

# Essential Health Benefits Formulary

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## **What is my prescription drug coverage?**

As part of your Baylor Scott & White Health Plan (BSWHP) coverage, you may have a prescription drug benefit. This document will help you understand your prescription drug benefit and the Essential Health Benefits 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 Essential Health Benefits 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 Essential Health Benefits 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 & 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- A drug may be withdrawn from the market by the FDA.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](http://BSWHealthPlan.com), which are updated quarterly. To view changes to the formularies, refer to the Monthly Essential Health Benefits 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.

## **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 Essential Health Benefits Formulary Changes document.

## How do I request an exception to the Essential Health Benefits 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](http://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).

## **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

## Reading your formulary

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

### Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers.

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

### Drug list information

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

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

# EHB Formulary

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Analgesics</b>					
Nonsteroidal Anti-inflammatory Drugs					
aspirin 81 oral tablet delayed release	1	PV	indomethacin oral	1	
aspirin adult low dose	1	PV	ketoprofen oral	1	
aspirin adult low strength	1	PV	ketorolac tromethamine injection	1	
aspirin childrens	1	PV	ketorolac tromethamine intramuscular	1	
aspirin ec low dose	1	PV	ketorolac tromethamine oral	1	QL
aspirin ec low strength	1	PV	meclofenamate sodium oral	3	
aspirin low dose	1	PV	mefenamic acid oral	3	
aspirin oral tablet chewable	1	PV	meloxicam oral tablet	1	
aspirin oral tablet delayed release 81 mg	1	PV	mm aspirin	1	PV
aspirin regimen	1	PV	nabumetone oral	1	
celecoxib oral	1	QL	naproxen oral tablet	1	
diclofenac potassium oral tablet 50 mg	1		naproxen sodium oral tablet 275 mg, 550 mg	1	
diclofenac sodium er	3		oxaprozin oral tablet	1	
diclofenac sodium external gel 1 %	1	QL	piroxicam oral	1	
diclofenac sodium external solution 1.5 %	1	PA	ST JOSEPH LOW DOSE	3	PV
diclofenac sodium oral	1		sulindac oral	1	
diflunisal oral	3		tolmetin sodium	1	
etodolac	1		Opioid Analgesics, Long-acting		
etodolac er	1		buprenorphine	3	PA; QL
fenoprofen calcium oral tablet	1		fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 75 mcg/hr	3	PA; QL
flurbiprofen oral	1		fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr	1	PA; QL
ft aspirin low dose	1	PV	hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrant	3	PA; QL
goodsense aspirin low dose	1	PV	hydromorphone hcl er	3	PA; QL
ibuprofen oral suspension 100 mg/5ml	1		methadone hcl intensol	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1		methadone hcl oral concentrate	1	
indomethacin 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
methadone hcl oral solution	1		hydrocodone-acetaminophen	1	QL
methadone hcl oral tablet	1	PA	hydrocodone-ibuprofen oral tablet 10-200 mg	3	QL
mitigo	3		hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg	1	QL
morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg	3	PA; QL	hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	3	
morphine sulfate er oral tablet extended release 15 mg, 30 mg	1	PA; QL	hydromorphone hcl oral liquid	3	QL
NUCYNTA ER	3	PA; QL	hydromorphone hcl oral tablet	1	QL
OXYCONTIN	2	PA; QL	hydromorphone hcl pf	3	
oxymorphone hcl er	3	PA; QL	morphine sulfate (concentrate)	1	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	3	PA; QL	morphine sulfate (pf) injection solution 0.5 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml	3	
tramadol hcl er	3	PA; QL	morphine sulfate (pf) injection solution 10 mg/ml, 8 mg/ml	1	
XTAMPZA ER	2	PA; QL	morphine sulfate (pf) intravenous solution 2 mg/ml, 4 mg/ml	3	
Opioid Analgesics, Short-acting			morphine sulfate injection solution 2 mg/ml, 4 mg/ml	3	
acetaminophen-codeine	1	QL	morphine sulfate intravenous solution 4 mg/ml	3	
ascomp-codeine	3		morphine sulfate oral	1	QL
bac	1		oxycodone hcl oral capsule	1	QL
butalbital-acetaminophen oral tablet 50-325 mg	1		oxycodone hcl oral solution	1	QL
butalbital-apap-caff-cod	3		oxycodone hcl oral tablet	1	QL
butalbital-apap-caffeine oral tablet	1				
butalbital-asa-caff-codeine	3				
butalbital-aspirin-caffeine	1				
butorphanol tartrate injection	1				
butorphanol tartrate nasal	3	QL			
codeine sulfate	1	QL			
endocet	1	QL			
fentanyl citrate buccal lozenge on a handle	3	PA; QL			

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL	buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
oxymorphone hcl	1	QL	Opioid Reversal Agents		
pentazocine-naloxone hcl	3	QL	KLOXXADO	2	
tramadol hcl oral tablet 50 mg	1	QL	naloxone hcl injection	1	
tramadol-acetaminophen	1	QL	naloxone hcl nasal	1	
<b>Anesthetics</b>			Smoking Cessation Agents		
Local Anesthetics			bupropion hcl er (smoking det)	1	PV; QL
glydo	1		ft nicotine	1	PV; QL
lidocaine external ointment 5 %	1		goodsense nicotine mouth/throat lozenge 4 mg	1	PV; QL
lidocaine external patch 5 %	1		habitrol	1	PV; QL
lidocaine hcl urethral/mucosal	1		NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG	3	PV; QL
lidocaine viscous hcl	1		NICORETTE MOUTH/THROAT GUM 2 MG	3	PV; QL
lidocaine-prilocaine external cream	1		NICORETTE MOUTH/THROAT LOZENGE	3	PV; QL
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>			nicotine mini	1	PV; QL
Alcohol Deterrents/Anti-craving			nicotine polacrilex mini	1	PV; QL
acamprosate calcium	3		nicotine polacrilex mouth/throat	1	PV; QL
disulfiram oral	3		nicotine step 1	1	PV; QL
naltrexone hcl oral	1		nicotine step 2	1	PV; QL
VIVITROL	4		nicotine step 3	1	PV; QL
Opioid Dependence Treatments			nicotine transdermal kit	1	PV; QL
buprenorphine hcl sublingual	1	QL	nicotine transdermal patch 24 hour 21 mg/24hr	1	PV; QL
buprenorphine hcl-naloxone hcl sublingual film	3	QL	NICOTROL	3	ST; PV; QL
			NICOTROL NS	3	ST; PV; QL
			varenicline tartrate	1	PV; QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
varenicline tartrate (starter)	1	PV; QL	nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	
varenicline tartrate(continue)	1	PV; QL	nitrofurantoin monohydrate macrocrystals	1	
<b>Antibacterials</b>					
<b>Aminoglycosides</b>					
gentamicin sulfate external	1		polymyxin b sulfate injection	1	
HUMATIN	2		silver sulfadiazine external	1	
neomycin sulfate oral	1		ssd	1	
streptomycin sulfate intramuscular	3		trimethoprim oral	1	
<b>Antibacterials, Other</b>					
aztreonam	1		vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 100 gm, 500 mg, 750 mg	1	
clindamycin hcl oral	1		vancomycin hcl oral	3	
clindamycin palmitate hcl	1		XEPI	3	
clindamycin phosphate in d5w	1		XIFAXAN ORAL TABLET 550 MG	3	PA
clindamycin phosphate injection	1		<b>Beta-lactam, Cephalosporins</b>		
clindamycin phosphate vaginal	1		cefaclor	1	
daptomycin	3		cefadroxil oral capsule	1	
iodine tincture external tincture 2 %	1		cefadroxil oral suspension reconstituted	3	
linezolid in sodium chloride	1		cefazolin sodium injection solution reconstituted 1 gm, 2 gm, 500 mg	1	
linezolid intravenous	1		cefazolin sodium intravenous solution reconstituted 1 gm	1	
linezolid oral	3	QL	cefaclor	1	
mafenide acetate external	1		cefdinir	1	
methenamine hippurate	3		cefpime hcl injection	3	
metronidazole intravenous	1		cefpime hcl intravenous solution 1 gm/50ml	3	
metronidazole oral tablet	1				
metronidazole vaginal	1				
mupirocin external	1				
NEO-SYNALAR	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
cefepime hcl intravenous solution reconstituted 2 gm	3		ampicillin sodium	1	
cefotetan disodium	1		ampicillin-sulbactam sodium	1	
cefoxitin sodium	1		AUGMENTIN ORAL SUSPENSION RECONSTITUTED	3	
cefpodoxime proxetil	3		BICILLIN L-A	3	
cefprozil	1		dicloxacillin sodium	1	
ceftazidime injection	1		nafcillin sodium	1	
ceftazidime intravenous	1		penicillin g potassium injection solution reconstituted 20000000 unit	1	
ceftriaxone sodium injection	1		penicillin v potassium	1	
ceftriaxone sodium intravenous	1		piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1	
cefuroxime axetil	1		<b>Carbapenems</b>		
cephalexin oral capsule 250 mg, 500 mg	1		ertapenem sodium	3	
cephalexin oral suspension reconstituted	1		imipenem-cilastatin	3	
tazicef injection	1		<b>Macrolides</b>		
tazicef intravenous solution reconstituted	1		azithromycin intravenous	1	
<b>Beta-lactam, Penicillins</b>			azithromycin oral	1	
amoxicillin	1		clarithromycin oral suspension reconstituted	3	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1		clarithromycin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 250-62.5 mg/5ml	3		<b>DIFCID ORAL SUSPENSION RECONSTITUTED</b>	3	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1		erythromycin base oral	3	
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	1		erythromycin ethylsuccinate oral	3	
ampicillin	1		erythromycin oral	3	
			<b>Quinolones</b>		
			BAXDELA ORAL	3	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
CIPRO ORAL SUSPENSION RECONSTITUTED	3		<b>Anticonvulsants</b>		
ciprofloxacin hcl oral	1		Anticonvulsants, Other		
ciprofloxacin in d5w	3		BRIVIACT ORAL	3	ST
levofloxacin intravenous	3		EPIDIOLEX	4	PA
levofloxacin oral solution	3		levetiracetam er	3	
levofloxacin oral tablet	1		levetiracetam in nacl intravenous solution 250 mg/50ml	1	
moxifloxacin hcl in nacl	1		levetiracetam oral	1	
moxifloxacin hcl oral	1		roweepra	1	
ofloxacin oral	3		<b>Calcium Channel Modifying Agents</b>		
<b>Sulfonamides</b>			CELONTIN	3	
sulfadiazine oral	3		ethosuximide oral capsule	1	
sulfamethoxazole-trimethoprim	1		ethosuximide oral solution	3	
sulfatrim pediatric	1		methsuximide	1	
<b>Tetracyclines</b>			zonisamide oral	1	
avidoxy	1		<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
demeclercycline hcl	3		clobazam oral tablet	2	PA
doxy 100	1		DIACOMIT	4	PA
doxycycline hyclate intravenous	1		diazepam rectal	3	QL
doxycycline hyclate oral capsule	1		gabapentin oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1		gabapentin oral solution	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		gabapentin oral tablet 600 mg, 800 mg	1	
doxycycline monohydrate oral suspension reconstituted	3		NAYZILAM	3	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1		pentobarbital sodium injection	1	
MINOCIN	3		phenobarbital oral	1	
minocycline hcl oral capsule	1		phenobarbital sodium injection	1	
monodoxine nl	1		primidone oral tablet 250 mg, 50 mg	1	
tetracycline hcl oral	3		tiagabine hcl	3	
			valproate sodium intravenous	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
valproic acid oral	1		phenytoin sodium injection	1	
Glutamate Reducing Agents			rufinamide	3	PA
FYCOMPA	3		<b>Antidementia Agents</b>		
lamotrigine er	3		Cholinesterase Inhibitors		
lamotrigine oral tablet	1		donepezil hcl	1	
lamotrigine oral tablet chewable	1		galantamine hydrobromide	1	
lamotrigine oral tablet dispersible	3		galantamine hydrobromide er	1	
subvenite	1		rivastigmine	3	
topiramate oral capsule sprinkle 15 mg	1		rivastigmine tartrate	1	
topiramate oral capsule sprinkle 25 mg	3		N-methyl-D-aspartate (NMDA) Receptor Antagonist		
topiramate oral tablet	1		memantine hcl er	3	QL
<b>Sodium Channel Agents</b>			memantine hcl oral solution	3	
carbamazepine er	3		memantine hcl oral tablet	1	
carbamazepine oral	1		<b>Antidepressants</b>		
DILANTIN ORAL CAPSULE 30 MG	3		Antidepressants, Other		
epitol	1		bupropion hcl er (sr)	1	QL
fosphenytoin sodium injection solution 500 mg pe/10ml	1		bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
lacosamide oral solution	1		bupropion hcl oral	1	
lacosamide oral tablet	3		mirtazapine oral tablet 15 mg, 30 mg, 45 mg	1	
oxcarbazepine oral suspension	3		perphenazine-amitriptyline	3	
oxcarbazepine oral tablet	1		Monoamine Oxidase Inhibitors		
phenytek	3		MARPLAN	3	
phenytoin infatabs	1		phenelzine sulfate oral	3	
phenytoin oral	1		tranylcypromine sulfate	3	
phenytoin sodium extended oral capsule 100 mg	1				
phenytoin sodium extended oral capsule 200 mg, 300 mg	3				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			doxepin hcl oral concentrate	3	
citalopram hydrobromide oral tablet	1		imipramine hcl oral	1	
desvenlafaxine succinate er	3	QL	nortriptyline hcl oral capsule	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL	nortriptyline hcl oral solution	3	
escitalopram oxalate oral tablet	1		trimipramine maleate oral	3	
FETZIMA	3	ST; QL	<b>Antiemetics</b>		
FETZIMA TITRATION	3	ST; QL	Antiemetics, Other		
fluoxetine hcl oral capsule	1		compro	3	
fluvoxamine maleate	3		dimenhydrinate injection	1	
fluvoxamine maleate er	3	QL	droperidol injection	1	
paroxetine hcl oral tablet	1		meclizine hcl oral tablet 12.5 mg, 25 mg	1	
sertraline hcl oral concentrate	1		metoclopramide hcl injection	1	
sertraline hcl oral tablet	1		metoclopramide hcl oral solution	1	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1		metoclopramide hcl oral tablet	1	
TRINTELLIX	3	ST; QL	perphenazine oral	2	
venlafaxine hcl	1		prochlorperazine	3	
venlafaxine hcl er oral capsule extended release 24 hour	1	QL	prochlorperazine maleate oral	1	
vilazodone hcl	1	PA; QL	promethazine hcl oral	1	
<b>Tricyclics</b>			promethazine hcl rectal	3	
amitriptyline hcl oral	3		promethegan rectal suppository 12.5 mg, 25 mg	3	
amoxapine	3		scopolamine	2	
clomipramine hcl oral	3		<b>Emetogenic Therapy Adjuncts</b>		
desipramine hcl oral	3		ANZEMET	3	QL
doxepin hcl oral capsule	3		aprepitant oral capsule 125 mg, 40 mg, 80 mg	3	QL
			dronabinol	3	PA; QL
			fosaprepitant dimeglumine	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
granisetron hcl intravenous	1		griseofulvin ultramicrosize	3	
granisetron hcl oral	1	QL	GYNIAZOLE-1	3	
ondansetron hcl injection	1		itraconazole oral capsule	3	PA
ondansetron hcl oral solution	1	QL	ketoconazole external cream	1	
ondansetron hcl oral tablet 4 mg, 8 mg	1		ketoconazole external shampoo	1	
ondansetron odt	1		ketoconazole oral	1	
<b>Antifungals</b>			LULICONAZOLE	3	PA
ABELCET	3		miconazole 3	1	
amphotericin b intravenous	1		nyamyc	1	
amphotericin b liposome	3		nystatin external	1	
caspofungin acetate	3		nystatin mouth/throat	1	
ciclodan	1		nystatin oral	3	
ciclopirox external	1		nystatin-triamcinolone	1	
ciclopirox olamine external	1		nystop	1	
clotrimazole external	1		SULCONAZOLE NITRATE EXTERNAL CREAM	3	PA
clotrimazole mouth/throat	1		terbinafine hcl oral	1	QL
clotrimazole- betamethasone external cream	1		terconazole vaginal cream	1	
econazole nitrate external	1		voriconazole oral tablet	3	PA
ERTACZO	3	PA	<b>Antigout Agents</b>		
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1		allopurinol oral tablet 100 mg, 300 mg	1	
fluconazole oral	1		allopurinol sodium	1	
flucytosine oral capsule 250 mg	1		colchicine tablet 0.6 mg oral	1	
flucytosine oral capsule 500 mg	3		colchicine tablet 0.6 mg oral	1	Made by Par
griseofulvin microsize oral	3		colchicine-probenecid	2	
			febuxostat	3	ST
			probenecid	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes			
<b>Antimigraine Agents</b>								
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist								
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL	pyridostigmine bromide oral tablet	1				
AJOVY	2	PA; QL	<b>Antimycobacterials</b>					
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL	Antimycobacterials, Other					
Ergot Alkaloids								
dihydroergotamine mesylate injection	3	PA; QL	dapsone oral	3				
ergotamine-caffeine	3	PA; QL	rifabutin	3				
Serotonin (5-HT) Receptor Agonists								
almotriptan malate	3	QL	Antituberculars					
eletriptan hydrobromide	3	QL	cycloserine oral	1				
naratriptan hcl	1	QL	ethambutol hcl oral	3				
rizatriptan benzoate	1	QL	isoniazid injection	1				
sumatriptan nasal	3	QL	isoniazid oral	1				
sumatriptan succinate oral	1	QL	PRIFTIN	3				
sumatriptan succinate subcutaneous solution	1	QL	pyrazinamide oral	1				
sumatriptan succinate subcutaneous solution auto-injector	3	QL	rifampin intravenous	1				
zolmitriptan oral tablet	1	QL	rifampin oral	2				
zolmitriptan oral tablet dispersible	3	QL	SIRTURO	3				
<b>Antimyasthenic Agents</b>								
Parasympathomimetics								
neostigmine methylsulfate intravenous solution prefilled syringe 3 mg/3ml	3		TRECATOR	3				
<b>Antineoplastics</b>								
Alkylating Agents								
busulfan		4	Antineoplastics					
cyclophosphamide injection		4	Alkylating Agents					
cyclophosphamide oral capsule		CM	busulfan	4				
CYCLOPHOSPHAMIDE ORAL TABLET		CM	cyclophosphamide injection	4				
GLEOSTINE		CM	cyclophosphamide oral capsule	CM				
LEUKERAN		CM	CYCLOPHOSPHAMIDE ORAL TABLET	CM				
MATULANE		CM	GLEOSTINE	CM				
melphalan		CM	LEUKERAN	CM				
melphalan hcl		4	MATULANE	CM				
MYLERAN		CM	melphalan	CM				
temozolomide		PA	myleran	CM				
ZANOSAR		4	temozolomide	CM	PA			
Antiandrogens								
abiraterone acetate		PA	ZANOSAR	4				
bicalutamide		CM	Antiandrogens					

