



SWHP Group Value Formulary

3rd Quarter 2021

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Table of Contents

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

What is my prescription drug coverage?

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

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

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

A formulary is a list of 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. SWHP 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 SWHP Group Value formulary lists drugs that are covered under your prescription benefit. Drugs not listed on the formulary are not covered. Non-formulary drugs require an exception request to be submitted for coverage consideration. Formularies continually change to reflect the most recent advances in drug therapy; therefore, this list is not inclusive and does not guarantee coverage. The formulary may change because we review new medical information regarding drugs as well as new drugs recently approved by the FDA.

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

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

Does the formulary ever change?

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

- Generic forms of the brand drug become available. The brand-name medication may no longer be covered when a generic is available. The generic medication may be covered at the lower copayment.
- New drugs may be added by the P&T Committee.
- A drug may be withdrawn from the market by the FDA.

- A drug becomes available without a prescription (becomes available over-the-counter), then the drug may be removed from the formulary. Often, drugs available over-the-counter are not covered under the prescription benefit.

How am I notified of changes to the formulary?

You can find the formularies on our website at swhp.org, which are updated quarterly. To view changes to the formularies, refer to the Monthly Group Value Formulary Changes document posted on the website. If you have questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact our SWHP Pharmacy Help Desk 1-800-728-7947.

What are brand-name and generic drugs?

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

What is generic substitution?

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

What are specialty drugs?

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

What are pharmaceutical management procedures?

Pharmaceutical management procedures are processes that help ensure safe and appropriate use of drugs and ensure access to cost-effective therapy options. As part of such processes, restrictions (described in the following section) may be applied to certain drugs.

Are there any restrictions on my coverage?

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

How do I request an exception to the SWHP formulary?

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

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

What drugs are not covered by my prescription drug benefit?

Please refer to your *Plan Benefit Documents* for 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.

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

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

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

How can I save money on prescriptions?

Review your *Plan Benefit Documents* for prescription copays and deductible information. Generic medications will usually be the lowest copayment option; ask your provider or pharmacist whether your prescription can be filled with a generic medication.

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

Contraceptive Coverage

As specified by health care reform, women must have access to a full range of FDA-approved contraceptive methods and plans must cover without cost sharing at least one form of contraception in each of the FDA identified methods. However, plans can use reasonable medical management within each category to determine what birth control products are available at \$0 cost-share.

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

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

Preventive Care Medications & Medications Covered Under Health Care Reform

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

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

Smoking Cessation Medication Coverage

All FDA approved tobacco cessation medications, including prescription and over-the-counter medications, are allowed at \$0 cost-share per the Patient Protection and Affordable Care Act (PPACA). You are limited to 2 smoking cessation attempts per year, up to 180 days total. These medications are noted as preventive drugs (PV). Please note some drugs may be subject to step therapy or prior authorization.

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

Diabetic Supplies

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

Oral Oncology Split Fill Program

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

Reading your formulary

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

Tier information

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

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

Drug list information

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

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

Table of Contents

Analgesics - Drugs for Pain.....	10	Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions.....	39
Analgesics - Drugs for Pain and Inflammation.....	11	Genitourinary Agents - Drugs for Prostate Conditions.....	39
Anesthetics.....	11	Hormonal Agents - Adrenal.....	40
Anti-Addiction / Substance Abuse Treatment Agents.....	11	Hormonal Agents - Men's Health.....	40
Antibacterials.....	12	Hormonal Agents - Osteoporosis.....	40
Anticoagulants.....	13	Hormonal Agents - Pituitary.....	40
Anticonvulsants - Drugs for Seizures.....	14	Hormonal Agents - Sex Hormones and Birth Control.....	40
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia.....	15	Hormonal Agents - Thyroid.....	44
Antidepressants.....	15	Immunological Agents - Drugs for Immune System Stimulation or Suppression.....	44
Antiemetics - Drugs for Nausea and Vomiting.....	16	Immunological Agents - Drugs for Vaccination.....	46
Antifungals.....	16	Inflammatory Bowel Disease Agents.....	46
Antigout Agents.....	17	Metabolic Bone Disease Agents - Drugs for Osteoporosis.....	47
Antimigraine Agents.....	17	Metabolic Bone Disease Agents - Other.....	47
Antimyasthenic Agents.....	17	Miscellaneous Therapeutic Agents.....	47
Antimycobacterials.....	17	Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation.....	49
Antineoplastics - Drugs for Cancer.....	17	Ophthalmic Agents - Drugs for Glaucoma.....	50
Antiparasitics.....	20	Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....	50
Antiparkinson Agents.....	20	Otic Agents - Drugs for Ear Conditions.....	51
Antiplatelets.....	20	Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold.....	51
Antipsychotics - Drugs for Mood Disorders.....	20	Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions.....	52
Antivirals.....	21	Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.....	53
Anxiolytics - Drugs for Anxiety.....	22	Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....	53
Bipolar Agents - Drugs for Mood Disorders.....	23	Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	54
Blood Products and Modifiers - Drugs for Blood Disorders.....	23	Sleep Disorder Agents.....	54
Cardiovascular Agents - Drugs for Heart and Circulation Conditions.....	23	Index of Drugs.....	55
Central Nervous System Agents - Drugs for Attention Deficit Disorder.....	26		
Central Nervous System Agents - Drugs for Multiple Sclerosis.....	26		
Central Nervous System Agents - Miscellaneous.....	27		
Dental and Oral Agents - Drugs for Mouth and Throat Conditions.....	27		
Dermatological Agents - Drugs for Skin Conditions.....	27		
Diabetes - Antidiabetic Agents.....	30		
Diabetes - Glucose Monitoring.....	31		
Diabetes - Glycemic Agents.....	34		
Diabetes - Insulins.....	35		
Electrolytes / Minerals / Metals / Vitamins.....	36		
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer.....	37		
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions.....	38		
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment.....	39		

Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	QL
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
ascomp-codeine	1	
bac	1	
buprenorphine transdermal	3	PA; QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod	1	
butalbital-apap-caffeine	1	
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	QL
codeine sulfate	1	QL
endocet	1	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral	1	QL
hydromorphone hcl rectal	1	QL
LORTAB	2	QL

Drug Name	Drug Tier	Notes
methadone hcl intensol	1	
methadone hcl oral concentrate	1	
methadone hcl oral solution	1	
methadone hcl oral tablet	1	PA
methadone hcl oral tablet soluble	1	
methadose oral concentrate 10 mg/ml	1	
methadose oral tablet soluble	1	
methadose sugar-free	1	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
morphine sulfate er oral tablet extended release	1	PA; QL
morphine sulfate oral	1	QL
morphine sulfate rectal	1	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA; QL
OXYCODONE HCL ER	1	PA; QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral concentrate 100 mg/5ml	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
oxycodone-aspirin oral tablet 4.8355-325 mg	1	QL
OXYCONTIN	2	PA; QL
pentazocine-naloxone hcl	1	QL
TENCON	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
tramadol hcl er (biphasic)	1	PA; QL
tramadol hcl er oral tablet extended release 24 hour	1	PA; QL
tramadol hcl ir	1	QL
tramadol-acetaminophen	1	QL
Analgesics - Drugs for Pain and Inflammation		
adult aspirin regimen	0	PV
aspirin adult low strength	0	PV
aspirin childrens	0	PV
aspirin ec low dose	0	PV
aspirin ec low strength	0	PV
aspirin ec oral tablet delayed release 325 mg	0	PV
aspirin low dose	0	PV
aspirin oral tablet	0	PV
aspirin oral tablet delayed release	0	PV
BAYER ASPIRIN	0	PV
BAYER ASPIRIN EC LOW DOSE	0	PV
celecoxib oral	1	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	1	QL
diclofenac sodium external solution	1	PA
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
diflunisal oral	1	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
flurbiprofen oral	1	
goodsense aspirin low dose	0	PV
ibuprofen	1	
INDOCIN	2	

Drug Name	Drug Tier	Notes
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	QL
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin	1	
piroxicam oral	1	
salsalate oral	1	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	0	PV
sulindac oral	1	
Anesthetics		
glydo	1	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	3	QL

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

Drug Name	Drug Tier	Notes
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	3	PV; QL; AL (Min 18 Years)
CHANTIX	3	ST; PV; QL; AL (Min 18 Years)
CHANTIX CONTINUING MONTH PAK	3	ST; PV; QL; AL (Min 18 Years)
CHANTIX STARTING MONTH PAK	3	ST; PV; QL; AL (Min 18 Years)
disulfiram oral	1	
goodsense nicotine mouth/throat lozenge 4 mg	0	PV; QL; AL (Min 18 Years)
habitrol	0	PV; QL; AL (Min 18 Years)
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	
NICORETTE MOUTH/THROAT GUM 2 MG	0	PV; QL; AL (Min 18 Years)
nicotine polacrilex mini	0	PV; QL; AL (Min 18 Years)
nicotine polacrilex mouth/throat	0	PV; QL; AL (Min 18 Years)
nicotine step 1	0	PV; QL; AL (Min 18 Years)
nicotine step 2	0	PV; QL; AL (Min 18 Years)

Drug Name	Drug Tier	Notes
nicotine step 3	0	PV; QL; AL (Min 18 Years)
NICOTROL	3	ST; PV; QL; AL (Min 18 Years)
NICOTROL NS	3	ST; PV; QL; AL (Min 18 Years)
SUBOXONE	3	QL
Antibacterials		
amoxicillin	1	
amoxicillin-potassium clavulanate er	3	
amoxicillin-potassium clavulanate oral	1	
ampicillin	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	2	
avidoxy	1	
azithromycin oral	1	
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefpodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin hcl oral	1	

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
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
demeclocycline hcl	3	
dicloxacillin sodium	1	
DIFICID ORAL TABLET	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
erythromycin base	1	
erythromycin ethylsuccinate oral	1	
erythromycin oral	1	
FIRVANQ	3	
fosfomycin tromethamine	1	
gentamicin sulfate external	1	
levofloxacin oral	1	
linezolid oral suspension reconstituted	3	QL
linezolid oral tablet	1	QL
methenamine hippurate	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral	1	
mondoxyne nl oral capsule 100 mg	1	
morgidox oral	1	
moxifloxacin hcl oral	1	
mupirocin calcium	3	
mupirocin external	1	

Drug Name	Drug Tier	Notes
neomycin sulfate oral	1	
nitrofurantoin	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
paromomycin sulfate oral	3	
penicillin v potassium	1	
silver sulfadiazine external	1	
ssd	1	
sulfadiazine oral	3	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	2	
SUPRAX ORAL TABLET CHEWABLE	2	
tetracycline hcl oral	1	
tinidazole oral	1	
trimethoprim oral	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 1000 mg, 500 mg, 750 mg	3	
vancomycin hcl oral	3	
vandazole	1	
VIBRAMYCIN ORAL SYRUP	2	
XIFAXAN	3	PA
Anticoagulants		
ARIXTRA	SP3	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL

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

Drug Name	Drug Tier	Notes
enoxaparin sodium subcutaneous	1	QL
fondaparinux sodium	SP1	QL
FRAGMIN	SP3	QL
heparin sodium (porcine)	1	
heparin sodium (porcine) pf	1	
jantoven	1	
LOVENOX SUBCUTANEOUS	SP3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	
BANZEL	SP2	PA
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	2	
CELONTIN	2	
clobazam oral suspension	3	PA
clobazam oral tablet	1	PA
DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLES	2	
diazepam rectal	1	QL
DILANTIN	2	
DILANTIN INFATABS	2	
divalproex sodium er	1	
divalproex sodium oral	1	
EPIDIOLEX	SP2	PA
epitol	1	
ethosuximide oral	1	
felbamate	1	
FYCOMPA	3	

Drug Name	Drug Tier	Notes
gabapentin oral	1	
KEPPRA ORAL	2	
KEPPRA XR	2	
LAMICTAL	2	
LAMICTAL STARTER	2	
lamotrigine er	3	
lamotrigine oral kit	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral	1	
NAYZILAM	3	QL
oxcarbazepine	1	
OXTELLAR XR	3	
phenobarbital oral	1	
PHENYTEK	2	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended	1	
primidone oral	1	
roweepra	1	
rufinamide	SP1	PA
SABRIL	SP3	PA
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	

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

Drug Name	Drug Tier	Notes
TEGRETOL	2	
TEGRETOL-XR	2	
tiagabine hcl	1	
topiramate oral	1	
TRILEPTAL	2	
valproic acid oral	1	
vigabatrin	SP1	PA
vigadrone	SP1	PA
VIMPAT ORAL	3	
ZARONTIN	2	
ZONEGRAN	3	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl	1	
galantamine hydrobromide er	1	
galantamine hydrobromide oral tablet	1	
memantine hcl er	1	QL
memantine hcl oral	1	
NAMENDA XR TITRATION PACK	2	QL
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants		
amitriptyline hcl oral	1	
amoxapine	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
chlordiazepoxide- amitriptyline	1	
citalopram hydrobromide	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	

Drug Name	Drug Tier	Notes
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
escitalopram oxalate	1	
FETZIMA	3	QL
FETZIMA TITRATION	3	QL
fluoxetine hcl (pmdd)	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
imipramine hcl oral	1	
imipramine pamoate	3	
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	1	
mirtazapine oral	1	
nefazodone hcl	1	
nortriptyline hcl oral	1	
paroxetine hcl	1	
paroxetine hcl er	1	
PAXIL ORAL SUSPENSION	2	
phenelzine sulfate oral	1	
protriptyline hcl	1	
sertraline hcl oral	1	
tranylcypromine sulfate	1	
trazodone hcl oral	1	
trimipramine maleate oral	1	

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
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	3	
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	QL
Antiemetics - Drugs for Nausea and Vomiting		
aprepitant	3	QL
BONJESTA	3	PA; QL
compro	1	
doxylamine-pyridoxine	3	PA; QL
dronabinol	3	PA; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
granisetron hcl oral	3	QL
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	QL
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine edisylate injection	1	
prochlorperazine maleate oral	1	

Drug Name	Drug Tier	Notes
scopolamine	1	
trimethobenzamide hcl oral	1	
Antifungals		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone	1	
CRESEMBA ORAL	SP3	
econazole nitrate external	1	
EXELDERM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
itraconazole oral	1	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
naftifine hcl	3	
NAFTIN EXTERNAL GEL 2 %	3	
NOXAFIL ORAL SUSPENSION	2	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole nitrate	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
OXISTAT EXTERNAL LOTION	3	
posaconazole	1	
SULCONAZOLE NITRATE	3	
terbinafine hcl oral	1	QL
terconazole	1	
voriconazole oral	3	
Antigout Agents		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	1	
colchicine oral tablet	1	
colchicine-probenecid	1	
febuxostat	3	
probenecid	1	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
almotriptan malate	3	QL
dihydroergotamine mesylate injection	1	PA; QL
dihydroergotamine mesylate nasal	3	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
EMGALITY (300 MG DOSE)	2	PA; QL
ergotamine-caffeine	1	
frovatriptan succinate	3	QL
naratriptan hcl	1	QL
NURTEC	2	PA; QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL

Drug Name	Drug Tier	Notes
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA; QL
zolmitriptan oral	1	QL
Antimyasthenic Agents		
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
pyrazinamide oral	1	
rifabutin	3	
rifampin oral	1	
SIRTURO	SP3	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	SP1	PA; SF
AFINITOR	SP2	PA; QL
AFINITOR DISPERZ	SP2	PA
ALECENSA	SP2	PA
ALUNBRIG	SP2	PA; QL
anastrozole oral	1	PV
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	SP2	PA; SF; QL
BALVERSA	SP2	PA; SF
bexarotene	SP1	PA; SF
bicalutamide	1	
BOSULIF	SP2	PA; SF
BRAFTOVI	SP2	PA
BRUKINSA	SP2	PA; SF
CABOMETYX	SP2	PA; SF

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
CALQUENCE	SP2	PA; SF
capecitabine	SP1	PA
CAPRELSA ORAL TABLET 100 MG	SP2	PA; QL
CAPRELSA ORAL TABLET 300 MG	SP2	PA
COMETRIQ	SP2	PA
COPIKTRA	SP2	PA; SF
COTELLIC	SP2	PA
cyclophosphamide oral capsule	1	
DAURISMO	SP2	PA; SF
DROXIA	3	
ERIVEDGE	SP2	PA; SF
ERLEADA	SP2	PA
erlotinib hcl oral tablet 100 mg, 150 mg	SP1	PA; SF
erlotinib hcl oral tablet 25 mg	SP1	PA; SF; QL
etoposide oral	SP1	
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	SP1	PA; QL
exemestane	1	PV
FARESTON	SP2	
FARYDAK	SP2	PA
flutamide	1	
GAVRETO	SP2	PA; SF
GILOTRIF	SP2	PA; QL
GLEEVEC	SP2	PA
GLEOSTINE	SP2	
HYCAMTIN ORAL	SP2	
hydroxyurea oral	1	
IBRANCE	SP2	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	SP2	PA; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	SP2	PA
IDHIFA	SP2	PA; QL
imatinib mesylate	SP1	PA

Drug Name	Drug Tier	Notes
IMBRUVICA	SP2	PA
INLYTA	SP2	PA; SF
INQOVI	SP2	PA
INREBIC	SP2	PA; SF
IRESSA	SP2	PA
JAKAFI ORAL TABLET 10 MG	SP2	PA; SF; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	SP2	PA; SF
KISQALI ORAL TABLET THERAPY PACK 200 MG	SP2	PA
KOSELUGO	SP2	PA
lapatinib ditosylate	SP1	PA
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	SP2	PA
letrozole oral	1	
leucovorin calcium oral	1	
LEUKERAN	2	
LONSURF	SP2	PA
LORBRENA	SP2	PA; SF
LYNPARZA	SP2	PA
LYSODREN	SP2	
MATULANE	SP2	
MEKINIST	SP2	PA
MEKTOVI	SP2	PA
melphalan	1	
mercaptopurine oral	1	
MYLERAN	2	
NERLYNX	SP2	PA; SF; QL
NEXAVAR	SP2	PA; SF
NILANDRON	SP2	
nilutamide	SP1	

