

Essential Health Benefits Formulary

4th Quarter 2023

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Table of Contents

What is my prescription drug coverage?	3
What is the Baylor Scott & White Health Plan Group Choice Formulary?3	
How was the formulary created and how are new medications reviewed?.....	4
Does the formulary ever change?	4
How am I notified of changes to the formulary?.....	4
What are brand-name and generic drugs?.....	5
What is generic substitution?	5
What are specialty drugs?	5
What are pharmaceutical management procedures?	5
Are there any restrictions on my coverage?	6
How do I request an exception to the BSWHP formulary?.....	6
What drugs are not covered by my prescription drug benefit?.....	7
Are medications administered by my doctor covered under the prescription drug benefit?.....	7
How much medication does my copayment cover and does my plan cover maintenance medications?	7
How can I save money on prescriptions?	7
Contraceptive Coverage	8

Preventive Care Medications & Medications Covered Under Health Care Reform	8
Smoking Cessation Medication Coverage	8
Diabetic Supplies.....	9
Oral Oncology Split Fill Program.....	9
Naloxone \$0 Copay Program.....	9

What is my prescription drug coverage?

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

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

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

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

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

information regarding drugs as well as new drugs recently approved by the FDA.

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

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

Does the formulary ever change?

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

- Generic forms of the brand drug become available. The brand-name medication may no longer be covered when a generic is available. The generic medication may be covered at the lower copayment.
- New drugs may be added by the P&T Committee.
- A drug may be withdrawn from the market by the FDA.
- A drug becomes available without a prescription (becomes available over-the-counter), then the drug may be removed from the formulary. Often, drugs available over-the-counter are not covered under the prescription benefit.

How am I notified of changes to the formulary?

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

What are brand-name and generic drugs?

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

What is generic substitution?

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

What are specialty drugs?

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

What are pharmaceutical management procedures?

Pharmaceutical management procedures are processes that help ensure safe and appropriate use of drugs and ensure access to cost-

effective therapy options. As part of such processes, restrictions (described in the following section) may be applied to certain drugs.

Are there any restrictions on my coverage?

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

How do I request an exception to the BSWHP formulary?

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

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

What drugs are not covered by my prescription drug benefit?

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

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

Are medications administered by my doctor covered under the prescription drug benefit?

Most medications that are administered by healthcare professionals are not covered under the prescription drug benefit but may be covered under your medical benefit.

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

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

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

How can I save money on prescriptions?

Review your *Plan Benefit Documents* for prescription copays and deductible information. Generic medications will usually be the lowest

copayment option: ask your provider or pharmacist whether your prescription can be filled with a generic medication.

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

Contraceptive Coverage

As specified by health care reform, women must have access to a full range of FDA-approved contraceptive methods and plans must cover without cost sharing at least one form of contraception in each of the FDA identified methods.

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

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

Preventive Care Medications & Medications Covered Under Health Care Reform

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

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

Smoking Cessation Medication Coverage

All FDA approved tobacco cessation medications, including prescription and over-the-counter medications, are allowed at \$0 cost-share per the Patient Protection and Affordable Care Act

(PPACA). You are limited to 2 smoking cessation attempts per year, up to 180 days total. These medications are noted as preventive drugs (PV). Please note some drugs may be subject to step therapy or prior authorization.

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

Diabetic Supplies

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

Oral Oncology Split Fill Program

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

Naloxone \$0 Copay Program


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

Reading your formulary

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

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.

Drug Tier	Includes	Helpful Tips
Tier CM	 Oral Chemotherapy	Oral chemotherapy drugs may have a designated copayment or coinsurance based on state laws or client preference.
Tier 1	\$ Generic	Use Tier 1 generic drugs, instead of brand name drugs, to help reduce your out-of-pocket costs.
Tier 2	\$\$ Preferred	Preferred brand-name drugs will generally have lower copayments than non-preferred brand-name drugs.
Tier 3	\$\$\$ Non-Preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
Tier 4	\$\$\$\$ Specialty	Tier 4 is generally highest in copayment and cost. These drugs are sometimes used to treat complex and chronic conditions and may require special monitoring and handling.

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.

M	Authorized generic or co-branded product
PA	Prior Authorization – Your doctor is required to provide additional information to determine coverage.
PV	Preventive drugs – May have coverage and no copayments when health care reform requirements are met.
PV*	Preventive drugs – Available at \$0 if prior authorization is approved.
QL	Quantity Limit – Medication may be limited to a certain quantity.
ST	Step Therapy – Trial of lower-cost medication(s) is required before a higher-cost medication can be covered.

EHB Formulary

Table of Contents

Analgesics	13	Antimyasthenic Agents	22
Nonsteroidal Anti-inflammatory Drugs.....	13	Parasympathomimetics.....	22
Opioid Analgesics, Long-acting.....	13	Antimycobacterials	22
Opioid Analgesics, Short-acting.....	14	Antimycobacterials, Other.....	22
Anesthetics	15	Antituberculars.....	22
Local Anesthetics.....	15	Antineoplastics	22
Anti-Addiction/Substance Abuse		Alkylating Agents.....	22
Treatment Agents	15	Antiandrogens.....	22
Alcohol Deterrents/Anti-craving.....	15	Antiangiogenic Agents.....	23
Opioid Dependence Treatments.....	15	Antiestrogens/Modifiers.....	23
Opioid Reversal Agents.....	15	Antimetabolites.....	23
Smoking Cessation Agents.....	15	Antineoplastics, Other.....	23
Antibacterials	16	Aromatase Inhibitors, 3rd Generation.....	23
Aminoglycosides.....	16	Enzyme Inhibitors.....	23
Antibacterials, Other.....	16	Molecular Target Inhibitors.....	23
Beta-lactam, Cephalosporins.....	16	Monoclonal Antibody/Antibody-Drug	
Beta-lactam, Penicillins.....	17	Conjugate.....	24
Carbapenems.....	17	Retinoids.....	24
Macrolides.....	17	Treatment Adjuncts.....	24
Quinolones.....	17	Antiparasitics	24
Sulfonamides.....	18	Anthelmintics.....	24
Tetracyclines.....	18	Antiprotozoals.....	25
Anticonvulsants	18	Pediculicides/Scabicides.....	25
Anticonvulsants, Other.....	18	Antiparkinson Agents	25
Calcium Channel Modifying Agents.....	18	Anticholinergics.....	25
Gamma-aminobutyric Acid (GABA)		Antiparkinson Agents, Other.....	25
Augmenting Agents.....	18	Dopamine Agonists.....	25
Glutamate Reducing Agents.....	19	Dopamine Precursors/L-Amino Acid	
Sodium Channel Agents.....	19	Decarboxylase Inhibitors.....	25
Antidementia Agents	19	Monoamine Oxidase B (MAO-B) Inhibitors.....	25
Cholinesterase Inhibitors.....	19	Antipsychotics	25
N-methyl-D-aspartate (NMDA) Receptor		1st Generation/Typical.....	25
Antagonist.....	19	2nd Generation/Atypical.....	25
Antidepressants	19	Treatment-Resistant.....	26
Antidepressants, Other.....	19	Antivirals	26
Monoamine Oxidase Inhibitors.....	19	Anti-cytomegalovirus (CMV) Agents.....	26
SSRI/SNRI (Selective Serotonin Reuptake		Anti-hepatitis B (HBV) Agents.....	26
Inhibitors/Serotonin and Norepinephrine		Anti-hepatitis C (HCV) Agents.....	26
Reuptake Inhibitors).....	20	Antitherpetic Agents.....	26
Tricyclics.....	20	Anti-HIV Agents, Integrase Inhibitors	
Antiemetics	20	(INSTI).....	26
Antiemetics, Other.....	20	Anti-HIV Agents, Non-nucleoside Reverse	
Emetogenic Therapy Adjuncts.....	20	Transcriptase Inhibitors (NNRTI).....	26
Antifungals	21	Anti-HIV Agents, Nucleoside and	
Antigout Agents	21	Nucleotide Reverse Transcriptase	
Antimigraine Agents	22	Inhibitors (NRTI).....	27
Calcitonin Gene-Related Peptide (CGRP)		Anti-HIV Agents, Other.....	27
Receptor Antagonist.....	22	Anti-HIV Agents, Protease Inhibitors.....	27
Ergot Alkaloids.....	22	Anti-influenza Agents.....	27
Serotonin (5-HT) Receptor Agonists.....	22	Anxiolytics	27

Anxiolytics, Other	27	Irritable Bowel Syndrome Agents	38
Benzodiazepines	28	Laxatives	38
Bipolar Agents	28	Protectants	39
Mood Stabilizers	28	Proton Pump Inhibitors	39
Blood Glucose Monitoring	28	Genetic or Enzyme Disorder:	
Blood Glucose Regulators	29	Replacement, Modifiers, Treatment	39
Antidiabetic Agents	29	Genitourinary Agents	40
Glycemic Agents	29	Antispasmodics, Urinary	40
Insulins	29	Benign Prostatic Hypertrophy Agents	40
Blood Products and Modifiers	30	Genitourinary Agents, Other	40
Anticoagulants	30	Hormonal Agents,	
Blood Formation Modifiers	30	Stimulant/Replacement/Modifying	
Hemostasis Agents	30	(Adrenal)	40
Platelet Modifying Agents	31	Hormonal Agents,	
Cardiovascular Agents	31	Stimulant/Replacement/Modifying	
Alpha-adrenergic Agonists	31	(Pituitary)	42
Alpha-adrenergic Blocking Agents	31	Hormonal Agents,	
Angiotensin II Receptor Antagonists	31	Stimulant/Replacement/Modifying	
Angiotensin-converting Enzyme (ACE)		(Prostaglandins)	42
Inhibitors	31	Hormonal Agents,	
Antiarrhythmics	31	Stimulant/Replacement/Modifying (Sex	
Beta-adrenergic Blocking Agents	31	Hormones/Modifiers)	42
Calcium Channel Blocking Agents	32	Androgens	42
Cardiovascular Agents, Other	32	Estrogens	43
Diuretics, Carbonic Anhydrase Inhibitors ...	33	Progestins	45
Diuretics, Loop	33	Selective Estrogen Receptor Modifying	
Diuretics, Potassium-sparing	33	Agents	46
Diuretics, Thiazide	33	Hormonal Agents,	
Dyslipidemics, Fibric Acid Derivatives	33	Stimulant/Replacement/Modifying	
Dyslipidemics, HMG CoA Reductase		(Thyroid)	46
Inhibitors	33	Hormonal Agents, Suppressant (Adrenal)	46
Dyslipidemics, Other	33	Hormonal Agents, Suppressant (Pituitary)	46
Vasodilators, Direct-acting Arterial	34	Hormonal Agents, Suppressant (Thyroid)	47
Vasodilators, Direct-acting Arterial/Venous	34	Antithyroid Agents	47
Central Nervous System Agents	34	Immunological Agents	47
Attention Deficit Hyperactivity Disorder		Angioedema Agents	47
Agents, Amphetamines	34	Immune Suppressants	47
Attention Deficit Hyperactivity Disorder		Immunoglobulins	48
Agents, Non-amphetamines	34	Immunomodulators	48
Central Nervous System, Other	34	Vaccines	48
Fibromyalgia Agents	34	Inflammatory Bowel Disease Agents	49
Multiple Sclerosis Agents	34	Aminosalicylates	49
Dental and Oral Agents	35	Glucocorticoids	49
Dermatological Agents	35	Sulfonamides	50
Electrolytes/Minerals/Metals/Vitamins	36	Metabolic Bone Disease Agents	50
Electrolyte/Mineral Replacement	36	Miscellaneous Therapeutic Agents	50
Electrolyte/Mineral/Metal Modifiers	37	Ophthalmic Agents	53
Phosphate Binders	37	Aminoglycosides	53
Vitamins	37	Antibacterials, Other	54
Gastrointestinal Agents	38	Anti-cytomegalovirus (CMV) Agents	54
Antispasmodics, Gastrointestinal	38	Antifungals	54
Gastrointestinal Agents, Other	38	Antiherpetic Agents	54
Histamine2 (H2) Receptor Antagonists	38	Macrolides	54

Ophthalmic Agents, Other	54
Ophthalmic Anti-allergy Agents	54
Ophthalmic Antiglaucoma Agents	54
Ophthalmic Anti-inflammatories	55
Ophthalmic Prostaglandin and Prostanoid	
Analog	55
Quinolones	55
Sulfonamides	55
Otic Agents	55
Respiratory Tract/Pulmonary Agents	56
Antihistamines	56
Anti-inflammatories, Inhaled	
Corticosteroids	56
Antileukotrienes	56
Bronchodilators, Anticholinergic	56
Bronchodilators, Sympathomimetic	56
Cystic Fibrosis Agents	57
Phosphodiesterase Inhibitors, Airways	
Disease	57
Pulmonary Antihypertensives	57
Pulmonary Fibrosis Agents	57
Respiratory Tract Agents, Other	58
Skeletal Muscle Relaxants	58
Sleep Disorder Agents	58
GABA Receptor Modulators	58
Sleep Disorders, Other	58
Wakefulness Promoting Agents	58
Index of Drugs	59

Drug Name	Drug Tier	Notes
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
aspirin 81 oral tablet delayed release	1	PV
aspirin adult low dose	1	PV
aspirin adult low strength	1	PV
aspirin childrens	1	PV
aspirin ec low dose	1	PV
aspirin ec low strength	1	PV
aspirin low dose	1	PV
aspirin oral	1	PV
aspirin regimen	1	PV
celecoxib oral	1	QL
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	3	
diclofenac sodium external gel 1 %	1	QL
diclofenac sodium external solution 1.5 %	1	PA
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
diflunisal oral	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
flurbiprofen oral	1	
genuine aspirin	1	PV
goodsense aspirin adults	1	PV
goodsense aspirin low dose	1	PV
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral	1	

Drug Name	Drug Tier	Notes
ketoprofen oral	1	
ketorolac tromethamine injection	1	
ketorolac tromethamine intramuscular	1	
ketorolac tromethamine oral	1	QL
mefenamic acid oral	3	
meloxicam oral tablet	1	
mm aspirin	1	PV
nabumetone oral	1	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin	1	
piroxicam oral	1	
ST JOSEPH LOW DOSE	3	PV
sulindac oral	1	
tolmetin sodium	1	
Opioid Analgesics, Long-acting		
buprenorphine	3	PA; QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 75 mcg/hr	3	PA; QL
fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr	1	PA; QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	3	PA; QL
hydromorphone hcl er	3	PA; QL
methadone hcl intensol	1	
methadone hcl oral concentrate	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
methadone hcl oral solution	1		fentanyl citrate buccal lozenge on a handle	3	PA; QL
methadone hcl oral tablet	1	PA	hydrocodone-acetaminophen	1	QL
mitigo	3		hydrocodone-ibuprofen oral tablet 10-200 mg	3	QL
morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg	3	PA; QL	hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg	1	QL
morphine sulfate er oral tablet extended release 15 mg, 30 mg	1	PA; QL	hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	3	
NUCYNTA ER	3	PA; QL	hydromorphone hcl oral liquid	3	QL
OXYCONTIN	2	PA; QL	hydromorphone hcl oral tablet	1	QL
oxymorphone hcl er	3	PA; QL	hydromorphone hcl pf	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	3	PA; QL	morphine sulfate (concentrate)	1	QL
tramadol hcl er	3	PA; QL	morphine sulfate (pf) injection solution 0.5 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml	3	
XTAMPZA ER	2	PA; QL	morphine sulfate (pf) injection solution 10 mg/ml, 8 mg/ml	1	
Opioid Analgesics, Short-acting			morphine sulfate (pf) intravenous solution 2 mg/ml, 4 mg/ml	3	
acetaminophen-codeine	1	QL	morphine sulfate injection solution 2 mg/ml, 4 mg/ml	3	
ascomp-codeine	3		morphine sulfate intravenous solution 4 mg/ml	3	
bac	1		morphine sulfate oral	1	QL
butalbital-acetaminophen oral tablet 50-325 mg	1		NUCYNTA	3	PA; QL
butalbital-apap-caff-cod	3		oxycodone hcl oral capsule	1	QL
butalbital-apap-caffeine oral tablet	1		oxycodone hcl oral solution	1	QL
butalbital-asa-caff-codeine	3		oxycodone hcl oral tablet	1	QL
butalbital-aspirin-caffeine	1				
butorphanol tartrate injection	1				
butorphanol tartrate nasal	3	QL			
codeine sulfate	1	QL			
DURAMORPH INJECTION SOLUTION 0.5 MG/ML	3				
endocet	1	QL			

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

Drug Name	Drug Tier	Notes
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
oxymorphone hcl	1	QL
pentazocine-naloxone hcl	3	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
Anesthetics		
Local Anesthetics		
glydo	1	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine hcl urethral/mucosal	1	
lidocaine viscous hcl	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium	3	
disulfiram oral	3	
naltrexone hcl oral	1	
VIVITROL	4	
Opioid Dependence Treatments		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	3	QL

Drug Name	Drug Tier	Notes
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
Opioid Reversal Agents		
KLOXXADO	2	
naloxone hcl injection	1	
naloxone hcl nasal	1	
NARCAN	2	
Smoking Cessation Agents		
bupropion hcl er (smoking det)	1	PV; QL
goodsense nicotine mouth/throat lozenge 4 mg	1	PV; QL
habitrol	1	PV; QL
NICORETTE MOUTH/THROAT GUM 2 MG	3	PV; QL
NICORETTE MOUTH/THROAT LOZENGE 4 MG	3	PV; QL
nicotine mini	1	PV; QL
nicotine polacrilex mini	1	PV; QL
nicotine polacrilex mouth/throat	1	PV; QL
nicotine step 1	1	PV; QL
nicotine step 2	1	PV; QL
nicotine step 3	1	PV; QL
nicotine transdermal kit	1	PV; QL
nicotine transdermal patch 24 hour 21 mg/24hr	1	PV; QL
NICOTROL	3	ST; PV; QL
NICOTROL NS	3	ST; PV; QL
varenicline tartrate	1	PV; QL
varenicline tartrate (starter)	1	PV; QL

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

Drug Name	Drug Tier	Notes
Antibacterials		
Aminoglycosides		
gentamicin sulfate external	1	
neomycin sulfate oral	1	
streptomycin sulfate intramuscular	3	
Antibacterials, Other		
aztreonam	1	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate in d5w	1	
clindamycin phosphate injection	1	
clindamycin phosphate vaginal	1	
daptomycin intravenous solution reconstituted 350 mg	1	
daptomycin intravenous solution reconstituted 500 mg	3	
iodine tincture external tincture 2 %	1	
linezolid in sodium chloride	1	
linezolid intravenous	1	
linezolid oral	3	QL
mafenide acetate external	1	
methenamine hippurate	3	
metronidazole intravenous	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
mupirocin external	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	