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ORGOVYX	CM	PA	mitomycin intravenous	4	
XTANDI	CM	PA	mitoxantrone hcl	4	PA
Antiangiogenic Agents					
lenalidomide	CM	PA	mutamycin	4	
POMALYST	CM	PA	NINLARO	CM	PA
REVLIMID	CM	PA	ONUREG	CM	PA
THALOMID	CM	PA	paclitaxel	4	
Antiestrogens/Modifiers					
EMCYT	CM		PIQRAY	CM	PA
ORSERDU	CM	PA	PROLEUKIN	4	
tamoxifen citrate oral tablet 10 mg	CM		ROZLYTREK ORAL CAPSULE	CM	PA
tamoxifen citrate oral tablet 20 mg	CM	PV*	ZOLINZA	CM	PA
toremifene citrate	CM		Aromatase Inhibitors, 3rd Generation		
Antimetabolites					
capecitabine	CM		anastrozole oral	CM	PV*
decitabine	4	PA	exemestane	CM	PV*
DROXIA	3		letrozole oral	CM	
fludarabine phosphate	4		Enzyme Inhibitors		
fluorouracil intravenous	4		etoposide oral	CM	
hydroxyurea oral	CM		HYCAMTIN ORAL	CM	
mercaptopurine oral	CM		Molecular Target Inhibitors		
Antineoplastics, Other					
AMELUZ	3		ALECENSA	CM	PA
daunorubicin hcl	4		BELEODAQ	4	PA
diclofenac sodium external gel 3 %	1	ST; QL	BOSULIF ORAL TABLET	CM	PA
ETHYOL	4		CABOMETYX	CM	PA
fluorouracil external cream 5 %	3		CAPRELSA ORAL TABLET 100 MG	CM	PA; QL
fluorouracil external solution	1		CAPRELSA ORAL TABLET 300 MG	CM	PA
IXEMPRA KIT	4		COMETRIQ	CM	PA
leucovorin calcium injection solution reconstituted	1		COTELLIC	CM	PA
leucovorin calcium oral	CM		ERIVEDGE	CM	PA
			erlotinib hcl oral tablet 100 mg, 150 mg	CM	PA
			erlotinib hcl oral tablet 25 mg	CM	PA; QL
			everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	CM	PA; QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
everolimus oral tablet soluble	CM	PA	TABRECTA	CM	PA
GILOTRIF	CM	PA; QL	TAFINLAR	CM	PA
IBRANCE	CM	PA	TAGRISSO ORAL TABLET 40 MG	CM	PA; QL
ICLUSIG ORAL TABLET 10 MG, 15 MG	CM	PA; QL	TAGRISSO ORAL TABLET 80 MG	CM	PA
ICLUSIG ORAL TABLET 30 MG, 45 MG	CM	PA	TASIGNA	CM	PA
imatinib mesylate	CM	PA	TUKYSA	CM	PA
IMBRUWICA ORAL CAPSULE	CM	PA; QL	TURALIO	CM	PA
IMBRUWICA ORAL SUSPENSION	CM	PA	VENCLEXTA	CM	PA
IMBRUWICA ORAL TABLET	CM	PA; QL	VENCLEXTA STARTING PACK	CM	PA
INLYTA	CM	PA	VOTRIENT	CM	PA
JAKAFI ORAL TABLET 10 MG, 5 MG	CM	PA; QL	XALKORI ORAL CAPSULE	CM	PA
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	CM	PA	ZELBORAF	CM	PA
KOSELUGO	CM	PA	ZYDELIG	CM	PA
lapatinib ditosylate	CM	PA	ZYKADIA	CM	PA
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	CM	PA	Monoclonal Antibody/Antibody-Drug Conjugate		
LYNPARZA	CM	PA	ADCETRIS	4	PA
MEKINIST	CM	PA	ENHERTU	4	PA
NEXAVAR	CM	PA	RITUXAN	3	PA
pazopanib hcl	CM	PA	RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML	3	PA
QINLOCK	CM	PA	RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1600-26800 MG -UT/13.4ML	4	PA
RETEVMO	CM	PA	RUXIENCE	3	PA
RYDAPT	CM	PA	Retinoids		
sorafenib tosylate	CM	PA	bexarotene external	4	PA
SPRYCEL	CM	PA	bexarotene oral	CM	PA
STIVARGA	CM	PA	tretinoin oral	CM	
sunitinib malate	CM	PA	Treatment Adjuncts		
			MESNEX ORAL	CM	

