



Scott & White
HEALTH PLAN



INSURANCE COMPANY OF
Scott & White



Scott & White
CARE PLANS

Part of
Baylor Scott & White HEALTH

SWHP Group Value Formulary

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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.

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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	
fosfomicin 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
TAGRISSE ORAL TABLET 40 MG	SP2	PA; QL	XELODA	SP2	PA
TAGRISSE 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
FANAPT	3	QL
FANAPT TITRATION PACK	3	QL
fluphenazine hcl oral	1	
haloperidol lactate oral	1	
haloperidol oral	1	
LATUDA	3	QL
loxapine succinate	1	
olanzapine oral	1	QL
paliperidone er	3	QL
pimozide	1	
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
risperidone	1	QL
SAPHRIS	3	QL
thioridazine hcl oral	1	
thiothixene	1	
trifluoperazine hcl	1	
VRAYLAR	3	QL
ziprasidone hcl	1	QL
Antivirals		
abacavir sulfate	SP1	
abacavir sulfate-lamivudine	SP1	
abacavir-lamivudine-zidovudine	SP1	
acyclovir external ointment	1	
acyclovir oral	1	
adefovir dipivoxil	SP1	
APTIVUS	SP2	
APTIVUS ORAL SOLUTION 100 MG/ML	SP2	
atazanavir sulfate	SP1	
ATRIPLA	SP2	
BARACLUDGE ORAL SOLUTION	SP2	QL

Drug Name	Drug Tier	Notes
BARACLUDGE ORAL TABLET	SP3	QL
BIKTARVY	SP2	
CIMDUO	SP2	
COMBIVIR	SP3	
COMPLERA	SP2	
CRIXIVAN	SP2	
DELSTRIGO	SP2	
DESCOVY	SP2	PA; PV
DOVATO	SP2	
EDURANT	SP2	
efavirenz	SP1	
efavirenz-emtricitabine-tenofovir	SP1	
efavirenz-lamivudine-tenofovir	SP1	
emtricitabine	SP1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	SP1	
emtricitabine-tenofovir df oral tablet 200-300 mg	SP1	PV
EMTRIVA	SP2	
entecavir	SP1	QL
EPCLUSA	SP2	PA; QL
EPIVIR	SP3	
EPIVIR HBV ORAL SOLUTION	2	
EPZICOM	SP3	
etravirine	SP1	
EVOTAZ	SP2	
famciclovir oral	1	
fosamprenavir calcium	SP1	
FUZEON	SP2	
GENVOYA	SP2	
HARVONI	SP2	PA; QL
HEPSERA	SP3	
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	1	
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	
torse mide	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	Drug Name	Drug Tier	Notes
nateglinide	1		ACCU-CHEK SMARTVIEW CONTROL	1	
OZEMPIC	2	QL	ACCU-CHEK SMARTVIEW TEST STRIPS	1	QL
pioglitazone hcl	1		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
pioglitazone hcl-glimepiride	3		AGAMATRIX CONTROL LEVEL 2	2	
pioglitazone hcl-metformin hcl	1		AGAMATRIX CONTROL LEVEL 4	2	
repaglinide	1		AGAMATRIX PRESTO TEST	2	QL
RYBELSUS	3	QL	ASSURE PLATINUM	2	QL
SYMLINPEN 120	3	PA	AUTOLET LANCING DEVICE	2	
SYMLINPEN 60	3	PA	BIOTEL CARE BLOOD GLUCOSE	2	
SYNJARDY	2	ST	BIOTEL CARE BLOOD GLUCOSE SYST	2	
SYNJARDY XR	2	ST	BLOOD GLUCOSE TEST	2	QL
tolbutamide	1		BLULINK CONTROL HIGH & LOW	2	
TRADJENTA	2		BLULINK GLUCOSE MONITORING SYS	2	
TRULICITY	2	QL	BLULINK GLUCOSE TEST	2	QL
VICTOZA	2	QL	CARETOUCH CONTROL SOL LEVEL 2	2	
XIGDUO XR	2	ST	CARETOUCH LANCING/EJECTOR	2	
Diabetes - Glucose Monitoring			CARETOUCH TEST	2	QL
ACCU-CHEK AVIVA DEVICE	1		CEQUR SIMPLICITY 2U	2	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	1		CEQUR SIMPLICITY INSERTER	2	
ACCU-CHEK AVIVA PLUS TEST STRIPS	1	QL	CEQUR SIMPLICITY STARTER	2	
ACCU-CHEK COMPACT PLUS CONTROL	1		CONTOUR CONTROL SOLUTION	2	
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				