Drug Name	Drug Tier	Notes
nitrofurantoin monohydrate macrocrystals	1	
polymyxin b sulfate injection	1	
silver sulfadiazine external	1	
ssd	1	
trimethoprim oral	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 100 gm, 500 mg, 750 mg	1	
vancomycin hcl oral	3	
VANDAZOLE	1	
XEPI	3	
XIFAXAN	3	PA
Beta-lactam, Cephalosporins		
cefaclor	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	3	
cefazolin sodium injection solution reconstituted 1 gm, 2 gm, 500 mg	1	
cefazolin sodium intravenous solution reconstituted 1 gm	1	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	1	
cefdinir	1	
cefepime hcl injection	3	
cefepime hcl intravenous solution 1 gm/50ml	3	
cefepime hcl intravenous solution reconstituted 2 gm	3	

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

Drug Name	Drug Tier	Notes
cefotetan disodium	1	
cefoxitin sodium	1	
cefepodoxime proxetil	3	
cefprozil	1	
ceftazidime injection	1	
ceftazidime intravenous	1	
ceftriaxone sodium injection	1	
ceftriaxone sodium intravenous	1	
cefuroxime axetil	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted	1	
tazicef injection	1	
tazicef intravenous solution reconstituted	1	
Beta-lactam, Penicillins		
amoxicillin	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 250-62.5 mg/5ml	3	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	1	
ampicillin	1	
ampicillin sodium	1	
ampicillin-sulbactam sodium	1	

Drug Name	Drug Tier	Notes
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	3	
BICILLIN L-A	3	
dicloxacillin sodium	1	
nafcillin sodium	1	
penicillin g potassium injection solution reconstituted 20000000 unit	1	
penicillin v potassium	1	
piperacillin sodium-tazobactam sodium intravenous solution reconstituted 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1	
Carbapenems		
ertapenem sodium	3	
imipenem-cilastatin	3	
VABOMERE	3	
Macrolides		
azithromycin intravenous	1	
azithromycin oral	1	
clarithromycin oral suspension reconstituted	3	
clarithromycin oral tablet	1	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	
erythromycin base oral	3	
erythromycin ethylsuccinate oral	3	
erythromycin oral	3	
Quinolones		
BAXDELA ORAL	3	
CIPRO ORAL SUSPENSION RECONSTITUTED	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
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
ciprofloxacin in d5w	3	
levofloxacin intravenous	3	
levofloxacin oral solution	3	
levofloxacin oral tablet	1	
moxifloxacin hcl in nacl	1	
moxifloxacin hcl oral	1	
ofloxacin oral	3	
Sulfonamides		
sulfadiazine oral	3	
sulfamethoxazole-trimethoprim	1	
sulfatrim pediatric	1	
Tetracyclines		
avidoxy	1	
demeclocycline hcl	3	
doxy 100	1	
doxycycline hyclate intravenous	1	
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 suspension reconstituted	3	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
MINOCIN	3	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
tetracycline hcl oral	3	

Drug Name	Drug Tier	Notes
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL	3	ST
EPIDIOLEX	4	PA
levetiracetam er	3	
levetiracetam in nacl intravenous solution 250 mg/50ml	1	
levetiracetam oral	1	
roweepra	1	
Calcium Channel Modifying Agents		
CELONTIN	3	
ethosuximide oral capsule	1	
ethosuximide oral solution	3	
methsuximide	1	
zonisamide oral	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral tablet	2	PA
DIACOMIT	4	PA
diazepam rectal	3	QL
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
NAYZILAM	3	
pentobarbital sodium injection	1	
phenobarbital oral	1	
phenobarbital sodium injection	1	
primidone oral tablet 250 mg, 50 mg	1	
tiagabine hcl	3	
valproate sodium intravenous	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
valproic acid oral	1	
Glutamate Reducing Agents		
FYCOMPA	3	
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	
subvenite	1	
topiramate oral capsule sprinkle 15 mg	1	
topiramate oral capsule sprinkle 25 mg	3	
topiramate oral tablet	1	
Sodium Channel Agents		
carbamazepine er	3	
carbamazepine oral	1	
DILANTIN ORAL CAPSULE 30 MG	3	
epitol	1	
fosphenytoin sodium injection solution 500 mg pe/10ml	1	
lacosamide oral solution	1	
lacosamide oral tablet	3	
oxcarbazepine oral suspension	3	
oxcarbazepine oral tablet	1	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended oral capsule 100 mg	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	3	
phenytoin sodium injection	1	

Drug Name	Drug Tier	Notes
rufinamide	3	PA
VIMPAT ORAL SOLUTION	3	
Antidementia Agents		
Cholinesterase Inhibitors		
donepezil hcl	1	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
rivastigmine	3	
rivastigmine tartrate	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl er	3	QL
memantine hcl oral solution	3	
memantine hcl oral tablet	1	
Antidepressants		
Antidepressants, Other		
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	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	1	
perphenazine-amitriptyline	3	
Monoamine Oxidase Inhibitors		
EMSAM	3	ST; QL
MARPLAN	3	
phenelzine sulfate oral	3	
tranylcypromine sulfate	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
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	3	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST; QL
FETZIMA TITRATION	3	ST; QL
fluoxetine hcl oral capsule	1	
fluvoxamine maleate	3	
fluvoxamine maleate er	3	QL
paroxetine hcl oral tablet	1	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	3	PA; QL
VIIBRYD STARTER PACK	3	PA; QL
vilazodone hcl	1	PA; QL
Tricyclics		
amitriptyline hcl oral	3	
amoxapine	3	
clomipramine hcl oral	3	

Drug Name	Drug Tier	Notes
desipramine hcl oral	3	
doxepin hcl oral capsule	3	
doxepin hcl oral concentrate	3	
imipramine hcl oral	1	
nortriptyline hcl oral capsule	1	
nortriptyline hcl oral solution	3	
trimipramine maleate oral	3	
Antiemetics		
Antiemetics, Other		
compro	3	
dimenhydrinate injection	1	
droperidol injection	1	
meclizine hcl oral tablet 12.5 mg, 25 mg	1	
metoclopramide hcl injection	1	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
perphenazine oral	2	
prochlorperazine	3	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	3	
promethegan rectal suppository 12.5 mg, 25 mg	3	
scopolamine	2	
Emetogenic Therapy Adjuncts		
ANZEMET	3	QL
aprepitant oral capsule 125 mg, 40 mg, 80 mg	3	QL
dronabinol	3	PA; QL

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

Drug Name	Drug Tier	Notes
fosaprepitant dimeglumine	1	
granisetron hcl intravenous	1	
granisetron hcl oral	1	QL
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
Antifungals		
ABELCET	3	
amphotericin b intravenous	1	
amphotericin b liposome	3	
caspofungin acetate	3	
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone external cream	1	
clotrimazole-betamethasone external lotion	3	
econazole nitrate external	1	
ERTACZO	3	PA
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1	
fluconazole oral	1	
flucytosine oral	1	

Drug Name	Drug Tier	Notes
griseofulvin microsize oral	3	
griseofulvin ultramicrosize	3	
GYNAZOLE-1	3	
itraconazole oral capsule	3	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
LULICONAZOLE	3	PA
miconazole 3	1	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	3	
nystatin-triamcinolone	1	
nystop	1	
SULCONAZOLE NITRATE EXTERNAL CREAM	3	PA
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
voriconazole oral tablet	3	PA
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol sodium	1	
colchicine tablet 0.6 mg oral	1	
colchicine tablet 0.6 mg oral	1	Made by Par
colchicine-probenecid	2	
febuxostat	3	ST
probenecid	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
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY	2	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL
Ergot Alkaloids		
dihydroergotamine mesylate injection	3	PA; QL
Serotonin (5-HT) Receptor Agonists		
almotriptan malate	3	QL
eletriptan hydrobromide	3	QL
naratriptan hcl	1	QL
rizatriptan benzoate	1	QL
sumatriptan nasal	3	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution	1	QL
sumatriptan succinate subcutaneous solution auto-injector	3	QL
zolmitriptan oral tablet	1	QL
zolmitriptan oral tablet dispersible	3	QL
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide oral tablet	1	

Drug Name	Drug Tier	Notes
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	3	
rifabutin	3	
Antituberculars		
cycloserine oral	1	
ethambutol hcl oral	3	
isoniazid injection	1	
isoniazid oral	1	
PRIFTIN	3	
pyrazinamide oral	1	
rifampin intravenous	1	
rifampin oral	2	
SIRTURO	3	
TRECTOR	3	
Antineoplastics		
Alkylating Agents		
busulfan	4	
cyclophosphamide injection	4	
cyclophosphamide oral capsule	CM	
CYCLOPHOSPHAMIDE ORAL TABLET	CM	
GLEOSTINE	CM	
LEUKERAN	CM	
MATULANE	CM	
melphalan	CM	
melphalan hcl	4	
MYLERAN	CM	
temozolomide	CM	PA
ZANOSAR	4	
Antiandrogens		
abiraterone acetate	CM	PA
bicalutamide	CM	
ORGOVYX	CM	PA
XTANDI	CM	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
Antiangiogenic Agents		
lenalidomide	CM	PA
POMALYST	CM	PA
REVLIMID	CM	PA
THALOMID	CM	PA
Antiestrogens/Modifiers		
EMCYT	CM	
ORSERDU	CM	PA
tamoxifen citrate oral tablet 10 mg	CM	
tamoxifen citrate oral tablet 20 mg	CM	PV*
toremifene citrate	CM	
Antimetabolites		
capecitabine	CM	PA
decitabine	4	PA
DROXIA	3	
fludarabine phosphate	4	
fluorouracil intravenous	4	
hydroxyurea oral	CM	
mercaptopurine oral	CM	
XELODA	3	PA
Antineoplastics, Other		
AMELUZ	3	
daunorubicin hcl	4	
diclofenac sodium external gel 3 %	1	ST; QL
ETHYOL	4	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
IXEMPRA KIT	4	
leucovorin calcium injection solution reconstituted	1	
leucovorin calcium oral	CM	
mitomycin intravenous	4	

Drug Name	Drug Tier	Notes
mitoxantrone hcl	4	PA
mutamycin	4	
NINLARO	CM	PA
ONUREG	CM	PA
paclitaxel	4	
PIQRAY	CM	PA
PROLEUKIN	4	
ROZLYTREK	CM	PA
SYNRIBO	4	PA
ZOLINZA	CM	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole oral	CM	PV*
ARIMIDEX	3	
exemestane	CM	PV*
letrozole oral	CM	
Enzyme Inhibitors		
etoposide oral	CM	
HYCAMTIN ORAL	CM	
RUBRACA	CM	PA
Molecular Target Inhibitors		
ALECENSA	CM	PA
BELEODAQ	4	PA
BOSULIF	CM	PA
CABOMETYX	CM	PA
CAPRELSA ORAL TABLET 100 MG	CM	PA; QL
CAPRELSA ORAL TABLET 300 MG	CM	PA
COMETRIQ	CM	PA
COTELLIC	CM	PA
ERIVEDGE	CM	PA
erlotinib hcl oral tablet 100 mg, 150 mg	CM	PA
erlotinib hcl oral tablet 25 mg	CM	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
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	CM	PA; QL	STIVARGA	CM	PA
everolimus oral tablet soluble	CM	PA	sunitinib malate	CM	PA
GILOTRIF	CM	PA; QL	TABRECTA	CM	PA
IBRANCE	CM	PA	TAFINLAR ORAL CAPSULE	CM	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	CM	PA; QL	TAGRISSE ORAL TABLET 40 MG	CM	PA; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	CM	PA	TAGRISSE ORAL TABLET 80 MG	CM	PA
imatinib mesylate	CM	PA	TASIGNA	CM	PA
IMBRUVICA ORAL CAPSULE	CM	PA; QL	TUKYSA	CM	PA
IMBRUVICA ORAL SUSPENSION	CM	PA	TURALIO	CM	PA
IMBRUVICA ORAL TABLET	CM	PA; QL	VENCLEXTA	CM	PA
INLYTA	CM	PA	VENCLEXTA STARTING PACK	CM	PA
JAKAFI ORAL TABLET 10 MG, 5 MG	CM	PA; QL	VOTRIENT	CM	PA
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	CM	PA	XALKORI	CM	PA
KOSELUGO	CM	PA	ZELBORAF	CM	PA
lapatinib ditosylate	CM	PA	ZYDELIG	CM	PA
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	CM	PA	ZYKADIA	CM	PA
LYNPARZA	CM	PA	Monoclonal Antibody/Antibody-Drug Conjugate		
MEKINIST ORAL TABLET	CM	PA	ADCETRIS	4	PA
NEXAVAR	CM	PA	ENHERTU	4	PA
QINLOCK	CM	PA	RITUXAN	4	PA
RETEVMO	CM	PA	RITUXAN HYCELA	4	PA
RYDAPT	CM	PA	RUXIENCE	4	PA
sorafenib tosylate	CM	PA	Retinoids		
SPRYCEL	CM	PA	bexarotene external	4	PA
			bexarotene oral	CM	PA
			TARGRETIN EXTERNAL	4	PA
			tretinoin oral	CM	
			Treatment Adjuncts		
			MESNEX ORAL	CM	
			Antiparasitics		
			Anthelmintics		
			albendazole oral	3	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
EMVERM	2	
ivermectin oral	3	
praziquantel oral	3	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED	3	
atovaquone	3	
atovaquone-proguanil hcl oral tablet 250-100 mg	3	
atovaquone-proguanil hcl oral tablet 62.5-25 mg	1	
BENZNIDAZOLE	3	
chloroquine phosphate oral	3	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	
mefloquine hcl	1	
nitazoxanide oral	3	
PLAQUENIL	3	
primaquine phosphate	1	
pyrimethamine oral	4	PA
Pediculicides/Scabicides		
CROTAN	3	
malathion	3	
permethrin external	1	
spinosad	3	
sulfurated lime	1	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate	1	
trihexyphenidyl hcl	1	
Antiparkinson Agents, Other		
amantadine hcl oral capsule	1	
amantadine hcl oral solution	1	

Drug Name	Drug Tier	Notes
entacapone	3	
tolcapone	1	
Dopamine Agonists		
apomorphine hcl subcutaneous	4	PA; QL
bromocriptine mesylate oral	3	
NEUPRO	3	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
ropinirole hcl er	3	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral	3	
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate oral	3	
selegiline hcl oral	1	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl oral tablet	3	
fluphenazine hcl oral tablet	3	
haloperidol decanoate intramuscular	1	
haloperidol lactate	1	
haloperidol oral	1	
loxapine succinate	3	
pimozide	3	
thioridazine hcl oral	1	
thiothixene	3	
trifluoperazine hcl	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	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
aripiprazole oral tablet	1	QL
asenapine maleate	3	QL
FANAPT	3	ST; QL
FANAPT TITRATION PACK	3	ST; QL
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA	3	PA; QL
lurasidone hcl	1	PA; QL
olanzapine intramuscular	3	
olanzapine oral tablet	1	QL
paliperidone er	3	QL
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
RISPERDAL CONSTA	3	
risperidone oral tablet	1	QL
ziprasidone hcl	3	QL
Treatment-Resistant		
clozapine oral tablet	3	QL
Antivirals		
LAGEVRIO	3	QL
PAXLOVID (150/100)	3	QL
PAXLOVID (300/100)	3	QL
Anti-cytomegalovirus (CMV) Agents		
cidofovir intravenous	1	
valganciclovir hcl	3	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	3	
BARACLUDGE ORAL SOLUTION	3	QL
entecavir	1	QL
lamivudine oral tablet 100 mg	1	

Drug Name	Drug Tier	Notes
Anti-hepatitis C (HCV) Agents		
EPCLUSA	4	PA; QL
HARVONI	4	PA; QL
MAVYRET	4	PA; QL
PEGASYS	4	PA
ribavirin oral	4	
ZEPATIER	4	PA; QL
Antiherpetic Agents		
acyclovir external ointment	1	
acyclovir oral capsule	1	
acyclovir oral suspension	3	
acyclovir oral tablet	1	
acyclovir sodium	1	
famciclovir oral	1	
valacyclovir hcl oral	1	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	3	QL
DOVATO	2	QL
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
TIVICAY	2	
TIVICAY PD	2	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	3	QL
EDURANT	3	
efavirenz	3	
efavirenz-emtricitab-tenofo df	3	QL
efavirenz-lamivudine-tenofovir	3	QL
etravirine	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
INTELENCE ORAL TABLET 25 MG	3	
nevirapine	3	
nevirapine er	3	
PIFELTRO	3	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate oral solution	3	
abacavir sulfate oral tablet	1	
abacavir sulfate-lamivudine	3	QL
CIMDUO	2	QL
emtricitabine	3	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	3	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	3	PV*; QL
EMTRIVA ORAL SOLUTION	2	
lamivudine oral solution	3	
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine	3	QL
ODEFSEY	3	QL
tenofovir disoproxil fumarate	1	PV*
TRIUMEQ	2	QL
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG	3	
VIREAD ORAL TABLET 200 MG, 250 MG	2	
zidovudine	3	

Drug Name	Drug Tier	Notes
Anti-HIV Agents, Other		
FUZEON	2	
maraviroc	1	PA
RUKOBIA	2	
SELZENTRY ORAL SOLUTION	2	PA
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	PA
Anti-HIV Agents, Protease Inhibitors		
atazanavir sulfate	3	
darunavir	1	
EVOTAZ	2	QL
fosamprenavir calcium	3	
lopinavir-ritonavir oral solution	3	
lopinavir-ritonavir oral tablet 100-25 mg	1	
lopinavir-ritonavir oral tablet 200-50 mg	3	
NORVIR ORAL PACKET	2	
PREZCOBIX	2	QL
PREZISTA	2	
REYATAZ ORAL PACKET	2	
ritonavir	3	
SYM TUZA	3	QL
Anti-influenza Agents		
oseltamivir phosphate oral	3	QL
RELENZA DISKHALER	3	QL
rimantadine hcl	1	
TAMIFLU	3	QL
Anxiolytics		
Anxiolytics, Other		
bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg	1	
hydroxyzine hcl oral	1	

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

Drug Name	Drug Tier	Notes
hydroxyzine pamoate oral capsule 100 mg	3	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	1	
meprobamate	3	
Benzodiazepines		
alprazolam er	2	QL
alprazolam oral tablet	1	QL
alprazolam xr	2	QL
chlordiazepoxide hcl	1	QL
clonazepam oral tablet	1	QL
diazepam intensol	2	
diazepam oral concentrate	2	
diazepam oral solution	2	
diazepam oral tablet	1	
lorazepam injection	1	
lorazepam intensol	3	QL
lorazepam oral concentrate 2 mg/ml	3	QL
lorazepam oral tablet	1	QL
Bipolar Agents		
Mood Stabilizers		
DEPAKOTE	3	
divalproex sodium er	1	
divalproex sodium oral capsule delayed release sprinkle	3	
divalproex sodium oral tablet delayed release	1	
lithium carbonate er	1	
lithium carbonate oral	1	
Blood Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	

