

ACA Compliant Individual/Small Group Formulary

Optum Rx[®]



**For the most current list of covered medications or if you have questions:
Call Pharmacy Management Team at (855) 305-5062**

Visit sanfordhealthplan.com/members and link to the Optum Rx website to:

- Locate a participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

SANFORD[®]
HEALTH PLAN

Understanding your formulary

What is a formulary?

A formulary is a list of prescribed medications chosen by health care providers on Sanford Health Plan's Pharmacy and Therapeutics Committee. Selection criteria includes clinical efficacy, safety, and cost. Medications on this list are approved by the U.S. Food and Drug Administration for use in the United States.

How do I use my formulary?

You and your doctor can consult the formulary to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the toll-free member phone number on your ID card.

About this formulary

Where differences exist between this formulary and your benefit plan documents, the benefit plan documents rule. This may not be a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan documents provided by your employer or plan sponsor for full details.

Reading your formulary

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

Tier information

Tiers are different cost levels you pay for a medication. This is how much you will pay when you fill a prescription. Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Consult your Summary of Benefits and Coverage to determine your cost for each of the tiers listed below.

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost generic medications	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand-name	Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Higher-cost non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
Tier 4	\$ Generic/Preferred biosimilar specialty medications	Generic and biosimilar specialty medications typically require additional information from you or your provider to determine coverage. Lower cost options may be available.
Tier 14	Medical Benefit medications	These are medications dispensed at the pharmacy that are subject to your medical deductible, coinsurance and maximum out-of-pocket.

Reading your formulary

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.

PA	Prior Authorization – You or your provider must get pre-approval for the medicine with Sanford Health Plan before you can get the prescription filled. NOTE: The Member is ultimately responsible for obtaining pre-approval from the Plan, but your provider may also request approval.
PV	High Deductible Health Plan Preventive Medication – Medication not subject to deductible and available at a copay/coinsurance under a high deductible health plan.
QL	Quantity Limit / Amount Allowed – Medication may be limited to a certain quantity.
SP	Specialty Medication – Medication is designated as specialty. Specialty medications are typically used to treat complex medical conditions. These medications may require frequent dosing adjustments, close monitoring, special training, or compliance assistance. Specialty medications may also need special handling and/or administration, and may have limited or exclusive product availability and distribution.
ST	Step Therapy – Trial of a lower-cost medication(s) is required before a higher-cost medication can be covered.
FE	Formulary Exception – This medication will only be available to the member if they meet Sanford Health Plan criteria for a formulary override.
ACA	Affordable Care Act – As part of the Affordable Care Act, certain drugs are available at a \$0 copay (no member cost-share) if the member meets specific conditions, such as age or gender. If the member does not meet the specific conditions, the usual member benefit will apply.
O	Over-the-counter (OTC) – Medications, vitamins and/or supplements. Medications that have a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force and only when prescribed by a health care Practitioner and/or Provider are available at a \$0 copay (no member cost-share) if the member meets specific conditions, such as age or gender. If the member does not meet the specific conditions, the usual member benefit will apply.
MB	Medical Benefit – Medications covered under the medical benefit that are subject to the medical deductible, coinsurance and maximum out of pocket.
AL	Age Limit – Medication may be subject to a minimum or maximum age.
BP	Brand Penalty – Medication may be subject to penalty because there is a generic alternative or biosimilar equivalent that is available. Penalties do not apply to your deductible or maximum out of pocket.

ACA Compliant Individual/Small Group Formulary

Table of Contents

Analgesics - Drugs for Pain.....	6	Electrolytes / Minerals / Metals / Vitamins.....	62
Analgesics - Drugs for Pain and Inflammation.....	9	Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer.....	65
Anesthetics.....	11	Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions.....	66
Anti-Addiction / Substance Abuse Treatment Agents.....	11	Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment....	68
Antibacterials.....	12	Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions.....	70
Anticoagulants.....	16	Genitourinary Agents - Drugs for Prostate Conditions.....	71
Anticonvulsants - Drugs for Seizures.....	16	Hormonal Agents - Adrenal.....	71
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia.....	19	Hormonal Agents - Men's Health.....	72
Antidepressants.....	19	Hormonal Agents - Pituitary.....	73
Antiemetics - Drugs for Nausea and Vomiting.....	21	Hormonal Agents - Prostaglandins.....	74
Antifungals.....	22	Hormonal Agents - Selective Estrogen Receptor Modifying Agents.....	74
Antigout Agents.....	24	Hormonal Agents - Sex Hormones and Birth Control.....	74
Antimigraine Agents.....	24	Hormonal Agents - Thyroid.....	80
Antimyasthenic Agents.....	25	Immunological Agents - Drugs for Immune System Stimulation or Suppression.....	80
Antimycobacterials.....	25	Inflammatory Bowel Disease Agents.....	86
Antineoplastics - Drugs for Cancer.....	26	Metabolic Bone Disease Agents - Drugs for Osteoporosis.....	86
Antiparasitics.....	31	Metabolic Bone Disease Agents - Other....	87
Antiparkinson Agents.....	31	Miscellaneous Therapeutic Agents.....	87
Antiplatelets.....	32	Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation.....	89
Antipsychotics - Drugs for Mood Disorders	33	Ophthalmic Agents - Drugs for Glaucoma.....	91
Antivirals.....	34	Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....	92
Anxiolytics - Drugs for Anxiety.....	37	Otic Agents - Drugs for Ear Conditions.....	93
Bipolar Agents - Drugs for Mood Disorders.....	38	Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold.....	93
Blood Products and Modifiers - Drugs for Blood Disorders.....	38	Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions.....	94
Cardiovascular Agents - Drugs for Heart and Circulation Conditions.....	39	Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.....	99
Central Nervous System Agents.....	46	Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....	100
Central Nervous System Agents - Drugs for Attention Deficit Disorder.....	46	Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	100
Central Nervous System Agents - Drugs for Multiple Sclerosis.....	48	Sleep Disorder Agents.....	101
Central Nervous System Agents - Miscellaneous.....	49	Index of Drugs.....	103
Dental and Oral Agents - Drugs for Mouth and Throat Conditions.....	50		
Dermatological Agents - Drugs for Skin Conditions.....	51		
Diabetes - Antidiabetic Agents.....	57		
Diabetes - Glucose Monitoring.....	59		
Diabetes - Glycemic Agents.....	60		
Diabetes - Insulins.....	60		

Drug Name	Drug Tier	Limits/ Required
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
acetaminophen-codeine solution 120-12 mg/5ml oral	1	QL
ALLZITAL	3	FE
APADAZ	3	FE; QL
ascomp-codeine	1	
bac	1	
BELBUCA	3	QL
BENZHYDROCODON E-ACETAMINOPHEN	3	FE; QL
BUPAP ORAL TABLET 50-300 MG	3	FE; BP
buprenorphine transdermal	1	QL
butalbital-acetaminophen capsule 50-300 mg oral	1	FE
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	3	FE
butalbital-acetaminophen oral tablet 50-300 mg	1	FE
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	

Drug Name	Drug Tier	Limits/ Required
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	FE
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine oral capsule	1	
butorphanol tartrate nasal	1	QL
BUTRANS	3	BP; QL
codeine sulfate oral tablet	1	QL
CONZIP	3	FE
DILAUDID ORAL	3	BP; QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
ESGIC ORAL CAPSULE	3	FE; BP
ESGIC ORAL TABLET	3	BP
fentanyl	1	QL
fentanyl citrate buccal lozenge on a handle	1	
FENTANYL CITRATE BUCCAL TABLET	3	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	
FIORICET ORAL CAPSULE	3	BP
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	BP

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
hydrocodone bitartrate er oral capsule extended release 12 hour	1	QL	METHADOSE ORAL CONCENTRATE 10 MG/ML	3	BP
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	QL	methadose oral tablet soluble	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL	METHADOSE SUGAR-FREE	3	BP
hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral	1	QL	morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	1	QL
hydrocodone-acetaminophen solution 5-217 mg/10ml oral	1	QL	morphine sulfate er beads	1	QL
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	1	QL	morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL	morphine sulfate er oral tablet extended release	1	QL
hydromorphone hcl er oral tablet extended release 24 hour	1	QL	morphine sulfate oral solution 20 mg/5ml	1	QL
hydromorphone hcl oral	1	QL	morphine sulfate solution 10 mg/5ml oral	1	QL
HYSINGLA ER	3	BP; QL	morphine sulfate tablet 15 mg oral	1	QL
levorphanol tartrate oral	1	QL	morphine sulfate tablet 30 mg oral	1	QL
meperidine hcl oral solution	1	QL	MS CONTIN ORAL TABLET EXTENDED RELEASE	3	BP; QL
meperidine hcl oral tablet 50 mg	1	QL	NALOCET	3	FE; QL
methadone hcl intensol	1		NUCYNTA	3	QL
methadone hcl oral	1		NUCYNTA ER	3	FE; QL
			OXAYDO ORAL TABLET	3	FE; QL

