

# Baylor Scott & White Health Plan

## Group Choice Formulary

1st Quarter 2024

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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? .....                        | 3 |
| Does the formulary ever change? .....                                                            | 4 |
| How am I notified of changes to the formulary?.....                                              | 4 |
| What are brand-name and generic drugs? .....                                                     | 4 |
| What is generic substitution? .....                                                              | 5 |
| What are specialty drugs? .....                                                                  | 5 |
| What are pharmaceutical management procedures?.....                                              | 5 |
| Are there any restrictions on my coverage? .....                                                 | 5 |
| How do I request an exception to the BSWHP formulary? .....                                      | 6 |
| What drugs are not covered by my prescription drug benefit? .....                                | 6 |
| Are medications administered by my doctor covered under the prescription drug benefit?.....      | 6 |
| 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 .....                                                                     | 7 |
| Preventive Care Medications & Medications Covered Under Health Care Reform....                   | 8 |
| Smoking Cessation Medication Coverage.....                                                       | 8 |
| Diabetic Supplies.....                                                                           | 8 |
| Sexual Dysfunction Drugs .....                                                                   | 8 |
| 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 determine 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 all-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 is primarily made up of physicians, pharmacists, and nurses. They review information and scientific evidence concerning safety, effectiveness, and current use in therapy.

## Does the formulary ever change?

Since the P&T Committee meets regularly 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 1-800728-7947.

## What are brand-name and generic drugs?

BSWHP covers both brand-name and generic drugs. A brand-name medication has a trade name and is protected by a patent, which can be produced and sold only by the company holding the patent. 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). 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), an exception request can be submitted for review. A non-formulary drug may qualify for coverage 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.

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, per copayment, or over a certain time period. 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 two smoking cessation attempts per year, up to 180 days total. These medications are noted as preventive drugs (PV). Please note some drugs may be subject to step therapy or prior authorization.

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

## **Diabetic Supplies**

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

## **Sexual Dysfunction Drugs**

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



## Oral Oncology Split Fill Program

Prescriptions for drugs included in the oral oncology program will be restricted to a 2-week supply with each prescription fill 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 you and your loved ones from accidental overdose and is available at \$0 cost-share. If you or someone you know is taking opioids, talk with your pharmacist or doctor about getting naloxone. In Texas, you can get naloxone from a pharmacy without a prescription. Naloxone is available as an injection or as naloxone nasal spray (Narcan®), and both are covered at a \$0 copay.

## Reading your formulary

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

### Tier information

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

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

### Drug list information

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

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

## Group Choice Formulary

### Table of Contents

|                                                                                     |    |                                                                                              |    |
|-------------------------------------------------------------------------------------|----|----------------------------------------------------------------------------------------------|----|
| Analgesics - Drugs for Pain.....                                                    | 12 | Genitourinary Agents - Drugs for Bladder,<br>Genital and Kidney Conditions.....              | 42 |
| Analgesics - Drugs for Pain and Inflammation                                        | 12 | Genitourinary Agents - Drugs for Prostate<br>Conditions.....                                 | 43 |
| Anesthetics.....                                                                    | 13 | Hormonal Agents - Adrenal.....                                                               | 43 |
| Anti-Addiction / Substance Abuse Treatment<br>Agents.....                           | 13 | Hormonal Agents - Men's Health.....                                                          | 43 |
| Antibacterials.....                                                                 | 14 | Hormonal Agents - Pituitary.....                                                             | 43 |
| Anticoagulants.....                                                                 | 15 | Hormonal Agents - Selective Estrogen<br>Receptor Modifying Agents.....                       | 44 |
| Anticonvulsants - Drugs for Seizures.....                                           | 16 | Hormonal Agents - Sex Hormones and Birth<br>Control.....                                     | 44 |
| Antidementia Agents - Drugs for Alzheimer's<br>Disease and Dementia.....            | 17 | Hormonal Agents - Thyroid.....                                                               | 48 |
| Antidepressants.....                                                                | 17 | Immunological Agents - Drugs for Immune<br>System Stimulation or Suppression.....            | 48 |
| Antiemetics - Drugs for Nausea and Vomiting                                         | 18 | Immunological Agents - Drugs for<br>Vaccination.....                                         | 50 |
| Antifungals.....                                                                    | 18 | Inflammatory Bowel Disease Agents.....                                                       | 51 |
| Antigout Agents.....                                                                | 19 | Metabolic Bone Disease Agents - Drugs for<br>Osteoporosis.....                               | 52 |
| Antimigraine Agents.....                                                            | 19 | Metabolic Bone Disease Agents - Other.....                                                   | 52 |
| Antimyasthenic Agents.....                                                          | 19 | Miscellaneous Therapeutic Agents.....                                                        | 52 |
| Antimycobacterials.....                                                             | 19 | Ophthalmic Agents - Drugs for Eye Allergy,<br>Infection and Inflammation.....                | 56 |
| Antineoplastics - Drugs for Cancer.....                                             | 19 | Ophthalmic Agents - Drugs for Glaucoma.....                                                  | 57 |
| Antiparasitics.....                                                                 | 22 | Ophthalmic Agents - Drugs for Miscellaneous<br>Eye Conditions.....                           | 57 |
| Antiparkinson Agents.....                                                           | 22 | Otic Agents - Drugs for Ear Conditions.....                                                  | 58 |
| Antiplatelets.....                                                                  | 23 | Respiratory Tract / Pulmonary Agents -<br>Drugs for Allergies, Cough, Cold.....              | 58 |
| Antipsychotics - Drugs for Mood Disorders....                                       | 23 | Respiratory Tract / Pulmonary Agents -<br>Drugs for Asthma and Other Lung<br>Conditions..... | 59 |
| Antivirals.....                                                                     | 23 | Respiratory Tract / Pulmonary Agents -<br>Drugs for Cystic Fibrosis.....                     | 60 |
| Anxiolytics - Drugs for Anxiety.....                                                | 25 | Respiratory Tract / Pulmonary Agents -<br>Drugs for Pulmonary Hypertension.....              | 60 |
| Bipolar Agents - Drugs for Mood Disorders....                                       | 25 | Skeletal Muscle Relaxants - Drugs for<br>Muscle Pain and Spasm.....                          | 60 |
| Blood Products and Modifiers - Drugs for<br>Blood Disorders.....                    | 25 | Sleep Disorder Agents.....                                                                   | 61 |
| Cardiovascular Agents - Drugs for Heart and<br>Circulation Conditions.....          | 25 | Index of Drugs.....                                                                          | 62 |
| Central Nervous System Agents - Drugs for<br>Attention Deficit Disorder.....        | 29 |                                                                                              |    |
| Central Nervous System Agents - Drugs for<br>Multiple Sclerosis.....                | 29 |                                                                                              |    |
| Central Nervous System Agents -<br>Miscellaneous.....                               | 29 |                                                                                              |    |
| Dental and Oral Agents - Drugs for Mouth<br>and Throat Conditions.....              | 29 |                                                                                              |    |
| Dermatological Agents - Drugs for Skin<br>Conditions.....                           | 30 |                                                                                              |    |
| Diabetes - Antidiabetic Agents.....                                                 | 33 |                                                                                              |    |
| Diabetes - Glucose Monitoring.....                                                  | 33 |                                                                                              |    |
| Diabetes - Glycemic Agents.....                                                     | 38 |                                                                                              |    |
| Diabetes - Insulins.....                                                            | 38 |                                                                                              |    |
| Electrolytes / Minerals / Metals / Vitamins.....                                    | 39 |                                                                                              |    |
| Gastrointestinal Agents - Drugs for Acid<br>Reflux and Ulcer.....                   | 41 |                                                                                              |    |
| Gastrointestinal Agents - Drugs for Bowel,<br>Intestine and Stomach Conditions..... | 41 |                                                                                              |    |
| Genetic or Enzyme Disorder - Drugs for<br>Replacement, Modification, Treatment..... | 42 |                                                                                              |    |

| Drug Name                                                                                 | Drug Tier | Notes  |
|-------------------------------------------------------------------------------------------|-----------|--------|
| <b>Analgesics - Drugs for Pain</b>                                                        |           |        |
| acetaminophen-codeine                                                                     | 1         | QL     |
| ascomp-codeine                                                                            | 1         |        |
| bac                                                                                       | 1         |        |
| BELBUCA                                                                                   | 3         | PA; QL |
| buprenorphine                                                                             | 3         | PA; QL |
| butalbital-acetaminophen oral tablet 50-325 mg                                            | 1         |        |
| butalbital-apap-caff-cod oral capsule 50-325-40-30 mg                                     | 1         |        |
| butalbital-apap-caffeine oral capsule 50-300-40 mg                                        | 1         |        |
| butalbital-apap-caffeine oral tablet                                                      | 1         |        |
| butalbital-asa-caff-codeine                                                               | 1         |        |
| butalbital-aspirin-caffeine                                                               | 1         |        |
| butorphanol tartrate nasal                                                                | 1         | QL     |
| codeine sulfate                                                                           | 1         | QL     |
| endocet                                                                                   | 1         | QL     |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr | 1         | PA; QL |
| hydrocodone-acetaminophen                                                                 | 1         | QL     |
| hydrocodone-ibuprofen                                                                     | 3         | QL     |
| hydromorphone hcl oral                                                                    | 1         | QL     |
| hydromorphone hcl rectal                                                                  | 1         | QL     |
| LORTAB ORAL ELIXIR 10-300 MG/15ML                                                         | 2         | QL     |
| methadone hcl intensol                                                                    | 1         |        |
| methadone hcl oral concentrate                                                            | 1         |        |
| methadone hcl oral solution                                                               | 1         |        |

| Drug Name                                                                       | Drug Tier | Notes  |
|---------------------------------------------------------------------------------|-----------|--------|
| methadone hcl oral tablet                                                       | 1         | PA     |
| methadone hcl oral tablet soluble                                               | 1         |        |
| methadose oral tablet soluble                                                   | 1         |        |
| morphine sulfate (concentrate)                                                  | 1         | QL     |
| morphine sulfate er oral tablet extended release                                | 1         | PA; QL |
| morphine sulfate oral                                                           | 1         | QL     |
| morphine sulfate rectal                                                         | 1         | QL     |
| NUCYNTA                                                                         | 3         | QL     |
| NUCYNTA ER                                                                      | 3         | PA; QL |
| OXYCODONE HCL ER                                                                | 1         | PA; QL |
| oxycodone hcl oral capsule                                                      | 1         | QL     |
| oxycodone hcl oral concentrate 100 mg/5ml                                       | 1         | QL     |
| oxycodone hcl oral solution                                                     | 1         | QL     |
| oxycodone hcl oral tablet                                                       | 1         | QL     |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1         | QL     |
| pentazocine-naloxone hcl                                                        | 1         | QL     |
| tramadol hcl (er biphasic) oral tablet extended release 24 hour                 | 1         | PA; QL |
| tramadol hcl er                                                                 | 1         | PA; QL |
| tramadol hcl oral tablet                                                        | 1         | QL     |
| tramadol-acetaminophen                                                          | 1         | QL     |
| <b>Analgesics - Drugs for Pain and Inflammation</b>                             |           |        |
| adult aspirin regimen                                                           | 0         | PV     |
| aspirin 81 oral tablet delayed release                                          | 0         | PV     |
| aspirin adult low dose                                                          | 0         | PV     |
| aspirin adult low strength                                                      | 0         | PV     |

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

| Drug Name                                    | Drug Tier | Notes |
|----------------------------------------------|-----------|-------|
| aspirin childrens                            | 0         | PV    |
| aspirin ec low dose                          | 0         | PV    |
| aspirin ec low strength                      | 0         | PV    |
| aspirin low dose                             | 0         | PV    |
| aspirin oral tablet chewable                 | 0         | PV    |
| aspirin oral tablet delayed release 81 mg    | 0         | PV    |
| aspirin regimen                              | 0         | PV    |
| BAYER ASPIRIN EC LOW DOSE                    | 0         | PV    |
| celecoxib oral                               | 1         | QL    |
| diclofenac potassium oral tablet 50 mg       | 1         |       |
| diclofenac sodium er                         | 1         |       |
| diclofenac sodium external gel 1 %           | 1         | QL    |
| diclofenac sodium external solution 1.5 %    | 1         | PA    |
| diclofenac sodium oral                       | 1         |       |
| diclofenac-misoprostol                       | 3         |       |
| diflunisal oral                              | 1         |       |
| ec-naproxen                                  | 1         |       |
| etodolac                                     | 1         |       |
| etodolac er                                  | 1         |       |
| flurbiprofen oral                            | 1         |       |
| ft aspirin low dose                          | 0         | PV    |
| goodsense aspirin low dose                   | 0         | PV    |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1         |       |
| INDOCIN RECTAL                               | 2         |       |
| indomethacin er                              | 1         |       |
| indomethacin oral                            | 1         |       |
| indomethacin rectal suppository 50 mg        | 1         |       |
| ketorolac tromethamine oral                  | 1         | QL    |
| meloxicam oral tablet                        | 1         |       |

| Drug Name                                                   | Drug Tier | Notes                     |
|-------------------------------------------------------------|-----------|---------------------------|
| mm aspirin                                                  | 0         | 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         |                           |
| salsalate oral                                              | 1         |                           |
| ST JOSEPH LOW DOSE                                          | 0         | PV                        |
| sulindac oral                                               | 1         |                           |
| <b>Anesthetics</b>                                          |           |                           |
| glydo                                                       | 1         |                           |
| lidocaine external ointment 5 %                             | 1         |                           |
| lidocaine external patch 5 %                                | 1         |                           |
| lidocaine hcl external solution                             | 1         |                           |
| lidocaine hcl urethral/mucosal external gel 2 %             | 1         |                           |
| lidocaine-prilocaine external cream                         | 1         |                           |
| <b>Anti-Addiction / Substance Abuse Treatment Agents</b>    |           |                           |
| acamprosate calcium                                         | 1         |                           |
| buprenorphine hcl sublingual                                | 1         | QL                        |
| buprenorphine hcl-naloxone hcl sublingual film              | 3         | QL                        |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual | 1         | QL                        |
| bupropion hcl er (smoking det)                              | 1         | PV; QL; AL (Min 18 Years) |

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

| Drug Name                                     | Drug Tier | Notes                     |
|-----------------------------------------------|-----------|---------------------------|
| disulfiram oral                               | 1         |                           |
| goodsense nicotine mouth/throat lozenge 4 mg  | 0         | PV; QL; AL (Min 18 Years) |
| habitrol                                      | 0         | PV; QL; AL (Min 18 Years) |
| naloxone hcl injection                        | 1         |                           |
| naloxone hcl nasal                            | 1         |                           |
| naltrexone hcl oral                           | 1         |                           |
| NARCAN                                        | 2         |                           |
| NICORETTE MOUTH/THROAT GUM 2 MG               | 0         | PV; QL; AL (Min 18 Years) |
| NICORETTE MOUTH/THROAT LOZENGE 4 MG           | 0         | PV; QL; AL (Min 18 Years) |
| nicotine mini                                 | 0         | PV; QL; AL (Min 18 Years) |
| nicotine polacrilex mini                      | 0         | PV; QL; AL (Min 18 Years) |
| nicotine polacrilex mouth/throat              | 0         | PV; QL; AL (Min 18 Years) |
| nicotine step 1                               | 0         | PV; QL; AL (Min 18 Years) |
| nicotine step 2                               | 0         | PV; QL; AL (Min 18 Years) |
| nicotine step 3                               | 0         | PV; QL; AL (Min 18 Years) |
| nicotine transdermal kit                      | 0         | PV; QL; AL (Min 18 Years) |
| nicotine transdermal patch 24 hour 21 mg/24hr | 0         | PV; QL; AL (Min 18 Years) |

| Drug Name                                | Drug Tier | Notes                         |
|------------------------------------------|-----------|-------------------------------|
| NICOTROL                                 | 3         | ST; PV; QL; AL (Min 18 Years) |
| NICOTROL NS                              | 3         | ST; PV; QL; AL (Min 18 Years) |
| SUBOXONE                                 | 3         | QL                            |
| varenicline tartrate                     | 3         | PV; QL; AL (Min 18 Years)     |
| varenicline tartrate(continue)           | 3         | PV; QL; AL (Min 18 Years)     |
| <b>Antibacterials</b>                    |           |                               |
| amoxicillin                              | 1         |                               |
| amoxicillin-potassium clavulanate        | 1         |                               |
| amoxicillin-potassium clavulanate er     | 3         |                               |
| ampicillin                               | 1         |                               |
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED  | 2         |                               |
| avidoxy                                  | 1         |                               |
| azithromycin oral                        | 1         |                               |
| cefadroxil                               | 1         |                               |
| cefdinir                                 | 1         |                               |
| cefixime oral capsule                    | 1         |                               |
| cefpodoxime proxetil                     | 1         |                               |
| cefprozil                                | 1         |                               |
| cefuroxime axetil                        | 1         |                               |
| cephalexin oral capsule 250 mg, 500 mg   | 1         |                               |
| cephalexin oral capsule 750 mg           | 3         |                               |
| cephalexin oral suspension reconstituted | 1         |                               |
| cephalexin oral tablet                   | 1         |                               |
| ciprofloxacin 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 |
|-------------------------------------------------------------------------------|-----------|-------|
| ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%) | 1         |       |
| clarithromycin er                                                             | 1         |       |
| clarithromycin oral                                                           | 1         |       |
| CLEOCIN VAGINAL SUPPOSITORY                                                   | 2         |       |
| clindamycin hcl oral                                                          | 1         |       |
| clindamycin palmitate hcl                                                     | 1         |       |
| clindamycin phosphate vaginal                                                 | 1         |       |
| CLINDESSE                                                                     | 3         |       |
| demeclocycline hcl                                                            | 3         |       |
| dicloxacillin sodium                                                          | 1         |       |
| DIFICID ORAL TABLET                                                           | 3         |       |
| doxycycline hyclate oral capsule                                              | 1         |       |
| doxycycline hyclate oral tablet 100 mg, 20 mg                                 | 1         |       |
| doxycycline monohydrate oral capsule 100 mg, 50 mg                            | 1         |       |
| doxycycline monohydrate oral suspension reconstituted                         | 1         |       |
| doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg                      | 1         |       |
| erythromycin base oral                                                        | 3         |       |
| erythromycin ethylsuccinate oral                                              | 3         |       |
| erythromycin oral                                                             | 3         |       |
| FIRVANQ                                                                       | 3         |       |
| fosfomycin tromethamine                                                       | 1         |       |
| gentamicin sulfate external                                                   | 1         |       |
| levofloxacin oral                                                             | 1         |       |
| linezolid oral suspension reconstituted                                       | 3         | QL    |
| linezolid oral tablet                                                         | 1         | QL    |

| Drug Name                                                              | Drug Tier | Notes |
|------------------------------------------------------------------------|-----------|-------|
| methenamine hippurate                                                  | 1         |       |
| metronidazole oral tablet                                              | 1         |       |
| metronidazole vaginal                                                  | 1         |       |
| minocycline hcl oral                                                   | 1         |       |
| mondoxyne nl                                                           | 1         |       |
| moxifloxacin hcl oral                                                  | 1         |       |
| mupirocin external                                                     | 1         |       |
| neomycin sulfate oral                                                  | 1         |       |
| nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg                 | 1         |       |
| nitrofurantoin macrocrystal oral capsule 25 mg                         | 1         | QL    |
| nitrofurantoin monohydrate macrocrystals                               | 1         |       |
| penicillin v potassium                                                 | 1         |       |
| silver sulfadiazine external                                           | 1         |       |
| ssd                                                                    | 1         |       |
| sulfadiazine oral                                                      | 3         |       |
| sulfamethoxazole-trimethoprim oral                                     | 1         |       |
| sulfatrim pediatric                                                    | 1         |       |
| tetracycline hcl oral                                                  | 1         |       |
| tinidazole oral                                                        | 1         |       |
| trimethoprim oral                                                      | 1         |       |
| vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg | 3         |       |
| vancomycin hcl oral                                                    | 3         |       |
| XIFAXAN                                                                | 3         | PA    |
| <b>Anticoagulants</b>                                                  |           |       |
| bd heparin posiflush                                                   | 1         |       |
| ELIQUIS                                                                | 2         | QL    |
| ELIQUIS DVT/PE STARTER PACK                                            | 2         | QL    |

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

| Drug Name                                              | Drug Tier | Notes | Drug Name                             | Drug Tier | Notes |
|--------------------------------------------------------|-----------|-------|---------------------------------------|-----------|-------|
| enoxaparin sodium injection solution 150 mg/ml         | 1         |       | epitol                                | 1         |       |
| enoxaparin sodium injection solution prefilled syringe | 1         |       | ethosuximide oral                     | 1         |       |
| fondaparinux sodium                                    | SP1       |       | felbamate                             | 1         |       |
| FRAGMIN                                                | SP3       |       | FYCOMPA                               | 3         |       |
| heparin na (pork) lock flsh pf                         | 1         |       | gabapentin oral capsule               | 1         |       |
| heparin sod (pork) lock flush                          | 1         |       | gabapentin oral solution              | 1         |       |
| heparin sodium (porcine)                               | 1         |       | gabapentin oral tablet 600 mg, 800 mg | 1         |       |
| heparin sodium (porcine) pf                            | 1         |       | lacosamide oral solution              | 3         |       |
| jantoven                                               | 1         |       | lacosamide oral tablet                | 1         |       |
| warfarin sodium oral                                   | 1         |       | lamotrigine er                        | 3         |       |
| XARELTO                                                | 2         | QL    | lamotrigine oral tablet               | 1         |       |
| XARELTO STARTER PACK                                   | 2         | QL    | lamotrigine oral tablet chewable      | 1         |       |
| <b>Anticonvulsants - Drugs for Seizures</b>            |           |       | lamotrigine oral tablet dispersible   | 3         |       |
| APTIOM                                                 | 3         |       | levetiracetam er                      | 1         |       |
| carbamazepine er                                       | 1         |       | levetiracetam oral                    | 1         |       |
| carbamazepine oral                                     | 1         |       | methsuximide                          | 1         |       |
| CARBATROL                                              | 2         |       | NAYZILAM                              | 3         | QL    |
| CELONTIN                                               | 2         |       | oxcarbazepine                         | 1         |       |
| clobazam oral suspension                               | 3         | PA    | OXTELLAR XR                           | 3         |       |
| clobazam oral tablet                                   | 1         | PA    | phenobarbital oral                    | 1         |       |
| DEPAKOTE                                               | 2         |       | phenytek                              | 1         |       |
| DEPAKOTE ER                                            | 2         |       | phenytoin infatabs                    | 1         |       |
| DEPAKOTE SPRINKLES                                     | 2         |       | phenytoin oral                        | 1         |       |
| diazepam rectal                                        | 1         | QL    | phenytoin sodium extended             | 1         |       |
| DILANTIN                                               | 2         |       | primidone oral tablet 250 mg, 50 mg   | 1         |       |
| DILANTIN INFATABS                                      | 2         |       | roweepra                              | 1         |       |
| divalproex sodium er                                   | 1         |       | rufinamide                            | SP1       | PA    |
| divalproex sodium oral                                 | 1         |       | subvenite                             | 1         |       |
| EPIDIOLEX                                              | SP2       | PA    | TEGRETOL                              | 2         |       |
|                                                        |           |       | TEGRETOL-XR                           | 2         |       |
|                                                        |           |       | tiagabine hcl                         | 1         |       |
|                                                        |           |       | topiramate oral                       | 1         |       |
|                                                        |           |       | valproic acid 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 |
|------------------------------------------------------------------------------------|-----------|-------|
| vigabatrin                                                                         | SP1       | PA    |
| vigadrone                                                                          | SP1       | PA    |
| VIMPAT ORAL TABLET                                                                 | 3         |       |
| ZARONTIN                                                                           | 2         |       |
| zonisamide oral                                                                    | 1         |       |
| <b>Antidementia Agents -<br/>Drugs for Alzheimer's<br/>Disease and Dementia</b>    |           |       |
| donepezil hcl                                                                      | 1         |       |
| galantamine<br>hydrobromide er                                                     | 1         |       |
| galantamine<br>hydrobromide oral tablet                                            | 1         |       |
| memantine hcl                                                                      | 1         |       |
| memantine hcl er                                                                   | 1         | QL    |
| rivastigmine                                                                       | 1         |       |
| rivastigmine tartrate                                                              | 1         |       |
| <b>Antidepressants</b>                                                             |           |       |
| amitriptyline hcl oral                                                             | 1         |       |
| amoxapine                                                                          | 1         |       |
| bupropion hcl er (sr)                                                              | 1         | QL    |
| bupropion hcl er (xl) oral<br>tablet extended release<br>24 hour 150 mg, 300 mg    | 1         | QL    |
| bupropion hcl oral                                                                 | 1         |       |
| citalopram hydrobromide<br>oral solution                                           | 1         |       |
| citalopram hydrobromide<br>oral tablet                                             | 1         |       |
| clomipramine hcl oral                                                              | 1         |       |
| desipramine hcl oral                                                               | 1         |       |
| desvenlafaxine succinate<br>er                                                     | 1         | QL    |
| doxepin hcl oral capsule                                                           | 1         |       |
| doxepin hcl oral<br>concentrate                                                    | 1         |       |
| duloxetine hcl oral<br>capsule delayed release<br>particles 20 mg, 30 mg,<br>60 mg | 1         | QL    |

| Drug Name                                                            | Drug Tier | Notes  |
|----------------------------------------------------------------------|-----------|--------|
| escitalopram oxalate oral                                            | 1         |        |
| FETZIMA                                                              | 3         | QL     |
| FETZIMA TITRATION                                                    | 3         | QL     |
| fluoxetine hcl (pmdd)                                                | 1         |        |
| fluoxetine hcl oral<br>capsule                                       | 1         |        |
| fluoxetine hcl oral<br>capsule delayed release                       | 1         | QL     |
| fluoxetine hcl oral<br>solution                                      | 1         |        |
| fluoxetine hcl oral tablet                                           | 1         |        |
| fluvoxamine maleate                                                  | 1         |        |
| fluvoxamine maleate er                                               | 3         | QL     |
| imipramine hcl oral                                                  | 1         |        |
| mirtazapine oral                                                     | 1         |        |
| nefazodone hcl                                                       | 1         |        |
| nortriptyline hcl oral                                               | 1         |        |
| paroxetine hcl                                                       | 1         |        |
| paroxetine hcl er                                                    | 1         |        |
| phenelzine sulfate oral                                              | 1         |        |
| protriptyline hcl                                                    | 3         |        |
| sertraline hcl oral<br>concentrate                                   | 1         |        |
| sertraline hcl oral tablet                                           | 1         |        |
| tranylcypromine sulfate                                              | 1         |        |
| trazodone hcl oral                                                   | 1         |        |
| trimipramine maleate oral                                            | 1         |        |
| TRINTELLIX                                                           | 3         | ST; QL |
| venlafaxine hcl                                                      | 1         |        |
| venlafaxine hcl er oral<br>capsule extended<br>release 24 hour       | 1         | QL     |
| venlafaxine hcl er oral<br>tablet extended release<br>24 hour 225 mg | 3         |        |
| VIIBRYD STARTER<br>PACK                                              | 3         | QL     |
| vilazodone hcl                                                       | 3         | QL     |

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

| Drug Name                                          | Drug Tier | Notes  |
|----------------------------------------------------|-----------|--------|
| <b>Antiemetics - Drugs for Nausea and Vomiting</b> |           |        |
| aprepitant                                         | 3         | QL     |
| compro                                             | 1         |        |
| doxylamine-pyridoxine                              | 3         | QL     |
| dronabinol                                         | 3         | PA; QL |
| EMEND ORAL SUSPENSION RECONSTITUTED                | 3         | QL     |
| granisetron hcl oral                               | 3         | QL     |
| metoclopramide hcl oral solution                   | 1         |        |
| metoclopramide hcl oral tablet                     | 1         |        |
| ondansetron hcl injection                          | 1         |        |
| ondansetron hcl oral solution                      | 1         | QL     |
| ondansetron hcl oral tablet 24 mg                  | 1         | QL     |
| ondansetron hcl oral tablet 4 mg, 8 mg             | 1         |        |
| ondansetron odt                                    | 1         |        |
| perphenazine oral                                  | 1         |        |
| prochlorperazine                                   | 1         |        |
| prochlorperazine edisylate injection               | 1         |        |
| prochlorperazine maleate oral                      | 1         |        |
| promethazine hcl oral                              | 1         |        |
| promethazine hcl rectal                            | 1         |        |
| promethegan                                        | 1         |        |
| scopolamine                                        | 1         |        |
| trimethobenzamide hcl oral                         | 1         |        |
| <b>Antifungals</b>                                 |           |        |
| ciclodan                                           | 1         |        |
| ciclopirox external                                | 1         |        |
| ciclopirox olamine external                        | 1         |        |
| clotrimazole mouth/throat                          | 1         |        |

| Drug Name                                  | Drug Tier | Notes  |
|--------------------------------------------|-----------|--------|
| clotrimazole-betamethasone external cream  | 1         |        |
| clotrimazole-betamethasone external lotion | 3         |        |
| CRESEMBA ORAL CAPSULE 186 MG               | SP3       | PA     |
| econazole nitrate external                 | 1         |        |
| fluconazole oral                           | 1         |        |
| griseofulvin microsize oral suspension     | 1         |        |
| griseofulvin microsize oral tablet         | 3         |        |
| griseofulvin ultramicrosize                | 3         |        |
| itraconazole oral                          | 1         | PA     |
| ketoconazole external cream                | 1         |        |
| ketoconazole external shampoo              | 1         |        |
| ketoconazole oral                          | 1         |        |
| naftifine hcl                              | 3         |        |
| NAFTIN EXTERNAL GEL 2 %                    | 3         |        |
| NOXAFIL ORAL SUSPENSION                    | 2         | PA     |
| nyamyc                                     | 1         |        |
| nystatin external                          | 1         |        |
| nystatin mouth/throat                      | 1         |        |
| nystatin oral                              | 1         |        |
| nystatin-triamcinolone                     | 1         |        |
| nystop                                     | 1         |        |
| posaconazole oral suspension               | 1         | PA     |
| posaconazole oral tablet delayed release   | 1         | PA; QL |
| terbinafine hcl oral                       | 1         | QL     |
| terconazole                                | 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  |
|-----------------------------------------------------------------|-----------|--------|
| voriconazole oral tablet                                        | 3         | PA     |
| <b>Antigout Agents</b>                                          |           |        |
| allopurinol oral tablet 100 mg, 300 mg                          | 1         |        |
| COLCHICINE ORAL CAPSULE                                         | 1         |        |
| colchicine oral tablet                                          | 1         |        |
| colchicine-probenecid                                           | 1         |        |
| febuxostat                                                      | 1         |        |
| probenecid                                                      | 1         |        |
| <b>Antimigraine Agents</b>                                      |           |        |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML | 2         | PA; QL |
| almotriptan malate                                              | 3         | QL     |
| dihydroergotamine mesylate injection                            | 1         | PA; QL |
| dihydroergotamine mesylate nasal                                | 3         | PA; QL |
| eletriptan hydrobromide                                         | 1         | QL     |
| EMGALITY                                                        | 2         | PA; QL |
| ergotamine-caffeine                                             | 1         | PA; QL |
| frovatriptan succinate                                          | 1         | QL     |
| naratriptan hcl                                                 | 1         | QL     |
| NURTEC                                                          | 2         | PA; QL |
| QULIPTA                                                         | 2         | PA; QL |
| rizatriptan benzoate                                            | 1         | QL     |
| sumatriptan nasal                                               | 1         | QL     |
| sumatriptan succinate oral                                      | 1         | QL     |
| sumatriptan succinate refill subcutaneous solution cartridge    | 1         | QL     |
| sumatriptan succinate subcutaneous                              | 1         | QL     |
| UBRELVY                                                         | 2         | PA; QL |
| zolmitriptan oral                                               | 1         | QL     |

| Drug Name                                 | Drug Tier | Notes      |
|-------------------------------------------|-----------|------------|
| <b>Antimyasthenic Agents</b>              |           |            |
| pyridostigmine bromide er                 | 1         |            |
| pyridostigmine bromide oral solution      | 1         |            |
| pyridostigmine bromide oral tablet 60 mg  | 1         |            |
| <b>Antimycobacterials</b>                 |           |            |
| dapsone oral                              | 1         |            |
| ethambutol hcl oral                       | 1         |            |
| isoniazid oral                            | 1         |            |
| pyrazinamide oral                         | 1         |            |
| rifabutin                                 | 3         |            |
| rifampin oral                             | 1         |            |
| SIRTURO                                   | SP3       |            |
| <b>Antineoplastics - Drugs for Cancer</b> |           |            |
| abiraterone acetate                       | SP1       | PA; SF     |
| ALECENSA                                  | SP2       | PA         |
| ALUNBRIG                                  | SP2       | PA; QL     |
| anastrozole oral                          | 1         | PV         |
| AYVAKIT                                   | SP2       | PA; SF; QL |
| BALVERSA                                  | SP2       | PA; SF     |
| bexarotene external                       | SP1       | PA         |
| bexarotene oral                           | SP1       | PA; SF     |
| bicalutamide                              | 1         |            |
| BOSULIF                                   | SP2       | PA; SF     |
| BRAFTOVI                                  | SP2       | PA         |
| BRUKINSA                                  | SP2       | PA; SF     |
| CABOMETYX                                 | SP2       | PA; SF     |
| CALQUENCE ORAL CAPSULE 100 MG             | SP2       | PA; SF     |
| capecitabine                              | SP1       | PA         |
| CAPRELSA ORAL TABLET 100 MG               | SP2       | PA; QL     |
| CAPRELSA ORAL TABLET 300 MG               | SP2       | PA         |
| COMETRIQ                                  | SP2       | PA         |