Drug Name	Drug Tier	Notes
CEQUR SIMPLICITY 2U 10PK	2	
CHEMSTRIP 10 MD	3	
CHEMSTRIP 10/SG	3	
CHEMSTRIP 2 GP	3	
CHEMSTRIP 5 OB	3	
CHEMSTRIP 7	3	
CHEMSTRIP 9	3	
CHEMSTRIP K	3	
CHEMSTRIP UGK	3	
CLEVER CHOICE COMFORT EZ	2	
CONTOUR CONTROL SOLUTION	2	
CONTOUR MONITOR DEVICE	2	
CONTOUR MONITOR KIT W/DEVICE	2	
CONTOUR NEXT CONTROL SOLUTION	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT GEN MONITOR	2	
CONTOUR NEXT LINK KIT W/DEVICE	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR TEST STRIPS	2	QL
CVS KETONE CARE	3	
INPEN 100-BLUE-LILLY-HUMALOG	3	
INPEN 100-BLUE-NOVOLOG-FIASP	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
INPEN 100-GREY-LILLY-HUMALOG	3	
INPEN 100-GREY-NOVOLOG-FIASP	3	
INPEN 100-PINK-LILLY-HUMALOG	3	
INPEN 100-PINK-NOVOLOG-FIASP	3	
KETO-DIASTIX	3	
KETONE TEST	3	
KETOSTIX	3	
LANCETS	2	
NOVOPEN ECHO	3	
ONETOUCH DELICA PLUS LANCING	3	
ONETOUCH DELICA SAFETY LANCING	3	
VERIFINE SAFE LANCET MINI 21G	2	
VERIFINE SAFE LANCET MINI 23G	2	
VERIFINE SAFE LANCET MINI 28G	2	
VERIFINE SAFE LANCET MINI 30G	2	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral	3	
BYDUREON BCISE AUTOINJECTOR	2	ST; QL
BYETTA 10 MCG PEN	2	ST; QL
BYETTA 5 MCG PEN	2	ST; QL
FARXIGA	2	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glipizide-metformin hcl	3	

Drug Name	Drug Tier	Notes
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	3	
GLYXAMBI	2	
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	
JENTADUETO	2	ST
JENTADUETO XR	2	ST
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
nateglinide	3	
OZEMPIC	2	ST; QL
pioglitazone hcl	1	
repaglinide	3	
RYBELSUS	2	ST; QL
SOLIQUA	2	ST; QL
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	ST
TRULICITY	2	ST; QL
VICTOZA	2	ST; QL
XIGDUO XR	2	
XULTOPHY	2	ST; QL
Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
diazoxide oral	1	
glucagon emergency kit	1	
GLUCAGON EMERGENCY KIT	2	Made by Fresenius
Insulins		
HUMALOG	2	
HUMALOG KWIKPEN	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
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	2	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	2	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	2	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	2	
HUMULIN R VIAL	2	
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LEVEMIR FLEXPEN	3	PA
LEVEMIR U-100 VIAL	3	PA
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	3	PA
TRESIBA FLEXTOUCH	3	PA
Blood Products and Modifiers		
SOLIRIS	4	PA
Anticoagulants		
dabigatran etexilate mesylate	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	3	
fondaparinux sodium	3	

Drug Name	Drug Tier	Notes
heparin sodium (porcine) injection solution prefilled syringe	1	
heparin sodium (porcine) pf injection solution 5000 unit/ml	3	
jantoven	1	
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Blood Formation Modifiers		
anagrelide hcl	3	
ARANESP (ALBUMIN FREE)	4	PA
EPOGEN	4	PA
MOZOBIL	4	PA; QL
NEULASTA	4	PA
NEULASTA ONPRO	4	PA
NIVESTYM	4	PA
plerixafor	4	PA; QL
PROCRIT	4	PA
PROMACTA	4	PA
PYRUKYND	4	PA; QL
PYRUKYND TAPER PACK	4	PA; QL
REBLOZYL	4	PA
RETACRIT	4	PA
Hemostasis Agents		
ALPHANATE	4	
aminocaproic acid oral tablet	3	
COAGADEX	4	
CORIFACT	4	
ELOCTATE	4	
FEIBA	4	

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
HEMLIBRA	4	
HUMATE-P	4	
NOVOEIGHT	4	
NOVOSEVEN RT	4	
NUWIQ	4	
OBIZUR	4	
RECOMBINATE	4	
RIASTAP	4	
RIXUBIS	4	
XYNTHA	4	
XYNTHA SOLOFUSE	4	
Platelet Modifying Agents		
aspirin-dipyridamole er	3	
BRILINTA	2	
CABLIVI	4	PA; QL
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	2	
prasugrel hcl	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl oral	1	
guanfacine hcl	1	
midodrine hcl	1	
Alpha-adrenergic Blocking Agents		
doxazosin mesylate oral	1	
phenoxybenzamine hcl oral	3	PA
prazosin hcl oral	1	
Angiotensin II Receptor Antagonists		
irbesartan	1	
losartan potassium oral	1	
olmesartan medoxomil oral	1	

Drug Name	Drug Tier	Notes
telmisartan oral tablet 20 mg	1	
telmisartan oral tablet 40 mg, 80 mg	2	
valsartan oral tablet	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl oral	1	
enalapril maleate oral tablet	1	
fosinopril sodium	1	
lisinopril oral	1	
quinapril hcl	1	
ramipril	1	
trandolapril	1	
Antiarrhythmics		
amiodarone hcl oral tablet 200 mg	1	
disopyramide phosphate	3	
dofetilide	3	
flecainide acetate	1	
mexiletine hcl oral	3	
procainamide hcl injection solution 100 mg/ml	3	
propafenone hcl	1	
quinidine sulfate	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
Beta-adrenergic Blocking Agents		
acebutolol hcl oral	2	
atenolol oral	1	
betaxolol hcl oral	1	
bisoprolol fumarate oral	1	
carvedilol	1	
labetalol hcl oral	1	
metoprolol succinate 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
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
nebivolol hcl	3	
pindolol	3	
propranolol hcl er	3	
propranolol hcl intravenous	1	
propranolol hcl oral	1	
Calcium Channel Blocking Agents		
amlodipine besylate oral	1	
cartia xt	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl oral	1	
dilt-xr	1	
felodipine er	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg	1	
nifedipine er oral tablet extended release 24 hour 90 mg	3	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	3	
nimodipine oral	3	
taztia xt	1	

Drug Name	Drug Tier	Notes
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
Cardiovascular Agents, Other		
amiloride-hydrochlorothiazide	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	3	
amlodipine-olmesartan	3	
atenolol-chlorthalidone	1	
bisoprolol-hydrochlorothiazide	1	
digoxin oral solution	3	
digoxin oral tablet 125 mcg, 250 mcg	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO	2	QL
epinephrine injection solution	1	
epinephrine pf	1	
irbesartan-hydrochlorothiazide	1	
lisinopril-hydrochlorothiazide	1	
losartan potassium-hctz	1	
mannitol intravenous solution 20 %	3	
metyrosine	1	PA; QL
olmesartan medoxomil-hctz	1	
pentoxifylline er	1	
quinapril-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
ranolazine er	3	
spironolactone-hctz	1	
triamterene-hctz	1	
valsartan-hydrochlorothiazide	1	
VYNDAMAX	4	PA; QL
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide er	3	
acetazolamide oral	3	
Diuretics, Loop		
bumetanide oral	1	
ethacrynic acid	3	
furosemide injection	1	
furosemide oral	1	
toremide	1	
Diuretics, Potassium-sparing		
amiloride hcl oral	1	
eplerenone	3	
spironolactone oral	1	
Diuretics, Thiazide		
chlorthalidone	1	
hydrochlorothiazide oral	1	
indapamide	1	
metolazone	3	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg	3	
fenofibrate micronized oral capsule 67 mg	1	
fenofibrate oral capsule 134 mg, 200 mg	3	
fenofibrate oral capsule 67 mg	1	

Drug Name	Drug Tier	Notes
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	3	
gemfibrozil oral	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg	1	PV*
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
fluvastatin sodium	3	
lovastatin oral	1	PV
pravastatin sodium	1	
rosuvastatin calcium	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	PV*
simvastatin oral tablet 80 mg	1	
Dyslipidemics, Other		
cholestyramine light	3	
cholestyramine oral	3	
colesevelam hcl oral tablet	3	
colestipol hcl	3	
ezetimibe	1	
ezetimibe-simvastatin	3	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
niacin er (antihyperlipidemic)	3	
omega-3-acid ethyl esters	3	
prevalite	3	
REPATHA	2	PA; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; QL
REPATHA SURECLICK	2	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
Vasodilators, Direct-acting Arterial		
hydralazine hcl oral	1	
minoxidil oral	1	
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	3	
RECTIV	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL	3	QL
amphetamine sulfate	3	QL
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
dextroamphetamine sulfate er	3	QL
dextroamphetamine sulfate oral solution	3	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL
lisdexamfetamine dimesylate	1	QL
VYVANSE	2	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl	3	QL

Drug Name	Drug Tier	Notes
clonidine hcl er oral tablet extended release 12 hour	1	
CONCERTA	3	QL
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	3	QL
guanfacine hcl er	3	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	3	QL
methylphenidate hcl er oral tablet extended release	3	QL
methylphenidate hcl oral solution	3	QL
methylphenidate hcl oral tablet	1	QL
methylphenidate hcl oral tablet chewable	3	QL
Central Nervous System, Other		
riluzole	3	PA; QL
SKYCLARYS	4	PA; QL
tetrabenazine	4	PA
Fibromyalgia Agents		
pregabalin oral capsule	1	QL
pregabalin oral solution	3	QL
SAVELLA	3	ST; QL
SAVELLA TITRATION PACK	3	ST; QL
Multiple Sclerosis Agents		
AVONEX PEN	4	PA; QL
AVONEX PREFILLED	4	PA; QL
BAFIERTAM	4	PA; QL
BETASERON	4	PA; QL
COPAXONE	4	PA; QL
dalfampridine er	4	PA; QL
dimethyl fumarate oral	4	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
dimethyl fumarate starter pack	4	PA; QL
fingolimod hcl	4	PA; QL
GILENYA	4	PA; QL
glatiramer acetate	4	PA; QL
glatopa	4	PA; QL
MAYZENT	4	PA; QL
MAYZENT STARTER PACK	4	PA; QL
TYSABRI	4	PA; QL
Dental and Oral Agents		
cevimeline hcl	3	
chlorhexidine gluconate mouth/throat	1	
DEBACTEROL	3	
easygel	1	
fluoridex daily renewal	1	
kourzeq	1	
oralone	1	
periogard	1	
pilocarpine hcl oral tablet 5 mg	2	
pilocarpine hcl oral tablet 7.5 mg	3	
PREVIDENT MOUTH/THROAT	3	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm dental cream	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents		
acutane	3	
acitretin	3	
adapalene external cream	3	

Drug Name	Drug Tier	Notes
adapalene external gel 0.1 %	1	
adapalene external gel 0.3 %	3	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	3	
ammonium lactate external	1	
amnestem	3	
benzoyl peroxide-erythromycin	3	
calcipotriene external cream	3	
calcipotriene external ointment	3	
calcipotriene external solution	3	
calcitriol external	3	
CIBINQO	4	PA
claravis	3	
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %	3	
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	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
coal tar external	1	
DUPIXENT	4	PA; QL
ery	3	
erythromycin external	1	
imiquimod external cream 5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
lactic acid e	1	
lactic acid external	1	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
neuac	1	
pimecrolimus	3	ST; QL
podofilox external	1	
REGRANEX	3	PA
SANTYL	3	QL
selenium sulfide external lotion	1	
SKYRIZI INTRAVENOUS	4	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA
STELARA INTRAVENOUS	4	PA
STELARA SUBCUTANEOUS	4	PA; QL
sulfacetamide sodium (acne)	3	
tacrolimus external	3	QL
TALTZ	4	PA
tazarotene external cream	3	PA
TREMFYA	4	PA
tretinoin external cream 0.025 %, 0.05 %	2	

Drug Name	Drug Tier	Notes
tretinoin external cream 0.1 %	3	
tretinoin external gel 0.01 %, 0.025 %	3	
zenatane	3	
Electrolytes/Minerals/Minerals/Vitamins		
Electrolyte/Mineral Replacement		
carglumic acid	4	PA
corvita 150	1	
ferocon	1	
ferotinsic	1	
ferrocite plus	1	
foltrin	1	
iodine strong oral	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral packet	3	
klor-con oral tablet extended release	1	
k-tan plus	1	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
na ferric gluc cplx in sucrose	1	
polysaccharide iron forte	1	
potassium chloride cryser	1	
potassium chloride er	1	
potassium chloride intravenous solution 10 meq/50ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	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
potassium chloride oral packet	3	
potassium chloride oral solution	1	
potassium citrate er	2	
purevit dualfe plus	1	
se-tan plus	1	
sod citrate-citric acid	1	
sodium acetate intravenous solution 2 meq/ml	3	
sodium fluoride oral	1	PV
trigels-f forte	1	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	3	
deferasirox oral tablet soluble	3	PA
deferiprone	3	PA
sodium polystyrene sulfonate	1	
sps	3	
trientine hcl	4	PA
VELTASSA	3	
Phosphate Binders		
calcium acetate (phos binder)	1	
calcium acetate oral tablet 667 mg	1	
FOSRENOL ORAL PACKET	3	
sevelamer carbonate oral tablet	3	
VELPHORO	3	
Vitamins		
adc/f (0.5mg/ml)	1	
biocel	1	
bp vit 3	1	
b-plex	1	

Drug Name	Drug Tier	Notes
b-plex plus	1	
cyanocobalamin injection solution 1000 mcg/ml	1	
ergocalciferol oral capsule	1	
fabb	1	
fa-vitamin b-6-vitamin b-12	1	
folate	1	PV
folbee plus	1	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	PV
folplex 2.2	1	
hydroxocobalamin acetate	1	
lysiplex plus oral tablet	1	
MASONATAL	3	PV
multivitamin w/fluoride	1	
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
multi-vitamin/fluoride/iron	1	
NASCOBAL	3	
NEONATAL PRENATAL	3	PV
nephronex oral tablet	1	
nutrifac zx	1	
ONE VITE WOMENS	3	PV
ONE-A-DAY WOMENS PRENATAL 1	3	PV
phytonadione injection	1	
phytonadione oral	3	
prenatal multi +dha	1	PV
prenatal oral tablet 27-0.8 mg	1	PV
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral	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
prenatal/folic acid+dha	1	PV
pyridoxine hcl injection	1	
thiamine hcl injection	1	
triphrocaps	1	
tri-vite/fluoride	1	
v-c forte	1	
virt-caps	1	
vita s forte	1	
vitacel	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
vitamin k1 injection	1	
vitamins acd-fluoride	1	
vp-vite rx	1	
wescaps	1	
yl folic acid	1	PV
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
dicyclomine hcl oral	1	
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml	1	
glycopyrrolate oral solution	1	PA
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
methscopolamine bromide oral	3	
Gastrointestinal Agents, Other		
alvimopan	1	

Drug Name	Drug Tier	Notes
amoxicill-clarithro-lansopraz	3	
bis subcit-metronid-tetracyc	1	
bismuth/metronidaz/tetra cyclin	1	
cromolyn sodium oral	3	
diphenoxylate-atropine oral tablet	1	
GATTEX	4	PA
loperamide hcl oral capsule	1	
MOTTEGRITY	3	ST; QL
MOTOFEN	3	PA
OMECLAMOX-PAK	2	
PYLERA	2	
SYMPROIC	2	ST; QL
ursodiol oral capsule 300 mg	3	
ursodiol oral tablet	3	
Histamine2 (H2) Receptor Antagonists		
cimetidine oral	1	
famotidine (pf)	1	
famotidine oral suspension reconstituted	3	
famotidine oral tablet 20 mg, 40 mg	1	
nizatidine	1	
Irritable Bowel Syndrome Agents		
alosetron hcl	3	PA
LINZESS	2	ST; QL
Laxatives		
bisacodyl ec	1	PV; QL
bisacodyl oral	1	PV; QL
citroma	1	PV; QL
clearlax	1	PV; QL

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

Drug Name	Drug Tier	Notes
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	3	
constulose	1	
enulose	1	
ft clearlax	1	PV; QL
ft laxative	1	PV; QL
ft magnesium citrate	1	PV; QL
gavilax oral powder	1	PV; QL
gavilyte-c	1	PV; QL
gavilyte-g	1	PV; QL
generlac	1	
gentle laxative oral	1	PV; QL
gentlelax	1	PV; QL
glycolax	1	PV; QL
lactulose encephalopathy	1	
lactulose oral solution	1	
magnesium citrate oral solution	1	PV; QL
mineral oil heavy oral	1	
mm clearlax	1	PV; QL
na sulfate-k sulfate-mg sulf	1	QL
peg 3350-kcl-na bicarb-nacl	1	PV; QL
peg-3350/electrolytes	1	PV; QL
peg-3350/electrolytes/ascorb at	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	3	ST
polyethylene glycol 3350 oral powder	1	PV; QL
qc magnesium citrate	1	PV; QL
SUPREP BOWEL PREP KIT	3	
Protectants		
misoprostol oral	1	

Drug Name	Drug Tier	Notes
sucralfate oral tablet	1	
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule delayed release 40 mg	1	
lansoprazole oral capsule delayed release	1	QL
omeprazole oral capsule delayed release	1	QL
pantoprazole sodium intravenous	1	QL
pantoprazole sodium oral tablet delayed release	1	QL
rabeprazole sodium oral tablet delayed release	2	QL
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
betaine	4	
CERDELGA	4	PA
CHOLBAM	4	PA
CREON	2	
CYSTAGON	4	
EVRYSDI	4	PA; QL
GALAFOLD	4	PA; QL
miglustat	4	PA
MYALEPT	4	PA
nitisinone	4	PA
ORFADIN ORAL CAPSULE 20 MG	4	PA
ORFADIN ORAL SUSPENSION	4	PA
PROLASTIN-C	4	PA
REVCOVI	4	PA
sapropterin dihydrochloride	4	PA
sod benz-sod phenylacet	1	
sodium phenylbutyrate oral	4	
STRENSIQ	4	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
SUCRAID	4	
TEGSEDI	4	PA
ZENPEP	2	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er	3	
fesoterodine fumarate er	1	
flavoxate hcl	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
oxybutynin chloride er	1	
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet 5 mg	1	
solifenacin succinate	1	
tolterodine tartrate	2	
tolterodine tartrate er	2	
TOVIAZ	3	
tropium chloride	1	
tropium chloride er	3	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
silodosin	2	
tamsulosin hcl	1	
terazosin hcl	1	
Genitourinary Agents, Other		
acetic acid irrigation	1	
bethanechol chloride oral	1	
ENCARE	3	PV
glycine irrigation	1	
glycine urologic	1	