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	3	FE; QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral concentrate 100 mg/5ml	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone hcl solution 5 mg/5ml oral	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	FE; QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	FE; QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	QL
oxymorphone hcl	1	QL
oxymorphone hcl er	1	QL
pentazocine-naloxone hcl	1	QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	BP; QL

Drug Name	Drug Tier	Limits/ Required
PROLATE	3	FE; QL
QDOLO	3	FE; QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	BP; QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG	3	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG, 5 MG	3	FE; QL
SEGLENTIS	3	FE
SUBSYS SUBLINGUAL LIQUID 800 MCG	3	
TENCON ORAL TABLET 50-325 MG	3	FE
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	FE
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	
tramadol hcl er	1	
TRAMADOL HCL ORAL SOLUTION	3	FE; QL
tramadol hcl oral tablet 100 mg, 50 mg	1	QL
tramadol-acetaminophen	1	QL
XTAMPZA ER	3	FE; QL

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	3	BP
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	BP
aspirin 81 oral tablet delayed release	1	ACA; O
aspirin adult low dose	1	ACA; O
aspirin adult low strength oral tablet delayed release	1	ACA; O
aspirin childrens	1	ACA; O
aspirin ec low dose	1	ACA; O
aspirin ec low strength	1	ACA; O
aspirin low dose oral tablet delayed release	1	ACA; O
aspirin low dose tablet chewable 81 mg oral	1	ACA; O
aspirin oral tablet 325 mg	1	ACA; O
aspirin oral tablet chewable	1	ACA; O
aspirin oral tablet delayed release 325 mg, 81 mg	1	ACA; O
aspirin regimen	1	ACA; O
CELEBREX CAPSULE 400 MG ORAL	3	BP
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	3	BP
celecoxib oral	1	
DAYPRO	3	BP
DICLOFENAC PATCH EXTERNAL	3	FE; QL

Drug Name	Drug Tier	Limits/ Required
diclofenac potassium oral capsule	1	FE
diclofenac potassium oral tablet 25 mg	1	FE
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external solution 1.5 %	1	
diclofenac sodium external solution 2 %	1	QL
diclofenac sodium gel 1 % external (rx)	1	QL
diclofenac sodium oral	1	
diclofenac-misoprostol oral tablet delayed release	1	
diflunisal oral	1	
DUEXIS	3	FE; BP
EC-NAPROSYN	3	BP
ec-naproxen	1	
ELYXYB	3	FE
etodolac er	1	
etodolac oral	1	
FELDENE	3	BP
fenoprofen calcium oral	1	FE
FLECTOR EXTERNAL	3	FE; QL
flurbiprofen oral	1	
ft aspirin	1	ACA; O
ft aspirin low dose	1	ACA; O
ft enteric coated aspirin	1	ACA; O
genuine aspirin	1	ACA; O
goodsense aspirin adults	1	ACA; O

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
goodsense aspirin low dose	1	ACA; O
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine	1	FE
INDOCIN ORAL	3	FE
INDOCIN RECTAL	3	FE; BP
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin rectal suppository 50 mg	1	
ketoprofen er	1	FE
ketoprofen oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine injection solution 15 mg/ml	1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
ketorolac tromethamine oral	1	QL
ketorolac tromethamine solution 30 mg/ml injection	1	
LICART PATCH 24 HOUR 1.3 % EXTERNAL	3	FE
LODINE	3	BP
LOFENA	3	FE; BP
meclofenamate sodium oral	1	FE
mefenamic acid oral	1	

Drug Name	Drug Tier	Limits/ Required
meloxicam oral capsule	1	FE
meloxicam oral tablet	1	
mm aspirin oral tablet delayed release	1	ACA; O
nabumetone oral	1	
NALFON ORAL CAPSULE 400 MG	3	FE; BP
NALFON ORAL TABLET	3	FE; BP
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	3	FE; BP
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	BP
NAPROSYN ORAL SUSPENSION	3	FE; BP
NAPROSYN ORAL TABLET 500 MG	3	BP
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral suspension	1	FE
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	1	FE
naproxen sodium er oral tablet extended release 24 hour 750 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
naproxen-esomeprazole mg	1	FE
oxaprozin oral tablet	1	
PENNSAID SOLUTION 2 % EXTERNAL	3	FE; BP; QL
piroxicam oral	1	
RELAFEN DS TABLET 1000 MG ORAL	3	FE
SPRIX	3	FE
sulindac oral	1	
tolmetin sodium oral capsule	1	
tolmetin sodium oral tablet 600 mg	1	
VIMOVO	3	FE; BP
ZIPSOR	3	FE; BP
ZORVOLEX	3	FE
Anesthetics		
ethyl chloride	1	
GEBAUERS PAIN EASE	3	
GEBAUERS SPRAY AND STRETCH	3	
glydo external prefilled syringe	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal external prefilled syringe	1	
lidocaine ointment 5 % external	1	

Drug Name	Drug Tier	Limits/ Required
lidocaine-prilocaine external cream	1	
LIDOCAN	3	BP
LIDOCAN III	3	BP
LIDODERM	3	BP
PLIAGLIS EXTERNAL CREAM	3	FE
ZTLIDO	3	FE
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
APO-VARENICLINE	2	ACA; PV; QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
bupropion hcl er (smoking det)	1	ACA; PV; QL
disulfiram oral	1	
ft nicotine	1	ACA; O; QL
goodsense nicotine mouth/throat lozenge 4 mg	1	ACA; O; PV; QL
habitrol	1	ACA; O; PV; QL
KLOXXADO	3	FE; QL
LUCEMYRA	3	QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL
nicotine mini	1	ACA; O; PV; QL

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
nicotine polacrilex mini	1	ACA; O; PV; QL
nicotine polacrilex mouth/throat	1	ACA; O; PV; QL
nicotine step 1	1	ACA; O; PV; QL
nicotine step 2	1	ACA; O; PV; QL
nicotine step 3	1	ACA; O; PV; QL
nicotine transdermal kit	1	ACA; O; PV; QL
nicotine transdermal patch 24 hour 21 mg/24hr	1	ACA; O; PV; QL
NICOTROL	2	ACA; PV; QL
NICOTROL NS	2	ACA; PV; QL
OPVEE	3	FE; QL
SUBOXONE SUBLINGUAL FILM	3	BP; QL
varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral	1	ACA; QL
varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral	1	ACA; PV; QL
varenicline tartrate tablet 0.5 mg oral	1	ACA; QL
varenicline tartrate tablet 0.5 mg oral	1	ACA; PV; QL
varenicline tartrate tablet 1 mg oral	1	ACA; QL
varenicline tartrate tablet 1 mg oral	1	ACA; PV; QL

Drug Name	Drug Tier	Limits/ Required
varenicline tartrate(continue)	1	ACA; PV; QL
ZIMHI	3	FE
ZUBSOLV	3	QL
Antibacterials		
AEMCOLO	3	FE; QL
ALTABAX	3	FE
amoxicillin capsule 500 mg oral	1	
amoxicillin oral capsule 250 mg	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate er	1	
amoxicillin-potassium clavulanate oral	1	
ampicillin oral capsule 500 mg	1	
ARIKAYCE	4	SP; FE
AUGMENTIN ES-600	3	BP
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
AUGMENTIN ORAL TABLET 500-125 MG	3	BP
avidoxy	1	
azithromycin oral packet	1	

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 500 mg, 600 mg	1	
azithromycin tablet 250 mg oral	1	
BACTRIM	3	BP
BACTRIM DS	3	BP
BAXDELA ORAL	3	PA
benzalkonium chloride external solution , 50 %	1	
cefaclor er	1	
cefaclor oral capsule	1	
cefaclor oral suspension reconstituted 250 mg/5ml	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefpodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil oral tablet	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	1	FE
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	1	

Drug Name	Drug Tier	Limits/ Required
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	BP
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN ORAL	3	BP
CLEOCIN VAGINAL CREAM	3	BP
CLEOCIN VAGINAL SUPPOSITORY	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
demeclocycline hcl oral	1	
dicloxacillin sodium	1	
DIFICID	3	ST; QL
DORYX MPC	3	FE
DORYX ORAL TABLET DELAYED RELEASE 50 MG	3	BP
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet 50 mg	1	FE

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
doxycycline hyclate oral tablet delayed release 100 mg, 200 mg, 50 mg	1	
doxycycline hyclate oral tablet delayed release 150 mg, 75 mg	1	FE
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	FE
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	1	FE
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
E.E.S. 400 ORAL TABLET	2	
E.E.S. GRANULES	3	BP
ERYPED 200	3	BP
ERYPED 400	3	BP
ERY-TAB	3	BP
ERYTHROCIN STEARATE ORAL TABLET 250 MG	2	
erythromycin base oral	1	
erythromycin ethylsuccinate oral	1	
erythromycin oral	1	
FIRVANQ	3	BP

