.....             | 50     |
| ASMANEX (120                   |    | AZASITE.....                | 49     | bexarotene.....             | 18     |
| METERED DOSES).....            | 52 | azathioprine.....           | 44     | BEXSERO.....                | 45     |
| ASMANEX (14 METERED            |    | azelaic acid.....           | 28     | bicalutamide.....           | 18     |
| DOSES).....                    | 52 | azelastine hcl.....         | 49, 51 | BIKTARVY.....               | 21     |
| ASMANEX (30 METERED            |    | AZELEX.....                 | 28     | bimatoprost.....            | 50     |
| DOSES).....                    | 52 | azithromycin.....           | 13     | bio-statin.....             | 16     |
| ASMANEX (60 METERED            |    | AZOPT.....                  | 50     | BIOTEL CARE BLOOD           |        |
| DOSES).....                    | 52 | azurette.....               | 41     | GLUCOSE SYST.....           | 32     |
| ASMANEX (7 METERED             |    | bacitracin.....             | 49     | bisacodyl ec.....           | 38     |
| DOSES).....                    | 52 | bacitracin-polymyxin b..... | 50     | bisoprolol fumarate.....    | 23     |
| ASMANEX HFA.....               | 52 | bacitra-neomycin-           |        | bisoprolol-                 |        |
| aspirin.....                   | 11 | polymyxin-hc.....           | 50     | hydrochlorothiazide.....    | 23     |
| aspirin adult.....             | 11 | baclofen.....               | 53     | BLEPHAMIDE.....             | 50     |
| aspirin adult low strength.... | 11 | BALCOLTRA.....              | 41     | BLEPHAMIDE S.O.P.....       | 50     |
| aspirin childrens.....         | 11 | balsalazide disodium.....   | 46     | blisovi 24 fe.....          | 41     |
| aspirin ec.....                | 11 | BALVERSA.....               | 18     | blisovi fe 1.5/30.....      | 41     |
| aspirin ec low dose.....       | 11 | balziva.....                | 41     | blisovi fe 1/20.....        | 41     |
| aspirin ec low strength.....   | 11 | BANZEL.....                 | 14     | BLOOD GLUCOSE TEST..        | 32     |
| aspirin low dose.....          | 11 | BAQSIMI ONE PACK.....       | 34     | BONJESTA.....               | 16     |
| aspirin-dipyridamole er.....   | 21 | BAQSIMI TWO PACK.....       | 34     | BOOSTRIX.....               | 45     |
| ASSURE PLATINUM.....           | 32 | BARACLUDGE.....             | 21     | bosentan.....               | 53     |
| atazanavir sulfate.....        | 21 | BAYER ASPIRIN.....          | 11     | BOSULIF.....                | 18     |
| atenolol.....                  | 23 | BAYER ASPIRIN EC LOW        |        | BRAFTOVI.....               | 18     |
| atenolol-chlorthalidone.....   | 23 | DOSE.....                   | 11     | BREATHE EASE LARGE..        | 47     |
| atomoxetine hcl.....           | 26 | BCG VACCINE.....            | 45     | BREATHE EASE MEDIUM..       | 47     |
| atorvastatin calcium.....      | 23 | BD AUTOSHIELD DUO           |        | BREATHE EASE SMALL...       | 47     |
| atovaquone.....                | 20 | PEN NEEDLES.....            | 35     | BREATHERITE.....            | 47     |
| atovaquone-proguanil hcl...    | 20 | BD ULTRA-FINE INSULIN       |        | BREO ELLIPTA.....           | 52     |
| ATRIPLA.....                   | 21 | SYRINGES.....               | 35     | briellyn.....               | 41     |
| atropine sulfate.....          | 50 | BD ULTRA-FINE PEN           |        | BRILINTA.....               | 21     |
| ATROVENT HFA.....              | 52 | NEEDLES.....                | 35     | brimonidine tartrate.....   | 50     |
| AUBAGIO.....                   | 27 | bekyree.....                | 41     | bromfed dm.....             | 51     |
| aubra.....                     | 40 | BELSOMRA.....               | 53     | bromfenac sodium (once-     |        |
| aubra eq.....                  | 40 | benazepril hcl.....         | 23     | daily).....                 | 49     |
| AUGMENTIN.....                 | 12 | benazepril-                 |        | bromocriptine mesylate..... | 20     |
| aurovela 1.5/30.....           | 40 | hydrochlorothiazide.....    | 23     | BRUKINSA.....               | 18     |
| aurovela 1/20.....             | 40 | benzonatate.....            | 51     | budesonide.....             | 46, 52 |
| aurovela 24 fe.....            | 40 | benzoyl peroxide-           |        | budesonide er.....          | 46     |
| aurovela fe 1.5/30.....        | 41 | erythromycin.....           | 28     | BUDESONIDE-                 |        |
| aurovela fe 1/20.....          | 41 | benztropine mesylate.....   | 20     | FORMOTEROL                  |        |
| AURYXIA.....                   | 39 | BERINERT.....               | 44     | FUMARATE.....               | 52     |
| AUTOLET LANCING                |    | beser.....                  | 28     | bumetanide.....             | 24     |
| DEVICE.....                    | 32 | BESIVANCE.....              | 49     | BUPHENYL.....               | 39     |
| avar cleanser.....             | 28 | betamethasone               |        | buprenorphine.....          | 10     |
| aviane.....                    | 41 | dipropionate.....           | 28     | buprenorphine hcl.....      | 12     |
| avidoxy.....                   | 12 |                             |        |                             |        |



|                                    |                              |                                   |
|------------------------------------|------------------------------|-----------------------------------|
| buprenorphine hcl-                 | carbido                      | chlordiazepoxide-                 |
| naloxone hcl..... 12               | dopa..... 20                 | amitriptyline..... 15             |
| bupropion hcl..... 15              | dopa er..... 20              | chlordiazepoxide-clidinium... 38  |
| bupropion hcl er (smoking          | entacapone..... 21           | chlorhexidine gluconate..... 27   |
| det)..... 12                       | CARDIZEM LA..... 24          | chloroquine phosphate..... 20     |
| bupropion hcl er (sr)..... 15      | CARETOUCH CONTROL            | chlorothiazide..... 24            |
| bupropion hcl er (xl)..... 15      | SOL LEVEL 2..... 32          | chlorpromazine hcl..... 21        |
| buspirone hcl..... 23              | CARETOUCH                    | chlorthalidone..... 24            |
| butalbital-acetaminophen.... 10    | LANCING/EJECTOR..... 32      | chlorzoxazone..... 53             |
| butalbital-apap-caff-cod..... 10   | CARETOUCH TEST..... 32       | CHOLBAM..... 39                   |
| butalbital-apap-caffeine..... 10   | carisoprodol..... 53         | cholestyramine..... 24            |
| butalbital-asa-caff-codeine.. 10   | carisoprodol-aspirin..... 53 | cholestyramine light..... 24      |
| butalbital-aspirin-caffeine.... 10 | carisoprodol-aspirin-        | ciclodan..... 16                  |
| butorphanol tartrate..... 10       | codeine..... 10              | ciclopirox..... 16                |
| BYDUREON..... 31                   | CARNITOR..... 36             | ciclopirox olamine..... 16        |
| BYDUREON BCISE                     | CARNITOR SF..... 36          | cilostazol..... 21                |
| AUTOINJECTOR..... 31               | CAROSPIR..... 24             | CILOXAN..... 49                   |
| BYETTA 10 MCG PEN..... 31          | carteolol hcl..... 50        | CIMDUO..... 21                    |
| BYETTA 5 MCG PEN..... 31           | cartia xt..... 24            | CIMZIA..... 44                    |
| BYSTOLIC..... 24                   | carvedilol..... 24           | CIMZIA PREFILLED KIT.... 44       |
| cabergoline..... 40                | cavarest..... 27             | CIMZIA STARTER KIT..... 44        |
| CABOMETYX..... 18                  | CAYA..... 47                 | cinacalcet hcl..... 47            |
| caffeine citrate..... 27           | CAYSTON..... 53              | CIPRO HC..... 51                  |
| calcipotriene..... 28              | caziant..... 41              | CIPRODEX..... 51                  |
| calcipotriene-betameth             | cefaclor..... 13             | ciprofloxacin hcl..... 13, 49, 51 |
| diprop..... 28                     | cefaclor er..... 13          | CIPROFLOXACIN-                    |
| CALCIPOTRIENE-                     | cefadroxil..... 13           | FLUOCINOLONE PF..... 51           |
| BETAMETH DIPROP..... 28            | cefdirinir..... 13           | citalopram hydrobromide.... 15    |
| calcitonin (salmon)..... 47        | cefixime..... 13             | CITRANATAL BLOOM..... 36          |
| calcitriol..... 28, 47             | cefpodoxime proxetil..... 13 | citroma..... 38                   |
| calcium acetate (phos              | cefprozil..... 13            | claravis..... 28                  |
| binder)..... 39                    | cefuroxime axetil..... 13    | clarithromycin..... 13            |
| CALQUENCE..... 18                  | celecoxib..... 11            | clarithromycin er..... 13         |
| camila..... 41                     | CELLCEPT..... 44             | clearlax..... 38                  |
| CAMINO PRO                         | CELONTIN..... 14             | CLEOCIN..... 13                   |
| COMPLETE/GLYTACTIN... 47           | cephalexin..... 13           | CLEVER CHOICE                     |
| camrese..... 41                    | CEQUR SIMPLICITY 2U... 32    | HOLDING CHAMBER..... 47           |
| camrese lo..... 41                 | CEQUR SIMPLICITY             | CLIMARA PRO..... 41               |
| CANASA..... 46                     | INSERTER..... 32             | clindacin etz..... 28             |
| candesartan cilexetil..... 24      | CEQUR SIMPLICITY             | clindacin-p..... 28               |
| candesartan cilexetil-hctz... 24   | STARTER..... 32              | clindamycin hcl..... 13           |
| capecitabine..... 18               | CERDELGA..... 39             | clindamycin palmitate hcl... 13   |
| CAPEX..... 28                      | cevimeline hcl..... 27       | clindamycin phosphate. 13, 28     |
| CAPRELSA..... 18                   | CHANTIX..... 12              | clindamycin phosphate-            |
| captopril..... 24                  | CHANTIX CONTINUING           | benzoyl peroxide..... 28          |
| captopril-                         | MONTH PAK..... 12            | CLINDESSE..... 13                 |
| hydrochlorothiazide..... 24        | CHANTIX STARTING             | clinpro 5000..... 27              |
| CARAFATE..... 37                   | MONTH PAK..... 12            | clobazam..... 14                  |
| CARBAGLU..... 36                   | chateal..... 41              | clobetasol prop emollient         |
| carbamazepine..... 14              | chateal eq..... 41           | base..... 28                      |
| carbamazepine er..... 14           | CHEMSTRIP UGK..... 32        | clobetasol propionate.... 28, 29  |
| CARBATROL..... 14                  | chlordiazepoxide hcl..... 23 | clobetasol propionate e..... 28   |
| carbidopa..... 20                  |                              |                                   |

|                                     |    |                             |            |                             |            |
|-------------------------------------|----|-----------------------------|------------|-----------------------------|------------|
| clobetasol propionate emulsion..... | 28 | COPIKTRA.....               | 18         | demeclocycline hcl.....     | 13         |
| clodan.....                         | 29 | CORLANOR.....               | 24         | denta 5000 plus.....        | 27         |
| clomipramine hcl.....               | 15 | cortisone acetate.....      | 39         | dentagel.....               | 27         |
| clonazepam.....                     | 23 | COSENTYX (300 MG DOSE)..... | 44         | DEPAKOTE.....               | 14         |
| clonidine.....                      | 24 | COSENTYX 150 MG/ML....      | 44         | DEPAKOTE ER.....            | 14         |
| clonidine hcl.....                  | 24 | COSENTYX                    |            | DEPAKOTE SPRINKLES...       | 14         |
| clonidine hcl er.....               | 26 | SENSOREADY (300 MG)...      | 44         | DEPEN TITRATABS.....        | 39         |
