

Baylor Scott & White Health Plan

Group Value Formulary

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What is my prescription drug coverage?

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

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

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

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

The BSWHP Group Value formulary lists drugs that are covered under your prescription benefit. Drugs not listed on the formulary are not covered. Non-formulary drugs require an exception request to be submitted for coverage consideration. Formularies continually change to reflect the most recent advances in drug therapy; therefore, this list is not 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- A drug may be withdrawn from the market by the FDA.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, which are updated quarterly. To view changes to the formularies, refer to the Monthly Group Value Formulary Changes document posted on the website. If you have questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact our BSWHP Pharmacy Help Desk 1.800.728.7947.

What are brand-name and generic drugs?

BSWHP covers both brand-name and generic drugs. 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. Please refer to the Member Choice Program section for additional information.

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 Value Formulary Changes document.

How do I request an exception to the BSWHP formulary?

You, an authorized representative, or a prescriber can submit a request for an exception to the formulary. For example, if there are clinically significant reasons why you cannot take a drug in accordance with the coverage requirements (e.g., step therapy, quantity limits), 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 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 or 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.

Member Choice Program

Brand-name prescription drugs with a generic equivalent may not be covered by your plan benefit. If you or your provider request a brand-name drug when a generic equivalent is available, then you are responsible for the non-preferred co-payment plus the difference in cost of the brand-name drug and the generic equivalent drug.

Please note the difference in cost does not apply to any Combined Deductible, Medical Deductible, Pharmacy Deductible, or the Maximum Out-of-Pocket for the Plan

Reading your formulary

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

Tier information

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

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

Drug list information

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

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

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

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

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

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

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

Group Value Formulary

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain					
acetaminophen-codeine	1	QL	methadone hcl oral tablet	1	PA
ascomp-codeine	1		methadone hcl oral tablet soluble	1	
bac	1		methadose oral tablet soluble	1	
BELBUCA	3	PA; QL	morphine sulfate (concentrate)	1	QL
buprenorphine	3	PA; QL	morphine sulfate er oral tablet extended release	1	PA; QL
butalbital-acetaminophen oral tablet 50-325 mg	1		morphine sulfate oral	1	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1		morphine sulfate rectal	1	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	1		NUCYNTA	3	QL
butalbital-apap-caffeine oral tablet	1		NUCYNTA ER	3	PA; QL
butalbital-asa-caff-codeine	1		OXYCODONE HCL ER	1	PA; QL
butalbital-aspirin-caffeine	1		oxycodone hcl oral	1	QL
butorphanol tartrate nasal	1	QL	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
codeine sulfate	1	QL	pentazocine-naloxone hcl	1	QL
endocet	1	QL	tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	PA; QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL	tramadol hcl er	1	PA; QL
hydrocodone-acetaminophen	1	QL	tramadol hcl oral tablet	1	QL
hydrocodone-ibuprofen	3	QL	tramadol-acetaminophen	1	QL
hydromorphone hcl oral	1	QL	Analgesics - Drugs for Pain and Inflammation		
hydromorphone hcl rectal	1	QL	adult aspirin regimen	0	PV
LORTAB ORAL ELIXIR 10-300 MG/15ML	2	QL	aspirin 81 oral tablet delayed release	0	PV
methadone hcl intensol	1		aspirin adult low dose	0	PV
methadone hcl oral concentrate	1		aspirin adult low strength	0	PV
methadone hcl oral solution	1		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

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
aspirin oral tablet delayed release 81 mg	0	PV	naproxen sodium oral tablet 275 mg, 550 mg	1	
aspirin regimen	0	PV	oxaprozin	1	
BAYER ASPIRIN EC LOW DOSE	0	PV	piroxicam oral	1	
celecoxib oral	1	QL	salsalate oral	1	
diclofenac potassium oral tablet 50 mg	1		ST JOSEPH LOW DOSE	0	PV
diclofenac sodium er	1		sulindac oral	1	
diclofenac sodium external gel 1 %	1	QL	Anesthetics		
diclofenac sodium external solution 1.5 %	1	PA	glydo	1	
diclofenac sodium oral	1		lidocaine external ointment 5 %	1	
diclofenac-misoprostol	3		lidocaine external patch 5 %	1	
diflunisal oral	1		lidocaine hcl external solution	1	
ec-naproxen	1		lidocaine hcl urethral/mucosal external gel 2 %	1	
etodolac	1		lidocaine-prilocaine external cream	1	
etodolac er	1		Anti-Addiction / Substance Abuse Treatment Agents		
flurbiprofen oral	1		acamprosate calcium	1	
ft aspirin low dose	0	PV	buprenorphine hcl sublingual	1	QL
goodsense aspirin low dose	0	PV	buprenorphine hcl-naloxone hcl sublingual film	3	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1		buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
INDOCIN RECTAL	2				PV; QL; AL (Min 18 Years)
indomethacin er	1		bupropion hcl er (smoking det)	1	
indomethacin oral	1		disulfiram oral	1	
indomethacin rectal suppository 50 mg	1		goodsense nicotine mouth/throat lozenge 4 mg	0	PV; QL; AL (Min 18 Years)
ketorolac tromethamine oral	1	QL			PV; QL; AL (Min 18 Years)
meloxicam oral tablet	1		habitrol	0	
mm aspirin	0	PV			
nabumetone oral	1				
naproxen dr	1				
naproxen oral tablet	1				
naproxen oral tablet delayed release	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
naloxone hcl injection	1			3	ST; PV; QL; AL (Min 18 Years)
naloxone hcl nasal	1		NICOTROL NS		
naltrexone hcl oral	1		SUBOXONE	3	QL
NARCAN	2			3	PV; QL; AL (Min 18 Years)
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG	0	PV; QL; AL (Min 18 Years)	varenicline tartrate	3	PV; QL; AL (Min 18 Years)
NICORETTE MOUTH/THROAT GUM 2 MG	0	PV; QL; AL (Min 18 Years)	varenicline tartrate(continue)	3	PV; QL; AL (Min 18 Years)
NICORETTE MOUTH/THROAT LOZENGE	0	PV; QL; AL (Min 18 Years)	Antibacterials		
nicotine mini	0	PV; QL; AL (Min 18 Years)	amoxicillin	1	
nicotine polacrilex mini	0	PV; QL; AL (Min 18 Years)	amoxicillin-potassium clavulanate	1	
nicotine polacrilex mouth/throat	0	PV; QL; AL (Min 18 Years)	amoxicillin-potassium clavulanate er	3	
nicotine step 1	0	PV; QL; AL (Min 18 Years)	ampicillin	1	
nicotine step 2	0	PV; QL; AL (Min 18 Years)	AUGMENTIN ORAL SUSPENSION RECONSTITUTED	2	
nicotine step 3	0	PV; QL; AL (Min 18 Years)	avidoxy	1	
nicotine transdermal kit	0	PV; QL; AL (Min 18 Years)	azithromycin oral	1	
nicotine transdermal patch 24 hour 21 mg/24hr	0	PV; QL; AL (Min 18 Years)	cefadroxil	1	
NICOTROL	3	ST; PV; QL; AL (Min 18 Years)	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	
			ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)	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
clarithromycin er	1		monodoxine nl	1	
clarithromycin oral	1		moxifloxacin hcl oral	1	
CLEOCIN VAGINAL SUPPOSITORY	2		mupirocin external	1	
clindamycin hcl oral	1		neomycin sulfate oral	1	
clindamycin palmitate hcl	1		nitrofurantoin		
clindamycin phosphate vaginal	1		macrocrystal oral capsule 100 mg, 50 mg	1	
CLINDESSE	3		nitrofurantoin		
demeocycline hcl	3		macrocrystal oral capsule 25 mg	1	QL
dicloxacillin sodium	1		nitrofurantoin		
DIFICID ORAL TABLET	3		monohydrate	1	
doxycycline hyclate oral capsule	1		macrocrystals		
doxycycline hyclate oral tablet 100 mg, 20 mg	1		penicillin v potassium	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		silver sulfadiazine	1	
doxycycline monohydrate oral suspension reconstituted	1		external		
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1		ssd	1	
erythromycin base oral	3		sulfadiazine oral	3	
erythromycin ethylsuccinate oral	3		sulfamethoxazole-trimethoprim oral	1	
erythromycin oral	3		sulfatrim pediatric	1	
fosfomycin tromethamine	1		tetracycline hcl oral	1	
gentamicin sulfate external	1		tinidazole oral	1	
levofloxacin oral	1		trimethoprim oral	1	
linezolid oral suspension reconstituted	3	QL	vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg	3	
linezolid oral tablet	1	QL	vancomycin hcl oral	3	
methenamine hippurate	1		XIFAXAN	3	PA
metronidazole oral tablet	1		Anticoagulants		
metronidazole vaginal	1		bd heparin posiflush	1	
minocycline hcl oral	1		ELIQUIS	2	QL
			ELIQUIS DVT/PE STARTER PACK	2	QL
			enoxaparin sodium injection solution prefilled syringe	1	
			fondaparinux sodium	SP1	
			FRAGMIN	SP3	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
heparin na (pork) lock flush pf	1		gabapentin oral tablet 600 mg, 800 mg	1	
heparin sod (pork) lock flush	1		lacosamide oral solution	3	
heparin sodium (porcine)	1		lacosamide oral tablet	1	
heparin sodium (porcine) pf	1		lamotrigine er	3	
jantoven	1		lamotrigine oral tablet	1	
warfarin sodium oral	1		lamotrigine oral tablet chewable	1	
XARELTO	2	QL	lamotrigine oral tablet dispersible	3	
XARELTO STARTER PACK	2	QL	levetiracetam er	1	
Anticonvulsants - Drugs for Seizures			levetiracetam oral	1	
APTIOM	3		methsuximide	1	
carbamazepine er	1		NAYZILAM	3	QL
carbamazepine oral	1		oxcarbazepine	1	
CARBATROL	2		OXTELLAR XR	3	
CELONTIN	2		phenobarbital oral	1	
clobazam oral suspension	3	PA	phenytek	1	
clobazam oral tablet	1	PA	phenytoin infatabs	1	
DEPAKOTE	2		phenytoin oral	1	
DEPAKOTE ER	2		phenytoin sodium extended	1	
DEPAKOTE SPRINKLES	2		primidone oral tablet 250 mg, 50 mg	1	
diazepam rectal	1	QL	roweepra	1	
DILANTIN	2		rufinamide	SP1	PA
DILANTIN INFATABS	2		subvenite	1	
divalproex sodium er	1		TEGRETOL	2	
divalproex sodium oral	1		TEGRETOL-XR	2	
EPIDIOLEX	SP2	PA	tiagabine hcl	1	
epitol	1		topiramate oral	1	
ethosuximide oral	1		valproic acid oral	1	
felbamate	1		vigabatrin	SP1	PA
FYCOMPA	3		vigadron	SP1	PA
gabapentin oral capsule	1		VIMPAT ORAL TABLET	3	
gabapentin oral solution	1		ZARONTIN	2	
			zonisamide oral	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia					
donepezil hcl	1		fluoxetine hcl oral capsule	1	
galantamine hydrobromide er	1		fluoxetine hcl oral capsule delayed release	1	QL
galantamine hydrobromide oral tablet	1		fluoxetine hcl oral solution	1	
memantine hcl	1		fluoxetine hcl oral tablet	1	
memantine hcl er	1	QL	fluvoxamine maleate	1	
rivastigmine	1		fluvoxamine maleate er	3	QL
rivastigmine tartrate	1		imipramine hcl oral	1	
Antidepressants					
amitriptyline hcl oral	1		mirtazapine oral	1	
amoxapine	1		nefazodone hcl	1	
bupropion hcl er (sr)	1	QL	nortriptyline hcl oral	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL	paroxetine hcl	1	
bupropion hcl oral	1		paroxetine hcl er	1	
citalopram hydrobromide oral solution	1		phenelzine sulfate oral	1	
citalopram hydrobromide oral tablet	1		protriptyline hcl	3	
clomipramine hcl oral	1		sertraline hcl oral concentrate	1	
desipramine hcl oral	1		sertraline hcl oral tablet	1	
desvenlafaxine succinate er	1	QL	tranylcypromine sulfate	1	
doxepin hcl oral capsule	1		trazodone hcl oral	1	
doxepin hcl oral concentrate	1		trimipramine maleate oral	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL	TRINTELLIX	3	ST; QL
escitalopram oxalate oral	1		venlafaxine hcl	1	
FETZIMA	3	QL	venlafaxine hcl er oral capsule extended release 24 hour	1	QL
FETZIMA TITRATION	3	QL	venlafaxine hcl er oral tablet extended release 24 hour 225 mg	3	
fluoxetine hcl (pmdd)	1		VIBRYD STARTER PACK	3	QL
Antiemetics - Drugs for Nausea and Vomiting					
aprepitant	3	QL	vilazodone hcl	3	QL
compro	1				
doxylamine-pyridoxine	3	QL			