Drug Name	Drug Tier	Limits/ Required
FLAGYL ORAL CAPSULE	3	FE; BP
fosfomycin tromethamine	1	
gentamicin sulfate external	1	
HIPREX	3	BP
hydrogen peroxide solution 30 %	1	
levofloxacin oral	1	
LIKMEZ	3	FE
linezolid oral suspension reconstituted	1	PA
linezolid tablet 600 mg oral	1	PA
MACROBID	3	BP
MACRODANTIN	3	BP
mafenide acetate external	1	
methenamine hippurate	1	
metronidazole oral capsule	1	FE
metronidazole oral tablet	1	
metronidazole vaginal	1	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	FE
minocycline hcl er oral tablet extended release 24 hour	1	FE
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	1	FE

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
MINOLIRA	3	FE
mondoxyne nl oral capsule 100 mg	1	
moxifloxacin hcl oral	1	
mupirocin calcium	1	FE
mupirocin external	1	
neomycin sulfate oral	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	1	FE
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	3	FE
NUVESSA	3	FE
NUZYRA ORAL TABLET 150 MG	3	FE; QL
ofloxacin oral tablet 300 mg, 400 mg	1	
penicillin v potassium	1	
SEYSARA	3	FE
SILVADENE	3	BP
silver sulfadiazine external	1	
SIVEXTRO ORAL	3	PA; FE
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	FE; BP
SOLOSEC	3	FE; QL
ssd	1	
sulfadiazine oral	1	

Drug Name	Drug Tier	Limits/ Required
sulfamethoxazole-trimethoprim oral tablet	1	
sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral	1	
SULFAMYLON EXTERNAL CREAM	3	FE
SULFAMYLON EXTERNAL PACKET	3	BP
sulfatrim pediatric	1	
TARGADOX	3	FE; BP
tetracycline hcl oral	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOCIN	3	BP
vancomycin hcl oral	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE	3	BP
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	BP
XACIATO	3	
XEPI	3	
XIFAXAN ORAL TABLET 200 MG	3	FE; QL
XIFAXAN ORAL TABLET 550 MG	2	
XIMINO	3	FE
ZITHROMAX ORAL PACKET	3	BP
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	BP

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
ZITHROMAX ORAL TABLET 500 MG	3	BP
ZITHROMAX TABLET 250 MG ORAL	3	BP
ZITHROMAX TRI-PAK	3	BP
ZITHROMAX Z-PAK	3	BP
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	PA; BP
ZYVOX TABLET 600 MG ORAL	3	PA; BP
Anticoagulants		
ARIXTRA	3	PV; BP
dabigatran etexilate mesylate	1	PV; FE
ELIQUIS	2	PV
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	PV
enoxaparin sodium injection solution 300 mg/3ml	1	PV
enoxaparin sodium injection solution prefilled syringe	1	PV
fondaparinux sodium	1	PV
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	2	PV
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PV

Drug Name	Drug Tier	Limits/ Required
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	PV
heparin sodium (porcine) injection solution prefilled syringe	1	PV
heparin sodium (porcine) pf	1	PV
jantoven	1	PV
LOVENOX INJECTION	3	PV; BP
PRADAXA	3	PV; FE
SAVAYSA	3	PV; FE
warfarin sodium oral	1	PV
XARELTO	2	PV
XARELTO STARTER PACK	2	PV
Anticonvulsants - Drugs for Seizures		
APTIOM	3	FE
BANZEL	3	BP
BRIVIACT ORAL	3	
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	3	BP
CELONTIN	3	BP
clobazam	1	
DEPAKOTE	3	BP
DEPAKOTE ER	3	BP
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	BP
DIACOMIT	4	PA; SP

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
DIASTAT ACUDIAL	3	BP; QL
diazepam rectal	1	QL
DILANTIN INFATABS	3	BP
DILANTIN ORAL CAPSULE 100 MG	3	BP
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN ORAL SUSPENSION	3	BP
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral capsule delayed release sprinkle	1	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	3	FE
EPIDIOLEX	4	PA; SP
epitol	1	
EPRONTIA	2	
ethosuximide oral	1	
felbamate	1	
FELBATOL ORAL TABLET	3	BP
FINTEPLA	4	PA; SP; QL
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral solution 300 mg/6ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
gabapentin solution 250 mg/5ml oral	1	
KEPPRA ORAL	3	BP

Drug Name	Drug Tier	Limits/ Required
KEPPRA XR	3	BP
lacosamide oral	1	
LAMICTAL ODT	3	BP
LAMICTAL ORAL TABLET	3	BP
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	BP
LAMICTAL STARTER	3	BP
LAMICTAL XR ORAL KIT	2	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	BP
lamotrigine er	1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral tablet	1	
levetiracetam solution 100 mg/ml oral	1	
methsuximide	1	
MYSOLINE	3	BP

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
NAYZILAM	2	AL; QL
NEURONTIN	3	BP
ONFI ORAL SUSPENSION	3	BP
ONFI ORAL TABLET 10 MG, 20 MG	3	BP
oxcarbazepine	1	
OXTELLAR XR	3	
phenobarbital oral elixir	1	
phenobarbital oral tablet	1	
phenytek	1	
phenytoin infatabs	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
primidone oral	1	
QUDEXY XR	3	BP
roweepra oral tablet 500 mg	1	
rufinamide	1	
SABRIL	4	SP; BP
SPRITAM	3	FE
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
SYMPAZAN	3	FE

Drug Name	Drug Tier	Limits/ Required
TEGRETOL ORAL SUSPENSION	3	BP
TEGRETOL ORAL TABLET	3	BP
TEGRETOL-XR	3	BP
tiagabine hcl	1	
TOPAMAX	3	BP
TOPAMAX SPRINKLE	3	BP
topiramate er	1	
topiramate oral	1	
TRILEPTAL	3	BP
TROKENDI XR	3	BP
valproic acid oral capsule	1	
valproic acid solution 250 mg/5ml oral	1	
VALTOCO	2	AL; QL
vigabatrin	4	SP
vigadrone	4	SP
vigpoder	4	SP
VIMPAT ORAL	3	BP
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	QL
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG, 150 & 200 MG	2	QL
ZARONTIN	3	BP
ZONEGRAN	3	BP
ZONISADE	3	FE
zonisamide oral	1	

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
ZTALMY	4	PA; SP; QL
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ADLARITY	3	FE; QL
ARICEPT	3	BP
donepezil hcl	1	
EXELON TRANSDERMAL	3	BP
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
memantine hcl er	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET	3	BP
NAMENDA TITRATION PAK	3	BP
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG	3	BP
NAMZARIC	3	
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants		
amitriptyline hcl oral	1	
amoxapine	1	
ANAFRANIL	3	BP

Drug Name	Drug Tier	Limits/ Required
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL	3	PV; FE
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL	3	PV; FE
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL	3	PV; FE
AUVELITY	3	FE; QL
bupropion hcl er (sr)	1	PV
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	PV
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	PV; FE
bupropion hcl oral	1	PV
CELEXA ORAL TABLET	3	PV; BP; QL
chlordiazepoxide-amitriptyline	1	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	3	PV; FE; QL
citalopram hydrobromide oral solution	1	PV; QL
citalopram hydrobromide oral tablet	1	PV; QL
clomipramine hcl oral	1	
CYMBALTA	3	PV; BP

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
desipramine hcl oral	1	
DESVENLAFAXINE ER	3	ST; PV; FE
desvenlafaxine succinate er	1	PV
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral	1	PV
EFFEXOR XR	3	PV; BP
EMSAM	3	FE
escitalopram oxalate oral	1	PV
FETZIMA	3	ST; PV; FE
FETZIMA TITRATION	3	ST; PV; FE
fluoxetine hcl (pmdd) oral tablet	1	FE
fluoxetine hcl oral capsule	1	PV
fluoxetine hcl oral capsule delayed release	1	PV
fluoxetine hcl oral solution	1	PV
fluoxetine hcl oral tablet 10 mg	1	PV; QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	PV; FE
fluvoxamine maleate	1	PV
fluvoxamine maleate er	1	PV
FORFIVO XL	3	PV; FE
imipramine hcl oral	1	
imipramine pamoate	1	