| clopidogrel bisulfate.....          | 21 | COSENTYX                    |            | DEPO-ESTRADIOL.....         | 41         |
| clorazepate dipotassium....         | 23 | SENSOREADY PEN.....         | 44         | DEPO-TESTOSTERONE...        | 40         |
| clotrimazole.....                   | 16 | COTELLIC.....               | 18         | dermazene.....              | 16         |
| clotrimazole-                       |    | COUMADIN.....               | 14         | DESCOVY.....                | 21         |
| betamethasone.....                  | 16 | covaryx.....                | 41         | desipramine hcl.....        | 15         |
| clovique.....                       | 36 | covaryx hs.....             | 41         | desmopressin ace spray      |            |
| clozapine.....                      | 21 | CREON.....                  | 39         | refrig.....                 | 40         |
| COARTEM.....                        | 20 | CRESEMBA.....               | 16         | desmopressin acetate.....   | 40         |
| codeine sulfate.....                | 10 | CRIXIVAN.....               | 21         | desmopressin acetate        |            |
| COLCHICINE.....                     | 17 | cromolyn sodium.....        | 38, 49, 52 | spray.....                  | 40         |
| colchicine.....                     | 17 | crotan.....                 | 20         | desogestrel-ethinyl         |            |
| colchicine-probenecid.....          | 17 | cryselle-28.....            | 41         | estradiol.....              | 41         |
| colesevelam hcl.....                | 24 | CUVPOSA.....                | 38         | desonide.....               | 29         |
| COLESTID.....                       | 24 | cyanocobalamin.....         | 36         | desoximetasone.....         | 29         |
| COLESTID FLAVORED.....              | 24 | cyclafem 1/35.....          | 41         | desvenlafaxine succinate    |            |
| colestipol hcl.....                 | 24 | cyclafem 7/7/7.....         | 41         | er.....                     | 15         |
| colocort.....                       | 46 | cyclobenzaprine hcl.....    | 53         | dexamethasone.....          | 39, 40     |
| COMBIGAN.....                       | 50 | cyclopentolate hcl.....     | 50         | dexamethasone intensol....  | 39         |
| COMBIPATCH.....                     | 41 | cyclophosphamide.....       | 18         | dexamethasone sodium        |            |
| COMBIVENT RESPIMAT...               | 52 | cyclosporine.....           | 44         | phosphate.....              | 49         |
| COMBIVIR.....                       | 21 | cyclosporine modified.....  | 44         | dexmethylphenidate hcl..... | 26         |
| COMETRIQ (100 MG                    |    | cyproheptadine hcl.....     | 51         | dexmethylphenidate hcl er.. | 26         |
| DAILY DOSE).....                    | 18 | cyred.....                  | 41         | dextroamphetamine sulfate   |            |
| COMETRIQ (140 MG                    |    | cyred eq.....               | 41         | er.....                     | 26         |
| DAILY DOSE).....                    | 18 | cytra k crystals.....       | 36         | DIASTAT ACUDIAL.....        | 14         |
| COMETRIQ (60 MG                     |    | dalfampridine er.....       | 27         | DIASTAT PEDIATRIC.....      | 14         |
| DAILY DOSE).....                    | 18 | DALIRESP.....               | 52         | DIATHRIVE BLOOD             |            |
| COMPACT SPACE                       |    | danazol.....                | 40         | GLUCOSE METER.....          | 32         |
| CHAMBER/LG MASK.....                | 47 | dantrolene sodium.....      | 53         | DIATHRIVE BLOOD             |            |
| COMPACT SPACE                       |    | dapsone.....                | 18         | GLUCOSE TEST.....           | 32         |
| CHAMBER/MED MASK.....               | 47 | DAPTACEL.....               | 45         | DIATHRIVE GLUCOSE           |            |
| COMPACT SPACE                       |    | DARAPRIM.....               | 20         | CONTROL SOLN.....           | 32         |
| CHAMBER/SM MASK.....                | 47 | darifenacin hydrobromide    |            | DIATHRIVE GLUCOSE           |            |
| COMPLERA.....                       | 21 | er.....                     | 39         | TEST.....                   | 32         |
| compro.....                         | 16 | dasetta 1/35.....           | 41         | DIATHRIVE LANCING           |            |
| CONDYLOX.....                       | 29 | dasetta 7/7/7.....          | 41         | DEVICE.....                 | 32         |
| constulose.....                     | 38 | DAURISMO.....               | 18         | diazepam.....               | 14, 23     |
| CONTOUR CONTROL.....                | 32 | daysee.....                 | 41         | diazepam intensol.....      | 23         |
| CONTOUR NEXT                        |    | DAYTRANA.....               | 26         | diazoxide.....              | 34         |
| CONTROL.....                        | 32 | DDAVP RHINAL TUBE.....      | 40         | diclofenac potassium.....   | 11         |
| CONTOUR NEXT                        |    | deblitane.....              | 41         | diclofenac sodium...        | 11, 29, 49 |
| MONITOR.....                        | 32 | deferasirox.....            | 36         | diclofenac sodium er.....   | 11         |
| CONTOUR NEXT TEST....               | 32 | DELESTROGEN.....            | 41         | diclofenac-misoprostol..... | 11         |
| CONTOUR TEST.....                   | 32 | DELSTRIGO.....              | 21         | dicloxacillin sodium.....   | 13         |
| COPAXONE.....                       | 27 | delyla.....                 | 41         | dicyclomine hcl.....        | 38         |

|                             |        |                              |        |                              |            |
|-----------------------------|--------|------------------------------|--------|------------------------------|------------|
| didanosine.....             | 21     | dutasteride.....             | 39     | ENBREL MINI.....             | 44         |
| DIFICID.....                | 13     | dutasteride-tamsulosin hcl.. | 39     | ENBREL SURECLICK.....        | 44         |
| diflorasone diacetate.....  | 29     | E.E.S. 400.....              | 13     | encare.....                  | 47         |
| diflunisal.....             | 11     | EASIVENT.....                | 47     | endocet.....                 | 10         |
| digitek.....                | 24     | EASY GLIDE LUER LOCK         |        | ENGERIX-B.....               | 45         |
| digox.....                  | 24     | SYRINGE.....                 | 47     | enoxaparin sodium.....       | 14         |
| digoxin.....                | 24     | EASY TRAK II BLOOD           |        | enpresse-28.....             | 41         |
| dihydroergotamine           |        | GLUCOSE SYS.....             | 32     | enskyce.....                 | 41         |
| mesylate.....               | 17     | EASY TRAK II CONTROL..       | 32     | entacapone.....              | 21         |
| DILANTIN.....               | 14     | EASY TRAK II GLUCOSE         |        | entecavir.....               | 21         |
| DILANTIN INFATABS.....      | 14     | TEST.....                    | 32     | ENTRESTO.....                | 24         |
| DILATRATE-SR.....           | 24     | EASYMAX 15 LEVEL 2-3         |        | enulose.....                 | 38         |
| diltiazem hcl.....          | 24     | CONTROL.....                 | 32     | ENVARBUS XR.....             | 44         |
| diltiazem hcl er.....       | 24     | EASYMAX CONTROL.....         | 32     | EPANED.....                  | 24         |
| diltiazem hcl er beads..... | 24     | EASYMAX CONTROL              |        | EPCLUSA.....                 | 21         |
| diltiazem hcl er coated     |        | NORMAL/HIGH.....             | 32     | EPIDIOLEX.....               | 14         |
| beads.....                  | 24     | EASYPPOINT NEEDLE..          | 35, 47 | EPIFOAM.....                 | 29         |
| dilt-xr.....                | 24     | ec-naproxen.....             | 11     | epinastine hcl.....          | 49         |
| diphenoxylate-atropine..... | 38     | econazole nitrate.....       | 16     | epinephrine.....             | 52         |
| DIPHTHERIA-TETANUS          |        | ed-spaz.....                 | 38     | epitol.....                  | 14         |
| TOXOIDS DT.....             | 45     | EDURANT.....                 | 21     | EPIVIR.....                  | 21         |
| dipyridamole.....           | 21     | eemt.....                    | 41     | EPIVIR HBV.....              | 22         |
| disopyramide phosphate..... | 24     | eemt hs.....                 | 41     | eplerenone.....              | 24         |
| disulfiram.....             | 12     | efavirenz.....               | 21     | EPZICOM.....                 | 22         |
| DIURIL.....                 | 24     | effer-k.....                 | 36     | ergocalciferol.....          | 36         |
| divalproex sodium.....      | 14     | ELESTRIN.....                | 41     | ergotamine-caffeine.....     | 17         |
| divalproex sodium er.....   | 14     | eletriptan hydrobromide..... | 17     | ERIVEDGE.....                | 18         |
| DIVIGEL.....                | 41     | ELIDEL.....                  | 29     | ERLEADA.....                 | 18         |
| dofetilide.....             | 24     | elinest.....                 | 41     | erlotinib hcl.....           | 18         |
| donepezil hcl.....          | 15     | ELIQUIS.....                 | 14     | errin.....                   | 41         |
| dorzolamide hcl.....        | 50     | ELIQUIS DVT/PE               |        | ery.....                     | 29         |
| dorzolamide hcl-timolol mal |        | STARTER PACK.....            | 14     | ERYPED 400.....              | 13         |
| dorzolamide hcl-timolol mal |        | ELLA.....                    | 41     | ERY-TAB.....                 | 13         |
| pf.....                     | 50     | ELMIRON.....                 | 39     | erythromycin.....            | 13, 29, 49 |
| dotti.....                  | 41     | eluryng.....                 | 41     | erythromycin base.....       | 13         |
| DOVATO.....                 | 21     | EMBRACE TALK BLOOD           |        | erythromycin                 |            |
| doxazosin mesylate.....     | 24     | GLUCOSE.....                 | 32     | ethylsuccinate.....          | 13         |
| doxepin hcl.....            | 15, 53 | EMBRACE TALK                 |        | ESBRIET.....                 | 52         |
| doxycycline hyclate.....    | 13     | GLUCOSE CONTROL.....         | 32     | escitalopram oxalate.....    | 15         |
| doxycycline monohydrate...  | 13     | EMBRACE TALK                 |        | esomeprazole magnesium..     | 37         |
| doxylamine-pyridoxine.....  | 16     | GLUCOSE TEST.....            | 32     | est estrogens-methyltest.... | 41         |
| dronabinol.....             | 16     | EMBRACE TALK                 |        | est estrogens-methyltest     |            |
| DROPLET MICRON.....         | 35     | MONITORING SYSTEM.....       | 33     | ds.....                      | 41         |
| drosipren-eth estrad-       |        | EMEND.....                   | 16     | est estrogens-methyltest     |            |
| levomefol.....              | 41     | EMGALITY.....                | 17     | hs.....                      | 41         |
| drosiprenone-ethinyl        |        | EMGALITY (300 MG             |        | estarylla.....               | 41         |
| estradiol.....              | 41     | DOSE).....                   | 17     | estazolam.....               | 23         |
| DROXIA.....                 | 18     | emoquette.....               | 41     | estradiol.....               | 41         |
| DRYSOL.....                 | 29     | EMTRIVA.....                 | 21     | estradiol valerate.....      | 41         |
| DUAVEE.....                 | 41     | enalapril maleate.....       | 24     | estradiol-norethindrone      |            |