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

| Drug Name                                          | Drug Tier | Notes      |
|----------------------------------------------------|-----------|------------|
| COPIKTRA                                           | SP2       | PA; SF     |
| COTELLIC                                           | SP2       | PA         |
| cyclophosphamide oral capsule                      | 1         |            |
| DAURISMO                                           | SP2       | PA; SF     |
| DROXIA                                             | 3         |            |
| ERIVEDGE                                           | SP2       | PA; SF     |
| ERLEADA                                            | SP2       | PA         |
| erlotinib hcl oral tablet 100 mg, 150 mg           | SP1       | PA; SF     |
| erlotinib hcl oral tablet 25 mg                    | SP1       | PA; SF; QL |
| etoposide oral                                     | SP1       |            |
| everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | SP1       | PA; QL     |
| everolimus oral tablet soluble                     | SP1       | PA         |
| exemestane                                         | 1         | PV         |
| EXKIVITY                                           | SP2       | PA; SF     |
| FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG           | SP2       |            |
| flutamide oral capsule 125 mg                      | 1         |            |
| FOTIVDA                                            | SP2       | PA         |
| GAVRETO                                            | SP2       | PA; SF     |
| gefitinib                                          | SP1       | PA         |
| GILOTRIF                                           | SP2       | PA; QL     |
| GLEOSTINE                                          | SP2       |            |
| HYCAMTIN ORAL                                      | SP2       |            |
| hydroxyurea oral                                   | 1         |            |
| IBRANCE                                            | SP2       | PA         |
| ICLUSIG ORAL TABLET 10 MG, 15 MG                   | SP2       | PA; QL     |
| ICLUSIG ORAL TABLET 30 MG, 45 MG                   | SP2       | PA         |
| IDHIFA                                             | SP2       | PA; QL     |
| imatinib mesylate                                  | SP1       | PA         |

| Drug Name                                                                                                                   | Drug Tier | Notes      |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| IMBRUVICA ORAL CAPSULE                                                                                                      | SP2       | PA; QL     |
| IMBRUVICA ORAL SUSPENSION                                                                                                   | SP2       | PA         |
| IMBRUVICA ORAL TABLET                                                                                                       | SP2       | PA; QL     |
| INLYTA                                                                                                                      | SP2       | PA; SF     |
| INQOVI                                                                                                                      | SP2       | PA         |
| INREBIC                                                                                                                     | SP2       | PA; SF     |
| IRESSA                                                                                                                      | SP2       | PA         |
| JAKAFI ORAL TABLET 10 MG, 5 MG                                                                                              | SP2       | PA; SF; QL |
| JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG                                                                                      | SP2       | PA; SF     |
| KISQALI ORAL TABLET THERAPY PACK 200 MG                                                                                     | SP2       | PA         |
| KOSELUGO                                                                                                                    | SP2       | PA         |
| KRAZATI                                                                                                                     | SP2       | PA; SF     |
| lapatinib ditosylate                                                                                                        | SP1       | PA         |
| lenalidomide                                                                                                                | SP1       | PA         |
| LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG | SP2       | PA         |
| letrozole oral                                                                                                              | 1         |            |
| leucovorin calcium oral                                                                                                     | 1         |            |
| LEUKERAN                                                                                                                    | 2         |            |
| LONSURF                                                                                                                     | SP2       | PA         |
| LORBRENA                                                                                                                    | SP2       | PA; SF     |
| LUMAKRAS ORAL TABLET 120 MG                                                                                                 | SP2       | PA; SF     |
| LYNPARZA                                                                                                                    | SP2       | PA         |
| LYSODREN                                                                                                                    | SP2       |            |
| LYTGOBI (12 MG DAILY DOSE)                                                                                                  | SP2       | PA         |
| LYTGOBI (16 MG DAILY DOSE)                                                                                                  | SP2       | PA         |

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

| Drug Name                  | Drug Tier | Notes      |
|----------------------------|-----------|------------|
| LYTGOBI (20 MG DAILY DOSE) | SP2       | PA         |
| MATULANE                   | SP2       |            |
| MEKINIST                   | SP2       | PA         |
| MEKTOVI                    | SP2       | PA         |
| melphalan                  | 1         |            |
| mercaptopurine oral        | 1         |            |
| MYLERAN                    | 2         |            |
| NERLYNX                    | SP2       | PA; SF; QL |
| NEXAVAR                    | SP2       | PA; SF     |
| nilutamide                 | SP1       |            |
| NINLARO                    | SP2       | PA         |
| NUBEQA                     | SP2       | PA; SF     |
| ODOMZO                     | SP2       | PA         |
| ONUREG                     | SP2       | PA         |
| ORGOVYX                    | SP2       | PA         |
| PEMAZYRE                   | SP2       | PA; SF; QL |
| PIQRAY                     | SP2       | PA         |
| POMALYST                   | SP2       | PA         |
| PURIXAN                    | SP2       |            |
| QINLOCK                    | SP2       | PA         |
| RETEVMO                    | SP2       | PA; SF     |
| REVLIMID                   | SP2       | PA         |
| REZLIDHIA                  | SP2       | PA; SF     |
| ROZLYTREK                  | SP2       | PA; SF     |
| RUBRACA                    | SP2       | PA; SF     |
| RYDAPT                     | SP2       | PA         |
| SCEMBLIX ORAL TABLET 20 MG | SP2       | PA; QL     |
| SCEMBLIX ORAL TABLET 40 MG | SP2       | PA         |
| sorafenib tosylate         | SP1       | PA; SF     |
| SPRYCEL                    | SP2       | PA; SF     |
| STIVARGA                   | SP2       | PA         |
| sunitinib malate           | SP1       | PA         |
| SYNRIBO                    | SP2       | PA         |
| TABRECTA                   | SP2       | PA         |

| Drug Name                                                          | Drug Tier | Notes      |
|--------------------------------------------------------------------|-----------|------------|
| TAFINLAR                                                           | SP2       | PA         |
| TAGRISSE ORAL TABLET 40 MG                                         | SP2       | PA; QL     |
| TAGRISSE ORAL TABLET 80 MG                                         | SP2       | PA         |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG               | SP2       | PA; SF     |
| TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG                              | SP2       | PA; SF; QL |
| tamoxifen citrate oral tablet 10 mg                                | 1         |            |
| tamoxifen citrate oral tablet 20 mg                                | 1         | PV         |
| TASIGNA                                                            | SP2       | PA         |
| TAZVERIK                                                           | SP2       | PA; SF     |
| temozolomide                                                       | SP1       | PA         |
| TEPMETKO                                                           | SP2       | PA         |
| THALOMID                                                           | SP2       | PA         |
| TIBSOVO                                                            | SP2       | PA; SF     |
| toremifene citrate                                                 | SP1       |            |
| tretinoin oral                                                     | SP1       |            |
| TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG      | SP2       | PA         |
| TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG | SP2       | PA         |
| TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG        | SP2       | PA         |
| TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG        | SP2       | PA         |
| TUKYSA                                                             | SP2       | PA         |
| TURALIO                                                            | SP2       | PA         |
| VALCHLOR                                                           | SP3       | PA         |

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

| Drug Name                   | Drug Tier | Notes  | Drug Name                                     | Drug Tier | Notes  |
|-----------------------------|-----------|--------|-----------------------------------------------|-----------|--------|
| VENCLEXTA                   | SP2       | PA     | atovaquone-proguanil hcl                      | 1         |        |
| VENCLEXTA STARTING PACK     | SP2       | PA     | chloroquine phosphate oral                    | 1         |        |
| VERZENIO                    | SP2       | PA; SF | COARTEM                                       | 2         |        |
| VITRAKVI ORAL CAPSULE       | SP2       | PA; SF | hydroxychloroquine sulfate oral tablet 200 mg | 1         |        |
| VITRAKVI ORAL SOLUTION      | SP2       | PA     | IMPAVIDO                                      | SP3       |        |
| VIZIMPRO                    | SP2       | PA; SF | ivermectin oral                               | 1         | PA; QL |
| VONJO                       | SP2       | PA     | malathion                                     | 3         |        |
| VOTRIENT                    | SP2       | PA; SF | mefloquine hcl                                | 1         |        |
| WELIREG                     | SP2       | PA; SF | pentamidine isethionate inhalation            | 1         |        |
| XALKORI                     | SP2       | PA; SF | permethrin external                           | 1         |        |
| XOSPATA                     | SP2       | PA     | praziquantel oral                             | 3         |        |
| XPOVIO (100 MG ONCE WEEKLY) | SP2       | PA     | primaquine phosphate                          | 1         |        |
| XPOVIO (40 MG ONCE WEEKLY)  | SP2       | PA     | pyrimethamine oral                            | SP1       | PA     |
| XPOVIO (40 MG TWICE WEEKLY) | SP2       | PA     | quinine sulfate                               | 1         | PA     |
| XPOVIO (60 MG ONCE WEEKLY)  | SP2       | PA     | spinosad                                      | 3         |        |
| XPOVIO (60 MG TWICE WEEKLY) | SP2       | PA     | <b>Antiparkinson Agents</b>                   |           |        |
| XPOVIO (80 MG ONCE WEEKLY)  | SP2       | PA     | amantadine hcl oral                           | 1         |        |
| XPOVIO (80 MG TWICE WEEKLY) | SP2       | PA     | apomorphine hcl subcutaneous                  | SP1       | PA; QL |
| XTANDI                      | SP2       | PA; SF | benztropine mesylate oral                     | 1         |        |
| YONSA                       | SP2       | PA; SF | bromocriptine mesylate oral                   | 1         |        |
| ZEJULA ORAL CAPSULE 100 MG  | SP2       | PA; SF | carbidopa oral                                | 3         |        |
| ZELBORAF                    | SP2       | PA     | carbidopa-levodopa er                         | 1         |        |
| ZOLINZA                     | SP2       | PA; SF | carbidopa-levodopa oral tablet                | 1         |        |
| ZYDELIG                     | SP2       | PA     | carbidopa-levodopa oral tablet dispersible    | 3         |        |
| ZYKADIA                     | SP2       | PA; SF | carbidopa-levodopa-entacapone                 | 3         |        |
| <b>Antiparasitics</b>       |           |        | entacapone                                    | 3         |        |
| albendazole oral            | 1         | PA     | pramipexole dihydrochloride                   | 1         |        |
| atovaquone                  | 3         |        | rasagiline mesylate oral                      | 3         |        |
|                             |           |        | ropinirole hcl                                | 1         |        |

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

| Drug Name                                        | Drug Tier | Notes |
|--------------------------------------------------|-----------|-------|
| ropinirole hcl er                                | 1         |       |
| selegiline hcl oral                              | 1         |       |
| tolcapone                                        | 3         |       |
| trihexyphenidyl hcl                              | 1         |       |
| <b>Antiplatelets</b>                             |           |       |
| aspirin-dipyridamole er                          | 1         |       |
| BRILINTA                                         | 2         |       |
| cilostazol                                       | 1         |       |
| clopidogrel bisulfate oral                       | 1         |       |
| dipyridamole oral                                | 1         |       |
| prasugrel hcl                                    | 1         |       |
| <b>Antipsychotics - Drugs for Mood Disorders</b> |           |       |
| aripiprazole oral solution                       | 1         | QL    |
| aripiprazole oral tablet                         | 1         | QL    |
| aripiprazole oral tablet dispersible             | 3         | QL    |
| asenapine maleate                                | 3         | QL    |
| chlorpromazine hcl oral tablet                   | 1         |       |
| clozapine oral tablet                            | 1         | QL    |
| clozapine oral tablet dispersible                | 3         | QL    |
| FANAPT                                           | 3         | QL    |
| FANAPT TITRATION PACK                            | 3         | QL    |
| fluphenazine hcl oral                            | 1         |       |
| haloperidol lactate oral                         | 1         |       |
| haloperidol oral                                 | 1         |       |
| LATUDA                                           | 3         | QL    |
| loxapine succinate                               | 1         |       |
| lurasidone hcl                                   | 3         | QL    |
| olanzapine oral                                  | 1         | QL    |
| paliperidone er                                  | 3         | QL    |
| pimozide                                         | 1         |       |
| quetiapine fumarate                              | 1         | QL    |
| quetiapine fumarate er                           | 1         | QL    |
| risperidone                                      | 1         | QL    |

| Drug Name                                                                 | Drug Tier | Notes  |
|---------------------------------------------------------------------------|-----------|--------|
| thioridazine hcl oral                                                     | 1         |        |
| thiothixene                                                               | 1         |        |
| trifluoperazine hcl                                                       | 1         |        |
| VRAYLAR                                                                   | 3         | QL     |
| ziprasidone hcl                                                           | 1         | QL     |
| <b>Antivirals</b>                                                         |           |        |
| abacavir sulfate                                                          | 1         |        |
| abacavir sulfate-lamivudine                                               | 1         |        |
| acyclovir external ointment                                               | 1         | QL     |
| acyclovir oral                                                            | 1         |        |
| adefovir dipivoxil                                                        | SP1       |        |
| APTIVUS                                                                   | SP2       |        |
| atazanavir sulfate                                                        | 3         |        |
| BARACLUDE ORAL SOLUTION                                                   | 3         | QL     |
| BIKTARVY                                                                  | SP2       |        |
| CIMDUO                                                                    | SP2       |        |
| COMPLERA                                                                  | SP2       |        |
| darunavir                                                                 | SP1       |        |
| DELSTRIGO                                                                 | SP2       |        |
| DESCOVY ORAL TABLET 120-15 MG                                             | SP2       |        |
| DESCOVY ORAL TABLET 200-25 MG                                             | SP2       | PA; PV |
| DOVATO                                                                    | SP2       |        |
| EDURANT                                                                   | SP2       |        |
| efavirenz                                                                 | 3         |        |
| efavirenz-emtricitabine-tenofo df                                         | SP1       |        |
| efavirenz-lamivudine-tenofovir                                            | SP1       |        |
| emtricitabine                                                             | 3         |        |
| emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg | SP1       | PV     |
| emtricitabine-tenofovir df oral tablet 200-300 mg                         | 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                 |
|---------------------------------------------------------------------------------------|-----------|-----------------------|
| EMTRIVA ORAL SOLUTION                                                                 | SP2       |                       |
| entecavir                                                                             | 1         | QL                    |
| EPCLUSA                                                                               | SP2       | PA; QL                |
| EPIVIR HBV ORAL SOLUTION 5 MG/ML                                                      | 2         |                       |
| etravirine                                                                            | SP1       |                       |
| EVOTAZ                                                                                | SP2       |                       |
| famciclovir oral                                                                      | 1         |                       |
| fosamprenavir calcium                                                                 | 3         |                       |
| FUZEON                                                                                | SP2       |                       |
| GENVOYA                                                                               | SP2       |                       |
| HARVONI                                                                               | SP2       | PA; QL                |
| INTELENCE ORAL TABLET 25 MG                                                           | SP2       |                       |
| INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT | SP3       | PA                    |
| ISENTRESS                                                                             | SP2       |                       |
| ISENTRESS HD                                                                          | SP2       |                       |
| JULUCA                                                                                | SP2       |                       |
| LAGEVRIO                                                                              | 3         | QL; AL (Min 18 Years) |
| lamivudine                                                                            | 1         |                       |
| lamivudine-zidovudine                                                                 | 1         |                       |
| LEXIVA ORAL SUSPENSION                                                                | SP2       |                       |
| lopinavir-ritonavir oral solution                                                     | 3         |                       |
| lopinavir-ritonavir oral tablet                                                       | SP1       |                       |
| maraviroc                                                                             | SP1       | PA                    |
| MAVYRET                                                                               | SP2       | PA; QL                |
| nevirapine er                                                                         | 3         |                       |
| nevirapine oral suspension                                                            | 3         |                       |

| Drug Name                                         | Drug Tier | Notes                 |
|---------------------------------------------------|-----------|-----------------------|
| nevirapine oral tablet                            | 1         |                       |
| NORVIR ORAL PACKET                                | SP2       |                       |
| NORVIR ORAL SOLUTION 80 MG/ML                     | SP2       |                       |
| ODEFSEY                                           | SP2       |                       |
| oseltamivir phosphate oral                        | 1         | QL                    |
| PAXLOVID (150/100)                                | 3         | QL; AL (Min 12 Years) |
| PAXLOVID (300/100)                                | 3         | QL; AL (Min 12 Years) |
| PEGASYS                                           | SP2       | PA                    |
| PIFELTRO                                          | SP2       |                       |
| PREZCOBIX                                         | SP2       |                       |
| PREZISTA                                          | SP2       |                       |
| REYATAZ ORAL PACKET                               | SP2       |                       |
| ribavirin oral                                    | SP1       |                       |
| rimantadine hcl                                   | 1         |                       |
| ritonavir                                         | 1         |                       |
| RUKOBIA                                           | SP2       |                       |
| SELZENTRY ORAL SOLUTION                           | SP2       | PA                    |
| SELZENTRY ORAL TABLET 25 MG, 75 MG                | SP2       | PA                    |
| stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg | 1         |                       |
| STRIBILD                                          | SP2       |                       |
| SYM TUZA                                          | SP2       |                       |
| tenofovir disoproxil fumarate                     | 1         | PV                    |
| TIVICAY                                           | SP2       |                       |
| TIVICAY PD                                        | SP2       |                       |
| TRIUMEQ                                           | SP2       |                       |
| TRIUMEQ PD                                        | SP2       |                       |
| TYBOST                                            | SP2       |                       |
| valacyclovir hcl oral                             | 1         | QL                    |

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



| Drug Name                                      | Drug Tier | Notes |
|------------------------------------------------|-----------|-------|
| valganciclovir hcl oral solution reconstituted | 3         |       |
| valganciclovir hcl oral tablet                 | 1         |       |
| VEMLIDY                                        | SP2       |       |
| VIRACEPT                                       | SP2       |       |
| VIREAD ORAL POWDER                             | SP2       |       |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG      | SP2       |       |
| XOFLUZA (40 MG DOSE)                           | 3         | QL    |
| XOFLUZA (80 MG DOSE)                           | 3         | QL    |
| zidovudine                                     | 1         |       |
| <b>Anxiolytics - Drugs for Anxiety</b>         |           |       |
| alprazolam er                                  | 1         | QL    |
| alprazolam oral tablet                         | 1         | QL    |
| alprazolam xr                                  | 1         | QL    |
| bupirone hcl oral                              | 1         |       |
| chlordiazepoxide hcl                           | 1         | QL    |
| clonazepam oral                                | 1         | QL    |
| clorazepate dipotassium                        | 1         | QL    |
| diazepam intensol                              | 1         |       |
| diazepam oral                                  | 1         |       |
| estazolam                                      | 1         | QL    |
| hydroxyzine hcl oral                           | 1         |       |
| hydroxyzine pamoate oral                       | 1         |       |
| lorazepam intensol                             | 1         | QL    |
| lorazepam oral concentrate 2 mg/ml             | 1         | QL    |
| lorazepam oral tablet                          | 1         | QL    |
| oxazepam                                       | 1         | QL    |
| triazolam                                      | 1         | QL    |

| Drug Name                                                                 | Drug Tier | Notes |
|---------------------------------------------------------------------------|-----------|-------|
| <b>Bipolar Agents - Drugs for Mood Disorders</b>                          |           |       |
| lithium                                                                   | 1         |       |
| lithium carbonate er                                                      | 1         |       |
| lithium carbonate oral                                                    | 1         |       |
| <b>Blood Products and Modifiers - Drugs for Blood Disorders</b>           |           |       |
| anagrelide hcl                                                            | 3         |       |
| NEULASTA                                                                  | SP3       | PA    |
| NEULASTA ONPRO                                                            | SP3       | PA    |
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE                             | SP3       | PA    |
| PROMACTA                                                                  | SP3       | PA    |
| tranexamic acid oral                                                      | 1         |       |
| <b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b> |           |       |
| acebutolol hcl oral                                                       | 1         |       |
| aliskiren fumarate                                                        | 3         |       |
| amiloride hcl oral                                                        | 1         |       |
| amiloride-hydrochlorothiazide                                             | 1         |       |
| amiodarone hcl oral                                                       | 1         |       |
| amlodipine besylate oral                                                  | 1         |       |
| amlodipine besylate-benazepril hcl                                        | 1         |       |
| amlodipine besylate-valsartan                                             | 1         |       |
| amlodipine-atorvastatin                                                   | 3         |       |
| amlodipine-olmesartan                                                     | 1         |       |
| amlodipine-valsartan-hctz                                                 | 3         |       |
| atenolol oral                                                             | 1         |       |
| atenolol-chlorthalidone                                                   | 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 |
|------------------------------------------------------------------|-----------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------|-------|
|                                                                  |           | PV; AL<br>(Min 40<br>Years and<br>Max 75<br>Years) | digoxin oral tablet 125<br>mcg, 250 mcg                                                               | 1         |       |
| atorvastatin calcium oral<br>tablet 10 mg, 20 mg                 | 1         |                                                    | diltiazem hcl er beads                                                                                | 1         |       |
| atorvastatin calcium oral<br>tablet 40 mg, 80 mg                 | 1         |                                                    | diltiazem hcl er coated<br>beads                                                                      | 1         |       |
| benazepril hcl oral                                              | 1         |                                                    | diltiazem hcl er oral<br>capsule extended<br>release 12 hour                                          | 1         |       |
| benazepril-<br>hydrochlorothiazide                               | 1         |                                                    | diltiazem hcl er oral<br>capsule extended<br>release 24 hour                                          | 1         |       |
| betaxolol hcl oral                                               | 1         |                                                    | diltiazem hcl er oral tablet<br>extended release 24 hour<br>120 mg                                    | 3         |       |
| bisoprolol fumarate oral                                         | 1         |                                                    | diltiazem hcl er oral tablet<br>extended release 24 hour<br>180 mg, 240 mg, 300<br>mg, 360 mg, 420 mg | 1         |       |
| bisoprolol-<br>hydrochlorothiazide                               | 1         |                                                    | diltiazem hcl oral                                                                                    | 1         |       |
| bumetanide oral                                                  | 1         |                                                    | dilt-xr                                                                                               | 1         |       |
| candesartan cilexetil                                            | 1         |                                                    | disopyramide phosphate                                                                                | 1         |       |
| candesartan cilexetil-hctz                                       | 1         |                                                    | DIURIL                                                                                                | 2         |       |
| captopril oral                                                   | 1         |                                                    | dofetilide                                                                                            | 1         |       |
| captopril-<br>hydrochlorothiazide                                | 1         |                                                    | doxazosin mesylate oral                                                                               | 1         |       |
| CARDIZEM LA ORAL<br>TABLET EXTENDED<br>RELEASE 24 HOUR 120<br>MG | 3         |                                                    | droxidopa                                                                                             | SP1       | PA    |
| CAROSPIR                                                         | 3         |                                                    | enalapril maleate oral<br>solution                                                                    | 3         |       |
| cartia xt                                                        | 1         |                                                    | enalapril maleate oral<br>tablet                                                                      | 1         |       |
| carvedilol                                                       | 1         |                                                    | enalapril-<br>hydrochlorothiazide                                                                     | 1         |       |
| chlorthalidone                                                   | 1         |                                                    | ENTRESTO                                                                                              | 3         | QL    |
| cholestyramine light                                             | 1         |                                                    | eplerenone                                                                                            | 1         |       |
| cholestyramine oral                                              | 1         |                                                    | ezetimibe                                                                                             | 1         |       |
| clonidine                                                        | 1         |                                                    | ezetimibe-simvastatin                                                                                 | 1         |       |
| clonidine hcl oral                                               | 1         |                                                    | felodipine er                                                                                         | 1         |       |
| colesevelam hcl                                                  | 3         |                                                    | fenofibrate micronized<br>oral capsule 130 mg, 134<br>mg, 200 mg, 43 mg, 67<br>mg                     | 1         |       |
| colestipol hcl                                                   | 1         |                                                    |                                                                                                       |           |       |
| CORLANOR                                                         | 3         | PA; QL                                             |                                                                                                       |           |       |
| digitek oral tablet 125<br>mcg, 250 mcg                          | 1         |                                                    |                                                                                                       |           |       |
| digox                                                            | 1         |                                                    |                                                                                                       |           |       |
| digoxin oral solution                                            | 1         |                                                    |                                                                                                       |           |       |

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

| Drug Name                                                  | Drug Tier | Notes                                              |
|------------------------------------------------------------|-----------|----------------------------------------------------|
| fenofibrate oral capsule<br>134 mg, 200 mg, 67 mg          | 1         |                                                    |
| fenofibrate oral capsule<br>150 mg, 50 mg                  | 3         |                                                    |
| fenofibrate oral tablet 145<br>mg, 160 mg, 48 mg, 54<br>mg | 1         |                                                    |
| fenofibric acid oral<br>capsule delayed release            | 1         |                                                    |
| flecainide acetate                                         | 1         |                                                    |
|                                                            | 1         | PV; AL<br>(Min 40<br>Years and<br>Max 75<br>Years) |
| fluvastatin sodium                                         | 1         | PV; AL<br>(Min 40<br>Years and<br>Max 75<br>Years) |
| fluvastatin sodium er                                      | 1         |                                                    |
| fosinopril sodium                                          | 1         |                                                    |
| fosinopril sodium-hctz                                     | 1         |                                                    |
| furosemide oral                                            | 1         |                                                    |
| gemfibrozil oral                                           | 1         |                                                    |
| guanfacine hcl                                             | 1         |                                                    |
| hydralazine hcl oral                                       | 1         |                                                    |
| hydrochlorothiazide oral                                   | 1         |                                                    |
| icosapent ethyl                                            | 3         |                                                    |
| indapamide                                                 | 1         |                                                    |
| irbesartan                                                 | 1         |                                                    |
| irbesartan-<br>hydrochlorothiazide                         | 1         |                                                    |
| isosorbide dinitrate                                       | 1         |                                                    |
| isosorbide mononitrate                                     | 1         |                                                    |
| isosorbide mononitrate er                                  | 1         |                                                    |
| isradipine                                                 | 1         |                                                    |
| JUXTAPID                                                   | SP3       | PA; QL                                             |
| labetalol hcl oral                                         | 1         |                                                    |
| LANOXIN ORAL<br>TABLET 125 MCG, 250<br>MCG                 | 2         |                                                    |

| Drug Name                                                         | Drug Tier | Notes                                              |
|-------------------------------------------------------------------|-----------|----------------------------------------------------|
| lisinopril oral                                                   | 1         |                                                    |
| lisinopril-<br>hydrochlorothiazide                                | 1         |                                                    |
| losartan potassium oral                                           | 1         |                                                    |
| losartan potassium-hctz                                           | 1         |                                                    |
|                                                                   | 1         | PV; AL<br>(Min 40<br>Years and<br>Max 75<br>Years) |
| lovastatin oral                                                   | 1         |                                                    |
| matzim la                                                         | 1         |                                                    |
| methyldopa                                                        | 1         |                                                    |
| metolazone                                                        | 1         |                                                    |
| metoprolol succinate er                                           | 1         |                                                    |
| metoprolol tartrate oral                                          | 1         |                                                    |
| metoprolol-<br>hydrochlorothiazide                                | 1         |                                                    |
| mexiletine hcl oral                                               | 1         |                                                    |
| midodrine hcl                                                     | 1         |                                                    |
| minoxidil oral                                                    | 1         |                                                    |
| moexipril hcl                                                     | 1         |                                                    |
| MULTAQ                                                            | 2         |                                                    |
| nadolol oral                                                      | 1         |                                                    |
| nebivolol hcl                                                     | 1         |                                                    |
| niacin er<br>(antihyperlipidemic)                                 | 1         |                                                    |
| nifedipine er                                                     | 1         |                                                    |
| nifedipine er osmotic<br>release                                  | 1         |                                                    |
| nifedipine oral                                                   | 1         |                                                    |
| nimodipine oral                                                   | 3         |                                                    |
| NITRO-BID                                                         | 2         |                                                    |
| NITRO-DUR<br>TRANSDERMAL PATCH<br>24 HOUR 0.3 MG/HR,<br>0.8 MG/HR | 2         |                                                    |
| nitroglycerin sublingual                                          | 1         |                                                    |
| nitroglycerin transdermal                                         | 1         |                                                    |
| nitroglycerin translingual                                        | 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                                  |
|-------------------------------|-----------|----------------------------------------|
| nitro-time                    | 1         |                                        |
| NORPACE CR                    | 2         |                                        |
| NYMALIZE                      | SP3       |                                        |
| olmesartan medoxomil oral     | 1         |                                        |
| olmesartan medoxomil-hctz     | 1         |                                        |
| olmesartan-amlodipine-hctz    | 1         |                                        |
| omega-3-acid ethyl esters     | 1         |                                        |
| pentoxifylline er             | 1         |                                        |
| perindopril erbumine          | 1         |                                        |
| phenoxybenzamine hcl oral     | 3         | PA                                     |
| pindolol                      | 1         |                                        |
| PRALUENT                      | 2         | PA; QL                                 |
|                               | 1         | PV; AL (Min 40 Years and Max 75 Years) |
| pravastatin sodium            |           |                                        |
| prazosin hcl oral             | 1         |                                        |
| prevalite                     | 1         |                                        |
| propafenone hcl               | 1         |                                        |
| propafenone hcl er            | 3         |                                        |
| propranolol hcl er            | 1         |                                        |
| propranolol hcl oral          | 1         |                                        |
| QBRELIS                       | 3         |                                        |
| quinapril hcl                 | 1         |                                        |
| quinapril-hydrochlorothiazide | 1         |                                        |
| quinidine gluconate er        | 1         |                                        |
| quinidine sulfate             | 1         |                                        |
| ramipril                      | 1         |                                        |
| ranolazine er                 | 1         |                                        |
| REPATHA                       | 2         | PA; QL                                 |
| REPATHA PUSHTRONEX SYSTEM     | 2         | PA; QL                                 |

| Drug Name                                                               | Drug Tier | Notes                                  |
|-------------------------------------------------------------------------|-----------|----------------------------------------|
| REPATHA SURECLICK                                                       | 2         | PA; QL                                 |
|                                                                         | 1         | PV; AL (Min 40 Years and Max 75 Years) |
| rosuvastatin calcium oral tablet 10 mg, 5 mg                            |           |                                        |
| rosuvastatin calcium oral tablet 20 mg, 40 mg                           | 1         |                                        |
|                                                                         | 1         | PV; AL (Min 40 Years and Max 75 Years) |
| simvastatin oral                                                        |           |                                        |
| sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg                        | 1         |                                        |
| sotalol hcl (af)                                                        | 1         |                                        |
| sotalol hcl oral                                                        | 1         |                                        |
| spironolactone oral                                                     | 1         |                                        |
| spironolactone-hctz                                                     | 1         |                                        |
| taztia xt                                                               | 1         |                                        |
| TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG | 3         |                                        |
| telmisartan                                                             | 1         |                                        |
| telmisartan-hctz                                                        | 1         |                                        |
| tiadylt er                                                              | 1         |                                        |
| timolol maleate oral                                                    | 1         |                                        |
| toremide                                                                | 1         |                                        |
| trandolapril                                                            | 1         |                                        |
| trandolapril-verapamil hcl er                                           | 3         |                                        |
| triamterene-hctz                                                        | 1         |                                        |
| valsartan oral tablet                                                   | 1         |                                        |
| valsartan-hydrochlorothiazide                                           | 1         |                                        |
| VASCEPA                                                                 | 3         |                                        |
| VECAMYL                                                                 | 3         |                                        |
| verapamil hcl er                                                        | 1         |                                        |
| verapamil hcl oral                                                      | 1         |                                        |

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

| Drug Name                                                                            | Drug Tier | Notes |
|--------------------------------------------------------------------------------------|-----------|-------|
| <b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>          |           |       |
| amphetamine sulfate                                                                  | 1         | QL    |
| amphetamine-dextroamphetamine                                                        | 1         | QL    |
| amphetamine-dextroamphetamine er                                                     | 1         | QL    |
| atomoxetine hcl                                                                      | 1         | QL    |
| clonidine hcl er oral tablet extended release 12 hour                                | 1         |       |
| dexmethylphenidate hcl                                                               | 1         | QL    |
| dexmethylphenidate hcl er                                                            | 1         | QL    |
| dextroamphetamine sulfate er                                                         | 1         | QL    |
| dextroamphetamine sulfate oral tablet 10 mg, 5 mg                                    | 1         | QL    |
| guanfacine hcl er                                                                    | 1         |       |
| lisdexamfetamine dimesylate                                                          | 1         | QL    |
| methamphetamine hcl                                                                  | 3         | QL    |
| methylphenidate                                                                      | 1         | QL    |
| methylphenidate hcl er                                                               | 1         | QL    |
| methylphenidate hcl er (cd)                                                          | 1         | QL    |
| methylphenidate hcl er (la)                                                          | 1         | QL    |
| methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg | 1         | QL    |
| methylphenidate hcl oral                                                             | 1         | QL    |
| QUILLICHEW ER                                                                        | 3         | QL    |
| QUILLIVANT XR                                                                        | 3         | QL    |
| VYVANSE                                                                              | 2         | QL    |

| Drug Name                                                             | Drug Tier | Notes  |
|-----------------------------------------------------------------------|-----------|--------|
| <b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>   |           |        |
| AVONEX PEN                                                            | SP2       | PA; QL |
| AVONEX PREFILLED                                                      | SP2       | PA; QL |
| dalfampridine er                                                      | SP1       | PA; QL |
| dimethyl fumarate oral                                                | SP1       | PA; QL |
| dimethyl fumarate starter pack                                        | SP1       | PA; QL |
| EXTAVIA                                                               | SP2       | PA; QL |
| ingolimod hcl                                                         | SP1       | PA; QL |
| GILENYA ORAL CAPSULE 0.25 MG                                          | SP2       | PA; QL |
| glatiramer acetate                                                    | SP1       | PA; QL |
| KESIMPTA                                                              | SP2       | PA; QL |
| MAVENCLAD                                                             | SP3       | PA     |
| PLEGRIDY                                                              | SP2       | PA; QL |
| PLEGRIDY STARTER PACK                                                 | SP2       | PA; QL |
| teriflunomide                                                         | SP1       | PA; QL |
| VUMERITY                                                              | SP3       | PA; QL |
| ZEPOSIA                                                               | SP3       | PA; QL |
| ZEPOSIA 7-DAY STARTER PACK                                            | SP3       | PA; QL |
| ZEPOSIA STARTER KIT                                                   | SP3       | PA; QL |
| <b>Central Nervous System Agents - Miscellaneous</b>                  |           |        |
| caffeine citrate oral                                                 | 3         |        |
| pregabalin                                                            | 1         | QL     |
| riluzole                                                              | 1         | PA; QL |
| SAVELLA                                                               | 3         | QL     |
| SAVELLA TITRATION PACK                                                | 3         | QL     |
| tetrabenazine                                                         | SP1       | PA     |
| <b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b> |           |        |
| cevimeline hcl                                                        | 1         |        |

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

| Drug Name                                      | Drug Tier | Notes |
|------------------------------------------------|-----------|-------|
| chlorhexidine gluconate mouth/throat           | 1         |       |
| CLINPRO 5000                                   | 2         |       |
| DENTA 5000 PLUS                                | 2         |       |
| DENTAGEL                                       | 2         |       |
| FLUORIDEX                                      | 2         |       |
| FLUORIDEX ENHANCED WHITENING                   | 2         |       |
| FLUORIDEX SENSITIVITY RELIEF                   | 2         |       |
| FLUORIMAX 5000                                 | 2         |       |
| FLUORIMAX 5000 SENSITIVE                       | 2         |       |
| JUST RIGHT 5000                                | 2         |       |
| kourzeq                                        | 1         |       |
| lidocaine viscous hcl                          | 1         |       |
| oralone                                        | 1         |       |
| periogard                                      | 1         |       |
| pilocarpine hcl oral                           | 1         |       |
| PREVIDENT                                      | 2         |       |
| PREVIDENT 5000 BOOSTER PLUS                    | 2         |       |
| PREVIDENT 5000 DRY MOUTH                       | 2         |       |
| PREVIDENT 5000 ENAMEL PROTECT                  | 2         |       |
| PREVIDENT 5000 ORTHO DEFENSE                   | 2         |       |
| PREVIDENT 5000 PLUS                            | 2         |       |
| PREVIDENT 5000 SENSITIVE                       | 2         |       |
| sf                                             | 1         |       |
| sf 5000 plus                                   | 1         |       |
| sodium fluoride 5000 enamel dental gel 1.1-5 % | 1         |       |
| sodium fluoride 5000 plus                      | 1         |       |

| Drug Name                                                | Drug Tier | Notes  |
|----------------------------------------------------------|-----------|--------|
| sodium fluoride 5000 ppm                                 | 1         |        |
| sodium fluoride 5000 ppm dental gel 1.1 %                | 1         |        |
| sodium fluoride 5000 sensitive dental gel 1.1-5 %        | 1         |        |
| sodium fluoride dental                                   | 1         |        |
| sodium fluoride mouth/throat solution 0.2 %              | 1         |        |
| triamcinolone acetonide mouth/throat                     | 1         |        |
| <b>Dermatological Agents - Drugs for Skin Conditions</b> |           |        |
| acutane                                                  | 1         |        |
| acitretin                                                | 3         |        |
| adapalene external gel 0.3 %                             | 1         |        |
| ADBRY                                                    | SP2       | PA; QL |
| alclometasone dipropionate                               | 1         |        |
| amnesteem                                                | 1         |        |
| azelaic acid external                                    | 1         |        |
| AZELEX                                                   | 2         |        |
| benzoyl peroxide-erythromycin                            | 1         |        |
| betamethasone dipropionate aug                           | 1         |        |
| betamethasone dipropionate external                      | 1         |        |
| betamethasone valerate external                          | 1         |        |
| calcipotriene external cream                             | 1         |        |
| calcipotriene external ointment                          | 3         |        |
| calcipotriene external solution                          | 1         |        |
| calcitriol external                                      | 3         |        |