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
dronabinol	3	PA; QL	clotrimazole- betamethasone external lotion	3	
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL	CRESEMBA ORAL CAPSULE 186 MG	SP3	PA
granisetron hcl oral	3	QL	econazole nitrate external	1	
metoclopramide hcl oral solution	1		fluconazole oral	1	
metoclopramide hcl oral tablet	1		griseofulvin microsize oral suspension	1	
ondansetron hcl injection	1		griseofulvin microsize oral tablet	3	
ondansetron hcl oral solution	1	QL	griseofulvin ultramicrosize	3	
ondansetron hcl oral tablet 24 mg	1	QL	itraconazole oral	1	PA
ondansetron hcl oral tablet 4 mg, 8 mg	1		ketoconazole external cream	1	
ondansetron odt	1		ketoconazole external shampoo	1	
perphenazine oral	1		ketoconazole oral	1	
prochlorperazine	1		naftifine hcl	3	
prochlorperazine edisylate injection	1		NOXAFIL ORAL SUSPENSION	2	PA
prochlorperazine maleate oral	1		nyamyc	1	
promethazine hcl oral	1		nystatin external	1	
promethazine hcl rectal	1		nystatin mouth/throat	1	
promethegan	1		nystatin oral	1	
scopolamine	1		nystatin-triamcinolone	1	
trimethobenzamide hcl oral	1		nystop	1	
Antifungals			posaconazole oral suspension	1	PA
ciclodan	1		posaconazole oral tablet delayed release	1	PA; QL
ciclopirox external	1		terbinafine hcl oral	1	QL
ciclopirox olamine external	1		terconazole	1	
clotrimazole mouth/throat	1		voriconazole oral tablet	3	PA
clotrimazole- betamethasone external cream	1		Antigout Agents		
			allopurinol oral tablet 100 mg, 300 mg	1	
			colchicine 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
colchicine-probenecid	1	
febuxostat	1	
probenecid	1	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO- INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
almotriptan malate	3	QL
dihydroergotamine mesylate injection	1	PA; QL
dihydroergotamine mesylate nasal	3	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
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
Antimyasthenic Agents		
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet 60 mg	1	

Drug Name	Drug Tier	Notes
Antimycobacterials		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
pyrazinamide oral	1	
rifabutin	3	
rifampin oral	1	
SIRTURO	SP3	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	SP1	PA; SF
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	
CAPRELSA ORAL TABLET 100 MG	SP2	PA; QL
CAPRELSA ORAL TABLET 300 MG	SP2	PA
COMETRIQ	SP2	PA
COPIKTRA	SP2	PA; SF
COTELLIC	SP2	PA
cyclophosphamide oral capsule	1	
DAURISMO	SP2	PA; SF
DROXIA	3	
ERIVEDGE	SP2	PA; SF

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ERLEADA	SP2	PA	INREBIC	SP2	PA; SF
erlotinib hcl oral tablet 100 mg, 150 mg	SP1	PA; SF	IRESSA	SP2	PA
erlotinib hcl oral tablet 25 mg	SP1	PA; SF; QL	JAKAFI ORAL TABLET 10 MG, 5 MG	SP2	PA; SF; QL
etoposide oral	SP1		JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	SP2	PA; SF
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	SP1	PA; QL	JAYPIRCA ORAL TABLET 100 MG	SP2	PA
everolimus oral tablet soluble	SP1	PA	JAYPIRCA ORAL TABLET 50 MG	SP2	PA; QL
exemestane	1	PV	KISQALI ORAL TABLET THERAPY PACK 200 MG	SP2	PA
EXKIVITY	SP2	PA; SF	KOSELUGO	SP2	PA
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	SP2		KRAZATI	SP2	PA; SF
flutamide oral capsule 125 mg	1		lapatinib ditosylate	SP1	PA
FOTIVDA	SP2	PA	lenalidomide	SP1	PA
GAVRETO	SP2	PA; SF	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
gefitinib	SP1	PA	letrozole oral	1	
GILOTrif	SP2	PA; QL	leucovorin calcium oral	1	
GLEOSTINE	SP2		LEUKERAN	2	
HYCAMTIN ORAL	SP2		LONSURF	SP2	PA
hydroxyurea oral	1		LORBRENA	SP2	PA; SF
IBRANCE	SP2	PA	LUMAKRAS ORAL TABLET 120 MG	SP2	PA; SF
ICLUSIG ORAL TABLET 10 MG, 15 MG	SP2	PA; QL	LYNPARZA	SP2	PA
ICLUSIG ORAL TABLET 30 MG, 45 MG	SP2	PA	LYSODREN	SP2	
IDHIFA	SP2	PA; QL	LYTGOBI (12 MG DAILY DOSE)	SP2	PA
imatinib mesylate	SP1	PA	LYTGOBI (16 MG DAILY DOSE)	SP2	PA
IMBRUVICA ORAL CAPSULE	SP2	PA; QL	LYTGOBI (20 MG DAILY DOSE)	SP2	PA
IMBRUVICA ORAL SUSPENSION	SP2	PA	MATULANE	SP2	
IMBRUVICA ORAL TABLET	SP2	PA; QL	MEKINIST	SP2	PA
INLYTA	SP2	PA; SF			
INQOVI	SP2	PA			

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
MEKTOVI	SP2	PA	TAGRISSO ORAL TABLET 40 MG	SP2	PA; QL
melphalan	1		TAGRISSO ORAL TABLET 80 MG	SP2	PA
mercaptopurine oral	1		TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG	SP2	PA; SF
MYLERAN	2		TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG	SP2	PA; SF; QL
NERLYNX	SP2	PA; SF; QL	tamoxifen citrate oral tablet 10 mg	1	
NEXAVAR	SP2	PA; SF	tamoxifen citrate oral tablet 20 mg	1	PV
nilutamide	SP1		TASIGNA	SP2	PA
NINLARO	SP2	PA	TAZVERIK	SP2	PA; SF
NUBEQA	SP2	PA; SF	temozolomide	SP1	PA
ODOMZO	SP2	PA	TEPMETKO	SP2	PA
ONUREG	SP2	PA	THALOMID	SP2	PA
ORGOVYX	SP2	PA	TIBSOVO	SP2	PA; SF
ORSERDU	SP2	PA	toremifene citrate	SP1	
pazopanib hcl	SP1	PA; SF	tretinoin oral	SP1	
PEMAZYRE	SP2	PA; SF; QL	TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	SP2	PA
PIQRAY	SP2	PA	TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	SP2	PA
POMALYST	SP2	PA	TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	SP2	PA
PURIXAN	SP2		TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	SP2	PA
QINLOCK	SP2	PA	TUKYSA	SP2	PA
RETEVMO	SP2	PA; SF	TURALIO	SP2	PA
REVLIMID	SP2	PA	VALCHLOR	SP3	PA
REZLIDHIA	SP2	PA; SF	VENCLEXTA	SP2	PA
ROZLYTREK ORAL CAPSULE	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			
TAFINLAR	SP2	PA			