| duloxetine hcl.....         | 15     | enalapril-                   |        | acet.....                    | 41         |
| DUPIXENT.....               | 29     | hydrochlorothiazide.....     | 24     | ESTRING.....                 | 41         |
| DUREZOL.....                | 49     | ENBREL.....                  | 44     | ESTROGEL.....                | 41         |

|                             |        |                                  |    |                                 |    |
|-----------------------------|--------|----------------------------------|----|---------------------------------|----|
| eszopiclone.....            | 53     | FIASP.....                       | 35 | flurbiprofen sodium.....        | 49 |
| ethambutol hcl.....         | 18     | FIASP FLEXTOUCH.....             | 35 | flutamide.....                  | 18 |
| ethosuximide.....           | 14     | FIASP PENFILL.....               | 35 | fluticasone propionate...29, 51 |    |
| ethynodiol diac-eth         |        | FIBRICOR.....                    | 24 | fluticasone-salmeterol.....     | 52 |
| estradiol.....              | 41     | FINACEA.....                     | 29 | FLUTICASONE-                    |    |
| etodolac.....               | 11     | finasteride.....                 | 39 | SALMETEROL.....                 | 52 |
| etodolac er.....            | 11     | FIRAZYR.....                     | 44 | fluvastatin sodium.....         | 24 |
| etonogestrel-ethinyl        |        | FIRVANQ.....                     | 13 | fluvastatin sodium er.....      | 24 |
| estradiol.....              | 41     | flac.....                        | 51 | fluvoxamine maleate.....        | 16 |
| etoposide.....              | 18     | FLAREX.....                      | 49 | fluvoxamine maleate er.....     | 16 |
| EUCRISA.....                | 29     | flavoxate hcl.....               | 39 | FLUZONE HIGH-DOSE.....          | 45 |
| euthyrox.....               | 44     | flecainide acetate.....          | 24 | FLUZONE HIGH-DOSE               |    |
| EVAMIST.....                | 41     | FLEXICHAMBER ADULT               |    | QUADRIVALENT.....               | 45 |
| EVENCARE PROVIEW            |        | MASK/SMALL.....                  | 47 | FLUZONE                         |    |
| GLUCOSE TEST.....           | 33     | FLEXICHAMBER CHILD               |    | QUADRIVALENT.....               | 45 |
| everolimus.....             | 18, 44 | MASK/LARGE.....                  | 47 | FML.....                        | 49 |
| EVOTAZ.....                 | 22     | FLEXICHAMBER CHILD               |    | FML FORTE.....                  | 49 |
| EXELDERM.....               | 16     | MASK/SMALL.....                  | 47 | folic acid.....                 | 36 |
| exemestane.....             | 18     | FLOVENT DISKUS.....              | 52 | FOLIVANE-F.....                 | 36 |
| EXJADE.....                 | 36     | FLOVENT HFA.....                 | 52 | FOLIVANE-PLUS.....              | 36 |
| EXTAVIA.....                | 27     | FLUAD.....                       | 45 | foltrin.....                    | 36 |
| ezetimibe.....              | 24     | FLUAD QUADRIVALENT... 45         |    | fondaparinux sodium.....        | 14 |
| ezetimibe-simvastatin.....  | 24     | FLUARIX                          |    | FORA D40G                       |    |
| falmina.....                | 42     | QUADRIVALENT.....                | 45 | GLUCOSE/PRESSURE....            | 47 |
| famciclovir.....            | 22     | FLUBLOK                          |    | FORA GTEL BLOOD                 |    |
| famotidine.....             | 37     | QUADRIVALENT.....                | 45 | GLUCOSE SYSTEM.....             | 33 |
| FANAPT.....                 | 21     | FLUCELVAX                        |    | FORA GTEL BLOOD                 |    |
| FANAPT TITRATION            |        | QUADRIVALENT.....                | 45 | GLUCOSE TEST.....               | 33 |
| PACK.....                   | 21     | fluconazole.....                 | 17 | FORTEO.....                     | 47 |
| FARESTON.....               | 18     | fludrocortisone acetate.....     | 40 | FORTISCARE CONTROL..            | 33 |
| FARYDAK.....                | 18     | FLULAVAL                         |    | FORTISCARE GLUCOSE              |    |
| FASENRA.....                | 51     | QUADRIVALENT.....                | 45 | SYSTEM.....                     | 33 |
| FASENRA PEN.....            | 51     | fluocinolone acetonide.. 29, 51  |    | FORTISCARE T1                   |    |
| fayosim.....                | 42     | fluocinolone acetonide           |    | GLUCOSE SYSTEM.....             | 33 |
| FC FEMALE CONDOM.....       | 47     | body.....                        | 29 | fosamprenavir calcium.....      | 22 |
| FC2 FEMALE CONDOM....       | 47     | fluocinolone acetonide           |    | fosinopril sodium.....          | 24 |
| febuxostat.....             | 17     | scalp.....                       | 29 | fosinopril sodium-hctz.....     | 24 |
| felbamate.....              | 14     | fluocinonide.....                | 29 | FRAGMIN.....                    | 14 |
| FELBATOL.....               | 14     | fluocinonide emulsified          |    | FREESTYLE FREEDOM               |    |
| felodipine er.....          | 24     | base.....                        | 29 | LITE.....                       | 33 |
| FEMCAP.....                 | 47     | fluoridex.....                   | 27 | FREESTYLE INSULINX              |    |
| femynor.....                | 42     | fluoridex enhanced               |    | SYSTEM.....                     | 33 |
| fenofibrate.....            | 24     | whitening.....                   | 27 | FREESTYLE INSULINX              |    |
| fenofibrate micronized..... | 24     | fluoridex sensitivity relief.... | 27 | TEST.....                       | 33 |
| fenofibric acid.....        | 24     | fluoritab.....                   | 36 | FREESTYLE LITE TEST... 33       |    |
| fenoprofen calcium.....     | 11     | fluorometholone.....             | 49 | FREESTYLE PRECISION             |    |
| fentanyl.....               | 10     | FLUOROPLEX.....                  | 29 | NEO TEST.....                   | 33 |
| ferocon.....                | 36     | fluorouracil.....                | 29 | FREESTYLE TEST.....             | 33 |
| ferotinsic.....             | 36     | fluoxetine hcl.....              | 16 | frovatriptan succinate.....     | 17 |
| FERRALET 90.....            | 36     | fluoxetine hcl (pmdd).....       | 16 | furosemide.....                 | 24 |
| FERRIPROX.....              | 36     | fluphenazine hcl.....            | 21 | FUZEON.....                     | 22 |
| FETZIMA.....                | 15     | flurazepam hcl.....              | 53 | fyavolv.....                    | 42 |
| FETZIMA TITRATION.....      | 15     | flurbiprofen.....                | 11 | FYCOMPA.....                    | 14 |

|                                |        |                               |    |                              |    |
|--------------------------------|--------|-------------------------------|----|------------------------------|----|
| gabapentin.....                | 14     | glycolax.....                 | 38 | HAVRIX.....                  | 46 |
| GABITRIL.....                  | 14     | glycopyrrolate.....           | 38 | heather.....                 | 42 |
| GALAFOLD.....                  | 39     | glydo.....                    | 11 | hemmorex-hc.....             | 46 |
| galantamine hydrobromide..     | 15     | GLYTACTIN                     |    | heparin lock flush.....      | 48 |
| galantamine hydrobromide       |        | BETTERMILK 15.....            | 47 | heparin sodium (porcine).... | 14 |
| er.....                        | 15     | GLYTACTIN                     |    | heparin sodium (porcine)     |    |
| GALZIN.....                    | 36     | BETTERMILK DE-LITE.....       | 47 | pf.....                      | 14 |
| GARDASIL 9.....                | 46     | GLYTACTIN BUILD 10PE..        | 47 | heparin sodium lock flush... | 48 |
| gatifloxacin.....              | 49     | GLYTACTIN BUILD 20/20         |    | HEPLISAV-B.....              | 46 |
| GATTEX.....                    | 38     | PKU.....                      | 47 | HEPSERA.....                 | 22 |
| gavilax.....                   | 38     | GLYTACTIN COMPLETE            |    | HIBERIX.....                 | 46 |
| gavilyte-c.....                | 38     | 10PE.....                     | 48 | homatropaire.....            | 50 |
| gavilyte-g.....                | 38     | GLYTACTIN RESTORE 10          | 48 | HUMALOG.....                 | 35 |
| gavilyte-n with flavor pack... | 38     | GLYTACTIN RESTORE 5..         | 48 | HUMALOG KWIKPEN.....         | 35 |
| gemfibrozil.....               | 24     | GLYTACTIN RESTORE             |    | HUMALOG MIX 50/50            |    |
| generlac.....                  | 38     | LITE 10.....                  | 48 | KWIKPEN.....                 | 35 |
| gengraf.....                   | 44     | GLYTACTIN RESTORE             |    | HUMALOG MIX 50/50            |    |
| gentak.....                    | 49     | LITE 10PE.....                | 48 | VIAL.....                    | 35 |
| gentamicin sulfate.....        | 13, 49 | GLYTACTIN RTD 10.....         | 48 | HUMALOG MIX 75/25            |    |
| GENTEEL LANCING KIT            |        | GLYTACTIN RTD 15.....         | 48 | KWIKPEN.....                 | 35 |
| (BLUE).....                    | 33     | GLYTACTIN RTD LITE 15..       | 48 | HUMALOG MIX 75/25            |    |
| gentle laxative.....           | 38     | GLYTACTIN SWIRL 15PE..        | 48 | VIAL.....                    | 35 |
| GENVOYA.....                   | 22     | gnp daily prenatal.....       | 36 | HUMALOG U-100 JUNIOR         |    |
| gianvi.....                    | 42     | gnp folic acid.....           | 36 | KWIKPEN.....                 | 35 |
| GILENYA.....                   | 27     | GOJJI BLOOD GLUCOSE           |    | HUMATROPEN FOR               |    |
| GILOTRIF.....                  | 18     | TEST.....                     | 33 | 12MG.....                    | 48 |
| glatiramer acetate.....        | 27     | GOJJI BLOOD TEST              |    | HUMATROPEN FOR               |    |
| glatopa.....                   | 27     | STRIP/LANCETS.....            | 33 | 24MG.....                    | 48 |
| GLEEVEC.....                   | 18     | GOJJI CONTROL.....            | 33 | HUMATROPEN FOR 6MG..         | 48 |
| GLEOSTINE.....                 | 18     | GOJJI LANCING                 |    | HUMIRA.....                  | 44 |
| glimepiride.....               | 31     | DEVICE/CLEAR CAP.....         | 33 | HUMIRA PEDIATRIC             |    |
| glipizide er.....              | 31     | goodsense aspirin low         |    | CROHNS START.....            | 44 |
| glipizide ir.....              | 31     | dose.....                     | 11 | HUMIRA PEN.....              | 44 |
| glipizide xl.....              | 31     | goodsense nicotine.....       | 12 | HUMIRA PEN-CD/UC/HS          |    |
| glipizide-metformin hcl.....   | 31     | gordons urea.....             | 29 | STARTER.....                 | 44 |
| GLUCAGEN HYPOKIT.....          | 34     | granisetron hcl.....          | 16 | HUMIRA PEN-                  |    |
| GLUCAGON                       |        | griseofulvin microsize.....   | 17 | PS/UV/ADOL HS START...       | 45 |
| EMERGENCY KIT.....             | 35     | griseofulvin ultramicrosize.. | 17 | HUMULIN 70/30                |    |
| GLUCOCARD 01                   |        | guaiaatussin ac.....          | 51 | KWIKPEN.....                 | 35 |
| SENSOR PLUS.....               | 33     | guaifenesin ac.....           | 51 | HUMULIN 70/30 VIAL.....      | 35 |
| GLUCOCARD                      |        | guanfacine hcl.....           | 24 | HUMULIN N KWIKPEN.....       | 35 |
| EXPRESSION TEST.....           | 33     | guanfacine hcl er.....        | 26 | HUMULIN N VIAL.....          | 35 |
| GLUCOCARD SHINE                |        | HAEGARDA.....                 | 44 | HUMULIN R U-500              |    |
| CONNEX.....                    | 33     | hailey 1.5/30.....            | 42 | KWIKPEN.....                 | 35 |
| GLUCOCARD SHINE                |        | hailey 24 fe.....             | 42 | HUMULIN R U-500 VIAL         |    |