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
ONETOUCH ULTRA 2 KIT W/DEVICE	1		RELION BLOOD GLUCOSE TEST	2	QL
ONETOUCH ULTRA MINI KIT W/DEVICE	1		RELION PREMIER CLASSIC	2	
ONETOUCH VERIO KIT W/DEVICE	1		RELION PREMIER TEST	2	QL
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1		SURESTEP PRO HIGH GLUCOSE	1	
ONETOUCH VERIO IN VITRO SOLUTION HIGH	1		SURESTEP PRO LOW GLUCOSE	1	
ONETOUCH VERIO TEST STRIPS	1	QL	SURESTEP PRO NORMAL GLUCOSE	1	
ONETOUCH VERIO IQ SYSTEM	1		TRUE FOCUS BLOOD GLUCOSE METER	2	
ONETOUCH VERIO REFLECT	1		TRUE METRIX BLOOD GLUCOSE TEST	2	QL
ONETOUCH 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	UNISTRIP 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	Drug Name	Drug Tier	Notes
GLUCAGEN HYPOKIT	2		HUMALOG MIX 75/25 KWIKPEN	2	
glucagon emergency kit 1 mg injection 1 mg	1		HUMALOG MIX 75/25 VIAL	2	
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	2		HUMALOG U-100 JUNIOR KWIKPEN	2	
GLUCAGON EMERGENCY KIT	2		HUMALOG VIAL	2	
GVOKE HYPOPEN 1-PACK	2		HUMULIN 70/30 KWIKPEN	2	
GVOKE HYPOPEN 2-PACK	2		HUMULIN 70/30 VIAL	2	
GVOKE PFS	2		HUMULIN N KWIKPEN	2	
Diabetes - Insulins			HUMULIN N VIAL	2	
APIDRA SOLOSTAR	3		HUMULIN R U-500 KWIKPEN	2	
APIDRA VIAL	3		HUMULIN R U-500 VIAL	2	
BD AUTOSHIELD DUO PEN NEEDLES	1		HUMULIN R VIAL	2	
BD ULTRA-FINE INSULIN SYRINGES	1		INSULIN PEN NEEDLES	1	
BD ULTRA-FINE PEN NEEDLES	1		INSULIN SYRINGES	1	
BD VEO INSULIN SYR U/F 1/2UNIT	1		LANTUS SOLOSTAR	2	
DROPLET MICRON	1		LANTUS U-100 VIAL	2	
EASYPOINT 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		LEVEMIR U-100 FLEXTOUCH	2	
FIASP	1		LEVEMIR U-100 VIAL	2	
FIASP FLEXTOUCH	1		NOVOFINE AUTOCOVER PEN NEEDLE	1	
FIASP PENFILL	1		NOVOFINE PEN NEEDLE	1	
HUMALOG KWIKPEN	2		NOVOFINE PLUS PEN NEEDLE	1	
HUMALOG MIX 50/50 KWIKPEN	2		NOVOLIN 70/30 FLEXPEN	2	
HUMALOG MIX 50/50 VIAL	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 SAFEPACK 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	Drug Name	Drug Tier	Notes
multivitamin/fluoride oral tablet chewable 1 mg	1		sodium fluoride oral solution 1.1 (0.5 f) mg/ml	0	PV
nafrinse	0	PV	sodium fluoride oral tablet	0	PV
nafrinse drops	0	PV	sodium fluoride oral tablet chewable	0	PV
NASCOBAL	2		sodium polystyrene sulfonate	1	
NEONATAL COMPLETE	1		sps	1	
NEONATAL PLUS	1		SYPRINE	SP3	PA
ONE VITE WOMENS	0	PV	TOLVAPTAN ORAL TABLET 15 MG	SP1	QL
ONE VITE WOMENS PLUS	1		tolvaptan oral tablet 30 mg	SP1	QL
ONE-A-DAY WOMENS PRENATAL 1	0	PV	TRICARE PRENATAL DHA ONE	3	
ORACIT	2		tricitrates	1	
phosphorous	1		trientine hcl	SP1	PA
phospho-trin 250 neutral	1		TRISTART DHA	3	
phytonadione oral	1		VINATE ONE	1	
potassium chloride cryster	1		VIRT-FEFA PLUS	2	
potassium chloride er	1		virt-phos 250 neutral	1	
potassium chloride oral	1		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
potassium citrate er	1		VITATHELY WITH GINGER	1	
potassium citrate-citric acid	1		WESTAB PLUS	1	
prenatal multi +dha	0	PV	WESTGEL DHA	3	
prenatal oral tablet 27-0.8 mg	0	PV	WILZIN	2	