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

| Drug Name                                                  | Drug Tier | Notes | Drug Name                                | Drug Tier | Notes  |
|------------------------------------------------------------|-----------|-------|------------------------------------------|-----------|--------|
| CAPEX                                                      | 2         |       | desoximetasone external cream 0.25 %     | 1         |        |
| claravis                                                   | 1         |       | desoximetasone external gel              | 3         |        |
| clindacin etz external swab                                | 1         |       | desoximetasone external liquid           | 3         |        |
| clindacin-p                                                | 1         |       | desoximetasone external ointment 0.25 %  | 1         |        |
| clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 % | 1         |       | diclofenac sodium external gel 3 %       | 1         | QL     |
| clindamycin phosphate external gel                         | 1         |       | DRYSOL                                   | 2         |        |
| clindamycin phosphate external lotion                      | 1         |       | DUPIXENT                                 | SP2       | PA; QL |
| clindamycin phosphate external solution                    | 1         |       | ery                                      | 1         |        |
| clindamycin phosphate external swab                        | 1         |       | erythromycin external                    | 1         |        |
| clobetasol prop emollient base                             | 1         |       | EUCRISA                                  | 2         | ST     |
| clobetasol propionate e                                    | 1         |       | fluocinolone acetonide body              | 1         |        |
| clobetasol propionate external cream                       | 1         |       | fluocinolone acetonide external          | 1         |        |
| clobetasol propionate external foam                        | 3         |       | fluocinolone acetonide scalp             | 1         |        |
| clobetasol propionate external gel                         | 1         |       | fluocinonide emulsified base             | 3         |        |
| clobetasol propionate external liquid                      | 1         |       | fluocinonide external                    | 1         |        |
| clobetasol propionate external lotion                      | 1         |       | FLUOROPLEX EXTERNAL CREAM 1 %            | 3         |        |
| clobetasol propionate external ointment                    | 1         |       | fluorouracil external cream 5 %          | 1         |        |
| clobetasol propionate external shampoo                     | 3         |       | fluorouracil external solution           | 1         |        |
| clobetasol propionate external solution                    | 1         |       | fluticasone propionate external cream    | 1         |        |
| clodan external shampoo                                    | 3         |       | fluticasone propionate external lotion   | 3         |        |
| desonide external cream                                    | 1         |       | fluticasone propionate external ointment | 1         |        |
| desonide external lotion                                   | 1         |       | halobetasol propionate external cream    | 1         |        |
| desonide external ointment                                 | 1         |       | halobetasol propionate external ointment | 1         |        |

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

| Drug Name                                            | Drug Tier | Notes  | Drug Name                                                       | Drug Tier | Notes             |
|------------------------------------------------------|-----------|--------|-----------------------------------------------------------------|-----------|-------------------|
| hydrocortisone ace-pramoxine external cream 2.5-1 %  | 1         |        | rosadan external cream 0.75 %                                   | 1         |                   |
| hydrocortisone butyrate external cream               | 1         |        | rosadan external gel 0.75 %                                     | 1         |                   |
| hydrocortisone butyrate external ointment            | 1         |        | SANTYL                                                          | 2         | QL                |
| hydrocortisone butyrate external solution            | 1         |        | selenium sulfide external lotion                                | 1         |                   |
| hydrocortisone external cream 2.5 %                  | 1         |        | sodium sulfacetamide wash                                       | 1         |                   |
| hydrocortisone external lotion 2.5 %                 | 1         |        | sulfacetamide sodium (acne)                                     | 1         |                   |
| hydrocortisone external ointment 2.5 %               | 1         |        | sulfacetamide sodium external                                   | 1         |                   |
| hydrocortisone valerate                              | 1         |        | sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4.5 %     | 1         |                   |
| imiquimod external cream 5 %                         | 1         |        | tacrolimus external                                             | 1         | QL                |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg | 1         |        | tazarotene external cream                                       | 1         | AL (Max 40 Years) |
| methoxsalen rapid                                    | 3         |        | tazarotene external gel                                         | 1         | AL (Max 40 Years) |
| metronidazole external cream                         | 1         |        | TAZORAC EXTERNAL CREAM 0.05 %                                   | 2         | AL (Max 40 Years) |
| metronidazole external gel                           | 1         |        | TAZORAC EXTERNAL GEL                                            | 2         | AL (Max 40 Years) |
| metronidazole external lotion                        | 3         |        | TEXACORT                                                        | 2         |                   |
| mometasone furoate external                          | 1         |        | tretinoin external cream                                        | 1         | AL (Max 40 Years) |
| myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg     | 1         |        | tretinoin external gel 0.01 %, 0.025 %                          | 1         | AL (Max 40 Years) |
| neuac                                                | 1         |        | tretinoin external gel 0.05 %                                   | 3         | AL (Max 40 Years) |
| OPZELURA                                             | 2         | PA; QL | triamcinolone acetonide external cream                          | 1         |                   |
| pimecrolimus                                         | 1         | QL     | triamcinolone acetonide external lotion                         | 1         |                   |
| PODOCON-25                                           | 1         |        | triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | 1         |                   |
| podofilox external                                   | 1         |        | triderm                                                         | 1         |                   |
| prednicarbate external ointment 0.1 %                | 1         |        | urea external cream 40 %                                        | 1         |                   |
| REGANEX                                              | 2         | 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  |
|---------------------------------------------------|-----------|--------|
| zenatane                                          | 1         |        |
| <b>Diabetes - Antidiabetic Agents</b>             |           |        |
| acarbose oral                                     | 1         |        |
| BYDUREON BCISE AUTOINJECTOR                       | 3         | PA; QL |
| BYETTA 10 MCG PEN                                 | 3         | PA; QL |
| BYETTA 5 MCG PEN                                  | 3         | PA; QL |
| FARXIGA                                           | 2         | ST     |
| glimepiride                                       | 1         |        |
| glipizide er                                      | 1         |        |
| glipizide ir                                      | 1         |        |
| glipizide xl                                      | 1         |        |
| glipizide-metformin hcl                           | 1         |        |
| glyburide micronized                              | 1         |        |
| glyburide oral                                    | 1         |        |
| glyburide-metformin                               | 1         |        |
| GLYXAMBI                                          | 2         | ST     |
| INVOKAMET                                         | 3         | ST     |
| INVOKAMET XR                                      | 3         | ST     |
| INVOKANA                                          | 3         | ST     |
| JANUMET                                           | 2         |        |
| JANUMET XR                                        | 2         |        |
| JANUVIA                                           | 2         |        |
| JARDIANCE                                         | 2         | ST     |
| JENTADUETO                                        | 2         |        |
| JENTADUETO XR                                     | 2         |        |
| metformin hcl er                                  | 1         |        |
| metformin hcl oral tablet 1000 mg, 500 mg, 850 mg | 1         |        |
| miglitol                                          | 3         |        |
| nateglinide                                       | 1         |        |
| OZEMPIC                                           | 2         | PA; QL |
| pioglitazone hcl                                  | 1         |        |
| pioglitazone hcl-glimepiride                      | 3         |        |

| Drug Name                            | Drug Tier | Notes  |
|--------------------------------------|-----------|--------|
| pioglitazone hcl-metformin hcl       | 1         |        |
| repaglinide                          | 1         |        |
| RYBELSUS                             | 2         | PA; QL |
| SYMLINPEN 120                        | 3         | PA     |
| SYMLINPEN 60                         | 3         | PA     |
| SYNJARDY                             | 2         | ST     |
| SYNJARDY XR                          | 2         | ST     |
| TRADJENTA                            | 2         |        |
| TRIJARDY XR                          | 2         | ST     |
| TRULICITY                            | 2         | PA; QL |
| VICTOZA                              | 2         | PA; QL |
| XIGDUO XR                            | 2         | ST     |
| <b>Diabetes - Glucose Monitoring</b> |           |        |
| ACCU-CHEK AVIVA DEVICE               | 1         |        |
| ACCU-CHEK FASTCLIX LANCET KIT        | 1         |        |
| ACCU-CHEK GUIDE TEST STRIPS          | 1         |        |
| ACCU-CHEK GUIDE CONTROL              | 1         |        |
| ACCU-CHEK GUIDE TEST STRIPS          | 1         | QL     |
| ACCU-CHEK GUIDE KIT W/DEVICE         | 1         |        |
| ACCU-CHEK SOFTCLIX LANCET DEVICE KIT | 1         |        |
| AGAMATRIX CONTROL LEVEL 2            | 2         |        |
| AGAMATRIX CONTROL LEVEL 4            | 2         |        |
| AGAMATRIX PRESTO TEST                | 2         | QL     |
| ASSURE PLATINUM                      | 2         | QL     |
| AUTOLET II CLINISAFE                 | 2         |        |
| AUTOLET LANCING DEVICE               | 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 |
|--------------------------------|-----------|-------|-------------------------------------|-----------|-------|
| BIOTEL CARE BLOOD GLUCOSE      | 2         |       | CLEVER CHOICE COMFORT EZ            | 2         |       |
| BIOTEL CARE BLOOD GLUCOSE SYST | 2         |       | CONTOUR CONTROL SOLUTION            | 2         |       |
| BLOOD GLUCOSE MONITORING 333   | 2         |       | CONTOUR MONITOR DEVICE              | 2         |       |
| BLOOD GLUCOSE TEST             | 2         | QL    | CONTOUR MONITOR KIT W/DEVICE        | 2         |       |
| BLOOD GLUCOSE TEST STRIPS 333  | 2         | QL    | CONTOUR NEXT CONTROL SOLUTION       | 2         |       |
| BLULINK CONTROL HIGH & LOW     | 2         |       | CONTOUR NEXT EZ KIT W/DEVICE        | 2         |       |
| BLULINK GLUCOSE MONITORING SYS | 2         |       | CONTOUR NEXT GEN MONITOR            | 2         |       |
| BLULINK GLUCOSE TEST           | 2         | QL    | CONTOUR NEXT LINK KIT W/DEVICE      | 2         |       |
| CARESENS CONTROL SOLUTION A/B  | 2         |       | CONTOUR NEXT MONITOR KIT W/DEVICE   | 2         |       |
| CARESENS LANCETS 30G           | 2         |       | CONTOUR NEXT ONE KIT                | 2         |       |
| CARESENS N FELIZ               | 2         |       | CONTOUR NEXT GEN TEST STRIPS        | 2         | QL    |
| CARESENS N FELIZ BT            | 2         |       | CONTOUR TEST STRIPS                 | 2         | QL    |
| CARETOUCH CONTROL SOL LEVEL 2  | 2         |       | CVS KETONE CARE                     | 2         |       |
| CARETOUCH LANCING/EJECTOR      | 2         |       | DEXCOM G4 PLAT PED RCV/SHARE DEVICE | 3         | QL    |
| CARETOUCH TEST                 | 2         | QL    | DEXCOM G4 PLAT PED RECEIVER DEVICE  | 3         | QL    |
| CEQUR SIMPLICITY 2U 10PK       | 2         |       | DEXCOM G4 PLATINUM RCV/SHARE DEVICE | 3         | QL    |
| CEQUR SIMPLICITY INSERTER      | 2         |       | DEXCOM G4 PLATINUM RECEIVER DEVICE  | 3         | QL    |
| CHEMSTRIP 10 MD                | 1         |       | DEXCOM G4 PLATINUM TRANSMITTER      | 3         | QL    |
| CHEMSTRIP 10/SG                | 1         |       | DEXCOM G5 MOB/G4 PLAT SENSOR        | 3         | QL    |
| CHEMSTRIP 2 GP                 | 1         |       | DEXCOM G5 MOBILE RECEIVER DEVICE    | 3         | QL    |
| CHEMSTRIP 5 OB                 | 1         |       | DEXCOM G5 MOBILE TRANSMITTER        | 3         | QL    |
| CHEMSTRIP 7                    | 1         |       |                                     |           |       |
| CHEMSTRIP 9                    | 1         |       |                                     |           |       |
| CHEMSTRIP K                    | 1         |       |                                     |           |       |
| CHEMSTRIP UGK                  | 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 |
|---------------------------------------|-----------|-------|-------------------------------------|-----------|-------|
| DEXCOM G5 RECEIVER KIT DEVICE         | 3         | QL    | EASY TRAK II GLUCOSE TEST           | 2         | QL    |
| DEXCOM G6 RECEIVER                    | 3         | QL    | EASYMAX 15 LEVEL 2-3 CONTROL        | 2         |       |
| DEXCOM G6 SENSOR                      | 3         | QL    | EASYMAX CONTROL                     | 2         |       |
| DEXCOM G6 TRANSMITTER                 | 3         | QL    | GLUCOSE CONTROL SOLUTIONS           | 2         |       |
| DEXCOM G7 RECEIVER                    | 3         | QL    | EMBRACE EVO GLUCOSE MONITOR         | 2         |       |
| DEXCOM G7 SENSOR                      | 3         |       | EMBRACE LANCING DEVICE/EJECTOR      | 2         |       |
| DIATHRIVE BLOOD GLUCOSE METER         | 2         |       | EMBRACE TALK BLOOD GLUCOSE          | 2         |       |
| DIATHRIVE BLOOD GLUCOSE TEST          | 2         | QL    | EMBRACE TALK GLUCOSE CONTROL        | 2         |       |
| DIATHRIVE GLUCOSE CONTROL SOLN        | 2         |       | EMBRACE TALK GLUCOSE TEST           | 2         | QL    |
| DIATHRIVE GLUCOSE TEST                | 2         | QL    | EMBRACE TALK MONITORING SYSTEM      | 2         |       |
| DIATHRIVE LANCING DEVICE              | 2         |       | EMBRACE WAVE BLOOD GLUCOSE          | 2         |       |
| DIATHRIVE+ GLUCOSE MONITOR            | 2         |       | EMBRACE WAVE BLOOD GLUCOSE IN VITRO | 2         | QL    |
| DIATHRIVE+ GLUCOSE TEST               | 2         | QL    | EMBRACE WAVE GLUCOSE METER          | 2         |       |
| DROPLET GENTEEL LANCING DEVICE        | 2         |       | FORA 6 CONNECT IN VITRO             | 2         | QL    |
| EASY TALK PLUS II CONTROL             | 2         |       | FORA 6 CONNECT/GTEL TEST            | 2         | QL    |
| EASY TALK PLUS II TEST STRIPS         | 2         | QL    | FORA GTEL BLOOD GLUCOSE SYSTEM      | 2         |       |
| EASY TOUCH HEALTHPRO GLUCOSE          | 2         |       | FORA GTEL BLOOD GLUCOSE TEST        | 2         | QL    |
| EASY TOUCH HEALTHPRO GLUCOSE IN VITRO | 2         | QL    | FORA TN'G ADVANCE PRO IN VITRO      | 2         | QL    |
| EASY TOUCH LANCING DEVICE             | 2         |       | FORTISCARE CONTROL                  | 2         |       |
| EASY TRAK II BLOOD GLUCOSE SYS        | 2         |       | FORTISCARE G1 TEST STRIP            | 2         | QL    |
| EASY TRAK II CONTROL                  | 2         |       | FORTISCARE T1 GLUCOSE SYSTEM        | 2         |       |

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

| Drug Name                      | Drug Tier | Notes | Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|--------------------------------|-----------|-------|
| FREESTYLE FREEDOM LITE         | 2         |       | HW EMBRACE PRO GLUCOSE METER   | 2         |       |
| FREESTYLE INSULINX TEST        | 2         | QL    | HW EMBRACE PRO GLUCOSE TEST    | 2         | QL    |
| FREESTYLE LIBRE 14 DAY READER  | 3         | QL    | HW EMBRACE TALK BLOOD GLUCOSE  | 2         |       |
| FREESTYLE LIBRE 14 DAY SENSOR  | 3         |       | HW EMBRACE TALK GLUCOSE TEST   | 2         | QL    |
| FREESTYLE LIBRE 2 READER       | 3         | QL    | INFINITY BLOOD GLUCOSE TEST    | 2         | QL    |
| FREESTYLE LIBRE 2 SENSOR       | 3         | QL    | INPEN 100-BLUE-LILLY-HUMALOG   | 2         |       |
| FREESTYLE LIBRE 3 SENSOR       | 3         |       | INPEN 100-BLUE-NOVOLOG-FIASP   | 2         |       |
| FREESTYLE LIBRE READER         | 3         | QL    | INPEN 100-GREY-LILLY-HUMALOG   | 2         |       |
| FREESTYLE LITE TEST            | 2         | QL    | INPEN 100-GREY-NOVOLOG-FIASP   | 2         |       |
| FREESTYLE PRECISION NEO TEST   | 2         | QL    | INPEN 100-PINK-LILLY-HUMALOG   | 2         |       |
| FREESTYLE TEST                 | 2         | QL    | INPEN 100-PINK-NOVOLOG-FIASP   | 2         |       |
| GENTEEL LANCING KIT (BLUE)     | 2         |       | KETO-DIASTIX                   | 2         |       |
| GHT BLOOD GLUCOSE MONITOR      | 2         |       | KETONE TEST                    | 2         |       |
| GLUCOCARD 01 SENSOR PLUS       | 2         | QL    | KETOSTIX                       | 2         |       |
| GLUCOCARD EXPRESSION TEST      | 2         | QL    | KROGER HEALTHPRO GLUCOSE TEST  | 2         | QL    |
| GLUCOCARD SHINE CONNEX         | 2         |       | LANCETS                        | 1         |       |
| GLUCOCARD SHINE EXPRESS        | 2         |       | LANCETS                        | 2         |       |
| GLUCOCARD SHINE TEST           | 2         | QL    | LANCETS IN VITRO STRIP         | 2         | QL    |
| GLUCOCARD VITAL TEST           | 2         | QL    | MICRODOT TEST                  | 2         | QL    |
| GOJJI BLOOD GLUCOSE TEST       | 2         | QL    | MICROLET NEXT LANCING DEVICE   | 2         |       |
| GOJJI CONTROL                  | 2         |       | NOVOPEN ECHO                   | 2         |       |
| GOJJI LANCING DEVICE/CLEAR CAP | 2         |       | ONE DROP BLOOD GLUCOSE MONITOR | 2         |       |
|                                |           |       | ONE DROP TEST                  | 2         | QL    |
|                                |           |       | ONETOUCH DELICA LANCETS 30G    | 1         |       |

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

| Drug Name                                         | Drug Tier | Notes | Drug Name                             | Drug Tier | Notes |
|---------------------------------------------------|-----------|-------|---------------------------------------|-----------|-------|
| ONETOUGH DELICA LANCETS 33G                       | 1         |       | ONETOUGH VERIO IN VITRO LIQUID HIGH   | 1         |       |
| ONETOUGH DELICA LANCING DEV                       | 1         |       | ONETOUGH VERIO TEST STRIPS            | 1         | QL    |
| ONETOUGH DELICA PLUS LANCET30G                    | 1         |       | ONETOUGH VERIO IQ SYSTEM KIT W/DEVICE | 1         |       |
| ONETOUGH DELICA PLUS LANCET30G                    | 2         |       | ONETOUGH VERIO KIT W/DEVICE           | 1         |       |
| ONETOUGH DELICA PLUS LANCET33G                    | 1         |       | ONETOUGH VERIO REFLECT KIT W/DEVICE   | 1         |       |
| ONETOUGH DELICA PLUS LANCET33G                    | 2         |       | PIP BLOOD GLUCOSE MONITORING          | 2         |       |
| ONETOUGH DELICA PLUS LANCING                      | 1         |       | PIP BLOOD GLUCOSE TEST STRIP          | 2         | QL    |
| ONETOUGH DELICA PLUS LANCING                      | 2         |       | PIP GLUCOSE CONTROL SOLUTION          | 2         |       |
| ONETOUGH DELICA SAFETY LANCING                    | 1         |       | POGO AUTOMATIC BLOOD GLUCOSE          | 2         |       |
| ONETOUGH DELICA SAFETY LANCING                    | 2         |       | PRECISION XTRA BLOOD GLUCOSE          | 2         | QL    |
| ONETOUGH FINEPOINT LANCETS                        | 1         |       | PRODIGY NO CODING BLOOD GLUC          | 2         |       |
| ONETOUGH SOLUTIONS STARTER KIT KIT W/ WELL DEVICE | 1         |       | PTS PANELS EGLU TEST                  | 2         | QL    |
| ONETOUGH ULTRA 2 KIT W/DEVICE                     | 1         |       | RELION PREMIER CLASSIC                | 2         |       |
| ONETOUGH ULTRA IN VITRO LIQUID                    | 1         |       | RELION PREMIER TEST                   | 2         | QL    |
| ONETOUGH ULTRA IN VITRO STRIP                     | 1         | QL    | RIGHTEST GT333 BLOOD GLUCOSE          | 2         |       |
| ONETOUGH ULTRASOFT 2 LANCETS                      | 1         |       | RIGHTEST GT333 BLOOD GLUCOSE IN VITRO | 2         | QL    |
| ONETOUGH ULTRASOFT 2 LANCETS                      | 2         |       | RIGHTEST GT333 GLUCOSE TEST           | 2         | QL    |
| ONETOUGH ULTRASOFT LANCETS                        | 1         |       | TEMPO REFILL                          | 2         |       |
| ONETOUGH VERIO FLEX SYSTEM                        | 1         |       | TRUE FOCUS BLOOD GLUCOSE METER        | 2         |       |
|                                                   |           |       | TRUE METRIX BLOOD GLUCOSE TEST        | 2         | QL    |
|                                                   |           |       | TRUE METRIX LEVEL 1                   | 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 |
|----------------------------------------|-----------|-------|
| TRUE METRIX LEVEL 2                    | 2         |       |
| TRUE METRIX LEVEL 3                    | 2         |       |
| TRUE METRIX METER KIT                  | 2         |       |
| TRUE METRIX PRO BLOOD GLUCOSE          | 2         | QL    |
| TRUETRACK TEST                         | 2         | QL    |
| UNISTRIP CONTROL IN VITRO SOLUTION LOW | 2         |       |
| VERIFINE SAFE LANCET MINI 21G          | 2         |       |
| VERIFINE SAFE LANCET MINI 23G          | 2         |       |
| VERIFINE SAFE LANCET MINI 28G          | 2         |       |
| VERIFINE SAFE LANCET MINI 30G          | 2         |       |
| VIVAGUARD INO CONTROL SOLUTION         | 2         |       |
| VIVAGUARD INO GLUCOSE METER            | 2         |       |
| VIVAGUARD INO SMART GLUC METER         | 2         |       |
| VIVAGUARD INO TEST STRIPS              | 2         | QL    |
| VIVAGUARD LANCING DEVICE               | 2         |       |
| <b>Diabetes - Glycemic Agents</b>      |           |       |
| BAQSIMI ONE PACK                       | 2         |       |
| BAQSIMI TWO PACK                       | 2         |       |
| diazoxide oral                         | 3         |       |
| GLUCAGEN HYPOKIT                       | 2         |       |
| glucagon emergency kit 1 mg injection  | 1         |       |
| GLUCAGON EMERGENCY KIT 1 MG INJECTION  | 2         |       |
| GLUCAGON EMERGENCY KIT                 | 2         |       |

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| GVOKE HYPOPEN 1-PACK           | 2         |       |
| GVOKE HYPOPEN 2-PACK           | 2         |       |
| GVOKE KIT                      | 2         |       |
| GVOKE PFS                      | 2         |       |
| <b>Diabetes - Insulins</b>     |           |       |
| APIDRA SOLOSTAR                | 3         |       |
| APIDRA VIAL                    | 3         |       |
| AQ INSULIN SYRINGE             | 1         |       |
| BD ULTRA-FINE INSULIN SYRINGES | 1         |       |
| DROPSAFE SAFETY SYRINGE/NEEDLE | 1         |       |
| FIASP                          | 1         |       |
| FIASP FLEXTOUCH                | 1         |       |
| FIASP PENFILL                  | 1         |       |
| FIASP PUMPCART                 | 2         |       |
| HUMALOG                        | 2         |       |
| HUMALOG KWIKPEN                | 2         |       |
| HUMALOG MIX 50/50 KWIKPEN      | 2         |       |
| HUMALOG MIX 50/50 VIAL         | 2         |       |
| HUMALOG MIX 75/25 KWIKPEN      | 2         |       |
| HUMALOG MIX 75/25 VIAL         | 2         |       |
| 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         |       |

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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|--------------------------------------------------------|-----------|-------|
| INSULIN SYRINGES<br>27G X 1/2" 0.5 ML, 27G<br>X 1/2" 1 ML, 27G X 5/8"<br>1 ML, 28G X 1/2" 0.5 ML,<br>28G X 1/2" 1 ML, 29G X<br>1/2" 0.3 ML, 29G X 1/2"<br>0.5 ML, 29G X 1/2" 1 ML,<br>30G X 1/2" 0.3 ML, 30G<br>X 1/2" 0.5 ML, 30G X<br>1/2" 1 ML, 30G X 5/16"<br>0.3 ML, 30G X 5/16" 0.5<br>ML, 30G X 5/16" 1 ML,<br>31G X 1/2" 0.3 ML, 31G<br>X 15/64" 0.3 ML, 31G X<br>15/64" 0.5 ML, 31G X<br>15/64" 1 ML, 31G X 5/16"<br>0.3 ML, 31G X 5/16" 0.5<br>ML, 31G X 5/16" 1 ML,<br>32G X 5/16" 0.5 ML, 32G<br>X 5/16" 1 ML | 1         |       | NOVOLIN R RELION                                       | 2         |       |
| LANTUS SOLOSTAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2         |       | NOVOLIN R VIAL                                         | 2         |       |
| LANTUS U-100 VIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2         |       | NOVOLOG FLEXPEN                                        | 1         |       |
| LEVEMIR FLEXPEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2         |       | NOVOLOG MIX 70/30<br>FLEXPEN                           | 1         |       |
| LEVEMIR U-100<br>FLEXTOUCH<br>SUBCUTANEOUS<br>SOLUTION PEN-<br>INJECTOR 100 UNIT/ML                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2         |       | NOVOLOG MIX 70/30<br>VIAL                              | 1         |       |
| LEVEMIR U-100 VIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2         |       | NOVOLOG PENFILL                                        | 1         |       |
| NOVOLIN 70/30<br>FLEXPEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2         |       | NOVOLOG U-100 VIAL                                     | 1         |       |
| NOVOLIN 70/30<br>FLEXPEN RELION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2         |       | TOUJEO MAX<br>SOLOSTAR                                 | 2         |       |
| NOVOLIN 70/30 RELION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2         |       | TOUJEO SOLOSTAR                                        | 2         |       |
| NOVOLIN 70/30 VIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2         |       | TRESIBA                                                | 2         |       |
| NOVOLIN N FLEXPEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2         |       | TRESIBA FLEXTOUCH                                      | 2         |       |
| NOVOLIN N FLEXPEN<br>RELION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2         |       | ULTIGUARD<br>SAFEPAK<br>SYR/NEEDLE                     | 1         |       |
| NOVOLIN N RELION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2         |       | VERIFINE INSULIN<br>SYRINGE                            | 1         |       |
| NOVOLIN N VIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2         |       | <b>Electrolytes / Minerals /<br/>Metals / Vitamins</b> |           |       |
| NOVOLIN R FLEXPEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2         |       | carglumic acid                                         | SP1       | PA    |
| NOVOLIN R FLEXPEN<br>RELION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2         |       | CARNITOR<br>INTRAVENOUS                                | 3         |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |       | cyanocobalamin injection<br>solution 1000 mcg/ml       | 1         |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |       | cytra k crystals                                       | 1         |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |       | deferasirox oral tablet                                | 3         | PA    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |       | effer-k oral tablet<br>effervescent 25 meq             | 1         |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |       | ergocalciferol oral<br>capsule                         | 1         |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |       | ferocon                                                | 1         |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |       | ferotinsic                                             | 1         |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |       | FERRALET 90                                            | 3         |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |       | FLORIVA ORAL LIQUID                                    | 0         | PV    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |       | fluoritab oral solution<br>0.275 (0.125 f) mg/drop     | 0         | PV    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |       | folate                                                 | 0         | PV    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |       | folic acid oral tablet 1 mg                            | 1         |       |

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

| Drug Name                                            | Drug Tier | Notes |
|------------------------------------------------------|-----------|-------|
| folic acid oral tablet 400 mcg, 800 mcg              | 0         | PV    |
| FOLIVANE-F                                           | 2         |       |
| FOLIVANE-PLUS                                        | 2         |       |
| foltrin                                              | 1         |       |
| GALZIN                                               | 2         |       |
| INTEGRA F                                            | 2         |       |
| INTEGRA PLUS                                         | 2         |       |
| iodine strong oral                                   | 1         |       |
| IRON FOLATE PLUS                                     | 2         |       |
| JYNARQUE                                             | SP2       | QL    |
| klor-con                                             | 1         |       |
| klor-con 10                                          | 1         |       |
| klor-con m10                                         | 1         |       |
| klor-con m15                                         | 1         |       |
| klor-con m20                                         | 1         |       |
| klor-con/ef                                          | 1         |       |
| K-PHOS                                               | 2         |       |
| K-PHOS NO 2                                          | 2         |       |
| k-prime                                              | 1         |       |
| levocarnitine intravenous                            | 3         |       |
| levocarnitine oral solution                          | 1         |       |
| levocarnitine oral tablet                            | 1         |       |
| levocarnitine sf                                     | 1         |       |
| MASONATAL                                            | 0         | PV    |
| multivitamin w/fluoride oral tablet chewable 1 mg    | 1         |       |
| multivitamin/fluoride tablet chewable 1 mg oral (rx) | 1         |       |
| MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX) | 1         |       |
| MULTI-VIT-FLOR ORAL TABLET CHEWABLE 1 MG             | 1         |       |

| Drug Name                                            | Drug Tier | Notes |
|------------------------------------------------------|-----------|-------|
| nafrinse drops oral solution 0.275 (0.125 f) mg/drop | 0         | PV    |
| nafrinse oral tablet chewable 2.2 (1 f) mg           | 0         | PV    |
| NASCOBAL                                             | 2         |       |
| NEONATAL PRENATAL                                    | 0         | PV    |
| ONE VITE WOMENS                                      | 0         | PV    |
| ONE-A-DAY WOMENS PRENATAL 1                          | 0         | PV    |
| phosphorous                                          | 1         |       |
| phospho-trin 250 neutral                             | 1         |       |
| PHOSPHO-TRIN K500                                    | 2         |       |
| phytonadione oral                                    | 1         |       |
| pnv prenatal plus multivit+dha                       | 1         |       |
| POLY-VI-FLOR ORAL TABLET CHEWABLE 1 MG               | 1         |       |
| pot & sod cit-cit ac                                 | 1         |       |
| potassium chloride cryser                            | 1         |       |
| potassium chloride er                                | 1         |       |
| potassium chloride oral                              | 1         |       |
| potassium citrate er                                 | 1         |       |
| potassium citrate-citric acid                        | 1         |       |
| prenatal multi +dha                                  | 0         | PV    |
| prenatal oral tablet 27-0.8 mg                       | 0         | PV    |
| prenatal oral tablet 27-1 mg                         | 1         |       |
| prenatal plus vitamin/mineral                        | 1         |       |
| prenatal vitamin plus low iron oral tablet 27-1 mg   | 1         |       |
| prenatal/folic acid+dha                              | 0         | PV    |
| preplus oral tablet 27-1 mg                          | 1         |       |
| PROFERRIN-FORTE                                      | 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                 |
|------------------------------------------------------------------------|-----------|-----------------------|
| QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG                            | 1         |                       |
| sod citrate-citric acid                                                | 1         |                       |
| sodium fluoride oral                                                   | 0         | PV                    |
| sodium polystyrene sulfonate                                           | 1         |                       |
| tolvaptan                                                              | SP1       | QL                    |
| tricitrates                                                            | 1         |                       |
| trientine hcl oral capsule 250 mg                                      | SP1       | PA                    |
| VIRT-FEFA PLUS ORAL CAPSULE                                            | 2         |                       |
| virt-phos 250 neutral oral tablet 155-852-130 mg                       | 1         |                       |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | 1         |                       |
| wes-phos 250 neutral                                                   | 1         |                       |
| WILZIN ORAL CAPSULE 25 MG                                              | 2         |                       |
| yl folic acid                                                          | 0         | PV                    |
| <b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>       |           |                       |
| esomeprazole magnesium oral capsule delayed release 40 mg              | 3         | QL                    |
| famotidine oral suspension reconstituted                               | 3         |                       |
| FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML                               | 3         |                       |
| lansoprazole oral capsule delayed release 30 mg                        | 3         | QL                    |
| misoprostol oral                                                       | 1         |                       |
| NEXIUM ORAL PACKET 2.5 MG, 5 MG                                        | 3         | QL; AL (Max 12 Years) |
| omeprazole oral capsule delayed release 10 mg, 40 mg                   | 3         | QL                    |

| Drug Name                                                                          | Drug Tier | Notes  |
|------------------------------------------------------------------------------------|-----------|--------|
| OMEPRAZOLE+SYRSP END SF ALKA                                                       | 3         |        |
| pantoprazole sodium oral tablet delayed release                                    | 3         | QL     |
| rabeprazole sodium oral tablet delayed release                                     | 3         | QL     |
| sucralfate oral suspension                                                         | 3         |        |
| sucralfate oral tablet                                                             | 1         |        |
| <b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b> |           |        |
| alose tron hcl                                                                     | 3         | PA     |
| AMITIZA                                                                            | 3         | QL     |
| bisacodyl ec                                                                       | 0         | PV; QL |
| bisacodyl oral                                                                     | 0         | PV; QL |
| citroma                                                                            | 0         | PV; QL |
| clearlax                                                                           | 0         | PV; QL |
| constulose                                                                         | 1         |        |
| cromolyn sodium oral                                                               | 3         |        |
| dicyclomine hcl oral                                                               | 1         |        |
| diphenoxylate-atropine                                                             | 1         |        |
| enulose                                                                            | 1         |        |
| ft clearlax                                                                        | 0         | PV; QL |
| ft laxative                                                                        | 0         | PV; QL |
| ft magnesium citrate                                                               | 0         | PV; QL |
| GATTEX                                                                             | SP3       | PA     |
| gavilax oral powder                                                                | 0         | PV; QL |
| gavilyte-c                                                                         | 1         | PV; QL |
| gavilyte-g                                                                         | 1         | PV; QL |
| gavilyte-n with flavor pack oral solution reconstituted 420 gm                     | 1         | PV; QL |
| generlac                                                                           | 1         |        |
| gentle laxative oral                                                               | 0         | PV; QL |
| gentlelax                                                                          | 0         | PV; QL |
| glycolax                                                                           | 0         | PV; QL |