Drug Name	Drug Tier	Notes
OPTIONS GYNOL II CONTRACEPTIVE	3	PV
penicillamine oral tablet	4	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
RENACIDIN	3	
sorbitol-mannitol	1	
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL
TODAY SPONGE	3	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	3	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	3	PV
vcf vaginal contraceptive vaginal gel	1	PV
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ala-cort	1	
alclometasone dipropionate	1	
amcinonide external lotion	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	3	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
betamethasone dipropionate external lotion	1		dexamethasone oral elixir	3	
betamethasone dipropionate external ointment	3		dexamethasone oral solution	1	
betamethasone valerate external cream	1		dexamethasone oral tablet	1	
betamethasone valerate external lotion	1		dexamethasone sod phosphate pf	1	
betamethasone valerate external ointment	1		dexamethasone sodium phosphate injection	1	
clobetasol propionate external cream	3		diflorasone diacetate external cream	3	
clobetasol propionate external gel	3		fludrocortisone acetate oral	1	
clobetasol propionate external lotion	3		fluocinolone acetonide body	1	
clobetasol propionate external ointment	3		fluocinolone acetonide external cream	3	
clobetasol propionate external shampoo	3		fluocinolone acetonide external ointment	3	
clobetasol propionate external solution	3		fluocinolone acetonide external solution	1	
clodan external shampoo	3		fluocinolone acetonide scalp	1	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	3		fluocinonide emulsified base	3	
desonide external cream	3		fluocinonide external	1	
desonide external lotion	3		flurandrenolide external cream	3	
desonide external ointment	3		fluticasone propionate external cream	1	
desoximetasone external cream 0.25 %	1		fluticasone propionate external ointment	1	
desoximetasone external gel	3		halcinonide	3	ST
desoximetasone external liquid	3		halobetasol propionate external cream	3	
desoximetasone external ointment 0.25 %	3		halobetasol propionate external ointment	3	
dexamethasone intensol	1		hydrocortisone butyrate external 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
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral	1	
hydrocortisone valerate external cream	1	
KENALOG INJECTION SUSPENSION 10 MG/ML	3	
KENALOG-80	3	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
methylprednisolone oral	1	
mometasone furoate external	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml	1	QL
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG	3	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide injection suspension 40 mg/ml	1	

Drug Name	Drug Tier	Notes
triderm	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
cabergoline	1	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	4	PA
desmopressin ace spray refrig	3	
desmopressin acetate oral	3	
desmopressin acetate spray	3	
INCRELEX	4	PA
NORDITROPIN FLEXPRO	4	PA
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	4	PA
NUTROPIN AQ NUSPIN 10	4	PA
NUTROPIN AQ NUSPIN 20	4	PA
NUTROPIN AQ NUSPIN 5	4	PA
oxytocin injection	1	
PREGNYL	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
mifepristone	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol oral	3	
DEPO-TESTOSTERONE	3	PA

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Drug Name	Drug Tier	Notes
INTRAROSA	3	ST
testosterone cypionate intramuscular	1	PA
testosterone enanthate intramuscular	1	PA
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	3	PA
testosterone transdermal solution	3	PA
Estrogens		
afirmelle	1	PV
altavera	1	PV
alyacen 1/35	1	PV
alyacen 7/7/7	1	PV
amabelz	1	
amethia	1	PV; QL
amethyst	1	PV
ANNOVERA	3	PV; QL
apri	1	PV
aranelle	1	PV
ashlyna	1	PV; QL
aubra eq	1	PV
aurovela 1.5/30	1	PV
aurovela 1/20	1	PV
aurovela 24 fe	1	PV
aurovela fe 1.5/30	1	PV
aurovela fe 1/20	1	PV
aviane	1	PV
ayuna	1	PV
azurette	1	PV
balziva	1	PV
BIJUVA	3	
blisovi 24 fe	1	PV

Drug Name	Drug Tier	Notes
blisovi fe 1.5/30	1	PV
blisovi fe 1/20	1	PV
briellyn	1	PV
camrese	1	PV; QL
camrese lo	1	PV; QL
charlotte 24 fe	1	PV
chateal eq	1	PV
COMBIPATCH	3	
cryselle-28	1	PV
cyred eq	1	PV
dasetta 1/35	1	PV
dasetta 7/7/7	1	PV
daysee	1	PV; QL
delyla	1	PV
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
DIVIGEL	3	
dolishale	1	PV
dotti	1	
drospiren-eth estrad-levomefol	1	PV
drospirenone-ethinyl estradiol	1	PV
elinest	1	PV
eluryng	1	PV
enpresse-28	1	PV
enskyce	1	PV
estarylla	1	PV
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal cream	1	
estradiol vaginal tablet	3	
estradiol-norethindrone acet	1	
ethynodiol diac-eth estradiol	1	PV

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Drug Name	Drug Tier	Notes
etonogestrel-ethinyl estradiol	1	PV
falmina	1	PV
finzala	1	PV
fyavolv	2	
gemmily	1	PV
hailey 1.5/30	1	PV
hailey 24 fe	1	PV
hailey fe 1.5/30	1	PV
hailey fe 1/20	1	PV
haloette	1	PV
iclevia	1	PV; QL
introvale	1	PV; QL
isibloom	1	PV
jaimiess	1	PV; QL
jasmiel	1	PV
jinteli	2	
jolessa	1	PV; QL
joyeaux	1	PV
juleber	1	PV
junel 1.5/30	1	PV
junel 1/20	1	PV
junel fe 1.5/30	1	PV
junel fe 1/20	1	PV
junel fe 24	1	PV
kaitlib fe	1	PV
kalliga	1	PV
kariva	1	PV
kelnor 1/35	1	PV
kelnor 1/50	1	PV
kurvelo	1	PV
larin 1.5/30	1	PV
larin 1/20	1	PV
larin 24 fe	1	PV
larin fe 1.5/30	1	PV
larin fe 1/20	1	PV
layolis fe	1	PV

Drug Name	Drug Tier	Notes
leena	1	PV
lessina	1	PV
levonest	1	PV
levonorgest-eth est & eth est	1	PV; QL
levonorgest-eth estrad 91-day	1	PV; QL
levonorgest-eth estradiol-iron	1	PV
levonorgestrel-ethinyl estrad	1	PV
levonorg-eth estrad triphasic	1	PV
levora 0.15/30 (28)	1	PV
lojaimiess	1	PV; QL
loryna	1	PV
low-ogestrel	1	PV
lo-zumandimine	1	PV
luteru	1	PV
lyllana	1	
marlissa	1	PV
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
merzee	1	PV
mibelas 24 fe	1	PV
microgestin 1.5/30	1	PV
microgestin 1/20	1	PV
microgestin 24 fe	1	PV
microgestin fe 1.5/30	1	PV
microgestin fe 1/20	1	PV
mili	1	PV
mimvey	1	
mono-linyah	1	PV
NATAZIA	2	PV
necon 0.5/35 (28)	1	PV
nikki	1	PV

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Drug Name	Drug Tier	Notes
norethin ace-eth estrad-fe	1	PV
norethindrone acet-ethinyl est	1	PV
norethindrone-eth estradiol	2	
norethindron-ethinyl estrad-fe	1	PV
norethin-eth estradiol-fe	1	PV
norgestimate-eth estradiol	1	PV
norgestimate-ethinyl estradiol triphasic	1	PV
nortrel 0.5/35 (28)	1	PV
nortrel 1/35 (21)	1	PV
nortrel 1/35 (28)	1	PV
nortrel 7/7/7	1	PV
nylia 1/35	1	PV
nylia 7/7/7	1	PV
nymyo	1	PV
ocella	1	PV
philith	1	PV
pimtrea	1	PV
portia-28	1	PV
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
reclipsen	1	PV
rivelsa	1	PV; QL
setlakin	1	PV; QL
simliya	1	PV
simpesse	1	PV; QL
sprintec 28	1	PV
sronyx	1	PV
syeda	1	PV
tarina 24 fe	1	PV
tarina fe 1/20 eq	1	PV

Drug Name	Drug Tier	Notes
taysofy	1	PV
tilia fe	1	PV
tri-estarylla	1	PV
tri-legest fe	1	PV
tri-linyah	1	PV
tri-lo-estarylla	1	PV
tri-lo-marzia	1	PV
tri-lo-mili	1	PV
tri-lo-sprintec	1	PV
tri-mili	1	PV
tri-nymyo	1	PV
tri-sprintec	1	PV
trivora (28)	1	PV
tri-vylibra	1	PV
tri-vylibra lo	1	PV
tyblume	1	PV
tydemy	1	PV
velivet	1	PV
vestura	1	PV
vienva	1	PV
viorele	1	PV
volnea	1	PV
vyfemla	1	PV
vylibra	1	PV
wera	1	PV
wymzya fe	1	PV
xulane	1	PV
yuvaferm	3	
zafemy	1	PV
zovia 1/35 (28)	1	PV
zumandimine	1	PV
Progestins		
aftera	1	PV
camila	1	PV
curae	1	PV
deblitane	1	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
DEPO-SUBQ PROVERA 104	3	QL
econtra one-step	1	PV
ELLA	3	PV
errin	1	PV
heather	1	PV
her style	1	PV
incassia	1	PV
jencycla	1	PV
KYLEENA	3	PV
levonorgestrel	1	PV
LILETTA (52 MG)	3	PV
lyleq	1	PV
lyza	1	PV
medroxyprogesterone acetate intramuscular	1	PV; QL
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	CM	
megestrol acetate oral suspension 625 mg/5ml	3	
megestrol acetate oral tablet	CM	
MIRENA (52 MG)	3	PV
my choice	1	PV
my way	1	PV
new day	1	PV
NEXPLANON	3	PV
nora-be	1	PV
norethindrone acetate oral	1	
norethindrone oral	1	PV
norlyroc	1	PV
opcicon one-step	1	PV
option 2	1	PV

Drug Name	Drug Tier	Notes
progesterone intramuscular	1	
progesterone oral	1	
react	1	PV
sharobel	1	PV
SKYLA	3	PV
take action	1	PV
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	
raloxifene hcl	1	PV*
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium intravenous	1	
liothyronine sodium oral	1	
np thyroid	1	
thyroid oral	1	
unithroid	1	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	CM	
Hormonal Agents, Suppressant (Pituitary)		
leuprolide acetate injection	4	PA
LUPRON DEPOT (1-MONTH)	4	PA
LUPRON DEPOT (3-MONTH)	4	PA

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	4	PA	cyclosporine modified	1	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	4	PA	cyclosporine oral	1	
LUPRON DEPOT-PED (1-MONTH)	4	PA	CYLTEZO	4	PA
LUPRON DEPOT-PED (3-MONTH)	4	PA	CYLTEZO-CD/UC/HS STARTER	4	PA
LUPRON DEPOT-PED (6-MONTH)	4	PA	CYLTEZO-PSORIASIS STARTER	4	PA
octreotide acetate	4	PA	ENBREL	4	PA
SIGNIFOR	4	PA; QL	ENBREL MINI	4	PA
SOMATULINE DEPOT	4	PA	ENBREL SURECLICK	4	PA
SOMAVERT	4	PA	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
Hormonal Agents, Suppressant (Thyroid)			gengraf	1	
Antithyroid Agents			HUMIRA	4	PA
methimazole oral	1		HUMIRA PEDIATRIC CROHNS START	4	PA
propylthiouracil oral	2		HUMIRA PEN	4	PA
Immunological Agents			HUMIRA PEN-CD/UC/HS STARTER	4	PA
Angioedema Agents			HUMIRA PEN-PEDIATRIC UC START	4	PA
CINRYZE	4	PA	HUMIRA PEN-PS/UV/ADOL HS START	4	PA
icatibant acetate	4	PA; QL	HUMIRA PEN-PSOR/UEIT STARTER	4	PA
sajazir	4	PA; QL	HYRIMOZ	4	PA
Immune Suppressants			HYRIMOZ-CROHNS/UC STARTER PACK	4	PA
ADALIMUMAB-ADAZ	4	PA	HYRIMOZ-PED CROHNS STARTER	4	PA
AMJEVITA	4	PA	HYRIMOZ-PLAQUE PSORIASIS START	4	PA
AVSOLA	4	PA	INFLECTRA	4	PA
azathioprine oral tablet 100 mg	3		KINERET	4	PA
azathioprine oral tablet 50 mg, 75 mg	1		methotrexate oral tablet 2.5 mg	CM	
azathioprine sodium	1		methotrexate sodium (pf)	1	
CIMZIA	4	PA	methotrexate sodium injection	1	
CIMZIA STARTER KIT	4	PA			
cyclosporine intravenous	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
methotrexate sodium oral	CM		GAMMAPLEX	4	PA
mycophenolate mofetil hcl	3		GAMUNEX-C	4	PA
mycophenolate mofetil intravenous	3		HEPAGAM B	4	
mycophenolate mofetil oral capsule	1		HIZENTRA	4	PA
mycophenolate mofetil oral suspension reconstituted	3		HYPERHEP B	4	
mycophenolate mofetil oral tablet	1		HYPERRHO S/D	4	
mycophenolate sodium	1		HYQVIA	4	PA
ORENCIA CLICKJECT	4	PA	MICRHOGAM ULTRA-FILTERED PLUS	4	
ORENCIA SUBCUTANEOUS	4	PA	NABI-HB	4	
SANDIMMUNE ORAL SOLUTION	2		OCTAGAM	4	PA
SIMPONI	4	PA	PRIVIGEN	4	PA
SIMPONI ARIA	4	PA	RHOGAM ULTRA-FILTERED PLUS	4	
sirolimus oral	3		RHOPHYLAC	4	
SKYRIZI PEN	4	PA; QL	Immunomodulators		
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL	ACTEMRA ACTPEN	4	PA
tacrolimus oral	1		ACTEMRA SUBCUTANEOUS	4	PA
temsirolimus	4		ACTIMMUNE	4	PA
XELJANZ	4	PA	BENLYSTA SUBCUTANEOUS	4	PA
XELJANZ XR	4	PA	GAMIFANT	4	PA
Immunoglobulins			ILARIS	4	PA; QL
BIVIGAM	4	PA	leflunomide oral	1	
CUVITRU	4	PA	OTEZLA	4	PA
FLEBOGAMMA DIF	4	PA	RINVOQ	4	PA
GAMASTAN	4	PA	SYNAGIS	4	PA
GAMMAGARD	4	PA	ULTOMIRIS	4	PA
GAMMAGARD S/D LESS IGA	4	PA	XOLAIR	4	PA
GAMMAKED	4	PA	Vaccines		
			ABRYSVO	3	
			ACTHIB	2	PV
			ADACEL	2	PV
			AFLURIA QUADRIVALENT	2	PV
			AREXVY	3	
			BEXSERO	2	PV

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Drug Name	Drug Tier	Notes
BOOSTRIX	2	PV
DAPTACEL	2	PV
DENGVAXIA	2	PV*
ENGERIX-B	2	PV
FLUAD QUADRIVALENT	2	PV
FLUARIX QUADRIVALENT	2	PV
FLUBLOK QUADRIVALENT	2	PV
FLUCELVAX QUADRIVALENT	2	PV
FLULAVAL QUADRIVALENT	2	PV
FLUMIST QUADRIVALENT	2	PV
FLUZONE HIGH-DOSE QUADRIVALENT	2	PV
FLUZONE QUADRIVALENT	2	PV
GARDASIL 9	2	PV
HAVRIX	2	PV
HEPLISAV-B	2	PV
HIBERIX	2	PV
INFANRIX	2	PV
IPOL	2	PV
KINRIX	2	PV
MENACTRA	2	PV
MENQUADFI	2	PV
MENVEO	2	PV
M-M-R II	2	PV
NOVAVAX COVID-19 VACCINE	2	PV; QL
PEDIARIX	2	PV
PEDVAX HIB	2	PV
PENTACEL	2	PV
PNEUMOVAX 23	2	PV
PREHEVBRIO	2	PV
PREVNAR 13	2	PV

Drug Name	Drug Tier	Notes
PREVNAR 20	2	PV
PRIORIX	2	PV
PROQUAD	2	PV
QUADRACEL	2	PV
RECOMBIVAX HB	2	PV
ROTARIX	2	PV
ROTATEQ	2	PV
SHINGRIX	2	PV
TDVAX	2	PV
TENIVAC	2	PV
TETANUS-DIPHTHERIA TOXOIDS TD	2	PV
TRUMENBA	2	PV
TWINRIX	2	PV
VAQTA	2	PV
VARIVAX	2	PV
VAXELIS	2	PV
VAXNEUVANCE	2	PV
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	3	
DIPENTUM	3	
mesalamine er oral capsule 0.375 gm	3	
mesalamine oral capsule delayed release 400 mg	3	
mesalamine oral tablet delayed release 1.2 gm	3	
mesalamine rectal	3	
SFROWASA	3	
Glucocorticoids		
budesonide er	3	
budesonide oral	3	
CORTIFOAM	3	
hydrocortisone (perianal)	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
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone rectal	3	
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
Sulfonamides		
sulfasalazine oral	1	
Metabolic Bone Disease Agents		
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) injection	1	
calcitonin (salmon) nasal	1	QL
calcitriol oral	1	
cinacalcet hcl	3	PA
doxercalciferol intravenous	1	
ibandronate sodium	1	QL
pamidronate disodium	4	
paricalcitol	1	
PROLIA	4	PA; QL
risedronate sodium oral tablet 150 mg	3	QL
risedronate sodium oral tablet 30 mg	3	
risedronate sodium oral tablet 35 mg	1	QL
risedronate sodium oral tablet 5 mg	1	
risedronate sodium oral tablet delayed release	3	QL
TERIPARATIDE (RECOMBINANT)	4	PA

Drug Name	Drug Tier	Notes
XGEVA	4	PA
zoledronic acid	4	
Miscellaneous Therapeutic Agents		
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
ALCOHOL PREP PADS PAD , 70 %	3	
AQ INSULIN SYRINGE	2	
AQINJECT PEN NEEDLE	2	
AUM INSULIN SAFETY PEN NEEDLE	2	
AUM MINI INSULIN PEN NEEDLE	2	
AUM PEN NEEDLE	2	
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE	2	
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
benzalkonium chloride external solution	1	
BOTOX	3	PA; Non-Cosmetic
BREATHE COMFORT CHAMBER/ADULT	2	
BREATHE COMFORT CHAMBER/CHILD	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
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE VALVED MDI CHAMBER	2	
CAMINO PRO COMPLETE/GLYTACTIN	2	
CAYA	3	PV
CLEVER CHOICE HOLDING CHAMBER	2	
COMFORT EZ PRO PEN NEEDLES	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
CONDOMS	3	PV
deferroxamine mesylate	1	
DIASCREEN 10	3	
DIASCREEN 1B	3	
DIASCREEN 1G	3	
DIASCREEN 1K	3	
DIASCREEN 2GK	3	
DIASCREEN 2GP	3	
DIASCREEN 3	3	
DIASCREEN 4NL	3	
DIASCREEN 4OBL	3	
DIASCREEN 4PH	3	
DIASCREEN 5	3	
DIASCREEN 6	3	
DIASCREEN 7	3	
DIASCREEN 8	3	
DIASCREEN 9	3	