| EXPRESS.....                   | 33     | hailey fe 1.5/30.....         | 42 | (CONCENTRATED).....          | 35 |
| GLUCOCARD SHINE                |        | hailey fe 1/20.....           | 42 | HUMULIN R VIAL.....          | 35 |
| TEST.....                      | 33     | halobetasol propionate.....   | 29 | HW EMBRACE PRO               |    |
| GLUCOCARD VITAL                |        | haloperidol.....              | 21 | GLUCOSE METER.....           | 33 |
| TEST.....                      | 33     | haloperidol lactate.....      | 21 | HW EMBRACE PRO               |    |
| glyburide.....                 | 31     | HARMONY BLOOD                 |    | GLUCOSE TEST.....            | 33 |
| glyburide micronized.....      | 31     | GLUCOSE TEST.....             | 33 | HW EMBRACE TALK              |    |
| glyburide-metformin.....       | 31     | HARVONI.....                  | 22 | BLOOD GLUCOSE.....           | 33 |



|                               |                             |        |                         |        |
|-------------------------------|-----------------------------|--------|-------------------------|--------|
| HW EMBRACE TALK               | INFANRIX.....               | 46     | jasmiel.....            | 42     |
| GLUCOSE TEST .....            | INFINITY BLOOD              |        | jencycla.....           | 42     |
| HYCANTIN.....                 | GLUCOSE TEST .....          | 33     | JENTADUETO.....         | 31     |
| hydralazine hcl.....          | INLYTA.....                 | 18     | JENTADUETO XR.....      | 31     |
| hydrochlorothiazide.....      | INPEN 100-BLUE-LILLY.....   | 33     | jinteli.....            | 42     |
| hydrocodone polst-cpm         | INPEN 100-BLUE-NOVO...      | 33     | jolessa.....            | 42     |
| polst er.....                 | INPEN 100-GRAY-LILLY...     | 33     | J-TIP KIT W/VIAL        |        |
| hydrocodone-                  | INPEN 100-GREY-NOVO...      | 33     | ADAPTERS.....           | 48     |
| acetaminophen.....            | INPEN 100-PINK-LILLY.....   | 33     | juleber.....            | 42     |
| hydrocodone-homatropine..     | INPEN 100-PINK-NOVO...      | 33     | JULUCA.....             | 22     |
| hydrocodone-ibuprofen.....    | INREBIC.....                | 18     | junel 1.5/30.....       | 42     |
| hydrocortisone.....           | INSPIREASE                  |        | junel 1/20.....         | 42     |
| hydrocortisone (perianal).... | RESERVOIR BAGS.....         | 48     | junel fe 1.5/30.....    | 42     |
| hydrocortisone ace-           | INSULIN PEN NEEDLES...      | 35     | junel fe 1/20.....      | 42     |
| pramoxine.....                | INSULIN SYRINGES.....       | 35     | junel fe 24.....        | 42     |
| hydrocortisone acetate.....   | INTEGRA F.....              | 36     | JUXTAPID.....           | 25     |
| hydrocortisone butyrate       | INTEGRA PLUS.....           | 36     | kaitlib fe.....         | 42     |
| 29, 30                        | INTELENCE.....              | 22     | KALETRA.....            | 22     |
| hydrocortisone valerate.....  | INTRAROSA.....              | 39     | kalliga.....            | 42     |
| 30                            | INTRON A.....               | 22     | KALYDECO.....           | 53     |
| hydrocortisone-acetic acid..  | introvale.....              | 42     | kariva.....             | 42     |
| 51                            | INVIRASE.....               | 22     | kelnor 1/35.....        | 42     |
| hydrocortisone-iodoquinol...  | INVOKAMET.....              | 31     | kelnor 1/50.....        | 42     |
| 17                            | INVOKANA.....               | 31     | KEPPRA.....             | 14     |
| hydrocort-pramoxine           | iodine strong.....          | 36     | KEPPRA XR.....          | 14     |
| (perianal).....               | IOPIDINE.....               | 50     | ketoconazole.....       | 17     |
| 46                            | IPOL.....                   | 46     | KETONE TEST.....        | 33     |
| hydromet.....                 | ipratropium bromide.....    | 51, 52 | ketoprofen.....         | 11     |
| 51                            | ipratropium-albuterol.....  | 52     | ketoprofen er.....      | 11     |
| hydromorphone hcl.....        | irbesartan.....             | 25     | ketorolac tromethamine  | 11, 49 |
| 10                            | irbesartan-                 |        | KETOSTIX.....           | 33     |
| hydroxychloroquine sulfate..  | hydrochlorothiazide.....    | 25     | KINERET.....            | 45     |
| 20                            | IRESSA.....                 | 18     | KINRIX.....             | 46     |
| hydroxyurea.....              | ISENTRESS.....              | 22     | kionex.....             | 36     |
| 18                            | ISENTRESS HD.....           | 22     | KISQALI (200 MG DOSE).. | 19     |
| hydroxyzine hcl.....          | isibloom.....               | 42     | KISQALI (400 MG DOSE).. | 19     |
| 23                            | isoniazid.....              | 18     | KISQALI (600 MG DOSE).. | 19     |
| hydroxyzine pamoate.....      | ISOPTO ATROPINE.....        | 50     | KLONOPIN.....           | 23     |
| 23                            | ISORDIL TITRADOSE.....      | 25     | klor-con.....           | 36     |
| hyoscyamine sulfate.....      | isosorbide dinitrate.....   | 25     | klor-con 10.....        | 36     |
| 38                            | isosorbide mononitrate..... | 25     | klor-con m10.....       | 36     |
| hyoscyamine sulfate er.....   | isosorbide mononitrate er.. | 25     | KLOR-CON M15.....       | 36     |
| 38                            | isotretinoin.....           | 30     | klor-con m20.....       | 36     |
| hyosyne.....                  | isradipine.....             | 25     | klor-con sprinkle.....  | 36     |
| 38                            | itraconazole.....           | 17     | klor-con/ef.....        | 36     |
| ibandronate sodium.....       | ivermectin.....             | 20     | K-PHOS.....             | 36     |
| 47                            | jaimiess.....               | 42     | K-PHOS NO 2.....        | 36     |
| IBRANCE.....                  | JAKAFI.....                 | 18     | k-prime.....            | 36     |
| 18                            | jantoven.....               | 14     | KROGER HEALTHPRO        |        |
| ibu.....                      | JANUMET.....                | 31     | GLUCOSE TEST.....       | 33     |
| 11                            | JANUMET XR.....             | 31     | kurvelo.....            | 42     |
| ibuprofen.....                | JANUVIA.....                | 31     | KYLEENA.....            | 42     |
| 11                            | JARDIANCE.....              | 31     | labetalol hcl.....      | 25     |
| icatibant acetate.....        |                             |        |                         |        |
| 45                            |                             |        |                         |        |
| ICLUSIG.....                  |                             |        |                         |        |
| 18                            |                             |        |                         |        |
| IDHIFA.....                   |                             |        |                         |        |
| 18                            |                             |        |                         |        |
| imatinib mesylate.....        |                             |        |                         |        |
| 18                            |                             |        |                         |        |
| IMBRUVICA.....                |                             |        |                         |        |
| 18                            |                             |        |                         |        |
| imipramine hcl.....           |                             |        |                         |        |
| 16                            |                             |        |                         |        |
| imipramine pamoate.....       |                             |        |                         |        |
| 16                            |                             |        |                         |        |
| imiquimod.....                |                             |        |                         |        |
| 30                            |                             |        |                         |        |
| IMOVAX RABIES.....            |                             |        |                         |        |
| 46                            |                             |        |                         |        |
| IMPAVIDO.....                 |                             |        |                         |        |
| 20                            |                             |        |                         |        |
| IMURAN.....                   |                             |        |                         |        |
| 45                            |                             |        |                         |        |
| incassia.....                 |                             |        |                         |        |
| 42                            |                             |        |                         |        |
| INCRUSE ELLIPTA.....          |                             |        |                         |        |
| 52                            |                             |        |                         |        |
| indapamide.....               |                             |        |                         |        |
| 24                            |                             |        |                         |        |
| INDOCIN.....                  |                             |        |                         |        |
| 11                            |                             |        |                         |        |
| indomethacin.....             |                             |        |                         |        |
| 11                            |                             |        |                         |        |
| indomethacin er.....          |                             |        |                         |        |
| 11                            |                             |        |                         |        |

|   |    |   |        |                                     |        |
|---|----|---|--------|-------------------------------------|--------|
| LACRISERT.....                          | 50 | LEVEMIR U-100                           |        | lorcet plus.....                    | 10     |
| lactulose.....                          | 38 | FLEXTOUCH.....                          | 35     | LORTAB.....                         | 10     |
| lactulose encephalopathy...             | 38 | LEVEMIR U-100 VIAL.....                 | 35     | loryna.....                         | 42     |
| LAMICTAL.....                           | 14 | levetiracetam.....                      | 15     | losartan potassium.....             | 25     |
| LAMICTAL STARTER.....                   | 14 | levetiracetam er.....                   | 15     | losartan potassium-hctz.....        | 25     |
| lamivudine.....                         | 22 | levobunolol hcl.....                    | 50     | LOTEMAX.....                        | 49     |
| lamivudine-zidovudine.....              | 22 | levocarnitine.....                      | 36     | loteprednol etabonate.....          | 49     |
| lamotrigine.....                        | 14 | levocarnitine sf.....                   | 36     | lovastatin.....                     | 25     |
| lamotrigine er.....                     | 14 | levofloxacin.....                       | 13, 49 | LOVENOX.....                        | 14     |
| lamotrigine starter kit-blue..          | 14 | levonest.....                           | 42     | low-ogestrel.....                   | 42     |
| lamotrigine starter kit-<br>green.....  | 14 | levonorgest-eth est & eth<br>est.....   | 42     | loxapine succinate.....             | 21     |
| lamotrigine starter kit-<br>orange..... | 14 | levonorgest-eth estrad 91-<br>day.....  | 42     | lo-zumandimine.....                 | 42     |