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
NINLARO	SP2	PA	TAZVERIK	SP2	PA; SF
NUBEQA	SP2	PA; SF	TEMODAR ORAL	SP2	PA
ODOMZO	SP2	PA	temozolomide	SP1	PA
ONUREG	SP2	PA	TEPMETKO	SP2	PA
ORGOVYX	SP2	PA	THALOMID	SP2	PA
PEMAZYRE	SP2	PA; SF; QL	TIBSOVO	SP2	PA; SF
PIQRAY	SP2	PA	toremifene citrate	SP1	
POMALYST	SP2	PA	tretinoin oral	SP1	
PURIXAN	SP2		TUKYSA	SP2	PA
QINLOCK	SP2	PA	TURALIO	SP2	PA
RETEVMO	SP2	PA; SF	TYKERB	SP2	PA
REVLIMID	SP2	PA	UKONIQ	SP2	PA; SF
ROZLYTREK	SP2	PA; SF	VALCHLOR	SP3	PA
RUBRACA	SP2	PA; SF	VENCLEXTA	SP2	PA
RYDAPT	SP2	PA	VENCLEXTA STARTING PACK	SP2	PA
SPRYCEL	SP2	PA; SF	VERZENIO	SP2	PA; SF
STIVARGA	SP2	PA	VITRAKVI ORAL CAPSULE	SP2	PA; SF
SUTENT	SP2	PA	VITRAKVI ORAL SOLUTION	SP2	PA
SYNRIBO	SP2	PA	VIZIMPRO	SP2	PA; SF
TABRECTA	SP2	PA	VOTRIENT	SP2	PA; SF
TAFINLAR	SP2	PA; SF	XALKORI	SP2	PA; SF
TAGRISSO ORAL TABLET 40 MG	SP2	PA; QL	XELODA	SP2	PA
TAGRISSO ORAL TABLET 80 MG	SP2	PA	XOSPATA	SP2	PA
TALZENNA	SP2	PA; SF	XPOVIO (100 MG ONCE WEEKLY)	SP2	PA
tamoxifen citrate oral tablet 10 mg	1		XPOVIO (40 MG ONCE WEEKLY)	SP2	PA
tamoxifen citrate oral tablet 20 mg	1	PV	XPOVIO (40 MG TWICE WEEKLY)	SP2	PA
TARCEVA ORAL TABLET 100 MG, 150 MG	SP2	PA; SF	XPOVIO (60 MG ONCE WEEKLY)	SP2	PA
TARCEVA ORAL TABLET 25 MG	SP2	PA; SF; QL	XPOVIO (60 MG TWICE WEEKLY)	SP2	PA
TARGRETIN EXTERNAL	SP2	PA	XPOVIO (80 MG ONCE WEEKLY)	SP2	PA
TARGRETIN ORAL	SP2	PA; SF			
TASIGNA	SP2	PA			

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

Drug Name	Drug Tier	Notes
XPOVIO (80 MG TWICE WEEKLY)	SP2	PA
XTANDI	SP2	PA; SF
YONSA	SP2	PA; SF
ZEJULA	SP2	PA; SF
ZELBORAF	SP2	PA
ZOLINZA	SP2	PA; SF
ZYDELIG	SP2	PA
ZYKADIA	SP2	PA; SF
ZYTIGA	SP2	PA; SF
Antiparasitics		
albendazole oral	1	PA
atovaquone oral	3	
atovaquone-proguanil hcl	1	
chloroquine phosphate oral	1	
COARTEM	2	
crotan	1	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	SP3	
ivermectin oral	1	
lindane	1	
malathion	3	
mefloquine hcl	1	
pentamidine isethionate inhalation	1	
permethrin external	1	
praziquantel oral	3	
primaquine phosphate oral tablet 26.3 mg	1	
pyrimethamine oral	SP1	PA
quinine sulfate oral	1	PA
spinosad	3	
Antiparkinson Agents		
amantadine hcl oral	1	
APOKYN	SP3	PA; QL

Drug Name	Drug Tier	Notes
benztropine mesylate oral	1	
bromocriptine mesylate oral	1	
carbidopa oral	3	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet dispersible	3	
carbidopa-levodopa-entacapone	3	
entacapone	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
ropinirole hcl er	3	
selegiline hcl oral	1	
tolcapone	3	
trihexyphenidyl hcl	1	
Antiplatelets		
aspirin-dipyridamole er	1	
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
prasugrel hcl	1	
Antipsychotics - Drugs for Mood Disorders		
aripiprazole oral solution	1	QL
aripiprazole oral tablet	1	QL
aripiprazole oral tablet dispersible	3	QL
asenapine maleate	3	QL
chlorpromazine hcl oral	1	
clozapine oral tablet	1	QL
clozapine oral tablet dispersible	3	QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FANAPT	3	QL	BARACLUDE ORAL TABLET	SP3	QL
FANAPT TITRATION PACK	3	QL	BIKTARVY	SP2	
fluphenazine hcl oral	1		CIMDUO	SP2	
haloperidol lactate oral	1		COMBIVIR	SP3	
haloperidol oral	1		COMPLERA	SP2	
LATUDA	3	QL	CRIXIVAN	SP2	
loxapine succinate	1		DELSTRIGO	SP2	
olanzapine oral	1	QL	DESCOVY	SP2	PA; PV
paliperidone er	3	QL	DOVATO	SP2	
pimozide	1		EDURANT	SP2	
quetiapine fumarate	1	QL	efavirenz	SP1	
quetiapine fumarate er	1	QL	efavirenz-emtricitabine-tenofovir	SP1	
risperidone	1	QL	efavirenz-lamivudine-tenofovir	SP1	
SAPHRIS	3	QL	emtricitabine	SP1	
thioridazine hcl oral	1		emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	SP1	
thiothixene	1		emtricitabine-tenofovir df oral tablet 200-300 mg	SP1	PV
trifluoperazine hcl	1		EMTRIVA	SP2	
VRAYLAR	3	QL	entecavir	SP1	QL
ziprasidone hcl	1	QL	EPCLUSA	SP2	PA; QL
Antivirals			EPIVIR	SP3	
abacavir sulfate	SP1		EPIVIR HBV ORAL SOLUTION	2	
abacavir sulfate-lamivudine	SP1		EPZICOM	SP3	
abacavir-lamivudine-zidovudine	SP1		etravirine	SP1	
acyclovir external ointment	1		EVOTAZ	SP2	
acyclovir oral	1		famciclovir oral	1	
adefovir dipivoxil	SP1		fosamprenavir calcium	SP1	
APTIVUS	SP2		FUZEON	SP2	
APTIVUS ORAL SOLUTION 100 MG/ML	SP2		GENVOYA	SP2	
atazanavir sulfate	SP1		HARVONI	SP2	PA; QL
ATRIPLA	SP2		HEPSERA	SP3	
BARACLUDE ORAL SOLUTION	SP2	QL	INTELENCE	SP2	

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

Drug Name	Drug Tier	Notes
INTRON A	SP3	PA
INVIRASE	SP2	
ISENTRESS	SP2	
ISENTRESS HD	SP2	
JULUCA	SP2	
KALETRA	SP2	
lamivudine oral solution	SP1	
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg, 300 mg	SP1	
lamivudine-zidovudine	SP1	
LEXIVA	SP2	
lopinavir-ritonavir	SP1	
MAVYRET	SP2	PA; QL
nevirapine	SP1	
nevirapine er	SP1	
NORVIR	SP2	
ODEFSEY	SP2	
oseltamivir phosphate oral	1	QL
PEGASYS	SP2	PA
PIFELTRO	SP2	
PREZCOBIX	SP2	
PREZISTA	SP2	
RETROVIR ORAL	SP3	
REYATAZ	SP2	
ribavirin oral	SP1	
rimantadine hcl	1	
ritonavir	1	
RUKOBIA	SP2	
SELZENTRY	SP2	PA
stavudine	SP1	
STRIBILD	SP2	
SUSTIVA	SP3	
SYMFI	SP2	
SYMFI LO	SP2	

Drug Name	Drug Tier	Notes
SYMTUZA	SP2	
TEMIXYS	SP2	
tenofovir disoproxil fumarate	SP1	PV
TIVICAY	SP2	
TIVICAY PD	SP2	
TRIUMEQ	SP2	
TRIZIVIR	SP3	
TRUVADA	SP2	
TYBOST	SP2	
valacyclovir hcl oral	1	QL
valganciclovir hcl	SP1	
VEMLIDY	SP2	
VIRACEPT	SP2	
VIRAMUNE	SP3	
VIRAMUNE XR	SP3	
VIREAD	SP2	
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZIAGEN ORAL SOLUTION	SP2	
ZIAGEN ORAL TABLET	SP3	
zidovudine	SP1	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	QL
alprazolam oral tablet	1	QL
alprazolam xr	1	QL
buspirone hcl oral	1	
chlordiazepoxide hcl	1	QL
clonazepam oral	1	QL
clorazepate dipotassium	1	QL
diazepam intensol	1	
diazepam oral	1	
estazolam	1	QL
hydroxyzine hcl oral	1	

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

Drug Name	Drug Tier	Notes
hydroxyzine pamoate oral	1	
lorazepam intensol	1	QL
lorazepam oral concentrate 2 mg/ml	1	QL
lorazepam oral tablet	1	QL
oxazepam	1	QL
triazolam	1	QL
Bipolar Agents - Drugs for Mood Disorders		
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
Blood Products and Modifiers - Drugs for Blood Disorders		
anagrelide hcl	1	
NEULASTA	SP3	PA
NEULASTA ONPRO	SP3	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	SP3	PA
PROMACTA	SP3	PA
tranexamic acid oral	1	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
ALDACTAZIDE ORAL TABLET 50-50 MG	2	
aliskiren fumarate	3	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	

Drug Name	Drug Tier	Notes
amlodipine-atorvastatin	3	
amlodipine-olmesartan	1	
amlodipine-valsartan-hctz	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
	1	PV; AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 10 mg, 20 mg		
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
betaxolol hcl oral	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	3	
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	
CAROSPIR	3	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine	1	
clonidine hcl oral	1	
colesevelam hcl	3	
COLESTID FLAVORED ORAL PACKET	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
COLESTID ORAL PACKET	2	
colestipol hcl	1	
CORLANOR	3	PA; QL
digitek	1	
digox	1	
digoxin oral	1	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
disopyramide phosphate	1	
DIURIL	2	
dofetilide	3	
doxazosin mesylate oral	1	
droxidopa	SP1	PA
enalapril maleate oral	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO	3	QL
EPANED	3	
eplerenone	1	
ezetimibe	1	
ezetimibe-simvastatin	1	
felodipine er	1	
fenofibrate micronized	1	
fenofibrate oral capsule	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	

Drug Name	Drug Tier	Notes
	1	PV; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium		
	1	PV; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium er		
fosinopril sodium	1	
fosinopril sodium-hctz	1	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
icosapent ethyl	3	
indapamide	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide dinitrate	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
isradipine	1	
JUXTAPID	SP3	PA; QL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	2	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
losartan potassium oral	1	
losartan potassium-hctz	1	
	1	PV; AL (Min 40 Years and Max 75 Years)
lovastatin oral		

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
matzim la	1	
methyldopa	1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
midodrine hcl	1	
minitran	1	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	2	
nadolol oral	1	
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nimodipine oral	3	
NITRO-BID	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	1	
nitro-time	1	
NORPACE CR	2	
NORTHERA	SP3	PA
NYMALIZE	SP3	
olmesartan medoxomil oral	1	

Drug Name	Drug Tier	Notes
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	
pentoxifylline er	1	
perindopril erbumine	1	
phenoxybenzamine hcl oral	1	
pindolol	1	
PRALUENT	SP3	PA; QL
	1	PV; AL (Min 40 Years and Max 75 Years)
pravastatin sodium		
prazosin hcl oral	1	
prevalite	1	
propafenone hcl	1	
propafenone hcl er	3	
propranolol hcl er	1	
propranolol hcl oral	1	
propranolol-hctz oral tablet 40-25 mg, 80-25 mg	1	
QBRELIS	3	
quinapril hcl	1	
quinapril-hydrochlorothiazide	1	
quinidine gluconate er	1	
quinidine sulfate	1	
ramipril	1	
ranolazine er	1	
REPATHA	SP3	PA; QL
REPATHA PUSHTRONEX SYSTEM	SP3	PA; QL
REPATHA SURECLICK	SP3	PA; QL

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

Drug Name	Drug Tier	Notes
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	PV; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
simvastatin oral	1	PV; AL (Min 40 Years and Max 75 Years)
sorine	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral	1	
spironolactone-hctz	1	
taztia xt	1	
TEKTURNA HCT	3	
telmisartan	1	
telmisartan-hctz	1	
tiadylt er	1	
timolol maleate oral	1	
torsemide	1	
trandolapril	1	
trandolapril-verapamil hcl er	3	
triamterene-hctz	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	3	
VECAMYL	3	
verapamil hcl er	1	
verapamil hcl oral	1	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphetamine sulfate	3	QL

Drug Name	Drug Tier	Notes
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
atomoxetine hcl	1	QL
clonidine hcl er	1	
DAYTRANA	2	QL
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	3	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral tablet	1	QL
guanfacine hcl er	1	
methamphetamine hcl	3	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	1	QL
methylphenidate hcl er oral tablet extended release 24 hour	1	QL
methylphenidate hcl oral	1	QL
QUILLICHEW ER	3	QL
QUILLIVANT XR	3	QL
VYVANSE	2	QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	SP3	PA; QL
AUBAGIO	SP3	PA; QL
AVONEX PEN	SP2	PA; QL
AVONEX PREFILLED	SP2	PA; QL
COPAXONE	SP2	PA; QL

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

Drug Name	Drug Tier	Notes
dalfampridine er	SP1	PA; QL
dimethyl fumarate oral	SP1	PA; QL
dimethyl fumarate starter pack	SP1	PA; QL
EXTAVIA	SP2	PA; QL
GILENYA	SP2	PA; QL
glatiramer acetate	SP1	PA; QL
glatopa	SP1	PA; QL
KESIMPTA	SP2	PA; QL
MAVENCLAD	SP3	PA
PLEGRIDY	SP2	PA; QL
PLEGRIDY STARTER PACK	SP2	PA; QL
TECFIDERA	SP2	PA; QL
ZEPOSIA	SP3	PA; QL
ZEPOSIA 7-DAY STARTER PACK	SP3	PA; QL
ZEPOSIA STARTER KIT	SP3	PA; QL
Central Nervous System Agents - Miscellaneous		
caffeine citrate oral	3	
pregabalin oral	1	QL
riluzole	3	PA; QL
SAVELLA	3	QL
SAVELLA TITRATION PACK	3	QL
tetrabenazine	SP1	PA
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest	1	
cevimeline hcl	3	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	2	
DENTA 5000 PLUS	2	
DENTAGEL	2	
FLUORIDEX	2	

Drug Name	Drug Tier	Notes
FLUORIDEX ENHANCED WHITENING	2	
FLUORIDEX SENSITIVITY RELIEF	2	
lidocaine viscous hcl	1	
oralone	1	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	2	
PREVIDENT 5000 DRY MOUTH	2	
PREVIDENT 5000 ENAMEL PROTECT	2	
PREVIDENT 5000 ORTHO DEFENSE	2	
PREVIDENT 5000 PLUS	2	
PREVIDENT 5000 SENSITIVE	2	
PREVIDENT DENTAL	2	
prevident mouth/throat	1	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 enamel	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride dental	1	
sodium fluoride mouth/throat	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
accutane	1	PA

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

Drug Name	Drug Tier	Notes
acitretin	3	
adapalene external gel 0.3 %	1	
ala-cort external cream 2.5 %	1	
alclometasone dipropionate	1	
amnesteem	1	PA
azelaic acid external	3	
AZELEX	2	
benzoyl peroxide-erythromycin	1	
beser external lotion	3	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
calcipotriene external cream	3	
calcipotriene external ointment	3	
calcipotriene external solution	3	
calcipotriene-betameth diprop	3	QL
calcitriol external	3	
CAPEX	2	
claravis	1	PA
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	

Drug Name	Drug Tier	Notes
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol prop emollient base	1	
clobetasol propionate e	1	
clobetasol propionate emulsion	3	
clobetasol propionate external cream	1	
clobetasol propionate external foam	3	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	3	
clobetasol propionate external solution	1	
clodan external shampoo	3	
CONDYLOX	3	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	3	
desoximetasone external liquid	3	
desoximetasone external ointment 0.25 %	1	
diclofenac sodium external gel 3 %	1	QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
DRYSOL	2		hydrocortisone external cream 2.5 %	1	
DUPIXENT	SP2	PA; QL	hydrocortisone external lotion 2.5 %	1	
EPIFOAM	2		hydrocortisone external ointment 2.5 %	1	
ery	1		hydrocortisone valerate	1	
erythromycin external	1		imiquimod external cream 5 %	1	
EUCRISA	2	ST	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	PA
FINACEA EXTERNAL FOAM	3	ST	methoxsalen rapid	3	
fluocinolone acetonide body	1		metronidazole external	1	
fluocinolone acetonide external	1		mometasone furoate external	1	
fluocinolone acetonide scalp	1		myorisan	1	PA
fluocinonide emulsified base	1		neuac external gel	1	
fluocinonide external	1		pimecrolimus	1	
FLUOROPLEX	3		podocon	1	
fluorouracil external cream 5 %	1		podofilox external	1	
fluorouracil external solution	1		PRAMOSONE EXTERNAL CREAM 1-1 %	2	
fluticasone propionate external cream	1		PRAMOSONE EXTERNAL LOTION	2	
fluticasone propionate external lotion	3		PRAMOSONE EXTERNAL OINTMENT 1-2.5 %	2	
fluticasone propionate external ointment	1		prednicarbate	1	
halobetasol propionate external cream	1		REGRANEX	2	PA
halobetasol propionate external ointment	1		rosadan external cream	1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1		rosadan external gel	1	
hydrocortisone butyrate external cream	1		SANTYL	2	
hydrocortisone butyrate external ointment	1		selenium sulfide external lotion	1	
hydrocortisone butyrate external solution	1		sodium sulfacetamide wash	1	
			SODIUM SULFACETAMIDE-BAKUCHIOL	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
sss 10-5 external foam	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external liquid	1	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid 9-4.5 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide-sulfur in urea	3	
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external	1	
tazarotene external cream	1	AL (Max 40 Years)
TAZORAC EXTERNAL CREAM 0.05 %	2	AL (Max 40 Years)
TAZORAC EXTERNAL GEL	2	AL (Max 40 Years)
TEXACORT	2	
tovet external foam	3	
tretinoin external cream	1	AL (Max 40 Years)
tretinoin external gel 0.01 %, 0.025 %	1	AL (Max 40 Years)
tretinoin external gel 0.05 %	3	AL (Max 40 Years)
tretinoin microsphere	1	AL (Max 40 Years)
tretinoin microsphere pump	1	AL (Max 40 Years)
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	

Drug Name	Drug Tier	Notes
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	
urea external cream 40 %	1	
zenatane	1	PA
Diabetes - Antidiabetic Agents		
acarbose oral	1	
BYDUREON BCISE AUTOINJECTOR	3	QL
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	3	QL
BYETTA 10 MCG PEN	3	QL
BYETTA 5 MCG PEN	3	QL
FARXIGA	2	ST
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glipizide-metformin hcl	1	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
INVOKAMET	3	ST
INVOKAMET XR	3	ST
INVOKANA	3	ST
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	ST
JENTADUETO	2	
JENTADUETO XR	2	
metformin hcl er	1	
metformin hcl oral tablet	1	
miglitol	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
nateglinide	1	
OZEMPIC	2	QL
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	3	
pioglitazone hcl-metformin hcl	1	
repaglinide	1	
RYBELSUS	3	QL
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	ST
SYNJARDY XR	2	ST
tolbutamide	1	
TRADJENTA	2	
TRULICITY	2	QL
VICTOZA	2	QL
XIGDUO XR	2	ST
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	1	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	1	
ACCU-CHEK AVIVA PLUS TEST STRIPS	1	QL
ACCU-CHEK COMPACT PLUS CONTROL	1	
ACCU-CHEK COMPACT PLUS TEST STRIPS	1	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK GUIDE TEST STRIPS	1	
ACCU-CHEK GUIDE CONTROL	1	
ACCU-CHEK GUIDE TEST STRIPS	1	QL
ACCU-CHEK GUIDE KIT W/DEVICE	1	