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
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 ORAL CAPSULE	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	Antiparkinson Agents		
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	
Antiparasitics			entacapone	3	
albendazole oral	1	PA	pramipexole dihydrochloride	1	
atovaquone	3		rasagiline mesylate oral	3	
atovaquone-proguanil hcl	1		ropinirole hcl	1	
			ropinirole hcl er	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
selegiline hcl oral	1		trifluoperazine hcl	1	
tolcapone	3		VRAYLAR	3	QL
trihexyphenidyl hcl	1		ziprasidone hcl	1	QL
Antiplatelets					
aspirin-dipyridamole er	1		abacavir sulfate	1	
BRILINTA	2		abacavir sulfate-lamivudine	1	
cilostazol	1		acyclovir external ointment	1	QL
clopidogrel bisulfate oral	1		acyclovir oral	1	
dipyridamole oral	1		adefovir dipivoxil	SP1	
prasugrel hcl	1		APTIVUS	SP2	
Antipsychotics - Drugs for Mood Disorders					
ariPIPRAZOLE oral solution	1	QL	atazanavir sulfate	3	
ariPIPRAZOLE oral tablet	1	QL	BARACLUDE ORAL SOLUTION	3	QL
ariPIPRAZOLE oral tablet dispersible	3	QL	BIKTARVY	SP2	
asenapine maleate	3	QL	CIMDUO	SP2	
chlorpromazine hcl oral tablet	1		COMPLERA	SP2	
clozapine oral tablet	1	QL	darunavir	SP1	
clozapine oral tablet dispersible	3	QL	DELSTRIGO	SP2	
FANAPT	3	QL	DESCOVY ORAL TABLET 120-15 MG	SP2	
FANAPT TITRATION PACK	3	QL	DESCOVY ORAL TABLET 200-25 MG	SP2	PA; PV
fluphenazine hcl oral	1		DOVATO	SP2	
haloperidol lactate oral	1		EDURANT	SP2	
haloperidol oral	1		efavirenz oral capsule 200 mg, 50 mg	3	
loxapine succinate	1		efavirenz-emtricitab-tenofo df	SP1	
lurasidone hcl	3	QL	efavirenz-lamivudine-tenofovir	SP1	
olanzapine oral	1	QL	emtricitabine	3	
paliperidone er	3	QL	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	SP1	PV
pimozide	1		emtricitabine-tenofovir df oral tablet 200-300 mg	1	PV
quetiapine fumarate	1	QL	EMTRIVA ORAL SOLUTION	SP2	
quetiapine fumarate er	1	QL			
risperidone	1	QL			
thioridazine hcl oral	1				
thiothixene	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
entecavir	1	QL	NORVIR ORAL SOLUTION 80 MG/ML	SP2	
EPCLUSA	SP2	PA; QL	ODEFSEY	SP2	
EPIVIR HBV ORAL SOLUTION 5 MG/ML	2		oseltamivir phosphate oral	1	QL
etravirine	SP1			3	QL; AL (Min 12 Years)
EVOTAZ	SP2		PAXLOVID (150/100)		
famciclovir oral	1			3	QL; AL (Min 12 Years)
fosamprenavir calcium	3		PAXLOVID (300/100)		
FUZEON	SP2		PEGASYS	SP2	PA
GENVOYA	SP2		PIFELTRO	SP2	
HARVONI	SP2	PA; QL	PREZCOBIX	SP2	
INTELENCE ORAL TABLET 25 MG	SP2		PREZISTA	SP2	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	SP3	PA	REYATAZ ORAL PACKET	SP2	
ISENTRESS	SP2		ribavirin oral	SP1	
ISENTRESS HD	SP2		rimantadine hcl	1	
JULUCA	SP2		ritonavir	1	
LAGEVRIO	3	QL; AL (Min 18 Years)	RUKOBIA	SP2	
lamivudine	1		SELZENTRY ORAL SOLUTION	SP2	PA
lamivudine-zidovudine	1		SELZENTRY ORAL TABLET 25 MG, 75 MG	SP2	PA
LEXIVA ORAL SUSPENSION	SP2		stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	1	
lopinavir-ritonavir oral solution	3		STRIBILD	SP2	
lopinavir-ritonavir oral tablet	SP1		SYMTUZA	SP2	
maraviroc	SP1	PA	tenofovir disoproxil fumarate	1	PV
MAVYRET	SP2	PA; QL	TIVICAY	SP2	
nevirapine er	3		TIVICAY PD	SP2	
nevirapine oral suspension	3		TRIUMEQ	SP2	
nevirapine oral tablet	1		TRIUMEQ PD	SP2	
NORVIR ORAL PACKET	SP2		TYBOST	SP2	
			valacyclovir hcl oral	1	QL
			valganciclovir hcl oral solution reconstituted	3	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
valganciclovir hcl oral tablet	1		lithium carbonate oral	1	
VEMLIDY	SP2		Blood Products and Modifiers - Drugs for Blood Disorders		
VIRACEPT	SP2		anagrelide hcl	3	
VIREAD ORAL POWDER	SP2		NEULASTA	SP3	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	SP2		NEULASTA ONPRO	SP3	PA
XOFLUZA (40 MG DOSE)	3	QL	NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	SP3	PA
XOFLUZA (80 MG DOSE)	3	QL	PROMACTA	SP3	PA
zidovudine	1		tranexamic acid oral	1	
Anxiolytics - Drugs for Anxiety			Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
alprazolam er	1	QL	acebutolol hcl oral	1	
alprazolam oral tablet	1	QL	aliskiren fumarate	3	
alprazolam xr	1	QL	amiloride hcl oral	1	
buspirone hcl oral	1		amiloride-hydrochlorothiazide	1	
chlordiazepoxide hcl	1	QL	amiodarone hcl oral	1	
clonazepam oral	1	QL	amlodipine besylate oral	1	
clorazepate dipotassium	1	QL	amlodipine besylate-benazepril hcl	1	
diazepam intensol	1		amlodipine besylate-valsartan	1	
diazepam oral	1		amlodipine-atorvastatin	3	
estazolam	1	QL	amlodipine-olmesartan	1	
hydroxyzine hcl oral	1		amlodipine-valsartan-hctz	3	
hydroxyzine pamoate oral	1		atenolol oral	1	
lorazepam intensol	1	QL	atenolol-chlorthalidone	1	
lorazepam oral concentrate 2 mg/ml	1	QL			PV; AL (Min 40 Years and Max 75 Years)
lorazepam oral tablet	1	QL	atorvastatin calcium oral tablet 10 mg, 20 mg	1	
oxazepam	1	QL	atorvastatin calcium oral tablet 40 mg, 80 mg	1	
triazolam	1	QL	benazepril hcl oral	1	
Bipolar Agents - Drugs for Mood Disorders					
lithium	1				
lithium carbonate er	1				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
benazepril-hydrochlorothiazide	1		diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
betaxolol hcl oral	1		diltiazem hcl oral	1	
bisoprolol fumarate oral	1		dilt-xr	1	
bisoprolol-hydrochlorothiazide	1		disopyramide phosphate	1	
bumetanide oral	1		DIURIL	2	
candesartan cilexetil	1		dofetilide	1	
candesartan cilexetil-hctz	1		doxazosin mesylate oral	1	
captopril oral	1		droxidopa	SP1	PA
captopril-hydrochlorothiazide	1		enalapril maleate oral solution	3	
cartia xt	1		enalapril maleate oral tablet	1	
carvedilol	1		enalapril-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	1	
colestipol hcl	1		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
CORLANOR	3	PA; QL	fenofibrate oral capsule 150 mg, 50 mg	3	
digtek oral tablet 125 mcg, 250 mcg	1		fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
digox	1		fenofibric acid oral capsule delayed release	1	
digoxin oral solution	1		flecainide acetate	1	
digoxin oral tablet 125 mcg, 250 mcg	1				PV; AL (Min 40 Years and Max 75 Years)
diltiazem hcl er beads	1		fluvastatin sodium	1	
diltiazem hcl er coated beads	1				
diltiazem hcl er oral capsule extended release 12 hour	1				
diltiazem hcl er oral capsule extended release 24 hour	1				
diltiazem hcl er oral tablet extended release 24 hour 120 mg	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
	1	PV; AL (Min 40 Years and Max 75 Years)	metoprolol tartrate oral	1	
fluvastatin sodium er			metoprolol- hydrochlorothiazide	1	
fosinopril sodium	1		mexiletine hcl oral	1	
fosinopril sodium-hctz	1		midodrine hcl	1	
furosemide oral	1		minoxidil oral	1	
gemfibrozil oral	1		moexipril hcl	1	
guanfacine hcl	1		MULTAQ	2	
hydralazine hcl oral	1		nadolol oral	1	
hydrochlorothiazide oral	1		nebivolol hcl	1	
icosapent ethyl	3		niacin er (antihyperlipidemic)	1	
indapamide	1		nifedipine er	1	
irbesartan	1		nifedipine er osmotic release	1	
irbesartan- hydrochlorothiazide	1		nifedipine oral	1	
isosorbide dinitrate	1		nimodipine oral	3	
isosorbide mononitrate	1		NITRO-BID	2	
isosorbide mononitrate er	1		NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
isradipine	1		nitroglycerin sublingual	1	
JUXTAPID	SP3	PA; QL	nitroglycerin transdermal	1	
labetalol hcl oral	1		nitroglycerin translingual	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	2		nitro-time	1	
lisinopril oral	1		NORPACE CR	2	
lisinopril- hydrochlorothiazide	1		NYMALIZE	SP3	
losartan potassium oral	1		olmesartan medoxomil oral	1	
losartan potassium-hctz	1		olmesartan medoxomil- hctz	1	
	1	PV; AL (Min 40 Years and Max 75 Years)	olmesartanamlodipine- hctz	1	
lovastatin oral			omega-3-acid ethyl esters	1	
matzim la	1		pentoxifylline er	1	
methyldopa	1		perindopril erbumine	1	
metolazone	1				
metoprolol succinate er	1				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
phenoxybenzamine hcl oral	3	PA	sotalol hcl (af)	1	
pindolol	1		sotalol hcl oral	1	
PRALUENT	2	PA; QL	spironolactone oral suspension	3	
	1	PV; AL (Min 40 Years and Max 75 Years)	spironolactone oral tablet	1	
pravastatin sodium			spironolactone-hctz	1	
prazosin hcl oral	1		taztia xt	1	
prevalite	1		TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	
propafenone hcl	1		telmisartan	1	
propafenone hcl er	3		telmisartan-hctz	1	
propranolol hcl er	1		tiadylt er	1	
propranolol hcl oral	1		timolol maleate oral	1	
QBRELIS	3		torsemide	1	
quinapril hcl	1		trandolapril	1	
quinapril-hydrochlorothiazide	1		trandolapril-verapamil hcl er	3	
quinidine gluconate er	1		triamterene-hctz	1	
quinidine sulfate	1		valsartan oral tablet	1	
ramipril	1		valsartan-hydrochlorothiazide	1	
ranolazine er	1		VASCEPA	3	
REPATHA	2	PA; QL	VECAMYL	3	
REPATHA PUSHTRONEX SYSTEM	2	PA; QL	verapamil hcl er	1	
REPATHA SURECLICK	2	PA; QL	verapamil hcl oral	1	
	1	PV; AL (Min 40 Years and Max 75 Years)	Central Nervous System Agents - Drugs for Attention Deficit Disorder		
rosuvastatin calcium oral tablet 10 mg, 5 mg			amphetamine sulfate	1	QL
rosuvastatin calcium oral tablet 20 mg, 40 mg	1		amphetamine-dextroamphetamine	1	QL
	1	PV; AL (Min 40 Years and Max 75 Years)	amphetamine-dextroamphetamine er	1	QL
simvastatin oral			atomoxetine hcl	1	QL
isorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1		clonidine hcl er oral tablet extended release 12 hour	1	
			dexmethylphenidate hcl	1	QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
dexamethylphenidate hcl er	1	QL	Central Nervous System Agents - Drugs for Multiple Sclerosis		
dextroamphetamine sulfate er	1	QL	AVONEX PEN	SP2	PA; QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL	AVONEX PREFILLED	SP2	PA; QL
guanfacine hcl er	1		dalfampridine er	SP1	PA; QL
lisdexamfetamine dimesylate oral capsule	1	QL	dimethyl fumarate oral	SP1	PA; QL
lisdexamfetamine dimesylate oral tablet chewable	1	QL; AL (Max 12 Years)	dimethyl fumarate starter pack	SP1	PA; QL
methamphetamine hcl	3	QL	EXTAVIA	SP2	PA; QL
methylphenidate	1	QL	fingolimod hcl	SP1	PA; QL
methylphenidate hcl er	1	QL	GILENYA ORAL CAPSULE 0.25 MG	SP2	PA; QL
methylphenidate hcl er (cd)	1	QL	glatiramer acetate	SP1	PA; QL
methylphenidate hcl er (la)	1	QL	KESIMPTA	SP2	PA; QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL	MAVENCLAD	SP3	PA
methylphenidate hcl oral solution	1	QL	PLEGRIDY	SP2	PA; QL
methylphenidate hcl oral tablet	1	QL	PLEGRIDY STARTER PACK	SP2	PA; QL
methylphenidate hcl oral tablet chewable	1	QL; AL (Max 12 Years)	teriflunomide	SP1	PA; QL
QUILLICHEW ER	3	QL; AL (Max 12 Years)	VUMERITY	SP3	PA; QL
QUILLIVANT XR	3	QL; AL (Max 12 Years)	ZEPOSIA	SP3	PA; QL
VYVANSE ORAL CAPSULE	2	QL	ZEPOSIA 7-DAY STARTER PACK	SP3	PA; QL
VYVANSE ORAL TABLET CHEWABLE	2	QL; AL (Max 12 Years)	ZEPOSIA STARTER KIT	SP3	PA; QL
Central Nervous System Agents - Miscellaneous					
			caffeine citrate oral	3	
			pregabalin	1	QL
			riluzole	1	PA; QL
			SAVELLA	3	QL
			SAVELLA TITRATION PACK	3	QL
			tetrabenazine	SP1	PA
Dental and Oral Agents - Drugs for Mouth and Throat Conditions					
			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	Drug Name	Drug Tier	Notes
chlorhexidine gluconate mouth/throat	1		sodium fluoride 5000 plus	1	
CLINPRO 5000	2		sodium fluoride 5000 ppm dental gel 1.1 %	1	
DENTA 5000 PLUS	2		sodium fluoride 5000 sensitive dental gel 1.1-5 %	1	
DENTAGEL	2		sodium fluoride dental	1	
FLUORIDEX	2		sodium fluoride mouth/throat solution 0.2 %	1	
FLUORIDEX ENHANCED WHITENING	2		triamcinolone acetonide mouth/throat	1	
FLUORIDEX SENSITIVITY RELIEF	2		Dermatological Agents - Drugs for Skin Conditions		
FLUORIMAX 5000	2		accutane	1	
FLUORIMAX 5000 SENSITIVE	2		acitretin	3	
JUST RIGHT 5000	2		adapalene external gel 0.3 %	1	
JUST RIGHT 5000 DENTAL GEL 1.1 %	2		ADBRY	SP2	PA; QL
kourzeq	1		alclometasone dipropionate	1	
lidocaine viscous hcl	1		amnesteem	1	
oralone	1		azelaic acid external	1	
periogard	1		AZELEX	2	
pilocarpine hcl oral	1		benzoyl peroxide-erythromycin	1	
PREVIDENT	2		betamethasone dipropionate aug	1	
PREVIDENT 5000 BOOSTER PLUS	2		betamethasone dipropionate external	1	
PREVIDENT 5000 DRY MOUTH	2		betamethasone valerate external	1	
PREVIDENT 5000 ENAMEL PROTECT	2		calcipotriene external cream	1	
PREVIDENT 5000 ORTHO DEFENSE	2		calcipotriene external ointment	3	
PREVIDENT 5000 PLUS	2		calcipotriene external solution	1	
PREVIDENT 5000 SENSITIVE	2		calcitriol external	3	
sf	1				
sf 5000 plus	1				
sodium fluoride 5000 enamel dental gel 1.1-5 %	1				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
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		REGRANEX	2	PA
hydrocortisone butyrate external cream	1		rosadan external cream 0.75 %	1	
hydrocortisone butyrate external ointment	1		rosadan external gel 0.75 %	1	
hydrocortisone butyrate external solution	1		SANTYL	2	QL
hydrocortisone external cream 2.5 %	1		selenium sulfide external lotion	1	
hydrocortisone external lotion 2.5 %	1		sodium sulfacetamide wash	1	
hydrocortisone external ointment 2.5 %	1		sulfacetamide sodium (acne)	1	
hydrocortisone valerate	1		sulfacetamide sodium external	1	
imiquimod external cream 5 %	1		sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4.5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1		tacrolimus external	1	QL
methoxsalen rapid	3		tazarotene external cream	1	AL (Max 40 Years)
metronidazole external cream	1		tazarotene external gel	1	AL (Max 40 Years)
metronidazole external gel	1		TAZORAC EXTERNAL CREAM 0.05 %	2	AL (Max 40 Years)
metronidazole external lotion	3		TAZORAC EXTERNAL GEL	2	AL (Max 40 Years)
mometasone furoate external	1		TEXACORT	2	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1		tretinoïn external cream	1	AL (Max 40 Years)
neuac	1		tretinoïn external gel 0.01 %, 0.025 %	1	AL (Max 40 Years)
OPZELURA	2	PA; QL	tretinoïn external gel 0.05 %	3	AL (Max 40 Years)
pimecrolimus	1	QL	triamcinolone acetonide external cream	1	
PODOCON-25	1		triamcinolone acetonide external lotion	1	
podofilox external solution	1		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
prednicarbate external ointment 0.1 %	1		triderm	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			
urea external cream 40 %	1		pioglitazone hcl-glimepiride	3				
zenatane	1		pioglitazone hcl-metformin hcl	1				
Diabetes - Antidiabetic Agents								
acarbose oral	1		repaglinide	1				
BYDUREON BCISE AUTOINJECTOR	3	PA; QL	RYBELSUS	2	PA; QL			
BYETTA 10 MCG PEN	3	PA; QL	SYMLINPEN 120	3	PA			
BYETTA 5 MCG PEN	3	PA; QL	SYMLINPEN 60	3	PA			
FARXIGA	2	ST	SYNJARDY	2	ST			
glimepiride	1		SYNJARDY XR	2	ST			
glipizide er	1		TRADJENTA	2				
glipizide oral tablet 10 mg, 5 mg	1		TRIJARDY XR	2	ST			
glipizide xl	1		TRULICITY	2	PA; QL			
glipizide-metformin hcl	1		VICTOZA	2	PA; QL			
glyburide micronized	1		XIGDUO XR	2	ST			
glyburide oral	1		Diabetes - Glucose Monitoring					
glyburide-metformin	1		ACCU-CHEK AVIVA DEVICE	1				
GLYXAMBI	2	ST	ACCU-CHEK FASTCLIX LANCET KIT	1				
INVOKAMET	3	ST	ACCU-CHEK GUIDE TEST STRIPS	1				
INVOKAMET XR	3	ST	ACCU-CHEK GUIDE CONTROL	1				
INVOKANA	3	ST	ACCU-CHEK GUIDE TEST STRIPS	1	QL			
JANUMET	2		ACCU-CHEK GUIDE KIT W/DEVICE	1				
JANUMET XR	2		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1				
JANUVIA	2		AGAMATRIX CONTROL LEVEL 2	2				
JARDIANCE	2	ST	AGAMATRIX CONTROL LEVEL 4	2				
JENTADUETO	2		AGAMATRIX PRESTO TEST	2	QL			
JENTADUETO XR	2		ASSURE PLATINUM	2	QL			
metformin hcl er	1		AUTOLET II CLINISAFE	2				
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1							
miglitol	3							
nateglinide	1							
OZEMPIC	2	PA; QL						
pioglitazone 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	Drug Name	Drug Tier	Notes
AUTOLET LANCING DEVICE	2		CHEMSTRIP UGK	1	
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/SERIAL DEVICE	3	QL
CARETOUCH TEST	2	QL	DEXCOM G4 PLAT PED RECEIVER DEVICE	3	QL
CEQUR SIMPLICITY 2U 10PK	2		DEXCOM G4 PLATINUM RCV/SERIAL 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				
CHEMSTRIP 7	1				
CHEMSTRIP 9	1				
CHEMSTRIP K	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 MOBILE TRANSMITTER	3	QL	EASY TRAK II CONTROL	2	
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