| LANCETS.....                            | 33 | levonorgestrel.....                     | 42     | ludent.....                         | 36     |
| LANOXIN.....                            | 25 | levonorgestrel-ethinyl<br>estrad.....   | 42     | LUMIGAN.....                        | 50     |
| lansoprazole.....                       | 37 | levonorg-eth estrad<br>triphasic.....   | 42     | lutera.....                         | 42     |
| LANTUS SOLOSTAR.....                    | 35 | levora 0.15/30 (28).....                | 42     | LYNPARZA.....                       | 19     |
| LANTUS U-100 VIAL.....                  | 35 | levo-t.....                             | 44     | LYSODREN.....                       | 19     |
| larin 1.5/30.....                       | 42 | levothyroxine sodium.....               | 44     | lyza.....                           | 42     |
| larin 1/20.....                         | 42 | levoxyl.....                            | 44     | magnesium citrate.....              | 38     |
| larin 24 fe.....                        | 42 | LEXIVA.....                             | 22     | malathion.....                      | 20     |
| larin fe 1.5/30.....                    | 42 | lidocaine.....                          | 12     | maprotiline hcl.....                | 16     |
| larin fe 1/20.....                      | 42 | lidocaine hcl.....                      | 12     | marlissa.....                       | 42     |
| larissia.....                           | 42 | lidocaine hcl<br>urethral/mucosal.....  | 12     | MASK VORTEX.....                    | 48     |
| latanoprost.....                        | 50 | lidocaine viscous hcl.....              | 27     | MATULANE.....                       | 19     |
| LATUDA.....                             | 21 | lidocaine-prilocaine.....               | 12     | matzim la.....                      | 25     |
| layolis fe.....                         | 42 | LILETTA (52 MG).....                    | 42     | MAVYRET.....                        | 22     |
| leena.....                              | 42 | lillow.....                             | 42     | MAXICOMFORT SYR 27G<br>X 1/2".....  | 35     |
| leflunomide.....                        | 45 | lindane.....                            | 20     | MAXIDEX.....                        | 49     |
| LENVIMA (10 MG DAILY<br>DOSE).....      | 19 | linezolid.....                          | 13     | maxi-tuss ac.....                   | 51     |
| LENVIMA (12 MG DAILY<br>DOSE).....      | 19 | LINZESS.....                            | 38     | meclofenamate sodium.....           | 11     |
| LENVIMA (14 MG DAILY<br>DOSE).....      | 19 | liothyronine sodium.....                | 44     | MEDROL.....                         | 40     |
| LENVIMA (18 MG DAILY<br>DOSE).....      | 19 | lisinopril.....                         | 25     | medroxyprogesterone<br>acetate..... | 42     |
| LENVIMA (20 MG DAILY<br>DOSE).....      | 19 | lisinopril-<br>hydrochlorothiazide..... | 25     | mefenamic acid.....                 | 11     |
| LENVIMA (24 MG DAILY<br>DOSE).....      | 19 | lithium.....                            | 23     | mefloquine hcl.....                 | 20     |
| LENVIMA (4 MG DAILY<br>DOSE).....       | 19 | lithium carbonate.....                  | 23     | megestrol acetate.....              | 42     |
| LENVIMA (8 MG DAILY<br>DOSE).....       | 19 | lithium carbonate er.....               | 23     | MEKINIST.....                       | 19     |
| lessina.....                            | 42 | LITHOSTAT.....                          | 39     | MEKTOVI.....                        | 19     |
| LETAIRIS.....                           | 53 | LO LOESTRIN FE.....                     | 42     | melodetta 24 fe.....                | 42     |
| letrozole.....                          | 19 | lojaimiess.....                         | 42     | meloxicam.....                      | 11     |
| leucovorin calcium.....                 | 19 | LONSURF.....                            | 19     | melphalan.....                      | 19     |
| LEUKERAN.....                           | 19 | lopinavir-ritonavir.....                | 22     | memantine hcl.....                  | 15     |
| levabuterol hcl.....                    | 52 | lopreeza.....                           | 42     | memantine hcl er.....               | 15     |
| LEVALBUTEROL HFA.....                   | 52 | lorazepam.....                          | 23     | MENACTRA.....                       | 46     |
|   |    | lorazepam intensol.....                 | 23     | MENEST.....                         | 42     |
|   |    | LORBRENA.....                           | 19     | MENVEO.....                         | 46     |
|   |    | lorcet.....                             | 10     | mercaptopurine.....                 | 19     |
|   |    | lorcet hd.....                          | 10     | mesalamine.....                     | 46, 47 |
|   |    |   |        | mesalamine er.....                  | 46     |
|   |    |   |        | mesalamine-cleanser.....            | 47     |
|   |    |   |        | metadate er.....                    | 27     |
|   |    |   |        | metaxalone.....                     | 53     |

|                              |        |                            |        |                              |    |
|------------------------------|--------|----------------------------|--------|------------------------------|----|
| metformin hcl er.....        | 31     | mirtazapine.....           | 16     | nateglinide.....             | 31 |
| metformin hcl ir.....        | 31     | misoprostol.....           | 37     | nature-throid.....           | 44 |
| methadone hcl.....           | 10     | M-M-R II.....              | 46     | NEBUPENT.....                | 20 |
| methadone hcl intensol.....  | 10     | M-NATAL PLUS.....          | 36     | nebusal.....                 | 51 |
| methadose.....               | 10     | modafinil.....             | 53     | necon 0.5/35 (28).....       | 43 |
| methadose sugar-free.....    | 10     | moexipril hcl.....         | 25     | nefazodone hcl.....          | 16 |
| methamphetamine hcl.....     | 27     | mometasone furoate.....    | 30     | neomycin sulfate.....        | 13 |
| methazolamide.....           | 50     | mondoxyne nl.....          | 13     | neomycin-bacitracin zn-      |    |
| methenamine hippurate.....   | 13     | MONOJECT.....              |        | polymyx.....                 | 50 |
| methenamine mandelate....    | 13     | HYPODERMIC NEEDLE....      | 35     | neomycin-polymyxin-          |    |
| methergine.....              | 48     | mono-lynyah.....           | 43     | dexameth.....                | 50 |
| methimazole.....             | 44     | montelukast sodium.....    | 52     | neomycin-polymyxin-          |    |
| methocarbamol.....           | 53     | MONUROL.....               | 13     | gramicidin.....              | 50 |
| methotrexate.....            | 45     | morgidox.....              | 13     | neomycin-polymyxin-hc 50, 51 |    |
| methotrexate sodium.....     | 45     | morphine sulfate.....      | 10     | NEONATAL COMPLETE....        | 37 |
| methotrexate sodium (pf).... | 45     | morphine sulfate           |        |                              |    |
| methoxsalen rapid.....       | 30     | (concentrate).....         | 10     | NEONATAL PLUS.....           | 37 |
| methscopolamine bromide..    | 38     | morphine sulfate er.....   | 10     | neo-polycin.....             | 50 |
| methyl dopa.....             | 25     | MOVANTIK.....              | 38     | neo-polycin hc.....          | 50 |
| methyl dopa-                 |        |                            |        |                              |    |
| hydrochlorothiazide.....     | 25     | MOVIPREP.....              | 38     | NEORAL.....                  | 45 |
| methylergonovine maleate..   | 48     | moxifloxacin hcl.....      | 13, 49 | NERLYNX.....                 | 19 |
| methylphenidate hcl.....     | 27     | MULTAQ.....                | 25     | neuac.....                   | 30 |
| methylphenidate hcl er.....  | 27     | multi prenatal.....        | 36     | NEULASTA.....                | 23 |
| methylphenidate hcl er (cd)  | 27     | multivitamin/fluoride..... | 36     | NEULASTA ONPRO.....          | 23 |
| methylphenidate hcl er (la)  | 27     | mupirocin.....             | 13     | NEUPOGEN.....                | 23 |
| methylprednisolone.....      | 40     | mupirocin calcium.....     | 13     | NEURONTIN.....               | 15 |
| metoclopramide hcl.....      | 16     | mvc-fluoride.....          | 36     | neutral sodium fluoride..... | 27 |
| metolazone.....              | 25     | MYALEPT.....               | 39     | nevirapine.....              | 22 |
| metoprolol succinate er..... | 25     | mycophenolate mofetil..... | 45     | nevirapine er.....           | 22 |
| metoprolol tartrate.....     | 25     | mycophenolate sodium.....  | 45     | NEXAVAR.....                 | 19 |
| metoprolol-                  |        |                            |        |                              |    |
| hydrochlorothiazide.....     | 25     | MYFORTIC.....              | 45     | NEXIUM.....                  | 37 |
| metronidazole.....           | 13, 30 | MYLERAN.....               | 19     | NEXPLANON.....               | 43 |
| mexiletine hcl.....          | 25     | myorisan.....              | 30     | niacin er                    |    |
| mibelas 24 fe.....           | 42     | MYRBETRIQ.....             | 39     | (antihyperlipidemic).....    | 25 |
| MICROCHAMBER.....            | 48     | MYSOLINE.....              | 15     | NICORETTE.....               | 12 |
| MICRODOT TEST.....           | 33     | nabumetone.....            | 11     | nicotine polacrilex.....     | 12 |
| microgestin 1.5/30.....      | 42     | nadolol.....               | 25     | nicotine step 1.....         | 12 |
| microgestin 1/20.....        | 42     | nafrinse.....              | 36     | nicotine step 2.....         | 12 |
| microgestin fe 1.5/30.....   | 43     | nafrinse drops.....        | 36     | nicotine step 3.....         | 12 |
| microgestin fe 1/20.....     | 43     | naftifine hcl.....         | 17     | NICOTROL.....                | 12 |
| MICROLET NEXT                |        |                            |        |                              |    |
| LANCING DEVICE.....          | 33     | NAFTIN.....                | 17     | NICOTROL NS.....             | 12 |
| midodrine hcl.....           | 25     | naloxone hcl.....          | 12     | nifedipine.....              | 25 |
| MIGERGOT.....                | 17     | naltrexone hcl.....        | 12     | nifedipine er.....           | 25 |
| miglitol.....                | 31     | NAMENDA XR                 |        |                              |    |
| mili.....                    | 43     | TITRATION PACK.....        | 15     | nifedipine er osmotic        |    |
| mimvey.....                  | 43     | naproxen.....              | 11     | release.....                 | 25 |
| minitran.....                | 25     | naproxen dr.....           | 11     | nikki.....                   | 43 |
| minocycline hcl.....         | 13     | naproxen sodium.....       | 11     | NILANDRON.....               | 19 |
| minoxidil.....               | 25     | naratriptan hcl.....       | 17     | nilutamide.....              | 19 |
| MIRENA (52 MG).....          | 43     | NARCAN.....                | 12     | nimodipine.....              | 25 |
|                              |        | NASCOBAL.....              | 37     | NINLARO.....                 | 19 |
|                              |        | NATACYN.....               | 49     | nitisinone.....              | 39 |
|                              |        | NATAZIA.....               | 43     | NITRO-BID.....               | 25 |
|                              |        |                            |        | NITRO-DUR.....               | 25 |
|                              |        |                            |        | nitrofurantoin.....          | 13 |



|                             |    |                           |        |                         |    |
|-----------------------------|----|---------------------------|--------|-------------------------|----|