Drug Name	Drug Tier	Limits/ Required
LEXAPRO ORAL TABLET	3	PV; BP
LYBALVI	3	ST; FE; QL
MARPLAN	3	
mirtazapine oral	1	PV
NARDIL	3	BP
nefazodone hcl	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	BP
nortriptyline hcl oral	1	
olanzapine-fluoxetine hcl	1	PV
PAMELOR ORAL CAPSULE	3	BP
PARNATE	3	BP
paroxetine hcl er	1	PV; QL
paroxetine hcl oral suspension	1	PV; FE; QL
paroxetine hcl oral tablet	1	PV; QL
paroxetine mesylate	1	ST; QL
PAXIL CR	3	PV; BP; QL
PAXIL ORAL SUSPENSION	3	PV; FE; BP; QL
PAXIL ORAL TABLET	3	PV; BP; QL
perphenazine-amitriptyline	1	
phenelzine sulfate oral	1	
PRISTIQ	3	PV; BP
protriptyline hcl	1	
PROZAC ORAL CAPSULE	3	PV; BP

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
REMERON ORAL TABLET 15 MG, 30 MG	3	PV; BP
REMERON SOLTAB	3	PV; BP
SERTRALINE HCL ORAL CAPSULE	3	PV; FE
sertraline hcl oral concentrate	1	PV
sertraline hcl tablet 100 mg oral	1	
sertraline hcl tablet 100 mg oral	1	PV
sertraline hcl tablet 25 mg oral	1	
sertraline hcl tablet 25 mg oral	1	PV
sertraline hcl tablet 50 mg oral	1	
sertraline hcl tablet 50 mg oral	1	PV
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	PV; BP
tranylcypromine sulfate	1	
trazodone hcl oral	1	
trimipramine maleate oral	1	
TRINTELLIX ORAL TABLET 10 MG	2	ST; QL
TRINTELLIX TABLET 20 MG ORAL	2	ST; QL
TRINTELLIX TABLET 5 MG ORAL	2	ST; QL
VENLAFAXINE BESYLATE ER	3	PV; FE
venlafaxine hcl	1	PV

Drug Name	Drug Tier	Limits/ Required
venlafaxine hcl er oral capsule extended release 24 hour	1	PV
venlafaxine hcl er oral tablet extended release 24 hour	1	PV; FE
VIIBRYD ORAL TABLET	3	ST; BP; QL
vilazodone hcl	1	ST; QL
WELLBUTRIN SR	3	PV; BP
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	PV; BP
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	PV; BP
ZOLOFT	3	PV; BP
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL	3	QL
ANTIVERT ORAL TABLET 50 MG	3	BP
ANTIVERT ORAL TABLET CHEWABLE	3	BP
ANZEMET ORAL TABLET 50 MG	3	QL
aprepitant	1	QL
compro	1	PV
dronabinol	1	
EMEND ORAL CAPSULE 80 MG	3	BP; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
EMEND TRI-PACK	3	BP; QL
GIMOTI	3	FE
granisetron hcl oral	1	QL
MARINOL ORAL CAPSULE 2.5 MG	3	BP
meclizine hcl oral tablet 12.5 mg, 50 mg	1	
meclizine hcl tablet 25 mg oral (rx)	1	
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible 5 mg	1	
metoclopramide hcl solution 10 mg/10ml oral	1	
ondansetron hcl oral tablet 24 mg	1	FE
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron hcl solution 4 mg/5ml oral	1	
ondansetron odt	1	
perphenazine oral	1	PV
prochlorperazine maleate tablet 10 mg oral	1	PV
prochlorperazine maleate tablet 5 mg oral	1	PV
prochlorperazine suppository 25 mg rectal	1	PV
promethazine hcl oral	1	

Drug Name	Drug Tier	Limits/ Required
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethegan	1	
REGLAN ORAL	3	BP
SANCUSO	3	FE; QL
scopolamine	1	
SYNDROS	3	FE
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	3	BP
trimethobenzamide hcl oral	1	
VARUBI (180 MG DOSE)	3	FE; QL
Antifungals		
ANCOBON	3	BP
BREXAFEMME	3	FE; QL
ciclofanol external solution	1	
ciclopirox external	1	
CICLOPIROX OLAMINE	2	
ciclopirox olamine external	1	
clotrimazole cream 1 % external (rx)	1	
CLOTRIMAZOLE POWDER	2	
clotrimazole solution 1 % external (rx)	1	
clotrimazole troche 10 mg mouth/throat	1	
clotrimazole-betamethasone	1	
CRESEMBA ORAL	3	

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	BP
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	BP
econazole nitrate external	1	
ECOZA	3	FE
ERTACZO	3	FE
EXELDERM	3	FE
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
itraconazole solution 10 mg/ml oral	1	QL
JUBLIA	3	FE
KERYDIN	3	FE; BP
ketoconazole external cream	1	
ketoconazole external foam	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral	1	
ketodan external foam	1	
LULICONAZOLE	3	FE
LUZU	3	FE
miconazole 3 vaginal suppository	1	

Drug Name	Drug Tier	Limits/ Required
MICONAZOLE-ZINC OXIDE-PETROLAT	3	FE
naftifine hcl external cream	1	FE
naftifine hcl external gel 2 %	1	
NAFTIN EXTERNAL GEL 1 %	3	FE
NAFTIN EXTERNAL GEL 2 %	3	FE; BP
NOXAFIL ORAL PACKET	3	
NOXAFIL ORAL SUSPENSION	3	BP
NOXAFIL ORAL TABLET DELAYED RELEASE	3	BP
nyamyc	1	
nystatin external	1	
nystatin oral tablet	1	
nystatin suspension 100000 unit/ml mouth/throat	1	
nystatin-triamcinolone	1	
nystop	1	
ORAVIG	3	FE
oxiconazole nitrate	1	
OXISTAT EXTERNAL CREAM	3	BP
OXISTAT EXTERNAL LOTION	3	FE
posaconazole oral	1	
SPORANOX	3	BP; QL
SULCONAZOLE NITRATE	3	FE
tavaborole	1	FE

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
terbinafine hcl oral	1	
terconazole	1	QL
TOLNAFTATE	2	
TOLSURA	3	FE
VFEND	3	BP
VIVJOA	3	ST; QL
voriconazole oral	1	
VUSION	3	FE
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	3	FE
colchicine oral capsule	1	ST
colchicine oral tablet	1	
colchicine-probenecid	1	
COLCRYS	3	BP
febuxostat	1	ST
MITIGARE	3	ST; BP
probenecid oral	1	
ULORIC	3	ST; BP
Antimigraine Agents		
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	2	ST; QL
AIMOVIG	2	ST; QL
AJOVY SOLUTION AUTO-INJECTOR 225 MG/1.5ML SUBCUTANEOUS	3	ST; FE; QL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	ST; FE; QL

Drug Name	Drug Tier	Limits/ Required
almotriptan malate	1	FE; QL
CAMBIA	3	FE; BP
diclofenac potassium(migraine)	1	
dihydroergotamine mesylate injection	1	QL
dihydroergotamine mesylate nasal	1	QL
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO- INJECTOR 120 MG/ML	2	ST; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	2	ST; QL
ERGOMAR	2	
ergotamine-caffeine	1	
FROVA	3	BP; QL
frovatriptan succinate	1	QL
IMITREX NASAL	3	BP; QL
IMITREX ORAL	3	BP; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	BP; QL

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	BP; QL
MAXALT ORAL TABLET 10 MG	3	BP; QL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	BP; QL
MIGERGOT	2	
MIGRANAL	3	BP; QL
naratriptan hcl	1	QL
NURTEC	3	FE; QL
ONZETRA XSAIL	3	FE
QULIPTA	2	ST; QL
RELPAX	3	BP; QL
REYVOW	3	ST; QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	QL
sumatriptan-naproxen sodium	1	FE
TOSYMRA	3	FE; QL

Drug Name	Drug Tier	Limits/ Required
TREXIMET ORAL TABLET 85-500 MG	3	FE; BP
TRUDHESA	3	FE; QL
UBRELVY TABLET 100 MG ORAL	2	PA; QL
UBRELVY TABLET 50 MG ORAL	2	PA; QL
ZAVZPRET SOLUTION 10 MG/ACT NASAL	3	PA; FE; QL
ZEMBRACE SYMTOUCH	3	FE; QL
zolmitriptan nasal solution 5 mg	1	FE; QL
zolmitriptan oral	1	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	FE; QL
ZOMIG NASAL SOLUTION 5 MG	3	FE; BP; QL
ZOMIG ORAL	3	BP; QL
Antimyasthenic Agents		
MESTINON ORAL SOLUTION	3	BP
MESTINON ORAL TABLET	3	BP
MESTINON ORAL TABLET EXTENDED RELEASE	3	BP
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet	1	
Antimycobacterials		
cycloserine oral	1	