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
<b>Antiparasitics</b>					
Anthelmintics					
albendazole oral	3	PA	amantadine hcl oral solution	1	
EMVERM	2		entacapone	3	
ivermectin oral	3		tolcapone	1	
praziquantel oral	3		<b>Dopamine Agonists</b>		
Antiprotozoals					
ALINIA ORAL SUSPENSION RECONSTITUTED	3		apomorphine hcl subcutaneous	4	PA; QL
atovaquone	3		bromocriptine mesylate oral	3	
atovaquone-proguanil hcl oral tablet 250-100 mg	3		NEUPRO	3	
atovaquone-proguanil hcl oral tablet 62.5-25 mg	1		pramipexole dihydrochloride	1	
BENZNIDAZOLE	3		ropinirole hcl	1	
chloroquine phosphate oral	3		ropinirole hcl er	3	
hydroxychloroquine sulfate oral	1		<b>Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors</b>		
IMPAVIDO	3		carbidopa oral	3	
mefloquine hcl	1		carbidopa-levodopa	1	
nitazoxanide oral	3		carbidopa-levodopa er	1	
primaquine phosphate	1		<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
pyrimethamine oral	4	PA	rasagiline mesylate oral	3	
<b>Pediculicides/Scabicides</b>			selegiline hcl oral	1	
malathion	3		<b>Antipsychotics</b>		
permethrin external	1		<b>1st Generation/Typical</b>		
spinosad	3		chlorpromazine hcl oral tablet	3	
sulfurated lime	1		fluphenazine hcl oral tablet	3	
<b>Antiparkinson Agents</b>			haloperidol decanoate intramuscular	1	
Anticholinergics			haloperidol lactate	1	
benztropine mesylate	1		haloperidol oral	1	
trihexyphenidyl hcl	1		loxapine succinate	3	
Antiparkinson Agents, Other			pimozide	3	
amantadine hcl oral capsule	1		thioridazine hcl oral	1	
			thiothixene	3	
			trifluoperazine hcl	3	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes			
2nd Generation/Atypical								
ABILIFY MAINTENA	3		BARACLUDE ORAL SOLUTION	3	QL			
aripiprazole oral tablet	1	QL	entecavir	1	QL			
asenapine maleate	3	QL	lamivudine oral tablet 100 mg	1				
FANAPT	3	ST; QL	Anti-hepatitis C (HCV) Agents					
FANAPT TITRATION PACK	3	ST; QL	EPCLUSA	3	PA; QL			
INVEGA HAFYERA	3	ST	HARVONI	4	PA; QL			
INVEGA SUSTENNA	3		MAVYRET	3	PA; QL			
INVEGA TRINZA	3		PEGASYS	4	PA			
lurasidone hcl	1	QL	ribavirin oral	4				
olanzapine intramuscular	3		ZEPATIER	4	PA; QL			
olanzapine oral tablet	1	QL	Antiherpetic Agents					
paliperidone er	3	QL	acyclovir external ointment	1	QL			
quetiapine fumarate	1	QL	acyclovir oral capsule	1				
quetiapine fumarate er	1	QL	acyclovir oral suspension	3				
REXULTI	3	QL	acyclovir oral tablet	1				
RISPERDAL CONSTA	3		acyclovir sodium	1				
risperidone er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	1		famciclovir oral	1				
risperidone oral tablet	1	QL	valacyclovir hcl oral	1	QL			
ziprasidone hcl	3	QL	Anti-HIV Agents, Integrase Inhibitors (INSTI)					
Treatment-Resistant								
clozapine oral tablet	3	QL	BIKTARVY	3	QL			
<b>Antivirals</b>								
LAGEVRIO	3	QL	DOVATO	2	QL			
PAXLOVID (150/100)	3	QL	ISENTRESS	2				
PAXLOVID (300/100)	3	QL	ISENTRESS HD	2				
Anti-cytomegalovirus (CMV) Agents								
cidofovir intravenous	1		JULUCA	2	QL			
valganciclovir hcl	3		TIVICAY	2				
Anti-hepatitis B (HBV) Agents			TIVICAY PD	2				
adefovir dipivoxil	3		Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)					
COMPLERA	3	QL	EDURANT	3				
efavirenz	3							

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
efavirenz-emtricitab-tenofo df	3	QL	zidovudine	3	
efavirenz-lamivudine-tenofovir	3	QL	Anti-HIV Agents, Other		
etravirine	3		FUZEON	2	
INTELENCE ORAL TABLET 25 MG	3		maraviroc	1	PA
nevirapine	3		RUKOBIA	2	
nevirapine er	3		SELZENTRY ORAL SOLUTION	2	PA
PIFELTRO	3		Anti-HIV Agents, Protease Inhibitors		
Anti-HIV Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (NRTI)			atazanavir sulfate	3	
abacavir sulfate oral solution	3		darunavir	1	
abacavir sulfate oral tablet	1		EVOTAZ	2	QL
abacavir sulfate-lamivudine	3	QL	fosamprenavir calcium	3	
CIMDUO	2	QL	lopinavir-ritonavir oral solution	3	
emtricitabine	3		lopinavir-ritonavir oral tablet 100-25 mg	1	
emtricitabine-tenofovir df	3	PV*; QL	lopinavir-ritonavir oral tablet 200-50 mg	3	
EMTRIVA ORAL SOLUTION	2		NORVIR ORAL PACKET	2	
lamivudine oral solution	3		PREZCOBIX	2	QL
lamivudine oral tablet 150 mg, 300 mg	1		PREZISTA	2	
lamivudine-zidovudine	3	QL	REYATAZ ORAL PACKET	2	
ODEFSEY	3	QL	ritonavir	3	
tenofovir disoproxil fumarate	1	PV*	SYMTUZA	3	QL
TRIUMEQ	2	QL	VIRACEPT	4	
VIREAD ORAL POWDER	2		Anti-influenza Agents		
VIREAD ORAL TABLET 150 MG	3		oseltamivir phosphate oral	3	QL
VIREAD ORAL TABLET 200 MG, 250 MG	2		RELENTA DISKHALER	3	QL
			rimantadine hcl	1	
<b>Anxiolytics</b>					
Anxiolytics, Other					
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg			hydroxyzine hcl oral	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
hydroxyzine pamoate oral capsule 100 mg	3		CARESENS LANCETS 30G	2	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	1		CEQUR SIMPLICITY 2U 10PK	2	
meprobamate	3		CHEMSTRIP 10 MD	3	
<b>Benzodiazepines</b>			CHEMSTRIP 10/SG	3	
alprazolam er	2	QL	CHEMSTRIP 2 GP	3	
alprazolam oral tablet	1	QL	CHEMSTRIP 5 OB	3	
alprazolam xr	2	QL	CHEMSTRIP 7	3	
chlordiazepoxide hcl	1	QL	CHEMSTRIP 9	3	
clonazepam oral tablet	1	QL	CHEMSTRIP K	3	
diazepam intensol	2		CHEMSTRIP UGK	3	
diazepam oral concentrate	2		CLEVER CHOICE COMFORT EZ	2	
diazepam oral solution	2		CONTOUR CONTROL SOLUTION	2	
diazepam oral tablet	1		CONTOUR MONITOR DEVICE	2	
lorazepam injection	1		CONTOUR MONITOR KIT W/DEVICE	2	
lorazepam intensol	3	QL	CONTOUR NEXT CONTROL SOLUTION	2	
lorazepam oral concentrate 2 mg/ml	3	QL	CONTOUR NEXT EZ KIT W/DEVICE	2	
lorazepam oral tablet	1	QL	CONTOUR NEXT GEN MONITOR KIT	2	
<b>Bipolar Agents</b>			CONTOUR NEXT LINK KIT W/DEVICE	2	
<b>Mood Stabilizers</b>			CONTOUR NEXT MONITOR KIT W/DEVICE	2	
divalproex sodium er	1		CONTOUR NEXT ONE KIT	2	
divalproex sodium oral capsule delayed release sprinkle	3		CONTOUR NEXT GEN TEST STRIPS	2	QL
divalproex sodium oral tablet delayed release	1		CONTOUR TEST STRIPS	2	QL
lithium	1		CVS KETONE CARE	3	
lithium carbonate er	1		INPEN 100-BLUE-LILLY- HUMALOG	3	
lithium carbonate oral	1				
<b>Blood Glucose Monitoring</b>					
ACCU-CHEK FASTCLIX LANCET KIT	2				
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
INPEN 100-BLUE-NOVOLOG-FIASP	3		glipizide xl	1	
INPEN 100-GREY-LILLY-HUMALOG	3		glipizide-metformin hcl	3	
INPEN 100-GREY-NOVOLOG-FIASP	3		glyburide micronized	1	
INPEN 100-PINK-LILLY-HUMALOG	3		glyburide oral	1	
INPEN 100-PINK-NOVOLOG-FIASP	3		glyburide-metformin	3	
KETO-DIASTIX	3		GLYXAMBI	2	
KETONE TEST	3		JANUMET	2	ST
KETOSTIX	3		JANUMET XR	2	ST
LANCETS	2		JANUVIA	2	ST
NOVOPEN ECHO	3		JARDIANCE	2	
ONETOUCH DELICA PLUS LANCING	3		JENTADUETO	2	ST
ONETOUCH DELICA SAFETY LANCING	3		JENTADUETO XR	2	ST
VERIFINE SAFE LANCET MINI 21G	2		metformin hcl er	1	
VERIFINE SAFE LANCET MINI 23G	2		metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
VERIFINE SAFE LANCET MINI 28G	2		MOUNJARO	2	PA; QL
VERIFINE SAFE LANCET MINI 30G	2		nateglinide	3	
<b>Blood Glucose Regulators</b>			OZEMPIC	2	PA; QL
Antidiabetic Agents			pioglitazone hcl	1	
acarbose oral	3		repaglinide	3	
BYDUREON BCISE AUTOINJECTOR	2	PA; QL	RYBELSUS	2	PA; QL
BYETTA 10 MCG PEN	2	PA; QL	SOLIQUA	2	ST; QL
BYETTA 5 MCG PEN	2	PA; QL	SYNJARDY	2	
FARXIGA	2		SYNJARDY XR	2	
glimepiride	1		TRADJENTA	2	ST
glipizide er	1		TRULICITY	2	PA; QL
glipizide oral tablet 10 mg, 5 mg	1		VICTOZA	2	PA; QL
			XIGDUO XR	2	
			XULTOPHY	2	ST; QL
Glycemic Agents					
			BAQSIMI ONE PACK	2	
			BAQSIMI TWO PACK	2	
			diazoxide oral	1	
			glucagon emergency kit	1	
			GLUCAGON EMERGENCY KIT	2	Made by Fresenius