| nitrofurantoin macrocrystal | 13 | NOVOLOG MIX 70/30         |        | ONETOUCH ULTRA 2 KIT    |    |
| nitrofurantoin monohydrate  |    | FLEXPEN                   | 36     | W/DEVICE                | 34 |
| macrocrystals               | 13 | NOVOLOG MIX 70/30         |        | ONETOUCH ULTRA          |    |
| nitroglycerin               | 25 | VIAL                      | 36     | BLUE TEST STRIPS        | 34 |
| nitro-time                  | 25 | NOVOLOG PENFILL           | 36     | ONETOUCH ULTRA MINI     |    |
| nora-be                     | 43 | NOVOLOG U-100 VIAL        | 36     | KIT W/DEVICE            | 34 |
| NORDIPEN 5 INJECTION        |    | NOVOPEN ECHO              | 33     | ONETOUCH VERIO FLEX     |    |
| DEVICE                      | 48 | NOVOTWIST PEN             |        | SYSTEM KIT W/DEVICE     | 34 |
| NORDITROPIN FLEXPEN         | 40 | NEEDLE                    | 36     | ONETOUCH VERIO IQ       |    |
| norethin ace-eth estrad-fe  | 43 | NOXAFIL                   | 17     | SYSTEM                  | 34 |
| norethindrone               | 43 | np thyroid                | 44     | ONETOUCH VERIO KIT      |    |
| norethindrone acetate       | 43 | NUBEQA                    | 19     | W/DEVICE                | 34 |
| norethindrone acet-ethinyl  |    | NUCYNTA                   | 10     | ONETOUCH VERIO          |    |
| est                         | 43 | NUCYNTA ER                | 10     | REFLECT                 | 34 |
| norethindrone-eth estradiol | 43 | nulev                     | 38     | ONETOUCH VERIO          |    |
| norethin-eth estradiol-fe   | 43 | NUTROPIN AQ NUSPIN        |        | SYNC SYSTEM KIT         |    |
| norgestimate-eth estradiol  | 43 | 10                        | 40     | W/DEVICE                | 34 |
| norgestimate-ethinyl        |    | NUTROPIN AQ NUSPIN        |        | OPSUMIT                 | 53 |
| estradiol triphasic         | 43 | 20                        | 40     | OPTIONS CONCEPTROL      | 48 |
| norlyda                     | 43 | NUTROPIN AQ NUSPIN 5      | 40     | ORACIT                  | 37 |
| norlyroc                    | 43 | nyamyc                    | 17     | oralone                 | 27 |
| NORM-JECT LUER SLIP         |    | NYMALIZE                  | 25     | ORENCIA                 | 45 |
| SYRINGE                     | 48 | nystatin                  | 17     | ORENCIA CLICKJECT       | 45 |
| NORPACE CR                  | 25 | nystatin-triamcinolone    | 17     | ORFADIN                 | 39 |
| NORTHERA                    | 25 | nystop                    | 17     | ORILISSA                | 40 |
| nortrel 0.5/35 (28)         | 43 | OCALIVA                   | 39     | ORKAMBI                 | 53 |
| nortrel 1/35 (21)           | 43 | ocella                    | 43     | orphenadrine citrate er | 53 |
| nortrel 1/35 (28)           | 43 | octreotide acetate        | 40     | orsythia                | 43 |
| nortrel 7/7/7               | 43 | ODEFSEY                   | 22     | oscimin                 | 38 |
| nortriptyline hcl           | 16 | ODOMZO                    | 19     | oscimin sr              | 38 |
| NORVIR                      | 22 | OFEV                      | 52     | oseltamivir phosphate   | 22 |
| NOVOFINE AUTOCOVER          |    | ofloxacin                 | 49, 51 | OSMOPREP                | 38 |
| PEN NEEDLE                  | 35 | olanzapine                | 21     | OSPHERA                 | 40 |
| NOVOFINE PEN NEEDLE         | 35 | olmesartan medoxomil      | 25     | OTEZLA                  | 45 |
| NOVOFINE PLUS PEN           |    | olmesartan medoxomil-     |        | OTOVEL                  | 51 |
| NEEDLE                      | 35 | hctz                      | 25     | oxaprozin               | 11 |
| NOVOLIN 70/30 FLEXPEN       | 35 | olmesartan-amlodipine-    |        | oxazepam                | 23 |
| NOVOLIN 70/30 FLEXPEN       |    | hctz                      | 25     | oxcarbazepine           | 15 |
| RELION                      | 35 | olopatadine hcl           | 49     | oxiconazole nitrate     | 17 |
| NOVOLIN 70/30 RELION        | 35 | omega-3-acid ethyl esters | 25     | OXISTAT                 | 17 |
| NOVOLIN 70/30 VIAL          | 35 | omeprazole                | 37     | OXTELLAR XR             | 15 |
| NOVOLIN N FLEXPEN           | 35 | OMNITROPE                 | 40     | oxybutynin chloride     | 39 |
| NOVOLIN N FLEXPEN           |    | ondansetron hcl           | 16     | oxybutynin chloride er  | 39 |
| RELION                      | 35 | ondansetron odt           | 16     | oxycodone hcl           | 10 |
| NOVOLIN N RELION            | 35 | ONE DROP BLOOD            |        | OXYCODONE HCL ER        | 10 |
| NOVOLIN N VIAL              | 35 | GLUCOSE MONITOR           | 33     | oxycodone-acetaminophen | 10 |
| NOVOLIN R FLEXPEN           | 35 | ONE DROP TEST             | 33     | oxycodone-aspirin       | 10 |
| NOVOLIN R FLEXPEN           |    | ONE-A-DAY WOMENS          |        | OXYCONTIN               | 11 |
| RELION                      | 35 | PRENATAL 1                | 37     | OZEMPIC                 | 31 |
| NOVOLIN R RELION            | 35 | ONETOUCH DELICA           |        | pacerone                | 25 |
| NOVOLIN R VIAL              | 35 | LANCING DEV               | 33     | paliperidone er         | 21 |
| NOVOLOG FLEXPEN             | 35 | ONETOUCH DELICA           |        | PANCREAZE               | 39 |
|                             |    | PLUS LANCING              | 34     | PANDA MASK LARGE        | 48 |

|                              |    |                               |        |                               |        |
|------------------------------|----|-------------------------------|--------|-------------------------------|--------|
| PANDA MASK MEDIUM.....       | 48 | philith.....                  | 43     | prasugrel hcl.....            | 21     |
| PANDA MASK SMALL.....        | 48 | phospha 250 neutral.....      | 37     | pravastatin sodium.....       | 26     |
| pantoprazole sodium.....     | 37 | PHOSPHOLINE IODIDE....        | 50     | praziquantel.....             | 20     |
| PARAGARD                     |    | phosphorous.....              | 37     | prazosin hcl.....             | 26     |
| INTRAUTERINE COPPER.         | 43 | phospho-trin 250 neutral....  | 37     | PRECISION LINK.....           | 34     |
| paricalcitol.....            | 47 | phytonadione.....             | 37     | PRECISION PCX PLUS            |        |
| paroex.....                  | 27 | PICATO.....                   | 30     | TEST.....                     | 34     |
| paramomycin sulfate.....     | 13 | PIFELTRO.....                 | 22     | PRECISION QID                 |        |
| paroxetine hcl.....          | 16 | pilocarpine hcl.....          | 27, 50 | MONITOR.....                  | 34     |
| paroxetine hcl er.....       | 16 | pimecrolimus.....             | 30     | PRECISION QID TEST.....       | 34     |
| PAXIL.....                   | 16 | pimozide.....                 | 21     | PRECISION SOF-TACT            |        |
| PAZEO.....                   | 49 | pimtrea.....                  | 43     | MONITOR.....                  | 34     |
| pb-hyoscy-atropine-          |    | pindolol.....                 | 25     | PRECISION SOF-TACT            |        |
| scopolamine.....             | 38 | pioglitazone hcl.....         | 31     | TEST.....                     | 34     |
| PEDIARIX.....                | 46 | pioglitazone hcl-glimepiride  | 31     | PRECISION XTRA.....           | 34     |
| PEDIATRIC PANDA              |    | pioglitazone hcl-metformin    |        | PRECISION XTRA                |        |
| MASK.....                    | 48 | hcl.....                      | 31     | BLOOD GLUCOSE.....            | 34     |
| PEDVAX HIB.....              | 46 | PIQRAY (200 MG DAILY          |        | PRECISION XTRA                |        |
| peg 3350-kcl-na bicarb-      |    | DOSE).....                    | 19     | MONITOR.....                  | 34     |
| nacl.....                    | 38 | PIQRAY (250 MG DAILY          |        | PRED-G.....                   | 51     |
| peg-3350/electrolytes.....   | 38 | DOSE).....                    | 19     | PRED-G S.O.P.....             | 51     |
| PEGASYS.....                 | 22 | PIQRAY (300 MG DAILY          |        | prednicarbate.....            | 30     |
| PEGASYS PROCLICK.....        | 22 | DOSE).....                    | 19     | prednisolone.....             | 40     |
| PEGINTRON.....               | 22 | pirmella 1/35.....            | 43     | prednisolone acetate.....     | 49     |
| penicillamine.....           | 39 | pirmella 7/7/7.....           | 43     | prednisolone acetate p-f..... | 49     |
| penicillin v potassium.....  | 13 | piroxicam.....                | 11     | prednisolone sodium           |        |
| PENTACEL.....                | 46 | PKU EASY.....                 | 48     | phosphate.....                | 40, 49 |
| pentamidine isethionate..... | 20 | PKU EASY MICROTABS...         | 48     | prednisone.....               | 40     |
| PENTASA.....                 | 47 | PLEGRIDY.....                 | 27     | prednisone intensol.....      | 40     |
| pentazocine-naloxone hcl..   | 11 | PLEGRIDY STARTER              |        | pregabalin.....               | 27     |
| pentoxifylline er.....       | 25 | PACK.....                     | 27     | PREMARIN.....                 | 43     |
| perindopril erbumine.....    | 25 | PNEUMOVAX 23.....             | 46     | PREMPHASE.....                | 43     |
| perlogard.....               | 27 | pnv prenatal plus             |        | PREMPRO.....                  | 43     |
| permethrin.....              | 20 | multivit+dha.....             | 37     | prenatal.....                 | 37     |
| perphenazine.....            | 16 | pocket spacer.....            | 48     | prenatal multi +dha.....      | 37     |
| PHENACTIN AA PLUS.....       | 48 | podocon.....                  | 30     | prenatal plus iron.....       | 37     |
| phenazo.....                 | 39 | podofilox.....                | 30     | PREPOPIK.....                 | 38     |
| phenazopyridine hcl.....     | 39 | polycin.....                  | 50     | PREVACID SOLUTAB.....         | 37     |
| phenelzine sulfate.....      | 16 | polymyxin b-trimethoprim...   | 50     | prevalite.....                | 26     |
| phenobarbital.....           | 15 | POMALYST.....                 | 19     | preventeza.....               | 43     |
| phenobarbital-belladonna     |    | portia-28.....                | 43     | PREVIDENT.....                | 28     |
| alk.....                     | 38 | posaconazole.....             | 17     | prevident.....                | 28     |
| phenohydro.....              | 38 | pot bicarb-pot chloride.....  | 37     | PREVIDENT 5000                |        |
| phenoxybenzamine hcl.....    | 25 | potassium bicarbonate.....    | 37     | BOOSTER PLUS.....             | 27     |
| PHENYLADE DRINK MIX..        | 48 | potassium chloride.....       | 37     | PREVIDENT 5000 DRY            |        |
| PHENYLADE GMP                |    | potassium chloride crys er..  | 37     | MOUTH.....                    | 27     |
| READY.....                   | 48 | potassium chloride er.....    | 37     | PREVIDENT 5000                |        |
| phenylephrine hcl.....       | 50 | potassium citrate er.....     | 37     | ENAMEL PROTECT.....           | 27     |
| PHENYTEK.....                | 15 | potassium citrate-citric acid | 37     | PREVIDENT 5000 ORTHO          |        |
| phenytoin.....               | 15 | PRALUENT.....                 | 25     | DEFENSE.....                  | 27     |
| phenytoin infatabs.....      | 15 | pramipexole                   |        | PREVIDENT 5000 PLUS....       | 27     |
| phenytoin sodium             |    | dihydrochloride.....          | 21     | PREVIDENT 5000                |        |
| extended.....                | 15 | PRAMOSONE.....                | 30     | SENSITIVE.....                | 28     |

|                              |    |                             |    |                            |        |
|------------------------------|----|-----------------------------|----|----------------------------|--------|
| previfem.....                | 43 | PROQUAD.....                | 46 | RESTASIS.....              | 51     |