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
FORTISCARE T1 GLUCOSE SYSTEM	2		GOJJI CONTROL	2	
FREESTYLE FREEDOM LITE	2		GOJJI LANCING DEVICE/CLEAR CAP	2	
FREESTYLE INSULINX TEST	2	QL	HW EMBRACE PRO GLUCOSE METER	2	
FREESTYLE LIBRE 14 DAY READER	3	QL	HW EMBRACE PRO GLUCOSE TEST	2	QL
FREESTYLE LIBRE 14 DAY SENSOR	3		HW EMBRACE TALK BLOOD GLUCOSE	2	
FREESTYLE LIBRE 2 READER	3	QL	HW EMBRACE TALK GLUCOSE TEST	2	QL
FREESTYLE LIBRE 2 SENSOR	3	QL	INFINITY BLOOD GLUCOSE TEST	2	QL
FREESTYLE LIBRE 3 READER	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	
			NOVOPEN ECHO	2	
			ONE DROP BLOOD GLUCOSE MONITOR	2	
			ONE DROP TEST	2	QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ONETOUCH DELICA LANCETS 30G	1		ONETOUCH VERIO FLEX SYSTEM	1	
ONETOUCH DELICA LANCETS 33G	1		ONETOUCH VERIO IN VITRO LIQUID HIGH	1	
ONETOUCH DELICA LANCING DEV	1		ONETOUCH VERIO TEST STRIPS	1	QL
ONETOUCH DELICA PLUS LANCET30G	1		ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1	
ONETOUCH DELICA PLUS LANCET30G	2		ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH DELICA PLUS LANCET33G	1		ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH DELICA PLUS LANCET33G	2		PIP BLOOD GLUCOSE MONITORING	2	
ONETOUCH DELICA PLUS LANCING	1		PIP BLOOD GLUCOSE TEST STRIP	2	QL
ONETOUCH DELICA PLUS LANCING	2		PIP GLUCOSE CONTROL SOLUTION	2	
ONETOUCH DELICA SAFETY LANCING	1		POGO AUTOMATIC BLOOD GLUCOSE	2	
ONETOUCH DELICA SAFETY LANCING	2		PRECISION XTRA BLOOD GLUCOSE	2	QL
ONETOUCH FINEPOINT LANCETS	1		PRODIGY NO CODING BLOOD GLUC	2	
ONETOUCH SOLUTIONS STARTER KIT KIT W/ WELL DEVICE	1		PTS PANELS EGLU TEST	2	QL
ONETOUCH ULTRA 2 KIT W/DEVICE	1		RELION PREMIER CLASSIC	2	
ONETOUCH ULTRA IN VITRO LIQUID	1		RELION PREMIER TEST	2	QL
ONETOUCH ULTRA IN VITRO STRIP	1	QL	RIGHTEST GT333 BLOOD GLUCOSE	2	
ONETOUCH ULTRASOFT 2 LANCETS	1		RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	2	QL
ONETOUCH ULTRASOFT 2 LANCETS	2		RIGHTEST GT333 GLUCOSE TEST	2	QL
ONETOUCH ULTRASOFT LANCETS	1		TEMPO REFILL	2	
			TRUE FOCUS BLOOD GLUCOSE METER	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
TRUE METRIX BLOOD GLUCOSE TEST	2	QL	GLUCAGON EMERGENCY KIT	2	
TRUE METRIX LEVEL 1	2		GVOKE HYPOOPEN 1-PACK	2	
TRUE METRIX LEVEL 2	2		GVOKE HYPOOPEN 2-PACK	2	
TRUE METRIX LEVEL 3	2		GVOKE KIT	2	
TRUE METRIX METER KIT	2		GVOKE PFS	2	
TRUE METRIX PRO BLOOD GLUCOSE	2	QL	Diabetes - Insulins		
TRUETRACK TEST	2	QL	APIDRA SOLOSTAR	3	
UNISTRIP CONTROL IN VITRO SOLUTION LOW	2		APIDRA VIAL	3	
VERIFINE SAFE LANCET MINI 21G	2		AQ INSULIN SYRINGE	1	
VERIFINE SAFE LANCET MINI 23G	2		BD ULTRA-FINE INSULIN SYRINGES	1	
VERIFINE SAFE LANCET MINI 28G	2		DROPSAFE SAFETY SYRINGE/NEEDLE	1	
VERIFINE SAFE LANCET MINI 30G	2		FIASP	1	
VIVAGUARD INO CONTROL SOLUTION	2		FIASP FLEXTOUCH	1	
VIVAGUARD INO GLUCOSE METER	2		FIASP PENFILL	1	
VIVAGUARD INO SMART GLUC METER	2		FIASP PUMPCART	2	
VIVAGUARD INO TEST STRIPS	2	QL	HUMALOG	2	
VIVAGUARD LANCING DEVICE	2		HUMALOG KWIKPEN	2	
Diabetes - Glycemic Agents			HUMALOG MIX 50/50 KWIKPEN	2	
BAQSIMI ONE PACK	2		HUMALOG MIX 50/50 VIAL	2	
BAQSIMI TWO PACK	2		HUMALOG MIX 75/25 KWIKPEN	2	
diazoxide oral	3		HUMALOG MIX 75/25 VIAL	2	
GLUCAGEN HYPOKIT	2		HUMALOG U-100 JUNIOR KWIKPEN	2	
glucagon emergency kit 1 mg injection	1		HUMULIN 70/30 KWIKPEN	2	
GLUCAGON EMERGENCY KIT 1 MG INJECTION	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	

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
HUMULIN R VIAL	2		NOVOLIN R FLEXPEN RELION	2	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	1	NOVOLIN R VIAL	2		
LANTUS SOLOSTAR	2		NOVOLOG FLEXPEN	1	
LANTUS U-100 VIAL	2		NOVOLOG MIX 70/30 FLEXPEN	1	
LEVEMIR FLEXPEN	2		NOVOLOG MIX 70/30 VIAL	1	
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2		NOVOLOG PENFILL	1	
LEVEMIR U-100 VIAL	2		NOVOLOG U-100 VIAL	1	
NOVOLIN 70/30 FLEXPEN	2		TOUJEO MAX SOLOSTAR	2	
NOVOLIN 70/30 FLEXPEN RELION	2		TOUJEO SOLOSTAR	2	
NOVOLIN 70/30 RELION	2		TRESIBA	2	
NOVOLIN 70/30 VIAL	2		TRESIBA FLEXTOUCH	2	
NOVOLIN N FLEXPEN	2		ULTIGUARD SAFEPACK SYR/NEEDLE	1	
NOVOLIN N FLEXPEN RELION	2		VERIFINE INSULIN SYRINGE	1	
NOVOLIN N RELION	2		Electrolytes / Minerals / Metals / Vitamins		
NOVOLIN N VIAL	2		carglumic acid	SP1	PA
NOVOLIN R FLEXPEN	2		cyanocobalamin injection solution 1000 mcg/ml	1	
			cytra k crystals	1	
			deferasirox oral tablet	3	
			effer-k oral tablet effervescent 25 meq	1	
			ergocalciferol oral capsule	1	
			ferocon	1	
			ferotrinisic	1	
			FERRALET 90	3	
			FLORIVA ORAL LIQUID	0	PV
			fluoritab oral solution 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	Drug Name	Drug Tier	Notes
folic acid oral tablet 400 mcg, 800 mcg	0	PV	nafrinse drops oral solution 0.275 (0.125 f) mg/drop	0	PV
FOLIVANE-F	2		nafrinse oral tablet chewable 2.2 (1 f) mg	0	PV
FOLIVANE-PLUS	2		NASCOBAL	2	
foltrin	1		NEONATAL PRENATAL	0	PV
GALZIN	2		ONE VITE WOMENS	0	PV
INTEGRA F	2		ONE-A-DAY WOMENS PRENATAL 1	0	PV
INTEGRA PLUS	2		phosphorous	1	
iodine strong oral	1		phospho-trin 250 neutral	1	
IRON FOLATE PLUS	2		PHOSPHO-TRIN K500	2	
JYNARQUE	SP2	QL	phytonadione oral	1	
klor-con	1		pnv prenatal plus multivit+dha	1	
klor-con 10	1		POLY-VI-FLOR ORAL TABLET CHEWABLE 1 MG	1	
klor-con m10	1		pot & sod cit-cit ac	1	
klor-con m15	1		potassium chloride crys er	1	
klor-con m20	1		potassium chloride er	1	
klor-con/ef	1		potassium chloride oral	1	
K-PHOS	2		potassium citrate er	1	
K-PHOS NO 2	2		potassium citrate-citric acid	1	
k-prime	1		prenatal multi +dha	0	PV
levocarnitine intravenous	3		prenatal oral tablet 27-0.8 mg	0	PV
levocarnitine oral solution	1		prenatal oral tablet 27-1 mg	1	
levocarnitine oral tablet	1		prenatal plus vitamin/mineral	1	
levocarnitine sf	1		prenatal vitamin plus low iron oral tablet 27-1 mg	1	
MASONATAL	0	PV	prenatal/folic acid+dha	0	PV
multivitamin w/fluoride oral tablet chewable 1 mg	1		preplus oral tablet 27-1 mg	1	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1		PROFERRIN-FORTE	2	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	1				
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 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	Drug Name	Drug Tier	Notes	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG	1		OMEPPRAZOLE+SYRSP END SF ALKA	3		
sod citrate-citric acid	1		pantoprazole sodium oral tablet delayed release	3	QL	
sodium fluoride oral	0	PV	rabeprazole sodium oral tablet delayed release	3	QL	
sodium polystyrene sulfonate	1		sucralfate oral suspension	3		
tolvaptan	SP1	QL	sucralfate oral tablet	1		
tricitrates	1		Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			
trientine hcl oral capsule 250 mg	SP1	PA	alosetron hcl	3	PA	
VIRT-FEFA PLUS ORAL CAPSULE	2		AMITIZA	3	QL	
virt-phos 250 neutral oral tablet 155-852-130 mg	1		bisacodyl ec	0	PV; QL	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1		bisacodyl oral	0	PV; QL	
wes-phos 250 neutral	1		citroma	0	PV; QL	
WILZIN ORAL CAPSULE 25 MG	2		clearlax	0	PV; QL	
yl folic acid	0	PV	constulose	1		
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer			cromolyn sodium oral	3		
esomeprazole magnesium oral capsule delayed release 40 mg	3	QL	dicyclomine hcl oral	1		
famotidine oral suspension reconstituted	3		diphenoxylate-atropine	1		
FIRST-OMEPPRAZOLE ORAL SUSPENSION 2 MG/ML	3		enulose	1		
lansoprazole oral capsule delayed release 30 mg	3	QL	ft clearlax	0	PV; QL	
misoprostol oral	1		ft laxative	0	PV; QL	
NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	QL; AL (Max 12 Years)	ft magnesium citrate	0	PV; QL	
omeprazole oral capsule delayed release 10 mg, 40 mg	3	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	Drug Name	Drug Tier	Notes
glycopyrrolate oral solution	3	PA	Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL	CERDELGA	SP3	PA
hyoscyamine sulfate er	1		CHOLBAM	SP3	PA
hyoscyamine sulfate oral	1		CREON	2	
hyoscyamine sulfate sl	1		GALAFOLD	SP3	PA; QL
hyoscyamine sulfate sublingual	1		MYALEPT	SP3	PA
hyosyne	1		nitisinone	SP1	PA
lactulose encephalopathy	1		OCALIVA	SP3	PA; QL
lactulose oral solution	1		ORFADIN ORAL CAPSULE 20 MG	SP3	PA
LINZESS	3	QL	ORFADIN ORAL SUSPENSION	SP3	PA
lubiprostone	3	QL	PANCREAZE	2	
magnesium citrate oral solution	0	PV; QL	PROCYSB1	SP3	PA
mm clearlax	0	PV; QL	RAVICTI	SP3	PA
MOVANTIK	3	QL	sodium phenylbutyrate oral	SP1	PA
na sulfate-k sulfate-mg sulf	0	PV; QL	STRENSIQ	SP3	PA
peg 3350-kcl-na bicarb-nacl	1	PV; QL	ZENPEP	2	
peg-3350/electrolytes	1	PV; QL	Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
peg-3350/electrolytes/ascorb at	3		AURYXIA	3	
peg-kcl-nacl-nasulf-na asc-c	3		bethanechol chloride oral	1	
polyethylene glycol 3350 oral powder	0	PV; QL	calcium acetate (phos binder) oral capsule	1	
qc magnesium citrate	0	PV; QL	darifenacin hydrobromide er	3	
RELISTOR SUBCUTANEOUS	SP3	QL	ELMIRON	2	PA
ursodiol oral capsule 300 mg	1		flavoxate hcl	1	
ursodiol oral tablet	1		INTRAROSA	3	
VIBERZI	3	PA; QL	LITHOSTAT	3	
XERMELO	SP3	PA; QL	MYRBETRIQ	2	
			oxybutynin chloride er	1	
			oxybutynin chloride 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	Drug Name	Drug Tier	Notes
oxybutynin chloride oral tablet 5 mg	1		dexamethasone oral solution	1	
penicillamine oral tablet	SP1	PA	dexamethasone oral tablet	1	
phenazo oral tablet 200 mg	1		fludrocortisone acetate oral	1	
phenazopyridine hcl oral	1		hydrocortisone oral	1	
sevelamer carbonate	1		MEDROL ORAL TABLET 2 MG	2	
sevelamer hcl oral tablet 400 mg	1		methylprednisolone oral	1	
sevelamer hcl oral tablet 800 mg	3		prednisolone oral solution	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	3	QL	prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
solifenacin succinate	1		prednisolone sodium phosphate oral tablet dispersible	3	
tadalafil oral tablet 2.5 mg, 5 mg	3	QL	prednisone intensol	1	
tolterodine tartrate	1		prednisone oral	1	
tolterodine tartrate er	1		Hormonal Agents - Men's Health		
trospium chloride	1		ANDRODERM	2	PA
trospium chloride er	3		danazol oral	3	
Genitourinary Agents - Drugs for Prostate Conditions			DEPO-TESTOSTERONE	2	PA
alfuzosin hcl er	1		testosterone cypionate intramuscular	1	PA
dutasteride oral	1		testosterone enanthate intramuscular	1	PA
dutasteride-tamsulosin hcl	1		testosterone transdermal	3	PA
finasteride oral tablet 5 mg	1		Hormonal Agents - Pituitary		
silodosin	1		cabergoline	1	
tamsulosin hcl	1		desmopressin ace spray refrig	3	
terazosin hcl	1		desmopressin acetate injection	1	
Hormonal Agents - Adrenal			DESMOPRESSIN ACETATE NASAL	2	
CORTISONE ACETATE ORAL	1				
dexamethasone intensol	1				
dexamethasone oral elixir	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
desmopressin acetate oral	1		alyacen 7/7/7	0	PV
desmopressin acetate pf	1		amabelz	1	
desmopressin acetate spray	1		amethia	0	PV; QL
LUPRON DEPOT-PED (6-MONTH)	SP2	PA	amethyst	0	PV
NORDITROPIN FLEXPRO	SP2	PA	ANGELIQ	2	
NUTROPIN AQ NUSPIN 10	SP2	PA	ANNOVERA	0	PV; QL
NUTROPIN AQ NUSPIN 20	SP2	PA	apri	0	PV
NUTROPIN AQ NUSPIN 5	SP2	PA	aranelle	0	PV
octreotide acetate	SP1	PA	ashlyna	0	PV; QL
OMNITROPE	SP2	PA	aubra eq	0	PV
ORILISSA	3	PA; QL	aubra oral tablet 0.1-20 mg-mcg	0	PV
SANDOSTATIN	SP1	PA	aurovela 1.5/30	0	PV
SIGNIFOR	SP3	PA; QL	aurovela 1/20	0	PV
SOGROYA	SP3	PA	aurovela 24 fe	0	PV
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP3	PA	aurovela fe 1.5/30	0	PV
STIMATE NASAL SOLUTION 1.5 MG/ML	2		aurovela fe 1/20	0	PV
Hormonal Agents - Selective Estrogen Receptor Modifying Agents			aviane	0	PV
OSPHENA	3		ayuna	0	PV
raloxifene hcl	1	PV	azurette	0	PV
Hormonal Agents - Sex Hormones and Birth Control			BALCOLTRA	3	PV
afirmelle	0	PV	balziva	0	PV
aftera	0	PV	blisovi 24 fe	0	PV
altavera	0	PV	blisovi fe 1.5/30	0	PV
alyacen 1/35	0	PV	blisovi fe 1/20	0	PV
			briellyn	0	PV
			camila	0	PV
			camrese	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	