Drug Name	Drug Tier	Notes
ACCU-CHEK SMARTVIEW CONTROL	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	1	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
AGAMATRIX CONTROL LEVEL 2	2	
AGAMATRIX CONTROL LEVEL 4	2	
AGAMATRIX PRESTO TEST	2	QL
ASSURE PLATINUM	2	QL
AUTOLET LANCING DEVICE	2	
BIOTEL CARE BLOOD GLUCOSE	2	
BIOTEL CARE BLOOD GLUCOSE SYST	2	
BLOOD GLUCOSE TEST	2	QL
BLULINK CONTROL HIGH & LOW	2	
BLULINK GLUCOSE MONITORING SYS	2	
BLULINK GLUCOSE TEST	2	QL
CARETOUCH CONTROL SOL LEVEL 2	2	
CARETOUCH LANCING/EJECTOR	2	
CARETOUCH TEST	2	QL
CEQUR SIMPLICITY 2U	2	
CEQUR SIMPLICITY INSERTER	2	
CEQUR SIMPLICITY STARTER	2	
CONTOUR CONTROL SOLUTION	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
CONTOUR MONITOR DEVICE	2		DIATHRIVE+ GLUCOSE TEST	2	QL
CONTOUR MONITOR KIT W/DEVICE	2		DROPLET GENTEEL LANCING DEVICE	2	
CONTOUR NEXT CONTROL SOLUTION	2		EASY TOUCH HEALTHPRO GLUCOSE	2	QL
CONTOUR NEXT EZ KIT W/DEVICE	2		EASY TRAK II BLOOD GLUCOSE SYS	2	
CONTOUR NEXT LINK KIT W/DEVICE	2		EASY TRAK II CONTROL	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2		EASY TRAK II GLUCOSE TEST	2	QL
CONTOUR NEXT ONE KIT	2		EASYMAX 15 LEVEL 2-3 CONTROL	2	
CONTOUR NEXT TEST STRIPS	2	QL	EASYMAX CONTROL	2	
CONTOUR TEST STRIPS	2	QL	GLUCOSE CONTROL SOLUTIONS	2	
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	QL	EMBRACE LANCING DEVICE/EJECTOR	2	
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	QL	EMBRACE TALK BLOOD GLUCOSE	2	
DIATHRIVE BLOOD GLUCOSE METER	2		EMBRACE TALK GLUCOSE CONTROL	2	
DIATHRIVE BLOOD GLUCOSE TEST	2	QL	EMBRACE TALK GLUCOSE TEST	2	QL
DIATHRIVE GLUCOSE CONTROL SOLN	2		EMBRACE TALK MONITORING SYSTEM	2	
DIATHRIVE GLUCOSE TEST	2	QL	FORA 6 CONNECT	2	QL
DIATHRIVE LANCING DEVICE	2		FORA GTEL BLOOD GLUCOSE SYSTEM	2	
DIATHRIVE+ GLUCOSE MONITOR	2		FORA GTEL BLOOD GLUCOSE TEST	2	QL
			FORA TN'G ADVANCE PRO IN VITRO	2	QL
			FORTISCARE CONTROL	2	
			FORTISCARE GLUCOSE SYSTEM DEVICE	2	
			FORTISCARE T1 GLUCOSE SYSTEM	2	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FREESTYLE FREEDOM LITE	2		GOJJI LANCING DEVICE/CLEAR CAP	2	
FREESTYLE INSULINX SYSTEM	2		HW EMBRACE PRO GLUCOSE METER	2	
FREESTYLE INSULINX TEST	2	QL	HW EMBRACE PRO GLUCOSE TEST	2	QL
FREESTYLE LIBRE 14 DAY READER	3	QL	HW EMBRACE TALK BLOOD GLUCOSE	2	
FREESTYLE LIBRE 14 DAY SENSOR	3		HW EMBRACE TALK GLUCOSE TEST	2	QL
FREESTYLE LIBRE 2 READER	3	QL	INFINITY BLOOD GLUCOSE TEST	2	QL
FREESTYLE LIBRE 2 SENSOR	3	QL	INPEN 100-BLUE-LILLY	2	
FREESTYLE LIBRE READER	3	QL	INPEN 100-BLUE-NOVO	2	
FREESTYLE LIBRE SENSOR SYSTEM	3	QL	INPEN 100-GRAY-LILLY	2	
FREESTYLE LITE TEST	2	QL	INPEN 100-GREY-NOVO	2	
FREESTYLE PRECISION NEO TEST	2	QL	INPEN 100-PINK-LILLY	2	
FREESTYLE TEST	2	QL	INPEN 100-PINK-NOVO	2	
GENTEEL LANCING KIT (BLUE)	2		KETONE TEST	2	
GLUCOCARD 01 SENSOR PLUS	2	QL	KETOSTIX	2	
GLUCOCARD EXPRESSION TEST	2	QL	KROGER HEALTHPRO GLUCOSE TEST	2	QL
GLUCOCARD SHINE CONNEX	2		LANCETS	2	
GLUCOCARD SHINE EXPRESS	2		MICRODOT TEST	2	QL
GLUCOCARD SHINE TEST	2	QL	MICROLET NEXT LANCING DEVICE	2	
GLUCOCARD VITAL TEST	2	QL	NOVOPEN ECHO	2	
GOJJI BLOOD GLUCOSE TEST	2	QL	OMNIPOD DASH SYSTEM	3	
GOJJI BLOOD TEST STRIP/LANCETS	2	QL	OMNIPOD STARTER	3	
GOJJI CONTROL	2		ONE DROP BLOOD GLUCOSE MONITOR	2	
			ONE DROP TEST	2	QL
			ONETOUCH DELICA LANCING DEV	1	
			ONETOUCH DELICA PLUS LANCING	1	
			ONETOUCH ULTRA	1	QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ONETOUGH ULTRA 2 KIT W/DEVICE	1		RELION BLOOD GLUCOSE TEST	2	QL
ONETOUGH ULTRA MINI KIT W/DEVICE	1		RELION PREMIER CLASSIC	2	
ONETOUGH VERIO KIT W/DEVICE	1		RELION PREMIER TEST	2	QL
ONETOUGH VERIO FLEX SYSTEM KIT W/DEVICE	1		SURESTEP PRO HIGH GLUCOSE	1	
ONETOUGH VERIO IN VITRO SOLUTION HIGH	1		SURESTEP PRO LOW GLUCOSE	1	
ONETOUGH VERIO TEST STRIPS	1	QL	SURESTEP PRO NORMAL GLUCOSE	1	
ONETOUGH VERIO IQ SYSTEM	1		TRUE FOCUS BLOOD GLUCOSE METER	2	
ONETOUGH VERIO REFLECT	1		TRUE METRIX BLOOD GLUCOSE TEST	2	QL
ONETOUGH VERIO SYNC SYSTEM KIT W/DEVICE	1		TRUE METRIX LEVEL 1	2	
POGO AUTOMATIC BLOOD GLUCOSE	2		TRUE METRIX LEVEL 2	2	
PRECISION LINK	2		TRUE METRIX LEVEL 3	2	
PRECISION PCX PLUS TEST	2	QL	TRUE METRIX PRO BLOOD GLUCOSE	2	QL
PRECISION QID MONITOR	2		TRUETRACK TEST	2	QL
PRECISION QID TEST	2	QL	UNISTRIIP CONTROL IN VITRO SOLUTION LOW	2	
PRECISION SOF-TACT MONITOR	2		V-GO 20	3	QL
PRECISION SOF-TACT TEST	2	QL	V-GO 30	3	QL
PRECISION XTRA BLOOD GLUCOSE	2	QL	V-GO 40	3	QL
PRECISION XTRA DEVICE	2		VIVAGUARD INO CONTROL SOLUTION	2	
PRECISION XTRA KIT	2		VIVAGUARD INO GLUCOSE METER	2	
PRECISION XTRA MONITOR	2		VIVAGUARD INO TEST STRIPS	2	QL
PRODIGY NO CODING BLOOD GLUC	2		VIVAGUARD LANCING DEVICE	2	
			Diabetes - Glycemic Agents		
			BAQSIMI ONE PACK	2	
			BAQSIMI TWO PACK	2	
			diazoxide 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
GLUCAGEN HYPOKIT	2	
glucagon emergency kit 1 mg injection 1 mg	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	2	
GLUCAGON EMERGENCY KIT	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS	2	
Diabetes - Insulins		
APIDRA SOLOSTAR	3	
APIDRA VIAL	3	
BD AUTOSHIELD DUO PEN NEEDLES	1	
BD ULTRA-FINE INSULIN SYRINGES	1	
BD ULTRA-FINE PEN NEEDLES	1	
BD VEO INSULIN SYR U/F 1/2UNIT	1	
DROPLET MICRON	1	
EASYPPOINT NEEDLE 18G X 1" , 18G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 5/8"	1	
FIASP	1	
FIASP FLEXTouch	1	
FIASP PENFILL	1	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	2	

Drug Name	Drug Tier	Notes
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	2	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMALOG VIAL	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	2	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	2	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	2	
HUMULIN R VIAL	2	
INSULIN PEN NEEDLES	1	
INSULIN SYRINGES	1	
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LEVEMIR U-100 FLEXTouch	2	
LEVEMIR U-100 VIAL	2	
NOVOFINE AUTOCOVER PEN NEEDLE	1	
NOVOFINE PEN NEEDLE	1	
NOVOFINE PLUS PEN NEEDLE	1	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	
NOVOLIN 70/30 RELION	2	
NOVOLIN 70/30 VIAL	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	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
NOVOLIN N VIAL	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLIN R VIAL	2	
NOVOLOG FLEXPEN	1	
NOVOLOG MIX 70/30 FLEXPEN	1	
NOVOLOG MIX 70/30 VIAL	1	
NOVOLOG PENFILL	1	
NOVOLOG U-100 VIAL	1	
NOVOTWIST PEN NEEDLE	1	
SECURESAFE HYPODERMIC NEEDLE 18G X 1" , 19G X 1" , 19G X 1-1/2" , 22G X 1"	1	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
ULTIGUARD SAFEPAK SYR/NEEDLE	1	
Electrolytes / Minerals / Metals / Vitamins		
CARBAGLU	SP3	
CARNITOR INTRAVENOUS	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CITRANATAL BLOOM	3	
clovique	SP1	PA
cyanocobalamin injection solution 1000 mcg/ml	1	
cytra k crystals	1	

Drug Name	Drug Tier	Notes
deferasirox oral tablet soluble	SP1	PA
deferiprone	SP1	PA
effer-k oral tablet effervescent 25 meq	1	
ergocalciferol oral capsule	1	
EXJADE	SP3	PA
ferocon	1	
ferotinsic	1	
FERRALET 90	3	
FERRIPROX	SP3	PA
fluoritab	0	PV
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	0	PV
FOLIVANE-F	2	
FOLIVANE-PLUS	2	
foltrin	1	
GALZIN	2	
INTEGRA F	2	
INTEGRA PLUS	2	
iodine strong oral	1	
JYNARQUE	SP2	QL
klor-con	1	
klor-con 10	1	
klor-con m10	1	
KLOR-CON M15	2	
klor-con m20	1	
klor-con/ef	1	
K-PHOS	2	
K-PHOS NO 2	2	
k-prime	1	
levocarnitine oral solution	3	
levocarnitine oral tablet	3	
levocarnitine sf	3	
M-NATAL PLUS	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
multivitamin/fluoride oral tablet chewable 1 mg	1	
nafrinse	0	PV
nafrinse drops	0	PV
NASCOBAL	2	
NEONATAL COMPLETE	1	
NEONATAL PLUS	1	
ONE VITE WOMENS	0	PV
ONE VITE WOMENS PLUS	1	
ONE-A-DAY WOMENS PRENATAL 1	0	PV
ORACIT	2	
phosphorous	1	
phospho-trin 250 neutral	1	
phytonadione oral	1	
potassium chloride cryster	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
prenatal multi +dha	0	PV
prenatal oral tablet 27-0.8 mg	0	PV
prenatal oral tablet 27-1 mg	1	
prenatal plus iron	1	
prenatal vitamin plus low iron	1	
PRENATRIX	1	
preplus	1	
PRETAB	1	
PROFERRIN-FORTE	2	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG	1	
sod citrate-citric acid	1	

Drug Name	Drug Tier	Notes
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	0	PV
sodium fluoride oral tablet	0	PV
sodium fluoride oral tablet chewable	0	PV
sodium polystyrene sulfonate	1	
sps	1	
SYPRINE	SP3	PA
TOLVAPTAN ORAL TABLET 15 MG	SP1	QL
tolvaptan oral tablet 30 mg	SP1	QL
TRICARE PRENATAL DHA ONE	3	
tricitrates	1	
trientine hcl	SP1	PA
TRISTART DHA	3	
VINATE ONE	1	
VIRT-FEFA PLUS	2	
virt-phos 250 neutral	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
VITATHELY WITH GINGER	1	
WESTAB PLUS	1	
WESTGEL DHA	3	
WILZIN	2	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
esomeprazole magnesium oral capsule delayed release 40 mg	3	QL
esomeprazole magnesium oral packet	3	QL; AL (Max 12 Years)
famotidine oral suspension reconstituted	3	

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
lansoprazole oral capsule delayed release 30 mg	3	QL
lansoprazole oral tablet delayed release dispersible	3	QL; AL (Max 12 Years)
misoprostol oral	1	
NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	QL; AL (Max 12 Years)
omeprazole oral capsule delayed release 10 mg, 40 mg	3	QL
pantoprazole sodium oral tablet delayed release	3	QL
PREVACID SOLUTAB	3	QL; AL (Max 12 Years)
rabeprazole sodium oral tablet delayed release	3	QL
sucralfate oral	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	3	PA
AMITIZA	3	QL
ANASPAZ	2	
bisacodyl ec	0	PV; QL
citroma	0	PV; QL
clearlax	0	PV; QL
constulose	1	
cromolyn sodium oral	3	
CUVPOSA	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ED-SPAZ	2	
enulose	1	
GATTEX	SP3	PA
gavilax oral powder	0	PV; QL
gavilyte-c	1	PV; QL

Drug Name	Drug Tier	Notes
gavilyte-g	1	PV; QL
gavilyte-n with flavor pack	1	PV; QL
generlac	1	
gentle laxative oral	0	PV; QL
glycolax	0	PV; QL
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
lactulose encephalopathy	1	
lactulose oral solution	1	
LINZESS	3	QL
LUBIPROSTONE	3	QL
magnesium citrate oral solution	0	PV; QL
mm clearlax	0	PV; QL
MOVANTIK	3	QL
NULEV	2	
oscimin	1	
oscimin sr	1	
OSMOPREP	3	
peg 3350-kcl-na bicarb-nacl	1	PV; QL
peg-3350/electrolytes	1	PV; QL
peg-3350/electrolytes/ascorbic acid	3	
peg-kcl-nacl-nasulf-na ascorbic acid	3	
qc magnesium citrate	0	PV; QL
RELISTOR SUBCUTANEOUS	SP3	QL
SUPREP BOWEL PREP KIT	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
SYMAX DUOTAB	2	
ursodiol oral	1	
VIBERZI	3	PA; QL
XERMELO	SP3	PA; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
BUPHENYL	SP3	
CERDELGA	SP3	PA
CHOLBAM	SP3	PA
CREON	2	
GALAFOLD	SP3	PA; QL
MYALEPT	SP3	PA
nitisinone	SP1	PA
OCALIVA	SP3	PA; QL
ORFADIN	SP3	PA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 4200-14200 UNIT	2	
PROCYSBI	SP3	PA
RAVICTI	SP3	PA
sodium phenylbutyrate oral	SP1	
STRENSIQ	SP3	PA
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
darifenacin hydrobromide er	3	

Drug Name	Drug Tier	Notes
DEPEN TITRATABS	SP2	PA
ELMIRON	2	
flavoxate hcl	1	
INTRAROSA	3	
LITHOSTAT	3	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
penicillamine oral tablet	SP1	PA
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
sevelamer carbonate	3	
sevelamer hcl	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	3	QL
solifenacin succinate	1	
tadalafil oral tablet 2.5 mg, 5 mg	3	QL
tolterodine tartrate	1	
tolterodine tartrate er	1	
trospium chloride	1	
trospium chloride er	3	
uro-mp	1	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	

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
Hormonal Agents - Adrenal		
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 2 MG	2	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
Hormonal Agents - Men's Health		
ANDRODERM	2	PA
danazol oral	3	
DEPO-TESTOSTERONE	2	PA
testosterone cypionate intramuscular	1	PA
testosterone enanthate intramuscular	1	PA
testosterone transdermal	3	PA
Hormonal Agents - Osteoporosis		
OSPHENA	3	
raloxifene hcl	1	PV
Hormonal Agents - Pituitary		
cabergoline	1	
desmopressin ace spray refrig	1	

Drug Name	Drug Tier	Notes
desmopressin acetate injection	1	
desmopressin acetate oral	1	
desmopressin acetate pf	1	
desmopressin acetate spray	1	
NORDITROPIN FLEXPPO	SP2	PA
NUTROPIN AQ NUSPIN 10	SP2	PA
NUTROPIN AQ NUSPIN 20	SP2	PA
NUTROPIN AQ NUSPIN 5	SP2	PA
octreotide acetate	SP1	PA
OMNITROPE	SP2	PA
ORILISSA	3	PA; QL
SIGNIFOR	SP3	PA; QL
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP3	PA
STIMATE	2	
Hormonal Agents - Sex Hormones and Birth Control		
afirmelle	0	PV
altavera	0	PV
alyacen 1/35	0	PV
alyacen 7/7/7	0	PV
amabelz	1	
amethia	0	PV; QL
amethyst	0	PV
ANGELIQ	2	
ANNOVERA	3	QL
apri	0	PV
aranelle	0	PV
ashlyna	0	PV; QL

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

Drug Name	Drug Tier	Notes
aubra	0	PV
aubra eq	0	PV
aurovela 1.5/30	0	PV
aurovela 1/20	0	PV
aurovela 24 fe	0	PV
aurovela fe 1.5/30	0	PV
aurovela fe 1/20	0	PV
aviane	0	PV
ayuna	0	PV
azurette	0	PV
BALCOLTRA	3	
balziva	0	PV
bekyree	0	PV
blisovi 24 fe	0	PV
blisovi fe 1.5/30	0	PV
blisovi fe 1/20	0	PV
briellyn	0	PV
camila	0	PV
camrese	0	PV; QL
camrese lo	0	PV; QL
caziant	0	PV
charlotte 24 fe	0	PV
chateal	0	PV
chateal eq	0	PV
CLIMARA PRO	3	
COMBIPATCH	3	
cryselle-28	0	PV
cyclafem 1/35	0	PV
cyclafem 7/7/7	0	PV
cyred	0	PV
cyred eq	0	PV
dasetta 1/35	0	PV
dasetta 7/7/7	0	PV
daysee	0	PV; QL
deblitane	0	PV