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
MYAMBUTOL ORAL TABLET 400 MG	3	BP
MYCOBUTIN	3	BP; QL
PRETOMANID	2	
PRIFTIN	2	
pyrazinamide oral	1	
rifabutin	1	QL
rifampin oral	1	
SIRTURO	3	
TRECTOR	2	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	14	PA; MB; SP
AFINITOR	14	PA; MB; SP; BP
AFINITOR DISPERZ	14	PA; MB; SP; BP
ALECENSA	14	PA; MB; SP; QL
ALUNBRIG ORAL TABLET	14	PA; MB; SP; QL
ALUNBRIG ORAL TABLET THERAPY PACK	14	PA; MB; SP
anastrozole oral	1	ACA; PV
ARIMIDEX	3	PV; BP
AROMASIN	3	PV; BP
AYVAKIT	14	PA; MB; SP; QL
BALVERSA	14	PA; MB; SP; QL

Drug Name	Drug Tier	Limits/ Required
BESREMI	14	PA; MB; SP; QL
bexarotene external	4	SP
bexarotene oral	14	PA; MB; SP
bicalutamide	14	PA; MB; SP
BOSULIF ORAL TABLET	14	PA; MB; SP
BRAFTOVI ORAL CAPSULE 75 MG	14	PA; MB; SP; QL
BRUKINSA	14	PA; MB; SP; QL
CABOMETYX	14	PA; MB; SP
CALQUENCE ORAL TABLET	14	PA; MB; SP; QL
capecitabine	14	PA; MB; SP
CAPRELSA	14	PA; MB; SP
CASODEX	14	PA; MB; SP; BP
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG	14	PA; MB; SP
COPIKTRA	14	PA; MB; SP; QL
COTELLIC	14	PA; MB; SP
cyclophosphamide oral capsule	14	PA; MB
DROXIA	2	
EMCYT	14	PA; MB; SP
ERIVEDGE	14	PA; MB; SP

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ERLEADA ORAL TABLET 240 MG	14	PA; MB; QL	IBRANCE	14	PA; MB; SP
ERLEADA ORAL TABLET 60 MG	14	PA; MB; SP; QL	ICLUSIG	14	PA; MB; SP
erlotinib hcl	14	PA; MB; SP	IDHIFA	14	PA; MB; SP; QL
etoposide oral	14	PA; MB; SP	imatinib mesylate	14	PA; MB; SP
EULEXIN	14	PA; MB; SP	IMBRUVICA ORAL CAPSULE	4	PA; SP; QL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	14	PA; MB; SP	IMBRUVICA ORAL SUSPENSION	4	PA; SP; QL
everolimus oral tablet soluble	14	PA; MB; SP	IMBRUVICA ORAL TABLET 140 MG, 280 MG	4	PA; SP; FE; QL
exemestane	1	ACA; PV	IMBRUVICA ORAL TABLET 420 MG	4	PA; SP; QL
EXKIVITY	14	PA; MB; SP; QL	INLYTA	14	PA; MB; SP
FARESTON	3	PV; BP	INQOVI	14	PA; MB; SP; QL
FEMARA	3	PV; BP	INREBIC	14	PA; MB; SP; QL
FOTIVDA	14	PA; MB; SP; QL	IRESSA	14	PA; MB; SP; BP
GAVRETO	14	PA; MB; SP; QL	JAKAFI	4	PA; SP
gefitinib	14	PA; MB; SP	JAYPIRCA	14	PA; MB; SP; QL
GILOTRIF	14	PA; MB; SP	KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
GLEEVEC	14	PA; MB; SP; BP	KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	14	PA; MB; SP			
HYCAMTIN ORAL	14	PA; MB; SP			
HYDREA	3	BP			
hydroxyurea oral	1				

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP	LYNPARZA ORAL TABLET	14	PA; MB; SP
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL	LYSODREN	14	PA; MB; SP
KISQALI FEMARA	14	PA; MB; SP; QL	LYTGOBI (12 MG DAILY DOSE)	14	PA; MB; SP; QL
KISQALI ORAL TABLET THERAPY PACK 200 MG	14	PA; MB; SP; QL	LYTGOBI (16 MG DAILY DOSE)	14	PA; MB; SP; QL
KOSELUGO	4	PA; SP; QL	LYTGOBI (20 MG DAILY DOSE)	14	PA; MB; SP; QL
KRAZATI	14	PA; MB; SP; QL	MATULANE	14	PA; MB; SP
lapatinib ditosylate	14	PA; MB; SP	MEKINIST ORAL TABLET	14	PA; MB; SP
lenalidomide	14	PA; MB; SP	MEKTOVI	14	PA; MB; SP; QL
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	14	PA; MB; SP	melphalan	14	PA; MB; SP
letrozole oral	1	PV	mercaptapurine oral	1	
leucovorin calcium oral	1		MESNEX ORAL	4	SP
LEUKERAN	14	PA; MB; SP	MYLERAN	14	PA; MB; SP
LONSURF	14	PA; MB; SP	NERLYNX	14	PA; MB; SP; QL
LUMAKRAS ORAL TABLET 120 MG	14	PA; MB; SP; QL	NEXAVAR	14	PA; MB; SP; BP
LUMAKRAS ORAL TABLET 320 MG	14	PA; MB; QL	NILANDRON	14	PA; MB; SP; BP
			nilutamide	14	PA; MB; SP
			NINLARO	14	PA; MB; SP
			NUBEQA	14	PA; MB; SP; QL
			ODOMZO	14	PA; MB; SP

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
OJJAARA	14	PA; MB; SP; QL
ONUREG	14	PA; MB; SP; QL
ORGOVYX	14	PA; MB; SP; QL
ORSERDU	14	PA; MB; SP; QL
PANRETIN	4	SP
pazopanib hcl	14	PA; MB; SP
PEMAZYRE	14	PA; MB; SP; QL
PIQRAY	14	PA; MB; SP; QL
POMALYST	14	PA; MB; SP
PURIXAN	3	
QINLOCK	14	PA; MB; SP; QL
RETEVMO	14	PA; MB; SP; QL
REVLIMID	14	PA; MB; SP
REZLIDHIA	14	PA; MB; SP; QL
ROZLYTREK ORAL CAPSULE	14	PA; MB; SP; QL
RUBRACA	14	PA; MB; SP; QL
RYDAPT	14	PA; MB; SP; QL
SCEMBLIX	14	PA; MB; SP; QL
SIKLOS	3	FE
SOLTAMOX	3	ACA; PV

Drug Name	Drug Tier	Limits/ Required
sorafenib tosylate	14	PA; MB; SP
SPRYCEL	14	PA; MB; SP
STIVARGA	14	PA; MB; SP
sunitinib malate	14	PA; MB; SP
SUTENT	14	PA; MB; SP; BP
TABLOID	14	PA; MB; SP
TABRECTA	14	PA; MB; SP; QL
TAFINLAR ORAL CAPSULE	14	PA; MB; SP
TAGRISSE	14	PA; MB; SP; QL
TALZENNA	14	PA; MB; SP; QL
tamoxifen citrate oral	1	ACA; PV
TARCEVA	14	PA; MB; SP; BP
TARGRETIN EXTERNAL	4	SP; BP
TARGRETIN ORAL	14	PA; MB; SP; BP
TASIGNA	14	PA; MB; SP
TAZVERIK	14	PA; MB; SP; QL
temozolomide	14	PA; MB; SP
TEPMETKO	14	PA; MB; SP; QL
THALOMID	14	PA; MB; SP

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
TIBSOVO	14	PA; MB; SP; QL	XPOVIO (100 MG ONCE WEEKLY)	14	PA; MB; SP
toremifene citrate	1	PV	ORAL TABLET THERAPY PACK 50 MG		
tretinoin oral	14	PA; MB; SP	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
TUKYSA	14	PA; MB; SP; QL	XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
TURALIO ORAL CAPSULE 125 MG	14	PA; MB; SP; QL	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	14	PA; MB; SP
TYKERB	14	PA; MB; SP; BP	XPOVIO (60 MG TWICE WEEKLY)	14	PA; MB; SP
VALCHLOR	14	PA; MB; SP	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
VANFLYTA	14	PA; MB; SP; QL	XPOVIO (80 MG TWICE WEEKLY)	14	PA; MB; SP
VENCLEXTA	14	PA; MB; SP	XTANDI	14	PA; MB; SP
VENCLEXTA STARTING PACK	14	PA; MB; SP	YONSA	14	PA; MB; SP; QL
VERZENIO	14	PA; MB; SP; QL	ZEJULA ORAL TABLET	14	PA; MB; SP
VIJOICE	4	PA; SP; QL	ZELBORAF	14	PA; MB; SP
VIZIMPRO	14	PA; MB; SP; QL	ZOLINZA	14	PA; MB; SP
VONJO	14	PA; MB; SP; QL	ZYDELIG	14	PA; MB; SP
VOTRIENT	14	PA; MB; SP; BP			
WELIREG	14	PA; MB; SP; QL			
XALKORI ORAL CAPSULE	14	PA; MB; SP			
XALKORI ORAL CAPSULE SPRINKLE	14	PA; MB			
XELODA	14	PA; MB; SP; BP			