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
cryselle-28	0	PV	est estrogens-methyltest ds	1	
curae	0	PV	est estrogens-methyltest hs	1	
cyclafem 1/35 oral tablet 1-35 mg-mcg	0	PV	estarrylla	0	PV
cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	0	PV	estradiol oral	1	
cyred eq	0	PV	estradiol transdermal gel	3	
cyred oral tablet 0.15-30 mg-mcg	0	PV	estradiol transdermal patch twice weekly	1	
dasetta 1/35	0	PV	estradiol transdermal patch weekly	1	
dasetta 7/7/7	0	PV	estradiol vaginal	1	
daysee	0	PV; QL	estradiol valerate intramuscular	1	
deblitane	0	PV	estradiol-norethindrone acet	1	
delyla	0	PV	ESTRING	3	QL
DEPO-ESTRADIOL	2		ESTROGEL	3	
desogestrel-ethinyl estradiol	0	PV	ethynodiol diac-eth estradiol	0	PV
dolishale	0	PV	etongestrel-ethinyl estradiol	0	PV
dotti	1		EVAMIST	3	
drospirene-eth estrad-levomefol	0	PV	falmina	0	PV
drospirenone-ethinyl estradiol	0	PV	fayosim oral tablet 42-21-21-7 days	0	PV; QL
DUAVEE	2		femynor oral tablet 0.25-35 mg-mcg	0	PV
econtra ez oral tablet 1.5 mg	0	PV	finzala	0	PV
econtra one-step	0	PV	fyavolv	1	
ELESTRIN	3		gemmafly	0	PV
elinest	0	PV	hailey 1.5/30	0	PV
ELLA	0	PV	hailey 24 fe	0	PV
eluryng	0	PV	hailey fe 1.5/30	0	PV
emoquette oral tablet 0.15-30 mg-mcg	0	PV	hailey fe 1/20	0	PV
enilloring	0	PV	haloette	0	PV
enpresse-28	0	PV	heather	0	PV
enskyce	0	PV	her style	0	PV
errin	0	PV	iclevia	0	PV; QL
est estrogens-methyltest	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
incassia	0	PV	levonorgest-eth estradiol-iron	0	PV
introvale	0	PV; QL	levonorgestrel	0	PV
isibloom	0	PV	levonorgestrel-ethinyl estrad	0	PV
jaimiess	0	PV; QL	levonorg-eth estrad triphasic	0	PV
jasmiel	0	PV	levora 0.15/30 (28)	0	PV
jencycla	0	PV	LILETTA (52 MG)	0	PV
jintelii	1		lillow oral tablet 0.15-30 mg-mcg	0	PV
jolessa	0	PV; QL	LO LOESTRIN FE	3	PV
joyeaux	0	PV	lojaimiess	0	PV; QL
juleber	0	PV	loryna	0	PV
junel 1.5/30	0	PV	low-ogestrel	0	PV
junel 1/20	0	PV	lo-zumandimine	0	PV
junel fe 1.5/30	0	PV	lutera	0	PV
junel fe 1/20	0	PV	lyeq	0	PV
junel fe 24	0	PV	lyllana	1	
kaitlib fe	0	PV	lyza	0	PV
kalliga	0	PV	marlissa	0	PV
kariva	0	PV	medroxyprogesterone acetate intramuscular	0	PV; QL
kelnor 1/35	0	PV	medroxyprogesterone acetate oral	1	
kelnor 1/50	0	PV	megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1	
kurvelo	0	PV	megestrol acetate oral tablet	1	
KYLEENA	0	PV	MENEST	2	
larin 1.5/30	0	PV	merzee	0	PV
larin 1/20	0	PV	mibelas 24 fe	0	PV
larin 24 fe	0	PV	microgestin 1.5/30	0	PV
larin fe 1.5/30	0	PV	microgestin 1/20	0	PV
larin fe 1/20	0	PV	microgestin 24 fe	0	PV
larissia oral tablet 0.1-20 mg-mcg	0	PV	microgestin fe 1.5/30	0	PV
layolis fe	0	PV	microgestin fe 1/20	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			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
mil	0	PV	opcicon one-step	0	PV
mimvey	1		option 2	0	PV
MIRENA (52 MG)	0	PV	ORIAHNN	3	PA; QL
mono-linyah	0	PV	orsythia	0	PV
my choice	0	PV	PARAGARD INTRAUTERINE COPPER	0	PV
my way	0	PV	philith	0	PV
NATAZIA	0	PV	pimtreia	0	PV
necon 0.5/35 (28)	0	PV	pirmella 1/35 oral tablet 1-35 mg-mcg	0	PV
new day	0	PV	pirmella 7/7/7	0	PV
NEXPLANON	0	PV	portia-28	0	PV
nikki	0	PV	PREMARIN ORAL	2	
nora-be	0	PV	PREMARIN VAGINAL	2	
norethin ace-eth estrad-fe	0	PV	PREMPHASE	2	
norethindrone acetate oral	1		PREMPRO	2	
norethindrone acet- ethinyl est	0	PV	previfem oral tablet 0.25- 35 mg-mcg	0	PV
norethindrone oral	0	PV	progesterone intramuscular	1	
norethindrone-eth estradiol	1		progesterone oral	1	
norethindron-ethinyl estradiol-fe	0	PV	react	0	PV
norethin-eth estradiol-fe	0	PV	reclipsen	0	PV
norgestimate-eth estradiol	0	PV	rivelsa	0	PV; QL
norgestimate-ethinyl estradiol triphasic	0	PV	setlakin	0	PV; QL
norlyda	0	PV	sharobel	0	PV
norlyroc	0	PV	simliya	0	PV
nortrel 0.5/35 (28)	0	PV	simpesse	0	PV; QL
nortrel 1/35 (21)	0	PV	SKYLA	0	PV
nortrel 1/35 (28)	0	PV	SLYND	3	PV
nortrel 7/7/7	0	PV	sprintec 28	0	PV
nylia 1/35	0	PV	sronyx	0	PV
nylia 7/7/7	0	PV	syeda	0	PV
nymyo	0	PV	take action	0	PV
ocella	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 1/35 (28)	0	PV
taysofy	0	PV	zovia 1/35e (28) oral tablet 1-35 mg-mcg	0	PV
tilia fe	0	PV	zumandimine	0	PV
tri femynor	0	PV	Hormonal Agents - Thyroid		
tri-estarrylla	0	PV	adthyza	1	
tri-legest fe	0	PV	ARMOUR THYROID	2	
tri-linyah	0	PV	euthyrox	1	
tri-lo-estarrylla	0	PV	levo-t	1	
tri-lo-marzia	0	PV	LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
tri-lo-mili	0	PV	levothyroxine sodium oral tablet	1	
tri-lo-sprintec	0	PV	levoxyl	1	
tri-mili	0	PV	liothyronine sodium oral	1	
tri-nymyo	0	PV	methimazole oral	1	
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	0	PV	NIVA THYROID	2	
tri-sprintec	0	PV	np thyroid	1	
trivora (28)	0	PV	propylthiouracil oral	1	
tri-vylibra	0	PV	SYNTHROID	2	
tri-vylibra lo	0	PV	thyroid oral	1	
tulana oral tablet 0.35 mg	0	PV	TIROSINT	3	
turqoz	0	PV	unithroid	1	
tydemy	0	PV	Immunological Agents - Drugs for Immune System Stimulation or Suppression		
velivet	0	PV	ACTEMRA ACTPEN	SP3	PA; QL
vestura	0	PV	ACTEMRA SUBCUTANEOUS	SP3	PA; QL
vienna	0	PV	ACTIMMUNE	SP2	PA
viorele	0	PV	ADALIMUMAB-ADBM	SP2	PA; QL
volnea	0	PV	azathioprine oral tablet 50 mg	1	
vyfemla	0	PV	BERINERT	SP2	PA; QL
vylibra	0	PV			PV; AL
wera	0	PV		0	(Max 24 Months)
wymzya fe	0	PV	BEYFORTUS		
xulane	0	PV			
yuvafem	1				
zafemy	0	PV			
zarah oral tablet 3-0.03 mg	0	PV			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
CELLCEPT	SP3		HADLIMA PUSHTOUCH	SP2	PA; QL
CIMZIA	SP2	PA; QL	HAEGARDA	SP2	PA
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/UVEIT 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	
ENVARSUS 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	
			PROGRAF ORAL PACKET	SP2	
			RAPAMUNE ORAL SOLUTION	SP2	
			RIDAURA	SP2	
			RINVOQ	SP2	PA; QL
			sajazir	SP1	PA; QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
SANDIMMUNE ORAL CAPSULE	SP3		COMIRNATY	0	PV
SANDIMMUNE ORAL SOLUTION	SP2		DAPTACEL	0	PV
SIMPONI	SP2	PA; QL			PV; AL (Min 9 Years and Max 16 Years)
sirolimus oral solution	SP1		DENGVAXIA		
sirolimus oral tablet	1		DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	0	PV
SKYRIZI	SP2	PA; QL	ENGERIX-B	0	PV
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	SP2	PA; QL		0	PV; AL (Min 65 Years)
SKYRIZI PEN	SP2	PA; QL	FLUAD QUADRIVALENT		
STELARA SUBCUTANEOUS	SP2	PA; QL	FLUARIX QUADRIVALENT	0	PV
tacrolimus oral	1		FLUBLOK QUADRIVALENT	0	PV
TALTZ	SP3	PA; QL	FLUCELVAX QUADRIVALENT	0	PV
TREMFYA	SP2	PA; QL	FLULAVAL QUADRIVALENT	0	PV
XATMEP	3			3	PV; AL (Min 2 Years and Max 49 Years)
XELJANZ ORAL TABLET	SP2	PA; QL	FLUMIST QUADRIVALENT		
XELJANZ XR	SP2	PA; QL	FLUZONE HIGH-DOSE QUADRIVALENT	0	PV; AL (Min 65 Years)
ZORTRESS	SP3		FLUZONE QUADRIVALENT	0	PV
Immunological Agents - Drugs for Vaccination					
ABRYSVO	3	PV; QL; AL (Min 60 Years)			
ACTHIB	3	PV; AL (Max 6 Years)			
ADACEL	0	PV			
AFLURIA QUADRIVALENT	0	PV			
AREXVY	3	PV; QL; AL (Min 60 Years)	GARDASIL 9	3	PV; AL (Min 9 Years and Max 26 Years)
BCG VACCINE	3		HAVRIX	0	PV
BEXSERO	0	PV		3	PV; AL (Min 18 Years)
BOOSTRIX	0	PV	HEPLISAV-B		