Drug Name	Drug Tier	Notes
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	2	
delyla	0	PV
DEPO-ESTRADIOL	2	
desogestrel-ethinyl estradiol	0	PV
DIVIGEL	3	
dolishale	0	PV
dotti	1	
drospiren-eth estrad- levomefol	0	PV
drospirenone-ethinyl estradiol	0	PV
DUAVEE	2	
ELESTRIN	3	
elinest	0	PV
ELLA	0	PV
eluryng	0	PV
emoquette	0	PV
enpresse-28	0	PV
enskyce	0	PV
errin	0	PV
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	0	PV
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
ESTRING	3	QL
ESTROGEL	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
ethynodiol diac-eth estradiol	0	PV
etonogestrel-ethinyl estradiol	0	PV
EVAMIST	3	
falmina	0	PV
fayosim	0	PV; QL
femynor	0	PV
fyavolv	1	
gemmily	0	PV
gianvi oral tablet 3-0.02 mg	0	PV
hailey 1.5/30	0	PV
hailey 24 fe	0	PV
hailey fe 1.5/30	0	PV
hailey fe 1/20	0	PV
heather	0	PV
iclevia	0	PV; QL
incassia	0	PV
introvale	0	PV; QL
isibloom	0	PV
jaimiess	0	PV; QL
jasmiel	0	PV
jencycla	0	PV
jinteli	1	
jolessa	0	PV; QL
juleber	0	PV
junel 1.5/30	0	PV
junel 1/20	0	PV
junel fe 1.5/30	0	PV
junel fe 1/20	0	PV
junel fe 24	0	PV
kaitlib fe	0	PV
kalliga	0	PV
kariva	0	PV
kelnor 1/35	0	PV
kelnor 1/50	0	PV

Drug Name	Drug Tier	Notes
kurvelo	0	PV
KYLEENA	0	PV
larin 1.5/30	0	PV
larin 1/20	0	PV
larin 24 fe	0	PV
larin fe 1.5/30	0	PV
larin fe 1/20	0	PV
larissia	0	PV
layolis fe	0	PV
leena	0	PV
lessina	0	PV
levonest	0	PV
levonorgest-eth est & eth est	0	PV; QL
levonorgest-eth estrad 91-day	0	PV; QL
levonorgestrel	0	PV
levonorgestrel-ethinyl estrad	0	PV
levonorg-eth estrad triphasic	0	PV
levora 0.15/30 (28)	0	PV
LILETTA (52 MG)	0	PV
lillow	0	PV
LO LOESTRIN FE	3	
lojaimiess	0	PV; QL
loryna	0	PV
low-ogestrel	0	PV
lo-zumandimine	0	PV
luteria	0	PV
lyleq	0	PV
lyllana	1	
lyza	0	PV
marlissa	0	PV
medroxyprogesterone acetate intramuscular	0	PV; QL
medroxyprogesterone acetate 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
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	1	
megestrol acetate oral tablet	1	
MENEST	2	
merzee	0	PV
mibelas 24 fe	0	PV
microgestin 1.5/30	0	PV
microgestin 1/20	0	PV
microgestin 24 fe	0	PV
microgestin fe 1.5/30	0	PV
microgestin fe 1/20	0	PV
mili	0	PV
mimvey	1	
MIRENA (52 MG)	0	PV
mono-lynyah	0	PV
NATAZIA	0	PV
necon 0.5/35 (28)	0	PV
NEXPLANON	0	PV
nikki	0	PV
nora-be	0	PV
norethin ace-eth estrad-fe	0	PV
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	0	PV
norethindrone oral	0	PV
norethindrone-eth estradiol	1	
norethin-eth estradiol-fe	0	PV
norgestimate-eth estradiol	0	PV
norgestimate-ethinyl estradiol triphasic	0	PV
norlyda	0	PV
norlyroc	0	PV
nortrel 0.5/35 (28)	0	PV

Drug Name	Drug Tier	Notes
nortrel 1/35 (21)	0	PV
nortrel 1/35 (28)	0	PV
nortrel 7/7/7	0	PV
nylia 7/7/7	0	PV
nymyo	0	PV
ocella	0	PV
orsythia	0	PV
PARAGARD INTRAUTERINE COPPER	0	PV
philith	0	PV
pimtrea	0	PV
pirmella 1/35	0	PV
pirmella 7/7/7	0	PV
portia-28	0	PV
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
preventeza	0	PV
previfem	0	PV
progesterone intramuscular	1	
progesterone oral	1	
reclipsen	0	PV
rivelsa	0	PV; QL
setlakin	0	PV; QL
sharobel	0	PV
simliya	0	PV
simpesse	0	PV; QL
SKYLA	0	PV
SLYND	3	
sprintec 28	0	PV
sronyx	0	PV
syeda	0	PV
tarina 24 fe	0	PV
tarina fe 1/20	0	PV

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
tarina fe 1/20 eq	0	PV
tilia fe	0	PV
tri femynor	0	PV
tri-estarylla	0	PV
tri-legest fe	0	PV
tri-linyah	0	PV
tri-lo-estarylla	0	PV
tri-lo-marzia	0	PV
tri-lo-mili	0	PV
tri-lo-sprintec	0	PV
tri-mili	0	PV
tri-nymyo	0	PV
tri-previfem	0	PV
tri-sprintec	0	PV
trivora (28)	0	PV
tri-vylibra	0	PV
tri-vylibra lo	0	PV
tulana	0	PV
tyblume	0	PV
tydemy	0	PV
velivet	0	PV
vestura	0	PV
vienva	0	PV
violele	0	PV
volnea	0	PV
vyfemla	0	PV
vylibra	0	PV
wera	0	PV
wymzya fe	0	PV
xulane	0	PV
yuvaferm	1	
zafemy	0	PV
zarah	0	PV
zovia 1/35 (28)	0	PV
zovia 1/35e (28)	0	PV
zumandimine	0	PV

Drug Name	Drug Tier	Notes
Hormonal Agents - Thyroid		
ARMOUR THYROID	2	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
nature-throid	1	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	2	
TIROSINT	3	
unithroid	1	
westhroid	1	
wp thyroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	SP3	PA
ACTEMRA SUBCUTANEOUS	SP3	PA
ACTIMMUNE	SP2	PA
azathioprine oral	1	
BERINERT	SP2	PA; QL
CELLCEPT	SP3	
CIMZIA	SP2	PA
CIMZIA PREFILLED KIT	SP2	PA
CIMZIA STARTER KIT	SP2	PA
COSENTYX (300 MG DOSE)	SP3	PA

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

Drug Name	Drug Tier	Notes
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	SP3	PA
COSENTYX SENSOREADY (300 MG)	SP3	PA
COSENTYX SENSOREADY PEN	SP3	PA
cyclosporine modified	1	
cyclosporine oral	1	
ENBREL	SP3	PA
ENBREL MINI	SP3	PA
ENBREL SURECLICK	SP3	PA
ENVARUSUS XR	SP2	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	SP1	
FIRAZYR	SP3	PA; QL
gengraf	1	
HAEGARDA	SP2	PA
HUMIRA	SP2	PA
HUMIRA PEDIATRIC CROHNS START	SP2	PA
HUMIRA PEN	SP2	PA
HUMIRA PEN-CD/UC/HS STARTER	SP2	PA
HUMIRA PEN-PEDIATRIC UC START	SP2	PA
HUMIRA PEN-PS/UV/ADOL HS START	SP2	PA
HUMIRA PEN-PSOR/UEIT STARTER	SP2	PA
icatibant acetate	SP1	PA; QL
KINERET	SP3	PA
leflunomide oral	1	
methotrexate oral	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	

Drug Name	Drug Tier	Notes
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
MYFORTIC	SP3	
NEORAL	SP3	
ORENCIA CLICKJECT	SP3	PA
ORENCIA SUBCUTANEOUS	SP3	PA
OTEZLA	SP2	PA
PROGRAF ORAL CAPSULE	SP3	
PROGRAF ORAL PACKET	SP2	
RAPAMUNE ORAL SOLUTION	SP2	
RAPAMUNE ORAL TABLET	SP3	
RIDAURA	SP2	
RINVOQ	SP2	PA
SANDIMMUNE ORAL CAPSULE	SP3	
SANDIMMUNE ORAL SOLUTION	SP2	
SIMPONI	SP2	PA
sirolimus oral solution	SP1	
sirolimus oral tablet	1	
SKYRIZI	SP2	PA; QL
SKYRIZI (150 MG DOSE)	SP2	PA; QL
SKYRIZI PEN	SP2	PA; QL
STELARA SUBCUTANEOUS	SP2	PA; QL
tacrolimus oral	1	
TALTZ	SP2	PA
TREMFYA	SP2	PA
XATMEP	SP2	
XELJANZ ORAL TABLET	SP2	PA
XELJANZ XR	SP2	PA

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

Drug Name	Drug Tier	Notes
ZORTRESS	SP3	
Immunological Agents - Drugs for Vaccination		
ACTHIB	3	PV; AL (Max 6 Years)
ADACEL	0	PV
BCG VACCINE	3	
BEXSERO	0	PV
BOOSTRIX	0	PV
DAPTACEL	0	PV
DIPHTHERIA-TETANUS TOXOIDS DT	0	PV
ENGERIX-B	0	PV
	3	PV; AL (Min 9 Years and Max 26 Years)
GARDASIL 9		
HAVRIX	0	PV
	3	PV; AL (Min 18 Years)
HEPLISAV-B		
	3	PV; AL (Max 6 Years)
HIBERIX		
IMOVAX RABIES	3	
INFANRIX	0	PV
	3	PV; AL (Max 17 Years)
IPOL		
JANSSEN COVID-19 VACCINE	0	PV
KINRIX	0	PV
MENACTRA	0	PV
MENQUADFI	0	PV
MENVEO	0	PV
M-M-R II	0	PV
MODERNA COVID-19 VACCINE	0	PV
PEDIARIX	0	PV

Drug Name	Drug Tier	Notes
	3	PV; AL (Max 6 Years)
PEDVAX HIB		
PENTACEL	0	PV
PFIZER-BIONTECH COVID-19 VACC	0	PV
PNEUMOVAX 23	0	PV
PREVNAR 13	0	PV
PROQUAD	0	PV
QUADRACEL	0	PV
RECOMBIVAX HB	0	PV
	3	PV; AL (Max 8 Months)
ROTARIX		
	3	PV; AL (Max 8 Months)
ROTATEQ		
	3	PV; AL (Min 50 Years)
SHINGRIX		
STAMARIL	3	
TDVAX	0	PV
TENIVAC	0	PV
TETANUS-DIPHTHERIA TOXOIDS TD	0	PV
TRUMENBA	0	PV
TWINRIX	0	PV
TYPHIM VI	3	
VAQTA	0	PV
VARIVAX	0	PV
VAXCHORA	3	
VAXELIS	0	PV
YF-VAX	3	
Inflammatory Bowel Disease Agents		
ANALPRAM-HC EXTERNAL LOTION	2	
anucort-hc	1	
balsalazide disodium	1	
budesonide er	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
budesonide oral	3	
CANASA	2	
hydrocortisone (perianal)	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal suppository 25 mg	1	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	1	
mesalamine er oral capsule 0.375 gm	1	
mesalamine oral	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
PENTASA	2	
PROCTOFOAM HC	2	
procto-med hc	1	
procto-pak	1	
proctozone-hc	1	
sulfasalazine oral	1	
UCERIS ORAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral solution	1	
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
calcitonin (salmon) nasal	1	QL
FORTEO	SP2	PA
ibandronate sodium oral	1	QL
risedronate sodium oral tablet 150 mg, 35 mg	1	QL
risedronate sodium oral tablet 30 mg, 5 mg	1	

Drug Name	Drug Tier	Notes
risedronate sodium oral tablet delayed release	3	QL
TERIPARATIDE (RECOMBINANT)	SP2	PA
TYMLOS	SP2	PA
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
cinacalcet hcl	SP1	PA
paricalcitol oral	1	
SENSIPAR	SP3	PA
Miscellaneous Therapeutic Agents		
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
CAMINO PRO COMPLETE/GLYTACTIN	2	
CAYA	0	PV; QL
CLEVER CHOICE HOLDING CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
DEFLUX METAL NEEDLE	1	
EASIVENT	2	
EASY GLIDE LUER LOCK SYRINGE	1	
EASY GLIDE SLIP LOCK SYRINGE	1	
EASYPOINT NEEDLE 25G X 1-1/2"	1	
ENCARE	0	PV; QL
EO28 SPLASH	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
EQUACARE JR	3	
ESSENTIAL CARE JR	3	
FC FEMALE CONDOM	0	PV; QL
FC2 FEMALE CONDOM	0	PV; QL
FEMCAP	0	PV; QL
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
FORA D40G GLUCOSE/PRESSURE	2	
GLYTACTIN BETTERMILK 15	2	
GLYTACTIN BETTERMILK DE-LITE	2	
GLYTACTIN BUILD 10PE	2	
GLYTACTIN BUILD 20/20 PKU	2	
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	
GLYTACTIN RTD 15	2	
GLYTACTIN RTD LITE 15	2	
GLYTACTIN SWIRL 15PE	2	
heparin lock flush	1	
heparin sodium lock flush	1	

Drug Name	Drug Tier	Notes
HUMATROPEN FOR 12MG	1	
HUMATROPEN FOR 24MG	1	
HUMATROPEN FOR 6MG	1	
INSPIREASE RESERVOIR BAGS	2	
J-TIP KIT W/VIAL ADAPTERS	1	
methergine	3	QL
methyletergonovine maleate oral	3	QL
MICROCHAMBER	2	
NEOCATE JUNIOR	3	
NORDIPEN 5 INJECTION DEVICE	1	
NORM-JECT LUER SLIP SYRINGE	1	
OMNIPOD 5 PACK	3	QL
OMNIPOD DASH 5 PACK PODS	3	QL
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PEDIATRIC PANDA MASK	2	
PHENEX-1	2	
PHENYLADE DRINK MIX	2	
PHENYLADE GMP READY	2	
POCKET SPACER	2	
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
PRO COMFORT SPACER INFANT	2	
PROCARE SPACER/ADULT MASK	2	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PROCARE SPACER/CHILD MASK	2		AZASITE	3	
PURAMINO DHA/ARA	3		azelastine hcl ophthalmic	1	
SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2"	1		bacitracin ophthalmic	1	
SYRINGE LUER LOCK 30 ML	1		BESIVANCE	3	
SYRINGE LUER SLIP 1 ML	1		bromfenac sodium (once-daily)	1	QL
TODAY SPONGE	0	PV; QL	CILOXAN OPHTHALMIC OINTMENT	2	
TOLEREX	3		ciprofloxacin hcl ophthalmic	1	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	0	PV; QL	cromolyn sodium ophthalmic	1	
vcf vaginal contraceptive vaginal gel	0	PV; QL	dexamethasone sodium phosphate ophthalmic	1	
VIVONEX PEDIATRIC	3		diclofenac sodium ophthalmic	1	
WIDE-SEAL DIAPHRAGM 60	0	PV; QL	DUREZOL	3	
WIDE-SEAL DIAPHRAGM 65	0	PV; QL	epinastine hcl	1	
WIDE-SEAL DIAPHRAGM 70	0	PV; QL	erythromycin ophthalmic	1	
WIDE-SEAL DIAPHRAGM 75	0	PV; QL	FLAREX	2	
WIDE-SEAL DIAPHRAGM 80	0	PV; QL	fluorometholone	1	
WIDE-SEAL DIAPHRAGM 85	0	PV; QL	flurbiprofen sodium	1	
WIDE-SEAL DIAPHRAGM 90	0	PV; QL	FML	2	
WIDE-SEAL DIAPHRAGM 95	0	PV; QL	FML FORTE	2	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation			gatifloxacin ophthalmic	1	
ALOCRIAL	2		gentak	1	
ALOMIDE	2		gentamicin sulfate ophthalmic	1	
ALREX	2		ketorolac tromethamine ophthalmic	1	
			levofloxacin ophthalmic	1	
			LOTEMAX OPHTHALMIC GEL	2	QL
			LOTEMAX OPHTHALMIC OINTMENT	2	QL
			loteprednol etabonate ophthalmic gel	1	QL
			loteprednol etabonate ophthalmic suspension	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
MAXIDEX	2	
moxifloxacin hcl ophthalmic solution	1	
NATACYN	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
prednisolone acetate ophthalmic	1	
prednisolone acetate p-f	1	
prednisolone sodium phosphate ophthalmic	1	
PROLENSA	3	QL
sulfacetamide sodium ophthalmic	1	
tobramycin ophthalmic	1	
TOBREX OPHTHALMIC OINTMENT	2	
trifluridine	1	
ZIRGAN	3	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	1	
acetazolamide oral	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
apraclonidine hcl	1	
AZOPT	2	
betaxolol hcl ophthalmic	1	
BETIMOL	2	
BETOPTIC-S	2	
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic	1	
brinzolamide	1	
carteolol hcl	1	
COMBIGAN	2	

Drug Name	Drug Tier	Notes
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	3	
IOPIDINE	2	
latanoprost ophthalmic	1	
levobunolol hcl	1	
LUMIGAN	2	QL
methazolamide oral	1	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	2	
travoprost (bak free)	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ak-poly-bac	1	
altafrin	1	
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution 1 %	1	
bacitracin-polymyxin b ophthalmic	1	
bacitra-neomycin-polymyxin-hc	1	
cyclopentolate hcl ophthalmic	1	
homatropaire	1	
ISOPTO ATROPINE	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
LACRISERT	2	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin	1	
neomycin-polymyxin-hc ophthalmic	1	
neo-polycin	1	
neo-polycin hc	1	
phenylephrine hcl ophthalmic	1	
polycin	1	
polymyxin b-trimethoprim	1	
PRED-G	2	
PRED-G S.O.P.	2	
proparacaine hcl ophthalmic	1	
RESTASIS	3	PA
RESTASIS MULTIDOSE	3	PA
tetracaine hcl ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	2	
tobramycin-dexamethasone	1	
tropicamide ophthalmic	1	
XIIDRA	3	PA
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CIPRO HC	2	
ciprofloxacin hcl otic	1	

Drug Name	Drug Tier	Notes
ciprofloxacin-dexamethasone	1	
CIPROFLOXACIN-FLUOCINOLONE PF	2	
CORTISPORIN-TC	2	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	2	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
benzonatate oral capsule 100 mg, 200 mg	1	
cypheptadine hcl oral	1	
FASENRA	SP2	PA
FASENRA PEN	SP2	PA
fluticasone propionate nasal	1	
	1	PA; QL; AL (Min 18 Years)
guaifenesin ac	1	PA; QL; AL (Min 18 Years)
	1	PA; QL; AL (Min 18 Years)
hydrocodone polst-chlorphen polst er susp	1	PA; QL; AL (Min 18 Years)
	1	PA; QL; AL (Min 18 Years)
hydrocodone-homatropine	1	PA; QL; AL (Min 18 Years)
	1	PA; QL; AL (Min 18 Years)
hydromet		