Drug Name	Drug Tier	Notes
DIASCREEN LIQUID URINE CONTROL	3	
DROPLET MICRON	2	
DROPSAFE ALCOHOL PREP	3	
DROPSAFE SAFETY SYRINGE/NEEDLE	2	
DUREX EXTRA SENSITIVE THIN	3	PV
EASIVENT	2	
ELECARE	3	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	
EQUACARE JR	3	
ergoloid mesylates oral	3	
FC2 FEMALE CONDOM	3	PV
FEMCAP	3	PV
FLEXICHAMBER	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
GLYTACTIN BETTERMILK 15	2	
GLYTACTIN BETTERMILK DE-LITE	2	
GLYTACTIN BUILD 10PE	2	
GLYTACTIN BUILD 20/20	2	
GLYTACTIN BUILD 20/20 PKU	2	
GLYTACTIN BURST	2	
GLYTACTIN COMPLETE 10PE	2	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
GLYTACTIN RESTORE 10	2		K-Y ME & YOU INTENSE	3	PV
GLYTACTIN RESTORE 5	2		LIPISTART	2	
GLYTACTIN RESTORE LITE 10	2		methergine	3	QL
GLYTACTIN RESTORE LITE 10PE	2		methylergonovine maleate oral	3	QL
GLYTACTIN RTD 10	2		MICROCHAMBER DEVICE	2	
GLYTACTIN RTD 15	2		NEOCATE SPLASH	3	
GLYTACTIN RTD LITE 15	2		NEOPHE	2	
GLYTACTIN SWIRL 15	2		NOVOFINE AUTOCOVER PEN NEEDLE	2	
GLYTACTIN SWIRL 15PE	2		NOVOFINE PEN NEEDLE	2	
INCONTROL ULTICARE PEN NEEDLES	2		NOVOFINE PLUS PEN NEEDLE	2	
INSPIREASE RESERVOIR BAGS	2		OMNIPOD 5 G6 INTRO (GEN 5)	2	
INSULIN PEN NEEDLES	2		OMNIPOD 5 G6 POD (GEN 5)	2	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	2		OMNIPOD CLASSIC PODS (GEN 3)	2	
J-TIP KIT W/VIAL ADAPTERS	3		OMNIPOD DASH INTRO (GEN 4)	2	
K-Y ME & YOU EXTRA LUBRICATED	3	PV	OMNIPOD DASH PDM (GEN 4)	2	
			OMNIPOD DASH PODS (GEN 4)	2	
			OPTICHAMBER DIAMOND	2	
			OPTICHAMBER DIAMOND-LG MASK	2	
			OPTICHAMBER DIAMOND-MD MASK	2	
			OPTICHAMBER DIAMOND-SM MASK	2	
			PANDA MASK LARGE	2	
			PANDA MASK MEDIUM	2	
			PANDA MASK SMALL	2	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PARAGARD INTRAUTERINE COPPER	3	PV	PURE COMFORT SAFETY PEN NEEDLE	2	
PARI VORTEX ADULT MASK	2		PURE COMFORT SPACER CHAMBER	2	
PEDIATRIC PANDA MASK	2		RAYA SURE PEN NEEDLE	2	
PHENEX-1	2		RENASTART	2	
PHENEX-2	2		SAFETY PEN NEEDLES	2	
PHENYLADE DRINK MIX	2		ULTIGUARD SAFEPACK SYR/NEEDLE	2	
PHENYLADE GMP MIX DHA/FIBER	2		VERIFINE INSULIN PEN NEEDLE	2	
PHENYLADE GMP READY	2		VERIFINE INSULIN SYRINGE	2	
PHENYLADE GMP ULTRA	2		VISTOGARD	3	
PIP PEN NEEDLES 31G X 5MM	2		VORTEX VALVED HOLDING CHAMBER	2	
PIP PEN NEEDLES 32G X 4MM	2		WIDE-SEAL DIAPHRAGM 60	3	PV
PKU EASY	2		WIDE-SEAL DIAPHRAGM 65	3	PV
PKU EASY MICROTABS	2		WIDE-SEAL DIAPHRAGM 70	3	PV
PKU EXPRESS 15 PLUS+	2		WIDE-SEAL DIAPHRAGM 75	3	PV
PKU EXPRESS 20 PLUS+	2		WIDE-SEAL DIAPHRAGM 80	3	PV
PKU SPHERE 20	2		WIDE-SEAL DIAPHRAGM 85	3	PV
PKU START	2		WIDE-SEAL DIAPHRAGM 90	3	PV
POCKET SPACER	2		WIDE-SEAL DIAPHRAGM 95	3	PV
PREKUNIL	2		XIAFLEX	4	PA
PRO COMFORT SPACER ADULT	2		ZOKINVY	4	PA; QL
PRO COMFORT SPACER CHILD	2		Ophthalmic Agents		
PRO COMFORT SPACER INFANT	2		Aminoglycosides		
PROCARE SPACER/ADULT MASK	2		gentamicin sulfate ophthalmic	1	
PROCARE SPACER/CHILD MASK	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
neomycin-polymyxin-gramicidin	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX	3	
Antibacterials, Other		
bacitracin ophthalmic	3	
bacitracin-polymyxin b ophthalmic	1	
bacitra-neomycin-polymyxin-hc	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic	1	
neo-polycin	1	
neo-polycin hc	1	
polycin	1	
polymyxin b-trimethoprim	1	
Anti-cytomegalovirus (CMV) Agents		
ZIRGAN	3	
Antifungals		
NATACYN	2	
Antiherpetic Agents		
trifluridine	3	
Macrolides		
AZASITE	3	

Drug Name	Drug Tier	Notes
erythromycin ophthalmic	1	
Ophthalmic Agents, Other		
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution 1 %	1	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	1	PA
CYSTADROPS	4	QL
CYSTARAN	4	QL
homatropaire	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
sulfacetamide-prednisolone	1	
SYFOVRE	4	PA
XIIDRA	2	PA
ZYLET	3	
Ophthalmic Anti-allergy Agents		
ALOCRIAL	3	PA
ALOMIDE	3	
altafrin	1	
azelastine hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
epinastine hcl	3	
olopatadine hcl ophthalmic	1	
phenylephrine hcl ophthalmic	1	
ZERVIAE	3	ST
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
apraclonidine hcl	1	

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Drug Name	Drug Tier	Notes
betaxolol hcl ophthalmic	1	
BETIMOL	3	
brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %	1	
brimonidine tartrate-timolol	1	
brinzolamide	3	
carteolol hcl	1	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
levobunolol hcl	1	
PHOSPHOLINE IODIDE	3	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
Ophthalmic Anti-inflammatory		
bromfenac sodium (once-daily)	3	QL
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
FLAREX	3	
fluorometholone	1	
flurbiprofen sodium	1	
ketorolac tromethamine ophthalmic	1	
loteprednol etabonate ophthalmic suspension	3	
prednisolone acetate ophthalmic	1	

Drug Name	Drug Tier	Notes
prednisolone sodium phosphate ophthalmic	1	
PROLENSA	2	QL
Ophthalmic Prostaglandin and Prostanoid Analogs		
bimatoprost ophthalmic	3	QL
latanoprost ophthalmic	1	
LUMIGAN	2	QL
tafluprost (pf)	1	QL
travoprost (bak free)	3	QL
ZIOPTAN	3	QL
Quinolones		
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
gatifloxacin ophthalmic	1	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	1	
ofloxacin ophthalmic	1	
Sulfonamides		
sulfacetamide sodium ophthalmic	1	
Otic Agents		
acetic acid otic	1	
ciprofloxacin hcl otic	3	
ciprofloxacin-dexamethasone	3	
CORTISPORIN-TC	3	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	3	
neomycin-polymyxin-hc otic	3	
ofloxacin otic	1	

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Drug Name	Drug Tier	Notes
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	QL
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
cetirizine hcl oral solution 1 mg/ml	1	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral	1	
diphenhydramine hcl injection	1	
levocetirizine dihydrochloride oral	1	
olopatadine hcl nasal	3	QL
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR HFA	2	QL
ARNUITY ELLIPTA	2	QL
BREO ELLIPTA	2	QL
budesonide inhalation	3	QL
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
flunisolide nasal	2	QL
FLUTICASONE PROPIONATE HFA	2	M; QL
fluticasone propionate nasal	1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL

Drug Name	Drug Tier	Notes
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	M; QL
PULMICORT FLEXHALER	2	QL
QVAR REDHALER	2	QL
SYMBICORT	2	QL
wixela inhub	1	QL
Antileukotrienes		
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
zafirlukast	3	
zileuton er	3	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL
ipratropium bromide inhalation	1	QL
ipratropium bromide nasal	1	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
tiotropium bromide monohydrate	2	QL
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Made by Teva; QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	QL	Phosphodiesterase Inhibitors, Airways Disease		
arformoterol tartrate	3	QL	DALIRESP ORAL TABLET 500 MCG	3	PA
epinephrine (anaphylaxis) injection solution 30 mg/30ml	1		roflumilast	1	PA
epinephrine injection solution auto-injector 0.15 mg/0.15ml	1		theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1	
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	Made by Mylan	theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	3	
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1		theophylline er oral tablet extended release 24 hour	3	
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	Made by Mylan	Pulmonary Antihypertensives		
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1		ADEMPAS	4	PA; QL
formoterol fumarate inhalation	3	QL	alyq	4	PA; QL
levabuterol hcl inhalation	3	QL	ambrisentan	4	PA; QL
SEREVENT DISKUS	2	QL	bosentan	4	PA; QL
STRIVERDI RESPIMAT	2	QL	OPSUMIT	4	PA; QL
Cystic Fibrosis Agents			sildenafil citrate oral suspension reconstituted	4	PA; QL
KALYDECO ORAL TABLET	4	PA	sildenafil citrate oral tablet 20 mg	4	PA; QL
ORKAMBI ORAL PACKET 75-94 MG	4	PA; QL	tadalafil (pah)	4	PA; QL
ORKAMBI ORAL TABLET	4	PA; QL	TRACLEER 32 MG	4	PA; QL
PULMOZYME	4	PA	treprostinil	4	PA
tobramycin nebulization solution 300 mg/5ml inhalation	4		TYVASO	4	PA; QL
			TYVASO DPI MAINTENANCE KIT	4	PA; QL
			TYVASO DPI TITRATION KIT	4	PA; QL
			TYVASO REFILL	4	PA; QL
			TYVASO STARTER	4	PA; QL
			VENTAVIS	4	PA; QL
			Pulmonary Fibrosis Agents		
			OFEV	4	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
Respiratory Tract Agents, Other		
acetylcysteine inhalation	3	
ANORO ELLIPTA	2	QL
benzonatate	1	
BREZTRI AEROSPHERE	2	QL
COMBIVENT RESPIMAT	2	QL
hydrocodone bit-homatrop mbr	1	PA; QL
hydromet	1	PA; QL
ipratropium-albuterol	1	QL
mometasone furoate nasal	3	QL
nebusal inhalation nebulization solution 3 %	1	
NUCALA	4	PA; QL
pulmosal	1	
sodium chloride inhalation	1	
STIOLTO RESPIMAT	2	QL
TRELEGY ELLIPTA	2	QL
Skeletal Muscle Relaxants		
baclofen oral tablet 10 mg, 20 mg	1	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
methocarbamol injection	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	QL
orphenadrine-aspirin-caffeine	3	QL
tizanidine hcl oral tablet	1	

Drug Name	Drug Tier	Notes
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone	1	QL
temazepam oral capsule 15 mg, 30 mg	1	QL
zaleplon	1	QL
zolpidem tartrate er	2	QL
zolpidem tartrate oral tablet	1	QL
Sleep Disorders, Other		
BELSOMRA	3	ST; QL
Wakefulness Promoting Agents		
armodafinil	3	PA; QL
modafinil	1	PA; QL
SUNOSI	3	PA; QL

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

Index of Drugs

abacavir sulfate.....	27	albendazole.....	24	amoxicillin-potassium	
abacavir sulfate-lamivudine	27	albuterol sulfate.....	57	clavulanate.....	17
ABELCET.....	21	albuterol sulfate hfa.....	56	amphetamine sulfate.....	34
ABILIFY MAINTENA.....	25	alclometasone		amphetamine-	
abiraterone acetate.....	22	dipropionate.....	40	dextroamphetamine.....	34
ABRYSVO.....	48	ALCOHOL PREP PADS.....	50	amphetamine-	
acamprosate calcium.....	15	ALECENSA.....	23	dextroamphetamine er.....	34
acarbose.....	29	alendronate sodium.....	50	amphotericin b.....	21
ACCU-CHEK FASTCLIX		alfuzosin hcl er.....	40	amphotericin b liposome.....	21
LANCET KIT.....	28	ALINIA.....	25	ampicillin.....	17
ACCU-CHEK SOFTCLIX		allopurinol.....	21	ampicillin sodium.....	17
LANCET DEVICE KIT.....	28	allopurinol sodium.....	21	ampicillin-sulbactam	
accutane.....	35	almotriptan malate.....	22	sodium.....	17
acebutolol hcl.....	31	ALOCRIL.....	54	anagrelide hcl.....	30
acetaminophen-codeine.....	14	ALOMIDE.....	54	anastrozole.....	23
acetazolamide.....	33	alose tron hcl.....	38	ANNOVERA.....	43
acetazolamide er.....	33	ALPHAGAN P.....	54	ANORO ELLIPTA.....	58
acetic acid.....	40, 55	ALPHANATE.....	30	ANZEMET.....	20
acetylcysteine.....	58	alprazolam.....	28	apomorphine hcl.....	25
acitretin.....	35	alprazolam er.....	28	apraclonidine hcl.....	54
ACTEMRA.....	48	alprazolam xr.....	28	aprepitant.....	20
ACTEMRA ACTPEN.....	48	altafrin.....	54	apri.....	43
ACTHIB.....	48	altavera.....	43	AQ INSULIN SYRINGE.....	50
ACTIMMUNE.....	48	alvimopan.....	38	AQINJECT PEN NEEDLE..	50
acyclovir.....	26	alyacen 1/35.....	43	aranelle.....	43
acyclovir sodium.....	26	alyacen 7/7/7.....	43	ARANESP (ALBUMIN	
ADACEL.....	48	alyq.....	57	FREE).....	30
ADALIMUMAB-ADAZ.....	47	amabelz.....	43	AREXVY.....	48
adapalene.....	35	amantadine hcl.....	25	arformoterol tartrate.....	57
adapalene-benzoyl		ambrisentan.....	57	ARIMIDEX.....	23
peroxide.....	35	amcinonide.....	40	aripiprazole.....	26
adc/f (0.5mg/ml).....	37	AMELUZ.....	23	armodafinil.....	58
ADCETRIS.....	24	amethia.....	43	ARNUITY ELLIPTA.....	56
ADDERALL.....	34	amethyst.....	43	ascomp-codeine.....	14
adefovir dipivoxil.....	26	amiloride hcl.....	33	asenapine maleate.....	26
ADEMPAS.....	57	amiloride-		ashlyna.....	43
ADVAIR HFA.....	56	hydrochlorothiazide.....	32	aspirin.....	13
AEROCHAMBER MINI		aminocaproic acid.....	30	aspirin 81.....	13
CHAMBER.....	50	amiodarone hcl.....	31	aspirin adult low dose.....	13
AEROCHAMBER MV.....	50	amitriptyline hcl.....	20	aspirin adult low strength...	13
AEROCHAMBER PLUS		AMJEVITA.....	47	aspirin childrens.....	13
FLO-VU.....	50	amlodipine besylate.....	32	aspirin ec low dose.....	13
AEROCHAMBER PLUS		amlodipine besylate-		aspirin ec low strength.....	13
FLOW VU.....	50	benazepril hcl.....	32	aspirin low dose.....	13
AEROCHAMBER		amlodipine besylate-		aspirin regimen.....	13
W/FLOWSIGNAL.....	50	valsartan.....	32	aspirin-dipyridamole er.....	31
afirmelle.....	43	amlodipine-olmesartan.....	32	atazanavir sulfate.....	27
AFLURIA		ammonium lactate.....	35	atenolol.....	31
QUADRIVALENT.....	48	amnesteem.....	35	atenolol-chlorthalidone.....	32
aftera.....	45	amoxapine.....	20	atomoxetine hcl.....	34
AIMOVIG.....	22	amoxicill-clarithro-		atorvastatin calcium.....	33
AJOVY.....	22	lansopraz.....	38	atovaquone.....	25
ala-cort.....	40	amoxicillin.....	17	atovaquone-proguanil hcl...	25

atropine sulfate.....	54	BENLYSTA.....	48	BREATHERITE VALVED	
ATROVENT HFA.....	56	benzalkonium chloride.....	50	MDI CHAMBER.....	51
aubra eq.....	43	BENZNIDAZOLE.....	25	BREO ELLIPTA.....	56
AUGMENTIN.....	17	benzonatate.....	58	BREZTRI AEROSPHERE..	58
AUM INSULIN SAFETY		benzoyl peroxide-		briellyn.....	43
PEN NEEDLE.....	50	erythromycin.....	35	BRILINTA.....	31
AUM MINI INSULIN PEN		benztropine mesylate.....	25	brimonidine tartrate.....	55
NEEDLE.....	50	BESIVANCE.....	55	brimonidine tartrate-timolol.	55
AUM PEN NEEDLE.....	50	betaine.....	39	brinzolamide.....	55
AUM READYGARD DUO		betamethasone		BRIVIACT.....	18
PEN NEEDLE.....	50	dipropionate.....	40, 41	bromfenac sodium (once-	
AUM SAFETY PEN		betamethasone		daily).....	55
NEEDLE.....	50	dipropionate aug.....	40	bromocriptine mesylate.....	25
aurovela 1.5/30.....	43	betamethasone valerate....	41	budesonide.....	49, 56
aurovela 1/20.....	43	BETASERON.....	34	budesonide er.....	49
aurovela 24 fe.....	43	betaxolol hcl.....	31, 55	bumetanide.....	33
aurovela fe 1.5/30.....	43	bethanechol chloride.....	40	buprenorphine.....	13
aurovela fe 1/20.....	43	BETIMOL.....	55	buprenorphine hcl.....	15
aviane.....	43	bexarotene.....	24	buprenorphine hcl-	
avidoxy.....	18	BEXSERO.....	48	naloxone hcl.....	15
AVONEX PEN.....	34	bicalutamide.....	22	bupropion hcl.....	19
AVONEX PREFILLED.....	34	BICILLIN L-A.....	17	bupropion hcl er (smoking	
AVSOLA.....	47	BIJUVA.....	43	det).....	15
ayuna.....	43	BIKTARVY.....	26	bupropion hcl er (sr).....	19
AZASITE.....	54	bimatoprost.....	55	bupropion hcl er (xl).....	19
azathioprine.....	47	biocel.....	37	buspirone hcl.....	27
azathioprine sodium.....	47	bis subcit-metronid-		busulfan.....	22
azelastine hcl.....	54, 56	tetracyc.....	38	butalbital-acetaminophen...	14
azithromycin.....	17	bisacodyl.....	38	butalbital-apap-caff-cod.....	14
aztreonam.....	16	bisacodyl ec.....	38	butalbital-apap-caffeine.....	14
azurette.....	43	bismuth/metronidaz/tetracy		butalbital-asa-caff-codeine..	14
bac.....	14	clin.....	38	butalbital-aspirin-caffeine...	14
bacitracin.....	54	bisoprolol fumarate.....	31	butorphanol tartrate.....	14
bacitracin-polymyxin b.....	54	bisoprolol-		BYDUREON BCISE	
bacitra-neomycin-		hydrochlorothiazide.....	32	AUTOINJECTOR.....	29
polymyxin-hc.....	54	BIVIGAM.....	48	BYETTA 10 MCG PEN.....	29
baclofen.....	58	blisovi 24 fe.....	43	BYETTA 5 MCG PEN.....	29
BAFIERTAM.....	34	blisovi fe 1.5/30.....	43	cabergoline.....	42
balsalazide disodium.....	49	blisovi fe 1/20.....	43	CABLIVI.....	31
balziva.....	43	BOOSTRIX.....	49	CABOMETYX.....	23
BAQSIMI ONE PACK.....	29	bosentan.....	57	calcipotriene.....	35
BAQSIMI TWO PACK.....	29	BOSULIF.....	23	calcitonin (salmon).....	50
BARACLUDGE.....	26	BOTOX.....	50	calcitriol.....	35, 50
BAXDELA.....	17	bp vit 3.....	37	calcium acetate.....	37
BD AUTOSHIELD DUO		b-plex.....	37	calcium acetate (phos	
PEN NEEDLES.....	50	b-plex plus.....	37	binder).....	37
BD ULTRA-FINE INSULIN		BREATHE COMFORT		camila.....	45
SYRINGES.....	50	CHAMBER/ADULT.....	50	CAMINO PRO	
BD ULTRA-FINE PEN		BREATHE COMFORT		COMPLETE/GLYTACTIN... 51	
NEEDLES.....	50	CHAMBER/CHILD.....	50	camrese.....	43
BELEODAQ.....	23	BREATHE EASE LARGE... 51		camrese lo.....	43
BELSOMRA.....	58	BREATHE EASE MEDIUM.51		capecitabine.....	23
benazepril hcl.....	31	BREATHE EASE SMALL... 51		CAPRELSA.....	23