prenatal oral tablet 27-1 mg	1		Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
prenatal plus iron	1		esomeprazole		
prenatal vitamin plus low iron	1		magnesium oral capsule delayed release 40 mg	3	QL
PRENATRIX	1		esomeprazole magnesium oral packet	3	QL; AL (Max 12 Years)
preplus	1		famotidine oral suspension reconstituted	3	
PRETAB	1				
PROFERRIN-FORTE	2				
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG	1				
sod citrate-citric acid	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
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/ascorb at	3	
peg-kcl-nacl-nasulf-na asc-c	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	
tropium chloride	1	
tropium 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 FLEXPRO	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
luteru	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-linyah	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
viorele	0	PV
volnea	0	PV
vyfemla	0	PV
vylibra	0	PV
wera	0	PV
wymzya fe	0	PV
xulane	0	PV
yuvafem	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	Drug Name	Drug Tier	Notes
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	SP3	PA	mycophenolate mofetil oral	1	
COSENTYX SENSOREADY (300 MG)	SP3	PA	mycophenolate sodium	1	
COSENTYX SENSOREADY PEN	SP3	PA	MYFORTIC	SP3	
cyclosporine modified	1		NEORAL	SP3	
cyclosporine oral	1		ORENCIA CLICKJECT	SP3	PA
ENBREL	SP3	PA	ORENCIA SUBCUTANEOUS	SP3	PA
ENBREL MINI	SP3	PA	OTEZLA	SP2	PA
ENBREL SURECLICK	SP3	PA	PROGRAF ORAL CAPSULE	SP3	
ENVARUSUS XR	SP2		PROGRAF ORAL PACKET	SP2	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	SP1		RAPAMUNE ORAL SOLUTION	SP2	
FIRAZYR	SP3	PA; QL	RAPAMUNE ORAL TABLET	SP3	
gengraf	1		RIDAURA	SP2	
HAEGARDA	SP2	PA	RINVOQ	SP2	PA
HUMIRA	SP2	PA	SANDIMMUNE ORAL CAPSULE	SP3	
HUMIRA PEDIATRIC CROHNS START	SP2	PA	SANDIMMUNE ORAL SOLUTION	SP2	
HUMIRA PEN	SP2	PA	SIMPONI	SP2	PA
HUMIRA PEN-CD/UC/HS STARTER	SP2	PA	sirolimus oral solution	SP1	
HUMIRA PEN-PEDIATRIC UC START	SP2	PA	sirolimus oral tablet	1	
HUMIRA PEN-PS/UV/ADOL HS START	SP2	PA	SKYRIZI	SP2	PA; QL
HUMIRA PEN-PSOR/UEIT STARTER	SP2	PA	SKYRIZI (150 MG DOSE)	SP2	PA; QL
icatibant acetate	SP1	PA; QL	SKYRIZI PEN	SP2	PA; QL
KINERET	SP3	PA	STELARA SUBCUTANEOUS	SP2	PA; QL
leflunomide oral	1		tacrolimus oral	1	
methotrexate oral	1		TALTZ	SP2	PA
methotrexate sodium	1		TREMFYA	SP2	PA
methotrexate sodium (pf)	1		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		
	3	PV; AL (Max 6 Years)
ACTHIB		
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	Drug Name	Drug Tier	Notes
EQUACARE JR	3		HUMATROPEN FOR 12MG	1	
ESSENTIAL CARE JR	3		HUMATROPEN FOR 24MG	1	
FC FEMALE CONDOM	0	PV; QL	HUMATROPEN FOR 6MG	1	
FC2 FEMALE CONDOM	0	PV; QL	INSPIREASE RESERVOIR BAGS	2	
FEMCAP	0	PV; QL	J-TIP KIT W/VIAL ADAPTERS	1	
FLEXICHAMBER ADULT MASK/SMALL	2		methergine	3	QL
FLEXICHAMBER CHILD MASK/LARGE	2		methylegonovine maleate oral	3	QL
FLEXICHAMBER CHILD MASK/SMALL	2		MICROCHAMBER	2	