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ipratropium bromide nasal	1		ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	QL
maxi-tuss ac	1	PA; QL; AL (Min 18 Years)	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	QL
promethazine hcl oral	1		albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml	1	
promethazine hcl rectal	1		albuterol sulfate oral	1	
promethazine vc	1		ANORO ELLIPTA	2	QL
promethazine vc/codeine	1	PA; QL; AL (Min 18 Years)	ASMANEX (120 METERED DOSES)	2	QL
promethazine-codeine	1	PA; QL; AL (Min 18 Years)	ASMANEX (14 METERED DOSES)	2	QL
promethazine-dm	1		ASMANEX (30 METERED DOSES)	2	QL
promethazine-phenyleph-codeine	1	PA; QL; AL (Min 18 Years)	ASMANEX (60 METERED DOSES)	2	QL
promethazine-phenylephrine	1		ASMANEX (7 METERED DOSES)	2	QL
promethegan	1		ASMANEX HFA	2	QL
pseudoephedrine-bromphen-dm	1		ATROVENT HFA	2	QL
sodium chloride inhalation	1		BREO ELLIPTA	2	QL
SSKI	2		budesonide inhalation	1	QL
virtussin ac w/alc	1	PA; QL; AL (Min 18 Years)	COMBIVENT RESPIMAT	2	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions			cromolyn sodium inhalation	3	
acetylcysteine inhalation	1		DALIRESP	3	PA
ADVAIR HFA	2	QL	epinephrine injection solution auto-injector	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL	ESBRIET	SP3	PA
			FLOVENT DISKUS	2	QL
			FLOVENT HFA	2	QL

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Drug Name	Drug Tier	Notes
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
INCRUSE ELLIPTA	2	QL
ipratropium bromide inhalation	1	QL
ipratropium-albuterol	1	QL
levalbuterol hcl inhalation	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	1	QL
montelukast sodium oral	1	
OFEV	SP3	PA
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PROVENTIL HFA	2	QL
PULMICORT FLEXHALER	2	QL
QVAR REDHALER	2	QL
SEREVENT DISKUS	2	QL
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	2	QL
SYMJEPI	2	
THEO-24	2	
theophylline	1	
theophylline er	1	
TRELEGY ELLIPTA	2	QL
VENTOLIN HFA	1	QL

Drug Name	Drug Tier	Notes
wixela inhub	1	QL
XOPENEX HFA	3	QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
CAYSTON	SP3	PA
KALYDECO	SP3	PA
ORKAMBI	SP3	PA; QL
PULMOZYME	SP2	PA
TOBI NEBULIZER	SP3	
TOBI PODHALER	SP2	QL
tobramycin nebulization solution 300 mg/5ml inhalation	SP1	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	SP3	PA; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	SP3	PA; QL
alyq	SP1	PA; QL
ambrisentan	SP1	PA; QL
bosentan	SP1	PA; QL
OPSUMIT	SP2	PA; QL
sildenafil citrate oral tablet 20 mg	SP1	PA; QL
tadalafil (pah)	SP1	PA; QL
TRACLEER 32 MG	SP2	PA; QL
TYVASO	SP2	PA; QL
TYVASO REFILL	SP2	PA; QL
TYVASO STARTER	SP2	PA; QL
UPTRAVI	SP3	PA; QL
VENTAVIS	SP2	PA; QL

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

Drug Name	Drug Tier	Notes
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
dantrolene sodium oral	1	
metaxalone oral tablet 800 mg	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
armodafinil	1	PA; QL
BELSOMRA	3	QL
doxepin hcl oral tablet	3	QL
eszopiclone	1	QL
flurazepam hcl	1	PA; QL
modafinil	1	PA; QL
ramelteon	3	QL
temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL
zaleplon	1	QL
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL

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

Index of Drugs

abacavir sulfate.....	21	AFINITOR DISPERZ.....	17	amlodipine besylate-	
abacavir sulfate-lamivudine	21	afirmelle.....	40	valsartan.....	23
abacavir-lamivudine-		AGAMATRIX CONTROL		amlodipine-atorvastatin.....	23
zidovudine.....	21	LEVEL 2.....	31	amlodipine-olmesartan.....	23
abiraterone acetate.....	17	AGAMATRIX CONTROL		amlodipine-valsartan-hctz...	23
acamprosate calcium.....	11	LEVEL 4.....	31	amnesteam.....	28
acarbose.....	30	AGAMATRIX PRESTO		amoxapine.....	15
ACCU-CHEK AVIVA		TEST.....	31	amoxicillin.....	12
DEVICE.....	31	AIMOVIG.....	17	amoxicillin-potassium	
ACCU-CHEK AVIVA PLUS		ak-poly-bac.....	50	clavulanate.....	12
KIT W/DEVICE.....	31	ala-cort.....	28	amoxicillin-potassium	
ACCU-CHEK COMPACT		albendazole.....	20	clavulanate er.....	12
PLUS CONTROL.....	31	albuterol sulfate.....	52	amphetamine sulfate.....	26
ACCU-CHEK COMPACT		albuterol sulfate hfa.....	52	amphetamine-	
PLUS TEST STRIPS.....	31	ALBUTEROL SULFATE		dextroamphetamine.....	26
ACCU-CHEK FASTCLIX		HFA.....	52	amphetamine-	
LANCET KIT.....	31	alclometasone		dextroamphetamine er.....	26
ACCU-CHEK GUIDE		dipropionate.....	28	ampicillin.....	12
CONTROL.....	31	ALDACTAZIDE.....	23	AMPYRA.....	26
ACCU-CHEK GUIDE KIT		ALECENSA.....	17	anagrelide hcl.....	23
W/DEVICE.....	31	alendronate sodium.....	47	ANALPRAM-HC.....	46
ACCU-CHEK GUIDE		alfuzosin hcl er.....	39	ANASPAZ.....	38
TEST STRIPS.....	31	aliskiren fumarate.....	23	anastrozole.....	17
ACCU-CHEK		allopurinol.....	17	ANDRODERM.....	40
SMARTVIEW CONTROL...	31	almotriptan malate.....	17	ANGELIQ.....	40
ACCU-CHEK		ALOCRIL.....	49	ANNOVERA.....	40
SMARTVIEW TEST		ALOMIDE.....	49	ANORO ELLIPTA.....	52
STRIPS.....	31	alosetron hcl.....	38	anucort-hc.....	46
ACCU-CHEK SOFTCLIX		ALPHAGAN P.....	50	APIDRA SOLOSTAR.....	35
LANCET DEVICE KIT.....	31	alprazolam.....	22	APIDRA VIAL.....	35
accutane.....	27	alprazolam er.....	22	APOKYN.....	20
acebutolol hcl.....	23	alprazolam xr.....	22	apraclonidine hcl.....	50
acetaminophen-codeine.....	10	ALREX.....	49	aprepitant.....	16
acetaminophen-codeine #2	10	altafrin.....	50	apri.....	40
acetaminophen-codeine #3	10	altavera.....	40	APTIOM.....	14
acetaminophen-codeine #4	10	ALUNBRIG.....	17	APTIVUS.....	21
acetazolamide.....	50	alyacen 1/35.....	40	aranelle.....	40
acetazolamide er.....	50	alyacen 7/7/7.....	40	aripiprazole.....	20
acetic acid.....	51	alyq.....	53	ARIXTRA.....	13
acetylcysteine.....	52	amabelz.....	40	armodafinil.....	54
acitretin.....	28	amantadine hcl.....	20	ARMOUR THYROID.....	44
ACTEMRA.....	44	ambrisentan.....	53	ascomp-codeine.....	10
ACTEMRA ACTPEN.....	44	amethia.....	40	asenapine maleate.....	20
ACTHIB.....	46	amethyst.....	40	ashlyna.....	40
ACTIMMUNE.....	44	amiloride hcl.....	23	ASMANEX (120	
acyclovir.....	21	amiloride-		METERED DOSES).....	52
ADACEL.....	46	hydrochlorothiazide.....	23	ASMANEX (14 METERED	
adapalene.....	28	amiodarone hcl.....	23	DOSES).....	52
adefovir dipivoxil.....	21	AMITIZA.....	38	ASMANEX (30 METERED	
ADEMPAS.....	53	amitriptyline hcl.....	15	DOSES).....	52
adult aspirin regimen.....	11	amlodipine besylate.....	23	ASMANEX (60 METERED	
ADVAIR HFA.....	52	amlodipine besylate-		DOSES).....	52
AFINITOR.....	17	benazepril hcl.....	23		

ASMANEX (7 METERED DOSES).....	52	baclofen.....	54	bisoprolol-hydrochlorothiazide.....	23
ASMANEX HFA.....	52	BALCOLTRA.....	41	blisovi 24 fe.....	41
aspirin.....	11	balsalazide disodium.....	46	blisovi fe 1.5/30.....	41
aspirin adult low strength....	11	BALVERSA.....	17	blisovi fe 1/20.....	41
aspirin childrens.....	11	balziva.....	41	BLOOD GLUCOSE TEST..	31
aspirin ec.....	11	BANZEL.....	14	BLULINK CONTROL HIGH & LOW.....	31
aspirin ec low dose.....	11	BAQSIMI ONE PACK.....	34	BLULINK GLUCOSE MONITORING SYS.....	31
aspirin ec low strength.....	11	BAQSIMI TWO PACK.....	34	BLULINK GLUCOSE TEST.....	31
aspirin low dose.....	11	BARACLUDE.....	21	BONJESTA.....	16
aspirin-dipyridamole er.....	20	BAYER ASPIRIN.....	11	BOOSTRIX.....	46
ASSURE PLATINUM.....	31	BAYER ASPIRIN EC LOW DOSE.....	11	bosentan.....	53
atazanavir sulfate.....	21	BCG VACCINE.....	46	BOSULIF.....	17
atenolol.....	23	BD AUTOSHIELD DUO PEN NEEDLES.....	35	BRAFTOVI.....	17
atenolol-chlorthalidone.....	23	BD ULTRA-FINE INSULIN SYRINGES.....	35	BREATHE EASE LARGE...	47
atomoxetine hcl.....	26	BD ULTRA-FINE PEN NEEDLES.....	35	BREATHE EASE MEDIUM.	47
atorvastatin calcium.....	23	BD VEO INSULIN SYR U/F 1/2UNIT.....	35	BREATHE EASE SMALL...	47
atovaquone.....	20	bekyree.....	41	BREO ELLIPTA.....	52
atovaquone-proguanil hcl...	20	BELSOMRA.....	54	briellyn.....	41
ATRIPLA.....	21	benazepril hcl.....	23	BRILINTA.....	20
atropine sulfate.....	50	benazepril-hydrochlorothiazide.....	23	brimonidine tartrate.....	50
ATROVENT HFA.....	52	benzonatate.....	51	brinzolamide.....	50
AUBAGIO.....	26	benzoyl peroxide-erythromycin.....	28	bromfenac sodium (once-daily).....	49
aubra.....	41	benztropine mesylate.....	20	bromocriptine mesylate.....	20
aubra eq.....	41	BERINERT.....	44	BRUKINSA.....	17
AUGMENTIN.....	12	beser.....	28	budesonide.....	47, 52
aurovela 1.5/30.....	41	BESIVANCE.....	49	budesonide er.....	46
aurovela 1/20.....	41	betamethasone dipropionate.....	28	bumetanide.....	23
aurovela 24 fe.....	41	betamethasone dipropionate aug.....	28	BUPHENYL.....	39
aurovela fe 1.5/30.....	41	betamethasone valerate.....	28	buprenorphine.....	10
aurovela fe 1/20.....	41	betaxolol hcl.....	23, 50	buprenorphine hcl.....	11
AURYXIA.....	39	bethanechol chloride.....	39	buprenorphine hcl-naloxone hcl.....	11, 12
AUTOLET LANCING DEVICE.....	31	BETIMOL.....	50	bupropion hcl.....	15
aviane.....	41	BETOPTIC-S.....	50	bupropion hcl er (smoking det).....	12
avidoxy.....	12	bexarotene.....	17	bupropion hcl er (sr).....	15
AVONEX PEN.....	26	BEXSERO.....	46	bupropion hcl er (xl).....	15
AVONEX PREFILLED.....	26	bicalutamide.....	17	buspirone hcl.....	22
ayuna.....	41	BIKTARVY.....	21	butalbital-acetaminophen....	10
AYVAKIT.....	17	bimatoprost.....	50	butalbital-apap-caff-cod.....	10
AZASITE.....	49	BIOTEL CARE BLOOD GLUCOSE.....	31	butalbital-apap-caffeine.....	10
azathioprine.....	44	BIOTEL CARE BLOOD GLUCOSE SYST.....	31	butalbital-asa-caff-codeine..	10
azelaic acid.....	28	bisacodyl ec.....	38	butalbital-aspirin-caffeine....	10
azelastine hcl.....	49, 51	bisoprolol fumarate.....	23	butorphanol tartrate.....	10
AZELEX.....	28			BYDUREON.....	30
azithromycin.....	12			BYDUREON BCISE AUTOINJECTOR.....	30
AZOPT.....	50			BYETTA 10 MCG PEN.....	30
azurette.....	41				
bac.....	10				
bacitracin.....	49				
bacitracin-polymyxin b.....	50				
bacitra-neomycin-polymyxin-hc.....	50				

BYETTA 5 MCG PEN.....	30	cefadroxil.....	12	CITRANATAL BLOOM.....	36
BYSTOLIC.....	23	cefdinir.....	12	citroma.....	38
cabergoline.....	40	cefixime.....	12	claravis.....	28
CABOMETYX.....	17	cefpodoxime proxetil.....	12	clarithromycin.....	12
caffeine citrate.....	27	cefprozil.....	12	clarithromycin er.....	12
calcipotriene.....	28	cefuroxime axetil.....	12	clearlax.....	38
calcipotriene-betameth		celecoxib.....	11	CLEOCIN.....	12
diprop.....	28	CELLCEPT.....	44	CLEVER CHOICE	
calcitonin (salmon).....	47	CELONTIN.....	14	HOLDING CHAMBER.....	47
calcitriol.....	28, 47	cephalexin.....	12	CLIMARA PRO.....	41
calcium acetate (phos		CEQUR SIMPLICITY 2U ...	31	clindacin etz.....	28
binder).....	39	CEQUR SIMPLICITY		clindacin-p.....	28
CALQUENCE.....	18	INSERTER.....	31	clindamycin hcl.....	12
camila.....	41	CEQUR SIMPLICITY		clindamycin palmitate hcl ...	13
CAMINO PRO		STARTER.....	31	clindamycin phosphate. 13, 28	
COMPLETE/GLYTACTIN ...	47	CERDELGA.....	39	clindamycin phosphate-	
camrese.....	41	cevimeline hcl.....	27	benzoyl peroxide.....	28
camrese lo.....	41	CHANTIX.....	12	CLINDESSE.....	13
CANASA.....	47	CHANTIX CONTINUING		CLINPRO 5000.....	27
candesartan cilexetil.....	23	MONTH PAK.....	12	clobazam.....	14
candesartan cilexetil-hctz ...	23	CHANTIX STARTING		clobetasol prop emollient	
capecitabine.....	18	MONTH PAK.....	12	base.....	28
CAPEX.....	28	charlotte 24 fe.....	41	clobetasol propionate.....	28
CAPRELSA.....	18	chateal.....	41	clobetasol propionate e.....	28
captopril.....	23	chateal eq.....	41	clobetasol propionate	
CARBAGLU.....	36	chlordiazepoxide hcl.....	22	emulsion.....	28
carbamazepine.....	14	chlordiazepoxide-		clodan.....	28
carbamazepine er.....	14	amitriptyline.....	15	clomipramine hcl.....	15
CARBATROL.....	14	chlorhexidine gluconate.....	27	clonazepam.....	22
carbidopa.....	20	chloroquine phosphate.....	20	clonidine.....	23
carbidopa-levodopa.....	20	chlorpromazine hcl.....	20	clonidine hcl.....	23
carbidopa-levodopa er.....	20	chlorthalidone.....	23	clonidine hcl er.....	26
carbidopa-levodopa-		chlorzoxazone.....	54	clopidogrel bisulfate.....	20
entacapone.....	20	CHOLBAM.....	39	clorazepate dipotassium....	22
CARDIZEM LA.....	23	cholestyramine.....	23	clotrimazole.....	16
CARETOUCH CONTROL		cholestyramine light.....	23	clotrimazole-	
SOL LEVEL 2.....	31	ciclodan.....	16	betamethasone.....	16
CARETOUCH		ciclopirox.....	16	clovique.....	36
LANCING/EJECTOR.....	31	ciclopirox olamine.....	16	clozapine.....	20
CARETOUCH TEST.....	31	cilostazol.....	20	COARTEM.....	20
carisoprodol.....	54	CILOXAN.....	49	codeine sulfate.....	10
CARNITOR.....	36	CIMDUO.....	21	COLCHICINE.....	17
CARNITOR SF.....	36	CIMZIA.....	44	colchicine.....	17
CAROSPIR.....	23	CIMZIA PREFILLED KIT ...	44	colchicine-probenecid.....	17
carteolol hcl.....	50	CIMZIA STARTER KIT.....	44	colesevelam hcl.....	23
cartia xt.....	23	cinacalcet hcl.....	47	COLESTID.....	24
carvedilol.....	23	CIPRO HC.....	51	COLESTID FLAVORED.....	23
cavarest.....	27	ciprofloxacin hcl.....	12, 49, 51	colestipol hcl.....	24
CAYA.....	47	ciprofloxacin-		COMBIGAN.....	50
CAYSTON.....	53	dexamethasone.....	51	COMBIPATCH.....	41
caziant.....	41	CIPROFLOXACIN-		COMBIVENT RESPIMAT ...	52
cefaclor.....	12	FLUOCINOLONE PF.....	51	COMBIVIR.....	21
cefaclor er.....	12	citalopram hydrobromide....	15	COMETRIQ.....	18