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
ZYKADIA ORAL TABLET	14	PA; MB; SP
ZYTIGA	14	PA; MB; SP; BP
Antiparasitics		
albendazole oral	1	
ALINIA ORAL SUSPENSION RECONSTITUTED	2	
ALINIA ORAL TABLET	3	BP
ARAKODA	3	FE
atovaquone oral	1	
atovaquone-proguanil hcl	1	
BENZNIDAZOLE	3	QL
BILTRICIDE	3	BP
chloroquine phosphate oral	1	
COARTEM	3	
CROTAN	2	
DARAPRIM	4	PA; SP; BP
EMVERM	3	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	
ivermectin oral	1	QL
KRINTAFEL	2	QL
LAMPIT	3	QL
MALARONE	3	BP
malathion external	1	
mefloquine hcl	1	
MEPRON	3	BP
NATROBA	3	BP
NEBUPENT	3	BP

Drug Name	Drug Tier	Limits/ Required
nitazoxanide oral	1	
OVIDE	3	BP
pentamidine isethionate inhalation	1	
permethrin external cream	1	
PLAQUENIL TABLET 200 MG ORAL	3	BP
praziquantel oral	1	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral	4	PA; SP
QUALAQUIN	3	BP
quinine sulfate oral	1	
spinosad	1	
STROMECTOL	3	BP; QL
sulfurated lime	1	
Antiparkinson Agents		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
amantadine hcl solution 50 mg/5ml oral	1	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	4	SP; BP
apomorphine hcl subcutaneous	4	SP
AZILECT	3	BP
benztropine mesylate oral	1	
bromocriptine mesylate oral	1	

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
carbidopa oral	1	
carbidopa-levodopa	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
COMTAN	3	BP
DHIVY ORAL TABLET 25-100 MG	3	FE
entacapone	1	
GOCOVRI	4	SP; FE
INBRIJA	4	SP; FE
LODOSYN	3	BP
MIRAPEX ER	3	FE; BP
NEUPRO	3	
NOURIANZ	3	FE; QL
ONGENTYS	2	QL
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	3	FE
PARLODEL	3	BP
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	1	FE
rasagiline mesylate oral	1	
ropinirole hcl	1	
ropinirole hcl er	1	

Drug Name	Drug Tier	Limits/ Required
RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL	3	ST
RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL	3	ST
RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL	3	ST
RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL	3	ST
selegiline hcl oral	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	BP
STALEVO 100	3	BP
STALEVO 125	3	BP
STALEVO 150	3	BP
STALEVO 200	3	BP
STALEVO 50	3	BP
STALEVO 75	3	BP
TASMAR ORAL TABLET 100 MG	3	FE; BP
tolcapone	1	FE
trihexyphenidyl hcl	1	
XADAGO	3	FE; QL
ZELAPAR	3	FE
Antiplatelets		
aspirin-dipyridamole er	1	PV
BRILINTA ORAL TABLET 60 MG	2	PV
BRILINTA TABLET 90 MG ORAL	2	PV
CABLIVI	4	PA; SP; QL

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
cilostazol	1	PV
clopidogrel bisulfate oral	1	PV
dipyridamole oral	1	PV
EFFIENT	3	PV; BP
PLAVIX ORAL TABLET 75 MG	3	PV; BP
prasugrel hcl	1	PV
YOSPRALA	3	PV; FE
ZONTIVITY	2	PV
Antipsychotics - Drugs for Mood Disorders		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	3	PV; FE; QL
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	3	PV; FE; QL
ABILIFY ORAL TABLET	3	PV; BP; QL
ADASUVE	3	PV
aripiprazole oral solution	1	PV
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 5 mg	1	PV; QL
aripiprazole oral tablet dispersible	1	PV; QL
aripiprazole tablet 30 mg oral	1	PV; QL
asenapine maleate	1	ST; PV; FE; QL
CAPLYTA	3	ST; PV; FE; QL

Drug Name	Drug Tier	Limits/ Required
chlorpromazine hcl oral	1	PV
clozapine oral tablet	1	PV
clozapine oral tablet dispersible 12.5 mg, 25 mg	1	PV
clozapine tablet dispersible 100 mg oral	1	PV
clozapine tablet dispersible 150 mg oral	1	PV
clozapine tablet dispersible 200 mg oral	1	PV
CLOZARIL	3	PV; BP
FANAPT	3	ST; PV; FE; QL
FANAPT TITRATION PACK	3	ST; PV; FE; QL
fluphenazine hcl oral	1	PV
GEODON ORAL	3	PV; BP
haloperidol lactate concentrate 2 mg/ml oral	1	PV
haloperidol oral	1	PV
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG	3	PV; BP
LATUDA	3	ST; PV; BP; QL
loxapine succinate oral	1	PV
lurasidone hcl	1	ST; PV; QL
molindone hcl	1	PV
NUPLAZID ORAL CAPSULE	2	ST; PV; QL
NUPLAZID ORAL TABLET 10 MG	2	ST; PV; QL

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
olanzapine oral	1	PV
paliperidone er	1	PV
pimozide	1	
quetiapine fumarate er	1	PV; QL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	PV; QL
quetiapine fumarate oral tablet 150 mg	1	PV
REXULTI	3	ST; PV; FE; QL
RISPERDAL ORAL SOLUTION	3	PV; BP
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PV; BP
risperidone oral solution	1	PV
risperidone oral tablet 0.25 mg	1	PV
risperidone oral tablet dispersible	1	PV
risperidone tablet 0.5 mg oral	1	PV
risperidone tablet 1 mg oral	1	PV
risperidone tablet 2 mg oral	1	PV
risperidone tablet 3 mg oral	1	PV
risperidone tablet 4 mg oral	1	PV
RYKINDO	14	MB; PV; QL
SAPHRIS	3	ST; PV; FE; BP; QL

Drug Name	Drug Tier	Limits/ Required
SECUADO	3	ST; PV; FE; QL
SEROQUEL	3	PV; BP; QL
SEROQUEL XR	3	PV; BP; QL
thioridazine hcl oral	1	PV
thiothixene oral	1	PV
trifluoperazine hcl oral	1	PV
VERSACLOZ	3	PV
VRAYLAR	2	ST; PV; QL
ziprasidone hcl	1	PV
ZYPREXA ORAL	3	PV; BP
ZYPREXA ZYDIS	3	PV; BP
Antivirals		
abacavir sulfate	1	PV; QL
abacavir sulfate-lamivudine	1	PV; QL
acyclovir external cream	1	FE
acyclovir external ointment	1	
acyclovir oral	1	
adefovir dipivoxil	1	
APTIVUS ORAL CAPSULE	2	PV; QL
atazanavir sulfate	1	PV; QL
BARACLUDE ORAL SOLUTION	3	
BARACLUDE ORAL TABLET	3	BP
BIKTARVY	2	PV; QL
CIMDUO	2	PV; QL

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
COMBIVIR	3	PV; BP; QL
COMPLERA	2	PV; QL
darunavir	1	PV; QL
DELSTRIGO	2	PV; QL
DENA VIR	3	FE; BP
DESCOVY	2	PV; QL
DOVATO	2	PV; QL
EDURANT	2	PV; QL
efavirenz oral tablet	1	PV; QL
efavirenz-emtricitab-tenofo df	1	PV; QL
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg	1	PV
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	1	PV; QL
emtricitabine	1	PV; QL
emtricitabine-tenofovir df	1	PV; QL
EMTRIVA ORAL CAPSULE	3	PV; BP; QL
EMTRIVA ORAL SOLUTION	2	PV; QL
entecavir	1	
EPCLUSA	4	PA; SP; QL
EPIVIR	3	PV; BP; QL
EPZICOM	3	PV; BP; QL
etravirine	1	PV; QL
EVOTAZ	2	PV; QL
famciclovir oral	1	QL

Drug Name	Drug Tier	Limits/ Required
fosamprenavir calcium	1	PV; QL
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PV; QL
GENVOYA	2	PV; QL
HARVONI	4	PA; SP; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3	PV; BP; QL
INTELENCE ORAL TABLET 25 MG	2	PV; QL
ISENTRESS HD	2	PV; QL
ISENTRESS ORAL PACKET	2	PV
ISENTRESS ORAL TABLET	2	PV; QL
ISENTRESS ORAL TABLET CHEWABLE	2	PV; QL
JULUCA	2	PV; QL
KALETRA ORAL SOLUTION	3	PV; BP; QL
KALETRA ORAL TABLET	3	PV; BP; QL
lamivudine oral solution	1	PV; QL
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg, 300 mg	1	PV; QL
lamivudine-zidovudine	1	PV; QL
LEDIPASVIR-SOFOSBUVIR	4	PA; SP; QL
LEXIVA ORAL SUSPENSION	2	PV; QL
LEXIVA ORAL TABLET	3	PV; BP; QL