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Insulins			ELIQUIS DVT/PE STARTER PACK	2	QL
HUMALOG	2		enoxaparin sodium	3	
HUMALOG KWIKPEN	2		fondaparinux sodium	3	
HUMALOG MIX 50/50 KWIKPEN	2		heparin sodium (porcine) injection solution prefilled syringe	1	
HUMALOG MIX 50/50 VIAL	2		heparin sodium (porcine) pf injection solution 5000 unit/ml	3	
HUMALOG MIX 75/25 KWIKPEN	2		jantoven	1	
HUMALOG MIX 75/25 VIAL	2		PRADAXA ORAL CAPSULE 110 MG	2	QL
HUMALOG U-100 JUNIOR KWIKPEN	2		warfarin sodium oral	1	
HUMULIN 70/30 KWIKPEN	2		XARELTO	2	QL
HUMULIN 70/30 VIAL	2		XARELTO STARTER PACK	2	QL
HUMULIN N KWIKPEN	2		Blood Formation Modifiers		
HUMULIN N VIAL	2		anagrelide hcl	3	
HUMULIN R U-500 KWIKPEN	2		ARANESP (ALBUMIN FREE)	4	PA
HUMULIN R U-500 VIAL	2		MOZOBIL	4	
HUMULIN R VIAL	2		NEULASTA	4	PA
LANTUS SOLOSTAR	2		NEULASTA ONPRO	4	PA
LANTUS U-100 VIAL	2		NIVESTYM	4	PA
LEVEMIR FLEXPEN	3	PA	plerixafor	4	
LEVEMIR U-100 VIAL	3	PA	PROMACTA	4	PA
TOUJEO MAX SOLOSTAR	2		PYRUKYND	4	PA; QL
TOUJEO SOLOSTAR	2		PYRUKYND TAPER PACK	4	PA; QL
TRESIBA	3	PA	REBLOZYL	4	PA
TRESIBA FLEXTOUCH	3	PA	RETACRIT	4	PA
<b>Blood Products and Modifiers</b>			Hemostasis Agents		
SOLIRIS	4	PA	ALPHANATE	4	
Anticoagulants			aminocaproic acid oral tablet	3	
dabigatran etexilate mesylate	1	QL	COAGADEX	4	
ELIQUIS	2	QL	CORIFACT	4	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ELOCTATE	4		Angiotensin II Receptor Antagonists		
FEIBA	4		irbesartan	1	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	4		losartan potassium oral	1	
HUMATE-P	4		olmesartan medoxomil oral	1	
NOVOEIGHT	4		telmisartan	1	
NOVOSEVEN RT	4		valsartan oral tablet	1	
NUWIQ	4		Angiotensin-converting Enzyme (ACE) Inhibitors		
OBIZUR	4		benazepril hcl oral	1	
RECOMBINATE	4		enalapril maleate oral tablet	1	
RIASTAP	4		fosinopril sodium	1	
RIXUBIS	4		lisinopril oral	1	
XYNTHA	4		quinapril hcl	1	
XYNTHA SOLOFUSE	4		ramipril	1	
Platelet Modifying Agents			trandolapril	1	
aspirin-dipyridamole er	3		Antiarrhythmics		
BRILINTA	2		amiodarone hcl oral tablet 200 mg	1	
CABLIVI	4	PA; QL	disopyramide phosphate	3	
cilostazol	1		dofetilide	3	
clopidogrel bisulfate oral	1		flecainide acetate	1	
dipyridamole oral	2		mexiletine hcl oral	3	
prasugrel hcl	3		procainamide hcl injection solution 100 mg/ml	3	
<b>Cardiovascular Agents</b>			propafenone hcl	1	
Alpha-adrenergic Agonists			quinidine sulfate	1	
clonidine hcl oral	1		sotalol hcl (af)	1	
guanfacine hcl	1		sotalol hcl oral	1	
midodrine hcl	1		Beta-adrenergic Blocking Agents		
Alpha-adrenergic Blocking Agents			acebutolol hcl oral	2	
doxazosin mesylate oral	1		atenolol oral	1	
phenoxybenzamine hcl oral	3	PA	betaxolol hcl oral	1	
prazosin hcl oral	1		bisoprolol fumarate oral	1	
			carvedilol	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
labetalol hcl oral	1		nimodipine oral	3	
metoprolol succinate er	1		taztia xt	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
nebivolol hcl	3		verapamil hcl er oral tablet extended release	1	
pindolol	3		verapamil hcl oral	1	
propranolol hcl er	3		Cardiovascular Agents, Other		
propranolol hcl intravenous	1		amiloride-hydrochlorothiazide	1	
propranolol hcl oral	1		amlodipine besylate-benazepril hcl	1	
Calcium Channel Blocking Agents			amlodipine besylate-valsartan	3	
amlodipine besylate oral	1		amlodipine-olmesartan	3	
cartia xt	1		atenolol-chlorthalidone	1	
diltiazem hcl er beads	1		bisoprolol-hydrochlorothiazide	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1		digoxin oral solution	3	
diltiazem hcl er oral capsule extended release 24 hour	1		digoxin oral tablet 125 mcg, 250 mcg	1	
diltiazem hcl oral	1		enalapril-hydrochlorothiazide	1	
dilt-xr	1		ENTRESTO	2	QL
felodipine er	1		epinephrine injection solution	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg	1		epinephrine pf	1	
nifedipine er oral tablet extended release 24 hour 90 mg	3		irbesartan-hydrochlorothiazide	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	1		lisinopril-hydrochlorothiazide	1	
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	3		losartan potassium-hctz	1	
			mannitol intravenous solution 20 %	3	
			metyrosine	1	PA; QL
			olmesartan medoxomil-hctz	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
pentoxifylline er	1		fenofibrate oral capsule 67 mg	1	
quinapril-hydrochlorothiazide	1		fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
ranolazine er	3		fenofibric acid oral capsule delayed release	3	
spironolactone-hctz	1		gemfibrozil oral	1	
triamterene-hctz	1		Dyslipidemics, HMG CoA Reductase Inhibitors		
valsartan-hydrochlorothiazide	1		atorvastatin calcium oral tablet 10 mg, 20 mg	1	PV*
VYNDAMAX	4	PA; QL	atorvastatin calcium oral tablet 40 mg, 80 mg	1	
Diuretics, Carbonic Anhydrase Inhibitors			fluvastatin sodium	3	
acetazolamide er	3		lovastatin oral	1	PV
acetazolamide oral	3		pravastatin sodium	1	
Diuretics, Loop			rosuvastatin calcium	1	
bumetanide oral	1		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	PV*
ethacrynic acid	3		simvastatin oral tablet 80 mg	1	
furosemide injection	1		Dyslipidemics, Other		
furosemide oral	1		cholestyramine light	3	
torsemide	1		cholestyramine oral	3	
Diuretics, Potassium-sparing			colesevelam hcl oral tablet	3	
amiloride hcl oral	1		colestipol hcl	3	
eplerenone	3		ezetimibe	1	
spironolactone oral tablet	1		ezetimibe-simvastatin	3	
Diuretics, Thiazide			niacin er (antihyperlipidemic)	3	
chlorthalidone	1		omega-3-acid ethyl esters	3	
hydrochlorothiazide oral	1		prevalte	3	
indapamide	1		REPATHA	2	PA; QL
metolazone	3		REPATHA PUSHTRONEX SYSTEM	2	PA; QL
Dyslipidemics, Fibric Acid Derivatives			REPATHA SURECLICK	2	PA; QL
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg	3				
fenofibrate micronized oral capsule 67 mg	1				
fenofibrate oral capsule 134 mg, 200 mg	3				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Vasodilators, Direct-acting Arterial			dexamethylphenidate hcl	1	QL
hydralazine hcl oral	1		dexamethylphenidate hcl er	3	QL
minoxidil oral	1		guanfacine hcl er	3	
Vasodilators, Direct-acting Arterial/Venous			methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	3	QL
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		methylphenidate hcl er oral tablet extended release	3	QL
isosorbide mononitrate	1		methylphenidate hcl oral tablet	1	QL
isosorbide mononitrate er	1		Central Nervous System, Other		
nitroglycerin sublingual	1		riluzole	3	PA; QL
nitroglycerin transdermal	1		SKYCLARYS	4	PA; QL
RECTIV	3		tetrabenazine	4	PA
<b>Central Nervous System Agents</b>			<b>Fibromyalgia Agents</b>		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			pregabalin oral capsule	1	QL
amphetamine sulfate	3	QL	pregabalin oral solution	3	QL
amphetamine-dextroamphetamine	1	QL	SAVELLA	3	ST; QL
amphetamine-dextroamphetamine er	1	QL	SAVELLA TITRATION PACK	3	ST; QL
dextroamphetamine sulfate er	3	QL	<b>Multiple Sclerosis Agents</b>		
dextroamphetamine sulfate oral solution	3	QL	AVONEX PEN	4	PA; QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL	AVONEX PREFILLED	4	PA; QL
lisdexamfetamine dimesylate	1	QL	BAFIERTAM	4	PA; QL
VYVANSE	2	QL	BETASERON	4	PA; QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			dalfampridine er	4	PA; QL
atomoxetine hcl	3	QL	dimethyl fumarate oral	3	PA; QL
clonidine hcl er oral tablet extended release 12 hour	1		dimethyl fumarate starter pack	3	PA; QL
			fingolimod hcl	4	PA; QL
			GILENYA ORAL CAPSULE 0.25 MG	4	PA; QL
			glatiramer acetate	4	PA; QL
			glatopa	4	PA; QL
			MAYZENT	4	PA; QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
MAYZENT STARTER PACK	4	PA; QL	adapalene-benzoyl peroxide external gel 0.3-2.5 %	3	
TYSABRI	4	PA; QL	ammonium lactate external	1	
<b>Dental and Oral Agents</b>					
cevimeline hcl	3		amnesteem	3	
chlorhexidine gluconate mouth/throat	1		benzoyl peroxide-erythromycin	3	
DEBACTEROL	3		calcipotriene external ointment	3	
easygel	1		calcipotriene external solution	3	
fluoridex daily renewal	1		calcitriol external	3	
kourzeq	1		CIBINQO	4	PA; QL
oralone	1		claravis	3	
periogard	1		clindacin etz external swab	1	
pilocarpine hcl oral tablet 5 mg	2		clindacin-p	1	
pilocarpine hcl oral tablet 7.5 mg	3		clindamycin phos-benzoyl perox external gel 1.2-5 %	1	
PREVIDENT MOUTH/THROAT	3		clindamycin phos-benzoyl perox external gel 1.5 %, 1.2-2.5 %	3	
sodium fluoride 5000 plus	1		clindamycin phosphate external gel	1	
sodium fluoride 5000 ppm dental cream	1		clindamycin phosphate external solution	1	
sodium fluoride dental	1		clindamycin phosphate external swab	1	
triamicinolone acetonide mouth/throat	1		coal tar external	1	
<b>Dermatological Agents</b>					
accutane	3		DUPIXENT	4	PA; QL
acitretin	3		ery	3	
adapalene external cream	3		erythromycin external	1	
adapalene external gel 0.1 %	1		imiquimod external cream 5 %	1	
adapalene external gel 0.3 %	3		isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1		ivermectin external cream	3	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
lactic acid e	1		<b>Electrolytes/Minerals/Metals/Vitamins</b>		
lactic acid external	1		Electrolyte/Mineral Replacement		
metronidazole external cream	1		carglumic acid	4	PA
metronidazole external gel 0.75 %	1		corvita 150	1	
neuac	1		ferocon	1	
pimecrolimus	3	ST; QL	ferottrinsic	1	
podofilox external solution	1		ferrocite plus	1	
REGRANEX	3	PA	foltrin	1	
SANTYL	3	QL	iodine strong oral	1	
selenium sulfide external lotion	1		klor-con 10	1	
SKYRIZI INTRAVENOUS	4	PA	klor-con m10	1	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QL	klor-con m15	1	
STELARA INTRAVENOUS	4	PA	klor-con m20	1	
STELARA SUBCUTANEOUS	4	PA; QL	klor-con oral packet	3	
sulfacetamide sodium (acne)	3		klor-con oral tablet extended release	1	
tacrolimus external	3	QL	k-tan plus	1	
TALTZ	4	PA; QL	levocarnitine oral solution	1	
tazarotene external cream	3	PA	levocarnitine oral tablet	1	
TREMFYA	4	PA; QL	levocarnitine sf	1	
tretinoin external cream 0.025 %, 0.05 %	2		na ferric gluc cplx in sucrose	1	
tretinoin external cream 0.1 %	3		polysaccharide iron forte	1	
tretinoin external gel 0.01 %, 0.025 %	3		potassium chloride crys er	1	
zenatane	3		potassium chloride er	1	
			potassium chloride intravenous solution 10 meq/50ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	1	
			potassium chloride oral packet	3	
			potassium chloride oral solution	1	
			potassium citrate er	2	
			purevit dualfe plus	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
se-tan plus	1		folate	1	PV
sod citrate-citric acid	1		folbee plus	1	
sodium acetate intravenous solution 2 meq/ml	3		folic acid oral tablet 1 mg	1	
sodium fluoride oral	1	PV	folic acid oral tablet 400 mcg, 800 mcg	1	PV
trigels-f forte	1		folplex 2.2	1	
Electrolyte/Mineral/Metal Modifiers			hydroxocobalamin acetate	1	
CHEMET	3		lysiplex plus oral tablet	1	
deferasirox oral tablet soluble	3	PA	MASONATAL	3	PV
deferiprone	3	PA	multivitamin w/fluoride	1	
sodium polystyrene sulfonate	1		multi-vitamin/fluoride	1	
SPS	3		multivitamin/fluoride oral tablet chewable	1	
trientine hcl oral capsule 250 mg	4	PA	multi-vitamin/fluoride/iron	1	
Phosphate Binders			NASCOBAL	3	
calcium acetate (phos binder)	1		NEONATAL PRENATAL	3	PV
calcium acetate oral tablet 667 mg	1		nephronex oral tablet	1	
FOSRENOL ORAL PACKET	3		nutrifac zx	1	
sevelamer carbonate oral tablet	3		ONE VITE WOMENS	3	PV
Vitamins			ONE-A-DAY WOMENS PRENATAL 1	3	PV
adc/f (0.5mg/ml)	1		phytonadione injection	1	
biocel	1		phytonadione oral	3	
bp vit 3	1		prenatal multi +dha	1	PV
b-plex	1		prenatal oral tablet 27-0.8 mg	1	PV
b-plex plus	1		prenatal oral tablet 27-1 mg	1	
cyanocobalamin injection solution 1000 mcg/ml	1		prenatal plus vitamin/mineral	1	
cyanocobalamin nasal	1		prenatal/folic acid+dha	1	PV
ergocalciferol oral capsule	1		pyridoxine hcl injection	1	
fa-vitamin b-6-vitamin b-12	1		thiamine hcl injection	1	
			triphrocaps	1	
			tri-vite/fluoride	1	
			v-c forte	1	
			virt-caps	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
vita s forte	1		GATTEX	4	PA
vitacel	1		loperamide hcl oral capsule	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1		MOTEGRITY	3	ST; QL
vitamin k1 injection	1		MOTOFEN	3	PA
vitamins acd-fluoride	1		OMECLAMOX-PAK	2	
wescaps	1		REBYOTA	4	PA
yl folic acid	1	PV	SYMPROIC	2	ST; QL
<b>Gastrointestinal Agents</b>			ursodiol oral capsule 300 mg	3	
Antispasmodics, Gastrointestinal			ursodiol oral tablet	3	
dicyclomine hcl oral	1		Histamine2 (H2) Receptor Antagonists		
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml	1		cimetidine oral	1	
glycopyrrolate oral solution	1	PA	famotidine (pf)	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL	famotidine oral suspension reconstituted	3	
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml	1		famotidine oral tablet 20 mg, 40 mg	1	
hyoscyamine sulfate oral	1		nizatidine	1	
hyoscyamine sulfate sl	1		<b>Irritable Bowel Syndrome Agents</b>		
hyoscyamine sulfate sublingual	1		alosetron hcl	3	PA
methscopolamine bromide oral	3		LINZESS	2	ST; QL
<b>Gastrointestinal Agents, Other</b>			<b>Laxatives</b>		
alvimopan	1		bisacodyl ec	1	PV; QL
amoxicill-clarithro-lansopraz	3		bisacodyl oral	1	PV; QL
bis subcit-metronid-tetracyc	1		citroma	1	PV; QL
bismuth/metronidaz/tetra cyclin	1		clearlax	1	PV; QL
cromolyn sodium oral	3		constulose	1	
diphenoxylate-atropine oral tablet	1		enulose	1	
			ft clearlax	1	PV; QL
			ft laxative	1	PV; QL
			ft magnesium citrate	1	PV; QL
			gavilax oral powder	1	PV; QL
			gavilyte-c	1	PV; QL
			gavilyte-g	1	PV; QL
			generlac	1	