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| Drug Name                             | Drug Tier | Notes  |
|---------------------------------------|-----------|--------|
| glycopyrrolate oral solution          | 3         | PA     |
| glycopyrrolate oral tablet 1 mg, 2 mg | 1         | QL     |
| hyoscyamine sulfate er                | 1         |        |
| hyoscyamine sulfate oral              | 1         |        |
| hyoscyamine sulfate sl                | 1         |        |
| hyoscyamine sulfate sublingual        | 1         |        |
| hyosyne                               | 1         |        |
| lactulose encephalopathy              | 1         |        |
| lactulose oral solution               | 1         |        |
| LINZESS                               | 3         | QL     |
| lubiprostone                          | 3         | QL     |
| magnesium citrate oral solution       | 0         | PV; QL |
| mm clearlax                           | 0         | PV; QL |
| MOVANTIK                              | 3         | QL     |
| na sulfate-k sulfate-mg sulf          | 0         | PV; QL |
| peg 3350-kcl-na bicarb-nacl           | 1         | PV; QL |
| peg-3350/electrolytes                 | 1         | PV; QL |
| peg-3350/electrolytes/ascorbic acid   | 3         |        |
| peg-kcl-nacl-nasulf-na asc-c          | 3         |        |
| polyethylene glycol 3350 oral powder  | 0         | PV; QL |
| qc magnesium citrate                  | 0         | PV; QL |
| RELISTOR SUBCUTANEOUS                 | SP3       | QL     |
| SUPREP BOWEL PREP KIT                 | 3         |        |
| ursodiol oral capsule 300 mg          | 1         |        |
| ursodiol oral tablet                  | 1         |        |
| VIBERZI                               | 3         | PA; QL |
| XERMELO                               | SP3       | PA; QL |

| Drug Name                                                                          | Drug Tier | Notes  |
|------------------------------------------------------------------------------------|-----------|--------|
| <b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b> |           |        |
| CERDELGA                                                                           | SP3       | PA     |
| CHOLBAM                                                                            | SP3       | PA     |
| CREON                                                                              | 2         |        |
| GALAFOLD                                                                           | SP3       | PA; QL |
| MYALEPT                                                                            | SP3       | PA     |
| nitisinone                                                                         | SP1       | PA     |
| OCALIVA                                                                            | SP3       | PA; QL |
| ORFADIN ORAL CAPSULE 20 MG                                                         | SP3       | PA     |
| ORFADIN ORAL SUSPENSION                                                            | SP3       | PA     |
| PANCREAZE                                                                          | 2         |        |
| PROCYSBI                                                                           | SP3       | PA     |
| RAVICTI                                                                            | SP3       | PA     |
| sodium phenylbutyrate oral                                                         | SP1       | PA     |
| STRENSIQ                                                                           | SP3       | PA     |
| ZENPEP                                                                             | 2         |        |
| <b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>     |           |        |
| AURYXIA                                                                            | 3         |        |
| bethanechol chloride oral                                                          | 1         |        |
| calcium acetate (phos binder) oral capsule                                         | 1         |        |
| darifenacin hydrobromide er                                                        | 3         |        |
| ELMIRON                                                                            | 2         | PA     |
| flavoxate hcl                                                                      | 1         |        |
| INTRAROSA                                                                          | 3         |        |
| LITHOSTAT                                                                          | 3         |        |
| MYRBETRIQ                                                                          | 2         |        |
| oxybutynin chloride er                                                             | 1         |        |
| oxybutynin chloride oral solution                                                  | 1         |        |

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| Drug Name                                                   | Drug Tier | Notes |
|-------------------------------------------------------------|-----------|-------|
| oxybutynin chloride oral tablet 5 mg                        | 1         |       |
| penicillamine oral tablet                                   | SP1       | PA    |
| phenazo oral tablet 200 mg                                  | 1         |       |
| phenazopyridine hcl oral                                    | 1         |       |
| sevelamer carbonate                                         | 1         |       |
| sevelamer hcl oral tablet 400 mg                            | 1         |       |
| sevelamer hcl oral tablet 800 mg                            | 3         |       |
| sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg         | 3         | QL    |
| solifenacin succinate                                       | 1         |       |
| tadalafil oral tablet 2.5 mg, 5 mg                          | 3         | QL    |
| tolterodine tartrate                                        | 1         |       |
| tolterodine tartrate er                                     | 1         |       |
| tropium chloride                                            | 1         |       |
| tropium chloride er                                         | 3         |       |
| <b>Genitourinary Agents - Drugs for Prostate Conditions</b> |           |       |
| alfuzosin hcl er                                            | 1         |       |
| dutasteride oral                                            | 1         |       |
| dutasteride-tamsulosin hcl                                  | 1         |       |
| finasteride oral tablet 5 mg                                | 1         |       |
| silodosin                                                   | 1         |       |
| tamsulosin hcl                                              | 1         |       |
| terazosin hcl                                               | 1         |       |
| <b>Hormonal Agents - Adrenal</b>                            |           |       |
| CORTISONE ACETATE ORAL                                      | 1         |       |
| dexamethasone intensol                                      | 1         |       |
| dexamethasone oral elixir                                   | 1         |       |

| Drug Name                                                                             | Drug Tier | Notes |
|---------------------------------------------------------------------------------------|-----------|-------|
| dexamethasone oral solution                                                           | 1         |       |
| dexamethasone oral tablet                                                             | 1         |       |
| fludrocortisone acetate oral                                                          | 1         |       |
| hydrocortisone oral                                                                   | 1         |       |
| MEDROL ORAL TABLET 2 MG                                                               | 2         |       |
| methylprednisolone oral                                                               | 1         |       |
| prednisolone oral solution                                                            | 1         |       |
| prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml | 1         |       |
| prednisolone sodium phosphate oral tablet dispersible                                 | 3         |       |
| prednisone intensol                                                                   | 1         |       |
| prednisone oral                                                                       | 1         |       |
| <b>Hormonal Agents - Men's Health</b>                                                 |           |       |
| ANDRODERM                                                                             | 2         | PA    |
| danazol oral                                                                          | 3         |       |
| DEPO-TESTOSTERONE                                                                     | 2         | PA    |
| testosterone cypionate intramuscular                                                  | 1         | PA    |
| testosterone enanthate intramuscular                                                  | 1         | PA    |
| testosterone transdermal                                                              | 3         | PA    |
| <b>Hormonal Agents - Pituitary</b>                                                    |           |       |
| cabergoline                                                                           | 1         |       |
| desmopressin ace spray refrig                                                         | 3         |       |
| desmopressin acetate injection                                                        | 1         |       |
| DESMOPRESSIN ACETATE NASAL                                                            | 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  |
|-----------------------------------------------------------------------|-----------|--------|----------------------------------------------|-----------|--------|
| desmopressin acetate oral                                             | 1         |        | amethyst                                     | 0         | PV     |
| desmopressin acetate pf                                               | 1         |        | ANGELIQ                                      | 2         |        |
| desmopressin acetate spray                                            | 1         |        | ANNOVERA                                     | 0         | PV; QL |
| NORDITROPIN FLEXPRO                                                   | SP2       | PA     | apri                                         | 0         | PV     |
| NUTROPIN AQ NUSPIN 10                                                 | SP2       | PA     | aranelle                                     | 0         | PV     |
| NUTROPIN AQ NUSPIN 20                                                 | SP2       | PA     | ashlyna                                      | 0         | PV; QL |
| NUTROPIN AQ NUSPIN 5                                                  | SP2       | PA     | aubra eq                                     | 0         | PV     |
| octreotide acetate                                                    | SP1       | PA     | aubra oral tablet 0.1-20 mg-mcg              | 0         | PV     |
| OMNITROPE                                                             | SP2       | PA     | aurovela 1.5/30                              | 0         | PV     |
| ORLISSA                                                               | 3         | PA; QL | aurovela 1/20                                | 0         | PV     |
| SANDOSTATIN                                                           | SP1       | PA     | aurovela 24 fe                               | 0         | PV     |
| SIGNIFOR                                                              | SP3       | PA; QL | aurovela fe 1.5/30                           | 0         | PV     |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG      | SP3       | PA     | aurovela fe 1/20                             | 0         | PV     |
| STIMATE NASAL SOLUTION 1.5 MG/ML                                      | 2         |        | aviane                                       | 0         | PV     |
| <b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b> |           |        | ayuna                                        | 0         | PV     |
| OSPHENA                                                               | 3         |        | azurette                                     | 0         | PV     |
| raloxifene hcl                                                        | 1         | PV     | BALCOLTRA                                    | 3         | PV     |
| <b>Hormonal Agents - Sex Hormones and Birth Control</b>               |           |        | balziva                                      | 0         | PV     |
| afirmelle                                                             | 0         | PV     | blisovi 24 fe                                | 0         | PV     |
| aftera                                                                | 0         | PV     | blisovi fe 1.5/30                            | 0         | PV     |
| altavera                                                              | 0         | PV     | blisovi fe 1/20                              | 0         | PV     |
| alyacen 1/35                                                          | 0         | PV     | briellyn                                     | 0         | PV     |
| alyacen 7/7/7                                                         | 0         | PV     | camila                                       | 0         | PV     |
| amabelz                                                               | 1         |        | camrese                                      | 0         | PV; QL |
| amethia                                                               | 0         | PV; QL | camrese lo                                   | 0         | PV; QL |
|                                                                       |           |        | caziant oral tablet 0.1/0.125/0.15 -0.025 mg | 0         | PV     |
|                                                                       |           |        | charlotte 24 fe                              | 0         | PV     |
|                                                                       |           |        | chateal eq                                   | 0         | PV     |
|                                                                       |           |        | chateal oral tablet 0.15-30 mg-mcg           | 0         | PV     |
|                                                                       |           |        | CLIMARA PRO                                  | 3         |        |
|                                                                       |           |        | COMBIPATCH                                   | 3         |        |
|                                                                       |           |        | cryselle-28                                  | 0         | PV     |
|                                                                       |           |        | curae                                        | 0         | PV     |
|                                                                       |           |        | cyclafem 1/35 oral tablet 1-35 mg-mcg        | 0         | PV     |

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

| Drug Name                                       | Drug Tier | Notes  |
|-------------------------------------------------|-----------|--------|
| cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg | 0         | PV     |
| cyred eq                                        | 0         | PV     |
| cyred oral tablet 0.15-30 mg-mcg                | 0         | PV     |
| dasetta 1/35                                    | 0         | PV     |
| dasetta 7/7/7                                   | 0         | PV     |
| daysee                                          | 0         | PV; QL |
| deblitane                                       | 0         | PV     |
| DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML          | 2         |        |
| delyla                                          | 0         | PV     |
| DEPO-ESTRADIOL                                  | 2         |        |
| desogestrel-ethinyl estradiol                   | 0         | PV     |
| DIVIGEL                                         | 3         |        |
| dolishale                                       | 0         | PV     |
| dotti                                           | 1         |        |
| drospiren-eth estrad-levomefol                  | 0         | PV     |
| drospirenone-ethinyl estradiol                  | 0         | PV     |
| DUAVEE                                          | 2         |        |
| econtra ez oral tablet 1.5 mg                   | 0         | PV     |
| econtra one-step                                | 0         | PV     |
| ELESTRIN                                        | 3         |        |
| elinest                                         | 0         | PV     |
| ELLA                                            | 0         | PV     |
| eluryng                                         | 0         | PV     |
| emoquette oral tablet 0.15-30 mg-mcg            | 0         | PV     |
| enilloring                                      | 0         | PV     |
| enpresse-28                                     | 0         | PV     |
| enskyce                                         | 0         | PV     |
| errin                                           | 0         | PV     |
| est estrogens-methyltest                        | 1         |        |

| Drug Name                                | Drug Tier | Notes  |
|------------------------------------------|-----------|--------|
| est estrogens-methyltest ds              | 1         |        |
| est estrogens-methyltest hs              | 1         |        |
| estarylla                                | 0         | PV     |
| estradiol oral                           | 1         |        |
| estradiol transdermal gel                | 3         |        |
| estradiol transdermal patch twice weekly | 1         |        |
| estradiol transdermal patch weekly       | 1         |        |
| estradiol vaginal                        | 1         |        |
| estradiol valerate intramuscular         | 1         |        |
| estradiol-norethindrone acet             | 1         |        |
| ESTRING                                  | 3         | QL     |
| ESTROGEL                                 | 3         |        |
| ethynodiol diac-eth estradiol            | 0         | PV     |
| etonogestrel-ethinyl estradiol           | 0         | PV     |
| EVAMIST                                  | 3         |        |
| falmina                                  | 0         | PV     |
| fayosim oral tablet 42-21-21-7 days      | 0         | PV; QL |
| femynor oral tablet 0.25-35 mg-mcg       | 0         | PV     |
| finzala                                  | 0         | PV     |
| fyavolv                                  | 1         |        |
| gemmily                                  | 0         | PV     |
| hailey 1.5/30                            | 0         | PV     |
| hailey 24 fe                             | 0         | PV     |
| hailey fe 1.5/30                         | 0         | PV     |
| hailey fe 1/20                           | 0         | PV     |
| haloette                                 | 0         | PV     |
| heather                                  | 0         | PV     |
| her style                                | 0         | PV     |
| iclevia                                  | 0         | PV; QL |

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

| Drug Name                          | Drug Tier | Notes  |
|------------------------------------|-----------|--------|
| incassia                           | 0         | PV     |
| introvale                          | 0         | PV; QL |
| isibloom                           | 0         | PV     |
| jaimiess                           | 0         | PV; QL |
| jasmiel                            | 0         | PV     |
| jencycla                           | 0         | PV     |
| jinteli                            | 1         |        |
| jolessa                            | 0         | PV; QL |
| joyeaux                            | 0         | PV     |
| juleber                            | 0         | PV     |
| junel 1.5/30                       | 0         | PV     |
| junel 1/20                         | 0         | PV     |
| junel fe 1.5/30                    | 0         | PV     |
| junel fe 1/20                      | 0         | PV     |
| junel fe 24                        | 0         | PV     |
| kaitlib fe                         | 0         | PV     |
| kalliga                            | 0         | PV     |
| kariva                             | 0         | PV     |
| kelnor 1/35                        | 0         | PV     |
| kelnor 1/50                        | 0         | PV     |
| kurvelo                            | 0         | PV     |
| KYLEENA                            | 0         | PV     |
| larin 1.5/30                       | 0         | PV     |
| larin 1/20                         | 0         | PV     |
| larin 24 fe                        | 0         | PV     |
| larin fe 1.5/30                    | 0         | PV     |
| larin fe 1/20                      | 0         | PV     |
| larissia oral tablet 0.1-20 mg-mcg | 0         | PV     |
| layolis fe                         | 0         | PV     |
| leena                              | 0         | PV     |
| lessina                            | 0         | PV     |
| levonest                           | 0         | PV     |
| levonorgest-eth est & eth est      | 0         | PV; QL |
| levonorgest-eth estrad 91-day      | 0         | PV; QL |

| Drug Name                                                            | Drug Tier | Notes  |
|----------------------------------------------------------------------|-----------|--------|
| levonorgest-eth estradiol-iron                                       | 0         | PV     |
| levonorgestrel                                                       | 0         | PV     |
| levonorgestrel-ethinyl estrad                                        | 0         | PV     |
| levonorg-eth estrad triphasic                                        | 0         | PV     |
| levora 0.15/30 (28)                                                  | 0         | PV     |
| LILETTA (52 MG)                                                      | 0         | PV     |
| lillow oral tablet 0.15-30 mg-mcg                                    | 0         | PV     |
| LO LOESTRIN FE                                                       | 3         | PV     |
| lojaimiess                                                           | 0         | PV; QL |
| loryna                                                               | 0         | PV     |
| low-ogestrel                                                         | 0         | PV     |
| lo-zumandimine                                                       | 0         | PV     |
| lutera                                                               | 0         | PV     |
| lyleq                                                                | 0         | PV     |
| lyllana                                                              | 1         |        |
| lyza                                                                 | 0         | PV     |
| marlissa                                                             | 0         | PV     |
| medroxyprogesterone acetate intramuscular                            | 0         | PV; QL |
| medroxyprogesterone acetate oral                                     | 1         |        |
| megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml | 1         |        |
| megestrol acetate oral tablet                                        | 1         |        |
| MENEST                                                               | 2         |        |
| merzee                                                               | 0         | PV     |
| mibelas 24 fe                                                        | 0         | PV     |
| microgestin 1.5/30                                                   | 0         | PV     |
| microgestin 1/20                                                     | 0         | PV     |
| microgestin 24 fe                                                    | 0         | PV     |
| microgestin fe 1.5/30                                                | 0         | PV     |
| microgestin fe 1/20                                                  | 0         | PV     |

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

| Drug Name                                | Drug Tier | Notes |
|------------------------------------------|-----------|-------|
| mili                                     | 0         | PV    |
| mimvey                                   | 1         |       |
| MIRENA (52 MG)                           | 0         | PV    |
| mono-lynyah                              | 0         | PV    |
| my choice                                | 0         | PV    |
| my way                                   | 0         | PV    |
| NATAZIA                                  | 0         | PV    |
| necon 0.5/35 (28)                        | 0         | PV    |
| new day                                  | 0         | PV    |
| NEXPLANON                                | 0         | PV    |
| nikki                                    | 0         | PV    |
| nora-be                                  | 0         | PV    |
| norethin ace-eth estrad-fe               | 0         | PV    |
| norethindrone acetate oral               | 1         |       |
| norethindrone acet-ethinyl est           | 0         | PV    |
| norethindrone oral                       | 0         | PV    |
| norethindrone-eth estradiol              | 1         |       |
| norethindron-ethinyl estrad-fe           | 0         | PV    |
| norethin-eth estradiol-fe                | 0         | PV    |
| norgestimate-eth estradiol               | 0         | PV    |
| norgestimate-ethinyl estradiol triphasic | 0         | PV    |
| norlyda                                  | 0         | PV    |
| norlyroc                                 | 0         | PV    |
| nortrel 0.5/35 (28)                      | 0         | PV    |
| nortrel 1/35 (21)                        | 0         | PV    |
| nortrel 1/35 (28)                        | 0         | PV    |
| nortrel 7/7/7                            | 0         | PV    |
| nylia 1/35                               | 0         | PV    |
| nylia 7/7/7                              | 0         | PV    |
| nymyo                                    | 0         | PV    |
| ocella                                   | 0         | PV    |

| Drug Name                             | Drug Tier | Notes  |
|---------------------------------------|-----------|--------|
| opcicon one-step                      | 0         | PV     |
| option 2                              | 0         | PV     |
| ORIAHNN                               | 3         | PA; QL |
| orsythia                              | 0         | PV     |
| PARAGARD INTRAUTERINE COPPER          | 0         | PV     |
| philith                               | 0         | PV     |
| pimtrea                               | 0         | PV     |
| pirmella 1/35 oral tablet 1-35 mg-mcg | 0         | PV     |
| pirmella 7/7/7                        | 0         | PV     |
| portia-28                             | 0         | PV     |
| PREMARIN ORAL                         | 2         |        |
| PREMARIN VAGINAL                      | 2         |        |
| PREMPHASE                             | 2         |        |
| PREMPRO                               | 2         |        |
| previfem oral tablet 0.25-35 mg-mcg   | 0         | PV     |
| progesterone intramuscular            | 1         |        |
| progesterone oral                     | 1         |        |
| react                                 | 0         | PV     |
| reclipsen                             | 0         | PV     |
| rivelsa                               | 0         | PV; QL |
| setlakin                              | 0         | PV; QL |
| sharobel                              | 0         | PV     |
| simliya                               | 0         | PV     |
| simpesse                              | 0         | PV; QL |
| SKYLA                                 | 0         | PV     |
| SLYND                                 | 3         | PV     |
| sprintec 28                           | 0         | PV     |
| sronyx                                | 0         | PV     |
| syeda                                 | 0         | PV     |
| take action                           | 0         | PV     |
| tarina 24 fe                          | 0         | PV     |
| tarina fe 1/20 eq                     | 0         | PV     |

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

| Drug Name                                          | Drug Tier | Notes | Drug Name                                                                        | Drug Tier | Notes                  |
|----------------------------------------------------|-----------|-------|----------------------------------------------------------------------------------|-----------|------------------------|
| tarina fe 1/20 oral tablet 1-20 mg-mcg             | 0         | PV    | zovia 1/35e (28) oral tablet 1-35 mg-mcg                                         | 0         | PV                     |
| taysofy                                            | 0         | PV    | zumandimine                                                                      | 0         | PV                     |
| tilia fe                                           | 0         | PV    | <b>Hormonal Agents - Thyroid</b>                                                 |           |                        |
| tri femynor                                        | 0         | PV    | adthyza                                                                          | 1         |                        |
| tri-estarylla                                      | 0         | PV    | ARMOUR THYROID                                                                   | 2         |                        |
| tri-legest fe                                      | 0         | PV    | euthyrox                                                                         | 1         |                        |
| tri-linyah                                         | 0         | PV    | levo-t                                                                           | 1         |                        |
| tri-lo-estarylla                                   | 0         | PV    | LEVOTHYROXINE SODIUM ORAL CAPSULE                                                | 3         |                        |
| tri-lo-marzia                                      | 0         | PV    | levothyroxine sodium oral tablet                                                 | 1         |                        |
| tri-lo-mili                                        | 0         | PV    | levoxyl                                                                          | 1         |                        |
| tri-lo-sprintec                                    | 0         | PV    | liothyronine sodium oral                                                         | 1         |                        |
| tri-mili                                           | 0         | PV    | methimazole oral                                                                 | 1         |                        |
| tri-nymyo                                          | 0         | PV    | NIVA THYROID                                                                     | 2         |                        |
| tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg | 0         | PV    | np thyroid                                                                       | 1         |                        |
| tri-sprintec                                       | 0         | PV    | propylthiouracil oral                                                            | 1         |                        |
| trivora (28)                                       | 0         | PV    | SYNTHROID                                                                        | 2         |                        |
| tri-vylibra                                        | 0         | PV    | thyroid oral                                                                     | 1         |                        |
| tri-vylibra lo                                     | 0         | PV    | TIROSINT                                                                         | 3         |                        |
| tulana oral tablet 0.35 mg                         | 0         | PV    | unithroid                                                                        | 1         |                        |
| tydemy                                             | 0         | PV    | <b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b> |           |                        |
| velivet                                            | 0         | PV    | ACTEMRA ACTPEN                                                                   | SP3       | PA; QL                 |
| vestura                                            | 0         | PV    | ACTEMRA SUBCUTANEOUS                                                             | SP3       | PA; QL                 |
| vienva                                             | 0         | PV    | ACTIMMUNE                                                                        | SP2       | PA                     |
| viorele                                            | 0         | PV    | azathioprine oral tablet 50 mg                                                   | 1         |                        |
| volnea                                             | 0         | PV    | BERINERT                                                                         | SP2       | PA; QL                 |
| vyfemla                                            | 0         | PV    |                                                                                  | 0         | PV; AL (Max 24 Months) |
| vylibra                                            | 0         | PV    | BEYFORTUS                                                                        |           |                        |
| wera                                               | 0         | PV    | CELLCEPT                                                                         | SP3       |                        |
| wymzya fe                                          | 0         | PV    | CIMZIA                                                                           | SP2       | PA; QL                 |
| xulane                                             | 0         | PV    |                                                                                  |           |                        |
| yuvafem                                            | 1         |       |                                                                                  |           |                        |
| zafemy                                             | 0         | PV    |                                                                                  |           |                        |
| zarah oral tablet 3-0.03 mg                        | 0         | PV    |                                                                                  |           |                        |
| zovia 1/35 (28)                                    | 0         | PV    |                                                                                  |           |                        |

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



| Drug Name                                             | Drug Tier | Notes  | Drug Name                      | Drug Tier | Notes  |
|-------------------------------------------------------|-----------|--------|--------------------------------|-----------|--------|
| CIMZIA STARTER KIT                                    | SP2       | PA; QL | HUMIRA                         | SP2       | PA; QL |
| COSENTYX (300 MG DOSE)                                | SP3       | PA; QL | HUMIRA PEDIATRIC CROHNS START  | SP2       | PA; QL |
| COSENTYX 150 MG/ML SUBCUTANEOUS                       | SP3       | PA; QL | HUMIRA PEN                     | SP2       | PA; QL |
| COSENTYX SENSOREADY (300 MG)                          | SP3       | PA; QL | HUMIRA PEN-CD/UC/HS STARTER    | SP2       | PA; QL |
| COSENTYX SENSOREADY PEN                               | SP3       | PA; QL | HUMIRA PEN-PEDIATRIC UC START  | SP2       | PA; QL |
| COSENTYX UNOREADY                                     | SP3       | PA; QL | HUMIRA PEN-PS/UV/ADOL HS START | SP2       | PA; QL |
| cyclosporine modified                                 | 1         |        | HUMIRA PEN-PSOR/UEIT STARTER   | SP2       | PA; QL |
| cyclosporine oral                                     | 1         |        | icatibant acetate              | SP1       | PA; QL |
| CYLTEZO                                               | SP2       | PA; QL | KINERET                        | SP3       | PA     |
| CYLTEZO-CD/UC/HS STARTER                              | SP2       | PA; QL | leflunomide oral               | 1         |        |
| CYLTEZO-PSORIASIS STARTER                             | SP2       | PA; QL | methotrexate sodium            | 1         |        |
| ENBREL MINI                                           | SP2       | PA; QL | methotrexate sodium (pf)       | 1         |        |
| ENBREL SUBCUTANEOUS SOLUTION                          | SP2       | PA; QL | mycophenolate mofetil oral     | 1         |        |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE        | SP2       | PA; QL | mycophenolate sodium           | 1         |        |
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED            | SP2       |        | MYFORTIC                       | SP3       |        |
| ENBREL SURECLICK                                      | SP2       | PA; QL | NEORAL                         | SP3       |        |
| ENVARUSUS XR                                          | SP2       |        | OLUMIANT                       | SP3       | PA; QL |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg | SP1       |        | ORENCIA CLICKJECT              | SP3       | PA; QL |
| FIRAZYR                                               | SP3       | PA; QL | ORENCIA SUBCUTANEOUS           | SP3       | PA; QL |
| gengraf                                               | 1         |        | OTEZLA                         | SP2       | PA; QL |
| HADLIMA                                               | SP2       | PA; QL | PROGRAF ORAL CAPSULE           | SP3       |        |
| HADLIMA PUSHTOUCH                                     | SP2       | PA; QL | PROGRAF ORAL PACKET            | SP2       |        |
| HAEGARDA                                              | SP2       | PA     | RAPAMUNE ORAL SOLUTION         | SP2       |        |
|                                                       |           |        | RIDAURA                        | SP2       |        |
|                                                       |           |        | RINVOQ                         | SP2       | PA; QL |
|                                                       |           |        | sajazir                        | SP1       | PA; QL |
|                                                       |           |        | SANDIMMUNE ORAL CAPSULE        | SP3       |        |
|                                                       |           |        | SANDIMMUNE ORAL SOLUTION       | SP2       |        |

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

| Drug Name                                                                      | Drug Tier | Notes                                             |
|--------------------------------------------------------------------------------|-----------|---------------------------------------------------|
| SIMPONI                                                                        | SP2       | PA; QL                                            |
| sirolimus oral solution                                                        | SP1       |                                                   |
| sirolimus oral tablet                                                          | 1         |                                                   |
| SKYRIZI                                                                        | SP2       | PA; QL                                            |
| SKYRIZI (150 MG DOSE)<br>SUBCUTANEOUS<br>PREFILLED SYRINGE<br>KIT 75 MG/0.83ML | SP2       | PA; QL                                            |
| SKYRIZI PEN                                                                    | SP2       | PA; QL                                            |
| STELARA<br>SUBCUTANEOUS                                                        | SP2       | PA; QL                                            |
| tacrolimus oral                                                                | 1         |                                                   |
| TALTZ                                                                          | SP3       | PA; QL                                            |
| TREMFYA                                                                        | SP2       | PA; QL                                            |
| XATMEP                                                                         | 3         |                                                   |
| XELJANZ ORAL<br>TABLET                                                         | SP2       | PA; QL                                            |
| XELJANZ XR                                                                     | SP2       | PA; QL                                            |
| ZORTRESS                                                                       | SP3       |                                                   |
| <b>Immunological Agents -<br/>Drugs for Vaccination</b>                        |           |                                                   |
| ABRYSVO                                                                        | 0         | PV                                                |
|                                                                                | 3         | PV; AL<br>(Max 6<br>Years)                        |
| ACTHIB                                                                         |           |                                                   |
| ADACEL                                                                         | 0         | PV                                                |
| AFLURIA<br>QUADRIVALENT                                                        | 0         | PV                                                |
| BCG VACCINE                                                                    | 3         |                                                   |
| BEXSERO                                                                        | 0         | PV                                                |
| BOOSTRIX                                                                       | 0         | PV                                                |
| COMIRNATY                                                                      | 0         | PV                                                |
| DAPTACEL                                                                       | 0         | PV                                                |
|                                                                                | 0         | PV; AL<br>(Min 9<br>Years and<br>Max 16<br>Years) |
| DENGVAXIA                                                                      |           |                                                   |

| Drug Name                                                                         | Drug Tier | Notes                                             |
|-----------------------------------------------------------------------------------|-----------|---------------------------------------------------|
| DIPHThERIA-TETANUS<br>TOXOIDS DT<br>INTRAMUSCULAR<br>SUSPENSION 25-5<br>LFU/0.5ML | 0         | PV                                                |
| ENGERIX-B                                                                         | 0         | PV                                                |
|                                                                                   | 0         | PV; AL<br>(Min 65<br>Years)                       |
| FLUAD QUADRIVALENT                                                                |           |                                                   |
| FLUARIX<br>QUADRIVALENT                                                           | 0         | PV                                                |
| FLUBLOK<br>QUADRIVALENT                                                           | 0         | PV                                                |
| FLUCELVAX<br>QUADRIVALENT                                                         | 0         | PV                                                |
| FLULAVAL<br>QUADRIVALENT                                                          | 0         | PV                                                |
|                                                                                   | 3         | PV; AL<br>(Min 2<br>Years and<br>Max 49<br>Years) |
| FLUMIST<br>QUADRIVALENT                                                           |           |                                                   |
|                                                                                   | 0         | PV; AL<br>(Min 65<br>Years)                       |
| FLUZONE HIGH-DOSE<br>QUADRIVALENT                                                 | 0         | PV                                                |
| FLUZONE<br>QUADRIVALENT                                                           | 0         | PV                                                |
|                                                                                   | 3         | PV; AL<br>(Min 9<br>Years and<br>Max 26<br>Years) |
| GARDASIL 9                                                                        |           |                                                   |
| HAVRIX                                                                            | 0         | PV                                                |
|                                                                                   | 3         | PV; AL<br>(Min 18<br>Years)                       |
| HEPLISAV-B                                                                        |           |                                                   |
|                                                                                   | 3         | PV; AL<br>(Max 6<br>Years)                        |
| HIBERIX                                                                           |           |                                                   |
| IMOVAX RABIES                                                                     | 3         |                                                   |
| INFANRIX                                                                          | 0         | PV                                                |