| PREVNAR 13.....              | 46 | protriptyline hcl.....      | 16 | RESTASIS MULTIDOSE....     | 51     |
| PREZCOBIX.....               | 22 | PROVENTIL HFA.....          | 53 | RETROVIR.....              | 22     |
| PREZISTA.....                | 22 | pseudoephedrine-            |    | REVLIMID.....              | 19     |
| primaquine phosphate.....    | 20 | bromphen-dm.....            | 52 | REYATAZ.....               | 22     |
| primidone.....               | 15 | PULMICORT FLEXHALER.        | 53 | RHOPRESSA.....             | 50     |
| PRO COMFORT SPACER           |    | pulmosal.....               | 52 | ribavirin.....             | 22     |
| ADULT.....                   | 48 | PULMOZYME.....              | 53 | RIDAURA.....               | 45     |
| PRO COMFORT SPACER           |    | PURIXAN.....                | 19 | rifabutin.....             | 18     |
| CHILD.....                   | 48 | pyrazinamide.....           | 18 | rifampin.....              | 18     |
| PRO COMFORT SPACER           |    | pyridostigmine bromide..... | 17 | riluzole.....              | 27     |
| INFANT.....                  | 48 | pyridostigmine bromide er.. | 17 | rimantadine hcl.....       | 22     |
| PROAIR HFA.....              | 52 | pyrimethamine.....          | 20 | RINVOQ.....                | 45     |
| PROAIR RESPICLICK.....       | 53 | QBRELIS.....                | 26 | risedronate sodium.....    | 47     |
| probenecid.....              | 17 | qc aspirin low dose.....    | 11 | risperidone.....           | 21     |
| PROCARE                      |    | qc magnesium citrate.....   | 38 | ritonavir.....             | 22     |
| SPACER/ADULT MASK.....       | 48 | QUADRACEL.....              | 46 | rivastigmine.....          | 15     |
| PROCARE                      |    | quetiapine fumarate.....    | 21 | rivastigmine tartrate..... | 15     |
| SPACER/CHILD MASK.....       | 48 | quetiapine fumarate er..... | 21 | rivelsa.....               | 43     |
| prochlorperazine.....        | 16 | QUFLORA PEDIATRIC.....      | 37 | rizatriptan benzoate.....  | 17     |
| prochlorperazine edisylate.. | 16 | QUILLICHEW ER.....          | 27 | ROCKLATAN.....             | 50     |
| prochlorperazine maleate...  | 16 | QUILLIVANT XR.....          | 27 | ropinirole hcl.....        | 21     |
| PROCTOFOAM HC.....           | 47 | quinapril hcl.....          | 26 | ropinirole hcl er.....     | 21     |
| procto-med hc.....           | 47 | quinapril-                  |    | rosadan.....               | 30     |
| procto-pak.....              | 47 | hydrochlorothiazide.....    | 26 | rosuvastatin calcium.....  | 26     |
| proctosol hc.....            | 47 | quinidine gluconate er..... | 26 | ROTARIX.....               | 46     |
| proctozone-hc.....           | 47 | quinidine sulfate.....      | 26 | ROTATEQ.....               | 46     |
| PROCYSBI.....                | 39 | quinine sulfate.....        | 20 | roweepra.....              | 15     |
| PRODIGY NO CODING            |    | QVAR REDIHALER.....         | 53 | roweepra xr.....           | 15     |
| BLOOD GLUC.....              | 34 | ra one daily.....           | 37 | ROZLYTREK.....             | 19     |
| PROFERRIN-FORTE.....         | 37 | rabeprazole sodium.....     | 38 | RUBRACA.....               | 19     |
| progesterone.....            | 43 | raloxifene hcl.....         | 40 | RYBELSUS.....              | 31     |
| progesterone micronized....  | 43 | ramelteon.....              | 53 | RYDAPT.....                | 19     |
| PROGLYCEM.....               | 35 | ramipril.....               | 26 | SABRIL.....                | 15     |
| PROGRAF.....                 | 45 | ranolazine er.....          | 26 | salsalate.....             | 11     |
| PROLENSA.....                | 49 | RAPAMUNE.....               | 45 | SANDIMMUNE.....            | 45     |
| PROMACTA.....                | 23 | rasagiline mesylate.....    | 21 | SANTYL.....                | 30     |
| promethazine hcl.....        | 51 | RAVICTI.....                | 39 | SAPHRIS.....               | 21     |
| promethazine-codeine.....    | 51 | reclipsen.....              | 43 | SAVELLA.....               | 27     |
| promethazine-dm.....         | 51 | RECOMBIVAX HB.....          | 46 | SAVELLA TITRATION          |        |
| promethazine-phenyleph-      |    | REGRANEX.....               | 30 | PACK.....                  | 27     |
| codeine.....                 | 51 | RELION BLOOD                |    | scopolamine.....           | 16     |
| promethazine-                |    | GLUCOSE TEST.....           | 34 | SECURESAFE                 |        |
| phenylephrine.....           | 51 | RELION PREMIER              |    | HYPODERMIC NEEDLE          |        |
| promethegan.....             | 51 | CLASSIC.....                | 34 | .....                      | 36, 48 |
| propafenone hcl.....         | 26 | RELION PREMIER TEST...      | 34 | selegiline hcl.....        | 21     |
| propafenone hcl er.....      | 26 | RELION ULTIMA TEST.....     | 34 | selenium sulfide.....      | 30     |
| propantheline bromide.....   | 38 | RELISTOR.....               | 38 | SELZENTRY.....             | 22     |
| proparacaine hcl.....        | 51 | repaglinide.....            | 31 | SENSIPAR.....              | 47     |
| propranolol hcl.....         | 26 | REPATHA.....                | 26 | SEREVENT DISKUS.....       | 53     |
| propranolol hcl er.....      | 26 | REPATHA PUSHTRONEX          |    | sertraline hcl.....        | 16     |
| propranolol-hctz.....        | 26 | SYSTEM.....                 | 26 | setlakin.....              | 43     |
| propylthiouracil.....        | 44 | REPATHA SURECLICK.....      | 26 | sevelamer carbonate.....   | 39     |

|                                 |        |                                 |        |                             |        |
|---------------------------------|--------|---------------------------------|--------|-----------------------------|--------|
| sevelamer hcl.....              | 39     | stavudine.....                  | 22     | SYMLINPEN 60.....           | 31     |
| sf.....                         | 28     | STELARA.....                    | 45     | SYMTUZA.....                | 22     |
| sf 5000 plus.....               | 28     | STIMATE.....                    | 40     | SYNJARDY.....               | 31     |
| sharobel.....                   | 43     | STIOLTO RESPIMAT.....           | 53     | SYNRIBO.....                | 19     |
| SHINGRIX.....                   | 46     | STIVARGA.....                   | 19     | SYNTHROID.....              | 44     |
| SIGNIFOR.....                   | 40     | STRENSIQ.....                   | 39     | SYPRINE.....                | 37     |
| sildenafil citrate.....         | 39, 53 | STRIBILD.....                   | 22     | SYRINGE LUER LOCK.....      | 48     |
| SILENOR.....                    | 53     | SUBOXONE.....                   | 12     | SYRINGE LUER SLIP.....      | 48     |
| silodosin.....                  | 39     | subvenite.....                  | 15     | TACLONEX.....               | 30     |
| silver sulfadiazine.....        | 13     | subvenite starter kit-blue..... | 15     | tacrolimus.....             | 30, 45 |
| SIMBRINZA.....                  | 50     | subvenite starter kit-green..   | 15     | tadalafil.....              | 39     |
| simliya.....                    | 43     | subvenite starter kit-orange    | 15     | TAFINLAR.....               | 19     |
| simpesse.....                   | 43     | sucralfate.....                 | 38     | TAGRISSE.....               | 19     |
| SIMPONI.....                    | 45     | SULCONAZOLE NITRATE.....        | 17     | TALTZ.....                  | 45     |
| simvastatin.....                | 26     | sulfacetamide sodium... 30,     | 49     | TALZENNA.....               | 19     |
| sirolimus.....                  | 45     | sulfacetamide sodium            |        | tamoxifen citrate.....      | 19     |
| SIRTURO.....                    | 18     | (acne).....                     | 30     | tamsulosin hcl.....         | 39     |
| SKYLA.....                      | 43     | sulfacetamide sodium-           |        | TARCEVA.....                | 19     |
| SKYRIZI (150 MG DOSE)..         | 45     | sulfur.....                     | 30     | TARGRETIN.....              | 19     |
| SLYND.....                      | 43     | sulfacetamide-                  |        | tarina 24 fe.....           | 43     |
| sod citrate-citric acid.....    | 37     | prednisolone.....               | 51     | tarina fe 1/20.....         | 43     |
| sodium chloride.....            | 52     | sulfacetamide-sulfur in         |        | tarina fe 1/20 eq.....      | 43     |
| sodium fluoride.....            | 28, 37 | urea.....                       | 30     | taron-crystals.....         | 37     |
| sodium fluoride 5000 plus... 28 |        | sulfadiazine.....               | 13     | TASIGNA.....                | 19     |
| sodium fluoride 5000 ppm.. 28   |        | sulfamethoxazole-               |        | TAYTULLA.....               | 43     |
| sodium fluoride 5000            |        | trimethoprim.....               | 13     | tazarotene.....             | 30     |
| sensitive.....                  | 28     | sulfasalazine.....              | 47     | TAZORAC.....                | 30     |
| sodium phenylbutyrate.....      | 39     | sulfatrim pediatric.....        | 13     | taztia xt.....              | 26     |
| sodium polystyrene              |        | sulindac.....                   | 11     | TAZVERIK.....               | 19     |
| sulfonate.....                  | 37     | sumatriptan.....                | 17     | TDVAX.....                  | 46     |
| sodium sulfacetamide            |        | sumatriptan succinate.....      | 17     | TECFIDERA.....              | 27     |
| wash.....                       | 30     | sumatriptan succinate refill.   | 17     | TEGRETOL.....               | 15     |
| SODIUM                          |        | SUPRAX.....                     | 13, 14 | TEGRETOL-XR.....            | 15     |
| SULFACETAMIDE WASH..            | 30     | SUPREP BOWEL PREP               |        | TEKTRUNA HCT.....           | 26     |
| solifenacin succinate.....      | 39     | KIT.....                        | 38     | telmisartan.....            | 26     |
| SOMAVERT.....                   | 40     | SURESTEP PRO HIGH               |        | telmisartan-hctz.....       | 26     |
| sorine.....                     | 26     | GLUCOSE.....                    | 34     | temazepam.....              | 54     |
| sotalol hcl.....                | 26     | SURESTEP PRO LOW                |        | TEMIXYS.....                | 22     |
| sotalol hcl (af).....           | 26     | GLUCOSE.....                    | 34     | TEMODAR.....                | 19     |
| spinosad.....                   | 20     | SURESTEP PRO                    |        | temozolomide.....           | 20     |
| SPIRIVA HANDIHALER....          | 53     | NORMAL GLUCOSE.....             | 34     | tencon.....                 | 11     |
| SPIRIVA RESPIMAT.....           | 53     | SUSTIVA.....                    | 22     | TENIVAC.....                | 46     |
| spironolactone.....             | 26     | SUTENT.....                     | 19     | tenofovir disoproxil        |        |
| spironolactone-hctz.....        | 26     | syeda.....                      | 43     | fumarate.....               | 22     |
| sprintec 28.....                | 43     | SYLATRON.....                   | 22     | terazosin hcl.....          | 39     |
| SPRYCEL.....                    | 19     | SYMAX DUOTAB.....               | 38     | terbinafine hcl.....        | 17     |
| sps.....                        | 37     | symax-sl.....                   | 38     | terbutaline sulfate.....    | 53     |
| sronyx.....                     | 43     | symax-sr.....                   | 38     | terconazole.....            | 17     |
| ssd.....                        | 13     | SYMBICORT.....                  | 53     | testosterone.....           | 40     |
| SSKI.....                       | 52     | SYMFI.....                      | 22     | testosterone cypionate..... | 40     |