COMPACT SPACE		cyclophosphamide.....	18	dexamethasone sodium	
CHAMBER/LG MASK.....	47	cyclosporine.....	45	phosphate.....	49
COMPACT SPACE		cyclosporine modified.....	45	DEXCOM G4 / G5 / G6	
CHAMBER/MED MASK.....	47	cyproheptadine hcl.....	51	RECEIVER,	
COMPACT SPACE		cyred.....	41	TRANSMITTER, SENSOR	
CHAMBER/SM MASK.....	47	cyred eq.....	41	(INCLUDING PLATINUM,	
COMPLERA.....	21	cytra k crystals.....	36	PLATINUM PEDIATRIC)....	32
compro.....	16	dalfampridine er.....	27	dexmethylphenidate hcl.....	26
CONDYLOX.....	28	DALIRESP.....	52	dexmethylphenidate hcl er..	26
constulose.....	38	danazol.....	40	dextroamphetamine sulfate	26
CONTOUR CONTROL		dantrolene sodium.....	54	dextroamphetamine sulfate	
SOLUTION.....	31	dapsone.....	17	er.....	26
CONTOUR MONITOR		DAPTACEL.....	46	DIATHRIVE BLOOD	
DEVICE.....	32	darifenacin hydrobromide		GLUCOSE METER.....	32
CONTOUR MONITOR KIT		er.....	39	DIATHRIVE BLOOD	
W/DEVICE.....	32	dasetta 1/35.....	41	GLUCOSE TEST.....	32
CONTOUR NEXT		dasetta 7/7/7.....	41	DIATHRIVE GLUCOSE	
CONTROL SOLUTION.....	32	DAURISMO.....	18	CONTROL SOLN.....	32
CONTOUR NEXT EZ KIT		daysee.....	41	DIATHRIVE GLUCOSE	
W/DEVICE.....	32	DAYTRANA.....	26	TEST.....	32
CONTOUR NEXT LINK		deblitane.....	41	DIATHRIVE LANCING	
KIT W/DEVICE.....	32	deferasirox.....	36	DEVICE.....	32
CONTOUR NEXT		deferiprone.....	36	DIATHRIVE+ GLUCOSE	
MONITOR KIT W/DEVICE..	32	DEFLUX METAL NEEDLE..	47	MONITOR.....	32
CONTOUR NEXT ONE		DELESTROGEN.....	41	DIATHRIVE+ GLUCOSE	
KIT.....	32	DELSTRIGO.....	21	TEST.....	32
CONTOUR NEXT TEST		delyla.....	41	diazepam.....	14, 22
STRIPS.....	32	demeclocycline hcl.....	13	diazepam intensol.....	22
CONTOUR TEST STRIPS..	32	DENTA 5000 PLUS.....	27	diazoxide.....	34
COPAXONE.....	26	DENTAGEL.....	27	diclofenac potassium.....	11
COPIKTRA.....	18	DEPAKOTE.....	14	diclofenac sodium... 11, 28, 49	
CORLANOR.....	24	DEPAKOTE ER.....	14	diclofenac sodium er.....	11
CORTISPORIN-TC.....	51	DEPAKOTE SPRINKLES... 14		diclofenac-misoprostol.....	11
COSENTYX (300 MG		DEPEN TITRATABS.....	39	dicloxacillin sodium.....	13
DOSE).....	44	DEPO-ESTRADIOL.....	41	dicyclomine hcl.....	38
COSENTYX 150 MG/ML....	45	DEPO-TESTOSTERONE... 40		DIFICID.....	13
COSENTYX		DESCOVY.....	21	diflunisal.....	11
SENSOREADY (300 MG)...	45	desipramine hcl.....	15	digitek.....	24
COSENTYX		desmopressin ace spray		digox.....	24
SENSOREADY PEN.....	45	refrig.....	40	digoxin.....	24
COTELLIC.....	18	desmopressin acetate.....	40	dihydroergotamine	
CREON.....	39	desmopressin acetate pf....	40	mesylate.....	17
CRESEMBA.....	16	desmopressin acetate		DILANTIN.....	14
CRIXIVAN.....	21	spray.....	40	DILANTIN INFATABS.....	14
cromolyn sodium.....	38, 49, 52	desogestrel-ethinyl		diltiazem hcl.....	24
crotan.....	20	estradiol.....	41	diltiazem hcl er.....	24
cryselle-28.....	41	desonide.....	28	diltiazem hcl er beads.....	24
CUVPOSA.....	38	desoximetasone.....	28	diltiazem hcl er coated	
cyanocobalamin.....	36	desvenlafaxine succinate		beads.....	24
cyclafem 1/35.....	41	er.....	15	dilt-xr.....	24
cyclafem 7/7/7.....	41	dexamethasone.....	40	dimethyl fumarate.....	27
cyclobenzaprine hcl.....	54	dexamethasone intensol....	40	dimethyl fumarate starter	
cyclopentolate hcl.....	50			pack.....	27

diphenoxylate-atropine	38	EASYMAX 15 LEVEL 2-3		entacapone	20
DIPHTHERIA-TETANUS		CONTROL	32	entecavir	21
TOXOIDS DT	46	EASYMAX CONTROL	32	ENTRESTO	24
dipyridamole	20	EASYPPOINT NEEDLE	35, 47	enulose	38
disopyramide phosphate	24	ec-naproxen	11	ENVARSUS XR	45
disulfiram	12	econazole nitrate	16	EO28 SPLASH	47
DIURIL	24	ED-SPAZ	38	EPANED	24
divalproex sodium	14	EDURANT	21	EPCLUSA	21
divalproex sodium er	14	efavirenz	21	EPIDIOLEX	14
DIVIGEL	41	efavirenz-emtricitab-		EPIFOAM	29
dofetilide	24	tenofovir	21	epinastine hcl	49
dolishale	41	efavirenz-lamivudine-		epinephrine	52
donepezil hcl	15	tenofovir	21	epitol	14
dorzolamide hcl	50	effer-k	36	EPIVIR	21
dorzolamide hcl-timolol mal	50	ELESTRIN	41	EPIVIR HBV	21
dorzolamide hcl-timolol mal		eletriptan hydrobromide	17	eplerenone	24
pf	50	elinest	41	EPZICOM	21
dotti	41	ELIQUIS	13	EQUACARE JR	48
DOVATO	21	ELIQUIS DVT/PE		ergocalciferol	36
doxazosin mesylate	24	STARTER PACK	13	ergotamine-caffeine	17
doxepin hcl	15, 54	ELLA	41	ERIVEDGE	18
doxycycline hyclate	13	ELMIRON	39	ERLEADA	18
doxycycline monohydrate	13	eluryng	41	erlotinib hcl	18
doxylamine-pyridoxine	16	EMBRACE LANCING		errin	41
dronabinol	16	DEVICE/EJECTOR	32	ery	29
DROPLET GENTEEL		EMBRACE TALK BLOOD		erythromycin	13, 29, 49
LANCING DEVICE	32	GLUCOSE	32	erythromycin base	13
DROPLET MICRON	35	EMBRACE TALK		erythromycin	
drospiren-eth estrad-		GLUCOSE CONTROL	32	ethylsuccinate	13
levomefol	41	EMBRACE TALK		ESBRIET	52
drospirenone-ethinyl		GLUCOSE TEST	32	escitalopram oxalate	15
estradiol	41	EMBRACE TALK		esomeprazole magnesium	37
DROXIA	18	MONITORING SYSTEM	32	ESSENTIAL CARE JR	48
droxidopa	24	EMEND	16	est estrogens-methyltest	41
DRYSOL	29	EMGALITY	17	est estrogens-methyltest	
DUAVEE	41	EMGALITY (300 MG		ds	41
duloxetine hcl	15	DOSE)	17	est estrogens-methyltest	
DUPIXENT	29	emoquette	41	hs	41
DUREZOL	49	emtricitabine	21	estarylla	41
dutasteride	39	emtricitabine-tenofovir df	21	estazolam	22
dutasteride-tamsulosin hcl	39	EMTRIVA	21	estradiol	41
EASIVENT	47	enalapril maleate	24	estradiol valerate	41
EASY GLIDE LUER LOCK		enalapril-		estradiol-norethindrone	
SYRINGE	47	hydrochlorothiazide	24	acet	41
EASY GLIDE SLIP LOCK		ENBREL	45	ESTRING	41
SYRINGE	47	ENBREL MINI	45	ESTROGEL	41
EASY TOUCH		ENBREL SURECLICK	45	eszopiclone	54
HEALTHPRO GLUCOSE	32	ENCARE	47	ethambutol hcl	17
EASY TRAK II BLOOD		endocet	10	ethosuximide	14
GLUCOSE SYS	32	ENGERIX-B	46	ethynodiol diac-eth	
EASY TRAK II CONTROL	32	enoxaparin sodium	14	estradiol	42
EASY TRAK II GLUCOSE		enpresse-28	41	etodolac	11
TEST	32	enskyce	41	etodolac er	11

etonogestrel-ethinyl		flavoxate hcl.....39	FORA D40G
estradiol.....42		flecainide acetate.....24	GLUCOSE/PRESSURE.....48
etoposide.....18		FLEXICHAMBER ADULT	FORA GTEL BLOOD
etravirine.....21		MASK/SMALL.....48	GLUCOSE SYSTEM.....32
EUCRISA.....29		FLEXICHAMBER CHILD	FORA GTEL BLOOD
euthyrox.....44		MASK/LARGE.....48	GLUCOSE TEST.....32
EVAMIST.....42		FLEXICHAMBER CHILD	FORA TN'G ADVANCE
everolimus.....18, 45		MASK/SMALL.....48	PRO.....32
EVOTAZ.....21		FLOVENT DISKUS.....52	FORTEO.....47
EXELDERM.....16		FLOVENT HFA.....52	FORTISCARE CONTROL..32
exemestane.....18		fluconazole.....16	FORTISCARE GLUCOSE
EXJADE.....36		fludrocortisone acetate.....40	SYSTEM.....32
EXTAVIA.....27		fluocinolone acetonide..29, 51	FORTISCARE T1
ezetimibe.....24		fluocinolone acetonide	GLUCOSE SYSTEM.....32
ezetimibe-simvastatin.....24		body.....29	fosamprenavir calcium.....21
falmina.....42		fluocinolone acetonide	fosfomycin tromethamine....13
famciclovir.....21		scalp.....29	fosinopril sodium.....24
famotidine.....37		fluocinonide.....29	fosinopril sodium-hctz.....24
FANAPT.....21		fluocinonide emulsified	FRAGMIN.....14
FANAPT TITRATION		base.....29	FREESTYLE FREEDOM
PACK.....21		FLUORIDEX.....27	LITE.....33
FARESTON.....18		FLUORIDEX ENHANCED	FREESTYLE INSULINX
FARXIGA.....30		WHITENING.....27	SYSTEM.....33
FARYDAK.....18		FLUORIDEX SENSITIVITY	FREESTYLE INSULINX
FASENRA.....51		RELIEF.....27	TEST.....33
FASENRA PEN.....51		fluoritab.....36	FREESTYLE LIBRE 14
fayosim.....42		fluorometholone.....49	DAY READER.....33
FC FEMALE CONDOM.....48		FLUOROPLEX.....29	FREESTYLE LIBRE 14
FC2 FEMALE CONDOM....48		fluorouracil.....29	DAY SENSOR.....33
febuxostat.....17		fluoxetine hcl.....15	FREESTYLE LIBRE 2
felbamate.....14		fluoxetine hcl (pmdd).....15	READER.....33
felodipine er.....24		fluphenazine hcl.....21	FREESTYLE LIBRE 2
FEMCAP.....48		flurazepam hcl.....54	SENSOR.....33
femynor.....42		flurbiprofen.....11	FREESTYLE LIBRE
fenofibrate.....24		flurbiprofen sodium.....49	READER.....33
fenofibrate micronized.....24		flutamide.....18	FREESTYLE LIBRE
fenofibric acid.....24		fluticasone propionate...29, 51	SENSOR SYSTEM.....33
fentanyl.....10		fluticasone-salmeterol.....53	FREESTYLE LITE TEST....33
ferocon.....36		FLUTICASONE-	FREESTYLE PRECISION
ferottrinsic.....36		SALMETEROL.....53	NEO TEST.....33
FERRALET 90.....36		fluvastatin sodium.....24	FREESTYLE TEST.....33
FERRIPROX.....36		fluvastatin sodium er.....24	frovatriptan succinate.....17
FETZIMA.....15		fluvoxamine maleate.....15	furosemide.....24
FETZIMA TITRATION.....15		fluvoxamine maleate er.....15	FUZEON.....21
FIASP.....35		FML.....49	fyavolv.....42
FIASP FLEXTOUCH.....35		FML FORTE.....49	FYCOMPA.....14
FIASP PENFILL.....35		folic acid.....36	gabapentin.....14
FINACEA.....29		FOLIVANE-F.....36	GALAFOLD.....39
finasteride.....39		FOLIVANE-PLUS.....36	galantamine hydrobromide..15
FIRAZYR.....45		foltrin.....36	galantamine hydrobromide
FIRVANQ.....13		fondaparinux sodium.....14	er.....15
flac.....51		FORA 6 CONNECT.....32	GALZIN.....36
FLAREX.....49			GARDASIL 9.....46

gatifloxacin.....	49	GLYTACTIN		heather.....	42
GATTEX.....	38	BETTERMILK 15.....	48	heparin lock flush.....	48
gavilax.....	38	GLYTACTIN		heparin sodium (porcine)....	14
gavilyte-c.....	38	BETTERMILK DE-LITE.....	48	heparin sodium (porcine)	
gavilyte-g.....	38	GLYTACTIN BUILD 10PE..	48	pf.....	14
gavilyte-n with flavor pack...	38	GLYTACTIN BUILD 20/20		heparin sodium lock flush...	48
GAVRETO.....	18	PKU.....	48	HEPLISAV-B.....	46
gemfibrozil.....	24	GLYTACTIN BURST.....	48	HEPSERA.....	21
gemmily.....	42	GLYTACTIN COMPLETE		HIBERIX.....	46
generlac.....	38	10PE.....	48	homatropaire.....	50
gengraf.....	45	GLYTACTIN RESTORE 10	48	HUMALOG KWIKPEN.....	35
gentak.....	49	GLYTACTIN RESTORE 5..	48	HUMALOG MIX 50/50	
gentamicin sulfate.....	13, 49	GLYTACTIN RESTORE		KWIKPEN.....	35
GENTEEL LANCING KIT		LITE 10.....	48	HUMALOG MIX 50/50	
(BLUE).....	33	GLYTACTIN RESTORE		VIAL.....	35
gentle laxative.....	38	LITE 10PE.....	48	HUMALOG MIX 75/25	
GENVOYA.....	21	GLYTACTIN RTD 10.....	48	KWIKPEN.....	35
gianvi.....	42	GLYTACTIN RTD 15.....	48	HUMALOG MIX 75/25	
GILENYA.....	27	GLYTACTIN RTD LITE 15..	48	VIAL.....	35
GILOTRIF.....	18	GLYTACTIN SWIRL 15PE.	48	HUMALOG U-100 JUNIOR	
glatiramer acetate.....	27	GOJJI BLOOD GLUCOSE		KWIKPEN.....	35
glatopa.....	27	TEST.....	33	HUMALOG VIAL.....	35
GLEEVEC.....	18	GOJJI BLOOD TEST		HUMATROPEN FOR	
GLEOSTINE.....	18	STRIP/LANCETS.....	33	12MG.....	48
glimepiride.....	30	GOJJI CONTROL.....	33	HUMATROPEN FOR	
glipizide er.....	30	GOJJI LANCING		24MG.....	48
glipizide ir.....	30	DEVICE/CLEAR CAP.....	33	HUMATROPEN FOR 6MG.	48
glipizide xl.....	30	goodsense aspirin low		HUMIRA.....	45
glipizide-metformin hcl.....	30	dose.....	11	HUMIRA PEDIATRIC	
GLUCAGEN HYPOKIT.....	35	goodsense nicotine.....	12	CROHNS START.....	45
glucagon emergency kit.....	35	granisetron hcl.....	16	HUMIRA PEN.....	45
GLUCAGON		griseofulvin microsize.....	16	HUMIRA PEN-CD/UC/HS	
EMERGENCY KIT.....	35	griseofulvin ultramicrosize..	16	STARTER.....	45
GLUCOCARD 01		guaiaatussin ac.....	51	HUMIRA PEN-PEDIATRIC	
SENSOR PLUS.....	33	guaifenesin ac.....	51	UC START.....	45
GLUCOCARD		guanfacine hcl.....	24	HUMIRA PEN-	
EXPRESSION TEST.....	33	guanfacine hcl er.....	26	PS/UV/ADOL HS START...	45
GLUCOCARD SHINE		GVOKE HYPOPEN 1-		HUMIRA PEN-	
CONNEX.....	33	PACK.....	35	PSOR/UEIT STARTER....	45
GLUCOCARD SHINE		GVOKE HYPOPEN 2-		HUMULIN 70/30	
EXPRESS.....	33	PACK.....	35	KWIKPEN.....	35
GLUCOCARD SHINE		GVOKE PFS.....	35	HUMULIN 70/30 VIAL.....	35
TEST.....	33	habitrol.....	12	HUMULIN N KWIKPEN.....	35
GLUCOCARD VITAL		HAEGARDA.....	45	HUMULIN N VIAL.....	35
TEST.....	33	hailey 1.5/30.....	42	HUMULIN R U-500	
GLUCOSE CONTROL		hailey 24 fe.....	42	KWIKPEN.....	35
SOLUTIONS.....	32	hailey fe 1.5/30.....	42	HUMULIN R U-500 VIAL....	35
glyburide.....	30	hailey fe 1/20.....	42	HUMULIN R VIAL.....	35
glyburide micronized.....	30	halobetasol propionate.....	29	HW EMBRACE PRO	
glyburide-metformin.....	30	haloperidol.....	21	GLUCOSE METER.....	33
glycolax.....	38	haloperidol lactate.....	21	HW EMBRACE PRO	
glycopyrrolate.....	38	HARVONI.....	21	GLUCOSE TEST.....	33
glydo.....	11	HAVRIX.....	46		