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HIBERIX	3	PV; AL (Max 6 Years)	ROTARIX ORAL SUSPENSION RECONSTITUTED	3	PV; AL (Max 8 Months)
IMOVAX RABIES	3		ROTATEQ	3	PV; AL (Max 8 Months)
INFANRIX	0	PV	SHINGRIX	3	PV; AL (Min 19 Years)
IPOL	3	PV; AL (Max 17 Years)	SPIKEVAX	0	PV
KINRIX	0	PV	STAMARIL	3	
MENACTRA	0	PV	TDVAX	0	PV
MENQUADFI	0	PV	TENIVAC	0	PV
MENVEO	0	PV	TETANUS-Diphtheria TOXOIDS TD	0	PV
M-M-R II	0	PV	TRUMENBA	0	PV
MODERNA COVID-19 VAC 6M-11Y	0	PV	TWINRIX	0	PV
NOVAVAX COVID-19 VACCINE	0	PV; QL	TYPHIM VI	3	
PEDIARIX	0	PV	VAQTA	0	PV
PEDVAX HIB	3	PV; AL (Max 6 Years)	VARIVAX	0	PV
PENTACEL	0	PV	VAXCHORA	3	
PFIZER COVID-19 VAC-TRIS 5-11Y	0	PV	VAXELIS	0	PV
PFIZER COVID-19 VAC-TRIS 6M-4Y	0	PV	VAXNEUVANCE	0	PV
PNEUMOVAX 23	0	PV	VIVOTIF	2	
PREHEVBRIOD	0	PV; AL (Min 18 Years)	YF-VAX	3	
PREVNAR 13	0	PV	Inflammatory Bowel Disease Agents		
PREVNAR 20	0	PV	anucort-hc	1	
PRIORIX	0	PV	balsalazide disodium	1	
PROQUAD	0	PV	budesonide er	3	
QUADRACEL	0	PV	budesonide oral	1	
RECOMBIVAX HB	0	PV	hydrocortisone (perianal)	1	
ROTARIX	3	PV; AL (Max 8 Months)	hydrocortisone ace-pramoxine external cream 1-1 %	1	
			hydrocortisone acetate rectal suppository 25 mg	1	
			hydrocortisone rectal	1	
			hydrocort-pramoxine (perianal)	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
mesalamine er	1		TYMLOS	SP2	PA
mesalamine oral	1		Metabolic Bone Disease Agents - Other		
mesalamine rectal	1		calcitriol oral	1	
mesalamine-cleanser	1		cinacalcet hcl	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2		paricalcitol oral	1	
PROCTOFOAM HC	2		Miscellaneous Therapeutic Agents		
procto-med hc	1		AEROCHAMBER HOLDING CHAMBER	2	
proctosol hc	1		AEROCHAMBER MINI CHAMBER	2	
proctozone-hc	1		AEROCHAMBER MV	2	
sulfasalazine oral	1		AEROCHAMBER PLS FLOVU MTHPIECE	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis			AEROCHAMBER PLUS FLO-VU	2	
alendronate sodium oral solution	1		AEROCHAMBER PLUS FLO-VU INTERM	2	
alendronate sodium oral tablet 10 mg, 5 mg	1		AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
calcitonin (salmon) nasal	1	QL	AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
FORTEO	SP2	PA	AEROCHAMBER PLUS FLOW VU	2	
ibandronate sodium oral	1	QL	AEROCHAMBER W/FLOWSIGNAL	2	
risedronate sodium oral tablet 150 mg, 35 mg	1	QL	AQINJECT PEN NEEDLE	1	
risedronate sodium oral tablet 30 mg, 5 mg	1		AUM INSULIN SAFETY PEN NEEDLE	1	
risedronate sodium oral tablet delayed release	3	QL	AUM MINI INSULIN PEN NEEDLE	1	
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	SP1	PA	AUM PEN NEEDLE	1	
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	SP2	PA	AUM READYGARD DUO PEN NEEDLE	1	
			AUM SAFETY PEN NEEDLE	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
BD AUTOSHIELD DUO PEN NEEDLES	1		CARETOUCH LUER LOCK 1 ML	1	
BD ECLIPSE LUER-LOK NEEDLE	1		CAYA	0	PV
BD ECLIPSE NEEDLE 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	1		CLEVER CHOICE HOLDING CHAMBER	2	
BD FILTER NEEDLE	1		COMFORT EZ PRO PEN NEEDLES	1	
BD SYRINGE LUER-LOK 30 ML	1		COMPACT SPACE CHAMBER	2	
BD ULTRA-FINE PEN NEEDLES	1		COMPACT SPACE CHAMBER/LG MASK	2	
BREATHE COMFORT CHAMBER/ADULT	2		COMPACT SPACE CHAMBER/MED MASK	2	
BREATHE COMFORT CHAMBER/CHILD	2		COMPACT SPACE CHAMBER/SM MASK	2	
BREATHE EASE LARGE	2		CONDOMS	0	PV
BREATHE EASE MEDIUM	2		DEFLUX METAL NEEDLE	1	
BREATHE EASE SMALL	2		DROPLET MICRON	1	
BREATHERITE VALVED MDI CHAMBER	2		DUREX EXTRA SENSITIVE THIN	0	PV
CAMINO PRO COMPLETE/GLYTACTIN	2		EASIVENT	2	
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 LUER LOCK SYRINGE	1	
CAREPOINT SAFETY 1ST NEEDLE	1		EASY GLIDE SLIP LOCK SYRINGE	1	
CAREPOINT SYRINGE LUER LOCK 1 ML , 30 ML	1		EASY TOUCH HYPODERMIC NEEDLE 16G X 1"	1	
CAREPOINT SYRINGE LUER SLIP 1 ML	1		EASYPOINT NEEDLE	1	
CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 26G X 1" , 27G X 1-1/2"	1		ELECARE	3	
			EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1	
			ENCARE	0	PV
			EO28 SPLASH	3	
			EQUACARE JR	3	
			ESSENTIAL CARE JR	3	
			FC2 FEMALE CONDOM	0	PV

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FEMCAP	0	PV	HUMATROPEN FOR 24MG	1	
FLEXICHAMBER	2		HUMATROPEN FOR 6MG	1	
FLEXICHAMBER ADULT MASK/SMALL	2		INCONTROL ULTICARE PEN NEEDLES	1	
FLEXICHAMBER CHILD MASK/LARGE	2		INSPIREASE RESERVOIR BAGS	2	
FLEXICHAMBER CHILD MASK/SMALL	2		INSULIN PEN NEEDLES	1	
FORA D40G GLUCOSE/PRESSURE	2		J-TIP KIT W/VIAL ADAPTERS	1	
GLYTACTIN BETTERMILK 15	2		K-Y ME & YOU EXTRA LUBRICATED	0	PV
GLYTACTIN BETTERMILK DE-LITE	2		K-Y ME & YOU INTENSE	0	PV
GLYTACTIN BUILD 10PE	2		LIPISTART	2	
GLYTACTIN BUILD 20/20	2		methergine	3	QL
GLYTACTIN BUILD 20/20 PKU	2		methylergonovine maleate oral	3	QL
GLYTACTIN BURST	2		MICROCHAMBER DEVICE	2	
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				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
OMNIPOD 5 G6 INTRO (GEN 5)	3		PHENYLADE GMP MIX DHA/FIBER	2	
OMNIPOD 5 G6 POD (GEN 5)	3	QL	PHENYLADE GMP READY	2	
OMNIPOD CLASSIC PDM (GEN 3) KIT	3		PHENYLADE GMP ULTRA	2	
OMNIPOD CLASSIC PODS (GEN 3)	3	QL	PIP PEN NEEDLES 31G X 5MM	1	
OMNIPOD DASH INTRO (GEN 4)	3		PIP PEN NEEDLES 32G X 4MM	1	
OMNIPOD DASH PDM (GEN 4)	3		PKU EASY	2	
OMNIPOD DASH PODS (GEN 4)	3	QL	PKU EASY MICROTABS	2	
OMNIPOD GO KIT 20 UNIT/24HR, 30 UNIT/24HR, 40 UNIT/24HR	3		PKU EASY SHAKE & GO	2	
OMNIPOD POD PALS	3	QL	PKU EXPRESS 15 PLUS+	2	
OPTICHAMBER DIAMOND	2		PKU EXPRESS 20 PLUS+	2	
OPTICHAMBER DIAMOND-LG MASK	2		PKU GO ORAL PACKET	2	
OPTICHAMBER DIAMOND-MD MASK	2		PKU SPHERE 20	2	
OPTICHAMBER DIAMOND-SM MASK	2		PKU START	2	
OPTIONS GYNOL II CONTRACEPTIVE	0	PV	POCKET SPACER	2	
PANDA MASK LARGE	2		PREKUNIL	2	
PANDA MASK MEDIUM	2		PREMIUM CONDOMS LUBRICATED	0	PV
PANDA MASK SMALL	2		PRO COMFORT SPACER ADULT	2	
PARI VORTEX ADULT MASK	2		PRO COMFORT SPACER CHILD	2	
PEDIATRIC PANDA MASK	2		PRO COMFORT SPACER INFANT	2	
PHENEX-1	2		PROCARE SPACER/ADULT MASK	2	
PHENEX-2	2		PROCARE SPACER/CHILD MASK	2	
PHENYLADE DRINK MIX	2		PURAMINO DHA/ARA	3	
			PURE COMFORT SAFETY PEN NEEDLE	1	
			PURE COMFORT SPACER CHAMBER	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
RAYA SURE PEN NEEDLE	1		WIDE-SEAL DIAPHRAGM 90	0	PV
RENASTART	2		WIDE-SEAL DIAPHRAGM 95	0	PV
SAFETY PEN NEEDLES	1		Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
SECURESAFE HYPODERMIC NEEDLE 19G X 1" , 19G X 1-1/2" , 22G X 1" , 25G X 1-1/2"	1		ALOCRIL	2	
SYRINGE LUER LOCK 30 ML	1		ALOMIDE	2	
SYRINGE LUER SLIP 1 ML	1		ALREX	3	
TODAY SPONGE	0	PV	AZASITE	3	
TOLEREX	3		azelastine hcl ophthalmic	1	
VCF VAGINAL CONTRACEPTIVE	0	PV	bacitracin ophthalmic	1	
VERIFINE INSULIN PEN NEEDLE	1		BESIVANCE	3	
VERIFINE PLUS PEN NEEDLE	1		bromfenac sodium (once-daily)	1	QL
V-GO 20	3	QL	CILOXAN	2	
V-GO 30	3	QL	ciprofloxacin hcl ophthalmic	1	
V-GO 40	3	QL	cromolyn sodium ophthalmic	1	
VIVONEX PEDIATRIC	3		dexamethasone sodium phosphate ophthalmic	1	
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	
			FML OPHTHALMIC OINTMENT 0.1 %	2	
			gatifloxacin ophthalmic	1	
			GENTAK OPHTHALMIC OINTMENT 0.3 %	1	
			gentamicin sulfate ophthalmic	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ketorolac tromethamine ophthalmic	1		Ophthalmic Agents - Drugs for Glaucoma		
levofloxacin ophthalmic solution 0.5 %	1		acetazolamide er	1	
LOTEMAX OPHTHALMIC OINTMENT	3	QL	acetazolamide oral	1	
loteprednol etabonate ophthalmic gel	1	QL	apraclonidine hcl	1	
loteprednol etabonate ophthalmic suspension	3		betaxolol hcl ophthalmic	1	
MAXIDEX	2		BETIMOL	2	
moxifloxacin hcl ophthalmic	1		BETOPTIC-S	2	
NATACYN	3		bimatoprost ophthalmic	1	QL
neomycin-polymyxin-dexameth ophthalmic ointment	1		brimonidine tartrate ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1		brimonidine tartrate-timolol	1	
neomycin-polymyxin-hc ophthalmic	1		brinzolamide	3	
ofloxacin ophthalmic	1		carteolol hcl	1	
olopatadine hcl ophthalmic	1		dorzolamide hcl ophthalmic	1	
prednisolone acetate ophthalmic	1		dorzolamide hcl-timolol mal	1	
prednisolone sodium phosphate ophthalmic	1		dorzolamide hcl-timolol mal pf	1	
PROLENSA	3	QL	IOPIDINE	2	
sulfacetamide sodium ophthalmic	1		latanoprost ophthalmic	1	
TOBRADEX	2		levobunolol hcl	1	
tobramycin ophthalmic	1		LUMIGAN	2	QL
tobramycin-dexamethasone	1		methazolamide oral	3	
TOBREX	2		PHOSPHOLINE IODIDE	2	
trifluridine	1		pilocarpine hcl ophthalmic	1	
ZIRGAN	3		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	