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
gentle laxative oral	1	PV; QL	<b>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
gentlelax	1	PV; QL	betaine	4	
glycolax	1	PV; QL	CERDELGA	4	PA
lactulose encephalopathy	1		CHOLBAM	4	PA
lactulose oral solution	1		CREON	2	
magnesium citrate oral solution	1	PV; QL	CYSTAGON	4	
mineral oil heavy oral	1		EVRYSDI	4	PA; QL
mm clearlax	1	PV; QL	GALAFOLD	4	PA; QL
na sulfate-k sulfate-mg sulf	1	QL	miglustat	4	PA
peg 3350-kcl-na bicarb-nacl	1	PV; QL	MYALEPT	4	PA
peg-3350/electrolytes	1	PV; QL	nitisinone	4	PA
peg-3350/electrolytes/ascorb at	1		ORFADIN ORAL CAPSULE 20 MG	4	PA
peg-kcl-nacl-nasulf-na asc-c	1		ORFADIN ORAL SUSPENSION	4	PA
PLENVU	3	ST	PROLASTIN-C	4	PA
polyethylene glycol 3350 oral powder	1	PV; QL	REVCovi	4	PA
qc magnesium citrate	1	PV; QL	sapropterin dihydrochloride	4	PA
Protectants			sod benz-sod phenylacet	1	
misoprostol oral	1		sodium phenylbutyrate oral	4	PA
sucralfate oral tablet	1		STRENSIQ	4	PA
Proton Pump Inhibitors			SUCRAID	4	PA
esomeprazole			TEGSEDI	4	PA; QL
magnesium oral capsule delayed release 40 mg	1		yargesa	4	PA
lansoprazole oral capsule delayed release	1	QL	ZENPEP	2	
omeprazole oral capsule delayed release	1	QL	<b>Genitourinary Agents</b>		
pantoprazole sodium intravenous	1	QL	Antispasmodics, Urinary		
pantoprazole sodium oral tablet delayed release	1	QL	fesoterodine fumarate er	3	
rabeprazole sodium oral tablet delayed release	2	QL	flavoxate hcl	1	
			MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	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		alclometasone dipropionate	1	
solifenacin succinate	1		amcinonide external lotion 0.1 %	1	
tolterodine tartrate	2		betamethasone dipropionate aug external cream	1	
tolterodine tartrate er	2		betamethasone dipropionate aug external lotion	3	
trospium chloride	1		betamethasone dipropionate aug external ointment	3	
<b>Benign Prostatic Hypertrophy Agents</b>			betamethasone dipropionate external cream	1	
alfuzosin hcl er	1		betamethasone dipropionate external lotion	1	
dutasteride oral	1		betamethasone valerate external cream	1	
finasteride oral tablet 5 mg	1		betamethasone valerate external lotion	1	
silodosin	2		clobetasol propionate external cream	3	
tamsulosin hcl	1		clobetasol propionate external gel	3	
terazosin hcl	1		clobetasol propionate external ointment	3	
<b>Genitourinary Agents, Other</b>			clobetasol propionate external solution	3	
acetic acid irrigation	1		clocortolone pivalate	3	
bethanechol chloride oral	1		DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	3	
ENCARE	3	PV	desonide external cream	3	
glycine irrigation	1				
glycine urologic	1				
OPTIONS GYNOL II CONTRACEPTIVE	3	PV			
penicillamine oral tablet	4				
phenazo oral tablet 200 mg	1				
phenazopyridine hcl oral	1				
RENACIDIN	3				
sorbitol-mannitol	1				
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL			
TODAY SPONGE	3	PV			
VCF VAGINAL CONTRACEPTIVE	3	PV			
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>					
ala-cort	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
desonide external ointment	3		fluticasone propionate external ointment	1	
desoximetasone external cream 0.25 %	1		halcinonide	3	ST
desoximetasone external liquid	3		halobetasol propionate external cream	3	
desoximetasone external ointment 0.25 %	3		halobetasol propionate external ointment	3	
dexamethasone intensol	1		hydrocortisone butyrate external solution	1	
dexamethasone oral elixir	3		hydrocortisone external cream 1 %, 2.5 %	1	
dexamethasone oral solution	1		hydrocortisone external lotion 2.5 %	1	
dexamethasone oral tablet	1		hydrocortisone external ointment 1 %, 2.5 %	1	
dexamethasone sod phosphate pf	1		hydrocortisone oral	1	
dexamethasone sodium phosphate injection	1		hydrocortisone valerate external cream	3	
diflorasone diacetate external cream	3		KENALOG INJECTION SUSPENSION 10 MG/ML	3	
fludrocortisone acetate oral	1		KENALOG-80	3	
fluocinolone acetonide body	1		methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
fluocinolone acetonide external cream	3		methylprednisolone oral	1	
fluocinolone acetonide external ointment	3		mometasone furoate external	1	
fluocinolone acetonide external solution	1		prednisolone oral solution	1	
fluocinolone acetonide scalp	1		prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml	1	QL
fluocinonide emulsified base	3		prednisone oral tablet	1	
fluocinonide external	1		prednisone oral tablet therapy pack	1	
flurandrenolide external cream	3		SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG	3	
fluticasone propionate external cream	1				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
triamcinolone acetonide external cream	1		Hormonal Agents, Stimulant/Replacement/ Modifying (Prostaglandins)		
triamcinolone acetonide external lotion	1		mifepristone	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		Hormonal Agents, Stimulant/Replacement/ Modifying (Sex Hormones/Modifiers)		
triamcinolone acetonide injection suspension 40 mg/ml	1		Androgens		
triderm	1		danazol oral	3	
<b>Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary)</b>			INTRAROSA	3	ST
cabergoline	1		testosterone cypionate intramuscular	1	PA
CHORIONIC GONADOTROPIN INTRAMUSCULAR	4	PA	testosterone enanthate intramuscular	1	PA
desmopressin ace spray refrig	3		testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	3	PA
desmopressin acetate oral	3		testosterone transdermal solution	3	PA
desmopressin acetate spray	3		Estrogens		
INCRELEX	4	PA	afirmelle	1	PV
NORDITROPIN FLEXPRO	4	PA	altavera	1	PV
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	4	PA	alyacen 1/35	1	PV
NUTROPIN AQ NUSPIN 10	4	PA	alyacen 7/7/7	1	PV
NUTROPIN AQ NUSPIN 20	4	PA	amabelz	1	
NUTROPIN AQ NUSPIN 5	4	PA	amethia	1	PV; QL
OMNITROPE	4	PA	amethyst	1	PV
oxytocin injection	1		ANNOVERA	3	PV; QL
PREGNYL	4	PA	apri	1	PV
			aranelle	1	PV
			ashlyna	1	PV; QL
			aubra eq	1	PV
			aurovela 1.5/30	1	PV
			aurovela 1/20	1	PV
			aurovela 24 fe	1	PV

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
aurovela fe 1.5/30	1	PV	estradiol transdermal gel	1	
aurovela fe 1/20	1	PV	estradiol transdermal patch twice weekly	3	
aviane	1	PV	estradiol transdermal patch weekly	1	
ayuna	1	PV	estradiol vaginal cream	1	
azurette	1	PV	estradiol vaginal tablet	3	
balziva	1	PV	estradiol-norethindrone acet	1	
blisovi 24 fe	1	PV	ethynodiol diac-eth estradiol	1	PV
blisovi fe 1.5/30	1	PV	etongestrel-ethinyl estradiol	1	PV
blisovi fe 1/20	1	PV	falmina	1	PV
briellyn	1	PV	finzala	1	PV
camrese	1	PV; QL	fyavolv	2	
camrese lo	1	PV; QL	gemmily	1	PV
charlotte 24 fe	1	PV	hailey 1.5/30	1	PV
chateal eq	1	PV	hailey 24 fe	1	PV
COMBIPATCH	3		hailey fe 1.5/30	1	PV
cryselle-28	1	PV	hailey fe 1/20	1	PV
cyred eq	1	PV	haloette	1	PV
dasetta 1/35	1	PV	iclevia	1	PV; QL
dasetta 7/7/7	1	PV	introvale	1	PV; QL
daysee	1	PV; QL	isibloom	1	PV
delyla	1	PV	jaimiess	1	PV; QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV	jasmiel	1	PV
dolishale	1	PV	jinteli	2	
dotti	3		jolessa	1	PV; QL
drospirene-eth estrad-levomefol	1	PV	joyeaux	1	PV
drospirenone-ethinyl estradiol	1	PV	juleber	1	PV
elinest	1	PV	junel 1.5/30	1	PV
eluryng	1	PV	junel 1/20	1	PV
enilloring	1	PV	junel fe 1.5/30	1	PV
enpresse-28	1	PV	junel fe 1/20	1	PV
enskyce	1	PV	junel fe 24	1	PV
estarrylla	1	PV	kaitlib fe	1	PV
estradiol oral	1		kalliga	1	PV