HW EMBRACE TALK	indomethacin er.....	11	JANUMET	30
BLOOD GLUCOSE.....	INFANRIX.....	46	JANUMET XR.....	30
HW EMBRACE TALK	INFINITY BLOOD		JANUVIA.....	30
GLUCOSE TEST	GLUCOSE TEST.....	33	JARDIANCE.....	30
HYCANTIN.....	INLYTA.....	18	jasmiel.....	42
hydralazine hcl.....	INPEN 100-BLUE-LILLY.....	33	jencycla.....	42
hydrochlorothiazide.....	INPEN 100-BLUE-NOVO ..	33	JENTADUETO.....	30
hydrocodone polst-	INPEN 100-GRAY-LILLY ..	33	JENTADUETO XR.....	30
chlorphen polst er susp.....	INPEN 100-GREY-NOVO...33		jinteli.....	42
hydrocodone-	INPEN 100-PINK-LILLY	33	jolessa.....	42
acetaminophen.....	INPEN 100-PINK-NOVO ...	33	J-TIP KIT W/VIAL	
hydrocodone-homatropine..	INQOVI.....	18	ADAPTERS.....	48
hydrocodone-ibuprofen.....	INREBIC.....	18	juleber.....	42
hydrocortisone.....	INSPIREASE		JULUCA.....	22
hydrocortisone (perianal)....	RESERVOIR BAGS.....	48	junel 1.5/30.....	42
hydrocortisone ace-	INSULIN PEN NEEDLES...35		junel 1/20.....	42
pramoxine.....	INSULIN SYRINGES.....	35	junel fe 1.5/30.....	42
hydrocortisone acetate.....	INTEGRA F.....	36	junel fe 1/20.....	42
hydrocortisone butyrate.....	INTEGRA PLUS.....	36	junel fe 24.....	42
hydrocortisone valerate.....	INTELENCE.....	21	JUXTAPID.....	24
hydrocortisone-acetic acid..	INTRAROSA.....	39	JYNARQUE.....	36
hydrocort-pramoxine	INTRON A.....	22	kaitlib fe.....	42
(perianal).....	introvale.....	42	KALETRA.....	22
hydromet.....	INVIRASE.....	22	kalliga.....	42
hydromorphone hcl.....	INVOKAMET.....	30	KALYDECO.....	53
hydroxychloroquine sulfate..	INVOKAMET XR.....	30	kariva.....	42
hydroxyurea.....	INVOKANA.....	30	kelnor 1/35.....	42
hydroxyzine hcl.....	iodine strong.....	36	kelnor 1/50.....	42
hydroxyzine pamoate.....	IOPIDINE.....	50	KEPPRA.....	14
hyoscyamine sulfate.....	IPOL.....	46	KEPPRA XR.....	14
hyoscyamine sulfate er.....	ipratropium bromide.....	52, 53	KESIMPTA.....	27
hyoscyamine sulfate sl.....	ipratropium-albuterol.....	53	ketoconazole.....	16
hyosyne.....	irbesartan.....	24	KETONE TEST.....	33
ibandronate sodium.....	irbesartan-		ketorolac tromethamine 11,	49
IBRANCE.....	hydrochlorothiazide.....	24	KETOSTIX.....	33
ibuprofen.....	IRESSA.....	18	KINERET.....	45
icatibant acetate.....	ISENTRESS.....	22	KINRIX.....	46
iclevia.....	ISENTRESS HD.....	22	KISQALI.....	18
ICLUSIG.....	isibloom.....	42	klor-con.....	36
icosapent ethyl.....	isoniazid.....	17	klor-con 10.....	36
IDHIFA.....	ISOPTO ATROPINE.....	50	klor-con m10.....	36
imatinib mesylate.....	isosorbide dinitrate.....	24	KLOR-CON M15.....	36
IMBRUVICA.....	isosorbide mononitrate.....	24	klor-con m20.....	36
imipramine hcl.....	isosorbide mononitrate er...	24	klor-con/ef.....	36
imipramine pamoate.....	isotretinoin.....	29	KOSELUGO.....	18
imiquimod.....	isradipine.....	24	K-PHOS.....	36
IMOVAX RABIES.....	itraconazole.....	16	K-PHOS NO 2.....	36
IMPAVIDO.....	ivermectin.....	20	k-prime.....	36
incassia.....	jaimiess.....	42	KROGER HEALTHPRO	
INCRUSE ELLIPTA.....	JAKAFI.....	18	GLUCOSE TEST.....	33
indapamide.....	JANSSEN COVID-19		kurvelo.....	42
INDOCIN.....	VACCINE.....	46	KYLEENA.....	42
indomethacin.....	jantoven.....	14	labetalol hcl.....	24

LACRISERT	51	levonorgestrel-ethinyl	LYNPARZA.....	18
lactulose	38	estrad	LYSODREN	18
lactulose encephalopathy ...	38	levonorg-eth estrad	lyza	42
LAMICTAL	14	triphasic	magnesium citrate	38
LAMICTAL STARTER	14	levora 0.15/30 (28)	malathion	20
lamivudine	22	levo-t	maprotiline hcl	15
lamivudine-zidovudine	22	LEVOTHYROXINE	marlissa	42
lamotrigine	14	SODIUM	MATULANE	18
lamotrigine er	14	levothyroxine sodium	matzim la	25
lamotrigine starter kit-blue ..	14	levoxyl	MAVENCLAD	27
lamotrigine starter kit-		LEXIVA	MAVYRET	22
green	14	lidocaine	MAXIDEX	50
lamotrigine starter kit-		lidocaine hcl	maxi-tuss ac	52
orange	14	lidocaine hcl	MEDROL	40
LANCETS	33	urethral/mucosal	medroxyprogesterone	
LANOXIN	24	lidocaine viscous hcl	acetate	42
lansoprazole	38	lidocaine-prilocaine	mefloquine hcl	20
LANTUS SOLOSTAR	35	LILETTA (52 MG)	megestrol acetate	43
LANTUS U-100 VIAL	35	lillow	MEKINIST	18
lapatinib ditosylate	18	lindane	MEKTOVI	18
larin 1.5/30	42	linezolid	meloxicam	11
larin 1/20	42	LINZESS	melphalan	18
larin 24 fe	42	liothyronine sodium	memantine hcl	15
larin fe 1.5/30	42	lisinopril	memantine hcl er	15
larin fe 1/20	42	lisinopril-	MENACTRA	46
larissia	42	hydrochlorothiazide	MENEST	43
latanoprost	50	lithium	MENQUADFI	46
LATUDA	21	lithium carbonate	MENVEO	46
layolis fe	42	lithium carbonate er	mercaptopurine	18
leena	42	LITHOSTAT	merzee	43
leflunomide	45	LO LOESTRIN FE	mesalamine	47
LENVIMA	18	lojaimiess	mesalamine er oral	
lessina	42	LONSURF	capsule 0.375 gm	47
letrozole	18	lopinavir-ritonavir	mesalamine-cleanser	47
leucovorin calcium	18	lorazepam	metaxalone	54
LEUKERAN	18	lorazepam intensol	metformin hcl er	30
levabuterol hcl	53	LORBRENA	metformin hcl ir	30
LEVALBUTEROL HFA	53	LORTAB	methadone hcl	10
LEVEMIR U-100		loryna	methadone hcl intensol	10
FLEXTOUCH	35	losartan potassium	methadose	10
LEVEMIR U-100 VIAL	35	losartan potassium-hctz	methadose sugar-free	10
levetiracetam	14	LOTEMAX	methamphetamine hcl	26
levetiracetam er	14	loteprednol etabonate	methazolamide	50
levobunolol hcl	50	lovastatin	methenamine hippurate	13
levocarnitine	36	LOVENOX	methergine	48
levocarnitine sf	36	low-ogestrel	methimazole	44
levofloxacin	13, 49	loxapine succinate	methocarbamol	54
levonest	42	lo-zumandimine	methotrexate	45
levonorgest-eth est & eth		LUBIPROSTONE	methotrexate sodium	45
est	42	LUMIGAN	methotrexate sodium (pf)	45
levonorgest-eth estrad 91-		lutera	methoxsalen rapid	29
day	42	lyleq	methyldopa	25
levonorgestrel	42	lyllana		

methyldopa-		moxifloxacin hcl.....	13, 50	nevirapine.....	22
hydrochlorothiazide.....	25	MULTAQ.....	25	nevirapine er.....	22
methylergonovine maleate..	48	multivitamin/fluoride.....	37	NEXAVAR.....	18
methylphenidate hcl.....	26	mupirocin.....	13	NEXIUM.....	38
methylphenidate hcl er.....	26	mupirocin calcium.....	13	NEXPLANON.....	43
methylphenidate hcl er (cd)	26	MYALEPT.....	39	niacin er	
methylphenidate hcl er (la)	26	mycophenolate mofetil.....	45	(antihyperlipidemic).....	25
methylprednisolone.....	40	mycophenolate sodium.....	45	NICORETTE.....	12
metoclopramide hcl.....	16	MYFORTIC.....	45	nicotine polacrilex.....	12
metolazone.....	25	MYLERAN.....	18	nicotine polacrilex mini.....	12
metoprolol succinate er.....	25	myorisan.....	29	nicotine step 1.....	12
metoprolol tartrate.....	25	MYRBETRIQ.....	39	nicotine step 2.....	12
metoprolol-		nabumetone.....	11	nicotine step 3.....	12
hydrochlorothiazide.....	25	nadolol.....	25	NICOTROL.....	12
metronidazole.....	13, 29	nafrinse.....	37	NICOTROL NS.....	12
mexiletine hcl.....	25	nafrinse drops.....	37	nifedipine.....	25
mibelas 24 fe.....	43	naftifine hcl.....	16	nifedipine er.....	25
MICROCHAMBER.....	48	NAFTIN.....	16	nifedipine er osmotic	
MICRODOT TEST.....	33	naloxone hcl.....	12	release.....	25
microgestin 1.5/30.....	43	naltrexone hcl.....	12	nikki.....	43
microgestin 1/20.....	43	NAMENDA XR		NILANDRON.....	18
microgestin 24 fe.....	43	TITRATION PACK.....	15	nilutamide.....	18
microgestin fe 1.5/30.....	43	naproxen.....	11	nimodipine.....	25
microgestin fe 1/20.....	43	naproxen sodium.....	11	NINLARO.....	19
MICROLET NEXT		naratriptan hcl.....	17	nitisinone.....	39
LANCING DEVICE.....	33	NARCAN.....	12	NITRO-BID.....	25
midodrine hcl.....	25	NASCOBAL.....	37	NITRO-DUR.....	25
miglitol.....	30	NATACYN.....	50	nitrofurantoin.....	13
mili.....	43	NATAZIA.....	43	nitrofurantoin macrocrystal.	13
mimvey.....	43	nateglinide.....	31	nitrofurantoin monohydrate	
minitran.....	25	nature-throid.....	44	macrocrystals.....	13
minocycline hcl.....	13	NAYZILAM.....	14	nitroglycerin.....	25
minoxidil.....	25	necon 0.5/35 (28).....	43	nitro-time.....	25
MIRENA (52 MG).....	43	nefazodone hcl.....	15	nora-be.....	43
mirtazapine.....	15	NEOCATE JUNIOR.....	48	NORDIPEN 5 INJECTION	
misoprostol.....	38	neomycin sulfate.....	13	DEVICE.....	48
mm clearlax.....	38	neomycin-bacitracin zn-		NORDITROPIN FLEXPPO.40	
M-M-R II.....	46	polymyx.....	51	norethin ace-eth estrad-fe...	43
M-NATAL PLUS.....	36	neomycin-polymyxin-		norethindrone.....	43
modafinil.....	54	dexameth.....	51	norethindrone acetate.....	43
MODERNA COVID-19		neomycin-polymyxin-		norethindrone acet-ethinyl	
VACCINE.....	46	gramicidin.....	51	est.....	43
moexipril hcl.....	25	neomycin-polymyxin-hc.....	51	norethindrone-eth estradiol.	43
mometasone furoate.....	29	NEONATAL COMPLETE.....	37	norethin-eth estradiol-fe.....	43
mondoxylene nl.....	13	NEONATAL PLUS.....	37	norgestimate-eth estradiol..	43
mono-linyah.....	43	neo-polycin.....	51	norgestimate-ethinyl	
montelukast sodium.....	53	neo-polycin hc.....	51	estradiol triphasic.....	43
morgidox.....	13	NEORAL.....	45	norlyda.....	43
morphine sulfate.....	10	NERLYNX.....	18	norlyroc.....	43
morphine sulfate		neuac.....	29	NORM-JECT LUER SLIP	
(concentrate).....	10	NEULASTA.....	23	SYRINGE.....	48
morphine sulfate er.....	10	NEULASTA ONPRO.....	23	NORPACE CR.....	25
MOVANTIK.....	38	NEUPOGEN.....	23	NORTHERA.....	25

nortrel 0.5/35 (28).....	43	nystatin-triamcinolone.....	16	ONETOUCH VERIO	
nortrel 1/35 (21).....	43	nystop.....	16	SYNC SYSTEM KIT	
nortrel 1/35 (28).....	43	OCALIVA.....	39	W/DEVICE.....	34
nortrel 7/7/7.....	43	ocella.....	43	ONUREG.....	19
nortriptyline hcl.....	15	octreotide acetate.....	40	OPSUMIT.....	53
NORVIR.....	22	ODEFSEY.....	22	ORACIT.....	37
NOVOFINE AUTOCOVER		ODOMZO.....	19	oralone.....	27
PEN NEEDLE.....	35	OFEV.....	53	ORENCIA.....	45
NOVOFINE PEN NEEDLE.....	35	ofloxacin.....	50, 51	ORENCIA CLICKJECT.....	45
NOVOFINE PLUS PEN		olanzapine.....	21	ORFADIN.....	39
NEEDLE.....	35	olmesartan medoxomil.....	25	ORGOVYX.....	19
NOVOLIN 70/30 FLEXPEN.....	35	olmesartan medoxomil-		ORILISSA.....	40
NOVOLIN 70/30 FLEXPEN		hctz.....	25	ORKAMBI.....	53
RELION.....	35	olmesartan-amlodipine-		orphenadrine citrate er.....	54
NOVOLIN 70/30 RELION.....	35	hctz.....	25	orsythia.....	43
NOVOLIN 70/30 VIAL.....	35	olopatadine hcl.....	50	oscimin.....	38
NOVOLIN N FLEXPEN.....	35	omega-3-acid ethyl esters..	25	oscimin sr.....	38
NOVOLIN N FLEXPEN		omeprazole.....	38	oseltamivir phosphate.....	22
RELION.....	35	OMNIPOD 5 PACK.....	48	OSMOPREP.....	38
NOVOLIN N RELION.....	35	OMNIPOD DASH 5 PACK		OSPHERA.....	40
NOVOLIN N VIAL.....	36	PODS.....	48	OTEZLA.....	45
NOVOLIN R FLEXPEN.....	36	OMNIPOD DASH		OTOVEL.....	51
NOVOLIN R FLEXPEN		SYSTEM.....	33	oxaprozin.....	11
RELION.....	36	OMNIPOD STARTER.....	33	oxazepam.....	23
NOVOLIN R RELION.....	36	OMNITROPE.....	40	oxcarbazepine.....	14
NOVOLIN R VIAL.....	36	ondansetron hcl.....	16	oxiconazole nitrate.....	16
NOVOLOG FLEXPEN.....	36	ondansetron odt.....	16	OXISTAT.....	17
NOVOLOG MIX 70/30		ONE DROP BLOOD		OXTELLAR XR.....	14
FLEXPEN.....	36	GLUCOSE MONITOR.....	33	oxybutynin chloride.....	39
NOVOLOG MIX 70/30		ONE DROP TEST.....	33	oxybutynin chloride er.....	39
VIAL.....	36	ONE VITE WOMENS.....	37	oxycodone hcl.....	10
NOVOLOG PENFILL.....	36	ONE VITE WOMENS		OXYCODONE HCL ER.....	10
NOVOLOG U-100 VIAL.....	36	PLUS.....	37	oxycodone-acetaminophen.....	10
NOVOPEN ECHO.....	33	ONE-A-DAY WOMENS		oxycodone-aspirin.....	10
NOVOTWIST PEN		PRENATAL 1.....	37	OXYCONTIN.....	10
NEEDLE.....	36	ONETOUCH DELICA		OZEMPIC.....	31
NOXAFIL.....	16	LANCING DEV.....	33	paliperidone er.....	21
np thyroid.....	44	ONETOUCH DELICA		PANCREAZE.....	39
NUBEQA.....	19	PLUS LANCING.....	33	PANDA MASK LARGE.....	48
NUCYNTA.....	10	ONETOUCH ULTRA.....	33	PANDA MASK MEDIUM.....	48
NUCYNTA ER.....	10	ONETOUCH ULTRA 2 KIT		PANDA MASK SMALL.....	48
NULEV.....	38	W/DEVICE.....	34	pantoprazole sodium.....	38
NURTEC.....	17	ONETOUCH ULTRA MINI		PARAGARD	
NUTROPIN AQ NUSPIN		KIT W/DEVICE.....	34	INTRAUTERINE COPPER.....	43
10.....	40	ONETOUCH VERIO FLEX		paricalcitol.....	47
NUTROPIN AQ NUSPIN		SYSTEM KIT W/DEVICE.....	34	paromomycin sulfate.....	13
20.....	40	ONETOUCH VERIO IQ		paroxetine hcl.....	15
NUTROPIN AQ NUSPIN 5.....	40	SYSTEM.....	34	paroxetine hcl er.....	15
nyamyc.....	16	ONETOUCH VERIO KIT		PAXIL.....	15
nylia 7/7/7.....	43	W/DEVICE.....	34	PEDIARIX.....	46
NYMALIZE.....	25	ONETOUCH VERIO		PEDIATRIC PANDA	
nymyo.....	43	REFLECT.....	34	MASK.....	48
nystatin.....	16			PEDVAX HIB.....	46

peg 3350-kcl-na bicarb-nacl.....	38	pirmella 7/7/7	43	prednisone intensol.....	40
peg-3350/electrolytes	38	piroxicam	11	pregabalin	27
peg-3350/electrolytes/ascorbat..	38	PLEGRIDY	27	PREMARIN	43
PEGASYS	22	PLEGRIDY STARTER		PREMPHASE	43
peg-kcl-nacl-nasulf-na asc-c.....	38	PACK	27	PREMPRO	43
PEMAZYRE	19	PNEUMOVAX 23	46	prenatal	37
penicillamine	39	POCKET SPACER.....	48	prenatal multi +dha.....	37
penicillin v potassium	13	podocon	29	prenatal plus iron	37
PENTACEL	46	podofilox	29	prenatal vitamin plus low iron.....	37
pentamidine isethionate	20	POGO AUTOMATIC		PRENATRIX	37
PENTASA	47	BLOOD GLUCOSE	34	preplus	37
pentazocine-naloxone hcl... 10		polycin	51	PRETAB	37
pentoxifylline er	25	polymyxin b-trimethoprim....	51	PREVACID SOLUTAB	38
perindopril erbumine	25	POMALYST	19	prevalite	25
periogard	27	portia-28	43	preventeza	43
permethrin	20	posaconazole	17	PREVIDENT	27
perphenazine	16	potassium chloride	37	prevident.....	27
PFIZER-BIONTECH		potassium chloride crys er..	37	PREVIDENT 5000	
COVID-19 VACC	46	potassium chloride er	37	BOOSTER PLUS	27
phenazo	39	potassium citrate er	37	PREVIDENT 5000 DRY	
phenazopyridine hcl	39	potassium citrate-citric acid	37	MOUTH	27
phenelzine sulfate	15	PRALUENT	25	PREVIDENT 5000	
PHENEX-1	48	pramipexole		ENAMEL PROTECT	27
phenobarbital	14	dihydrochloride	20	PREVIDENT 5000 ORTHO	
phenoxybenzamine hcl.....	25	PRAMOSONE	29	DEFENSE	27
PHENYLADE DRINK MIX..	48	prasugrel hcl	20	PREVIDENT 5000 PLUS	27
PHENYLADE GMP		pravastatin sodium	25	PREVIDENT 5000	
READY	48	praziquantel	20	SENSITIVE	27
phenylephrine hcl	51	prazosin hcl	25	previfem	43
PHENYTEK	14	PRECISION LINK	34	PREVNAR 13	46
phenytoin	14	PRECISION PCX PLUS		PREZCOBIX	22
phenytoin infatabs	14	TEST	34	PREZISTA	22
phenytoin sodium		PRECISION QID		primaquine phosphate	20
extended	14	MONITOR	34	primidone	14
philith	43	PRECISION QID TEST	34	PRO COMFORT SPACER	
phosphorous	37	PRECISION SOF-TACT		ADULT	48
phospho-trin 250 neutral.....	37	MONITOR	34	PRO COMFORT SPACER	
phytonadione	37	PRECISION SOF-TACT		CHILD	48
PIFELTRO	22	TEST	34	PRO COMFORT SPACER	
pilocarpine hcl	27, 50	PRECISION XTRA	34	INFANT	48
pimecrolimus	29	PRECISION XTRA		PROAIR HFA	53
pimozide	21	BLOOD GLUCOSE	34	PROAIR RESPICLICK	53
pimtrea	43	PRECISION XTRA		probenecid	17
pindolol	25	MONITOR	34	PROCARE	
pioglitazone hcl	31	PRED-G	51	SPACER/ADULT MASK	48
pioglitazone hcl-glimepiride	31	PRED-G S.O.P	51	PROCARE	
pioglitazone hcl-metformin		prednicarbate	29	SPACER/CHILD MASK	49
hcl	31	prednisolone	40	prochlorperazine	16
PIQRAY	19	prednisolone acetate	50	prochlorperazine edisylate..	16
pirmella 1/35	43	prednisolone acetate p-f.....	50	prochlorperazine maleate ...	16
		prednisolone sodium		PROCTOFOAM HC	47
		phosphate	40, 50	procto-med hc	47
		prednisone	40		