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

| Drug Name                             | Drug Tier | Notes                 |
|---------------------------------------|-----------|-----------------------|
| IPOL                                  | 3         | PV; AL (Max 17 Years) |
| KINRIX                                | 0         | PV                    |
| MENACTRA                              | 0         | PV                    |
| MENQUADFI                             | 0         | PV                    |
| MENVEO                                | 0         | PV                    |
| M-M-R II                              | 0         | PV                    |
| MODERNA COVID-19 VAC 6M-11Y           | 0         | PV                    |
| NOVAVAX COVID-19 VACCINE              | 0         | PV; QL                |
| PEDIARIX                              | 0         | PV                    |
| PEDVAX HIB                            | 3         | PV; AL (Max 6 Years)  |
| PENTACEL                              | 0         | PV                    |
| PFIZER COVID-19 VAC-TRIS 5-11Y        | 0         | PV                    |
| PFIZER COVID-19 VAC-TRIS 6M-4Y        | 0         | PV                    |
| PNEUMOVAX 23                          | 0         | PV                    |
| PREHEVBRIO                            | 0         | PV; AL (Min 18 Years) |
| PREVNAR 13                            | 0         | PV                    |
| PREVNAR 20                            | 0         | PV                    |
| PRIORIX                               | 0         | PV                    |
| PROQUAD                               | 0         | PV                    |
| QUADRACEL                             | 0         | PV                    |
| RECOMBIVAX HB                         | 0         | PV                    |
| ROTARIX ORAL SUSPENSION RECONSTITUTED | 3         | PV; AL (Max 8 Months) |
| ROTATEQ                               | 3         | PV; AL (Max 8 Months) |
| SHINGRIX                              | 3         | PV; AL (Min 19 Years) |
| SPIKEVAX                              | 0         | PV                    |

| Drug Name                                          | Drug Tier | Notes |
|----------------------------------------------------|-----------|-------|
| STAMARIL                                           | 3         |       |
| TDVAX                                              | 0         | PV    |
| TENIVAC                                            | 0         | PV    |
| TETANUS-DIPHThERIA TOXOIDS TD                      | 0         | PV    |
| TRUMENBA                                           | 0         | PV    |
| TWINRIX                                            | 0         | PV    |
| TYPHIM VI                                          | 3         |       |
| VAQTA                                              | 0         | PV    |
| VARIVAX                                            | 0         | PV    |
| VAXCHORA                                           | 3         |       |
| VAXELIS                                            | 0         | PV    |
| VAXNEUVANCE                                        | 0         | PV    |
| VIVOTIF                                            | 2         |       |
| YF-VAX                                             | 3         |       |
| <b>Inflammatory Bowel Disease Agents</b>           |           |       |
| anucort-hc                                         | 1         |       |
| balsalazide disodium                               | 1         |       |
| budesonide er                                      | 3         |       |
| budesonide oral                                    | 1         |       |
| hydrocortisone (perianal)                          | 1         |       |
| hydrocortisone ace-pramoxine external cream 1-1 %  | 1         |       |
| hydrocortisone acetate rectal suppository 25 mg    | 1         |       |
| hydrocortisone rectal                              | 1         |       |
| hydrocort-pramoxine (perianal)                     | 1         |       |
| mesalamine er                                      | 1         |       |
| mesalamine er oral capsule extended release 500 mg | 1         |       |
| mesalamine oral                                    | 1         |       |
| mesalamine rectal                                  | 1         |       |
| mesalamine-cleanser                                | 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 |
|---------------------------------------------------------------|-----------|-------|-------------------------------------------------------------------|-----------|-------|
| PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG                  | 2         |       | AEROCHAMBER PLUS FLO-VU                                           | 2         |       |
| PROCTOFOAM HC                                                 | 2         |       | AEROCHAMBER PLUS FLOW VU                                          | 2         |       |
| procto-med hc                                                 | 1         |       | AEROCHAMBER W/FLOWSIGNAL                                          | 2         |       |
| proctosol hc                                                  | 1         |       | AQINJECT PEN NEEDLE                                               | 1         |       |
| proctozone-hc                                                 | 1         |       | AUM INSULIN SAFETY PEN NEEDLE                                     | 1         |       |
| sulfasalazine oral                                            | 1         |       | AUM MINI INSULIN PEN NEEDLE                                       | 1         |       |
| <b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b> |           |       | AUM PEN NEEDLE                                                    | 1         |       |
| alendronate sodium oral solution                              | 1         |       | AUM READYGARD DUO PEN NEEDLE                                      | 1         |       |
| alendronate sodium oral tablet 10 mg, 5 mg                    | 1         |       | AUM SAFETY PEN NEEDLE                                             | 1         |       |
| alendronate sodium oral tablet 35 mg, 70 mg                   | 1         | QL    | BD AUTOSHIELD DUO PEN NEEDLES                                     | 1         |       |
| calcitonin (salmon) nasal                                     | 1         | QL    | BD ECLIPSE LUER-LOK NEEDLE                                        | 1         |       |
| FORTEO                                                        | SP2       | PA    | BD ECLIPSE NEEDLE 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8" | 1         |       |
| ibandronate sodium oral                                       | 1         | QL    | BD FILTER NEEDLE                                                  | 1         |       |
| risedronate sodium oral tablet 150 mg, 35 mg                  | 1         | QL    | BD SYRINGE LUER-LOK 30 ML                                         | 1         |       |
| risedronate sodium oral tablet 30 mg, 5 mg                    | 1         |       | BD ULTRA-FINE PEN NEEDLES                                         | 1         |       |
| risedronate sodium oral tablet delayed release                | 3         | QL    | BREATHE COMFORT CHAMBER/ADULT                                     | 2         |       |
| TERIPARATIDE (RECOMBINANT)                                    | SP2       | PA    | BREATHE COMFORT CHAMBER/CHILD                                     | 2         |       |
| TYMLOS                                                        | SP2       | PA    | BREATHE EASE LARGE                                                | 2         |       |
| <b>Metabolic Bone Disease Agents - Other</b>                  |           |       | BREATHE EASE MEDIUM                                               | 2         |       |
| calcitriol oral                                               | 1         |       | BREATHE EASE SMALL                                                | 2         |       |
| cinacalcet hcl                                                | 1         |       | BREATHERITE VALVED MDI CHAMBER                                    | 2         |       |
| paricalcitol oral                                             | 1         |       |                                                                   |           |       |
| <b>Miscellaneous Therapeutic Agents</b>                       |           |       |                                                                   |           |       |
| AEROCHAMBER MINI CHAMBER                                      | 2         |       |                                                                   |           |       |
| AEROCHAMBER MV                                                | 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 |
|--------------------------------------------------------------------------------------------------------|-----------|-------|------------------------------------------------------------------------------------|-----------|-------|
| CAMINO PRO COMPLETE/GLYTACTIN                                                                          | 2         |       | EASY GLIDE LUER LOCK SYRINGE                                                       | 1         |       |
| CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8" | 1         |       | EASY GLIDE SLIP LOCK SYRINGE                                                       | 1         |       |
| CAREPOINT SAFETY 1ST NEEDLE                                                                            | 1         |       | EASY TOUCH HYPODERMIC NEEDLE 16G X 1"                                              | 1         |       |
| CAREPOINT SYRINGE LUER LOCK 1 ML , 30 ML                                                               | 1         |       | EASYPPOINT NEEDLE                                                                  | 1         |       |
| CAREPOINT SYRINGE LUER SLIP 1 ML                                                                       | 1         |       | ELECARE                                                                            | 3         |       |
| CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 26G X 1" , 27G X 1-1/2"                                         | 1         |       | EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 1         |       |
| CARETOUCH LUER LOCK 1 ML                                                                               | 1         |       | ENCARE                                                                             | 0         | PV    |
| CAYA                                                                                                   | 0         | PV    | EO28 SPLASH                                                                        | 3         |       |
| CLEVER CHOICE HOLDING CHAMBER                                                                          | 2         |       | EQUACARE JR                                                                        | 3         |       |
| COMFORT EZ PRO PEN NEEDLES                                                                             | 1         |       | ESSENTIAL CARE JR                                                                  | 3         |       |
| COMPACT SPACE CHAMBER                                                                                  | 2         |       | FC2 FEMALE CONDOM                                                                  | 0         | PV    |
| COMPACT SPACE CHAMBER/LG MASK                                                                          | 2         |       | FEMCAP                                                                             | 0         | PV    |
| COMPACT SPACE CHAMBER/MED MASK                                                                         | 2         |       | FLEXICHAMBER                                                                       | 2         |       |
| COMPACT SPACE CHAMBER/SM MASK                                                                          | 2         |       | FLEXICHAMBER ADULT MASK/SMALL                                                      | 2         |       |
| CONDOMS                                                                                                | 0         | PV    | FLEXICHAMBER CHILD MASK/LARGE                                                      | 2         |       |
| DEFLUX METAL NEEDLE                                                                                    | 1         |       | FLEXICHAMBER CHILD MASK/SMALL                                                      | 2         |       |
| DROPLET MICRON                                                                                         | 1         |       | FORA D40G GLUCOSE/PRESSURE                                                         | 2         |       |
| DUREX EXTRA SENSITIVE THIN                                                                             | 0         | PV    | GLYTACTIN BETTERMILK 15                                                            | 2         |       |
| EASIVENT                                                                                               | 2         |       | GLYTACTIN BETTERMILK DE-LITE                                                       | 2         |       |
|                                                                                                        |           |       | GLYTACTIN BUILD 10PE                                                               | 2         |       |
|                                                                                                        |           |       | GLYTACTIN BUILD 20/20                                                              | 2         |       |
|                                                                                                        |           |       | GLYTACTIN BUILD 20/20 PKU                                                          | 2         |       |
|                                                                                                        |           |       | GLYTACTIN BURST                                                                    | 2         |       |

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| Drug Name                      | Drug Tier | Notes | Drug Name                                               | Drug Tier | Notes |
|--------------------------------|-----------|-------|---------------------------------------------------------|-----------|-------|
| GLYTACTIN COMPLETE 10PE        | 2         |       | MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"                 | 1         |       |
| GLYTACTIN RESTORE 10           | 2         |       | NEOCATE JUNIOR                                          | 3         |       |
| GLYTACTIN RESTORE 5            | 2         |       | NEOCATE SPLASH                                          | 3         |       |
| GLYTACTIN RESTORE LITE 10      | 2         |       | NEOPHE                                                  | 2         |       |
| GLYTACTIN RESTORE LITE 10PE    | 2         |       | NORDIPEN 5 INJECTION DEVICE                             | 1         |       |
| GLYTACTIN RTD 10               | 2         |       | NORM-JECT LUER SLIP SYRINGE                             | 1         |       |
| GLYTACTIN RTD 15               | 2         |       | NOVOFINE AUTOCOVER PEN NEEDLE                           | 1         |       |
| GLYTACTIN RTD LITE 15          | 2         |       | NOVOFINE PEN NEEDLE                                     | 1         |       |
| GLYTACTIN SWIRL 15             | 2         |       | NOVOFINE PLUS PEN NEEDLE                                | 1         |       |
| GLYTACTIN SWIRL 15PE           | 2         |       | NOVOTWIST PEN NEEDLE 32G X 5 MM                         | 1         |       |
| HUMATROPEN FOR 12MG            | 1         |       | OMNIPOD 5 G6 INTRO (GEN 5)                              | 3         |       |
| HUMATROPEN FOR 24MG            | 1         |       | OMNIPOD 5 G6 POD (GEN 5)                                | 3         | QL    |
| HUMATROPEN FOR 6MG             | 1         |       | OMNIPOD CLASSIC PDM (GEN 3) KIT                         | 3         |       |
| INCONTROL ULTICARE PEN NEEDLES | 1         |       | OMNIPOD CLASSIC PODS (GEN 3)                            | 3         | QL    |
| INSPIREASE RESERVOIR BAGS      | 2         |       | OMNIPOD DASH INTRO (GEN 4)                              | 3         |       |
| INSULIN PEN NEEDLES            | 1         |       | OMNIPOD DASH PDM (GEN 4)                                | 3         |       |
| J-TIP KIT W/VIAL ADAPTERS      | 1         |       | OMNIPOD DASH PODS (GEN 4)                               | 3         | QL    |
| K-Y ME & YOU EXTRA LUBRICATED  | 0         | PV    | OMNIPOD GO KIT 20 UNIT/24HR, 30 UNIT/24HR, 40 UNIT/24HR | 3         |       |
| K-Y ME & YOU INTENSE           | 0         | PV    | OMNIPOD POD PALS                                        | 3         | QL    |
| LIPISTART                      | 2         |       | OPTICHAMBER DIAMOND                                     | 2         |       |
| methergine                     | 3         | QL    | OPTICHAMBER DIAMOND-LG MASK                             | 2         |       |
| methylergonovine maleate oral  | 3         | QL    |                                                         |           |       |
| MICROCHAMBER DEVICE            | 2         |       |                                                         |           |       |

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| Drug Name                      | Drug Tier | Notes | Drug Name                                                                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|--------------------------------------------------------------------------------|-----------|-------|
| OPTICHAMBER DIAMOND-MD MASK    | 2         |       | PREMIUM CONDOMS LUBRICATED                                                     | 0         | PV    |
| OPTICHAMBER DIAMOND-SM MASK    | 2         |       | PRO COMFORT SPACER ADULT                                                       | 2         |       |
| OPTIONS GYNOL II CONTRACEPTIVE | 0         | PV    | PRO COMFORT SPACER CHILD                                                       | 2         |       |
| PANDA MASK LARGE               | 2         |       | PRO COMFORT SPACER INFANT                                                      | 2         |       |
| PANDA MASK MEDIUM              | 2         |       | PROCARE SPACER/ADULT MASK                                                      | 2         |       |
| PANDA MASK SMALL               | 2         |       | PROCARE SPACER/CHILD MASK                                                      | 2         |       |
| PARI VORTEX ADULT MASK         | 2         |       | PURAMINO DHA/ARA                                                               | 3         |       |
| PEDIATRIC PANDA MASK           | 2         |       | PURE COMFORT SAFETY PEN NEEDLE                                                 | 1         |       |
| PHENEX-1                       | 2         |       | PURE COMFORT SPACER CHAMBER                                                    | 2         |       |
| PHENEX-2                       | 2         |       | RAYA SURE PEN NEEDLE                                                           | 1         |       |
| PHENYLADE DRINK MIX            | 2         |       | RENASTART                                                                      | 2         |       |
| PHENYLADE GMP MIX DHA/FIBER    | 2         |       | SAFETY PEN NEEDLES                                                             | 1         |       |
| PHENYLADE GMP READY            | 2         |       | SECURESAFE HYPODERMIC NEEDLE 19G X 1" , 19G X 1-1/2" , 22G X 1" , 25G X 1-1/2" | 1         |       |
| PHENYLADE GMP ULTRA            | 2         |       | SYRINGE LUER LOCK 30 ML                                                        | 1         |       |
| PIP PEN NEEDLES 31G X 5MM      | 1         |       | SYRINGE LUER SLIP 1 ML                                                         | 1         |       |
| PIP PEN NEEDLES 32G X 4MM      | 1         |       | TODAY SPONGE                                                                   | 0         | PV    |
| PKU EASY                       | 2         |       | TOLEREX                                                                        | 3         |       |
| PKU EASY MICROTABS             | 2         |       | VCF VAGINAL CONTRACEPTIVE                                                      | 0         | PV    |
| PKU EASY SHAKE & GO            | 2         |       | VERIFINE INSULIN PEN NEEDLE                                                    | 1         |       |
| PKU EXPRESS 15 PLUS+           | 2         |       | VERIFINE PLUS PEN NEEDLE                                                       | 1         |       |
| PKU EXPRESS 20 PLUS+           | 2         |       | V-GO 20                                                                        | 3         | QL    |
| PKU GO ORAL PACKET             | 2         |       | V-GO 30                                                                        | 3         | QL    |
| PKU SPHERE 20                  | 2         |       | V-GO 40                                                                        | 3         | QL    |
| PKU START                      | 2         |       | VIVONEX PEDIATRIC                                                              | 3         |       |
| POCKET SPACER                  | 2         |       |                                                                                |           |       |
| PREKUNIL                       | 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 |
|------------------------------------------------------------------------------|-----------|-------|-----------------------------------------------------------------|-----------|-------|
| VIVONEX PEDIATRIC RTF                                                        | 3         |       | diclofenac sodium ophthalmic                                    | 1         |       |
| VORTEX VALVED HOLDING CHAMBER                                                | 2         |       | difluprednate                                                   | 3         |       |
| WIDE-SEAL DIAPHRAGM 60                                                       | 0         | PV    | epinastine hcl                                                  | 1         |       |
| WIDE-SEAL DIAPHRAGM 65                                                       | 0         | PV    | erythromycin ophthalmic                                         | 1         |       |
| WIDE-SEAL DIAPHRAGM 70                                                       | 0         | PV    | FLAREX                                                          | 2         |       |
| WIDE-SEAL DIAPHRAGM 75                                                       | 0         | PV    | fluorometholone                                                 | 1         |       |
| WIDE-SEAL DIAPHRAGM 80                                                       | 0         | PV    | flurbiprofen sodium                                             | 1         |       |
| WIDE-SEAL DIAPHRAGM 85                                                       | 0         | PV    | FML FORTE                                                       | 2         |       |
| WIDE-SEAL DIAPHRAGM 90                                                       | 0         | PV    | FML OPHTHALMIC OINTMENT 0.1 %                                   | 2         |       |
| WIDE-SEAL DIAPHRAGM 95                                                       | 0         | PV    | gatifloxacin ophthalmic                                         | 1         |       |
| <b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b> |           |       | GENTAK OPHTHALMIC OINTMENT 0.3 %                                | 1         |       |
| ALOCRIAL                                                                     | 2         |       | gentamicin sulfate ophthalmic                                   | 1         |       |
| ALOMIDE                                                                      | 2         |       | ketorolac tromethamine ophthalmic                               | 1         |       |
| ALREX                                                                        | 3         |       | levofloxacin ophthalmic solution 0.5 %                          | 1         |       |
| AZASITE                                                                      | 3         |       | LOTEMAX OPHTHALMIC OINTMENT                                     | 3         | QL    |
| azelastine hcl ophthalmic                                                    | 1         |       | loteprednol etabonate ophthalmic gel                            | 1         | QL    |
| bacitracin ophthalmic                                                        | 1         |       | loteprednol etabonate ophthalmic suspension                     | 3         |       |
| BESIVANCE                                                                    | 3         |       | MAXIDEX                                                         | 2         |       |
| bromfenac sodium (once-daily)                                                | 1         | QL    | moxifloxacin hcl ophthalmic                                     | 1         |       |
| CILOXAN                                                                      | 2         |       | NATACYN                                                         | 3         |       |
| ciprofloxacin hcl ophthalmic                                                 | 1         |       | neomycin-polymyxin-dexameth ophthalmic ointment                 | 1         |       |
| cromolyn sodium ophthalmic                                                   | 1         |       | neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | 1         |       |
| dexamethasone sodium phosphate ophthalmic                                    | 1         |       | neomycin-polymyxin-hc ophthalmic                                | 1         |       |
|                                                                              |           |       | ofloxacin ophthalmic                                            | 1         |       |

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| Drug Name                                     | Drug Tier | Notes |
|-----------------------------------------------|-----------|-------|
| olopatadine hcl ophthalmic                    | 1         |       |
| prednisolone acetate ophthalmic               | 1         |       |
| prednisolone sodium phosphate ophthalmic      | 1         |       |
| PROLENSA                                      | 3         | QL    |
| sulfacetamide sodium ophthalmic               | 1         |       |
| TOBRADEX                                      | 2         |       |
| tobramycin ophthalmic                         | 1         |       |
| tobramycin-dexamethasone                      | 1         |       |
| TOBREX                                        | 2         |       |
| trifluridine                                  | 1         |       |
| ZIRGAN                                        | 3         |       |
| <b>Ophthalmic Agents - Drugs for Glaucoma</b> |           |       |
| acetazolamide er                              | 1         |       |
| acetazolamide oral                            | 1         |       |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %          | 2         |       |
| apraclonidine hcl                             | 1         |       |
| betaxolol hcl ophthalmic                      | 1         |       |
| BETIMOL                                       | 2         |       |
| BETOPTIC-S                                    | 2         |       |
| bimatoprost ophthalmic                        | 1         | QL    |
| brimonidine tartrate ophthalmic               | 1         |       |
| brimonidine tartrate-timolol                  | 1         |       |
| brinzolamide                                  | 3         |       |
| carteolol hcl                                 | 1         |       |
| dorzolamide hcl ophthalmic                    | 1         |       |
| dorzolamide hcl-timolol mal                   | 1         |       |
| dorzolamide hcl-timolol mal pf                | 1         |       |

| Drug Name                                                         | Drug Tier | Notes |
|-------------------------------------------------------------------|-----------|-------|
| IOPIDINE                                                          | 2         |       |
| latanoprost ophthalmic                                            | 1         |       |
| levobunolol hcl                                                   | 1         |       |
| LUMIGAN                                                           | 2         | QL    |
| methazolamide oral                                                | 3         |       |
| PHOSPHOLINE IODIDE                                                | 2         |       |
| pilocarpine hcl ophthalmic                                        | 1         |       |
| RHOPRESSA                                                         | 3         | QL    |
| ROCKLATAN                                                         | 3         | QL    |
| SIMBRINZA                                                         | 2         |       |
| timolol maleate (once-daily)                                      | 1         |       |
| timolol maleate ophthalmic                                        | 1         |       |
| timolol maleate pf solution 0.25 % ophthalmic                     | 1         |       |
| travoprost (bak free)                                             | 3         | QL    |
| <b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b> |           |       |
| ak-poly-bac ophthalmic ointment 500-10000 unit/gm                 | 1         |       |
| altafrin                                                          | 1         |       |
| atropine sulfate ophthalmic ointment                              | 1         |       |
| atropine sulfate ophthalmic solution 1 %                          | 1         |       |
| bacitracin-polymyxin b ophthalmic                                 | 1         |       |
| bacitra-neomycin-polymyxin-hc                                     | 1         |       |
| cyclopentolate hcl ophthalmic                                     | 1         |       |
| cyclosporine ophthalmic                                           | 3         | PA    |
| ISOPTO ATROPINE                                                   | 1         |       |
| LACRISERT                                                         | 2         |       |

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| Drug Name                                     | Drug Tier | Notes |
|-----------------------------------------------|-----------|-------|
| neomycin-bacitracin zn-polymyx                | 1         |       |
| neomycin-polymyxin-gramicidin                 | 1         |       |
| neo-polycin                                   | 1         |       |
| neo-polycin hc                                | 1         |       |
| phenylephrine hcl ophthalmic                  | 1         |       |
| polycin                                       | 1         |       |
| polymyxin b-trimethoprim                      | 1         |       |
| PRED-G OPHTHALMIC SUSPENSION 0.3-1 %          | 2         |       |
| PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %   | 2         |       |
| proparacaine hcl ophthalmic                   | 1         |       |
| RESTASIS                                      | 3         | PA    |
| RESTASIS MULTIDOSE                            | 3         | PA    |
| tetracaine hcl ophthalmic                     | 1         |       |
| tropicamide ophthalmic                        | 1         |       |
| XIIDRA                                        | 3         | PA    |
| ZYLET                                         | 3         |       |
| <b>Otic Agents - Drugs for Ear Conditions</b> |           |       |
| acetic acid otic                              | 1         |       |
| CIPRO HC                                      | 2         |       |
| ciprofloxacin hcl otic                        | 1         |       |
| ciprofloxacin-dexamethasone                   | 1         |       |
| CIPROFLOXACIN-FLUOCINOLONE PF                 | 2         |       |
| CORTISPORIN-TC                                | 2         |       |
| flac                                          | 1         |       |
| fluocinolone acetonide otic                   | 1         |       |
| hydrocortisone-acetic acid                    | 1         |       |
| neomycin-polymyxin-hc otic                    | 1         |       |

| Drug Name                                                                      | Drug Tier | Notes                     |
|--------------------------------------------------------------------------------|-----------|---------------------------|
| ofloxacin otic                                                                 | 1         |                           |
| OTOVEL                                                                         | 2         |                           |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b> |           |                           |
| allergy spray 24 hour nasal aerosol                                            | 1         |                           |
| azelastine hcl nasal                                                           | 1         | QL                        |
| benzonatate oral capsule 100 mg, 200 mg                                        | 1         |                           |
| cyproheptadine hcl oral                                                        | 1         |                           |
| fluticasone propionate nasal                                                   | 1         |                           |
| guaiaatussin ac                                                                | 1         | PA; QL; AL (Min 18 Years) |
| guaifenesin ac                                                                 | 1         | PA; QL; AL (Min 18 Years) |
| guaifenesin-codeine                                                            | 1         | PA; QL; AL (Min 18 Years) |
| hydrocod poli-chlorphe poli er                                                 | 1         | PA; QL; AL (Min 18 Years) |
| hydrocodone bit-homatrop mbr                                                   | 1         | PA; QL; AL (Min 18 Years) |
| hydromet                                                                       | 1         | PA; QL; AL (Min 18 Years) |
| ipratropium bromide nasal                                                      | 1         |                           |
| maxi-tuss ac                                                                   | 1         | PA; QL; AL (Min 18 Years) |
| nasal allergy 24 hour                                                          | 1         |                           |
| promethazine vc                                                                | 1         |                           |
| promethazine vc/codeine                                                        | 1         | PA; QL; AL (Min 18 Years) |

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

| Drug Name                                                                                | Drug Tier | Notes                     | Drug Name                                                                                                        | Drug Tier | Notes  |
|------------------------------------------------------------------------------------------|-----------|---------------------------|------------------------------------------------------------------------------------------------------------------|-----------|--------|
| promethazine-codeine                                                                     | 1         | PA; QL; AL (Min 18 Years) | ASMANEX HFA                                                                                                      | 2         | QL     |
| promethazine-dm                                                                          | 1         |                           | ATROVENT HFA                                                                                                     | 2         | QL     |
| promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml                               | 1         | PA; QL; AL (Min 18 Years) | BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT                           | 2         | QL     |
| promethazine-phenylephrine oral syrup 6.25-5 mg/5ml                                      | 1         |                           | budesonide inhalation                                                                                            | 1         | QL     |
| pseudoephedrine-bromphen-dm                                                              | 1         |                           | COMBIVENT RESPIMAT                                                                                               | 2         | QL     |
| sodium chloride inhalation                                                               | 1         |                           | cromolyn sodium inhalation                                                                                       | 3         |        |
| SSKI                                                                                     | 2         |                           | DALIRESP                                                                                                         | 3         | PA     |
| virtussin ac w/alc oral liquid 100-10 mg/5ml                                             | 1         | PA; QL; AL (Min 18 Years) | elixophyllin                                                                                                     | 1         |        |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b> |           |                           | epinephrine injection solution auto-injector                                                                     | 1         |        |
| acetylcysteine inhalation                                                                | 1         |                           | FASENRA                                                                                                          | SP2       | PA     |
| ADVAIR HFA                                                                               | 2         | QL                        | FASENRA PEN                                                                                                      | SP2       | PA     |
| albuterol sulfate hfa                                                                    | 1         | QL                        | FLOVENT DISKUS                                                                                                   | 2         | QL     |
| albuterol sulfate inhalation                                                             | 1         | QL                        | FLOVENT HFA                                                                                                      | 2         | QL     |
| albuterol sulfate oral                                                                   | 1         |                           | fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 1         | QL     |
| ANORO ELLIPTA                                                                            | 2         | QL                        | FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT  | 1         | QL     |
| ASMANEX (120 METERED DOSES)                                                              | 2         | QL                        | INCRUSE ELLIPTA                                                                                                  | 2         | QL     |
| ASMANEX (14 METERED DOSES)                                                               | 2         | QL                        | ipratropium bromide inhalation                                                                                   | 1         | QL     |
| ASMANEX (30 METERED DOSES)                                                               | 2         | QL                        | ipratropium-albuterol                                                                                            | 1         | QL     |
| ASMANEX (60 METERED DOSES)                                                               | 2         | QL                        | levalbuterol hcl inhalation                                                                                      | 3         | QL     |
| ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT         | 2         | QL                        | LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT                                                                   | 3         | ST; QL |
|                                                                                          |           |                           | montelukast sodium 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  |
|-------------------------------------------------------------------------|-----------|--------|
| OFEV                                                                    | SP3       | PA     |
| pirfenidone                                                             | SP1       | PA     |
| PROAIR RESPICLICK                                                       | 3         | ST; QL |
| PULMICORT FLEXHALER                                                     | 2         | QL     |
| QVAR REDHALER                                                           | 2         | QL     |
| roflumilast                                                             | 3         | PA     |
| SEREVENT DISKUS                                                         | 2         | QL     |
| SPIRIVA HANDHALER                                                       | 2         | QL     |
| SPIRIVA RESPIMAT                                                        | 2         | QL     |
| STIOLTO RESPIMAT                                                        | 2         | QL     |
| SYMBICORT                                                               | 2         | QL     |
| SYMJEPI                                                                 | 2         |        |
| THEO-24                                                                 | 2         |        |
| theophylline                                                            | 1         |        |
| theophylline er                                                         | 1         |        |
| TRELEGY ELLIPTA                                                         | 2         | QL     |
| VENTOLIN HFA                                                            | 3         | ST; QL |
| wixela inhub                                                            | 1         | QL     |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                          | SP2       | PA     |
| zafirlukast                                                             | 1         |        |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b> |           |        |
| CAYSTON                                                                 | SP3       | PA     |
| KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG                                | SP3       | PA     |
| KALYDECO ORAL TABLET                                                    | SP3       | PA     |
| ORKAMBI                                                                 | SP3       | PA; QL |
| PULMOZYME                                                               | SP2       | PA     |
| TOBI PODHALER                                                           | SP2       | QL     |
| tobramycin inhalation                                                   | SP1       |        |
| TRIKAFTA                                                                | SP3       | PA; QL |

| Drug Name                                                                      | Drug Tier | Notes  |
|--------------------------------------------------------------------------------|-----------|--------|
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b> |           |        |
| ADEMPAS                                                                        | SP3       | PA; QL |
| alyq                                                                           | SP1       | PA; QL |
| ambrisentan                                                                    | SP1       | PA; QL |
| bosentan                                                                       | SP1       | PA; QL |
| OPSUMIT                                                                        | SP2       | PA; QL |
| sildenafil citrate oral tablet 20 mg                                           | SP1       | PA; QL |
| tadalafil (pah)                                                                | SP1       | PA; QL |
| TRACLEER 32 MG                                                                 | SP2       | PA; QL |
| TYVASO                                                                         | SP2       | PA; QL |
| TYVASO DPI MAINTENANCE KIT                                                     | SP2       | PA; QL |
| TYVASO DPI TITRATION KIT                                                       | SP2       | PA; QL |
| TYVASO REFILL                                                                  | SP2       | PA; QL |
| TYVASO STARTER                                                                 | SP2       | PA; QL |
| UPTRAVI ORAL                                                                   | SP3       | PA; QL |
| VENTAVIS                                                                       | SP2       | PA; QL |
| <b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>             |           |        |
| baclofen oral tablet                                                           | 1         |        |
| carisoprodol oral tablet 350 mg                                                | 1         |        |
| chlorzoxazone oral tablet 500 mg                                               | 1         |        |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg                                    | 1         |        |
| dantrolene sodium oral                                                         | 1         |        |
| metaxalone oral tablet 800 mg                                                  | 1         |        |
| methocarbamol oral tablet 500 mg, 750 mg                                       | 1         |        |
| orphenadrine citrate er                                                        | 1         | QL     |
| tizanidine 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  |
|------------------------------------------------|-----------|--------|
| <b>Sleep Disorder Agents</b>                   |           |        |
| armodafinil                                    | 1         | QL     |
| BELSOMRA                                       | 3         | ST; QL |
| DAYVIGO                                        | 3         | ST; QL |
| doxepin hcl oral tablet                        | 3         | QL     |
| eszopiclone                                    | 1         | QL     |
| modafinil                                      | 1         | QL     |
| ramelteon                                      | 1         | QL     |
| temazepam oral capsule<br>15 mg, 30 mg, 7.5 mg | 1         | QL     |
| WAKIX                                          | SP3       | PA; QL |
| zaleplon                                       | 1         | QL     |
| zolpidem tartrate er                           | 1         | QL     |
| zolpidem tartrate oral<br>tablet               | 1         | QL     |

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

## Index of Drugs

|                             |    |                                |    |                                |    |
|-----------------------------|----|--------------------------------|----|--------------------------------|----|
| abacavir sulfate.....       | 23 | AGAMATRIX CONTROL              |    | amnesteam.....                 | 30 |
| abacavir sulfate-lamivudine | 23 | LEVEL 2.....                   | 33 | amoxapine.....                 | 17 |
| abiraterone acetate.....    | 19 | AGAMATRIX CONTROL              |    | amoxicillin.....               | 14 |
| ABRYSVO.....                | 50 | LEVEL 4.....                   | 33 | amoxicillin-potassium          |    |
| acamprosate calcium.....    | 13 | AGAMATRIX PRESTO               |    | clavulanate.....               | 14 |
| acarbose.....               | 33 | TEST.....                      | 33 | amoxicillin-potassium          |    |
| ACCU-CHEK AVIVA             |    | AIMOVIG.....                   | 19 | clavulanate er.....            | 14 |
| DEVICE.....                 | 33 | ak-poly-bac.....               | 57 | amphetamine sulfate.....       | 29 |
| ACCU-CHEK FASTCLIX          |    | albendazole.....               | 22 | amphetamine-                   |    |
| LANCET KIT.....             | 33 | albuterol sulfate.....         | 59 | dextroamphetamine.....         | 29 |
| ACCU-CHEK GUIDE             |    | albuterol sulfate hfa.....     | 59 | amphetamine-                   |    |
| CONTROL.....                | 33 | alclometasone                  |    | dextroamphetamine er.....      | 29 |
| ACCU-CHEK GUIDE KIT         |    | dipropionate.....              | 30 | ampicillin.....                | 14 |
| W/DEVICE.....               | 33 | ALECENSA.....                  | 19 | anagrelide hcl.....            | 25 |
| ACCU-CHEK GUIDE             |    | alendronate sodium.....        | 52 | anastrozole.....               | 19 |
| TEST STRIPS.....            | 33 | alfuzosin hcl er.....          | 43 | ANDRODERM.....                 | 43 |
| ACCU-CHEK SOFTCLIX          |    | aliskiren fumarate.....        | 25 | ANGELIQ.....                   | 44 |
| LANCET DEVICE KIT.....      | 33 | allergy spray 24 hour.....     | 58 | ANNOVERA.....                  | 44 |
| accutane.....               | 30 | allopurinol.....               | 19 | ANORO ELLIPTA.....             | 59 |
| acebutolol hcl.....         | 25 | almotriptan malate.....        | 19 | anucort-hc.....                | 51 |
| acetaminophen-codeine.....  | 12 | ALOCRI.....                    | 56 | APIDRA SOLOSTAR.....           | 38 |
| acetazolamide.....          | 57 | ALOMIDE.....                   | 56 | APIDRA VIAL.....               | 38 |
| acetazolamide er.....       | 57 | alose tron hcl.....            | 41 | apomorphine hcl.....           | 22 |
| acetic acid.....            | 58 | ALPHAGAN P.....                | 57 | apraclonidine hcl.....         | 57 |
| acetylcysteine.....         | 59 | alprazolam.....                | 25 | aprepitant.....                | 18 |
| acitretin.....              | 30 | alprazolam er.....             | 25 | apri.....                      | 44 |
| ACTEMRA.....                | 48 | alprazolam xr.....             | 25 | APTIOM.....                    | 16 |
| ACTEMRA ACTPEN.....         | 48 | ALREX.....                     | 56 | APTIVUS.....                   | 23 |
| ACTHIB.....                 | 50 | altafrin.....                  | 57 | AQ INSULIN SYRINGE.....        | 38 |
| ACTIMMUNE.....              | 48 | altavera.....                  | 44 | AQINJECT PEN NEEDLE..          | 52 |
| acyclovir.....              | 23 | ALUNBRIG.....                  | 19 | aranelle.....                  | 44 |
| ADACEL.....                 | 50 | alyacen 1/35.....              | 44 | aripiprazole.....              | 23 |
| adapalene.....              | 30 | alyacen 7/7/7.....             | 44 | armodafinil.....               | 61 |
| ADBRY.....                  | 30 | alyq.....                      | 60 | ARMOUR THYROID.....            | 48 |
| adefovir dipivoxil.....     | 23 | amabelz.....                   | 44 | ascomp-codeine.....            | 12 |
| ADEMPAS.....                | 60 | amantadine hcl.....            | 22 | asenapine maleate.....         | 23 |
| adthyza.....                | 48 | ambrisentan.....               | 60 | ashlyna.....                   | 44 |
| adult aspirin regimen.....  | 12 | amethia.....                   | 44 | ASMANEX (120                   |    |
| ADVAIR HFA.....             | 59 | amethyst.....                  | 44 | METERED DOSES).....            | 59 |
| AEROCHAMBER MINI            |    | amiloride hcl.....             | 25 | ASMANEX (14 METERED            |    |
| CHAMBER.....                | 52 | amiloride-                     |    | DOSES).....                    | 59 |
| AEROCHAMBER MV.....         | 52 | hydrochlorothiazide.....       | 25 | ASMANEX (30 METERED            |    |
| AEROCHAMBER PLUS            |    | amiodarone hcl.....            | 25 | DOSES).....                    | 59 |
| FLO-VU.....                 | 52 | AMITIZA.....                   | 41 | ASMANEX (60 METERED            |    |
| AEROCHAMBER PLUS            |    | amitriptyline hcl.....         | 17 | DOSES).....                    | 59 |
| FLOW VU.....                | 52 | amlodipine besylate.....       | 25 | ASMANEX (7 METERED             |    |
| AEROCHAMBER                 |    | amlodipine besylate-           |    | DOSES).....                    | 59 |
| W/FLOWSIGNAL.....           | 52 | benazepril hcl.....            | 25 | ASMANEX HFA.....               | 59 |
| afirmelle.....              | 44 | amlodipine besylate-           |    | aspirin.....                   | 13 |
| AFLURIA                     |    | valsartan.....                 | 25 | aspirin 81.....                | 12 |
| QUADRIVALENT.....           | 50 | amlodipine-atorvastatin.....   | 25 | aspirin adult low dose.....    | 12 |
| aftera.....                 | 44 | amlodipine-olmesartan.....     | 25 | aspirin adult low strength.... | 12 |
|                             |    | amlodipine-valsartan-hctz...25 |    | aspirin childrens.....         | 13 |