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Drug Name	Drug Tier	Notes
travoprost (bak free)	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
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 OPHTHALMIC SOLUTION 1 %	1	
LACRISERT	2	
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	

Drug Name	Drug Tier	Notes
RESTASIS	3	PA
RESTASIS MULTIDOSE	3	PA
tetracaine hcl ophthalmic	1	
tropicamide ophthalmic	1	
XIIDRA	3	PA
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CIPRO HC	2	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
CIPROFLOXACIN-FLUOCINOLONE PF	2	
CORTISPORIN-TC	2	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	2	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
benzonatate oral capsule 100 mg, 200 mg	1	
ciproheptadine hcl oral	1	
fluticasone propionate nasal	1	
guaiacussin ac	1	PA; QL; AL (Min 18 Years)

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
guaifenesin ac	1	PA; QL; AL (Min 18 Years)	Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
guaifenesin-codeine	1	PA; QL; AL (Min 18 Years)	acetylcysteine inhalation	1	
hydrocod poli-chlorphe poli er	1	PA; QL; AL (Min 18 Years)	ADVAIR HFA	2	QL
hydrocodone bit-homatrop mbr	1	PA; QL; AL (Min 18 Years)	albuterol sulfate hfa	1	QL
hydromet	1	PA; QL; AL (Min 18 Years)	albuterol sulfate inhalation	1	QL
ipratropium bromide nasal	1		albuterol sulfate oral	1	
maxi-tuss ac	1	PA; QL; AL (Min 18 Years)	ANORO ELLIPTA	2	QL
promethazine vc	1		ASMANEX (120 METERED DOSES)	2	QL
promethazine vc/codeine	1	PA; QL; AL (Min 18 Years)	ASMANEX (14 METERED DOSES)	2	QL
promethazine-codeine	1	PA; QL; AL (Min 18 Years)	ASMANEX (30 METERED DOSES)	2	QL
promethazine-dm	1		ASMANEX (60 METERED DOSES)	2	QL
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml	1	PA; QL; AL (Min 18 Years)	ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT	2	QL
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	1		ASMANEX HFA	2	QL
pseudoephedrine-bromphen-dm	1		ATROVENT HFA	2	QL
sodium chloride inhalation	1		BREO ELLIPTA	2	QL
SSKI	2		budesonide inhalation	1	QL
virtussin ac w/alc oral liquid 100-10 mg/5ml	1	PA; QL; AL (Min 18 Years)	COMBIVENT RESPIMAT	2	QL
			cromolyn sodium inhalation	3	
			DALIRESP	3	PA
			elioxophyllin	1	
			epinephrine injection solution auto-injector	1	
			FASENRA	SP2	PA
			FASENRA PEN	SP2	PA
			FLOVENT DISKUS	2	QL
			FLOVENT HFA	2	QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FLUTICASONE PROPIONATE DISKUS	2	QL	theophylline	1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL	theophylline er	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL	TRELEGY ELLIPTA	2	QL
INCRUSE ELLIPTA	2	QL	VENTOLIN HFA	3	ST; QL
ipratropium bromide inhalation	1	QL	wixela inhub	1	QL
ipratropium-albuterol	1	QL	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP2	PA
levalbuterol hcl inhalation	3	QL	zafirlukast	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	ST; QL	Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
montelukast sodium oral	1		CAYSTON	SP3	PA
OFEV	SP3	PA	KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	SP3	PA
pirfenidone	SP1	PA	KALYDECO ORAL TABLET	SP3	PA
PROAIR RESPICLICK	3	ST; QL	ORKAMBI	SP3	PA; QL
PULMICORT FLEXHALER	2	QL	PULMOZYME	SP2	PA
QVAR REDIHALER	2	QL	TOBI PODHALER	SP2	QL
roflumilast	3	PA	tobramycin inhalation	SP1	
SEREVENT DISKUS	2	QL	TRIKAFTA	SP3	PA; QL
SPIRIVA HANDIHALER	1	QL	Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
SPIRIVA RESPIMAT	2	QL	ADEMPAS	SP3	PA; QL
STIOLTO RESPIMAT	2	QL	alyq	SP1	PA; QL
SYMBICORT	2	QL	ambrisentan	SP1	PA; QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2		bosentan	SP1	PA; QL
THEO-24	2		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

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
TYVASO DPI MAINTENANCE KIT	SP2	PA; QL	zolpidem tartrate oral tablet	1	QL
TYVASO DPI TITRATION KIT	SP2	PA; QL			
TYVASO REFILL	SP2	PA; QL			
TYVASO STARTER	SP2	PA; QL			
UPTRAVI ORAL	SP3	PA; QL			
UPTRAVI TITRATION	SP3	PA; QL			
VENTAVIS	SP2	PA; QL			
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm					
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	1				
orphenadrine citrate er	1	QL			
tizanidine hcl oral	1				
Sleep Disorder Agents					
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 15 mg, 30 mg, 7.5 mg	1	QL			
WAKIX	SP3	PA; QL			
zaleplon	1	QL			
zolpidem tartrate er	1	QL			

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nylia 1/35	47	LANCETS 30G	ORILISSA
nylia 7/7/7	47	ONETOUCH DELICA	ORKAMBI
NYMALIZE	27	LANCETS 33G	60
nymyo	47	ONETOUCH DELICA	orphenadrine citrate er
nystatin	18	LANCING DEV	61
nystatin-triamcinolone	18	ONETOUCH DELICA	ORSERDU
nystop	18	PLUS LANCING	21
OCALIVA	42	ONETOUCH DELICA	orsythia
ocella	47	SAFETY LANCING	47
octreotide acetate	44	ONETOUCH FINEPOINT	oseltamivir phosphate
ODEFSEY	24	LANCETS	24
ODOMZO	21	ONETOUCH SOLUTIONS	OSPHENA
OFEV	60	STARTER KIT	OTEZLA
ofloxacin	57, 58	ONETOUCH ULTRA 2 KIT	OTOVEL
olanzapine	23	W/DEVICE	oxaprozin
olmesartan medoxomil	27	ONETOUCH ULTRA TEST	13
olmesartan medoxomil-		STRIPS	oxazepam
hctz	27	ONETOUCH ULTRASOFT	16
olmesartan-amlodipine-		LANCETS	OXTELLAR XR
hctz	27	ONETOUCH VERIO FLEX	oxybutynin chloride
olopatadine hcl	57	SYSTEM	42, 43
OLUMIANT	49	ONETOUCH VERIO IQ	oxybutynin chloride er
omega-3-acid ethyl esters ..	27	SYSTEM	42
omeprazole	41	ONETOUCH VERIO KIT	oxycodone hcl
		W/DEVICE	12

paroxetine hcl.....	17	philith.....	47	POLY-VI-FLOR.....	40
paroxetine hcl er.....	17	PHOSPHOLINE IODIDE....	57	POMALYST.....	21
PAXLOVID (150/100).....	24	phosphorous.....	40	portia-28.....	47
PAXLOVID (300/100).....	24	phospho-trin 250 neutral....	40	posaconazole.....	18
pazopanib hcl.....	21	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-nacl.....	42	pimozide.....	23	potassium citrate-citric acid	40
peg-3350/electrolytes.....	42	pimtrea.....	47	PRALUENT.....	28
peg-3350/electrolytes/ascorbat..	42	pindolol.....	28	pramipexole	
PEGASYS.....	24	pioglitazone hcl.....	33	dihydrochloride.....	22
peg-kcl-nacl-nasulf-na asc-c.....	42	pioglitazone hcl-glimepiride	33	prasugrel hcl.....	23
PEMAZYRE.....	21	pioglitazone hcl-metformin		pravastatin sodium.....	28
penicillamine.....	43	hcl.....	33	praziquantel.....	22
penicillin v potassium.....	15	PIP BLOOD GLUCOSE		prazosin hcl.....	28
PENTACEL.....	51	MONITORING.....	37	PRECISION XTRA	
pentamidine isethionate.....	22	PIP BLOOD GLUCOSE		BLOOD GLUCOSE.....	37
PENTASA.....	52	TEST STRIP.....	37	PRED-G.....	58
pentazocine-naloxone hcl...	12	PIP GLUCOSE CONTROL		PRED-G S.O.P.....	58
pentoxifylline er.....	27	SOLUTION.....	37	prednicarbate.....	32
perindopril erbumine.....	27	PIP PEN NEEDLES 31G X		prednisolone.....	43
periogard.....	30	5MM.....	55	prednisolone acetate.....	57
permethrin.....	22	PIP PEN NEEDLES 32G X		prednisolone sodium	
perphenazine.....	18	4MM.....	55	phosphate.....	43, 57
PFIZER COVID-19 VAC-TRIS 5-11Y.....	51	PIQRAY.....	21	prednisone.....	43
PFIZER COVID-19 VAC-TRIS 6M-4Y.....	51	pirfenidone.....	60	prednisone intensol.....	43
phenazo.....	43	pirmella 1/35.....	47	pregabalin.....	29
phenazopyridine hcl.....	43	pirmella 7/7/7.....	47	PREHEVBARIO.....	51
phenelzine sulfate.....	17	piroxicam.....	13	PREKUNIL.....	55
PHENEX-1.....	55	PKU EASY.....	55	PREMARIN.....	47
PHENEX-2.....	55	PKU EASY MICROTABS ...	55	PREMIUM CONDOMS	
phenobarbital.....	16	PKU EASY SHAKE & GO...55		LUBRICATED.....	55
phenoxybenzamine hcl.....	28	PKU EXPRESS 15 PLUS+ .55		PREMPHASE.....	47
PHENYLADE DRINK MIX..	55	PKU EXPRESS 20 PLUS+ .55		PREMPRO.....	47
PHENYLADE GMP MIX		PKU GO.....	55	prenatal.....	40
DHA/FIBER.....	55	PKU SPHERE 20.....	55	prenatal multi +dha.....	40
PHENYLADE GMP READY.....	55	PKU START.....	55	prenatal plus	
ULTRA.....	55	PLEGRIDY.....	29	vitamin/mineral.....	40
phenylephrine hcl.....	58	PLEGRIDY STARTER		prenatal vitamin plus low	
phytek.....	16	PACK.....	29	iron.....	40
phenytoin.....	16	PNEUMOVAX 23.....	51	prenatal/folic acid+dha.....	40
phenytoin infatabs	16	pnv prenatal plus		preplus.....	40
phenytoin sodium extended.....	16	multivit+dha.....	40	prevalite.....	28
		POCKET SPACER.....	55	PREVIDENT.....	30
		PODOCON-25.....	32	PREVIDENT 5000	
		podofilox.....	32	BOOSTER PLUS.....	30
		POGO AUTOMATIC		PREVIDENT 5000 DRY	
		BLOOD GLUCOSE.....	37	MOUTH.....	30
		polycin.....	58	PREVIDENT 5000	
		polyethylene glycol 3350	42	ENAMEL PROTECT	30
		polymyxin b-trimethoprim....	58		