carbamazepine.....	19	CHORIONIC		codeine sulfate.....	14
carbamazepine er.....	19	GONADOTROPIN.....	42	colchicine.....	21
carbidopa.....	25	CIBINQO.....	35	colchicine-probenecid.....	21
carbidopa-levodopa.....	25	ciclodan.....	21	colesevelam hcl.....	33
carbidopa-levodopa er.....	25	ciclopirox.....	21	colestipol hcl.....	33
carbinoxamine maleate.....	56	ciclopirox olamine.....	21	COMBIPATCH.....	43
carglumic acid.....	36	cidofovir.....	26	COMBIVENT RESPIMAT...	58
carisoprodol.....	58	cilostazol.....	31	COMETRIQ.....	23
carteolol hcl.....	55	CIMDUO.....	27	COMFORT EZ PRO PEN	
cartia xt.....	32	cimetidine.....	38	NEEDLES.....	51
carvedilol.....	31	CIMZIA.....	47	COMPACT SPACE	
caspofungin acetate.....	21	CIMZIA STARTER KIT.....	47	CHAMBER.....	51
CAYA.....	51	cinacalcet hcl.....	50	COMPACT SPACE	
cefaclor.....	16	CINRYZE.....	47	CHAMBER/LG MASK.....	51
cefadroxil.....	16	CIPRO.....	17	COMPACT SPACE	
cefazolin sodium.....	16	ciprofloxacin hcl.....	18, 55	CHAMBER/MED MASK.....	51
cefazolin sodium-dextrose..	16	ciprofloxacin in d5w.....	18	COMPACT SPACE	
cefdinir.....	16	ciprofloxacin-		CHAMBER/SM MASK.....	51
cefepime hcl.....	16	dexamethasone.....	55	COMPLERA.....	26
cefotetan disodium.....	17	citalopram hydrobromide...	20	compro.....	20
cefoxitin sodium.....	17	citroma.....	38	CONCERTA.....	34
cefpodoxime proxetil.....	17	claravis.....	35	CONDOMS.....	51
cefprozil.....	17	clarithromycin.....	17	constulose.....	39
ceftazidime.....	17	clearlax.....	38	CONTOUR CONTROL	
ceftriaxone sodium.....	17	clemastine fumarate.....	56	SOLUTION.....	28
cefuroxime axetil.....	17	CLENPIQ.....	39	CONTOUR MONITOR	
celecoxib.....	13	CLEVER CHOICE		DEVICE.....	28
CELONTIN.....	18	COMFORT EZ.....	28	CONTOUR MONITOR KIT	
cephalexin.....	17	CLEVER CHOICE		W/DEVICE.....	28
CEQR SIMPLICITY 2U		HOLDING CHAMBER.....	51	CONTOUR NEXT	
10PK.....	28	clindacin etz.....	35	CONTROL SOLUTION.....	28
CERDELGA.....	39	clindacin-p.....	35	CONTOUR NEXT EZ KIT	
cetirizine hcl.....	56	clindamycin hcl.....	16	W/DEVICE.....	28
cevimeline hcl.....	35	clindamycin palmitate hcl...	16	CONTOUR NEXT GEN	
charlotte 24 fe.....	43	clindamycin phosphate. 16, 35		MONITOR.....	28
chateal eq.....	43	clindamycin phosphate in		CONTOUR NEXT GEN	
CHEMET.....	37	d5w.....	16	TEST STRIPS.....	28
CHEMSTRIP 10 MD.....	28	clindamycin phosphate-		CONTOUR NEXT LINK	
CHEMSTRIP 10/SG.....	28	benzoyl peroxide.....	35	KIT W/DEVICE.....	28
CHEMSTRIP 2 GP.....	28	clobazam.....	18	CONTOUR NEXT	
CHEMSTRIP 5 OB.....	28	clobetasol propionate.....	41	MONITOR KIT W/DEVICE. 28	
CHEMSTRIP 7.....	28	clodan.....	41	CONTOUR NEXT ONE	
CHEMSTRIP 9.....	28	clomipramine hcl.....	20	KIT.....	28
CHEMSTRIP K.....	28	clonazepam.....	28	CONTOUR TEST STRIPS. 28	
CHEMSTRIP UGK.....	28	clonidine hcl.....	31	COPAXONE.....	34
chlordiazepoxide hcl.....	28	clonidine hcl er.....	34	CORIFACT.....	30
chlorhexidine gluconate.....	35	clopidogrel bisulfate.....	31	CORTIFOAM.....	49
chloroquine phosphate.....	25	clotrimazole.....	21	CORTISPORIN-TC.....	55
chlorpromazine hcl.....	25	clotrimazole-		corvita 150.....	36
chlorthalidone.....	33	betamethasone.....	21	COTELLIC.....	23
CHOLBAM.....	39	clozapine.....	26	CREON.....	39
cholestyramine.....	33	COAGADEX.....	30	cromolyn sodium.....	38, 54
cholestyramine light.....	33	coal tar.....	36	CROTAN.....	25

cryselle-28.....	43	desmopressin ace spray		dihydroergotamine	
curae.....	45	refrig.....	42	mesylate.....	22
CUVITRU.....	48	desmopressin acetate.....	42	DILANTIN.....	19
CVS KETONE CARE.....	28	desmopressin acetate		diltiazem hcl.....	32
cyanocobalamin.....	37	spray.....	42	diltiazem hcl er.....	32
cyclobenzaprine hcl.....	58	desogestrel-ethinyl		diltiazem hcl er beads.....	32
cyclopentolate hcl.....	54	estradiol.....	43	diltiazem hcl er coated	
cyclophosphamide.....	22	desonide.....	41	beads.....	32
CYCLOPHOSPHAMIDE.....	22	desoximetasone.....	41	dilt-xr.....	32
cycloserine.....	22	desvenlafaxine succinate		dimenhydrinate.....	20
cyclosporine.....	47, 54	er.....	20	dimethyl fumarate.....	34
cyclosporine modified.....	47	dexamethasone.....	41	dimethyl fumarate starter	
CYLTEZO.....	47	dexamethasone intensol.....	41	pack.....	35
CYLTEZO-CD/UC/HS		dexamethasone sod		DIPENTUM.....	49
STARTER.....	47	phosphate pf.....	41	diphenhydramine hcl.....	56
CYLTEZO-PSORIASIS		dexamethasone sodium		diphenoxylate-atropine.....	38
STARTER.....	47	phosphate.....	41, 55	dipyridamole.....	31
cyproheptadine hcl.....	56	dexamethylphenidate hcl.....	34	disopyramide phosphate.....	31
cyred eq.....	43	dexamethylphenidate hcl er..	34	disulfiram.....	15
CYSTADROPS.....	54	dextroamphetamine sulfate		divalproex sodium.....	28
CYSTAGON.....	39	dextroamphetamine sulfate		divalproex sodium er.....	28
CYSTARAN.....	54	er.....	34	DIVIGEL.....	43
dabigatran etexilate		DIACOMIT.....	18	dofetilide.....	31
mesylate.....	30	DIASCREEN 10.....	51	dolishale.....	43
dalfampridine er.....	34	DIASCREEN 1B.....	51	donepezil hcl.....	19
DALIRESP.....	57	DIASCREEN 1G.....	51	dorzolamide hcl.....	55
danazol.....	42	DIASCREEN 1K.....	51	dorzolamide hcl-timolol mal	55
dapsone.....	22	DIASCREEN 2GK.....	51	dotti.....	43
DAPTACEL.....	49	DIASCREEN 2GP.....	51	DOVATO.....	26
daptomycin.....	16	DIASCREEN 3.....	51	doxazosin mesylate.....	31
darifenacin hydrobromide		DIASCREEN 4NL.....	51	doxepin hcl.....	20
er.....	40	DIASCREEN 4OBL.....	51	doxercalciferol.....	50
darunavir.....	27	DIASCREEN 4PH.....	51	doxy 100.....	18
dasetta 1/35.....	43	DIASCREEN 5.....	51	doxycycline hyclate.....	18
dasetta 7/7/7.....	43	DIASCREEN 6.....	51	doxycycline monohydrate...	18
daunorubicin hcl.....	23	DIASCREEN 7.....	51	dronabinol.....	20
daysee.....	43	DIASCREEN 8.....	51	droperidol.....	20
DEBACTEROL.....	35	DIASCREEN 9.....	51	DROPLET MICRON.....	51
deblitane.....	45	DIASCREEN LIQUID		DROPSAFE ALCOHOL	
decitabine.....	23	URINE CONTROL.....	51	PREP.....	51
deferasirox.....	37	diazepam.....	18, 28	DROPSAFE SAFETY	
deferiprone.....	37	diazepam intensol.....	28	SYRINGE/NEEDLE.....	51
deferroxamine mesylate.....	51	diazoxide.....	29	drospiren-eth estrad-	
delyla.....	43	diclofenac potassium.....	13	levomefol.....	43
demeclocycline hcl.....	18	diclofenac sodium...	13, 23, 55	drospirenone-ethinyl	
DENGAXIA.....	49	diclofenac sodium er.....	13	estradiol.....	43
DEPAKOTE.....	28	diclofenac-misoprostol.....	13	DROXIA.....	23
DEPO-MEDROL.....	41	dicloxacillin sodium.....	17	duloxetine hcl.....	20
DEPO-SUBQ PROVERA		dicyclomine hcl.....	38	DUPIXENT.....	36
104.....	46	DIFICID.....	17	DURAMORPH.....	14
DEPO-TESTOSTERONE...	42	diflorasone diacetate.....	41	DUREX EXTRA	
desipramine hcl.....	20	diflunisal.....	13	SENSITIVE THIN.....	51
		digoxin.....	32	dutasteride.....	40

EASIVENT	51	eplerenone	33	FEIBA	30
easygel	35	EPOGEN	30	felodipine er	32
ec-naproxen	13	EQUACARE JR	51	FEMCAP	51
econazole nitrate	21	ergocalciferol	37	fenofibrate	33
econtra one-step	46	ergoloid mesylates	51	fenofibrate micronized	33
EDURANT	26	ERIVEDGE	23	fenofibric acid	33
efavirenz	26	erlotinib hcl	23	fentanyl	13
efavirenz-emtricitab-tenofo df	26	errin	46	fentanyl citrate	14
efavirenz-lamivudine- tenofovir	26	ERTACZO	21	ferocon	36
ELECARE	51	ertapenem sodium	17	ferotinsic	36
eletriptan hydrobromide	22	ery	36	ferrocite plus	36
elinest	43	erythromycin	17, 36, 54	fesoterodine fumarate er	40
ELIQUIS	30	erythromycin base	17	FETZIMA	20
ELIQUIS DVT/PE STARTER PACK	30	erythromycin ethylsuccinate	17	FETZIMA TITRATION	20
ELLA	46	escitalopram oxalate	20	finasteride	40
ELOCTATE	30	esomeprazole magnesium	39	finzala	44
eluryng	43	estarylla	43	flac	55
EMBRACE PEN NEEDLES	51	estradiol	43	FLAREX	55
EMCYT	23	estradiol-norethindrone acet	43	flavoxate hcl	40
EMGALITY	22	eszopiclone	58	FLEBOGAMMA DIF	48
EMSAM	19	ethacrynic acid	33	flecainide acetate	31
emtricitabine	27	ethambutol hcl	22	FLEXICHAMBER	51
emtricitabine-tenofovir df	27	ethosuximide	18	FLEXICHAMBER ADULT MASK/SMALL	51
EMTRIVA	27	ethynodiol diac-eth estradiol	43	FLEXICHAMBER CHILD MASK/LARGE	51
EMVERM	25	ETHYOL	23	FLEXICHAMBER CHILD MASK/SMALL	51
enalapril maleate	31	etodolac	13	FLOVENT DISKUS	56
enalapril- hydrochlorothiazide	32	etodolac er	13	FLOVENT HFA	56
ENBREL	47	etonogestrel-ethinyl estradiol	44	FLUAD QUADRIVALENT	49
ENBREL MINI	47	etoposide	23	FLUARIX QUADRIVALENT	49
ENBREL SURECLICK	47	etravirine	26	FLUBLOK QUADRIVALENT	49
ENCARE	40	euthyrox	46	FLUCELVAX QUADRIVALENT	49
endocet	14	everolimus	24, 47	fluconazole	21
ENGERIX-B	49	EVOTAZ	27	fluconazole in sodium chloride	21
ENHERTU	24	EVRYSDI	39	flucytosine	21
enoxaparin sodium	30	exemestane	23	fludarabine phosphate	23
enpresse-28	43	ezetimibe	33	fludrocortisone acetate	41
enskyce	43	ezetimibe-simvastatin	33	FLULAVAL QUADRIVALENT	49
entacapone	25	fabb	37	FLUMIST QUADRIVALENT	49
entecavir	26	falmina	44	flunisolide	56
ENTRESTO	32	famciclovir	26	fluocinolone acetonide	41, 55
enulose	39	famotidine	38	fluocinolone acetonide body	41
EPCLUSA	26	famotidine (pf)	38		
EPIDIOLEX	18	FANAPT	26		
epinastine hcl	54	FANAPT TITRATION PACK	26		
epinephrine	32, 57	FARXIGA	29		
epinephrine (anaphylaxis)	57	fa-vitamin b-6-vitamin b-12	37		
epinephrine pf	32	FC2 FEMALE CONDOM	51		
epitol	19	febuxostat	21		

fluocinolone acetonide scalp.....	41	GAMMAGARD S/D LESS IGA.....	48	GLYACTIN RESTORE 5..	52
fluocinonide.....	41	GAMMAKED.....	48	GLYACTIN RESTORE LITE 10.....	52
fluocinonide emulsified base.....	41	GAMMAPLEX.....	48	GLYACTIN RESTORE LITE 10PE.....	52
fluoridex daily renewal.....	35	GAMUNEX-C.....	48	GLYACTIN RTD 10.....	52
fluorometholone.....	55	GARDASIL 9.....	49	GLYACTIN RTD 15.....	52
fluorouracil.....	23	gatifloxacin.....	55	GLYACTIN RTD LITE 15..	52
fluoxetine hcl.....	20	GATTEX.....	38	GLYACTIN SWIRL 15.....	52
fluphenazine hcl.....	25	gavilax.....	39	GLYACTIN SWIRL 15PE..	52
flurandrenolide.....	41	gavilyte-c.....	39	GLYXAMBI.....	29
flurbiprofen.....	13	gavilyte-g.....	39	goodsense aspirin adults ...	13
flurbiprofen sodium.....	55	gemfibrozil.....	33	goodsense aspirin low dose.....	13
fluticasone propionate...41, 56		gemmily.....	44	goodsense nicotine.....	15
FLUTICASONE PROPIONATE HFA.....	56	generlac.....	39	granisetron hcl.....	21
fluticasone-salmeterol.....	56	gengraf.....	47	griseofulvin microsize.....	21
FLUTICASONE-SALMETEROL.....	56	gentamicin sulfate.....	16, 53	griseofulvin ultramicrosize..	21
fluvastatin sodium.....	33	gentle laxative.....	39	guanfacine hcl.....	31
fluvoxamine maleate.....	20	gentlelax.....	39	guanfacine hcl er.....	34
fluvoxamine maleate er.....	20	genuine aspirin.....	13	GYNAZOLE-1.....	21
FLUZONE HIGH-DOSE QUADRIVALENT.....	49	GILENYA.....	35	habitrol.....	15
FLUZONE QUADRIVALENT.....	49	GILOTRIF.....	24	hailey 1.5/30.....	44
folate.....	37	glatiramer acetate.....	35	hailey 24 fe.....	44
folbee plus.....	37	glatopa.....	35	hailey fe 1.5/30.....	44
folic acid.....	37	GLEOSTINE.....	22	hailey fe 1/20.....	44
folplex 2.2.....	37	glimepiride.....	29	halcinonide.....	41
foltrin.....	36	glipizide er.....	29	halobetasol propionate.....	41
fondaparinux sodium.....	30	glipizide ir.....	29	haloette.....	44
formoterol fumarate.....	57	glipizide xl.....	29	haloperidol.....	25
fosamprenavir calcium.....	27	glipizide-metformin hcl.....	29	haloperidol decanoate.....	25
fosaprepitant dimeglumine..	21	glucagon emergency kit.....	29	HARVONI.....	26
fosinopril sodium.....	31	GLUCAGON EMERGENCY KIT.....	29	HAVRIX.....	49
fosphenytoin sodium.....	19	glyburide.....	29	heather.....	46
FOSRENOL.....	37	glyburide micronized.....	29	HEMLIBRA.....	31
ft clearlax.....	39	glyburide-metformin.....	29	HEPAGAM B.....	48
ft laxative.....	39	glycine.....	40	heparin sodium (porcine)....	30
ft magnesium citrate.....	39	glycine urologic.....	40	heparin sodium (porcine) pf.....	30
furosemide.....	33	glycolax.....	39	HEPLISAV-B.....	49
FUZEON.....	27	glycopyrrolate.....	38	her style.....	46
fyavolv.....	44	glycopyrrolate pf.....	38	HIBERIX.....	49
FYCOMPA.....	19	glydo.....	15	HIZENTRA.....	48
gabapentin.....	18	GLYACTIN BETTERMILK 15.....	51	homatropaire.....	54
GALAFOLD.....	39	GLYACTIN BETTERMILK DE-LITE.....	51	HUMALOG.....	29
galantamine hydrobromide..	19	GLYACTIN BUILD 10PE..	51	HUMALOG KWIKPEN.....	29
galantamine hydrobromide er.....	19	GLYACTIN BUILD 20/20..	51	HUMALOG MIX 50/50 KWIKPEN.....	30
GAMASTAN.....	48	GLYACTIN BUILD 20/20 PKU.....	51	HUMALOG MIX 50/50 VIAL.....	30
GAMIFANT.....	48	GLYACTIN BURST.....	51	HUMALOG MIX 75/25 KWIKPEN.....	30
GAMMAGARD.....	48	GLYACTIN COMPLETE 10PE.....	51		
		GLYACTIN RESTORE 10	52		