|                              |        |                            |        |                               |        |
|------------------------------|--------|----------------------------|--------|-------------------------------|--------|
| aspirin ec low dose.....     | 13     | bacitra-neomycin-          |        | BIOTEL CARE BLOOD             |        |
| aspirin ec low strength..... | 13     | polymyxin-hc.....          | 57     | GLUCOSE SYST.....             | 34     |
| aspirin low dose.....        | 13     | baclofen.....              | 60     | bisacodyl.....                | 41     |
| aspirin regimen.....         | 13     | BALCOLTRA.....             | 44     | bisacodyl ec.....             | 41     |
| aspirin-dipyridamole er..... | 23     | balsalazide disodium.....  | 51     | bisoprolol fumarate.....      | 26     |
| ASSURE PLATINUM.....         | 33     | BALVERSA.....              | 19     | bisoprolol-                   |        |
| atazanavir sulfate.....      | 23     | balziva.....               | 44     | hydrochlorothiazide.....      | 26     |
| atenolol.....                | 25     | BAQSIMI ONE PACK.....      | 38     | blisovi 24 fe.....            | 44     |
| atenolol-chlorthalidone..... | 25     | BAQSIMI TWO PACK.....      | 38     | blisovi fe 1.5/30.....        | 44     |
| atomoxetine hcl.....         | 29     | BARACLUDGE.....            | 23     | blisovi fe 1/20.....          | 44     |
| atorvastatin calcium.....    | 26     | BAYER ASPIRIN EC LOW       |        | BLOOD GLUCOSE                 |        |
| atovaquone.....              | 22     | DOSE.....                  | 13     | MONITORING 333.....           | 34     |
| atovaquone-proguanil hcl...  | 22     | BCG VACCINE.....           | 50     | BLOOD GLUCOSE TEST..          | 34     |
| atropine sulfate.....        | 57     | BD AUTOSHIELD DUO          |        | BLOOD GLUCOSE TEST            |        |
| ATROVENT HFA.....            | 59     | PEN NEEDLES.....           | 52     | STRIPS 333.....               | 34     |
| aubra.....                   | 44     | BD ECLIPSE LUER-LOK        |        | BLULINK CONTROL HIGH          |        |
| aubra eq.....                | 44     | NEEDLE.....                | 52     | & LOW.....                    | 34     |
| AUGMENTIN.....               | 14     | BD ECLIPSE NEEDLE.....     | 52     | BLULINK GLUCOSE               |        |
| AUM INSULIN SAFETY           |        | BD FILTER NEEDLE.....      | 52     | MONITORING SYS.....           | 34     |
| PEN NEEDLE.....              | 52     | bd heparin posiflush.....  | 15     | BLULINK GLUCOSE               |        |
| AUM MINI INSULIN PEN         |        | BD SYRINGE LUER-LOK...     | 52     | TEST.....                     | 34     |
| NEEDLE.....                  | 52     | BD ULTRA-FINE INSULIN      |        | BOOSTRIX.....                 | 50     |
| AUM PEN NEEDLE.....          | 52     | SYRINGES.....              | 38     | bosentan.....                 | 60     |
| AUM READYGARD DUO            |        | BD ULTRA-FINE PEN          |        | BOSULIF.....                  | 19     |
| PEN NEEDLE.....              | 52     | NEEDLES.....               | 52     | BRAFTOVI.....                 | 19     |
| AUM SAFETY PEN               |        | BELBUCA.....               | 12     | BREATHE COMFORT               |        |
| NEEDLE.....                  | 52     | BELSOMRA.....              | 61     | CHAMBER/ADULT.....            | 52     |
| aurovela 1.5/30.....         | 44     | benazepril hcl.....        | 26     | BREATHE COMFORT               |        |
| aurovela 1/20.....           | 44     | benazepril-                |        | CHAMBER/CHILD.....            | 52     |
| aurovela 24 fe.....          | 44     | hydrochlorothiazide.....   | 26     | BREATHE EASE LARGE...         | 52     |
| aurovela fe 1.5/30.....      | 44     | benzonatate.....           | 58     | BREATHE EASE MEDIUM.          | 52     |
| aurovela fe 1/20.....        | 44     | benzoyl peroxide-          |        | BREATHE EASE SMALL...         | 52     |
| AURYXIA.....                 | 42     | erythromycin.....          | 30     | BREATHERITE VALVED            |        |
| AUTOLET II CLINISAFE....     | 33     | benztropine mesylate.....  | 22     | MDI CHAMBER.....              | 52     |
| AUTOLET LANCING              |        | BERINERT.....              | 48     | BREO ELLIPTA.....             | 59     |
| DEVICE.....                  | 33     | BESIVANCE.....             | 56     | briellyn.....                 | 44     |
| aviane.....                  | 44     | betamethasone              |        | BRILINTA.....                 | 23     |
| avidoxy.....                 | 14     | dipropionate.....          | 30     | brimonidine tartrate.....     | 57     |
| AVONEX PEN.....              | 29     | betamethasone              |        | brimonidine tartrate-timolol. | 57     |
| AVONEX PREFILLED.....        | 29     | dipropionate aug.....      | 30     | brinzolamide.....             | 57     |
| ayuna.....                   | 44     | betamethasone valerate.... | 30     | bromfenac sodium (once-       |        |
| AYVAKIT.....                 | 19     | betaxolol hcl.....         | 26, 57 | daily).....                   | 56     |
| AZASITE.....                 | 56     | bethanechol chloride.....  | 42     | bromocriptine mesylate.....   | 22     |
| azathioprine.....            | 48     | BETIMOL.....               | 57     | BRUKINSA.....                 | 19     |
| azelaic acid.....            | 30     | BETOPTIC-S.....            | 57     | budesonide.....               | 51, 59 |
| azelastine hcl.....          | 56, 58 | bexarotene.....            | 19     | budesonide er.....            | 51     |
| AZELEX.....                  | 30     | BEXSERO.....               | 50     | bumetanide.....               | 26     |
| azithromycin.....            | 14     | BEYFORTUS.....             | 48     | buprenorphine.....            | 12     |
| azurette.....                | 44     | bicalutamide.....          | 19     | buprenorphine hcl.....        | 13     |
| bac.....                     | 12     | BIKTARVY.....              | 23     | buprenorphine hcl-            |        |
| bacitracin.....              | 56     | bimatoprost.....           | 57     | naloxone hcl.....             | 13     |
| bacitracin-polymyxin b.....  | 57     | BIOTEL CARE BLOOD          |        | bupropion hcl.....            | 17     |
|                              |        | GLUCOSE.....               | 34     |                               |        |

|                                     |        |                                    |    |                                             |            |
|-------------------------------------|--------|------------------------------------|----|---------------------------------------------|------------|
| bupropion hcl er (smoking det)..... | 13     | CAREPOINT SYRINGE LUER SLIP.....   | 53 | CHEMSTRIP UGK.....                          | 34         |
| bupropion hcl er (sr).....          | 17     | CARESENS CONTROL SOLUTION A/B..... | 34 | chlordiazepoxide hcl.....                   | 25         |
| bupropion hcl er (xl).....          | 17     | CARESENS LANCETS 30G.....          | 34 | chlorhexidine gluconate.....                | 30         |
| bupirone hcl.....                   | 25     | CARESENS N FELIZ.....              | 34 | chloroquine phosphate.....                  | 22         |
| butalbital-acetaminophen....        | 12     | CARESENS N FELIZ BT....            | 34 | chlorpromazine hcl.....                     | 23         |
| butalbital-apap-caff-cod.....       | 12     | CARETOUCH CONTROL SOL LEVEL 2..... | 34 | chlorthalidone.....                         | 26         |
| butalbital-apap-caffeine.....       | 12     | CARETOUCH HYPODERMIC NEEDLE....    | 53 | chlorzoxazone.....                          | 60         |
| butalbital-asa-caff-codeine..       | 12     | CARETOUCH LANCING/EJECTOR.....     | 34 | CHOLBAM.....                                | 42         |
| butalbital-aspirin-caffeine....     | 12     | CARETOUCH LOCK.....                | 53 | cholestyramine.....                         | 26         |
| butorphanol tartrate.....           | 12     | CARETOUCH TEST.....                | 34 | cholestyramine light.....                   | 26         |
| BYDUREON BCISE AUTOINJECTOR.....    | 33     | carglumic acid.....                | 39 | ciclodan.....                               | 18         |
| BYETTA 10 MCG PEN.....              | 33     | carisoprodol.....                  | 60 | ciclopirox.....                             | 18         |
| BYETTA 5 MCG PEN.....               | 33     | CARNITOR.....                      | 39 | ciclopirox olamine.....                     | 18         |
| cabergoline.....                    | 43     | CAROSPIR.....                      | 26 | cilostazol.....                             | 23         |
| CABOMETYX.....                      | 19     | carteolol hcl.....                 | 57 | CILOXAN.....                                | 56         |
| caffeine citrate.....               | 29     | cartia xt.....                     | 26 | CIMDUO.....                                 | 23         |
| calcipotriene.....                  | 30     | carvedilol.....                    | 26 | CIMZIA.....                                 | 48         |
| calcitonin (salmon).....            | 52     | CAYA.....                          | 53 | CIMZIA STARTER KIT.....                     | 49         |
| calcitriol.....                     | 30, 52 | CAYSTON.....                       | 60 | cinacalcet hcl.....                         | 52         |
| calcium acetate (phos binder).....  | 42     | caziant.....                       | 44 | CIPRO HC.....                               | 58         |
| CALQUENCE.....                      | 19     | cefadroxil.....                    | 14 | ciprofloxacin.....                          | 15         |
| camila.....                         | 44     | cefdinir.....                      | 14 | ciprofloxacin hcl.....                      | 14, 56, 58 |
| CAMINO PRO COMPLETE/GLYTACTIN...    | 53     | cefexime.....                      | 14 | ciprofloxacin-dexamethasone.....            | 58         |
| camrese.....                        | 44     | cefpodoxime proxetil.....          | 14 | CIPROFLOXACIN-FLUOCINOLONE PF.....          | 58         |
| camrese lo.....                     | 44     | cefprozil.....                     | 14 | cialopram hydrobromide....                  | 17         |
| candesartan cilexetil.....          | 26     | cefuroxime axetil.....             | 14 | citroma.....                                | 41         |
| candesartan cilexetil-hctz...       | 26     | celecoxib.....                     | 13 | claravis.....                               | 31         |
| capecitabine.....                   | 19     | CELLCEPT.....                      | 48 | clarithromycin.....                         | 15         |
| CAPEX.....                          | 31     | CELONTIN.....                      | 16 | clarithromycin er.....                      | 15         |
| CAPRELSA.....                       | 19     | cephalexin.....                    | 14 | clearlax.....                               | 41         |
| captopril.....                      | 26     | CEQUR SIMPLICITY 2U 10PK.....      | 34 | CLEOCIN.....                                | 15         |
| captopril-hydrochlorothiazide.....  | 26     | CEQUR SIMPLICITY INSERTER.....     | 34 | CLEVER CHOICE COMFORT EZ.....               | 34         |
| carbamazepine.....                  | 16     | CERDELGA.....                      | 42 | CLEVER CHOICE HOLDING CHAMBER.....          | 53         |
| carbamazepine er.....               | 16     | cevimeline hcl.....                | 29 | CLIMARA PRO.....                            | 44         |
| CARBATROL.....                      | 16     | charlotte 24 fe.....               | 44 | clindacin etz.....                          | 31         |
| carbidopa.....                      | 22     | chateal.....                       | 44 | clindacin-p.....                            | 31         |
| carbidopa-levodopa.....             | 22     | chateal eq.....                    | 44 | clindamycin hcl.....                        | 15         |
| carbidopa-levodopa er.....          | 22     | CHEMSTRIP 10 MD.....               | 34 | clindamycin palmitate hcl....               | 15         |
| carbidopa-levodopa-entacapone.....  | 22     | CHEMSTRIP 10/SG.....               | 34 | clindamycin phosphate. 15, 31               |            |
| CARDIZEM LA.....                    | 26     | CHEMSTRIP 2 GP.....                | 34 | clindamycin phosphate-benzoyl peroxide..... | 31         |
| CAREPOINT POLY HUB NEEDLE.....      | 53     | CHEMSTRIP 5 OB.....                | 34 | CLINDESSE.....                              | 15         |
| CAREPOINT SAFETY 1ST NEEDLE.....    | 53     | CHEMSTRIP 7.....                   | 34 | CLINPRO 5000.....                           | 30         |
| CAREPOINT SYRINGE LUER LOCK.....    | 53     | CHEMSTRIP 9.....                   | 34 | clobazam.....                               | 16         |
|                                     |        | CHEMSTRIP K.....                   | 34 | clobetasol prop emollient base.....         | 31         |
|                                     |        |                                    |    | clobetasol propionate.....                  | 31         |
|                                     |        |                                    |    | clobetasol propionate e.....                | 31         |
|                                     |        |                                    |    | clodan.....                                 | 31         |



|                              |    |                            |                             |        |
|------------------------------|----|----------------------------|-----------------------------|--------|
| clomipramine hcl.....        | 17 | CONTOUR NEXT               | daysee.....                 | 45     |
| clonazepam.....              | 25 | MONITOR KIT W/DEVICE .     | DAYVIGO.....                | 61     |
| clonidine.....               | 26 | CONTOUR NEXT ONE           | deblitane.....              | 45     |
| clonidine hcl.....           | 26 | KIT.....                   | deferasirox.....            | 39     |
| clonidine hcl er.....        | 29 | CONTOUR TEST STRIPS .      | DEFLUX METAL NEEDLE .       | 53     |
| clopidogrel bisulfate.....   | 23 | COPIKTRA.....              | DELESTROGEN.....            | 45     |
| clorazepate dipotassium..... | 25 | CORLANOR.....              | DELSTRIGO.....              | 23     |
| clotrimazole.....            | 18 | CORTISONE ACETATE.....     | delyla.....                 | 45     |
| clotrimazole-                |    | CORTISPORIN-TC.....        | demeclocycline hcl.....     | 15     |
| betamethasone.....           | 18 | COSENTYX (300 MG           | DENGVAXIA.....              | 50     |
| clozapine.....               | 23 | DOSE).....                 | DENTA 5000 PLUS.....        | 30     |
| COARTEM.....                 | 22 | COSENTYX 150 MG/ML....     | DENTAGEL.....               | 30     |
| codeine sulfate.....         | 12 | COSENTYX                   | DEPAKOTE.....               | 16     |
| COLCHICINE.....              | 19 | SENSOREADY (300 MG)...     | DEPAKOTE ER.....            | 16     |
| colchicine.....              | 19 | COSENTYX                   | DEPAKOTE SPRINKLES...       | 16     |
| colchicine-probenecid.....   | 19 | SENSOREADY PEN.....        | DEPO-ESTRADIOL.....         | 45     |
| colesevelam hcl.....         | 26 | COSENTYX UNOREADY...       | DEPO-TESTOSTERONE...        | 43     |
| colestipol hcl.....          | 26 | COTELLIC.....              | DESCOVY.....                | 23     |
| COMBIPATCH.....              | 44 | CREON.....                 | desipramine hcl.....        | 17     |
| COMBIVENT RESPIMAT ...       | 59 | CRESEMBA.....              | desmopressin ace spray      |        |
| COMETRIQ.....                | 19 | cromolyn sodium.....       | refrig.....                 | 43     |
| COMFORT EZ PRO PEN           |    | cryselle-28.....           | desmopressin acetate...     | 43, 44 |
| NEEDLES.....                 | 53 | curae.....                 | DESMOPRESSIN                |        |
| COMIRNATY.....               | 50 | CVS KETONE CARE.....       | ACETATE.....                | 43     |
| COMPACT SPACE                |    | cyanocobalamin.....        | desmopressin acetate pf.... | 44     |
| CHAMBER.....                 | 53 | cyclafem 1/35.....         | desmopressin acetate        |        |
| COMPACT SPACE                |    | cyclafem 7/7/7.....        | spray.....                  | 44     |
| CHAMBER/LG MASK.....         | 53 | cyclobenzaprine hcl.....   | desogestrel-ethinyl         |        |
| COMPACT SPACE                |    | cyclopentolate hcl.....    | estradiol.....              | 45     |
| CHAMBER/MED MASK.....        | 53 | cyclophosphamide.....      | desonide.....               | 31     |
| COMPACT SPACE                |    | cyclosporine.....          | desoximetasone.....         | 31     |
| CHAMBER/SM MASK.....         | 53 | 49, 57                     | desvenlafaxine succinate    |        |
| COMPLERA.....                | 23 | cyclosporine modified..... | er.....                     | 17     |
| compro.....                  | 18 | CYLTEZO.....               | dexamethasone.....          | 43     |
| CONDOMS.....                 | 53 | CYLTEZO-CD/UC/HS           | dexamethasone intensol....  | 43     |
| constulose.....              | 41 | STARTER.....               | dexamethasone sodium        |        |
| CONTOUR CONTROL              |    | CYLTEZO-PSORIASIS          | phosphate.....              | 56     |
| SOLUTION.....                | 34 | STARTER.....               | DEXCOM G4 PLAT PED          |        |
| CONTOUR MONITOR              |    | cyproheptadine hcl.....    | RCV/SHARE.....              | 34     |
| DEVICE.....                  | 34 | cyred.....                 | DEXCOM G4 PLAT PED          |        |
| CONTOUR MONITOR KIT          |    | cyred eq.....              | RECEIVER.....               | 34     |
| W/DEVICE.....                | 34 | cytra k crystals.....      | DEXCOM G4 PLATINUM          |        |
| CONTOUR NEXT                 |    | dalfampridine er.....      | RCV/SHARE.....              | 34     |
| CONTROL SOLUTION.....        | 34 | DALIRESP.....              | DEXCOM G4 PLATINUM          |        |
| CONTOUR NEXT EZ KIT          |    | danazol.....               | RECEIVER.....               | 34     |
| W/DEVICE.....                | 34 | dantrolene sodium.....     | DEXCOM G4 PLATINUM          |        |
| CONTOUR NEXT GEN             |    | dapsone.....               | TRANSMITTER.....            | 34     |
| MONITOR.....                 | 34 | DAPTACEL.....              | DEXCOM G5 MOB/G4            |        |
| CONTOUR NEXT GEN             |    | darifenacin hydrobromide   | PLAT SENSOR.....            | 34     |
| TEST STRIPS.....             | 34 | er.....                    | DEXCOM G5 MOBILE            |        |
| CONTOUR NEXT LINK            |    | darunavir.....             | RECEIVER.....               | 34     |
| KIT W/DEVICE.....            | 34 | dasetta 1/35.....          | DEXCOM G5 MOBILE            |        |
|                              |    | dasetta 7/7/7.....         | TRANSMITTER.....            | 34     |
|                              |    | DAURISMO.....              |                             |        |
|                              |    | 20                         |                             |        |

|                                        |        |                                         |        |                                         |    |
|----------------------------------------|--------|-----------------------------------------|--------|-----------------------------------------|----|
| DEXCOM G5 RECEIVER<br>KIT.....         | 35     | dimethyl fumarate starter<br>pack.....  | 29     | EASY TALK PLUS II TEST<br>STRIPS.....   | 35 |
| DEXCOM G6 RECEIVER...                  | 35     | diphenoxylate-atropine.....             | 41     | EASY TOUCH                              |    |
| DEXCOM G6 SENSOR.....                  | 35     | DIPHThERIA-TETANUS                      |        | HEALTHPRO GLUCOSE... 35                 |    |
| DEXCOM G6<br>TRANSMITTER.....          | 35     | TOXOIDS DT.....                         | 50     | EASY TOUCH                              |    |
| DEXCOM G7 RECEIVER...                  | 35     | dipyridamole.....                       | 23     | HYPODERMIC NEEDLE... 53                 |    |
| DEXCOM G7 SENSOR.....                  | 35     | disopyramide phosphate.....             | 26     | EASY TOUCH LANCING<br>DEVICE.....       | 35 |
| dexmethylphenidate hcl.....            | 29     | disulfiram.....                         | 14     | EASY TRAK II BLOOD<br>GLUCOSE SYS.....  | 35 |
| dexmethylphenidate hcl er..            | 29     | DIURIL.....                             | 26     | EASY TRAK II CONTROL.. 35               |    |
| dextroamphetamine sulfate              | 29     | divalproex sodium.....                  | 16     | EASY TRAK II GLUCOSE<br>TEST.....       | 35 |
| dextroamphetamine sulfate<br>er.....   | 29     | divalproex sodium er.....               | 16     | EASYMAX 15 LEVEL 2-3<br>CONTROL.....    | 35 |
| DIATHRIVE BLOOD<br>GLUCOSE METER.....  | 35     | DIVIGEL.....                            | 45     | EASYMAX CONTROL.....                    | 35 |
| DIATHRIVE BLOOD<br>GLUCOSE TEST.....   | 35     | dofetilide.....                         | 26     | EASYPOINT NEEDLE.....                   | 53 |
| DIATHRIVE GLUCOSE<br>CONTROL SOLN..... | 35     | dolishale.....                          | 45     | ec-naproxen.....                        | 13 |
| DIATHRIVE GLUCOSE<br>TEST.....         | 35     | donepezil hcl.....                      | 17     | econazole nitrate.....                  | 18 |
| DIATHRIVE LANCING<br>DEVICE.....       | 35     | dorzolamide hcl.....                    | 57     | econtra ez.....                         | 45 |
| DIATHRIVE+ GLUCOSE<br>MONITOR.....     | 35     | dorzolamide hcl-timolol mal             | 57     | econtra one-step.....                   | 45 |
| DIATHRIVE+ GLUCOSE<br>TEST.....        | 35     | dorzolamide hcl-timolol mal<br>pf.....  | 57     | EDURANT.....                            | 23 |
| diazepam.....                          | 16, 25 | dotti.....                              | 45     | efavirenz.....                          | 23 |
| diazepam intensol.....                 | 25     | DOVATO.....                             | 23     | efavirenz-emtricitab-tenofo<br>df.....  | 23 |
| diazoxide.....                         | 38     | doxazosin mesylate.....                 | 26     | efavirenz-lamivudine-<br>tenofovir..... | 23 |
| diclofenac potassium.....              | 13     | doxepin hcl.....                        | 17, 61 | effer-k.....                            | 39 |
| diclofenac sodium... 13, 31, 56        |        | doxycycline hyclate.....                | 15     | ELECARE.....                            | 53 |
| diclofenac sodium er.....              | 13     | doxycycline monohydrate... 15           |        | ELESTRIN.....                           | 45 |
| diclofenac-misoprostol.....            | 13     | doxylamine-pyridoxine.....              | 18     | eletriptan hydrobromide.....            | 19 |
| dicloxacillin sodium.....              | 15     | dronabinol.....                         | 18     | elinest.....                            | 45 |
| dicyclomine hcl.....                   | 41     | DROPLET GENTEEL<br>LANCING DEVICE.....  | 35     | ELIQUIS.....                            | 15 |
| DIFICID.....                           | 15     | DROPLET MICRON.....                     | 53     | ELIQUIS DVT/PE<br>STARTER PACK.....     | 15 |
| diflunisal.....                        | 13     | DROPSAFE SAFETY<br>SYRINGE/NEEDLE.....  | 38     | elixophyllin.....                       | 59 |
| difluprednate.....                     | 56     | drospiren-eth estrad-<br>levomefol..... | 45     | ELLA.....                               | 45 |
| digitek.....                           | 26     | drospirenone-ethinyl<br>estradiol.....  | 45     | ELMIRON.....                            | 42 |
| digox.....                             | 26     | DROXIA.....                             | 20     | eluryng.....                            | 45 |
| digoxin.....                           | 26     | droxidopa.....                          | 26     | EMBRACE EVO<br>GLUCOSE MONITOR.....     | 35 |
| dihydroergotamine<br>mesylate.....     | 19     | DRYSOL.....                             | 31     | EMBRACE LANCING<br>DEVICE/EJECTOR.....  | 35 |
| DILANTIN.....                          | 16     | DUAVEE.....                             | 45     | EMBRACE PEN<br>NEEDLES.....             | 53 |
| DILANTIN INFATABS.....                 | 16     | duloxetine hcl.....                     | 17     | EMBRACE TALK BLOOD<br>GLUCOSE.....      | 35 |
| diltiazem hcl.....                     | 26     | DUPIXENT.....                           | 31     | EMBRACE TALK<br>GLUCOSE CONTROL.....    | 35 |
| diltiazem hcl er.....                  | 26     | DUREX EXTRA<br>SENSITIVE THIN.....      | 53     | EMBRACE TALK<br>GLUCOSE TEST.....       | 35 |
| diltiazem hcl er beads.....            | 26     | dutasteride.....                        | 43     | EMBRACE TALK<br>GLUCOSE CONTROL.....    | 35 |
| diltiazem hcl er coated<br>beads.....  | 26     | dutasteride-tamsulosin hcl.. 43         |        | EMBRACE TALK<br>GLUCOSE TEST.....       | 35 |
| dilt-xr.....                           | 26     | EASIVENT.....                           | 53     | EMBRACE TALK<br>MONITORING SYSTEM.....  | 35 |
| dimethyl fumarate.....                 | 29     | EASY GLIDE LUER LOCK<br>SYRINGE.....    | 53     |                                         |    |
|                                        |        | EASY GLIDE SLIP LOCK<br>SYRINGE.....    | 53     |                                         |    |
|                                        |        | EASY TALK PLUS II<br>CONTROL.....       | 35     |                                         |    |

|                                |            |  |
|--------------------------------|------------|--|
| EMBRACE WAVE BLOOD             |            |  |
| GLUCOSE.....                   | 35         |  |
| EMBRACE WAVE                   |            |  |
| GLUCOSE METER.....             | 35         |  |
| EMEND.....                     | 18         |  |
| EMGALITY.....                  | 19         |  |
| emoquette.....                 | 45         |  |
| emtricitabine.....             | 23         |  |
| emtricitabine-tenofovir df.... | 23         |  |
| EMTRIVA.....                   | 24         |  |
| enalapril maleate.....         | 26         |  |
| enalapril-                     |            |  |
| hydrochlorothiazide.....       | 26         |  |
| ENBREL.....                    | 49         |  |
| ENBREL MINI.....               | 49         |  |
| ENBREL SURECLICK.....          | 49         |  |
| ENCARE.....                    | 53         |  |
| endocet.....                   | 12         |  |
| ENGERIX-B.....                 | 50         |  |
| enilloring.....                | 45         |  |
| enoxaparin sodium.....         | 16         |  |
| enpresse-28.....               | 45         |  |
| enskyce.....                   | 45         |  |
| entacapone.....                | 22         |  |
| entecavir.....                 | 24         |  |
| ENTRESTO.....                  | 26         |  |
| enulose.....                   | 41         |  |
| ENVARUSUS XR.....              | 49         |  |
| EO28 SPLASH.....               | 53         |  |
| EPCLUSA.....                   | 24         |  |
| EPIDIOLEX.....                 | 16         |  |
| epinastine hcl.....            | 56         |  |
| epinephrine.....               | 59         |  |
| epitol.....                    | 16         |  |
| EPIVIR HBV.....                | 24         |  |
| eplerenone.....                | 26         |  |
| EQUACARE JR.....               | 53         |  |
| ergocalciferol.....            | 39         |  |
| ergotamine-caffeine.....       | 19         |  |
| ERIVEDGE.....                  | 20         |  |
| ERLEADA.....                   | 20         |  |
| erlotinib hcl.....             | 20         |  |
| errin.....                     | 45         |  |
| ery.....                       | 31         |  |
| erythromycin.....              | 15, 31, 56 |  |
| erythromycin base.....         | 15         |  |
| erythromycin                   |            |  |
| ethylsuccinate.....            | 15         |  |
| escitalopram oxalate.....      | 17         |  |
| esomeprazole magnesium..       | 41         |  |
| ESSENTIAL CARE JR.....         | 53         |  |
| est estrogens-methyltest....   | 45         |  |
| est estrogens-methyltest       |            |  |
| ds.....                        | 45         |  |
| est estrogens-methyltest       |            |  |
| hs.....                        | 45         |  |
| estarylla.....                 | 45         |  |
| estazolam.....                 | 25         |  |
| estradiol.....                 | 45         |  |
| estradiol valerate.....        | 45         |  |
| estradiol-norethindrone        |            |  |
| acet.....                      | 45         |  |
| ESTRING.....                   | 45         |  |
| ESTROGEL.....                  | 45         |  |
| eszopiclone.....               | 61         |  |
| ethambutol hcl.....            | 19         |  |
| ethosuximide.....              | 16         |  |
| ethynodiol diac-eth            |            |  |
| estradiol.....                 | 45         |  |
| etodolac.....                  | 13         |  |
| etodolac er.....               | 13         |  |
| etonogestrel-ethinyl           |            |  |
| estradiol.....                 | 45         |  |
| etoposide.....                 | 20         |  |
| etravirine.....                | 24         |  |
| EUCRISA.....                   | 31         |  |
| euthyrox.....                  | 48         |  |
| EVAMIST.....                   | 45         |  |
| everolimus.....                | 20, 49     |  |
| EVOTAZ.....                    | 24         |  |
| exemestane.....                | 20         |  |
| EXKIVITY.....                  | 20         |  |
| EXTAVIA.....                   | 29         |  |
| ezetimibe.....                 | 26         |  |
| ezetimibe-simvastatin.....     | 26         |  |
| falmina.....                   | 45         |  |
| famciclovir.....               | 24         |  |
| famotidine.....                | 41         |  |
| FANAPT.....                    | 23         |  |
| FANAPT TITRATION               |            |  |
| PACK.....                      | 23         |  |
| FARXIGA.....                   | 33         |  |
| FARYDAK.....                   | 20         |  |
| FASENRA.....                   | 59         |  |
| FASENRA PEN.....               | 59         |  |
| fayosim.....                   | 45         |  |
| FC2 FEMALE CONDOM....          | 53         |  |
| febuxostat.....                | 19         |  |
| felbamate.....                 | 16         |  |
| felodipine er.....             | 26         |  |
| FEMCAP.....                    | 53         |  |
| femynor.....                   | 45         |  |
| fenofibrate.....               | 27         |  |
| fenofibrate micronized.....    | 26         |  |
| fenofibric acid.....           | 27         |  |
| fentanyl.....                  | 12         |  |
| ferocon.....                   | 39         |  |
| ferottrinsic.....              | 39         |  |
| FERRALET 90.....               | 39         |  |
| FETZIMA.....                   | 17         |  |
| FETZIMA TITRATION.....         | 17         |  |
| FIASP.....                     | 38         |  |
| FIASP FLEXTOUCH.....           | 38         |  |
| FIASP PENFILL.....             | 38         |  |
| FIASP PUMPCART.....            | 38         |  |
| finasteride.....               | 43         |  |
| fingolimod hcl.....            | 29         |  |
| finzala.....                   | 45         |  |
| FIRAZYR.....                   | 49         |  |
| FIRST-OMEPRAZOLE.....          | 41         |  |
| FIRVANQ.....                   | 15         |  |
| flac.....                      | 58         |  |
| FLAREX.....                    | 56         |  |
| flavoxate hcl.....             | 42         |  |
| flecainide acetate.....        | 27         |  |
| FLEXICHAMBER.....              | 53         |  |
| FLEXICHAMBER ADULT             |            |  |
| MASK/SMALL.....                | 53         |  |
| FLEXICHAMBER CHILD             |            |  |
| MASK/LARGE.....                | 53         |  |
| FLEXICHAMBER CHILD             |            |  |
| MASK/SMALL.....                | 53         |  |
| FLORIVA.....                   | 39         |  |
| FLOVENT DISKUS.....            | 59         |  |
| FLOVENT HFA.....               | 59         |  |
| FLUAD QUADRIVALENT...          | 50         |  |
| FLUARIX                        |            |  |
| QUADRIVALENT.....              | 50         |  |
| FLUBLOK                        |            |  |
| QUADRIVALENT.....              | 50         |  |
| FLUCELVAX                      |            |  |
| QUADRIVALENT.....              | 50         |  |
| fluconazole.....               | 18         |  |
| fludrocortisone acetate.....   | 43         |  |
| FLULAVAL                       |            |  |
| QUADRIVALENT.....              | 50         |  |
| FLUMIST                        |            |  |
| QUADRIVALENT.....              | 50         |  |
| fluocinolone acetonide..       | 31, 58     |  |
| fluocinolone acetonide         |            |  |
| body.....                      | 31         |  |
| fluocinolone acetonide         |            |  |
| scalp.....                     | 31         |  |
| fluocinonide.....              | 31         |  |
| fluocinonide emulsified        |            |  |
| base.....                      | 31         |  |
| FLUORIDEX.....                 | 30         |  |