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
kariva	1	PV	microgestin 24 fe	1	PV
kelnor 1/35	1	PV	microgestin fe 1.5/30	1	PV
kelnor 1/50	1	PV	microgestin fe 1/20	1	PV
kurvelo	1	PV	mili	1	PV
larin 1.5/30	1	PV	mimvey	1	
larin 1/20	1	PV	mono-linyah	1	PV
larin 24 fe	1	PV	NATAZIA	2	PV
larin fe 1.5/30	1	PV	necon 0.5/35 (28)	1	PV
larin fe 1/20	1	PV	nikki	1	PV
layolis fe	1	PV	norelgestromin-eth estradiol	1	PV
leena	1	PV	norethin ace-eth estrad-fe	1	PV
lessina	1	PV	norethindrone acet-ethynil est	1	PV
levonest	1	PV	norethindrone-eth estradiol	2	
levonorgest-eth est & eth est	1	PV; QL	norethindron-ethinyl estrad-fe	1	PV
levonorgest-eth estrad 91-day	1	PV; QL	norethin-eth estradiol-fe	1	PV
levonorgest-eth estradiol-iron	1	PV	norgestimate-eth estradiol	1	PV
levonorgestrel-ethynil estrad	1	PV	norgestimate-ethinyl estradiol triphasic	1	PV
levonorg-eth estrad triphasic	1	PV	nortrel 0.5/35 (28)	1	PV
levora 0.15/30 (28)	1	PV	nortrel 1/35 (21)	1	PV
lojaimiess	1	PV; QL	nortrel 1/35 (28)	1	PV
loryna	1	PV	nortrel 7/7/7	1	PV
low-ogestrel	1	PV	nylia 1/35	1	PV
lo-zumandimine	1	PV	nylia 7/7/7	1	PV
lutera	1	PV	nymyo	1	PV
lyllana	3		ocella	1	PV
marlissa	1	PV	philith	1	PV
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2		pimtreia	1	PV
merzee	1	PV	portia-28	1	PV
mibelas 24 fe	1	PV	PREMARIN ORAL	2	
microgestin 1.5/30	1	PV	PREMARIN VAGINAL	2	
microgestin 1/20	1	PV	PREMPHASE	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PREMPRO	2		wymzya fe	1	PV
reclipsen	1	PV	xulane	1	PV
rivelsa	1	PV; QL	yuvafem	3	
setlakin	1	PV; QL	zafemy	1	PV
simliya	1	PV	zovia 1/35 (28)	1	PV
simpesse	1	PV; QL	zumandimine	1	PV
sprintec 28	1	PV	Progestins		
sronyx	1	PV	aftera	1	PV
syeda	1	PV	camila	1	PV
tarina 24 fe	1	PV	curae	1	PV
tarina fe 1/20 eq	1	PV	deblitane	1	PV
taysofy	1	PV	DEPO-SUBQ PROVERA 104	3	QL
tilia fe	1	PV	econtra one-step	1	PV
tri-estarrylla	1	PV	ELLA	3	PV
tri-legest fe	1	PV	errin	1	PV
tri-linyah	1	PV	heather	1	PV
tri-lo-estarrylla	1	PV	her style	1	PV
tri-lo-marzia	1	PV	incassia	1	PV
tri-lo-mili	1	PV	jencycla	1	PV
tri-lo-sprintec	1	PV	KYLEENA	3	PV
tri-mili	1	PV	levonorgestrel	1	PV
tri-nymyo	1	PV	LILETTA (52 MG)	3	PV
tri-sprintec	1	PV	lyeq	1	PV
trivora (28)	1	PV	lyza	1	PV
tri-vylibra	1	PV	medroxyprogesterone acetate intramuscular	1	PV; QL
tri-vylibra lo	1	PV	medroxyprogesterone acetate oral	1	
turqoz	1	PV	megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	CM	
tydemy	1	PV	megestrol acetate oral tablet	CM	
velivet	1	PV	MIRENA (52 MG)	3	PV
vestura	1	PV	my choice	1	PV
vienna	1	PV	my way	1	PV
viorele	1	PV			
volnea	1	PV			
vyfemla	1	PV			
vylibra	1	PV			
wera	1	PV			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
new day	1	PV	Hormonal Agents, Suppressant (Pituitary)		
NEXPLANON	3	PV	leuprolide acetate injection	4	PA
nora-be	1	PV	LUPRON DEPOT (1- MONTH)	4	PA
norethindrone acetate oral	1		LUPRON DEPOT (3- MONTH)	4	PA
norethindrone oral	1	PV	LUPRON DEPOT (4- MONTH) INTRAMUSCULAR KIT 30MG	4	PA
norlyroc	1	PV	LUPRON DEPOT (6- MONTH) INTRAMUSCULAR KIT 45MG	4	PA
opcicon one-step	1	PV	LUPRON DEPOT-PED (1-MONTH)	4	PA
option 2	1	PV	LUPRON DEPOT-PED (3-MONTH)	4	PA
progesterone intramuscular	1		LUPRON DEPOT-PED (6-MONTH)	4	PA
progesterone oral	1		octreotide acetate	4	PA
react	1	PV	SIGNIFOR	4	PA; QL
sharobel	1	PV	SOMAVERT	4	PA
SKYLA	3	PV	Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid)		
take action	1	PV	Antithyroid Agents		
Selective Estrogen Receptor Modifying Agents			methimazole oral	1	
raloxifene hcl	1	PV*	propylthiouracil oral	2	
Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid)			Immunological Agents		
euthyrox	1		Angioedema Agents		
levo-t	1		CINRYZE	4	PA
levothyroxine sodium oral tablet	1		icatibant acetate	4	PA; QL
levoxyl	1		sajazir	4	PA; QL
liothyronine sodium intravenous	1		Immune Suppressants		
liothyronine sodium oral	1		ADALIMUMAB-ADAZ	4	PA; QL
np thyroid	1		AMJEVITA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.8ML	4	PA; QL
thyroid oral	1				
unithroid	1				
Hormonal Agents, Suppressant (Adrenal)					
LYSODREN	CM				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	4	PA; QL	HUMIRA-PED>/=40KG CROHNS START	4	PA; QL
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML, 20 MG/0.4ML	4	PA; QL	HUMIRA-PED>/=40KG UC STARTER	4	PA; QL
AVSOLA	4	PA	HUMIRA- PSORIASIS/UVEIT STARTER	4	PA; QL
azathioprine oral tablet 100 mg	3		HYRIMOZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	4	PA; QL
azathioprine oral tablet 50 mg	1		HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	4	PA; QL
CIMZIA	4	PA; QL	HYRIMOZ-CROHNS/UC STARTER	4	PA; QL
CIMZIA STARTER KIT	4	PA; QL	HYRIMOZ-PED<40KG CROHN STARTER	4	PA; QL
cyclosporine intravenous	1		HYRIMOZ-PED>/=40KG CROHN START	4	PA; QL
cyclosporine modified	1		HYRIMOZ-PLAQUE PSORIASIS START	4	PA; QL
cyclosporine oral	1		INFLECTRA	4	PA
CYLTEZO (2 PEN)	4	PA; QL	KINERET	4	PA
CYLTEZO (2 SYRINGE)	4	PA; QL	methotrexate sodium (pf)	1	
CYLTEZO-CD/UC/HS STARTER	4	PA; QL	methotrexate sodium injection	1	
CYLTEZO- PSORIASIS/UV STARTER	4	PA; QL	methotrexate sodium oral	CM	
ENBREL	4	PA; QL	mycophenolate mofetil hcl	3	
ENBREL MINI	4	PA; QL	mycophenolate mofetil intravenous	3	
ENBREL SURECLICK	4	PA; QL	mycophenolate mofetil oral capsule	1	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3				
gengraf	1				
HUMIRA (2 PEN)	4	PA; QL			
HUMIRA (2 SYRINGE)	4	PA; QL			
HUMIRA-CD/UC/HS STARTER	4	PA; QL			
HUMIRA-PED<40KG CROHNS STARTER	4	PA; QL			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
mycophenolate mofetil oral suspension reconstituted	3		NABI-HB	4	
mycophenolate mofetil oral tablet	1		RHOGAM ULTRA-FILTERED PLUS	4	
mycophenolate sodium	1		RHOPHYLAC	4	
ORENCIA CLICKJECT	4	PA; QL	Immunomodulators		
ORENCIA SUBCUTANEOUS	4	PA; QL	ACTEMRA ACTPEN	4	PA; QL
SANDIMMUNE ORAL SOLUTION	2		ACTEMRA SUBCUTANEOUS	4	PA; QL
SIMPONI	4	PA; QL	ACTIMMUNE	4	PA
SIMPONI ARIA	4	PA	BENLYSTA SUBCUTANEOUS	4	PA
sirolimus oral	3		BEYFORTUS	2	PV; QL
SKYRIZI PEN	4	PA; QL	GAMIFANT	4	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL	ILARIS	4	PA; QL
tacrolimus oral	1		leflunomide oral	1	
temsirolimus	4		OTEZLA	4	PA; QL
XELJANZ	4	PA; QL	RINVOQ	4	PA; QL
XELJANZ XR	4	PA; QL	SYNAGIS	4	PA
Immunoglobulins			ULTOMIRIS	4	PA
GAMASTAN	4	PA	VEOPOZ	4	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML	4	PA	XOLAIR	4	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	4	PA	Vaccines		
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	4	PA	ABRYSVO	3	QL
HEPAGAM B	4		ACTHIB	2	PV
HIZENTRA	4	PA	ADACEL	2	PV
HYPERHEP B	4		AFLURIA QUADRIVALENT	2	PV
HYPERRHO S/D	4		AREXVY	3	QL
MICRHOGAM ULTRA-FILTERED PLUS	4		BEXSERO	2	PV
			BOOSTRIX	2	PV
			COMIRNATY	2	PV
			DAPTACEL	2	PV
			DENGVAXIA	2	PV*
			ENGERIX-B	2	PV
			FLUAD QUADRIVALENT	2	PV
			FLUARIX QUADRIVALENT	2	PV