FORA D40G GLUCOSE/PRESSURE	2		NEOCATE JUNIOR	3	
GLYTACTIN BETTERMILK 15	2		NORDIPEN 5 INJECTION DEVICE	1	
GLYTACTIN BETTERMILK DE-LITE	2		NORM-JECT LUER SLIP SYRINGE	1	
GLYTACTIN BUILD 10PE	2		OMNIPOD 5 PACK	3	QL
GLYTACTIN BUILD 20/20 PKU	2		OMNIPOD DASH 5 PACK PODS	3	QL
GLYTACTIN BURST	2		PANDA MASK LARGE	2	
GLYTACTIN COMPLETE 10PE	2		PANDA MASK MEDIUM	2	
GLYTACTIN RESTORE 10	2		PANDA MASK SMALL	2	
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GLYTACTIN RESTORE LITE 10	2		PHENEX-1	2	
GLYTACTIN RESTORE LITE 10PE	2		PHENYLADE DRINK MIX	2	
GLYTACTIN RTD 10	2		PHENYLADE GMP READY	2	
GLYTACTIN RTD 15	2		POCKET SPACER	2	
GLYTACTIN RTD LITE 15	2		PRO COMFORT SPACER ADULT	2	
GLYTACTIN SWIRL 15PE	2		PRO COMFORT SPACER CHILD	2	
heparin lock flush	1		PRO COMFORT SPACER INFANT	2	
heparin sodium lock flush	1		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
PROCARE SPACER/CHILD MASK	2	
PURAMINO DHA/ARA	3	
SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2"	1	
SYRINGE LUER LOCK 30 ML	1	
SYRINGE LUER SLIP 1 ML	1	
TODAY SPONGE	0	PV; QL
TOLEREX	3	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	0	PV; QL
vcf vaginal contraceptive vaginal gel	0	PV; QL
VIVONEX PEDIATRIC	3	
WIDE-SEAL DIAPHRAGM 60	0	PV; QL
WIDE-SEAL DIAPHRAGM 65	0	PV; QL
WIDE-SEAL DIAPHRAGM 70	0	PV; QL
WIDE-SEAL DIAPHRAGM 75	0	PV; QL
WIDE-SEAL DIAPHRAGM 80	0	PV; QL
WIDE-SEAL DIAPHRAGM 85	0	PV; QL
WIDE-SEAL DIAPHRAGM 90	0	PV; QL
WIDE-SEAL DIAPHRAGM 95	0	PV; QL
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALOCRIL	2	
ALOMIDE	2	
ALREX	2	

Drug Name	Drug Tier	Notes
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	QL
CILOXAN OPHTHALMIC OINTMENT	2	
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
DUREZOL	3	
epinastine hcl	1	
erythromycin ophthalmic	1	
FLAREX	2	
fluorometholone	1	
flurbiprofen sodium	1	
FML	2	
FML FORTE	2	
gatifloxacin ophthalmic	1	
gentak	1	
gentamicin sulfate ophthalmic	1	
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	
cyproheptadine hcl oral	1	
FASENRA	SP2	PA
FASENRA PEN	SP2	PA
fluticasone propionate nasal	1	
	1	PA; QL; AL (Min 18 Years)
guaiaatussin ac	1	PA; QL; AL (Min 18 Years)
guaifenesin ac	1	PA; QL; AL (Min 18 Years)
hydrocodone polst-chlorphen polst er susp	1	PA; QL; AL (Min 18 Years)
hydrocodone-homatropine	1	PA; QL; AL (Min 18 Years)
hydromet	1	PA; QL; AL (Min 18 Years)

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
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

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
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 REDIHALER	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.

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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-	
torseamide.....	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	VECAMYL.....	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	yuvafem.....	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		