PREVIDENT 5000 ORTHO		propranolol hcl.....	28	RELION PREMIER TEST ...	37
DEFENSE.....	30	propranolol hcl er.....	28	RELISTOR.....	42
PREVIDENT 5000 PLUS ...	30	propylthiouracil.....	48	RESTART.....	56
PREVIDENT 5000		PROQUAD.....	51	repaglinide.....	33
SENSITIVE.....	30	protriptyline hcl.....	17	REPATHA.....	28
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
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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
proto-med hc.....	52	quinapril hcl.....	28	rivastigmine	17
proctosol hc.....	52	quinapril-		rivastigmine tartrate	17
protozone-hc.....	52	hydrochlorothiazide	28	rivelsa.....	47
PROCYSB.....	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	22
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	59	ranolazine er	28	roweepra	16
promethazine vc/codeine ..	59	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	56	RYBELSUS	33
promethazine-		react	47	RYDAPT	21
phenylephrine	59	reclipsen	47	SAFETY PEN NEEDLES	56
promethegan.....	18	RECOMBIVAX HB	51	sajazir	49
propafenone hcl	28	REGRANEX	32	salsalate	13
propafenone hcl er	28	RELION PREMIER		SANDIMMUNE	50
proparacaine hcl	58	CLASSIC	37	SANDOSTATIN	44

SANTYL	32	sorafenib tosylate	21	SYNTHROID	48
SAVELLA	29	sorine	28	SYRINGE LUER LOCK	56
SAVELLA TITRATION		sotalol hcl	28	SYRINGE LUER SLIP	56
PACK	29	sotalol hcl (af)	28	TABRECTA	21
SCEMBLIX	21	SPIKEVAX	51	tacrolimus	32, 50
scopolamine	18	spinosad	22	tadalafil	43
SECURESAFE		SPIRIVA HANDIHALER	60	tadalafil (pah)	60
HYPODERMIC NEEDLE	56	SPIRIVA RESPIMAT	60	TAFINLAR	21
selegiline hcl	23	spironolactone	28	TAGRISSO	21
selenium sulfide	32	spironolactone-hctz	28	take action	47
SELZENTRY	24	sprintec 28	47	TALTZ	50
SEREVENT DISKUS	60	SPRYCEL	21	TALZENNA	21
sertraline hcl	17	sronyx	47	tamoxifen citrate	21
setlakin	47	ssd	15	tamsulosin hcl	43
sevelamer carbonate	43	SSKI	59	tarina 24 fe	47
sevelamer hcl	43	ST JOSEPH LOW DOSE	13	tarina fe 1/20	48
sf	30	STAMARIL	51	tarina fe 1/20 eq	47
sf 5000 plus	30	stavudine	24	TASIGNA	21
sharobel	47	STELARA	50	taysofy	48
SHINGRIX	51	STIMATE	44	tazarotene	32
SIGNIFOR	44	STIOLTO RESPIMAT	60	TAZORAC	32
sildenafil citrate	43, 60	STIVARGA	21	taztia xt	28
silodosin	43	STRENSIQ	42	TAZVERIK	21
silver sulfadiazine	15	STRIBILD	24	TDVAX	51
SIMBRINZA	57	SUBOXONE	14	TEGRETOL	16
simliya	47	subvenite	16	TEGRETOL-XR	16
simpesse	47	sucralfate	41	TEKTURNA HCT	28
SIMPONI	50	sulfacetamide sodium	32, 57	telmisartan	28
simvastatin	28	sulfacetamide sodium		telmisartan-hctz	28
sirolimus	50	(acne)	32	temazepam	61
SIRTURO	19	sulfacetamide sodium-		temozolomide	21
SKYLA	47	sulfur	32	TEMPO REFILL	37
SKYRIZI	50	sulfadiazine	15	TENIVAC	51
SKYRIZI (150 MG DOSE)	50	sulfamethoxazole-		tenofovir disoproxil	
SKYRIZI PEN	50	trimethoprim	15	fumarate	24
SLYND	47	sulfasalazine	52	TEPMETKO	21
sod citrate-citric acid	41	sulfatrim pediatric	15	terazosin hcl	43
sodium chloride	59	sulindac	13	terbinafine hcl	18
sodium fluoride	30, 41	sumatriptan	19	terconazole	18
sodium fluoride 5000		sumatriptan succinate	19	teriflunomide	29
enamel	30	sumatriptan succinate refill		teriparatide (recombinant)	52
sodium fluoride 5000 plus	30	subcutaneous solution		TERIPARATIDE	
sodium fluoride 5000 ppm	30	cartridge	19	(RECOMBINANT)	52
sodium fluoride 5000		sunitinib malate	21	testosterone	43
sensitive	30	syeda	47	testosterone cypionate	43
sodium phenylbutyrate	42	SYMBICORT	60	testosterone enanthate	43
sodium polystyrene		SYMJEPI	60	TETANUS-DIPHTHERIA	
sulfonate	41	SYMLINPEN 120	33	TOXOIDS TD	51
sodium sulfacetamide		SYMLINPEN 60	33	tetrabenazine	29
wash	32	SYMTUZA	24	tetracaine hcl	58
SOGROYA	44	SYNJARDY	33	tetracycline hcl	15
solifenacin succinate	43	SYNJARDY XR	33	TEXACORT	32
SOMAVERT	44	SYNRIBO	21	THALOMID	21

THEO-24	60	TRESIBA FLEXTOUCH	39	TRUSELTIQ (125MG DAILY DOSE)	21
theophylline	60	tretinoin	21, 32	TRUSELTIQ (50MG DAILY DOSE)	21
theophylline er	60	tri femynor	48	TRUSELTIQ (75MG DAILY DOSE)	21
thioridazine hcl	23	triamcinolone acetonide 30, 32		TUKYSA	21
thiothixene	23	triamterene-hctz	28	tulana	48
thyroid	48	triazolam	25	TURALIO	21
tiadylt er	28	tricitrates	41	turqoz	48
tiagabine hcl	16	triderm	32	TWINRIX	51
TIBSOVO	21	trientine hcl	41	TYBOST	24
tilia fe	48	tri-estarylla	48	tydemy	48
timolol maleate	28, 57	trifluoperazine hcl	23	TYMLOS	52
timolol maleate (once-daily)	57	trifluridine	57	TYPHIM VI	51
timolol maleate pf	57	TRIJARDY XR	33	TYVASO	60
tinidazole	15	TRIKAFTA	60	TYVASO DPI MAINTENANCE KIT	61
TIROSINT	48	tri-legest fe	48	TYVASO DPI TITRATION KIT	61
TIVICAY	24	tri-linyah	48	TYVASO REFILL	61
TIVICAY PD	24	tri-lo-estarylla	48	TYVASO STARTER	61
tizanidine hcl	61	tri-lo-marzia	48	UBRELVY	19
TOBI PODHALER	60	tri-lo-mili	48	ULTIGUARD SAFEPACK SYR/NEEDLE	39
TOBRADEX	57	tri-lo-sprintec	48	UNISTRIP CONTROL	38
tobramycin	57, 60	trimethobenzamide hcl	18	unithroid	48
tobramycin-dexamethasone	57	trimethoprim	15	UPTRAVI	61
TOBREX	57	tri-mili	48	UPTRAVI TITRATION	61
TODAY SPONGE	56	trimipramine maleate	17	urea	33
tolcapone	23	TRINTELLIX	17	ursodiol	42
TOLEREX	56	tri-nymyo	48	valacyclovir hcl	24
tolterodine tartrate	43	tri-previfem	48	VALCHLOR	21
tolterodine tartrate er	43	tri-sprintec	48	valganciclovir hcl	24, 25
tolvaptan	41	TRIUMEQ	24	valproic acid	16
topiramate	16	TRIUMEQ PD	24	valsartan	28
toremifene citrate	21	trivora (28)	48	valsartan- hydrochlorothiazide	28
torsemide	28	tri-vylibra	48	vancomycin hcl	15
TOUJEO MAX SOLOSTAR	39	tri-vylibra lo	48	VAQTA	51
TOUJEO SOLOSTAR	39	tropicamide	58	varenicline tartrate	14
TRACLEER	60	trospium chloride	43	varenicline tartrate(continue)	14
TRADJENTA	33	trospium chloride er	43	VARIVAX	51
tramadol hcl (er biphasic)	12	TRUE FOCUS BLOOD GLUCOSE METER	37	VASCEPA	28
tramadol hcl er	12	TRUE METRIX BLOOD GLUCOSE TEST	38	VAXCHORA	51
tramadol hcl ir	12	TRUE METRIX LEVEL 1	38	VAXELIS	51
tramadol-acetaminophen	12	TRUE METRIX LEVEL 2	38	VAXNEUVANCE	51
trandolapril	28	TRUE METRIX LEVEL 3	38	VCF VAGINAL CONTRACEPTIVE	56
trandolapril-verapamil hcl er	28	TRUE METRIX METER	38	VECAMYL	28
tranexamic acid	25	TRUE METRIX PRO BLOOD GLUCOSE	38	velivet	48
tranylcypromine sulfate	17	TRUETRACK TEST	38	VEMLIDY	25
travoprost (bak free)	58	TRULICITY	33		
trazodone hcl	17	TRUMENBA	51		
TRELEGY ELLIPTA	60	TRUSELTIQ (100MG DAILY DOSE)	21		
TREMFYA	50				
TRESIBA	39				

VENCLEXTA	21	VIVAGUARD LANCING DEVICE	38	XOFLUZA (40 MG DOSE)	25
VENCLEXTA STARTING PACK	22	VIVONEX PEDIATRIC	56	XOFLUZA (80 MG DOSE)	25
venlafaxine hcl	17	VIVONEX PEDIATRIC		XOLAIR	60
venlafaxine hcl er	17	RTF	56	XOSPATA	22
VENTAVIS	61	VIVOTIF	51	XPOVIO (100 MG ONCE WEEKLY)	22
VENTOLIN HFA	60	VIZIMPRO	22	XPOVIO (40 MG ONCE WEEKLY)	22
verapamil hcl	28	volnea	48	XPOVIO (40 MG TWICE WEEKLY)	22
verapamil hcl er	28	VONJO	22	XPOVIO (60 MG ONCE WEEKLY)	22
VERIFINE INSULIN PEN NEEDLE	56	voriconazole	18	XPOVIO (60 MG TWICE WEEKLY)	22
VERIFINE INSULIN SYRINGE	39	VORTEX VALVED HOLDING CHAMBER	56	XPOVIO (80 MG ONCE WEEKLY)	22
VERIFINE PLUS PEN NEEDLE	56	VOTRIENT	22	XPOVIO (80 MG TWICE WEEKLY)	22
VERIFINE SAFE LANCET MINI 21G	38	VRAYLAR	23	XPOVIO (80 MG TWICE WEEKLY)	22
VERIFINE SAFE LANCET MINI 23G	38	VUMERITY	29	YF-VAX	51
VERIFINE SAFE LANCET MINI 28G	38	vyfemla	48	yl folic acid	41
VERIFINE SAFE LANCET MINI 30G	38	vylibra	48	YONSA	22
VERZENIO	22	VYVANSE	29	yuvafem	48
vestura	48	WAKIX	61	zafemy	48
V-GO 20	56	warfarin sodium	16	zaflurkast	60
V-GO 30	56	WELIREG	22	zaleplon	61
V-GO 40	56	wera	48	zarah	48
VIBERZI	42	wes-phos 250 neutral	41	ZARONTIN	16
VICTOZA	33	WIDE-SEAL DIAPHRAGM		ZEJULA	22
vienna	48	60	56	ZELBORAF	22
vigabatrin	16	WIDE-SEAL DIAPHRAGM		zenatane	33
vigadrone	16	65	56	ZENPEP	42
VIIBRYD STARTER PACK	17	WIDE-SEAL DIAPHRAGM		ZEPOSIA	29
vilazodone hcl	17	80	56	ZEPOSIA 7-DAY STARTER PACK	29
VIMPAT	16	WIDE-SEAL DIAPHRAGM		ZEPOSIA STARTER KIT	29
viorele	48	85	56	zidovudine	25
VIRACEPT	25	WIDE-SEAL DIAPHRAGM		ziprasidone hcl	23
VIREAD	25	90	56	ZIRGAN	57
VIRT-FEFA PLUS	41	WIDE-SEAL DIAPHRAGM		ZOLINZA	22
virt-phos 250 neutral	41	95	56	zolmitriptan	19
virtussin ac w/alc	59	WILZIN	41	zolpidem tartrate	61
vitamin d (ergocalciferol)	41	wixela inhub	60	zolpidem tartrate er	61
VITRAKVI	22	wymzya fe	48	zonisamide	16
VIVAGUARD INO CONTROL SOLUTION	38	XALKORI	22	ZORTRESS	50
VIVAGUARD INO GLUCOSE METER	38	XARELTO	16	zovia 1/35 (28)	48
VIVAGUARD INO SMART GLUC METER	38	XARELTO STARTER		zovia 1/35e (28)	48
VIVAGUARD INO TEST STRIPS	38	PACK	16	zumandimine	48
		XATMEP	50	ZYDELIG	22
		XELJANZ	50	ZYKADIA	22
		XELJANZ XR	50	ZYLET	58
		XERMELO	42		
		XIFAXAN	15		
		XIGDUO XR	33		
		XiIDRA	58		