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
LIVTENCITY	2	QL
lopinavir-ritonavir	1	PV; QL
maraviroc	1	PV; QL
MAVYRET	4	PA; SP; QL
nevirapine	1	PV; QL
nevirapine er oral tablet extended release 24 hour 400 mg	1	PV; QL
NORVIR ORAL PACKET	2	PV
NORVIR ORAL TABLET	3	PV; BP; QL
ODEFSEY	2	PV; QL
oseltamivir phosphate oral	1	QL
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	SP
penciclovir	1	FE
PIFELTRO	2	PV; QL
PREVYMIS ORAL	4	SP; QL
PREZCOBIX	2	PV; QL
PREZISTA ORAL SUSPENSION	2	PV; QL
PREZISTA ORAL TABLET 150 MG, 75 MG	2	PV; QL

Drug Name	Drug Tier	Limits/ Required
PREZISTA ORAL TABLET 600 MG, 800 MG	3	PV; BP; QL
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL
RETROVIR ORAL CAPSULE	3	PV; BP; QL
RETROVIR ORAL SYRUP	3	PV; BP; QL
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	PV; BP; QL
REYATAZ ORAL PACKET	3	PV
ribavirin inhalation	1	
ribavirin oral capsule	1	
ribavirin oral tablet 200 mg	1	
rimantadine hcl	1	
ritonavir	1	PV; QL
RUKOBIA	2	PV; QL
SELZENTRY ORAL SOLUTION	2	PV; QL
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	PV; BP; QL
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	PV; QL
SITAVIG	3	FE
SOFOSBUVIR-VELPATASVIR	4	PA; SP; QL
SOVALDI	4	SP; FE; QL
STRIBILD	2	PV; QL

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
SUNLENCA ORAL	2	PV; QL
SYMFI	3	PV; BP; QL
SYMFI LO	3	PV; BP
SYMITUZA	2	PV; QL
TAMIFLU ORAL CAPSULE	3	BP; QL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	BP; QL
tenofovir disoproxil fumarate	1	PV; QL
TIVICAY	2	PV; QL
TIVICAY PD	2	PV; QL
TRIUMEQ	2	PV; QL
TRIUMEQ PD	2	PV; QL
TRUVADA	3	PV; BP; QL
TYBOST	3	PV; QL
valacyclovir hcl oral	1	
VALCYTE	3	BP
valganciclovir hcl	1	
VALTREX	3	BP
VEMLIDY	3	
VIRACEPT ORAL TABLET	2	PV; QL
VIRAZOLE	3	BP
VIREAD ORAL POWDER	3	PV
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	PV; QL
VIREAD ORAL TABLET 300 MG	3	PV; BP; QL

Drug Name	Drug Tier	Limits/ Required
VOSEVI	4	PA; SP; QL
XERESE	3	FE
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL
ZEPATIER	4	SP; FE; QL
ZIAGEN ORAL SOLUTION	3	PV; BP; QL
zidovudine	1	PV; QL
ZOVIRAX EXTERNAL CREAM	3	FE; BP
ZOVIRAX EXTERNAL OINTMENT	3	BP
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral tablet	1	
alprazolam oral tablet dispersible	1	FE
alprazolam xr	1	
ATIVAN ORAL	3	BP
bupirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam intensol	1	

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
diazepam oral concentrate	1	
diazepam oral tablet	1	
diazepam solution 5 mg/5ml oral	1	
DORAL	3	FE; BP
estazolam	1	
HALCION	3	BP
hydroxyzine hcl oral tablet	1	
hydroxyzine hcl syrup 10 mg/5ml oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	3	BP
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
LOREEV XR	3	FE
meprobamate	1	
midazolam hcl oral	1	
oxazepam	1	
quazepam	1	FE
triazolam	1	
VALIUM	3	BP
VISTARIL ORAL CAPSULE 25 MG	3	BP
XANAX	3	BP
XANAX XR	3	BP
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	PV
lithium	1	

Drug Name	Drug Tier	Limits/ Required
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	BP
Blood Products and Modifiers - Drugs for Blood Disorders		
AGRYLIN	3	BP
aminocaproic acid oral solution	1	
aminocaproic acid oral tablet	1	
anagrelide hcl	1	
DOPTELET ORAL TABLET 20 MG	4	PA; SP; FE; QL
FULPHILA	14	MB; SP
FYLNETRA	14	MB; SP
MULPLETA	4	PA; SP; QL
NEULASTA ONPRO	14	MB; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP
NYVEPRIA	14	MB; SP
PROMACTA	4	PA; SP; QL
PYRUKYND	4	PA; SP; QL
PYRUKYND TAPER PACK	4	PA; SP; QL
STIMUFEND	14	MB; SP
TAVALISSE	4	PA; SP; QL
tranexamic acid 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.

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	14	MB
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP
ZIEXTENZO	14	MB; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	3	PV; BP
ACCURETIC ORAL TABLET 10-12.5 MG	3	PV
ACCURETIC ORAL TABLET 20-12.5 MG	3	PV; BP
acebutolol hcl oral	1	PV
ALDACTONE	3	PV; BP
aliskiren fumarate	1	PV
ALTACE ORAL CAPSULE	3	PV; BP
ALTOPREV	3	PV; FE; QL
amiloride hcl oral	1	PV
amiloride-hydrochlorothiazide	1	PV
amiodarone hcl oral	1	
amlodipine besylate oral	1	PV
amlodipine besylate-benazepril hcl	1	PV
amlodipine besylate-valsartan	1	PV
amlodipine-atorvastatin	1	PV; QL
amlodipine-olmesartan	1	PV

Drug Name	Drug Tier	Limits/ Required
amlodipine-valsartan-hctz	1	PV
ASPRUZYO SPRINKLE	3	PV; FE; QL
ATACAND	3	PV; BP
ATACAND HCT	3	PV; FE; BP
atenolol oral	1	PV
atenolol-chlorthalidone	1	PV
ATORVALIQ	3	PV; FE; QL
atorvastatin calcium oral tablet 10 mg, 20 mg	1	ACA; PV; QL
atorvastatin calcium oral tablet 40 mg, 80 mg	1	PV; QL
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	PV; BP
AVAPRO	3	PV; BP
AZOR	3	PV; BP
benazepril hcl oral	1	PV
benazepril-hydrochlorothiazide	1	PV
BENICAR	3	PV; BP
BENICAR HCT	3	PV; BP
BETAPACE AF	3	PV; BP
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	PV; BP
betaxolol hcl oral	1	PV
BIDIL	3	PV; BP
bisoprolol fumarate oral	1	PV
bisoprolol-hydrochlorothiazide	1	PV

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
bumetanide oral	1	PV
BUMEX ORAL TABLET 0.5 MG	3	PV; BP
BYSTOLIC	3	PV; BP
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	PV; BP; QL
CAMZYOS	4	PA; SP; QL
candesartan cilexetil	1	PV
candesartan cilexetil-hctz	1	PV; FE
captopril oral	1	PV
captopril-hydrochlorothiazide	1	PV
CARDIZEM CD	3	PV; BP
CARDIZEM LA	3	PV; FE; BP
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	PV; BP
CARDURA	3	PV; BP; QL
CAROSPIR	3	PV; FE; BP
cartia xt	1	PV
carvedilol	1	PV
carvedilol phosphate er	1	PV; FE
CATAPRES-TTS-1	3	PV; BP
CATAPRES-TTS-2	3	PV; BP
CATAPRES-TTS-3	3	PV; BP
chlorthalidone oral tablet 25 mg, 50 mg	1	PV
cholestyramine light	1	PV; QL

Drug Name	Drug Tier	Limits/ Required
cholestyramine oral	1	PV; QL
clonidine	1	PV
clonidine hcl oral	1	PV
colesevelam hcl oral packet	1	PV; FE
colesevelam hcl oral tablet	1	PV
COLESTID	3	PV; BP
COLESTID FLAVORED	3	PV; BP
colestipol hcl	1	PV
CONJUPRI	3	PV; FE
COREG	3	PV; BP
COREG CR	3	FE; BP
CORGARD ORAL TABLET 20 MG, 40 MG	3	PV; BP
CORLANOR	3	
COZAAR	3	PV; BP
CRESTOR	3	PV; BP; QL
DEMSEER	3	PV; BP
DIBENZYLINE CAPSULE 10 MG ORAL	3	PV; BP
digoxin oral	1	PV
diltiazem hcl er beads	1	PV
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	PV
diltiazem hcl er oral capsule extended release 12 hour 120 mg	1	PV; FE