HUMALOG MIX 75/25	HYPERHEP B.....	48	INVEGA TRINZA.....	26
VIAL.....	30	HYPERRHO S/D.....	48	iodine strong.....
HUMALOG U-100 JUNIOR	HYQVIA.....	48	iodine tincture.....	16
KWIKPEN.....	30	HYRIMOZ.....	47	IPOL.....
HUMATE-P.....	31	HYRIMOZ-CROHNS/UC		ipratropium bromide.....
HUMIRA.....	47	STARTER PACK.....	47	56
HUMIRA PEDIATRIC		HYRIMOZ-PED CROHNS		ipratropium-albuterol.....
CROHNS START.....	47	STARTER.....	47	58
HUMIRA PEN.....	47	HYRIMOZ-PLAQUE		irbesartan.....
HUMIRA PEN-CD/UC/HS		PSORIASIS START.....	47	31
STARTER.....	47	ibandronate sodium.....	50	irbesartan-
HUMIRA PEN-PEDIATRIC		IBRANCE.....	24	hydrochlorothiazide.....
UC START.....	47	ibuprofen.....	13	32
HUMIRA PEN-		icatibant acetate.....	47	ISENTRESS.....
PS/UV/ADOL HS START ...	47	iclevia.....	44	26
HUMIRA PEN-		ICLUSIG.....	24	ISENTRESS HD.....
PSOR/UEVIT STARTER....	47	ILARIS.....	48	26
HUMULIN 70/30		imatinib mesylate.....	24	isibloom.....
KWIKPEN.....	30	IMBRUVICA.....	24	44
HUMULIN 70/30 VIAL.....	30	imipenem-cilastatin.....	17	isoniazid.....
HUMULIN N KWIKPEN.....	30	imipramine hcl.....	20	22
HUMULIN N VIAL.....	30	imiquimod.....	36	isosorbide dinitrate.....
HUMULIN R U-500		IMPAVIDO.....	25	34
KWIKPEN.....	30	incassia.....	46	isosorbide mononitrate.....
HUMULIN R U-500 VIAL....	30	INCONTROL ULTICARE		34
HUMULIN R VIAL.....	30	PEN NEEDLES.....	52	isosorbide mononitrate er ...
HYCAMTIN.....	23	INCRELEX.....	42	36
hydralazine hcl.....	34	indapamide.....	33	isotretinoin.....
hydrochlorothiazide.....	33	indomethacin.....	13	36
hydrocodone bitartrate er ...	13	indomethacin er.....	13	itraconazole.....
hydrocodone bit-homatrop		INFANRIX.....	49	21
mbr.....	58	INFLECTRA.....	47	ivermectin.....
hydrocodone-		INLYTA.....	24	25
acetaminophen.....	14	INPEN 100-BLUE-LILLY-		IXEMPRA KIT.....
hydrocodone-ibuprofen.....	14	HUMALOG.....	28	23
hydrocortisone.....	42, 50	INPEN 100-BLUE-		jaimiess.....
hydrocortisone (perianal)....	49	NOVOLOG-FIASP.....	28	44
hydrocortisone ace-		INPEN 100-GREY-LILLY-		JAKAFI.....
pramoxine.....	50	HUMALOG.....	29	24
hydrocortisone butyrate.....	41	INPEN 100-GREY-		jantoven.....
hydrocortisone valerate.....	42	NOVOLOG-FIASP.....	29	30
hydrocortisone-acetic acid..	55	INPEN 100-PINK-LILLY-		JANUMET.....
hydromet.....	58	HUMALOG.....	29	29
hydromorphone hcl.....	14	INPEN 100-PINK-		JANUMET XR.....
hydromorphone hcl er.....	13	NOVOLOG-FIASP.....	29	29
hydromorphone hcl pf.....	14	INSPIREASE		JANUVIA.....
hydroxocobalamin acetate..	37	RESERVOIR BAGS.....	52	29
hydroxychloroquine sulfate..	25	INSULIN PEN NEEDLES...	52	JARDIANCE.....
hydroxyurea.....	23	INSULIN SYRINGES.....	52	29
hydroxyzine hcl.....	27	INTELENCE.....	27	jasmiel.....
hydroxyzine pamoate.....	28	INTRAROSA.....	43	44
hyoscyamine sulfate.....	38	introvale.....	44	jencycla.....
hyoscyamine sulfate sl.....	38	INVEGA SUSTENNA.....	26	46
				JENTADUETO.....
				29
				JENTADUETO XR.....
				29
				jinteli.....
				44
				jolessa.....
				44
				joyeaux.....
				44
				J-TIP KIT W/VIAL
				ADAPTERS.....
				52
				juleber.....
				44
				JULUCA.....
				26
				junel 1.5/30.....
				44
				junel 1/20.....
				44
				junel fe 1.5/30.....
				44
				junel fe 1/20.....
				44
				junel fe 24.....
				44
				kaitlib fe.....
				44
				kalliga.....
				44
				KALYDECO.....
				57
				kariva.....
				44
				kelnor 1/35.....
				44
				kelnor 1/50.....
				44
				KENALOG.....
				42
				KENALOG-80.....
				42
				ketoconazole.....
				21
				KETO-DIASTIX.....
				29

KETONE TEST.....	29	levabuterol hcl.....	57	losartan potassium-hctz.....	32
ketoprofen.....	13	LEVEMIR FLEXPEN.....	30	loteprednol etabonate.....	55
ketorolac tromethamine 13,	55	LEVEMIR U-100 VIAL.....	30	lovastatin.....	33
KETOSTIX.....	29	levetiracetam.....	18	low-ogestrel.....	44
KINERET.....	47	levetiracetam er.....	18	loxapine succinate.....	25
KINRIX.....	49	levetiracetam in nacl.....	18	lo-zumandimine.....	44
klor-con.....	36	levobunolol hcl.....	55	LULICONAZOLE.....	21
klor-con 10.....	36	levocarnitine.....	36	LUMIGAN.....	55
klor-con m10.....	36	levocarnitine sf.....	36	LUPRON DEPOT (1-	
klor-con m15.....	36	levocetirizine		MONTH).....	46
klor-con m20.....	36	dihydrochloride.....	56	LUPRON DEPOT (3-	
KLOXXADO.....	15	levofloxacin.....	18	MONTH).....	46
KOSELUGO.....	24	levonest.....	44	LUPRON DEPOT (4-	
kourzeq.....	35	levonorgest-eth est & eth		MONTH)	
k-tan plus.....	36	est.....	44	INTRAMUSCULAR KIT	
kurvelo.....	44	levonorgest-eth estrad 91-		30MG.....	47
K-Y ME & YOU EXTRA		day.....	44	LUPRON DEPOT (6-	
LUBRICATED.....	52	levonorgest-eth estradiol-		MONTH)	
K-Y ME & YOU INTENSE...	52	iron.....	44	INTRAMUSCULAR KIT	
KYLEENA.....	46	levonorgestrel.....	46	45MG.....	47
labetalol hcl.....	31	levonorgestrel-ethinyl		LUPRON DEPOT-PED (1-	
lacosamide.....	19	estrad.....	44	MONTH).....	47
lactic acid.....	36	levonorg-eth estrad		LUPRON DEPOT-PED (3-	
lactic acid e.....	36	triphasic.....	44	MONTH).....	47
lactulose.....	39	levora 0.15/30 (28).....	44	LUPRON DEPOT-PED (6-	
lactulose encephalopathy...	39	levo-t.....	46	MONTH).....	47
LAGEVRIO.....	26	levothyroxine sodium.....	46	lurasidone hcl.....	26
lamivudine.....	26, 27	levoxyl.....	46	lutera.....	44
lamivudine-zidovudine.....	27	lidocaine.....	15	lyleq.....	46
lamotrigine.....	19	lidocaine hcl		lyllana.....	44
lamotrigine er.....	19	urethral/mucosal.....	15	LYNPARZA.....	24
LANCETS.....	29	lidocaine viscous hcl.....	15	lysiplex plus.....	37
lansoprazole.....	39	lidocaine-prilocaine.....	15	LYSODREN.....	46
LANTUS SOLOSTAR.....	30	LILETTA (52 MG).....	46	lyza.....	46
LANTUS U-100 VIAL.....	30	linezolid.....	16	mafenide acetate.....	16
lapatinib ditosylate.....	24	linezolid in sodium chloride.	16	magnesium citrate.....	39
larin 1.5/30.....	44	LINZESS.....	38	malathion.....	25
larin 1/20.....	44	liothyronine sodium.....	46	mannitol.....	32
larin 24 fe.....	44	LIPISTART.....	52	maraviroc.....	27
larin fe 1.5/30.....	44	lisdexamfetamine		marlissa.....	44
larin fe 1/20.....	44	dimesylate.....	34	MARPLAN.....	19
latanoprost.....	55	lisinopril.....	31	MASONATAL.....	37
LATUDA.....	26	lisinopril-		MATULANE.....	22
layolis fe.....	44	hydrochlorothiazide.....	32	MAVYRET.....	26
leena.....	44	lithium carbonate.....	28	MAYZENT.....	35
leflunomide.....	48	lithium carbonate er.....	28	MAYZENT STARTER	
lenalidomide.....	23	lojaimiess.....	44	PACK.....	35
LENVIMA.....	24	loperamide hcl.....	38	meclizine hcl.....	20
lessina.....	44	lopinavir-ritonavir.....	27	medroxyprogesterone	
letrozole.....	23	lorazepam.....	28	acetate.....	46
leucovorin calcium.....	23	lorazepam intensol.....	28	mefenamic acid.....	13
LEUKERAN.....	22	loryna.....	44	mefloquine hcl.....	25
leuprolide acetate.....	46	losartan potassium.....	31	megestrol acetate.....	46

MEKINIST.....	24	microgestin fe 1/20.....	44	nabumetone.....	13
meloxicam.....	13	midodrine hcl.....	31	nafcillin sodium.....	17
melphalan.....	22	mifepristone.....	42	naloxone hcl.....	15
melphalan hcl.....	22	miglustat.....	39	naltrexone hcl.....	15
memantine hcl.....	19	mili.....	44	naproxen.....	13
memantine hcl er.....	19	mimvey.....	44	naproxen dr.....	13
MENACTRA.....	49	mineral oil heavy.....	39	naproxen sodium.....	13
MENEST.....	44	MINOCIN.....	18	naratriptan hcl.....	22
MENQUADFI.....	49	minocycline hcl.....	18	NARCAN.....	15
MENVEO.....	49	minoxidil.....	34	NASCOBAL.....	37
meprobamate.....	28	MIRENA (52 MG).....	46	NATACYN.....	54
mercaptapurine.....	23	mirtazapine.....	19	NATAZIA.....	44
merzee.....	44	misoprostol.....	39	nateglinide.....	29
mesalamine.....	49	mitigo.....	14	NAYZILAM.....	18
mesalamine er.....	49	mitomycin.....	23	nebivolol hcl.....	32
MESNEX.....	24	mitoxantrone hcl.....	23	nebusal.....	58
metformin hcl er.....	29	mm aspirin.....	13	necon 0.5/35 (28).....	44
metformin hcl ir.....	29	mm clearlax.....	39	NEOCATE SPLASH.....	52
methadone hcl.....	13, 14	M-M-R II.....	49	neomycin sulfate.....	16
methadone hcl intensol.....	13	modafinil.....	58	neomycin-bacitracin zn-	
methenamine hippurate.....	16	mometasone furoate.....	42, 58	polymyx.....	54
methergine.....	52	mondoxyne nl.....	18	neomycin-polymyxin-	
methimazole.....	47	mono-lynyah.....	44	dexameth.....	54
methocarbamol.....	58	montelukast sodium.....	56	neomycin-polymyxin-	
methotrexate.....	47	morphine sulfate.....	14	gramicidin.....	54
methotrexate sodium....	47, 48	morphine sulfate		neomycin-polymyxin-hc	54, 55
methotrexate sodium (pf)....	47	(concentrate).....	14	NEONATAL PRENATAL....	37
methscopolamine bromide..	38	morphine sulfate (pf).....	14	NEOPHE.....	52
methsuximide.....	18	morphine sulfate er.....	14	neo-polycin.....	54
methylergonovine maleate..	52	MOTEGRITY.....	38	neo-polycin hc.....	54
methylphenidate hcl.....	34	MOTOFEN.....	38	nephronex.....	37
methylphenidate hcl er.....	34	moxifloxacin hcl.....	18, 55	neuac.....	36
methylphenidate hcl er		moxifloxacin hcl (2x day)....	55	NEULASTA.....	30
(osm).....	34	moxifloxacin hcl in nacl.....	18	NEULASTA ONPRO.....	30
methylprednisolone.....	42	MOZOBIL.....	30	NEUPRO.....	25
methylprednisolone		multivitamin w/fluoride.....	37	nevirapine.....	27
acetate.....	42	multivitamin/fluoride.....	37	nevirapine er.....	27
metoclopramide hcl.....	20	multi-vitamin/fluoride.....	37	new day.....	46
metolazone.....	33	multi-vitamin/fluoride/iron....	37	NEXAVAR.....	24
metoprolol succinate er.....	31	mupirocin.....	16	NEXLETOL.....	33
metoprolol tartrate.....	32	mutamycin.....	23	NEXLIZET.....	33
metronidazole.....	16, 36	my choice.....	46	NEXPLANON.....	46
metyrosine.....	32	my way.....	46	niacin er	
mexiletine hcl.....	31	MYALEPT.....	39	(antihyperlipidemic).....	33
mibelas 24 fe.....	44	mycophenolate mofetil.....	48	NICORETTE.....	15
miconazole 3.....	21	mycophenolate mofetil hcl..	48	nicotine.....	15
MICRHOGAM ULTRA-		mycophenolate sodium.....	48	nicotine mini.....	15
FILTERED PLUS.....	48	MYLERAN.....	22	nicotine polacrilex.....	15
MICROCHAMBER.....	52	MYRBETRIQ.....	40	nicotine polacrilex mini.....	15
microgestin 1.5/30.....	44	na ferric gluc cplx in		nicotine step 1.....	15
microgestin 1/20.....	44	sucrose.....	36	nicotine step 2.....	15
microgestin 24 fe.....	44	na sulfate-k sulfate-mg sulf..	39	nicotine step 3.....	15
microgestin fe 1.5/30.....	44	NABI-HB.....	48	NICOTROL.....	15

NICOTROL NS.....	15	NUTROPIN AQ NUSPIN		OPTICHAMBER	
nifedipine er.....	32	10.....	42	DIAMOND.....	52
nifedipine er osmotic		NUTROPIN AQ NUSPIN		OPTICHAMBER	
release.....	32	20.....	42	DIAMOND-LG MASK.....	52
nikki.....	44	NUTROPIN AQ NUSPIN 5.	42	OPTICHAMBER	
nimodipine.....	32	NUWIQ.....	31	DIAMOND-MD MASK.....	52
NINLARO.....	23	nyamyc.....	21	OPTICHAMBER	
nitazoxanide.....	25	nylia 1/35.....	45	DIAMOND-SM MASK.....	52
nitisinone.....	39	nylia 7/7/7.....	45	option 2.....	46
nitrofurantoin macrocrystal.	16	nymyo.....	45	OPTIONS GYNOL II	
nitrofurantoin monohydrate		nystatin.....	21	CONTRACEPTIVE.....	40
macrocrystals.....	16	nystatin-triamcinolone.....	21	oralone.....	35
nitroglycerin.....	34	nystop.....	21	ORENCIA.....	48
NIVESTYM.....	30	OBIZUR.....	31	ORENCIA CLICKJECT.....	48
nizatidine.....	38	ocella.....	45	ORFADIN.....	39
nora-be.....	46	OCTAGAM.....	48	ORGOVYX.....	22
NORDITROPIN FLEXPPO.....	42	octreotide acetate.....	47	ORKAMBI.....	57
norethin ace-eth estrad-fe..	45	ODEFSEY.....	27	orphenadrine citrate er.....	58
norethindrone.....	46	OFEV.....	57	orphenadrine-aspirin-	
norethindrone acetate.....	46	ofloxacin.....	18, 55	caffeine.....	58
norethindrone acet-ethinyl		olanzapine.....	26	ORSERDU.....	23
est.....	45	olmesartan medoxomil.....	31	oseltamivir phosphate.....	27
norethindrone-eth estradiol.	45	olmesartan medoxomil-		OSPHENA.....	46
norethindron-ethinyl		hctz.....	32	OTEZLA.....	48
estrad-fe.....	45	olopatadine hcl.....	54, 56	oxaprozin.....	13
norethin-eth estradiol-fe.....	45	OMECLAMOX-PAK.....	38	oxcarbazepine.....	19
norgestimate-eth estradiol..	45	omega-3-acid ethyl esters..	33	oxybutynin chloride.....	40
norgestimate-ethinyl		omeprazole.....	39	oxybutynin chloride er.....	40
estradiol triphasic.....	45	OMNIPOD 5 G6 INTRO		oxycodone hcl.....	14
norlyroc.....	46	(GEN 5).....	52	oxycodone-acetaminophen.	15
nortrel 0.5/35 (28).....	45	OMNIPOD 5 G6 POD		OXYCONTIN.....	14
nortrel 1/35 (21).....	45	(GEN 5).....	52	oxymorphone hcl.....	15
nortrel 1/35 (28).....	45	OMNIPOD CLASSIC		oxymorphone hcl er.....	14
nortrel 7/7/7.....	45	PODS (GEN 3).....	52	oxytocin.....	42
nortriptyline hcl.....	20	OMNIPOD DASH INTRO		OZEMPIC.....	29
NORVIR.....	27	(GEN 4).....	52	paclitaxel.....	23
NOVAREL.....	42	OMNIPOD DASH PDM		paliperidone er.....	26
NOVAVAX COVID-19		(GEN 4).....	52	pamidronate disodium.....	50
VACCINE.....	49	OMNIPOD DASH PODS		PANDA MASK LARGE.....	52
NOVOEIGHT.....	31	(GEN 4).....	52	PANDA MASK MEDIUM.....	52
NOVOFINE AUTOCOVER		ondansetron hcl.....	21	PANDA MASK SMALL.....	52
PEN NEEDLE.....	52	ondansetron odt.....	21	pantoprazole sodium.....	39
NOVOFINE PEN NEEDLE.	52	ONE VITE WOMENS.....	37	PARAGARD	
NOVOFINE PLUS PEN		ONE-A-DAY WOMENS		INTRAUTERINE COPPER.	53
NEEDLE.....	52	PRENATAL 1.....	37	PARI VORTEX ADULT	
NOVOPEN ECHO.....	29	ONETOUCH DELICA		MASK.....	53
NOVOSEVEN RT.....	31	PLUS LANCING.....	29	paricalcitol.....	50
np thyroid.....	46	ONETOUCH DELICA		paroxetine hcl.....	20
NUCALA.....	58	SAFETY LANCING.....	29	PAXLOVID (150/100).....	26
NUCYNTA.....	14	ONUREG.....	23	PAXLOVID (300/100).....	26
NUCYNTA ER.....	14	opcicon one-step.....	46	PEDIARIX.....	49
nutrifac zx.....	37	OPSUMIT.....	57	PEDIATRIC PANDA	
				MASK.....	53