|                                     |        |                                    |    |                                   |        |
|-------------------------------------|--------|------------------------------------|----|-----------------------------------|--------|
| FLUORIDEX ENHANCED WHITENING.....   | 30     | FORTISCARE T1                      |    | gemmily.....                      | 45     |
| FLUORIDEX SENSITIVITY RELIEF.....   | 30     | GLUCOSE SYSTEM.....                | 35 | generlac.....                     | 41     |
| FLUORIMAX 5000.....                 | 30     | fosamprenavir calcium.....         | 24 | gengraf.....                      | 49     |
| FLUORIMAX 5000 SENSITIVE.....       | 30     | fosfomycin tromethamine....        | 15 | GENTAK.....                       | 56     |
| fluoritab.....                      | 39     | fosinopril sodium.....             | 27 | gentamicin sulfate.....           | 15, 56 |
| fluorometholone.....                | 56     | fosinopril sodium-hctz.....        | 27 | GENTEEL LANCING KIT (BLUE).....   | 36     |
| FLUOROPLEX.....                     | 31     | FOTIVDA.....                       | 20 | gentle laxative.....              | 41     |
| fluorouracil.....                   | 31     | FRAGMIN.....                       | 16 | gentlelax.....                    | 41     |
| fluoxetine hcl.....                 | 17     | FREESTYLE FREEDOM LITE.....        | 36 | GENVOYA.....                      | 24     |
| fluoxetine hcl (pmdd).....          | 17     | FREESTYLE INSULINX TEST.....       | 36 | GHT BLOOD GLUCOSE MONITOR.....    | 36     |
| fluphenazine hcl.....               | 23     | FREESTYLE LIBRE 14 DAY READER..... | 36 | GILENYA.....                      | 29     |
| flurbiprofen.....                   | 13     | FREESTYLE LIBRE 14 DAY SENSOR..... | 36 | GILOTRIF.....                     | 20     |
| flurbiprofen sodium.....            | 56     | FREESTYLE LIBRE 2 READER.....      | 36 | glatiramer acetate.....           | 29     |
| flutamide.....                      | 20     | FREESTYLE LIBRE 2 SENSOR.....      | 36 | GLEOSTINE.....                    | 20     |
| fluticasone propionate...31, 58     |        | FREESTYLE LIBRE 3 SENSOR.....      | 36 | glimepiride.....                  | 33     |
| fluticasone-salmeterol.....         | 59     | FREESTYLE LIBRE 3 SENSOR.....      | 36 | glipizide er.....                 | 33     |
| FLUTICASONE-SALMETEROL.....         | 59     | FREESTYLE LIBRE 3 SENSOR.....      | 36 | glipizide ir.....                 | 33     |
| fluvastatin sodium.....             | 27     | FREESTYLE LIBRE 3 SENSOR.....      | 36 | glipizide xl.....                 | 33     |
| fluvastatin sodium er.....          | 27     | FREESTYLE LIBRE 3 SENSOR.....      | 36 | glipizide-metformin hcl.....      | 33     |
| fluvoxamine maleate.....            | 17     | FREESTYLE LIBRE 3 SENSOR.....      | 36 | GLUCAGEN HYPOKIT.....             | 38     |
| fluvoxamine maleate er.....         | 17     | FREESTYLE LIBRE 3 SENSOR.....      | 36 | glucagon emergency kit.....       | 38     |
| FLUZONE HIGH-DOSE QUADRIVALENT..... | 50     | FREESTYLE LIBRE 3 SENSOR.....      | 36 | GLUCAGON EMERGENCY KIT.....       | 38     |
| FLUZONE QUADRIVALENT.....           | 50     | FREESTYLE LIBRE 3 SENSOR.....      | 36 | GLUCOCARD 01 SENSOR PLUS.....     | 36     |
| FML.....                            | 56     | FREESTYLE LIBRE 3 SENSOR.....      | 36 | GLUCOCARD EXPRESSION TEST.....    | 36     |
| FML FORTE.....                      | 56     | FREESTYLE LIBRE 3 SENSOR.....      | 36 | GLUCOCARD SHINE CONNEX.....       | 36     |
| folate.....                         | 39     | FREESTYLE LIBRE 3 SENSOR.....      | 36 | GLUCOCARD SHINE EXPRESS.....      | 36     |
| folic acid.....                     | 39, 40 | FREESTYLE LIBRE 3 SENSOR.....      | 36 | GLUCOCARD SHINE TEST.....         | 36     |
| FOLIVANE-F.....                     | 40     | FREESTYLE LIBRE 3 SENSOR.....      | 36 | GLUCOCARD VITAL TEST.....         | 36     |
| FOLIVANE-PLUS.....                  | 40     | FREESTYLE LIBRE 3 SENSOR.....      | 36 | GLUCOSE CONTROL SOLUTIONS.....    | 35     |
| foltrin.....                        | 40     | FREESTYLE LIBRE 3 SENSOR.....      | 36 | glyburide.....                    | 33     |
| fondaparinux sodium.....            | 16     | FREESTYLE LIBRE 3 SENSOR.....      | 36 | glyburide micronized.....         | 33     |
| FORA 6 CONNECT.....                 | 35     | FREESTYLE LIBRE 3 SENSOR.....      | 36 | glyburide-metformin.....          | 33     |
| FORA 6 CONNECT/GTEL TEST.....       | 35     | FREESTYLE LIBRE 3 SENSOR.....      | 36 | glycolax.....                     | 41     |
| FORA D40G                           |        | FREESTYLE LIBRE 3 SENSOR.....      | 36 | glycopyrrolate.....               | 42     |
| GLUCOSE/PRESSURE.....               | 53     | FREESTYLE LIBRE 3 SENSOR.....      | 36 | glydo.....                        | 13     |
| FORA GTEL BLOOD                     |        | FREESTYLE LIBRE 3 SENSOR.....      | 36 | GLYTACTIN BETTERMILK 15.....      | 53     |
| GLUCOSE SYSTEM.....                 | 35     | FREESTYLE LIBRE 3 SENSOR.....      | 36 | GLYTACTIN BETTERMILK DE-LITE..... | 53     |
| FORA GTEL BLOOD                     |        | FREESTYLE LIBRE 3 SENSOR.....      | 36 | GLYTACTIN BUILD 10PE..            | 53     |
| GLUCOSE TEST.....                   | 35     | FREESTYLE LIBRE 3 SENSOR.....      | 36 | GLYTACTIN BUILD 20/20..           | 53     |
| FORA TN'G ADVANCE PRO.....          | 35     | FREESTYLE LIBRE 3 SENSOR.....      | 36 | GLYTACTIN BUILD 20/20             |        |
| FORTEO.....                         | 52     | FREESTYLE LIBRE 3 SENSOR.....      | 36 | PKU.....                          | 53     |
| FORTISCARE CONTROL..                | 35     | FREESTYLE LIBRE 3 SENSOR.....      | 36 |                                   |        |
| FORTISCARE G1 TEST STRIP.....       | 35     | FREESTYLE LIBRE 3 SENSOR.....      | 36 |                                   |        |
|                                     |        | NEO TEST.....                      | 36 |                                   |        |
|                                     |        | FREESTYLE TEST.....                | 36 |                                   |        |
|                                     |        | frovatriptan succinate.....        | 19 |                                   |        |
|                                     |        | ft aspirin low dose.....           | 13 |                                   |        |
|                                     |        | ft clearlax.....                   | 41 |                                   |        |
|                                     |        | ft laxative.....                   | 41 |                                   |        |
|                                     |        | ft magnesium citrate.....          | 41 |                                   |        |
|                                     |        | furosemide.....                    | 27 |                                   |        |
|                                     |        | FUZEON.....                        | 24 |                                   |        |
|                                     |        | fyavolv.....                       | 45 |                                   |        |
|                                     |        | FYCOMPA.....                       | 16 |                                   |        |
|                                     |        | gabapentin.....                    | 16 |                                   |        |
|                                     |        | GALAFOLD.....                      | 42 |                                   |        |
|                                     |        | galantamine hydrobromide..         | 17 |                                   |        |
|                                     |        | galantamine hydrobromide er.....   | 17 |                                   |        |
|                                     |        | GALZIN.....                        | 40 |                                   |        |
|                                     |        | GARDASIL 9.....                    | 50 |                                   |        |
|                                     |        | gatifloxacin.....                  | 56 |                                   |        |
|                                     |        | GATTEX.....                        | 41 |                                   |        |
|                                     |        | gavilax.....                       | 41 |                                   |        |
|                                     |        | gavilyte-c.....                    | 41 |                                   |        |
|                                     |        | gavilyte-g.....                    | 41 |                                   |        |
|                                     |        | gavilyte-n with flavor pack...41   |    |                                   |        |
|                                     |        | GAVRETO.....                       | 20 |                                   |        |
|                                     |        | gefitinib.....                     | 20 |                                   |        |
|                                     |        | gemfibrozil.....                   | 27 |                                   |        |

|                               |    |                              |    |                               |            |
|-------------------------------|----|------------------------------|----|-------------------------------|------------|
| GLYTACTIN BURST.....          | 53 | heparin na (pork) lock flsh  |    | HW EMBRACE TALK               |            |
| GLYTACTIN COMPLETE            |    | pf.....                      | 16 | BLOOD GLUCOSE.....            | 36         |
| 10PE.....                     | 54 | heparin sod (pork) lock      |    | HW EMBRACE TALK               |            |
| GLYTACTIN RESTORE 10          | 54 | flush.....                   | 16 | GLUCOSE TEST.....             | 36         |
| GLYTACTIN RESTORE 5..         | 54 | heparin sodium (porcine).... | 16 | HYCAMTIN.....                 | 20         |
| GLYTACTIN RESTORE             |    | heparin sodium (porcine)     |    | hydralazine hcl.....          | 27         |
| LITE 10.....                  | 54 | pf.....                      | 16 | hydrochlorothiazide.....      | 27         |
| GLYTACTIN RESTORE             |    | HEPLISAV-B.....              | 50 | hydrocod poli-chlorphe poli   |            |
| LITE 10PE.....                | 54 | her style.....               | 45 | er.....                       | 58         |
| GLYTACTIN RTD 10.....         | 54 | HIBERIX.....                 | 50 | hydrocodone bit-homatrop      |            |
| GLYTACTIN RTD 15.....         | 54 | HUMALOG.....                 | 38 | mbr.....                      | 58         |
| GLYTACTIN RTD LITE 15..       | 54 | HUMALOG KWIKPEN.....         | 38 | hydrocodone-                  |            |
| GLYTACTIN SWIRL 15.....       | 54 | HUMALOG MIX 50/50            |    | acetaminophen.....            | 12         |
| GLYTACTIN SWIRL 15PE.         | 54 | KWIKPEN.....                 | 38 | hydrocodone-ibuprofen.....    | 12         |
| GLYXAMBI.....                 | 33 | HUMALOG MIX 50/50            |    | hydrocortisone.....           | 32, 43, 51 |
| GOJJI BLOOD GLUCOSE           |    | VIAL.....                    | 38 | hydrocortisone (perianal).... | 51         |
| TEST.....                     | 36 | HUMALOG MIX 75/25            |    | hydrocortisone ace-           |            |
| GOJJI CONTROL.....            | 36 | KWIKPEN.....                 | 38 | pramoxine.....                | 32, 51     |
| GOJJI LANCING                 |    | HUMALOG MIX 75/25            |    | hydrocortisone acetate.....   | 51         |
| DEVICE/CLEAR CAP.....         | 36 | VIAL.....                    | 38 | hydrocortisone butyrate.....  | 32         |
| goodsense aspirin low         |    | HUMALOG U-100 JUNIOR         |    | hydrocortisone valerate.....  | 32         |
| dose.....                     | 13 | KWIKPEN.....                 | 38 | hydrocortisone-acetic acid..  | 58         |
| goodsense nicotine.....       | 14 | HUMATROPEN FOR               |    | hydrocort-pramoxine           |            |
| granisetron hcl.....          | 18 | 12MG.....                    | 54 | (perianal).....               | 51         |
| griseofulvin microsize.....   | 18 | HUMATROPEN FOR               |    | hydromet.....                 | 58         |
| griseofulvin ultramicrosize.. | 18 | 24MG.....                    | 54 | hydromorphone hcl.....        | 12         |
| guaiaatussin ac.....          | 58 | HUMATROPEN FOR 6MG.          | 54 | hydroxychloroquine sulfate.   | 22         |
| guaifenesin ac.....           | 58 | HUMIRA.....                  | 49 | hydroxyurea.....              | 20         |
| guaifenesin-codeine.....      | 58 | HUMIRA PEDIATRIC             |    | hydroxyzine hcl.....          | 25         |
| guanfacine hcl.....           | 27 | CROHNS START.....            | 49 | hydroxyzine pamoate.....      | 25         |
| guanfacine hcl er.....        | 29 | HUMIRA PEN.....              | 49 | hyoscyamine sulfate.....      | 42         |
| GVOKE HYPOPEN 1-              |    | HUMIRA PEN-CD/UC/HS          |    | hyoscyamine sulfate er.....   | 42         |
| PACK.....                     | 38 | STARTER.....                 | 49 | hyoscyamine sulfate sl.....   | 42         |
| GVOKE HYPOPEN 2-              |    | HUMIRA PEN-PEDIATRIC         |    | hyosyne.....                  | 42         |
| PACK.....                     | 38 | UC START.....                | 49 | ibandronate sodium.....       | 52         |
| GVOKE KIT.....                | 38 | HUMIRA PEN-                  |    | IBRANCE.....                  | 20         |
| GVOKE PFS.....                | 38 | PS/UV/ADOL HS START...       | 49 | ibuprofen.....                | 13         |
| habitrol.....                 | 14 | HUMIRA PEN-                  |    | icatibant acetate.....        | 49         |
| HADLIMA.....                  | 49 | PSOR/UEVIT STARTER....       | 49 | iclevia.....                  | 45         |
| HADLIMA PUSHTOUCH....         | 49 | HUMULIN 70/30                |    | ICLUSIG.....                  | 20         |
| HAEGARDA.....                 | 49 | KWIKPEN.....                 | 38 | icosapent ethyl.....          | 27         |
| hailey 1.5/30.....            | 45 | HUMULIN 70/30 VIAL.....      | 38 | IDHIFA.....                   | 20         |
| hailey 24 fe.....             | 45 | HUMULIN N KWIKPEN.....       | 38 | imatinib mesylate.....        | 20         |
| hailey fe 1.5/30.....         | 45 | HUMULIN N VIAL.....          | 38 | IMBRUVICA.....                | 20         |
| hailey fe 1/20.....           | 45 | HUMULIN R U-500              |    | imipramine hcl.....           | 17         |
| halobetasol propionate.....   | 31 | KWIKPEN.....                 | 38 | imiquimod.....                | 32         |
| haloette.....                 | 45 | HUMULIN R U-500 VIAL....     | 38 | IMOVAX RABIES.....            | 50         |
| haloperidol.....              | 23 | HUMULIN R VIAL.....          | 38 | IMPAVIDO.....                 | 22         |
| haloperidol lactate.....      | 23 | HW EMBRACE PRO               |    | incassia.....                 | 46         |
| HARVONI.....                  | 24 | GLUCOSE METER.....           | 36 | INCONTROL ULTICARE            |            |
| HAVRIX.....                   | 50 | HW EMBRACE PRO               |    | PEN NEEDLES.....              | 54         |
| heather.....                  | 45 | GLUCOSE TEST.....            | 36 | INCRUSE ELLIPTA.....          | 59         |
|                               |    |                              |    | indapamide.....               | 27         |

|                                 |    |                               |    |                                |        |
|---------------------------------|----|-------------------------------|----|--------------------------------|--------|
| INDOCIN.....                    | 13 | isradipine.....               | 27 | K-PHOS NO 2.....               | 40     |
| indomethacin.....               | 13 | itraconazole.....             | 18 | k-prime.....                   | 40     |
| indomethacin er.....            | 13 | ivermectin.....               | 22 | KRAZATI.....                   | 20     |
| INFANRIX.....                   | 50 | jaimiess.....                 | 46 | KROGER HEALTHPRO               |        |
| INFINITY BLOOD                  |    | JAKAFI.....                   | 20 | GLUCOSE TEST.....              | 36     |
| GLUCOSE TEST.....               | 36 | jantoven.....                 | 16 | kurvelo.....                   | 46     |
| INLYTA.....                     | 20 | JANUMET.....                  | 33 | K-Y ME & YOU EXTRA             |        |
| INPEN 100-BLUE-LILLY-           |    | JANUMET XR.....               | 33 | LUBRICATED.....                | 54     |
| HUMALOG.....                    | 36 | JANUVIA.....                  | 33 | K-Y ME & YOU INTENSE... 54     |        |
| INPEN 100-BLUE-                 |    | JARDIANCE.....                | 33 | KYLEENA.....                   | 46     |
| NOVOLOG-FIASP.....              | 36 | jasmiel.....                  | 46 | labetalol hcl.....             | 27     |
| INPEN 100-GREY-LILLY-           |    | jencycla.....                 | 46 | lacosamide.....                | 16     |
| HUMALOG.....                    | 36 | JENTADUETO.....               | 33 | LACRISERT.....                 | 57     |
| INPEN 100-GREY-                 |    | JENTADUETO XR.....            | 33 | lactulose.....                 | 42     |
| NOVOLOG-FIASP.....              | 36 | jinteli.....                  | 46 | lactulose encephalopathy... 42 |        |
| INPEN 100-PINK-LILLY-           |    | jolessa.....                  | 46 | LAGEVRIO.....                  | 24     |
| HUMALOG.....                    | 36 | joyeaux.....                  | 46 | lamivudine.....                | 24     |
| INPEN 100-PINK-                 |    | J-TIP KIT W/VIAL              |    | lamivudine-zidovudine..... 24  |        |
| NOVOLOG-FIASP.....              | 36 | ADAPTERS.....                 | 54 | lamotrigine.....               | 16     |
| INQOVI.....                     | 20 | juleber.....                  | 46 | lamotrigine er.....            | 16     |
| INREBIC.....                    | 20 | JULUCA.....                   | 24 | LANCETS.....                   | 36, 37 |
| INSPIREASE                      |    | junel 1.5/30.....             | 46 | LANOXIN.....                   | 27     |
| RESERVOIR BAGS.....             | 54 | junel 1/20.....               | 46 | lansoprazole.....              | 41     |
| INSULIN PEN NEEDLES... 54       |    | junel fe 1.5/30.....          | 46 | LANTUS SOLOSTAR.....           | 39     |
| INSULIN SYRINGES.....           | 39 | junel fe 1/20.....            | 46 | LANTUS U-100 VIAL.....         | 39     |
| INTEGRA F.....                  | 40 | junel fe 24.....              | 46 | lapatinib ditosylate.....      | 20     |
| INTEGRA PLUS.....               | 40 | JUST RIGHT 5000.....          | 30 | larin 1.5/30.....              | 46     |
| INTELENCE.....                  | 24 | JUXTAPID.....                 | 27 | larin 1/20.....                | 46     |
| INTRAROSA.....                  | 42 | JYNARQUE.....                 | 40 | larin 24 fe.....               | 46     |
| INTRON A.....                   | 24 | kaitlib fe.....               | 46 | larin fe 1.5/30.....           | 46     |
| introvale.....                  | 46 | kalliga.....                  | 46 | larin fe 1/20.....             | 46     |
| INVOKAMET.....                  | 33 | KALYDECO.....                 | 60 | larissia.....                  | 46     |
| INVOKAMET XR.....               | 33 | kariva.....                   | 46 | latanoprost.....               | 57     |
| INVOKANA.....                   | 33 | kelnor 1/35.....              | 46 | LATUDA.....                    | 23     |
| iodine strong.....              | 40 | kelnor 1/50.....              | 46 | layolis fe.....                | 46     |
| IOPIDINE.....                   | 57 | KESIMPTA.....                 | 29 | leena.....                     | 46     |
| IPOL.....                       | 51 | ketoconazole.....             | 18 | leflunomide.....               | 49     |
| ipratropium bromide..... 58, 59 |    | KETO-DIASTIX.....             | 36 | lenalidomide.....              | 20     |
| ipratropium-albuterol..... 59   |    | KETONE TEST.....              | 36 | LENVIMA.....                   | 20     |
| irbesartan.....                 | 27 | ketorolac tromethamine 13, 56 |    | lessina.....                   | 46     |
| irbesartan-                     |    | KETOSTIX.....                 | 36 | letrozole.....                 | 20     |
| hydrochlorothiazide..... 27     |    | KINERET.....                  | 49 | leucovorin calcium.....        | 20     |
| IRESSA.....                     | 20 | KINRIX.....                   | 51 | LEUKERAN.....                  | 20     |
| IRON FOLATE PLUS.....           | 40 | KISQALI.....                  | 20 | levalbuterol hcl.....          | 59     |
| ISENTRESS.....                  | 24 | klor-con.....                 | 40 | LEVALBUTEROL HFA..... 59       |        |
| ISENTRESS HD.....               | 24 | klor-con 10.....              | 40 | LEVEMIR FLEXPEN.....           | 39     |
| isibloom.....                   | 46 | klor-con m10.....             | 40 | LEVEMIR U-100                  |        |
| isoniazid.....                  | 19 | klor-con m15.....             | 40 | FLEXTOUCH.....                 | 39     |
| ISOPTO ATROPINE.....            | 57 | klor-con m20.....             | 40 | LEVEMIR U-100 VIAL..... 39     |        |
| isosorbide dinitrate..... 27    |    | klor-con/ef.....              | 40 | levetiracetam.....             | 16     |
| isosorbide mononitrate..... 27  |    | KOSELUGO.....                 | 20 | levetiracetam er.....          | 16     |
| isosorbide mononitrate er... 27 |    | kourzeq.....                  | 30 | levobunolol hcl.....           | 57     |
| isotretinoin.....               | 32 | K-PHOS.....                   | 40 | levocarnitine.....             | 40     |

|                              |        |                            |    |                              |        |
|------------------------------|--------|----------------------------|----|------------------------------|--------|
| levocarnitine sf.....        | 40     | LOTEMAX.....               | 56 | metaxalone.....              | 60     |
| levofloxacin.....            | 15, 56 | loteprednol etabonate..... | 56 | metformin hcl er.....        | 33     |
| levonest.....                | 46     | lovastatin.....            | 27 | metformin hcl ir.....        | 33     |
| levonorgest-eth est & eth    |        | low-ogestrel.....          | 46 | methadone hcl.....           | 12     |
| est.....                     | 46     | loxapine succinate.....    | 23 | methadone hcl intensol.....  | 12     |
| levonorgest-eth estrad 91-   |        | lo-zumandimine.....        | 46 | methadose.....               | 12     |
| day.....                     | 46     | lubiprostone.....          | 42 | methamphetamine hcl.....     | 29     |
| levonorgest-eth estradiol-   |        | LUMAKRAS.....              | 20 | methazolamide.....           | 57     |
| iron.....                    | 46     | LUMIGAN.....               | 57 | methenamine hippurate.....   | 15     |
| levonorgestrel.....          | 46     | lurasidone hcl.....        | 23 | methergine.....              | 54     |
| levonorgestrel-ethinyl       |        | lutera.....                | 46 | methimazole.....             | 48     |
| estrad.....                  | 46     | lyleq.....                 | 46 | methocarbamol.....           | 60     |
| levonorg-eth estrad          |        | lyllana.....               | 46 | methotrexate sodium.....     | 49     |
| triphasic.....               | 46     | LYNPARZA.....              | 20 | methotrexate sodium (pf).... | 49     |
| levora 0.15/30 (28).....     | 46     | LYSODREN.....              | 20 | methoxsalen rapid.....       | 32     |
| levo-t.....                  | 48     | LYTGOBI (12 MG DAILY       |    | methsuximide.....            | 16     |
| LEVOTHYROXINE                |        | DOSE).....                 | 20 | methyl dopa.....             | 27     |
| SODIUM.....                  | 48     | LYTGOBI (16 MG DAILY       |    | methylergonovine maleate..   | 54     |
| levothyroxine sodium.....    | 48     | DOSE).....                 | 20 | methylphenidate.....         | 29     |
| levoxyl.....                 | 48     | LYTGOBI (20 MG DAILY       |    | methylphenidate hcl.....     | 29     |
| LEXIVA.....                  | 24     | DOSE).....                 | 21 | methylphenidate hcl er.....  | 29     |
| lidocaine.....               | 13     | lyza.....                  | 46 | methylphenidate hcl er (cd)  | 29     |
| lidocaine hcl.....           | 13     | magnesium citrate.....     | 42 | methylphenidate hcl er (la)  | 29     |
| lidocaine hcl                |        | malathion.....             | 22 | methylphenidate hcl er       |        |
| urethral/mucosal.....        | 13     | maraviroc.....             | 24 | (osm).....                   | 29     |
| lidocaine viscous hcl.....   | 30     | marlissa.....              | 46 | methylprednisolone.....      | 43     |
| lidocaine-prilocaine.....    | 13     | MASONATAL.....             | 40 | metoclopramide hcl.....      | 18     |
| LILETTA (52 MG).....         | 46     | MATULANE.....              | 21 | metolazone.....              | 27     |
| lillow.....                  | 46     | matzim la.....             | 27 | metoprolol succinate er..... | 27     |
| linezolid.....               | 15     | MAVENCLAD.....             | 29 | metoprolol tartrate.....     | 27     |
| LINZESS.....                 | 42     | MAVYRET.....               | 24 | metoprolol-                  |        |
| liothyronine sodium.....     | 48     | MAXIDEX.....               | 56 | hydrochlorothiazide.....     | 27     |
| LIPISTART.....               | 54     | maxi-tuss ac.....          | 58 | metronidazole.....           | 15, 32 |
| lisdexamfetamine             |        | MEDROL.....                | 43 | mexiletine hcl.....          | 27     |
| dimesylate.....              | 29     | medroxyprogesterone        |    | mibelas 24 fe.....           | 46     |
| lisinopril.....              | 27     | acetate.....               | 46 | MICROCHAMBER.....            | 54     |
| lisinopril-                  |        | mefloquine hcl.....        | 22 | MICRODOT TEST.....           | 36     |
| hydrochlorothiazide.....     | 27     | megestrol acetate.....     | 46 | microgestin 1.5/30.....      | 46     |
| lithium.....                 | 25     | MEKINIST.....              | 21 | microgestin 1/20.....        | 46     |
| lithium carbonate.....       | 25     | MEKTOVI.....               | 21 | microgestin 24 fe.....       | 46     |
| lithium carbonate er.....    | 25     | meloxicam.....             | 13 | microgestin fe 1.5/30.....   | 46     |
| LITHOSTAT.....               | 42     | melphalan.....             | 21 | microgestin fe 1/20.....     | 46     |
| LO LOESTRIN FE.....          | 46     | memantine hcl.....         | 17 | MICROLET NEXT                |        |
| lojaimiess.....              | 46     | memantine hcl er.....      | 17 | LANCING DEVICE.....          | 36     |
| LONSURF.....                 | 20     | MENACTRA.....              | 51 | midodrine hcl.....           | 27     |
| lopinavir-ritonavir.....     | 24     | MENEST.....                | 46 | miglitol.....                | 33     |
| lorazepam.....               | 25     | MENQUADFI.....             | 51 | mili.....                    | 47     |
| lorazepam intensol.....      | 25     | MENVEO.....                | 51 | mimvey.....                  | 47     |
| LORBRENA.....                | 20     | mercaptopurine.....        | 21 | minocycline hcl.....         | 15     |
| LORTAB.....                  | 12     | merzee.....                | 46 | minoxidil.....               | 27     |
| loryna.....                  | 46     | mesalamine.....            | 51 | MIRENA (52 MG).....          | 47     |
| losartan potassium.....      | 27     | mesalamine er.....         | 51 | mirtazapine.....             | 17     |
| losartan potassium-hctz..... | 27     | mesalamine-cleanser.....   | 51 | misoprostol.....             | 41     |

|                               |        |                               |        |                                |    |
|-------------------------------|--------|-------------------------------|--------|--------------------------------|----|
| mm aspirin.....               | 13     | nateglinide.....              | 33     | NITRO-DUR.....                 | 27 |
| mm clearlax.....              | 42     | NAYZILAM.....                 | 16     | nitrofurantoin macrocrystal.   | 15 |
| M-M-R II.....                 | 51     | nebivolol hcl.....            | 27     | nitrofurantoin monohydrate     |    |
| modafinil.....                | 61     | necon 0.5/35 (28).....        | 47     | macrocrystals.....             | 15 |
| MODERNA COVID-19              |        | nefazodone hcl.....           | 17     | nitroglycerin.....             | 27 |
| VAC 6M-11Y.....               | 51     | NEOCATE JUNIOR.....           | 54     | nitro-time.....                | 28 |
| moexipril hcl.....            | 27     | NEOCATE SPLASH.....           | 54     | NIVA THYROID.....              | 48 |
| mometasone furoate.....       | 32     | neomycin sulfate.....         | 15     | nora-be.....                   | 47 |
| mondoxyne nl.....             | 15     | neomycin-bacitracin zn-       |        | NORDIPEN 5 INJECTION           |    |
| MONOJECT                      |        | polymyx.....                  | 58     | DEVICE.....                    | 54 |
| HYPODERMIC NEEDLE....         | 54     | neomycin-polymyxin-           |        | NORDITROPIN FLEXPRO.           | 44 |
| mono-lynyah.....              | 47     | dexameth.....                 | 56     | norethin ace-eth estrad-fe...  | 47 |
| montelukast sodium.....       | 59     | neomycin-polymyxin-           |        | norethindrone.....             | 47 |
| morphine sulfate.....         | 12     | gramicidin.....               | 58     | norethindrone acetate.....     | 47 |
| morphine sulfate              |        | neomycin-polymyxin-hc         | 56, 58 | norethindrone acet-ethinyl     |    |
| (concentrate).....            | 12     | NEONATAL PRENATAL....         | 40     | est.....                       | 47 |
| morphine sulfate er.....      | 12     | NEOPHE.....                   | 54     | norethindrone-eth estradiol.   | 47 |
| MOVANTIK.....                 | 42     | neo-polycin.....              | 58     | norethindron-ethinyl           |    |
| moxifloxacin hcl.....         | 15, 56 | neo-polycin hc.....           | 58     | estrad-fe.....                 | 47 |
| MULTAQ.....                   | 27     | NEORAL.....                   | 49     | norethin-eth estradiol-fe..... | 47 |
| multivitamin w/fluoride.....  | 40     | NERLYNX.....                  | 21     | norgestimate-eth estradiol..   | 47 |
| multivitamin/fluoride.....    | 40     | neuac.....                    | 32     | norgestimate-ethinyl           |    |
| MULTIVITAMIN/FLUORID          |        | NEULASTA.....                 | 25     | estradiol triphasic.....       | 47 |
| E.....                        | 40     | NEULASTA ONPRO.....           | 25     | norlyda.....                   | 47 |
| MULTI-VIT-FLOR.....           | 40     | NEUPOGEN.....                 | 25     | norlyroc.....                  | 47 |
| mupirocin.....                | 15     | nevirapine.....               | 24     | NORM-JECT LUER SLIP            |    |
| my choice.....                | 47     | nevirapine er.....            | 24     | SYRINGE.....                   | 54 |
| my way.....                   | 47     | new day.....                  | 47     | NORPACE CR.....                | 28 |
| MYALEPT.....                  | 42     | NEXAVAR.....                  | 21     | nortrel 0.5/35 (28).....       | 47 |
| mycophenolate mofetil.....    | 49     | NEXIUM.....                   | 41     | nortrel 1/35 (21).....         | 47 |
| mycophenolate sodium.....     | 49     | NEXPLANON.....                | 47     | nortrel 1/35 (28).....         | 47 |
| MYFORTIC.....                 | 49     | niacin er                     |        | nortrel 7/7/7.....             | 47 |
| MYLERAN.....                  | 21     | (antihyperlipidemic).....     | 27     | nortriptyline hcl.....         | 17 |
| myorisan.....                 | 32     | NICORETTE.....                | 14     | NORVIR.....                    | 24 |
| MYRBETRIQ.....                | 42     | nicotine.....                 | 14     | NOVAVAX COVID-19               |    |
| na sulfate-k sulfate-mg sulf. | 42     | nicotine mini.....            | 14     | VACCINE.....                   | 51 |
| nabumetone.....               | 13     | nicotine polacrilex.....      | 14     | NOVOFINE AUTOCOVER             |    |
| nadolol.....                  | 27     | nicotine polacrilex mini..... | 14     | PEN NEEDLE.....                | 54 |
| nafrinse.....                 | 40     | nicotine step 1.....          | 14     | NOVOFINE PEN NEEDLE.           | 54 |
| nafrinse drops.....           | 40     | nicotine step 2.....          | 14     | NOVOFINE PLUS PEN              |    |
| naftifine hcl.....            | 18     | nicotine step 3.....          | 14     | NEEDLE.....                    | 54 |
| NAFTIN.....                   | 18     | NICOTROL.....                 | 14     | NOVOLIN 70/30 FLEXPEN          | 39 |
| naloxone hcl.....             | 14     | NICOTROL NS.....              | 14     | NOVOLIN 70/30 FLEXPEN          |    |
| naltrexone hcl.....           | 14     | nifedipine.....               | 27     | RELION.....                    | 39 |
| naproxen.....                 | 13     | nifedipine er.....            | 27     | NOVOLIN 70/30 RELION...        | 39 |
| naproxen dr.....              | 13     | nifedipine er osmotic         |        | NOVOLIN 70/30 VIAL.....        | 39 |
| naproxen sodium.....          | 13     | release.....                  | 27     | NOVOLIN N FLEXPEN.....         | 39 |
| naratriptan hcl.....          | 19     | nikki.....                    | 47     | NOVOLIN N FLEXPEN              |    |
| NARCAN.....                   | 14     | nilutamide.....               | 21     | RELION.....                    | 39 |
| nasal allergy 24 hour.....    | 58     | nimodipine.....               | 27     | NOVOLIN N RELION.....          | 39 |
| NASCOBAL.....                 | 40     | NINLARO.....                  | 21     | NOVOLIN N VIAL.....            | 39 |
| NATACYN.....                  | 56     | nitisinone.....               | 42     | NOVOLIN R FLEXPEN.....         | 39 |
| NATAZIA.....                  | 47     | NITRO-BID.....                | 27     |                                |    |