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FLUBLOK QUADRIVALENT	2	PV	PROQUAD	2	PV
FLUCELVAX QUADRIVALENT	2	PV	QUADRACEL	2	PV
FLULALVAL QUADRIVALENT	2	PV	RECOMBIVAX HB	2	PV
FLUMIST QUADRIVALENT	2	PV	ROTARIX	2	PV
FLUZONE HIGH-DOSE QUADRIVALENT	2	PV	ROTATEQ	2	PV
FLUZONE QUADRIVALENT	2	PV	SHINGRIX	2	PV
GARDASIL 9	2	PV	SPIKEVAX	2	PV
HAVRIX	2	PV	TDVAX	2	PV
HEPLISAV-B	2	PV	TENIVAC	2	PV
HIBERIX	2	PV	TETANUS-DIPHTHERIA TOXOIDS TD	2	PV
INFANRIX	2	PV	TRUMENBA	2	PV
IPOL	2	PV	TWINRIX	2	PV
KINRIX	2	PV	VAQTA	2	PV
MENACTRA	2	PV	VARIVAX	2	PV
MENQUADFI	2	PV	VAXELIS	2	PV
MENVEO	2	PV	VAXNEUVANCE	2	PV
M-M-R II	2	PV	<b>Inflammatory Bowel Disease Agents</b>		
MODERNA COVID-19 VAC 6M-11Y	2	PV	Aminosalicylates		
NOVAVAX COVID-19 VACCINE	2	PV; QL	balsalazide disodium	3	
PEDIARIX	2	PV	DIPENTUM	3	
PEDVAX HIB	2	PV	mesalamine er oral capsule 0.375 gm	3	
PENTACEL	2	PV	mesalamine oral tablet delayed release 1.2 gm	3	
PFIZER COVID-19 VAC-TRIS 5-11Y	2	PV	mesalamine rectal	3	
PFIZER COVID-19 VAC-TRIS 6M-4Y	2	PV	SFROWASA	3	
PNEUMOVAX 23	2	PV	Glucocorticoids		
PREHEVBRIOTM	2	PV	budesonide er	3	
PREVNAR 13	2	PV	budesonide oral	3	
PREVNAR 20	2	PV	CORTIFOAM	3	
PRIORIX	2	PV	hydrocortisone (perianal)	1	
			hydrocortisone ace-pramoxine external cream 1-1 %	1	
			hydrocortisone rectal	3	
			proto-med hc	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
proctosol hc	1		Miscellaneous Therapeutic Agents		
proctozone-hc	1		AEROCHAMBER HOLDING CHAMBER	2	
Sulfonamides			AEROCHAMBER MINI CHAMBER	2	
sulfasalazine oral	1		AEROCHAMBER MV	2	
<b>Metabolic Bone Disease Agents</b>			AEROCHAMBER PLS FLOVU MTHPIECE	2	
alendronate sodium oral tablet 10 mg, 5 mg	1		AEROCHAMBER PLUS FLO-VU INTERM	2	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL	AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
calcitonin (salmon) injection	1		AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
calcitonin (salmon) nasal	1	QL	AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
calcitriol intravenous	1		AEROCHAMBER PLUS FLOW VU	2	
calcitriol oral	1		AEROCHAMBER W/FLOWSIGNAL	2	
cinacalcet hcl	3	PA	ALCOHOL PREP PADS PAD , 70 %	3	
doxercalciferol intravenous	1		AQ INSULIN SYRINGE	2	
ibandronate sodium	1	QL	AQINJECT PEN NEEDLE	2	
pamidronate disodium	4		AUM INSULIN SAFETY PEN NEEDLE	2	
paricalcitol	1		AUM MINI INSULIN PEN NEEDLE	2	
PROLIA	4	PA; QL	AUM PEN NEEDLE	2	
risedronate sodium oral tablet 150 mg	3	QL	AUM READYGARD DUO PEN NEEDLE	2	
risedronate sodium oral tablet 30 mg	3		AUM SAFETY PEN NEEDLE	2	
risedronate sodium oral tablet 35 mg	1	QL	BD AUTOSHIELD DUO PEN NEEDLES	2	
risedronate sodium oral tablet 5 mg	1		BD ULTRA-FINE INSULIN SYRINGES	2	
risedronate sodium oral tablet delayed release	3	QL			
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	PA			
XGEVA	4	PA			
zoledronic acid	4				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
BD ULTRA-FINE PEN NEEDLES	2		DIASCREEN 3	3	
benzalkonium chloride external solution	1		DIASCREEN 4NL	3	
BOTOX	3	PA; Non-Cosmetic	DIASCREEN 4OBL	3	
BREATHE COMFORT CHAMBER/ADULT	2		DIASCREEN 4PH	3	
BREATHE COMFORT CHAMBER/CHILD	2		DIASCREEN 5	3	
BREATHE EASE LARGE	2		DIASCREEN 6	3	
BREATHE EASE MEDIUM	2		DIASCREEN 7	3	
BREATHE EASE SMALL	2		DIASCREEN 8	3	
BREATHERITE VALVED MDI CHAMBER	2		DIASCREEN 9	3	
CAMINO PRO COMPLETE/GLYTACTIN	2		DIASCREEN LIQUID URINE CONTROL	3	
CAYA	3	PV	DROPLET MICRON	2	
CLEVER CHOICE HOLDING CHAMBER	2		DROPSAFE ALCOHOL PREP	3	
COMFORT EZ PRO PEN NEEDLES	2		DROPSAFE SAFETY SYRINGE/NEEDLE	2	
COMPACT SPACE CHAMBER	2		DUREX EXTRA SENSITIVE THIN	3	PV
COMPACT SPACE CHAMBER/LG MASK	2		EASIVENT	2	
COMPACT SPACE CHAMBER/MED MASK	2		ELECARE	3	
COMPACT SPACE CHAMBER/SM MASK	2		EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	
CONDOMS	3	PV	EQUACARE JR	3	
deferoxamine mesylate	1		ergoloid mesylates oral	3	
DIASCREEN 10	3		FC2 FEMALE CONDOM	3	PV
DIASCREEN 1B	3		FEMCAP	3	PV
DIASCREEN 1G	3		FLEXICHAMBER	2	
DIASCREEN 1K	3		FLEXICHAMBER ADULT MASK/SMALL	2	
DIASCREEN 2GK	3		FLEXICHAMBER CHILD MASK/LARGE	2	
DIASCREEN 2GP	3		FLEXICHAMBER CHILD MASK/SMALL	2	
			GLYTACTIN BETTERMILK 15	2	
			GLYTACTIN BETTERMILK DE-LITE	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
GLYTACTIN BUILD 10PE	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 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	2	
GLYTACTIN BUILD 20/20	2				
GLYTACTIN BUILD 20/20 PKU	2				
GLYTACTIN BURST	2				
GLYTACTIN COMPLETE 10PE	2				
GLYTACTIN RESTORE 10	2				
GLYTACTIN RESTORE 5	2				
GLYTACTIN RESTORE LITE 10	2				
GLYTACTIN RESTORE LITE 10PE	2				
GLYTACTIN RTD 10	2		J-TIP KIT W/VIAL ADAPTERS	3	
GLYTACTIN RTD 15	2		LIPISTART	2	
GLYTACTIN RTD LITE 15	2		methergine	3	QL
GLYTACTIN SWIRL 15	2		methylergonovine maleate oral	3	QL
GLYTACTIN SWIRL 15PE	2		MICROCHAMBER DEVICE	2	
INCONTROL ULTICARE PEN NEEDLES	2		NEOCATE SPLASH	3	
INSPIREASE RESERVOIR BAGS	2		NEOPHE	2	
INSULIN PEN NEEDLES	2		NOVOFINE AUTOCOVER PEN NEEDLE	2	
			NOVOFINE PEN NEEDLE	2	
			NOVOFINE PLUS PEN NEEDLE	2	
			OMNIPOD 5 G6 INTRO (GEN 5)	2	
			OMNIPOD 5 G6 POD (GEN 5)	2	
			OMNIPOD CLASSIC PODS (GEN 3)	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
OMNIPOD DASH INTRO (GEN 4)	2		PKU EASY SHAKE & GO	2	
OMNIPOD DASH PDM (GEN 4)	2		PKU EXPRESS 15 PLUS+	2	
OMNIPOD DASH PODS (GEN 4)	2		PKU EXPRESS 20 PLUS+	2	
OPTICHAMBER DIAMOND	2		PKU SPHERE 20	2	
OPTICHAMBER DIAMOND-LG MASK	2		PKU START	2	
OPTICHAMBER DIAMOND-MD MASK	2		POCKET SPACER	2	
OPTICHAMBER DIAMOND-SM MASK	2		PREKUNIL	2	
PANDA MASK LARGE	2		PRO COMFORT SPACER ADULT	2	
PANDA MASK MEDIUM	2		PRO COMFORT SPACER CHILD	2	
PANDA MASK SMALL	2		PRO COMFORT SPACER INFANT	2	
PARAGARD INTRAUTERINE COPPER	3	PV	PROCARE SPACER/ADULT MASK	2	
PARI VORTEX ADULT MASK	2		PROCARE SPACER/CHILD MASK	2	
PEDIATRIC PANDA MASK	2		PURE COMFORT SAFETY PEN NEEDLE	2	
PHENEX-1	2		PURE COMFORT SPACER CHAMBER	2	
PHENEX-2	2		RAYA SURE PEN NEEDLE	2	
PHENYLADE DRINK MIX	2		RESTART	2	
PHENYLADE GMP MIX DHA/FIBER	2		SAFETY PEN NEEDLES	2	
PHENYLADE GMP READY	2		ULTIGUARD SAFEPACK SYR/NEEDLE	2	
PHENYLADE GMP ULTRA	2		VERIFINE INSULIN PEN NEEDLE	2	
PIP PEN NEEDLES 31G X 5MM	2		VERIFINE INSULIN SYRINGE	2	
PIP PEN NEEDLES 32G X 4MM	2		VERIFINE PLUS PEN NEEDLE	2	
PKU EASY	2		VISTOGARD	3	
PKU EASY MICROTABS	2		VORTEX VALVED HOLDING CHAMBER	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
WIDE-SEAL DIAPHRAGM 60	3	PV	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
WIDE-SEAL DIAPHRAGM 65	3	PV	neomycin-polymyxin-hc ophthalmic	1	
WIDE-SEAL DIAPHRAGM 70	3	PV	neo-polycin	1	
WIDE-SEAL DIAPHRAGM 75	3	PV	neo-polycin hc	1	
WIDE-SEAL DIAPHRAGM 80	3	PV	polycin	1	
WIDE-SEAL DIAPHRAGM 85	3	PV	polymyxin b-trimethoprim	1	
WIDE-SEAL DIAPHRAGM 90	3	PV	Antifungals		
WIDE-SEAL DIAPHRAGM 95	3	PV	NATACYN	2	
XIAFLEX	4	PA	Antiherpetic Agents		
ZOKINVY	4	PA; QL	trifluridine	3	
<b>Ophthalmic Agents</b>			Macrolides		
Aminoglycosides			AZASITE	3	
gentamicin sulfate ophthalmic	1		erythromycin ophthalmic	1	
neomycin-polymyxin-gramicidin	1		Ophthalmic Agents, Other		
TOBRADEX	3		atropine sulfate ophthalmic ointment	1	
TOBRADEX ST	3		atropine sulfate ophthalmic solution 1 %	1	
tobramycin ophthalmic	1		cyclopentolate hcl ophthalmic	1	
tobramycin-dexamethasone	1		cyclosporine ophthalmic	1	PA
TOBREX	3		CYSTADROPS	4	QL
Antibacterials, Other			CYSTARAN	4	QL
bacitracin ophthalmic	3		sulfacetamide-prednisolone	1	
bacitracin-polymyxin b ophthalmic	1		SYFOVRE	4	PA
bacitra-neomycin-polymyxin-hc	1		ZYLET	3	
neomycin-bacitracin zn-polymyx	1		Ophthalmic Anti-allergy Agents		
neomycin-polymyxin-dexameth ophthalmic ointment	1		ALOCRIL	3	PA
			ALOMIDE	3	
			altafrin	1	
			azelastine hcl ophthalmic	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
cromolyn sodium ophthalmic	1		diclofenac sodium ophthalmic	1	
epinastine hcl	3		difluprednate	3	
olopatadine hcl ophthalmic solution 0.2 %	1		FLAREX	3	
phenylephrine hcl ophthalmic	1		fluorometholone	1	
ZERVIATE	3	ST	flurbiprofen sodium	1	
Ophthalmic Antiglaucoma Agents			ketorolac tromethamine ophthalmic	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2		prednisolone acetate ophthalmic	1	
apraclonidine hcl	1		prednisolone sodium phosphate ophthalmic	1	
betaxolol hcl ophthalmic	1		PROLENSA	2	QL
brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %	1		Ophthalmic Prostaglandin and Prostamide Analogs		
brimonidine tartrate-timolol	1		bimatoprost ophthalmic	3	QL
carteolol hcl	1		latanoprost ophthalmic	1	
dorzolamide hcl ophthalmic	1		LUMIGAN	2	QL
dorzolamide hcl-timolol mal	1		tafluprost (pf)	1	QL
levobunolol hcl	1		travoprost (bak free)	3	QL
PHOSPHOLINE IODIDE	3		Quinolones		
pilocarpine hcl ophthalmic	1		ciprofloxacin hcl ophthalmic	1	
RHOPRESSA	3	QL	gatifloxacin ophthalmic	1	
SIMBRINZA	2		moxifloxacin hcl (2x day)	3	
timolol maleate ophthalmic solution	1		moxifloxacin hcl ophthalmic	1	
Ophthalmic Anti-inflammatories			ofloxacin ophthalmic	1	
bromfenac sodium (once-daily)	3	QL	Sulfonamides		
dexamethasone sodium phosphate ophthalmic	1		sulfacetamide sodium ophthalmic	1	
<b>Otic Agents</b>					
acetic acid otic	1		CIPRO HC	3	
ciprofloxacin hcl otic	3		ciprofloxacin-hexamethasone	3	
CORTISPORIN-TC	3				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
flac	1		fluticasone-salmeterol inhalation aerosol		
fluocinolone acetonide otic	1		powder breath activated	1	QL
hydrocortisone-acetic acid	3		100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act		
neomycin-polymyxin-hc otic	3		FLUTICASONE-SALMETEROL INHALATION AEROSOL		
ofloxacin otic	1		POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	M; QL
<b>Respiratory Tract/Pulmonary Agents</b>			PULMICORT FLEXHALER	2	QL
Antihistamines			QVAR REDIHALER	2	QL
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	QL	SYMBICORT	2	QL
carbinoxamine maleate oral solution	1		wixela inhub	1	QL
carbinoxamine maleate oral tablet 4 mg	1		Antileukotrienes		
cetirizine hcl oral solution 1 mg/ml	1		montelukast sodium oral tablet	1	
clemastine fumarate oral tablet 2.68 mg	1		montelukast sodium oral tablet chewable	1	
cyproheptadine hcl oral	1		zafirlukast	3	
diphenhydramine hcl injection	1		zileuton er	3	ST
levocetirizine dihydrochloride oral tablet	1		Bronchodilators, Anticholinergic		
olopatadine hcl nasal	3	QL	ATROVENT HFA	3	QL
Anti-inflammatories, Inhaled Corticosteroids			ipratropium bromide inhalation	1	QL
ADVAIR HFA	2	QL	ipratropium bromide nasal	1	
ARNUITY ELLIPTA	2	QL	SPIRIVA HANDIHALER	2	QL
BREO ELLIPTA	2	QL	SPIRIVA RESPIMAT	2	QL
budesonide inhalation	3	QL	tiotropium bromide monohydrate	2	QL
flunisolide nasal	2	QL	Bronchodilators, Sympathomimetic		
FLUTICASONE PROPIONATE HFA	2	M; QL	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
fluticasone propionate nasal	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Made by Teva; QL	tobramycin nebulization solution 300 mg/5ml inhalation	4	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	QL	Phosphodiesterase Inhibitors, Airways Disease		
arformoterol tartrate	3	QL	roflumilast	1	PA
epinephrine (anaphylaxis) injection solution 30 mg/30ml	1		theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1	
epinephrine injection solution auto-injector 0.15 mg/0.15ml	1		theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	3	
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	Made by Mylan	theophylline er oral tablet extended release 24 hour	3	
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1		Pulmonary Antihypertensives		
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	Made by Mylan	ADEMPAS	4	PA; QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1		alyq	4	PA; QL
formoterol fumarate inhalation	3	QL	ambrisentan	4	PA; QL
levalbuterol hcl inhalation	3	QL	bosentan	4	PA; QL
SEREVENT DISKUS	2	QL	OPSUMIT	4	PA; QL
STRIVERDI RESPIMAT	2	QL	sildenafil citrate oral suspension reconstituted	4	PA; QL
Cystic Fibrosis Agents			sildenafil citrate oral tablet 20 mg	4	PA; QL
KALYDECO ORAL TABLET	4	PA	tadalafil (pah)	4	PA; QL
ORKAMBI ORAL PACKET 75-94 MG	4	PA; QL	TRACLEER 32 MG	4	PA; QL
ORKAMBI ORAL TABLET	4	PA; QL	treprostinil	4	PA
PULMOZYME	4	PA	TYVASO	4	PA; QL
			TYVASO DPI MAINTENANCE KIT	4	PA; QL
			TYVASO DPI TITRATION KIT	4	PA; QL
			TYVASO REFILL	4	PA; QL
			TYVASO STARTER	4	PA; QL
			VENTAVIS	4	PA; QL
			Pulmonary Fibrosis Agents		
			OFEV	4	PA