| sss 10-5.....                   | 30     | SYMFI LO.....                   | 22     | testosterone enanthate..... | 40     |
| ST JOSEPH LOW DOSE... 11        |        | SYMJEPI.....                    | 53     | tetrabenazine.....          | 27     |
| STAMARIL.....                   | 46     | SYMLINPEN 120.....              | 31     | tetracaine hcl.....         | 51     |

|                               |        |                            |        |                               |    |
|-------------------------------|--------|----------------------------|--------|-------------------------------|----|
| tetracycline hcl.....         | 14     | trazodone hcl.....         | 16     | TRUE METRIX PRO               |    |
| TEXACORT.....                 | 30     | TRELEGY ELLIPTA.....       | 53     | BLOOD GLUCOSE.....            | 34 |
| THALOMID.....                 | 20     | TREMFYA.....               | 45     | TRUETRACK TEST.....           | 34 |
| THEO-24.....                  | 53     | TRESIBA.....               | 36     | TRULICITY.....                | 31 |
| theophylline.....             | 53     | TRESIBA FLEXTOUCH.....     | 36     | TRUMENBA.....                 | 46 |
| theophylline er.....          | 53     | tretinoin.....             | 20, 30 | TRUVADA.....                  | 22 |
| thioridazine hcl.....         | 21     | tretinoin microsphere..... | 30     | tulana.....                   | 44 |
| thiothixene.....              | 21     | tretinoin microsphere pump | 31     | TURALIO.....                  | 20 |
| tiadylt er.....               | 26     | tri femynor.....           | 43     | TWINRIX.....                  | 46 |
| tiagabine hcl.....            | 15     | triamcinolone acetonide    | 28, 31 | TYBOST.....                   | 22 |
| TIBSOVO.....                  | 20     | triamterene-hctz.....      | 26     | tydemy.....                   | 44 |
| tilia fe.....                 | 43     | triazolam.....             | 23     | TYKERB.....                   | 20 |
| timolol maleate.....          | 26, 50 | TRICARE PRENATAL           |        | TYMLOS.....                   | 47 |
| TIMOPTIC OCUDOSE.....         | 50     | DHA ONE.....               | 37     | TYPHIM VI.....                | 46 |
| tinidazole.....               | 14     | tricitrates.....           | 37     | TYVASO.....                   | 53 |
| TIROSINT.....                 | 44     | tricon.....                | 37     | TYVASO REFILL.....            | 53 |
| TIVICAY.....                  | 22     | triderm.....               | 31     | TYVASO STARTER.....           | 53 |
| tizanidine hcl.....           | 53     | trientine hcl.....         | 37     | UCERIS.....                   | 47 |
| TOBI NEBULIZER.....           | 53     | tri-estarylla.....         | 43     | UNISTRIP CONTROL.....         | 34 |
| TOBI PODHALER.....            | 53     | trifluoperazine hcl.....   | 21     | unithroid.....                | 44 |
| TOBRADEX.....                 | 51     | trifluridine.....          | 49     | UPTRAVI.....                  | 53 |
| tobramycin.....               | 49, 53 | trihexyphenidyl hcl.....   | 21     | urea.....                     | 31 |
| tobramycin-                   |        | tri-legest fe.....         | 43     | uremez-40.....                | 31 |
| dexamethasone.....            | 51     | TRILEPTAL.....             | 15     | uribel.....                   | 39 |
| TOBREX.....                   | 49     | tri-linyah.....            | 43     | uro-mp.....                   | 39 |
| TODAY SPONGE.....             | 48     | tri-lo-estarylla.....      | 43     | ursodiol.....                 | 38 |
| tolbutamide.....              | 31     | tri-lo-marzia.....         | 43     | valacyclovir hcl.....         | 22 |
| tolcapone.....                | 21     | tri-lo-mili.....           | 43     | VALCHLOR.....                 | 20 |
| tolmetin sodium.....          | 11     | tri-lo-sprintec.....       | 43     | valganciclovir hcl.....       | 22 |
| tolterodine tartrate.....     | 39     | trilyte.....               | 38     | valproic acid.....            | 15 |
| tolterodine tartrate er.....  | 39     | trimethobenzamide hcl..... | 16     | valsartan.....                | 26 |
| TOPAMAX.....                  | 15     | trimethoprim.....          | 14     | valsartan-                    |    |
| TOPAMAX SPRINKLE.....         | 15     | tri-mili.....              | 43     | hydrochlorothiazide.....      | 26 |
| topiramate.....               | 15     | trimipramine maleate.....  | 16     | vancomycin hcl.....           | 14 |
| toremifene citrate.....       | 20     | TRINTELLIX.....            | 16     | vandazole.....                | 14 |
| torse mide.....               | 26     | tri-previfem.....          | 44     | VAQTA.....                    | 46 |
| TOUJEO MAX                    |        | tri-sprintec.....          | 44     | VARIVAX.....                  | 46 |
| SOLOSTAR.....                 | 36     | TRIUMEQ.....               | 22     | VASCEPA.....                  | 26 |
| TOUJEO SOLOSTAR.....          | 36     | trivora (28).....          | 44     | VAXCHORA.....                 | 46 |
| tovet.....                    | 30     | tri-vylibra.....           | 44     | VCF VAGINAL                   |    |
| TRACLEER.....                 | 53     | tri-vylibra lo.....        | 44     | CONTRACEPTIVE.....            | 48 |
| TRADJENTA.....                | 31     | TRIZIVIR.....              | 22     | vcf vaginal contraceptive.... | 48 |
| tramadol hcl er.....          | 11     | tropicamide.....           | 51     | VECAMYL.....                  | 26 |
| tramadol hcl er (biphasic)... | 11     | trospium chloride.....     | 39     | velivet.....                  | 44 |
| tramadol hcl ir.....          | 11     | trospium chloride er.....  | 39     | VEMLIDY.....                  | 22 |
| tramadol-acetaminophen....    | 11     | TRUE FOCUS BLOOD           |        | VENCLEXTA.....                | 20 |
| trandolapril.....             | 26     | GLUCOSE METER.....         | 34     | VENCLEXTA STARTING            |    |
| trandolapril-verapamil hcl    |        | TRUE METRIX BLOOD          |        | PACK.....                     | 20 |
| er.....                       | 26     | GLUCOSE TEST.....          | 34     | venlafaxine hcl.....          | 16 |
| tranexamic acid.....          | 23     | TRUE METRIX LEVEL 1....    | 34     | venlafaxine hcl er.....       | 16 |
| tranylcypramine sulfate.....  | 16     | TRUE METRIX LEVEL 2....    | 34     | VENTAVIS.....                 | 53 |
| TRAVATAN Z.....               | 50     | TRUE METRIX LEVEL 3....    | 34     | VENTOLIN HFA.....             | 53 |
| travoprost (bak free).....    | 50     |                            |        | verapamil hcl.....            | 26 |



|                                 |    |                           |                           |    |
|---------------------------------|----|---------------------------|---------------------------|----|
| verapamil hcl er.....           | 26 | WIDE-SEAL DIAPHRAGM       | zolpidem tartrate.....    | 54 |
| VERZENIO.....                   | 20 | 80.....                   | zolpidem tartrate er..... | 54 |
| VIBERZI.....                    | 38 | WIDE-SEAL DIAPHRAGM       | ZONEGRAN.....             | 15 |
| VIBRAMYCIN.....                 | 14 | 85.....                   | zonisamide.....           | 15 |
| VICTOZA.....                    | 31 | WIDE-SEAL DIAPHRAGM       | ZORTRESS.....             | 45 |
| vienna.....                     | 44 | 90.....                   | ZOSTAVAX.....             | 46 |
| vigabatrin.....                 | 15 | WIDE-SEAL DIAPHRAGM       | zovia 1/35e (28).....     | 44 |
| vigadrone.....                  | 15 | 95.....                   | zumandimine.....          | 44 |
| VIIBRYD.....                    | 16 | wixela inhub.....         | ZYDELIG.....              | 20 |
| VIIBRYD STARTER PACK.....       | 16 | wp thyroid.....           | ZYKADIA.....              | 20 |
| vilamit mb.....                 | 39 | wymzya fe.....            | ZYLET.....                | 51 |
| VIMPAT.....                     | 15 | XALKORI.....              | ZYTIGA.....               | 20 |
| viorele.....                    | 44 | XARELTO.....              |                           |    |
| VIRACEPT.....                   | 22 | XARELTO STARTER           |                           |    |
| VIRAMUNE.....                   | 22 | PACK.....                 |                           |    |
| VIRAMUNE XR.....                | 22 | XATMEP.....               |                           |    |
| VIREAD.....                     | 22 | XELJANZ.....              |                           |    |
| VIRT-FEFA PLUS.....             | 37 | XELJANZ XR.....           |                           |    |
| virt-phos 250 neutral.....      | 37 | XELODA.....               |                           |    |
| virtussin ac w/alc.....         | 52 | XERMELO.....              |                           |    |
| vitamin d (ergocalciferol)..... | 37 | XIFAXAN.....              |                           |    |
| VITATHELY WITH                  |    | XIIDRA.....               |                           |    |
| GINGER.....                     | 37 | XOFLUZA (40 MG DOSE)..... |                           |    |
| VITRAKVI.....                   | 20 | XOFLUZA (80 MG DOSE)..... |                           |    |
| VIVAGUARD INO                   |    | XOPENEX HFA.....          |                           |    |
| CONTROL SOLUTION.....           | 34 | XOSPATA.....              |                           |    |
| VIVAGUARD INO                   |    | XPOVIO (100 MG ONCE       |                           |    |
| GLUCOSE METER.....              | 34 | WEEKLY).....              |                           |    |
| VIVAGUARD INO TEST              |    | XPOVIO (60 MG ONCE        |                           |    |
| STRIPS.....                     | 34 | WEEKLY).....              |                           |    |
| VIVAGUARD LANCING               |    | XPOVIO (80 MG ONCE        |                           |    |
| DEVICE.....                     | 34 | WEEKLY).....              |                           |    |
| VIVOTIF.....                    | 46 | XPOVIO (80 MG TWICE       |                           |    |
| VIZIMPRO.....                   | 20 | WEEKLY).....              |                           |    |
| volnea.....                     | 44 | XTANDI.....               |                           |    |
| voriconazole.....               | 17 | xulane.....               |                           |    |
| VOTRIENT.....                   | 20 | YF-VAX.....               |                           |    |
| VRAYLAR.....                    | 21 | YONSA.....                |                           |    |
| vyfemla.....                    | 44 | yuvafem.....              |                           |    |
| vylibra.....                    | 44 | zafirlukast.....          |                           |    |
| VYVANSE.....                    | 27 | zaleplon.....             |                           |    |
| warfarin sodium.....            | 14 | zarah.....                |                           |    |
| wera.....                       | 44 | ZARONTIN.....             |                           |    |
| westhroid.....                  | 44 | ZEJULA.....               |                           |    |
| WIDE-SEAL DIAPHRAGM             |    | ZELBORAF.....             |                           |    |
| 60.....                         | 48 | zenatane.....             |                           |    |
| WIDE-SEAL DIAPHRAGM             |    | ZENPEP.....               |                           |    |
| 65.....                         | 48 | ZIAGEN.....               |                           |    |
| WIDE-SEAL DIAPHRAGM             |    | zidovudine.....           |                           |    |
| 70.....                         | 48 | ziprasidone hcl.....      |                           |    |
| WIDE-SEAL DIAPHRAGM             |    | ZIRGAN.....               |                           |    |
| 75.....                         | 49 | ZOLINZA.....              |                           |    |
|                                 |    | zolmitriptan.....         |                           |    |