PEDVAX HIB.....	49	PIP PEN NEEDLES 32G X 4MM.....	53	prevalite.....	33
peg 3350-kcl-na bicarb- nacl.....	39	piperacillin sod-tazobactam so.....	17	PREVIDENT.....	35
peg-3350/electrolytes.....	39	PIQRAY.....	23	PREVNAR 13.....	49
peg-3350/electrolytes/ascorbat..	39	piroxicam.....	13	PREVNAR 20.....	49
PEGASYS.....	26	PKU EASY.....	53	PREZCOBIX.....	27
peg-kcl-nacl-nasulf-na asc- c.....	39	PKU EASY MICROTABS...	53	PREZISTA.....	27
penicillamine.....	40	PKU EXPRESS 15 PLUS+ .	53	PRIFTIN.....	22
penicillin g potassium.....	17	PKU EXPRESS 20 PLUS+ .	53	primaquine phosphate.....	25
penicillin v potassium.....	17	PKU SPHERE 20.....	53	primidone.....	18
PENTACEL.....	49	PKU START.....	53	PRIORIX.....	49
pentazocine-naloxone hcl...	15	PLAQUENIL.....	25	PRIVIGEN.....	48
pentobarbital sodium.....	18	PLENVU.....	39	PRO COMFORT SPACER ADULT.....	53
pentoxifylline er.....	32	plerixafor.....	30	PRO COMFORT SPACER CHILD.....	53
perio gard.....	35	PNEUMOVAX 23.....	49	PRO COMFORT SPACER INFANT.....	53
permethrin.....	25	POCKET SPACER.....	53	probenecid.....	21
perphenazine.....	20	podofilox.....	36	procainamide hcl.....	31
perphenazine-amitriptyline..	19	polycin.....	54	PROCARE SPACER/ADULT MASK.....	53
phenazo.....	40	polyethylene glycol 3350....	39	PROCARE SPACER/CHILD MASK.....	53
phenazopyridine hcl.....	40	polymyxin b sulfate.....	16	prochlorperazine.....	20
phenelzine sulfate.....	19	polymyxin b-trimethoprim...	54	prochlorperazine maleate...	20
PHENEX-1.....	53	polysaccharide iron forte....	36	PROCRIT.....	30
PHENEX-2.....	53	POMALYST.....	23	procto-med hc.....	50
phenobarbital.....	18	portia-28.....	45	proctosol hc.....	50
phenobarbital sodium.....	18	potassium chloride.....	36, 37	proctozone-hc.....	50
phenoxybenzamine hcl.....	31	potassium chloride crys er..	36	progesterone.....	46
PHENYLADE DRINK MIX..	53	potassium chloride er.....	36	PROLASTIN-C.....	39
PHENYLADE GMP MIX DHA/FIBER.....	53	potassium citrate er.....	37	PROLEUKIN.....	23
PHENYLADE GMP READY.....	53	PRADAXA.....	30	PROLIA.....	50
PHENYLADE GMP ULTRA.....	53	pramipexole dihydrochloride.....	25	PROMACTA.....	30
phenylephrine hcl.....	54	prasugrel hcl.....	31	promethazine hcl.....	20
phenytoin.....	19	pravastatin sodium.....	33	promethegan.....	20
phenytoin infatabs.....	19	praziquantel.....	25	propafenone hcl.....	31
phenytoin sodium.....	19	prazosin hcl.....	31	propranolol hcl.....	32
phenytoin sodium extended.....	19	prednisolone.....	42	propranolol hcl er.....	32
philith.....	45	prednisolone acetate.....	55	propylthiouracil.....	47
PHOSPHOLINE IODIDE ...	55	prednisolone sodium phosphate.....	42, 55	PROQUAD.....	49
phytonadione.....	37	prednisone.....	42	PULMICORT FLEXHALER.	56
PIFELTRO.....	27	pregabalin.....	34	pulmosal.....	58
pilocarpine hcl.....	35, 55	PREGNYL.....	42	PULMOZYME.....	57
pimecrolimus.....	36	PREHEVBRIO.....	49	PURE COMFORT SAFETY PEN NEEDLE.....	53
pimozide.....	25	PREKUNIL.....	53	PURE COMFORT SPACER CHAMBER.....	53
pimtrea.....	45	PREMARIN.....	45	purevit dualfe plus.....	37
pindolol.....	32	PREMPHASE.....	45	PYLERA.....	38
pioglitazone hcl.....	29	PREMPRO.....	45	pyrazinamide.....	22
PIP PEN NEEDLES 31G X 5MM.....	53	prenatal.....	37	pyridostigmine bromide.....	22
		prenatal multi +dha.....	37		
		prenatal plus vitamin/mineral.....	37		
		prenatal/folic acid+dha.....	38		

pyridoxine hcl.....	38	riluzole.....	34	SIMBRINZA.....	55
pyrimethamine.....	25	rimantadine hcl.....	27	simliya.....	45
PYRUKYND.....	30	RINVOQ.....	48	simpesse.....	45
PYRUKYND TAPER		risedronate sodium.....	50	SIMPONI.....	48
PACK.....	30	RISPERDAL CONSTA.....	26	SIMPONI ARIA.....	48
qc magnesium citrate.....	39	risperidone.....	26	simvastatin.....	33
QINLOCK.....	24	ritonavir.....	27	sirolimus.....	48
QUADRACEL.....	49	RITUXAN.....	24	SIRTURO.....	22
quetiapine fumarate.....	26	RITUXAN HYCELA.....	24	SKYCLARYS.....	34
quetiapine fumarate er.....	26	rivastigmine.....	19	SKYLA.....	46
quinapril hcl.....	31	rivastigmine tartrate.....	19	SKYRIZI.....	36, 48
quinapril-		rivelsa.....	45	SKYRIZI PEN.....	48
hydrochlorothiazide.....	32	RIXUBIS.....	31	sod benz-sod phenylacet....	39
quinidine sulfate.....	31	rizatriptan benzoate.....	22	sod citrate-citric acid.....	37
QVAR REDHALER.....	56	ROCKLATAN.....	55	sodium acetate.....	37
rabeprazole sodium.....	39	roflumilast.....	57	sodium chloride.....	58
raloxifene hcl.....	46	ropinirole hcl.....	25	sodium fluoride.....	35, 37
ramipril.....	31	ropinirole hcl er.....	25	sodium fluoride 5000 plus...	35
ranolazine er.....	33	rosuvastatin calcium.....	33	sodium fluoride 5000 ppm..	35
rasagiline mesylate.....	25	ROTARIX.....	49	sodium phenylbutyrate.....	39
RAYA SURE PEN		ROTATEQ.....	49	sodium polystyrene	
NEEDLE.....	53	roweepra.....	18	sulfonate.....	37
react.....	46	ROZLYTREK.....	23	solifenacin succinate.....	40
REBLOZYL.....	30	RUBRACA.....	23	SOLQUA.....	29
reclipsen.....	45	rufinamide.....	19	SOLIRIS.....	30
RECOMBINATE.....	31	RUKOBIA.....	27	SOLU-CORTEF.....	42
RECOMBIVAX HB.....	49	RUXIENCE.....	24	SOMATULINE DEPOT.....	47
RECTIV.....	34	RYBELSUS.....	29	SOMAVERT.....	47
REGRANEX.....	36	RYDAPT.....	24	sorafenib tosylate.....	24
RELENZA DISKHALER.....	27	SAFETY PEN NEEDLES...	53	sorbitol-mannitol.....	40
RENACIDIN.....	40	sajazir.....	47	sotalol hcl.....	31
RENASTART.....	53	SANDIMMUNE.....	48	sotalol hcl (af).....	31
repaglinide.....	29	SANTYL.....	36	spinosad.....	25
REPATHA.....	33	sapropterin dihydrochloride	39	SPIRIVA HANDIHALER....	56
REPATHA PUSHTRONEX		SAVELLA.....	34	SPIRIVA RESPIMAT.....	56
SYSTEM.....	33	SAVELLA TITRATION		spironolactone.....	33
REPATHA SURECLICK....	33	PACK.....	34	spironolactone-hctz.....	33
RESTASIS.....	54	scopolamine.....	20	sprintec 28.....	45
RESTASIS MULTIDOSE...	54	selegiline hcl.....	25	SPRYCEL.....	24
RETACRIT.....	30	selenium sulfide.....	36	sps.....	37
RETEVMO.....	24	SELZENTRY.....	27	sronyx.....	45
REVCОВI.....	39	SEREVENT DISKUS.....	57	ssd.....	16
REVLIMID.....	23	sertraline hcl.....	20	ST JOSEPH LOW DOSE...	13
REXULTI.....	26	se-tan plus.....	37	STELARA.....	36
REYATAZ.....	27	setlakin.....	45	STIOLTO RESPIMAT.....	58
RHOGAM ULTRA-		sevelamer carbonate.....	37	STIVARGA.....	24
FILTERED PLUS.....	48	SFROWASA.....	49	STRENSIQ.....	39
RHOPHYLAC.....	48	sharobel.....	46	streptomycin sulfate.....	16
RHOPRESSA.....	55	SHINGRIX.....	49	STRIVERDI RESPIMAT....	57
RIASTAP.....	31	SIGNIFOR.....	47	subvenite.....	19
ribavirin.....	26	sildenafil citrate.....	57	SUCRAID.....	40
rifabutin.....	22	silodosin.....	40	sucrafate.....	39
rifampin.....	22	silver sulfadiazine.....	16	SULCONAZOLE NITRATE.	21

sulfacetamide sodium.....	55	TENIVAC.....	49	tramadol-acetaminophen....	15
sulfacetamide sodium (acne).....	36	tenofovir disoproxil fumarate.....	27	trandolapril.....	31
sulfacetamide- prednisolone.....	54	terazosin hcl.....	40	tranylcypromine sulfate.....	19
sulfadiazine.....	18	terbinafine hcl.....	21	travoprost (bak free).....	55
sulfamethoxazole- trimethoprim.....	18	terconazole.....	21	trazodone hcl.....	20
sulfasalazine.....	50	TERIPARATIDE (RECOMBINANT).....	50	TRECTOR.....	22
sulfatrim pediatric.....	18	testosterone.....	43	TRELEGY ELLIPTA.....	58
sulfurated lime.....	25	testosterone cypionate.....	43	TREMFYA.....	36
sulindac.....	13	testosterone enanthate.....	43	treprostinil.....	57
sumatriptan.....	22	TETANUS-DIPHThERIA		TRESIBA.....	30
sumatriptan succinate.....	22	TOXOIDS TD.....	49	TRESIBA FLEXTOUCH.....	30
sunitinib malate.....	24	tetrabenazine.....	34	tretinoin.....	24, 36
SUNOSI.....	58	tetracycline hcl.....	18	triamcinolone acetonide	35, 42
SUPREP BOWEL PREP KIT.....	39	THALOMID.....	23	triamterene-hctz.....	33
syeda.....	45	theophylline er.....	57	triderm.....	42
SYFOVRE.....	54	thiamine hcl.....	38	trientine hcl.....	37
SYMBICORT.....	56	thioridazine hcl.....	25	tri-estarylla.....	45
SYMPROIC.....	38	thiothixene.....	25	trifluoperazine hcl.....	25
SYMTUZA.....	27	thyroid.....	46	trifluridine.....	54
SYNAGIS.....	48	tiadylt er.....	32	trigels-f forte.....	37
SYNJARDY.....	29	tiagabine hcl.....	18	trihexyphenidyl hcl.....	25
SYNJARDY XR.....	29	tilia fe.....	45	tri-legest fe.....	45
SYNRIBO.....	23	timolol maleate.....	55	tri-linyah.....	45
TABRECTA.....	24	tiotropium bromide monohydrate.....	56	tri-lo-estarylla.....	45
tacrolimus.....	36, 48	TIVICAY.....	26	tri-lo-marzia.....	45
tadalafil.....	40	TIVICAY PD.....	26	tri-lo-mili.....	45
tadalafil (pah).....	57	tizanidine hcl.....	58	tri-lo-sprintec.....	45
TAFINLAR.....	24	TOBRADEX.....	54	trimethoprim.....	16
tafluprost (pf).....	55	TOBRADEX ST.....	54	tri-mili.....	45
TAGRISSE.....	24	tobramycin.....	54, 57	trimipramine maleate.....	20
take action.....	46	tobramycin- dexamethasone.....	54	TRINTELLIX.....	20
TALTZ.....	36	TOBREX.....	54	tri-nymyo.....	45
TAMIFLU.....	27	TODAY SPONGE.....	40	triphrocaps.....	38
tamoxifen citrate.....	23	tolcapone.....	25	tri-sprintec.....	45
tamsulosin hcl.....	40	tolmetin sodium.....	13	TRIUMEQ.....	27
TARGRETIN.....	24	tolterodine tartrate.....	40	tri-vite/fluoride.....	38
tarina 24 fe.....	45	tolterodine tartrate er.....	40	trivora (28).....	45
tarina fe 1/20 eq.....	45	topiramate.....	19	tri-vylibra.....	45
TASIGNA.....	24	toremifene citrate.....	23	tri-vylibra lo.....	45
taysofy.....	45	torsemide.....	33	trospium chloride.....	40
tazarotene.....	36	TOUJEO MAX		trospium chloride er.....	40
tazicef.....	17	SOLOSTAR.....	30	TRULICITY.....	29
taztia xt.....	32	TOUJEO SOLOSTAR.....	30	TRUMENBA.....	49
TDVAX.....	49	TOVIAZ.....	40	TUKYSA.....	24
TEGSEDI.....	40	TRACLEER.....	57	TURALIO.....	24
telmisartan.....	31	TRADJENTA.....	29	TWINRIX.....	49
temazepam.....	58	tramadol hcl (er biphasic)...	14	tyblume.....	45
temozolomide.....	22	tramadol hcl er.....	14	tydemy.....	45
temsirolimus.....	48	tramadol hcl ir.....	15	TYSABRI.....	35
				TYVASO.....	57
				TYVASO DPI MAINTENANCE KIT.....	57

TYVASO DPI TITRATION KIT.....	57	VICTOZA.....	29	XELODA.....	23
TYVASO REFILL.....	57	vienva.....	45	XEPI.....	16
TYVASO STARTER.....	57	VIIBRYD.....	20	XGEVA.....	50
ULTIGUARD SAFEPACK		VIIBRYD STARTER PACK.....	20	XIAFLEX.....	53
SYR/NEEDLE.....	53	vilazodone hcl.....	20	XIFAXAN.....	16
ULTOMIRIS.....	48	VIMPAT.....	19	XIGDUO XR.....	29
unithroid.....	46	viorele.....	45	XIIDRA.....	54
ursodiol.....	38	VIREAD.....	27	XOLAIR.....	48
VABOMERE.....	17	virt-caps.....	38	XTAMPZA ER.....	14
valacyclovir hcl.....	26	VISTOGARD.....	53	XTANDI.....	22
valganciclovir hcl.....	26	vita s forte.....	38	xulane.....	45
valproate sodium.....	18	vitacel.....	38	XULTOPHY.....	29
valproic acid.....	19	vitamin d (ergocalciferol).....	38	XYNTHA.....	31
valsartan.....	31	vitamin k1.....	38	XYNTHA SOLOFUSE.....	31
valsartan-		vitamins acd-fluoride.....	38	yl folic acid.....	38
hydrochlorothiazide.....	33	VIVITROL.....	15	yuvafem.....	45
vancomycin hcl.....	16	volnea.....	45	zafemy.....	45
VANDAZOLE.....	16	voriconazole.....	21	zafirlukast.....	56
VAQTA.....	49	VORTEX VALVED		zaleplon.....	58
varenicline tartrate.....	15	HOLDING CHAMBER.....	53	ZANOSAR.....	22
varenicline tartrate (starter).....	15	VOTRIENT.....	24	ZELBORAF.....	24
VARIVAX.....	49	vp-vite rx.....	38	zenatane.....	36
VAXELIS.....	49	vyfemla.....	45	ZENPEP.....	40
VAXNEUVANCE.....	49	vylibra.....	45	ZEPATIER.....	26
v-c forte.....	38	VYNDAMAX.....	33	ZERVIAE.....	54
VCF VAGINAL		VYVANSE.....	34	zidovudine.....	27
CONTRACEPTIVE.....	40	warfarin sodium.....	30	zileuton er.....	56
vcf vaginal contraceptive....	40	wera.....	45	ZIOPTAN.....	55
velivet.....	45	wescaps.....	38	ziprasidone hcl.....	26
VELPHORO.....	37	WIDE-SEAL DIAPHRAGM		ZIRGAN.....	54
VELTASSA.....	37	60.....	53	ZOKINVY.....	53
VENCLEXTA.....	24	WIDE-SEAL DIAPHRAGM		zoledronic acid.....	50
VENCLEXTA STARTING		65.....	53	ZOLINZA.....	23
PACK.....	24	WIDE-SEAL DIAPHRAGM		zolmitriptan.....	22
venlafaxine hcl.....	20	70.....	53	zolpidem tartrate.....	58
venlafaxine hcl er.....	20	WIDE-SEAL DIAPHRAGM		zolpidem tartrate er.....	58
VENTAVIS.....	57	75.....	53	zonisamide.....	18
verapamil hcl.....	32	WIDE-SEAL DIAPHRAGM		zovia 1/35 (28).....	45
verapamil hcl er.....	32	80.....	53	zumandimine.....	45
VERIFINE INSULIN PEN		WIDE-SEAL DIAPHRAGM		ZYDELIG.....	24
NEEDLE.....	53	85.....	53	ZYKADIA.....	24
VERIFINE INSULIN		WIDE-SEAL DIAPHRAGM		ZYLET.....	54
SYRINGE.....	53	90.....	53		
VERIFINE SAFE LANCET		WIDE-SEAL DIAPHRAGM			
MINI 21G.....	29	95.....	53		
VERIFINE SAFE LANCET		wixela inhub.....	56		
MINI 23G.....	29	wymzya fe.....	45		
VERIFINE SAFE LANCET		XALKORI.....	24		
MINI 28G.....	29	XARELTO.....	30		
VERIFINE SAFE LANCET		XARELTO STARTER			
MINI 30G.....	29	PACK.....	30		
vestura.....	45	XELJANZ.....	48		
		XELJANZ XR.....	48		