procto-pak.....	47	quinidine sulfate.....	25	roweepra.....	14
proctozone-hc.....	47	quinine sulfate.....	20	ROZLYTREK.....	19
PROCYSBI.....	39	QVAR REDHALER.....	53	RUBRACA.....	19
PRODIGY NO CODING		rabeprazole sodium.....	38	rufinamide.....	14
BLOOD GLUC.....	34	raloxifene hcl.....	40	RUKOBIA.....	22
PROFERRIN-FORTE.....	37	ramelteon.....	54	RYBELSUS.....	31
progesterone.....	43	ramipril.....	25	RYDAPT.....	19
PROGRAF.....	45	ranolazine er.....	25	SABRIL.....	14
PROLENSA.....	50	RAPAMUNE.....	45	salsalate.....	11
PROMACTA.....	23	rasagiline mesylate.....	20	SANDIMMUNE.....	45
promethazine hcl.....	52	RAVICTI.....	39	SANTYL.....	29
promethazine vc.....	52	reclipsen.....	43	SAPHRIS.....	21
promethazine vc/codeine....	52	RECOMBIVAX HB.....	46	SAVELLA.....	27
promethazine-codeine.....	52	REGRANEX.....	29	SAVELLA TITRATION	
promethazine-dm.....	52	RELION BLOOD		PACK.....	27
promethazine-phenyleph-		GLUCOSE TEST.....	34	scopolamine.....	16
codeine.....	52	RELION PREMIER		SECURESAFE	
promethazine-		CLASSIC.....	34	HYPODERMIC NEEDLE	
phenylephrine.....	52	RELION PREMIER TEST...	34		36, 49
promethegan.....	52	RELISTOR.....	38	selegiline hcl.....	20
propafenone hcl.....	25	repaglinide.....	31	selenium sulfide.....	29
propafenone hcl er.....	25	REPATHA.....	25	SELZENTRY.....	22
proparacaine hcl.....	51	REPATHA PUSHTRONEX		SENSIPAR.....	47
propranolol hcl.....	25	SYSTEM.....	25	SEREVENT DISKUS.....	53
propranolol hcl er.....	25	REPATHA SURECLICK....	25	sertraline hcl.....	15
propranolol-hctz.....	25	RESTASIS.....	51	setlakin.....	43
propylthiouracil.....	44	RESTASIS MULTIDOSE...	51	sevelamer carbonate.....	39
PROQUAD.....	46	RETEVMO.....	19	sevelamer hcl.....	39
protriptyline hcl.....	15	RETROVIR.....	22	sf.....	27
PROVENTIL HFA.....	53	REVLIMID.....	19	sf 5000 plus.....	27
pseudoephedrine-		REYATAZ.....	22	sharobel.....	43
bromphen-dm.....	52	RHOPRESSA.....	50	SHINGRIX.....	46
PULMICORT FLEXHALER.....	53	ribavirin.....	22	SIGNIFOR.....	40
PULMOZYME.....	53	RIDAURA.....	45	sildenafil citrate.....	39, 53
PURAMINO DHA/ARA.....	49	rifabutin.....	17	silodosin.....	39
PURIXAN.....	19	rifampin.....	17	silver sulfadiazine.....	13
pyrazinamide.....	17	riluzole.....	27	SIMBRINZA.....	50
pyridostigmine bromide.....	17	rimantadine hcl.....	22	simliya.....	43
pyridostigmine bromide er..	17	RINVOQ.....	45	simpesse.....	43
pyrimethamine.....	20	risedronate sodium.....	47	SIMPONI.....	45
QBRELIS.....	25	risperidone.....	21	simvastatin.....	26
qc magnesium citrate.....	38	ritonavir.....	22	sirolimus.....	45
QINLOCK.....	19	rivastigmine.....	15	SIRTURO.....	17
QUADRACEL.....	46	rivastigmine tartrate.....	15	SKYLA.....	43
quetiapine fumarate.....	21	rivelsa.....	43	SKYRIZI.....	45
quetiapine fumarate er.....	21	rizatriptan benzoate.....	17	SKYRIZI (150 MG DOSE)..	45
QUFLORA PEDIATRIC.....	37	ROCKLATAN.....	50	SKYRIZI PEN.....	45
QUILLICHEW ER.....	26	ropinirole hcl.....	20	SLYND.....	43
QUILLIVANT XR.....	26	ropinirole hcl er.....	20	sod citrate-citric acid.....	37
quinapril hcl.....	25	rosadan.....	29	sodium chloride.....	52
quinapril-		rosuvastatin calcium.....	26	sodium fluoride.....	27, 37
hydrochlorothiazide.....	25	ROTARIX.....	46	sodium fluoride 5000	
quinidine gluconate er.....	25	ROTATEQ.....	46	enamel.....	27

sodium fluoride 5000 plus...	27	sulfamethoxazole-		TAZORAC.....	30
sodium fluoride 5000 ppm..	27	trimethoprim.....	13	taztia xt.....	26
sodium fluoride 5000		sulfasalazine.....	47	TAZVERIK.....	19
sensitive.....	27	sulfatrim pediatric.....	13	TDVAX.....	46
sodium phenylbutyrate.....	39	sulindac.....	11	TECFIDERA.....	27
sodium polystyrene		sumatriptan.....	17	TEGRETOL.....	15
sulfonate.....	37	sumatriptan succinate.....	17	TEGRETOL-XR.....	15
sodium sulfacetamide		sumatriptan succinate refill..	17	TEKTURN HCT.....	26
wash.....	29	SUPRAX.....	13	telmisartan.....	26
SODIUM		SUPREP BOWEL PREP		telmisartan-hctz.....	26
SULFACETAMIDE-		KIT.....	38	temazepam.....	54
BAKUCHIOL.....	29	SURESTEP PRO HIGH		TEMIXYS.....	22
solifenacin succinate.....	39	GLUCOSE.....	34	TEMODAR.....	19
SOMAVERT.....	40	SURESTEP PRO LOW		temozolomide.....	19
sorine.....	26	GLUCOSE.....	34	TENCON.....	10
sotalol hcl.....	26	SURESTEP PRO		TENIVAC.....	46
sotalol hcl (af).....	26	NORMAL GLUCOSE.....	34	tenofovir disoproxil	
spinosad.....	20	SUSTIVA.....	22	fumarate.....	22
SPIRIVA HANDIHALER.....	53	SUTENT.....	19	TEPMETKO.....	19
SPIRIVA RESPIMAT.....	53	syeda.....	43	terazosin hcl.....	39
spironolactone.....	26	SYMAX DUOTAB.....	39	terbinafine hcl.....	17
spironolactone-hctz.....	26	SYMBICORT.....	53	terconazole.....	17
sprintec 28.....	43	SYMFI.....	22	TERIPARATIDE	
SPRYCEL.....	19	SYMFI LO.....	22	(RECOMBINANT).....	47
sps.....	37	SYMJEPI.....	53	testosterone.....	40
sronyx.....	43	SYMLINPEN 120.....	31	testosterone cypionate.....	40
ssd.....	13	SYMLINPEN 60.....	31	testosterone enanthate.....	40
SSKI.....	52	SYMTUZA.....	22	TETANUS-DIPHThERIA	
sss 10-5.....	30	SYNJARDY.....	31	TOXOIDS TD.....	46
ST JOSEPH LOW DOSE... 11		SYNJARDY XR.....	31	tetrabenazine.....	27
STAMARIL.....	46	SYNRIBO.....	19	tetracaine hcl.....	51
stavudine.....	22	SYNTHROID.....	44	tetracycline hcl.....	13
STELARA.....	45	SYPRINE.....	37	TEXACORT.....	30
STIMATE.....	40	SYRINGE LUER LOCK.....	49	THALOMID.....	19
STIOLTO RESPIMAT.....	53	SYRINGE LUER SLIP.....	49	THEO-24.....	53
STIVARGA.....	19	TABRECTA.....	19	theophylline.....	53
STRENSIQ.....	39	TACLONEX.....	30	theophylline er.....	53
STRIBILD.....	22	tacrolimus.....	30, 45	thioridazine hcl.....	21
SUBOXONE.....	12	tadalafil.....	39	thiothixene.....	21
subvenite.....	14	tadalafil (pah).....	53	tiadylt er.....	26
subvenite starter kit-blue....	14	TAFINLAR.....	19	tiagabine hcl.....	15
subvenite starter kit-green..	14	TAGRISSO.....	19	TIBSOVO.....	19
subvenite starter kit-orange	14	TALTZ.....	45	tilia fe.....	44
sucralfate.....	38	TALZENNA.....	19	timolol maleate.....	26, 50
SULCONAZOLE NITRATE..	17	tamoxifen citrate.....	19	timolol maleate ocudose....	50
sulfacetamide sodium... 30, 50		tamsulosin hcl.....	39	timolol maleate pf.....	50
sulfacetamide sodium		TARCEVA.....	19	TIMOPTIC OCUDOSE.....	50
(acne).....	30	TARGRETIN.....	19	tinidazole.....	13
sulfacetamide sodium-		tarina 24 fe.....	43	TIROSINT.....	44
sulfur.....	30	tarina fe 1/20.....	43	TIVICAY.....	22
sulfacetamide-sulfur in		tarina fe 1/20 eq.....	44	TIVICAY PD.....	22
urea.....	30	TASIGNA.....	19	tizanidine hcl.....	54
sulfadiazine.....	13	tazarotene.....	30	TOBI NEBULIZER.....	53

TOBI PODHALER.....	53	trihexyphenidyl hcl.....	20	UCERIS.....	47
TOBRADEX.....	51	TRIKAFTA.....	53	UKONIQ.....	19
tobramycin.....	50, 53	tri-legest fe.....	44	ULTIGUARD SAFEPACK	
tobramycin-		TRILEPTAL.....	15	SYR/NEEDLE.....	36
dexamethasone.....	51	tri-linyah.....	44	UNISTRIP CONTROL.....	34
TOBREX.....	50	tri-lo-estarylla.....	44	unithroid.....	44
TODAY SPONGE.....	49	tri-lo-marzia.....	44	UPTRAVI.....	53
tolbutamide.....	31	tri-lo-mili.....	44	urea.....	30
tolcapone.....	20	tri-lo-sprintec.....	44	uro-mp.....	39
TOLEREX.....	49	trimethobenzamide hcl.....	16	ursodiol.....	39
tolterodine tartrate.....	39	trimethoprim.....	13	valacyclovir hcl.....	22
tolterodine tartrate er.....	39	tri-mili.....	44	VALCHLOR.....	19
TOLVAPTAN.....	37	trimipramine maleate.....	15	valganciclovir hcl.....	22
tolvaptan.....	37	TRINTELLIX.....	16	valproic acid.....	15
topiramate.....	15	tri-nymyo.....	44	valsartan.....	26
toremifene citrate.....	19	tri-previfem.....	44	valsartan-	
torsemide.....	26	tri-sprintec.....	44	hydrochlorothiazide.....	26
TOUJEO MAX		TRISTART DHA.....	37	vancomycin hcl.....	13
SOLOSTAR.....	36	TRIUMEQ.....	22	vandazole.....	13
TOUJEO SOLOSTAR.....	36	trivora (28).....	44	VAQTA.....	46
tovet.....	30	tri-vylibra.....	44	VARIVAX.....	46
TRACLEER.....	53	tri-vylibra lo.....	44	VASCEPA.....	26
TRADJENTA.....	31	TRIZIVIR.....	22	VAXCHORA.....	46
tramadol hcl er.....	11	tropicamide.....	51	VAXELIS.....	46
tramadol hcl er (biphasic)...	11	tropium chloride.....	39	VCF VAGINAL	
tramadol hcl ir.....	11	tropium chloride er.....	39	CONTRACEPTIVE.....	49
tramadol-acetaminophen....	11	TRUE FOCUS BLOOD		vcf vaginal contraceptive....	49
trandolapril.....	26	GLUCOSE METER.....	34	VECAMEYL.....	26
trandolapril-verapamil hcl		TRUE METRIX BLOOD		velivet.....	44
er.....	26	GLUCOSE TEST.....	34	VEMLIDY.....	22
tranexamic acid.....	23	TRUE METRIX LEVEL 1....	34	VENCLEXTA.....	19
tranylcypromine sulfate.....	15	TRUE METRIX LEVEL 2....	34	VENCLEXTA STARTING	
travoprost (bak free).....	50	TRUE METRIX LEVEL 3....	34	PACK.....	19
trazodone hcl.....	15	TRUE METRIX PRO		venlafaxine hcl.....	16
TRELEGY ELLIPTA.....	53	BLOOD GLUCOSE.....	34	venlafaxine hcl er.....	16
TREMFYA.....	45	TRUETRACK TEST.....	34	VENTAVIS.....	53
TRESIBA.....	36	TRULICITY.....	31	VENTOLIN HFA.....	53
TRESIBA FLEXTOUCH.....	36	TRUMENBA.....	46	verapamil hcl.....	26
tretinoin.....	19, 30	TRUVADA.....	22	verapamil hcl er.....	26
tretinoin microsphere.....	30	TUKYSA.....	19	VERZENIO.....	19
tretinoin microsphere pump	30	tulana.....	44	vestura.....	44
tri femynor.....	44	TURALIO.....	19	V-GO 20.....	34
triamcinolone acetonide 27,	30	TWINRIX.....	46	V-GO 30.....	34
triamterene-hctz.....	26	tyblume.....	44	V-GO 40.....	34
triazolam.....	23	TYBOST.....	22	VIBERZI.....	39
TRICARE PRENATAL		tydemy.....	44	VIBRAMYCIN.....	13
DHA ONE.....	37	TYKERB.....	19	VICTOZA.....	31
tricitrates.....	37	TYMLOS.....	47	vienna.....	44
triderm.....	30	TYPHIM VI.....	46	vigabatrin.....	15
trientine hcl.....	37	TYVASO.....	53	vigadrone.....	15
tri-estarylla.....	44	TYVASO REFILL.....	53	VIIBRYD.....	16
trifluoperazine hcl.....	21	TYVASO STARTER.....	53	VIIBRYD STARTER PACK.	16
trifluridine.....	50	UBRELVY.....	17	VIMPAT.....	15

VINATE ONE.....	37	wp thyroid.....	44	ZIRGAN.....	50
viorele.....	44	wymzya fe.....	44	ZOLINZA.....	20
VIRACEPT.....	22	XALKORI.....	19	zolmitriptan.....	17
VIRAMUNE.....	22	XARELTO.....	14	zolpidem tartrate.....	54
VIRAMUNE XR.....	22	XARELTO STARTER		zolpidem tartrate er.....	54
VIREAD.....	22	PACK.....	14	ZONEGRAN.....	15
VIRT-FEFA PLUS.....	37	XATMEP.....	45	zonisamide.....	15
virt-phos 250 neutral.....	37	XELJANZ.....	45	ZORTRESS.....	46
virtussin ac w/alc.....	52	XELJANZ XR.....	45	zovia 1/35 (28).....	44
vitamin d (ergocalciferol).....	37	XELODA.....	19	zovia 1/35e (28).....	44
VITATHELY WITH		XERMELO.....	39	zumandimine.....	44
GINGER.....	37	XIFAXAN.....	13	ZYDELIG.....	20
VITRAKVI.....	19	XIGDUO XR.....	31	ZYKADIA.....	20
VIVAGUARD INO		XIIDRA.....	51	ZYLET.....	51
CONTROL SOLUTION.....	34	XOFLUZA (40 MG DOSE).....	22	ZYTIGA.....	20
VIVAGUARD INO		XOFLUZA (80 MG DOSE).....	22		
GLUCOSE METER.....	34	XOPENEX HFA.....	53		
VIVAGUARD INO TEST		XOSPATA.....	19		
STRIPS.....	34	XPOVIO (100 MG ONCE			
VIVAGUARD LANCING		WEEKLY).....	19		
DEVICE.....	34	XPOVIO (40 MG ONCE			
VIVONEX PEDIATRIC.....	49	WEEKLY).....	19		
VIZIMPRO.....	19	XPOVIO (40 MG TWICE			
volnea.....	44	WEEKLY).....	19		
voriconazole.....	17	XPOVIO (60 MG ONCE			
VOTRIENT.....	19	WEEKLY).....	19		
VRAYLAR.....	21	XPOVIO (60 MG TWICE			
vyfemla.....	44	WEEKLY).....	19		
vylibra.....	44	XPOVIO (80 MG ONCE			
VYVANSE.....	26	WEEKLY).....	19		
warfarin sodium.....	14	XPOVIO (80 MG TWICE			
wera.....	44	WEEKLY).....	20		
WESTAB PLUS.....	37	XTANDI.....	20		
WESTGEL DHA.....	37	xulane.....	44		
westhroid.....	44	YF-VAX.....	46		
WIDE-SEAL DIAPHRAGM		YONSA.....	20		
60.....	49	yuvaferm.....	44		
WIDE-SEAL DIAPHRAGM		zafemy.....	44		
65.....	49	zafirlukast.....	53		
WIDE-SEAL DIAPHRAGM		zaleplon.....	54		
70.....	49	zarah.....	44		
WIDE-SEAL DIAPHRAGM		ZARONTIN.....	15		
75.....	49	ZEJULA.....	20		
WIDE-SEAL DIAPHRAGM		ZELBORAF.....	20		
80.....	49	zenatane.....	30		
WIDE-SEAL DIAPHRAGM		ZENPEP.....	39		
85.....	49	ZEPOSIA.....	27		
WIDE-SEAL DIAPHRAGM		ZEPOSIA 7-DAY			
90.....	49	STARTER PACK.....	27		
WIDE-SEAL DIAPHRAGM		ZEPOSIA STARTER KIT ...	27		
95.....	49	ZIAGEN.....	22		
WILZIN.....	37	zidovudine.....	22		
wixela inhub.....	53	ziprasidone hcl.....	21		