|                             |        |                        |    |                              |        |
|-----------------------------|--------|------------------------|----|------------------------------|--------|
| NOVOLIN R FLEXPEN           |        | OMNIPOD 5 G6 INTRO     |    | ONUREG.....                  | 21     |
| RELION.....                 | 39     | (GEN 5).....           | 54 | opcicon one-step.....        | 47     |
| NOVOLIN R RELION.....       | 39     | OMNIPOD 5 G6 POD       |    | OPSUMIT.....                 | 60     |
| NOVOLIN R VIAL.....         | 39     | (GEN 5).....           | 54 | OPTICHAMBER                  |        |
| NOVOLOG FLEXPEN.....        | 39     | OMNIPOD CLASSIC PDM    |    | DIAMOND.....                 | 54     |
| NOVOLOG MIX 70/30           |        | (GEN 3).....           | 54 | OPTICHAMBER                  |        |
| FLEXPEN.....                | 39     | OMNIPOD CLASSIC        |    | DIAMOND-LG MASK.....         | 54     |
| NOVOLOG MIX 70/30           |        | PODS (GEN 3).....      | 54 | OPTICHAMBER                  |        |
| VIAL.....                   | 39     | OMNIPOD DASH INTRO     |    | DIAMOND-MD MASK.....         | 55     |
| NOVOLOG PENFILL.....        | 39     | (GEN 4).....           | 54 | OPTICHAMBER                  |        |
| NOVOLOG U-100 VIAL.....     | 39     | OMNIPOD DASH PDM       |    | DIAMOND-SM MASK.....         | 55     |
| NOVOPEN ECHO.....           | 36     | (GEN 4).....           | 54 | option 2.....                | 47     |
| NOVOTWIST PEN               |        | OMNIPOD DASH PODS      |    | OPTIONS GYNOL II             |        |
| NEEDLE.....                 | 54     | (GEN 4).....           | 54 | CONTRACEPTIVE.....           | 55     |
| NOXAFIL.....                | 18     | OMNIPOD GO.....        | 54 | OPZELURA.....                | 32     |
| np thyroid.....             | 48     | OMNIPOD POD PALS.....  | 54 | oralone.....                 | 30     |
| NUBEQA.....                 | 21     | OMNITROPE.....         | 44 | ORENCIA.....                 | 49     |
| NUCYNTA.....                | 12     | ondansetron hcl.....   | 18 | ORENCIA CLICKJECT.....       | 49     |
| NUCYNTA ER.....             | 12     | ondansetron odt.....   | 18 | ORFADIN.....                 | 42     |
| NURTEC.....                 | 19     | ONE DROP BLOOD         |    | ORGOVYX.....                 | 21     |
| NUTROPIN AQ NUSPIN          |        | GLUCOSE MONITOR.....   | 36 | ORIAHNN.....                 | 47     |
| 10.....                     | 44     | ONE DROP TEST.....     | 36 | ORLISSA.....                 | 44     |
| NUTROPIN AQ NUSPIN          |        | ONE VITE WOMENS.....   | 40 | ORKAMBI.....                 | 60     |
| 20.....                     | 44     | ONE-A-DAY WOMENS       |    | orphenadrine citrate er..... | 60     |
| NUTROPIN AQ NUSPIN 5.....   | 44     | PRENATAL 1.....        | 40 | orsythia.....                | 47     |
| nyamyc.....                 | 18     | ONETOUCH DELICA        |    | oseltamivir phosphate.....   | 24     |
| nylia 1/35.....             | 47     | LANCETS 30G.....       | 36 | OSPHERA.....                 | 44     |
| nylia 7/7/7.....            | 47     | ONETOUCH DELICA        |    | OTEZLA.....                  | 49     |
| NYMALIZE.....               | 28     | LANCETS 33G.....       | 37 | OTOVEL.....                  | 58     |
| nymyo.....                  | 47     | ONETOUCH DELICA        |    | oxaprozin.....               | 13     |
| nystatin.....               | 18     | LANCING DEV.....       | 37 | oxazepam.....                | 25     |
| nystatin-triamcinolone..... | 18     | ONETOUCH DELICA        |    | oxcarbazepine.....           | 16     |
| nystop.....                 | 18     | PLUS LANCING.....      | 37 | OXTELLAR XR.....             | 16     |
| OCALIVA.....                | 42     | ONETOUCH DELICA        |    | oxybutynin chloride.....     | 42, 43 |
| ocella.....                 | 47     | SAFETY LANCING.....    | 37 | oxybutynin chloride er.....  | 42     |
| octreotide acetate.....     | 44     | ONETOUCH FINEPOINT     |    | oxycodone hcl.....           | 12     |
| ODEFSEY.....                | 24     | LANCETS.....           | 37 | OXYCODONE HCL ER.....        | 12     |
| ODOMZO.....                 | 21     | ONETOUCH SOLUTIONS     |    | oxycodone-acetaminophen..... | 12     |
| OFEV.....                   | 60     | STARTER KIT.....       | 37 | OZEMPIC.....                 | 33     |
| ofloxacin.....              | 56, 58 | ONETOUCH ULTRA 2 KIT   |    | paliperidone er.....         | 23     |
| olanzapine.....             | 23     | W/DEVICE.....          | 37 | PANCREAZE.....               | 42     |
| olmesartan medoxomil.....   | 28     | ONETOUCH ULTRA TEST    |    | PANDA MASK LARGE.....        | 55     |
| olmesartan medoxomil-       |        | STRIPS.....            | 37 | PANDA MASK MEDIUM.....       | 55     |
| hctz.....                   | 28     | ONETOUCH ULTRASOFT     |    | PANDA MASK SMALL.....        | 55     |
| olmesartan-amlodipine-      |        | LANCETS.....           | 37 | pantoprazole sodium.....     | 41     |
| hctz.....                   | 28     | ONETOUCH VERIO FLEX    |    | PARAGARD                     |        |
| olopatadine hcl.....        | 57     | SYSTEM.....            | 37 | INTRAUTERINE COPPER.....     | 47     |
| OLUMIANT.....               | 49     | ONETOUCH VERIO IQ      |    | PARI VORTEX ADULT            |        |
| omega-3-acid ethyl esters.. | 28     | SYSTEM.....            | 37 | MASK.....                    | 55     |
| omeprazole.....             | 41     | ONETOUCH VERIO KIT     |    | paricalcitol.....            | 52     |
| OMEPRAZOLE+SYRSPE           |        | W/DEVICE.....          | 37 | paroxetine hcl.....          | 17     |
| ND SF ALKA.....             | 41     | ONETOUCH VERIO         |    | paroxetine hcl er.....       | 17     |
|                             |        | REFLECT KIT W/DEVICE.. | 37 | PAXLOVID (150/100).....      | 24     |

|                              |    |                              |        |                               |        |
|------------------------------|----|------------------------------|--------|-------------------------------|--------|
| PAXLOVID (300/100).....      | 24 | PHOSPHO-TRIN K500.....       | 40     | pot & sod cit-cit ac.....     | 40     |
| PEDIARIX.....                | 51 | phytonadione.....            | 40     | potassium chloride.....       | 40     |
| PEDIATRIC PANDA              |    | PIFELTRO.....                | 24     | potassium chloride crys er..  | 40     |
| MASK.....                    | 55 | pilocarpine hcl.....         | 30, 57 | potassium chloride er.....    | 40     |
| PEDVAX HIB.....              | 51 | pimecrolimus.....            | 32     | potassium citrate er.....     | 40     |
| peg 3350-kcl-na bicarb-      |    | pimozide.....                | 23     | potassium citrate-citric acid | 40     |
| nacl.....                    | 42 | pimtrea.....                 | 47     | PRALUENT.....                 | 28     |
| peg-3350/electrolytes.....   | 42 | pindolol.....                | 28     | pramipexole                   |        |
| peg-                         |    | pioglitazone hcl.....        | 33     | dihydrochloride.....          | 22     |
| 3350/electrolytes/ascorbat.. | 42 | pioglitazone hcl-glimepiride | 33     | prasugrel hcl.....            | 23     |
| PEGASYS.....                 | 24 | pioglitazone hcl-metformin   |        | pravastatin sodium.....       | 28     |
| peg-kcl-nacl-nasulf-na asc-  |    | hcl.....                     | 33     | praziquantel.....             | 22     |
| c.....                       | 42 | PIP BLOOD GLUCOSE            |        | prazosin hcl.....             | 28     |
| PEMAZYRE.....                | 21 | MONITORING.....              | 37     | PRECISION XTRA                |        |
| penicillamine.....           | 43 | PIP BLOOD GLUCOSE            |        | BLOOD GLUCOSE.....            | 37     |
| penicillin v potassium.....  | 15 | TEST STRIP.....              | 37     | PRED-G.....                   | 58     |
| PENTACEL.....                | 51 | PIP GLUCOSE CONTROL          |        | PRED-G S.O.P.....             | 58     |
| pentamidine isethionate..... | 22 | SOLUTION.....                | 37     | prednicarbate.....            | 32     |
| PENTASA.....                 | 52 | PIP PEN NEEDLES 31G X        |        | prednisolone.....             | 43     |
| pentazocine-naloxone hcl...  | 12 | 5MM.....                     | 55     | prednisolone acetate.....     | 57     |
| pentoxifylline er.....       | 28 | PIP PEN NEEDLES 32G X        |        | prednisolone sodium           |        |
| perindopril erbumine.....    | 28 | 4MM.....                     | 55     | phosphate.....                | 43, 57 |
| perio gard.....              | 30 | PIQRAY.....                  | 21     | prednisone.....               | 43     |
| permethrin.....              | 22 | pirfenidone.....             | 60     | prednisone intensol.....      | 43     |
| perphenazine.....            | 18 | pirmella 1/35.....           | 47     | pregabalin.....               | 29     |
| PFIZER COVID-19 VAC-         |    | pirmella 7/7/7.....          | 47     | PREHEVBRIO.....               | 51     |
| TRIS 5-11Y.....              | 51 | piroxicam.....               | 13     | PREKUNIL.....                 | 55     |
| PFIZER COVID-19 VAC-         |    | PKU EASY.....                | 55     | PREMARIN.....                 | 47     |
| TRIS 6M-4Y.....              | 51 | PKU EASY MICROTABS...        | 55     | PREMIUM CONDOMS               |        |
| phenazo.....                 | 43 | PKU EASY SHAKE & GO...       | 55     | LUBRICATED.....               | 55     |
| phenazopyridine hcl.....     | 43 | PKU EXPRESS 15 PLUS+ .       | 55     | PREMPHASE.....                | 47     |
| phenelzine sulfate.....      | 17 | PKU EXPRESS 20 PLUS+ .       | 55     | PREMPRO.....                  | 47     |
| PHENEX-1.....                | 55 | PKU GO.....                  | 55     | prenatal.....                 | 40     |
| PHENEX-2.....                | 55 | PKU SPHERE 20.....           | 55     | prenatal multi +dha.....      | 40     |
| phenobarbital.....           | 16 | PKU START.....               | 55     | prenatal plus                 |        |
| phenoxybenzamine hcl.....    | 28 | PLEGRIDY.....                | 29     | vitamin/mineral.....          | 40     |
| PHENYLADE DRINK MIX..        | 55 | PLEGRIDY STARTER             |        | prenatal vitamin plus low     |        |
| PHENYLADE GMP MIX            |    | PACK.....                    | 29     | iron.....                     | 40     |
| DHA/FIBER.....               | 55 | PNEUMOVAX 23.....            | 51     | prenatal/folic acid+dha.....  | 40     |
| PHENYLADE GMP                |    | pnv prenatal plus            |        | preplus.....                  | 40     |
| READY.....                   | 55 | multivit+dha.....            | 40     | prevalite.....                | 28     |
| PHENYLADE GMP                |    | POCKET SPACER.....           | 55     | PREVIDENT.....                | 30     |
| ULTRA.....                   | 55 | PODOCON-25.....              | 32     | PREVIDENT 5000                |        |
| phenylephrine hcl.....       | 58 | podofilox.....               | 32     | BOOSTER PLUS.....             | 30     |
| phenytek.....                | 16 | POGO AUTOMATIC               |        | PREVIDENT 5000 DRY            |        |
| phenytoin.....               | 16 | BLOOD GLUCOSE.....           | 37     | MOUTH.....                    | 30     |
| phenytoin infatabs.....      | 16 | polycin.....                 | 58     | PREVIDENT 5000                |        |
| phenytoin sodium             |    | polyethylene glycol 3350.... | 42     | ENAMEL PROTECT.....           | 30     |
| extended.....                | 16 | polymyxin b-trimethoprim.... | 58     | PREVIDENT 5000 ORTHO          |        |
| phillith.....                | 47 | POLY-VI-FLOR.....            | 40     | DEFENSE.....                  | 30     |
| PHOSPHOLINE IODIDE....       | 57 | POMALYST.....                | 21     | PREVIDENT 5000 PLUS....       | 30     |
| phosphorous.....             | 40 | portia-28.....               | 47     | PREVIDENT 5000                |        |
| phospho-trin 250 neutral.... | 40 | posaconazole.....            | 18     | SENSITIVE.....                | 30     |

|                              |    |                             |    |                            |    |
|------------------------------|----|-----------------------------|----|----------------------------|----|
| previfem.....                | 47 | pseudoephedrine-            |    | REPATHA PUSHTRONEX         |    |
| PREVNAR 13.....              | 51 | bromphen-dm.....            | 59 | SYSTEM.....                | 28 |
| PREVNAR 20.....              | 51 | PTS PANELS EGLU TEST .      | 37 | REPATHA SURECLICK.....     | 28 |
| PREZCOBIX.....               | 24 | PULMICORT FLEXHALER.        | 60 | RESTASIS.....              | 58 |
| PREZISTA.....                | 24 | PULMOZYME.....              | 60 | RESTASIS MULTIDOSE....     | 58 |
| primaquine phosphate.....    | 22 | PURAMINO DHA/ARA.....       | 55 | RETEVMO.....               | 21 |
| primidone.....               | 16 | PURE COMFORT                |    | REVLIMID.....              | 21 |
| PRIORIX.....                 | 51 | SAFETY PEN NEEDLE.....      | 55 | REYATAZ.....               | 24 |
| PRO COMFORT SPACER           |    | PURE COMFORT                |    | REZLIDHIA.....             | 21 |
| ADULT.....                   | 55 | SPACER CHAMBER.....         | 55 | RHOPRESSA.....             | 57 |
| PRO COMFORT SPACER           |    | PURIXAN.....                | 21 | ribavirin.....             | 24 |
| CHILD.....                   | 55 | pyrazinamide.....           | 19 | RIDAURA.....               | 49 |
| PRO COMFORT SPACER           |    | pyridostigmine bromide..... | 19 | rifabutin.....             | 19 |
| INFANT.....                  | 55 | pyridostigmine bromide er.. | 19 | rifampin.....              | 19 |
| PROAIR RESPICLICK.....       | 60 | pyrimethamine.....          | 22 | RIGHTEST GT333             |    |
| probenecid.....              | 19 | QBRELIS.....                | 28 | BLOOD GLUCOSE.....         | 37 |
| PROCARE                      |    | qc magnesium citrate.....   | 42 | RIGHTEST GT333             |    |
| SPACER/ADULT MASK.....       | 55 | QINLOCK.....                | 21 | GLUCOSE TEST.....          | 37 |
| PROCARE                      |    | QUADRACEL.....              | 51 | riluzole.....              | 29 |
| SPACER/CHILD MASK.....       | 55 | quetiapine fumarate.....    | 23 | rimantadine hcl.....       | 24 |
| prochlorperazine.....        | 18 | quetiapine fumarate er..... | 23 | RINVOQ.....                | 49 |
| prochlorperazine edisylate.. | 18 | QUFLORA PEDIATRIC.....      | 41 | risedronate sodium.....    | 52 |
| prochlorperazine maleate...  | 18 | QUILLICHEW ER.....          | 29 | risperidone.....           | 23 |
| PROCTOFOAM HC.....           | 52 | QUILLIVANT XR.....          | 29 | ritonavir.....             | 24 |
| procto-med hc.....           | 52 | quinapril hcl.....          | 28 | rivastigmine.....          | 17 |
| proctosol hc.....            | 52 | quinapril-                  |    | rivastigmine tartrate..... | 17 |
| proctozone-hc.....           | 52 | hydrochlorothiazide.....    | 28 | rivelsa.....               | 47 |
| PROCYSBI.....                | 42 | quinidine gluconate er..... | 28 | rizatriptan benzoate.....  | 19 |
| PRODIGY NO CODING            |    | quinidine sulfate.....      | 28 | ROCKLATAN.....             | 57 |
| BLOOD GLUC.....              | 37 | quinine sulfate.....        | 22 | roflumilast.....           | 60 |
| PROFERRIN-FORTE.....         | 40 | QULIPTA.....                | 19 | ropinirole hcl.....        | 22 |
| progesterone.....            | 47 | QVAR REDIHALER.....         | 60 | ropinirole hcl er.....     | 23 |
| PROGRAF.....                 | 49 | rabeprazole sodium.....     | 41 | rosadan.....               | 32 |
| PROLENSA.....                | 57 | raloxifene hcl.....         | 44 | rosuvastatin calcium.....  | 28 |
| PROMACTA.....                | 25 | ramelteon.....              | 61 | ROTARIX.....               | 51 |
| promethazine hcl.....        | 18 | ramipril.....               | 28 | ROTATEQ.....               | 51 |
| promethazine vc.....         | 58 | ranolazine er.....          | 28 | roweepra.....              | 16 |
| promethazine vc/codeine....  | 58 | RAPAMUNE.....               | 49 | ROZLYTREK.....             | 21 |
| promethazine-codeine.....    | 59 | rasagiline mesylate.....    | 22 | RUBRACA.....               | 21 |
| promethazine-dm.....         | 59 | RAVICTI.....                | 42 | rufinamide.....            | 16 |
| promethazine-phenyleph-      |    | RAYA SURE PEN               |    | RUKOBIA.....               | 24 |
| codeine.....                 | 59 | NEEDLE.....                 | 55 | RYBELSUS.....              | 33 |
| promethazine-                |    | react.....                  | 47 | RYDAPT.....                | 21 |
| phenylephrine.....           | 59 | reclipsen.....              | 47 | SAFETY PEN NEEDLES....     | 55 |
| promethegan.....             | 18 | RECOMBIVAX HB.....          | 51 | sajazir.....               | 49 |
| propafenone hcl.....         | 28 | REGRANEX.....               | 32 | salsalate.....             | 13 |
| propafenone hcl er.....      | 28 | RELION PREMIER              |    | SANDIMMUNE.....            | 49 |
| proparacaine hcl.....        | 58 | CLASSIC.....                | 37 | SANDOSTATIN.....           | 44 |
| propranolol hcl.....         | 28 | RELION PREMIER TEST...      | 37 | SANTYL.....                | 32 |
| propranolol hcl er.....      | 28 | RELISTOR.....               | 42 | SAVELLA.....               | 29 |
| propylthiouracil.....        | 48 | RENASTART.....              | 55 | SAVELLA TITRATION          |    |
| PROQUAD.....                 | 51 | repaglinide.....            | 33 | PACK.....                  | 29 |
| protriptyline hcl.....       | 17 | REPATHA.....                | 28 | SCSEMBLIX.....             | 21 |

|                              |        |                              |        |                             |        |
|------------------------------|--------|------------------------------|--------|-----------------------------|--------|
| scopolamine.....             | 18     | SPIRIVA HANDIHALER.....      | 60     | tacrolimus.....             | 32, 50 |
| SECURESAFE                   |        | SPIRIVA RESPIMAT.....        | 60     | tadalafil.....              | 43     |
| HYPODERMIC NEEDLE....        | 55     | spironolactone.....          | 28     | tadalafil (pah).....        | 60     |
| selegiline hcl.....          | 23     | spironolactone-hctz.....     | 28     | TAFINLAR.....               | 21     |
| selenium sulfide.....        | 32     | sprintec 28.....             | 47     | TAGRISSE.....               | 21     |
| SELZENTRY.....               | 24     | SPRYCEL.....                 | 21     | take action.....            | 47     |
| SEREVENT DISKUS.....         | 60     | sronyx.....                  | 47     | TALTZ.....                  | 50     |
| sertraline hcl.....          | 17     | ssd.....                     | 15     | TALZENNA.....               | 21     |
| setlakin.....                | 47     | SSKI.....                    | 59     | tamoxifen citrate.....      | 21     |
| sevelamer carbonate.....     | 43     | ST JOSEPH LOW DOSE...        | 13     | tamsulosin hcl.....         | 43     |
| sevelamer hcl.....           | 43     | STAMARIL.....                | 51     | tarina 24 fe.....           | 47     |
| sf.....                      | 30     | stavudine.....               | 24     | tarina fe 1/20.....         | 48     |
| sf 5000 plus.....            | 30     | STELARA.....                 | 50     | tarina fe 1/20 eq.....      | 47     |
| sharobel.....                | 47     | STIMATE.....                 | 44     | TASIGNA.....                | 21     |
| SHINGRIX.....                | 51     | STIOLTO RESPIMAT.....        | 60     | taysofy.....                | 48     |
| SIGNIFOR.....                | 44     | STIVARGA.....                | 21     | tazarotene.....             | 32     |
| sildenafil citrate.....      | 43, 60 | STRENSIQ.....                | 42     | TAZORAC.....                | 32     |
| silodosin.....               | 43     | STRIBILD.....                | 24     | taztia xt.....              | 28     |
| silver sulfadiazine.....     | 15     | SUBOXONE.....                | 14     | TAZVERIK.....               | 21     |
| SIMBRINZA.....               | 57     | subvenite.....               | 16     | TDVAX.....                  | 51     |
| simliya.....                 | 47     | sucralfate.....              | 41     | TEGRETOL.....               | 16     |
| simpesse.....                | 47     | sulfacetamide sodium...      | 32, 57 | TEGRETOL-XR.....            | 16     |
| SIMPONI.....                 | 50     | sulfacetamide sodium         |        | TEKURNA HCT.....            | 28     |
| simvastatin.....             | 28     | (acne).....                  | 32     | telmisartan.....            | 28     |
| sirolimus.....               | 50     | sulfacetamide sodium-        |        | telmisartan-hctz.....       | 28     |
| SIRTURO.....                 | 19     | sulfur.....                  | 32     | temazepam.....              | 61     |
| SKYLA.....                   | 47     | sulfadiazine.....            | 15     | temozolomide.....           | 21     |
| SKYRIZI.....                 | 50     | sulfamethoxazole-            |        | TEMPO REFILL.....           | 37     |
| SKYRIZI (150 MG DOSE)..      | 50     | trimethoprim.....            | 15     | TENIVAC.....                | 51     |
| SKYRIZI PEN.....             | 50     | sulfasalazine.....           | 52     | tenofovir disoproxil        |        |
| SLYND.....                   | 47     | sulfatrim pediatric.....     | 15     | fumarate.....               | 24     |
| sod citrate-citric acid..... | 41     | sulindac.....                | 13     | TEPMETKO.....               | 21     |
| sodium chloride.....         | 59     | sumatriptan.....             | 19     | terazosin hcl.....          | 43     |
| sodium fluoride.....         | 30, 41 | sumatriptan succinate.....   | 19     | terbinafine hcl.....        | 18     |
| sodium fluoride 5000         |        | sumatriptan succinate refill |        | terconazole.....            | 18     |
| enamel.....                  | 30     | subcutaneous solution        |        | teriflunomide.....          | 29     |
| sodium fluoride 5000 plus... | 30     | cartridge.....               | 19     | TERIPARATIDE                |        |
| sodium fluoride 5000 ppm..   | 30     | sunitinib malate.....        | 21     | (RECOMBINANT).....          | 52     |
| sodium fluoride 5000         |        | SUPREP BOWEL PREP            |        | testosterone.....           | 43     |
| sensitive.....               | 30     | KIT.....                     | 42     | testosterone cypionate..... | 43     |
| sodium phenylbutyrate.....   | 42     | syeda.....                   | 47     | testosterone enanthate..... | 43     |
| sodium polystyrene           |        | SYMBICORT.....               | 60     | TETANUS-DIPHThERIA          |        |
| sulfonate.....               | 41     | SYMJEPI.....                 | 60     | TOXOIDS TD.....             | 51     |
| sodium sulfacetamide         |        | SYMLINPEN 120.....           | 33     | tetrabenazine.....          | 29     |
| wash.....                    | 32     | SYMLINPEN 60.....            | 33     | tetracaine hcl.....         | 58     |
| solifenacin succinate.....   | 43     | SYMTUZA.....                 | 24     | tetracycline hcl.....       | 15     |
| SOMAVERT.....                | 44     | SYNJARDY.....                | 33     | TEXACORT.....               | 32     |
| sorafenib tosylate.....      | 21     | SYNJARDY XR.....             | 33     | THALOMID.....               | 21     |
| sorine.....                  | 28     | SYNRIBO.....                 | 21     | THEO-24.....                | 60     |
| sotalol hcl.....             | 28     | SYNTHROID.....               | 48     | theophylline.....           | 60     |
| sotalol hcl (af).....        | 28     | SYRINGE LUER LOCK.....       | 55     | theophylline er.....        | 60     |
| SPIKEVAX.....                | 51     | SYRINGE LUER SLIP.....       | 55     | thioridazine hcl.....       | 23     |
| spinosad.....                | 22     | TABRECTA.....                | 21     | thiothixene.....            | 23     |

|                                       |        |                                        |    |                                        |    |
|---------------------------------------|--------|----------------------------------------|----|----------------------------------------|----|
| thyroid.....                          | 48     | triazolam.....                         | 25 | TUKYSA.....                            | 21 |
| tiadylt er.....                       | 28     | tricitrates.....                       | 41 | tulana.....                            | 48 |
| tiagabine hcl.....                    | 16     | triderm.....                           | 32 | TURALIO.....                           | 21 |
| TIBSOVO.....                          | 21     | trientine hcl.....                     | 41 | TWINRIX.....                           | 51 |
| tilia fe.....                         | 48     | tri-estarylla.....                     | 48 | TYBOST.....                            | 24 |
| timolol maleate.....                  | 28, 57 | trifluoperazine hcl.....               | 23 | tydemy.....                            | 48 |
| timolol maleate (once-<br>daily)..... | 57     | trifluridine.....                      | 57 | TYMLOS.....                            | 52 |
| timolol maleate pf.....               | 57     | trihexyphenidyl hcl.....               | 23 | TYPHIM VI.....                         | 51 |
| tinidazole.....                       | 15     | TRIJARDY XR.....                       | 33 | TYVASO.....                            | 60 |
| TIROSINT.....                         | 48     | TRIKAFTA.....                          | 60 | TYVASO DPI<br>MAINTENANCE KIT.....     | 60 |
| TIVICAY.....                          | 24     | tri-legest fe.....                     | 48 | TYVASO DPI TITRATION<br>KIT.....       | 60 |
| TIVICAY PD.....                       | 24     | tri-linyah.....                        | 48 | TYVASO REFILL.....                     | 60 |
| tizanidine hcl.....                   | 60     | tri-lo-estarylla.....                  | 48 | TYVASO STARTER.....                    | 60 |
| TOBI PODHALER.....                    | 60     | tri-lo-marzia.....                     | 48 | UBRELVY.....                           | 19 |
| TOBRADEX.....                         | 57     | tri-lo-mili.....                       | 48 | ULTIGUARD SAFEPACK<br>SYR/NEEDLE.....  | 39 |
| tobramycin.....                       | 57, 60 | tri-lo-sprintec.....                   | 48 | UNISTRIP CONTROL.....                  | 38 |
| tobramycin-<br>dexamethasone.....     | 57     | trimethobenzamide hcl.....             | 18 | unithroid.....                         | 48 |
| TOBREX.....                           | 57     | trimethoprim.....                      | 15 | UPTRAVI.....                           | 60 |
| TODAY SPONGE.....                     | 55     | tri-mili.....                          | 48 | urea.....                              | 32 |
| tolcapone.....                        | 23     | trimipramine maleate.....              | 17 | ursodiol.....                          | 42 |
| TOLEREX.....                          | 55     | TRINTELLIX.....                        | 17 | valacyclovir hcl.....                  | 24 |
| tolterodine tartrate.....             | 43     | tri-nymyo.....                         | 48 | VALCHLOR.....                          | 21 |
| tolterodine tartrate er.....          | 43     | tri-previfem.....                      | 48 | valganciclovir hcl.....                | 25 |
| tolvaptan.....                        | 41     | tri-sprintec.....                      | 48 | valproic acid.....                     | 16 |
| topiramate.....                       | 16     | TRIUMEQ.....                           | 24 | valsartan.....                         | 28 |
| toremifene citrate.....               | 21     | TRIUMEQ PD.....                        | 24 | valsartan-<br>hydrochlorothiazide..... | 28 |
| torsemid.....                         | 28     | trivora (28).....                      | 48 | vancomycin hcl.....                    | 15 |
| TOUJEO MAX                            |        | tri-vylibra.....                       | 48 | VAQTA.....                             | 51 |
| SOLOSTAR.....                         | 39     | tri-vylibra lo.....                    | 48 | varenicline tartrate.....              | 14 |
| TOUJEO SOLOSTAR.....                  | 39     | tropicamide.....                       | 58 | varenicline<br>tartrate(continue)..... | 14 |
| TRACLEER.....                         | 60     | trospium chloride.....                 | 43 | VARIVAX.....                           | 51 |
| TRADJENTA.....                        | 33     | trospium chloride er.....              | 43 | VASCEPA.....                           | 28 |
| tramadol hcl (er biphasic)...         | 12     | TRUE FOCUS BLOOD<br>GLUCOSE METER..... | 37 | VAXCHORA.....                          | 51 |
| tramadol hcl er.....                  | 12     | TRUE METRIX BLOOD<br>GLUCOSE TEST..... | 37 | VAXELIS.....                           | 51 |
| tramadol hcl ir.....                  | 12     | TRUE METRIX LEVEL 1... ..              | 37 | VAXNEUVANCE.....                       | 51 |
| tramadol-acetaminophen... ..          | 12     | TRUE METRIX LEVEL 2... ..              | 38 | VCF VAGINAL<br>CONTRACEPTIVE.....      | 55 |
| trandolapril.....                     | 28     | TRUE METRIX LEVEL 3... ..              | 38 | VECAMYL.....                           | 28 |
| trandolapril-verapamil hcl<br>er..... | 28     | TRUE METRIX METER.....                 | 38 | velivet.....                           | 48 |
| tranexamic acid.....                  | 25     | TRUE METRIX PRO<br>BLOOD GLUCOSE.....  | 38 | VEMLIDY.....                           | 25 |
| tranylcyromine sulfate.....           | 17     | TRUETRACK TEST.....                    | 38 | VENCLEXTA.....                         | 22 |
| travoprost (bak free).....            | 57     | TRULICITY.....                         | 33 | VENCLEXTA STARTING<br>PACK.....        | 22 |
| trazodone hcl.....                    | 17     | TRUMENBA.....                          | 51 | venlafaxine hcl.....                   | 17 |
| TRELEGY ELLIPTA.....                  | 60     | TRUSELTIQ (100MG<br>DAILY DOSE).....   | 21 | venlafaxine hcl er.....                | 17 |
| TREMFYA.....                          | 50     | TRUSELTIQ (125MG<br>DAILY DOSE).....   | 21 | VENTAVIS.....                          | 60 |
| TRESIBA.....                          | 39     | TRUSELTIQ (50MG DAILY<br>DOSE).....    | 21 | VENTOLIN HFA.....                      | 60 |
| TRESIBA FLEXTOUCH.....                | 39     | TRUSELTIQ (75MG DAILY<br>DOSE).....    | 21 | verapamil hcl.....                     | 28 |
| tretinoin.....                        | 21, 32 |                                        |    |                                        |    |
| tri femynor.....                      | 48     |                                        |    |                                        |    |
| triamcinolone acetonide 30, 32        |        |                                        |    |                                        |    |
| triamterene-hctz.....                 | 28     |                                        |    |                                        |    |

|                                |    |                           |    |                           |    |
|--------------------------------|----|---------------------------|----|---------------------------|----|
| verapamil hcl er.....          | 28 | voriconazole.....         | 19 | XPOVIO (40 MG TWICE       |    |
| VERIFINE INSULIN PEN           |    | VORTEX VALVED             |    | WEEKLY).....              | 22 |
| NEEDLE.....                    | 55 | HOLDING CHAMBER.....      | 56 | XPOVIO (60 MG ONCE        |    |
| VERIFINE INSULIN               |    | VOTRIENT.....             | 22 | WEEKLY).....              | 22 |
| SYRINGE.....                   | 39 | VRAYLAR.....              | 23 | XPOVIO (60 MG TWICE       |    |
| VERIFINE PLUS PEN              |    | VUMERITY.....             | 29 | WEEKLY).....              | 22 |
| NEEDLE.....                    | 55 | vyfemla.....              | 48 | XPOVIO (80 MG ONCE        |    |
| VERIFINE SAFE LANCET           |    | vylibra.....              | 48 | WEEKLY).....              | 22 |
| MINI 21G.....                  | 38 | VYVANSE.....              | 29 | XPOVIO (80 MG TWICE       |    |
| VERIFINE SAFE LANCET           |    | WAKIX.....                | 61 | WEEKLY).....              | 22 |
| MINI 23G.....                  | 38 | warfarin sodium.....      | 16 | XTANDI.....               | 22 |
| VERIFINE SAFE LANCET           |    | WELIREG.....              | 22 | xulane.....               | 48 |
| MINI 28G.....                  | 38 | wera.....                 | 48 | YF-VAX.....               | 51 |
| VERIFINE SAFE LANCET           |    | wes-phos 250 neutral..... | 41 | yl folic acid.....        | 41 |
| MINI 30G.....                  | 38 | WIDE-SEAL DIAPHRAGM       |    | YONSA.....                | 22 |
| VERZENIO.....                  | 22 | 60.....                   | 56 | yuvafem.....              | 48 |
| vestura.....                   | 48 | WIDE-SEAL DIAPHRAGM       |    | zafemy.....               | 48 |
| V-GO 20.....                   | 55 | 65.....                   | 56 | zafirlukast.....          | 60 |
| V-GO 30.....                   | 55 | WIDE-SEAL DIAPHRAGM       |    | zaleplon.....             | 61 |
| V-GO 40.....                   | 55 | 70.....                   | 56 | zarah.....                | 48 |
| VIBERZI.....                   | 42 | WIDE-SEAL DIAPHRAGM       |    | ZARONTIN.....             | 17 |
| VICTOZA.....                   | 33 | 75.....                   | 56 | ZEJULA.....               | 22 |
| vienva.....                    | 48 | WIDE-SEAL DIAPHRAGM       |    | ZELBORAF.....             | 22 |
| vigabatrin.....                | 17 | 80.....                   | 56 | zenatane.....             | 33 |
| vigadrone.....                 | 17 | WIDE-SEAL DIAPHRAGM       |    | ZENPEP.....               | 42 |
| VIIIBRYD STARTER PACK.         | 17 | 85.....                   | 56 | ZEPOSIA.....              | 29 |
| vilazodone hcl.....            | 17 | WIDE-SEAL DIAPHRAGM       |    | ZEPOSIA 7-DAY             |    |
| VIMPAT.....                    | 17 | 90.....                   | 56 | STARTER PACK.....         | 29 |
| viorele.....                   | 48 | WIDE-SEAL DIAPHRAGM       |    | ZEPOSIA STARTER KIT...    | 29 |
| VIRACEPT.....                  | 25 | 95.....                   | 56 | zidovudine.....           | 25 |
| VIREAD.....                    | 25 | WILZIN.....               | 41 | ziprasidone hcl.....      | 23 |
| VIRT-FEFA PLUS.....            | 41 | wixela inhub.....         | 60 | ZIRGAN.....               | 57 |
| virt-phos 250 neutral.....     | 41 | wymzya fe.....            | 48 | ZOLINZA.....              | 22 |
| virtussin ac w/alc.....        | 59 | XALKORI.....              | 22 | zolmitriptan.....         | 19 |
| vitamin d (ergocalciferol).... | 41 | XARELTO.....              | 16 | zolpidem tartrate.....    | 61 |
| VITRAKVI.....                  | 22 | XARELTO STARTER           |    | zolpidem tartrate er..... | 61 |
| VIVAGUARD INO                  |    | PACK.....                 | 16 | zonisamide.....           | 17 |
| CONTROL SOLUTION.....          | 38 | XATMEP.....               | 50 | ZORTRESS.....             | 50 |
| VIVAGUARD INO                  |    | XELJANZ.....              | 50 | zovia 1/35 (28).....      | 48 |
| GLUCOSE METER.....             | 38 | XELJANZ XR.....           | 50 | zovia 1/35e (28).....     | 48 |
| VIVAGUARD INO SMART            |    | XERMELO.....              | 42 | zumandimine.....          | 48 |
| GLUC METER.....                | 38 | XIFAXAN.....              | 15 | ZYDELIG.....              | 22 |
| VIVAGUARD INO TEST             |    | XIGDUO XR.....            | 33 | ZYKADIA.....              | 22 |
| STRIPS.....                    | 38 | XIIDRA.....               | 58 | ZYLET.....                | 58 |
| VIVAGUARD LANCING              |    | XOFLUZA (40 MG DOSE)..    | 25 |                           |    |
| DEVICE.....                    | 38 | XOFLUZA (80 MG DOSE)..    | 25 |                           |    |
| VIVONEX PEDIATRIC.....         | 55 | XOLAIR.....               | 60 |                           |    |
| VIVONEX PEDIATRIC              |    | XOSPATA.....              | 22 |                           |    |
| RTF.....                       | 56 | XPOVIO (100 MG ONCE       |    |                           |    |
| VIVOTIF.....                   | 51 | WEEKLY).....              | 22 |                           |    |
| VIZIMPRO.....                  | 22 | XPOVIO (40 MG ONCE        |    |                           |    |
| volnea.....                    | 48 | WEEKLY).....              | 22 |                           |    |
| VONJO.....                     | 22 |                           |    |                           |    |