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Respiratory Tract Agents, Other					
acetylcysteine inhalation	3		Sleep Disorder Agents		
ANORO ELLIPTA	2	QL	GABA Receptor Modulators		
benzonatate	1		eszopiclone	1	QL
BREZTRI AEROSPHERE	2	QL	temazepam oral capsule 15 mg, 30 mg	1	QL
COMBIVENT RESPIMAT	2	QL	zaleplon	1	QL
hydrocodone bit-homatrop mbr	1	PA; QL	zolpidem tartrate er	2	QL
hydromet	1	PA; QL	zolpidem tartrate oral tablet	1	QL
ipratropium-albuterol	1	QL	Sleep Disorders, Other		
mometasone furoate nasal	3	QL	BELSOMRA	3	ST; QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3		ramelteon	3	QL
NUCALA	4	PA; QL	Wakefulness Promoting Agents		
PULMOSAL	3		armodafinil	3	PA; QL
sodium chloride inhalation	1		modafinil oral	1	PA; QL
STIOLTO RESPIMAT	2	QL	SUNOSI	3	PA; QL
TRELEGY ELLIPTA	2	QL			
<b>Skeletal Muscle Relaxants</b>					
baclofen oral tablet 10 mg, 20 mg	1				
carisoprodol oral tablet 350 mg	1				
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1				
methocarbamol injection	1				
methocarbamol oral	1				
orphenadrine citrate er	1	QL			
orphenadrine-aspirin-caffeine	3	QL			
tizanidine hcl oral tablet	1				

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

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AUM PEN NEEDLE.....	50	betaine.....	BRIVIACT.....
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		b-plex plus.....	calcium acetate (phos binder).....
			camila.....

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			droperidol
			DROPLET MICRON
			DROPSAFE ALCOHOL
			PREP
			DROPSAFE SAFETY
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30	20	35
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lactic acid e.....	36	lidocaine hcl.....		lyllana.....	44
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methimazole .....	46	monodoxyne nl .....	18	dexameth .....	54
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methylphenidate hcl er (osm) .....	34	MOTOFEN .....	38	NEO-SYNALAR .....	16
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pentazocine-naloxone hcl	15	PKU EASY SHAKE & GO	53	primidone	18
pentobarbital sodium	18	PKU EXPRESS 15 PLUS+	53	PRIORIX	49
pentoxifylline er	33	PKU EXPRESS 20 PLUS+	53	PRO COMFORT SPACER	
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phenazopyridine hcl	40	polymyxin b sulfate	16	PROCARE	
phenelzine sulfate	19	polymyxin b-trimethoprim	54	SPACER/CHILD MASK	53
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phenobarbital sodium	18	potassium chloride	36	proctosol hc	50
phenoxybenzamine hcl	31	potassium chloride crys er	36	proctozone-hc	50
PHENYLADE DRINK MIX	53	potassium chloride er	36	progesterone	46
PHENYLADE GMP MIX		potassium citrate er	36	PROLASTIN-C	39
DHA/FIBER	53	PRADAXA	30	PROLENSA	55
PHENYLADE GMP		pramipexole		PROLEUKIN	23
READY	53	dihydrochloride	25	PROLIA	50
PHENYLADE GMP		prasugrel hcl	31	PROMACTA	30
ULTRA	53	pravastatin sodium	33	promethazine hcl	20
phenylephrine hcl	55	praziquantel	25	promethegan	20
phenytek	19	prazosin hcl	31	propafenone hcl	31
phenytoin	19	prednisolone	41	propranolol hcl	32
phenytoin infatabs	19	prednisolone acetate	55	propranolol hcl er	32
phenytoin sodium	19	prednisolone sodium		propylthiouracil	46
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pindolol	32	prenatal multi +dha	37	pyridostigmine bromide	22
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REBYOTA	38	rufinamide	19	SOLIRIS	30
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RETEVMO	24	selegiline hcl	25	SPRYCEL	24
REVCovi	39	selenium sulfide	36	SPS	37
REVLIMID	23	SELZENTRY	27	sronyx	45
REXULTI	26	SEREVENT DISKUS	57	ssd	16
REYATAZ	27	sertraline hcl	20	ST JOSEPH LOW DOSE	13
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RHOPHYLAC	48	setlakin	45	STIOLTO RESPIMAT	58
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rifabutin	22	SHINGRIX	49	STRIVERDI RESPIMAT	57
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RISPERDAL CONSTA	26	simliya	45	sulfacetamide sodium (acne)	36
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risperidone er	26	SIMPONI	48	prednisolone	54
		SIMPONI ARIA	48	sulfadiazine	18
		simvastatin	33	sulfamethoxazole-trimethoprim	18
		sirolimus	48		
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sulfasalazine	50	tetrabenazine	34	triderm	42
sulfatrim pediatric	18	tetracycline hcl	18	trientine hcl	37
sulfurated lime	25	THALOMID	23	tri-estarylla	45
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sumatriptan	22	thiamine hcl	37	trifluridine	54
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sunitinib malate	24	thiothixene	25	trihexyphenidyl hcl	25
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SYFOVRE	54	tiagabine hcl	18	tri-lo-estarylla	45
SYMBICORT	56	tilia fe	45	tri-lo-marzia	45
SYMPROIC	38	timolol maleate	55	tri-lo-mili	45
SYMTUZA	27	tiotropium bromide		tri-lo-sprintec	45
SYNAGIS	48	monohydrate	56	trimethoprim	16
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tamsulosin hcl	40	tolterodine tartrate	40	TRULICITY	29
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tarina fe 1/20 eq	45	topiramate	19	TUKYSA	24
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taysofy	45	torsemide	33	turqoz	45
tazarotene	36	TOUJEO MAX		TWINRIX	49
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taztia xt	32	TOUJEO SOLOSTAR	30	TYSABRI	35
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terazosin hcl	40	trazodone hcl	20	ULTOMIRIS	48
terbinafine hcl	21	TRECATOR	22	unithroid	46
terconazole	21	TRELEGY ELLIPTA	58	ursodiol	38
TERIPARATIDE		TREMFYA	36	valacyclovir hcl	26
(RECOMBINANT)	50	treprostinil	57	valganciclovir hcl	26
testosterone	42	TRESIBA	30	valproate sodium	18
testosterone cypionate	42	TRESIBA FLEXTOUCH	30	valproic acid	19
testosterone enanthate	42	tretinoin	24, 36	valsartan	31
TETANUS-DIPHTHERIA		triamicinolone acetonide	35, 42	valsartan-	
TOXOIDS TD	49	triamterene-hctz	33	hydrochlorothiazide	33

vancomycin hcl.....	16	VORTEX VALVED	
VAQTA.....	49	HOLDING CHAMBER.....	53
varenicline tartrate.....	15	VOTRIENT.....	24
varenicline tartrate (starter).....	16	vyfemla.....	45
varenicline tartrate(continue).....	16	vylibra.....	45
VARIVAX.....	49	VYNDAMAX.....	33
VAXELIS.....	49	VYVANSE.....	34
VAXNEUVANCE.....	49	warfarin sodium.....	30
v-c forte.....	37	wera.....	45
VCF VAGINAL CONTRACEPTIVE.....	40	wescaps.....	38
velivet.....	45	WIDE-SEAL DIAPHRAGM	
VENCLEXTA.....	24	60.....	54
VENCLEXTA STARTING PACK.....	24	WIDE-SEAL DIAPHRAGM	
venlafaxine hcl.....	20	65.....	54
venlafaxine hcl er.....	20	WIDE-SEAL DIAPHRAGM	
VENTAVIS.....	57	70.....	54
VEOPOZ.....	48	WIDE-SEAL DIAPHRAGM	
verapamil hcl.....	32	80.....	54
verapamil hcl er.....	32	WIDE-SEAL DIAPHRAGM	
VERIFINE INSULIN PEN NEEDLE.....	53	85.....	54
VERIFINE INSULIN SYRINGE.....	53	WIDE-SEAL DIAPHRAGM	
VERIFINE PLUS PEN NEEDLE.....	53	90.....	54
VERIFINE SAFE LANCET MINI 21G.....	29	WIDE-SEAL DIAPHRAGM	
VERIFINE SAFE LANCET MINI 23G.....	29	95.....	54
VERIFINE SAFE LANCET MINI 28G.....	29	wixela inhub.....	56
VERIFINE SAFE LANCET MINI 30G.....	29	wymzya fe.....	45
vestura.....	45	XALKORI.....	24
VICTOZA.....	29	XARELTO.....	30
vienna.....	45	XARELTO STARTER	
vilazodone hcl.....	20	PACK.....	30
viorele.....	45	XELJANZ.....	48
VIRACEPT.....	27	XELJANZ XR.....	48
VIREAD.....	27	XEPI.....	16
virt-caps.....	37	XGEVA.....	50
VISTOGARD.....	53	XIAFLEX.....	54
vita s forte.....	38	XIFAXAN.....	16
vitacel.....	38	XIGDUO XR.....	29
vitamin d (ergocalciferol).....	38	XOLAIR.....	48
vitamin k1.....	38	XTAMPZA ER.....	14
vitamins acd-fluoride.....	38	XTANDI.....	23
VIVITROL.....	15	xulane.....	45
volnea.....	45	XULTOPHY.....	29
voriconazole.....	21	XYNTHA.....	31
		XYNTHA SOLOFUSE.....	31
		yargesa.....	39
		yl folic acid.....	38
		yuvaferm.....	45
		zafemy.....	45
		zaflirlukast.....	56
		zaleplon.....	58
		ZANOSAR.....	22