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	1	PV
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	PV
diltiazem hcl er oral tablet extended release 24 hour	1	PV; FE
diltiazem hcl oral	1	PV
dilt-xr	1	PV
DIOVAN	3	PV; BP
DIOVAN HCT	3	PV; BP
disopyramide phosphate oral	1	
DIURIL	2	PV
dofetilide	1	
doxazosin mesylate oral	1	PV; QL
droxidopa	4	SP; FE
DYRENIUM	3	PV; BP
EDARBI	3	PV; FE
EDARBYCLOR	3	PV; FE
EDECRIN	3	PV; BP
enalapril maleate oral solution	1	PV; FE
enalapril maleate oral tablet	1	PV
enalapril-hydrochlorothiazide	1	PV
ENTRESTO	3	
EPANED ORAL SOLUTION	3	PV; FE; BP
eplerenone	1	PV

Drug Name	Drug Tier	Limits/ Required
ethacrynic acid oral	1	PV
EXFORGE	3	PV; BP
EXFORGE HCT	3	PV; BP
EZALLOR SPRINKLE	3	PV; FE; QL
ezetimibe	1	PV; QL
EZETIMIBE-ROSUVASTATIN	3	PV; FE; QL
ezetimibe-simvastatin	1	PV; QL
felodipine er	1	PV
fenofibrate micronized oral capsule 130 mg	1	PV; FE
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	PV
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	PV
fenofibrate oral capsule 150 mg, 50 mg	1	PV; FE
fenofibrate oral tablet 120 mg, 40 mg	1	PV; FE
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	PV
fenofibric acid oral capsule delayed release	1	PV
fenofibric acid oral tablet	1	PV; FE
FENOGLIDE	3	PV; FE; BP
FIBRICOR	3	PV; FE
flecainide acetate	1	
FLOLIPID	3	PV; FE
fluvastatin sodium	1	ACA; PV; QL

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
fluvastatin sodium er	1	ACA; PV; QL
fosinopril sodium	1	PV
fosinopril sodium-hctz	1	PV
FUROSCIX	3	PV; FE
furosemide oral solution 10 mg/ml, 8 mg/ml	1	PV
furosemide oral tablet	1	PV
gemfibrozil oral	1	PV
guanfacine hcl tablet 1 mg oral	1	
guanfacine hcl tablet 1 mg oral	1	PV
guanfacine hcl tablet 2 mg oral	1	
guanfacine hcl tablet 2 mg oral	1	PV
HEMANGEOL	4	SP; PV
hydralazine hcl oral	1	PV
hydrochlorothiazide oral	1	PV
HYZAAR	3	PV; BP
icosapent ethyl	1	PV
indapamide oral	1	PV
INDERAL LA	3	PV; BP
INDERAL XL	3	PV; FE
INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	3	PV; FE
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	3	PV; FE
INPEFA ORAL TABLET 200 MG	3	FE; QL
INSPIRA	3	PV; BP

Drug Name	Drug Tier	Limits/ Required
irbesartan	1	PV
irbesartan-hydrochlorothiazide	1	PV
ISORDIL TITRADOSE	3	PV; BP
isosorb dinitrate-hydralazine	1	PV
isosorbide dinitrate oral	1	PV
isosorbide mononitrate	1	PV
isosorbide mononitrate er	1	PV
isradipine	1	PV
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	4	SP; PV; FE
KAPSPARGO SPRINKLE	3	PV; FE
KATERZIA	3	PV; AL
labetalol hcl oral	1	PV
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	3	PV; BP
LASIX	3	PV; BP
LESCOL XL	3	PV; BP; QL
LEVAMLODIPINE MALEATE	3	PV; FE
LIPITOR	3	PV; BP; QL
LIPOFEN	3	PV; FE; BP
lisinopril oral	1	PV
lisinopril-hydrochlorothiazide	1	PV
LIVALO	3	PV; FE; BP; QL
LOPID	3	PV; BP

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
LOPRESSOR ORAL	3	PV; BP
losartan potassium oral	1	PV
losartan potassium-hctz	1	PV
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	PV; BP
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	PV; BP
lovastatin oral	1	ACA; PV; QL
LOVAZA	3	PV; BP
matzim la	1	PV; FE
MAXZIDE	3	PV; BP
MAXZIDE-25	3	PV; BP
metolazone	1	PV
metoprolol succinate er	1	PV
metoprolol tartrate oral	1	PV
metoprolol-hydrochlorothiazide	1	PV
metyrosine	1	PV
mexiletine hcl oral	1	
MICARDIS	3	PV; BP
MICARDIS HCT	3	PV; FE; BP
midodrine hcl	1	
MINIPRESS	3	PV; BP
minoxidil oral	1	PV
moexipril hcl	1	PV
MULTAQ	2	

Drug Name	Drug Tier	Limits/ Required
nadolol tablet 20 mg oral	1	
nadolol tablet 20 mg oral	1	PV
nadolol tablet 40 mg oral	1	
nadolol tablet 40 mg oral	1	PV
nadolol tablet 80 mg oral	1	
nadolol tablet 80 mg oral	1	PV
nebivolol hcl	1	PV
NEXLETOL	2	PA; PV; QL
NEXLIZET	2	PA; PV; QL
niacin (antihyperlipidemic)	1	PV
niacin er (antihyperlipidemic)	1	PV
niacor	1	PV
nicardipine hcl oral	1	PV; FE
nifedipine capsule 10 mg oral	1	PV
nifedipine er	1	PV
nifedipine er osmotic release	1	PV
nifedipine oral capsule 20 mg	1	PV
nimodipine oral	1	PV
nisoldipine er	1	PV; FE
NITRO-BID	2	PV
NITRO-DUR PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL	3	PV; FE

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL	3	PV; FE
NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL	3	PV; FE
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	PV; FE
nitroglycerin sublingual	1	PV
nitroglycerin transdermal patch 24 hour	1	PV
nitroglycerin translingual solution	1	PV
NITROLINGUAL	3	PV; BP
NITROSTAT	3	PV; BP
NORLIQVA	3	PV; AL
NORPACE	3	BP
NORPACE CR	2	
NORTHERA	4	SP; FE; BP
NORVASC	3	PV; BP
olmesartan medoxomil oral	1	PV
olmesartan medoxomil-hctz	1	PV
olmesartan-amlodipine-hctz	1	PV
omega-3-acid ethyl esters	1	PV
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	3	BP
pentoxifylline er	1	

Drug Name	Drug Tier	Limits/ Required
perindopril erbumine	1	PV
phenoxybenzamine hcl oral	1	PV
pindolol	1	PV
pitavastatin calcium	1	PV; QL
PRALUENT SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA; PV; QL
PRALUENT SOLUTION AUTO-INJECTOR 75 MG/ML SUBCUTANEOUS	3	PA; PV; QL
pravastatin sodium	1	ACA; PV; QL
prazosin hcl oral	1	PV
PRESTALIA	3	PV
prevalite	1	PV; QL
PROCARDIA XL	3	PV; BP
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	PV
propranolol hcl oral	1	PV
QBRELIS	3	PV; FE
QUESTRAN	3	PV; BP; QL
QUESTRAN LIGHT ORAL POWDER	3	PV; BP; QL
quinapril hcl	1	PV
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg	1	
quinapril-hydrochlorothiazide tablet 20-12.5 mg oral	1	

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
quinapril-hydrochlorothiazide tablet 20-12.5 mg oral	1	PV
quinapril-hydrochlorothiazide tablet 20-25 mg oral	1	
quinapril-hydrochlorothiazide tablet 20-25 mg oral	1	PV
quinidine gluconate er	1	
quinidine sulfate oral	1	
ramipril	1	PV
ranolazine er	1	PV
RECTIV	3	
REPATHA	2	PA; PV; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; PV; QL
REPATHA SURECLICK	2	PA; PV; QL
rosuvastatin calcium	1	PV; QL
ROSZET	3	PV; FE; QL
RYTHMOL SR	3	BP
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA; PV; QL
simvastatin oral tablet 80 mg	1	PV; QL
SOANZ	3	PV; FE
sotalol hcl (af)	1	PV
sotalol hcl oral	1	PV
SOTYLIZE	3	PV
spironolactone oral	1	PV
spironolactone-hctz	1	PV

Drug Name	Drug Tier	Limits/ Required
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	3	PV; FE; BP
taztia xt	1	PV
TEKTURNA	3	PV; BP
telmisartan	1	PV
telmisartan-amlodipine	1	PV
telmisartan-hctz	1	PV; FE
TENORETIC 100	3	PV; BP
TENORETIC 50	3	PV; BP
TENORMIN	3	PV; BP
tiadylt er	1	PV
TIAZAC	3	PV; BP
TIKOSYN CAPSULE 125 MCG ORAL	3	BP
TIKOSYN CAPSULE 250 MCG ORAL	3	BP
TIKOSYN CAPSULE 500 MCG ORAL	3	BP
timolol maleate oral	1	PV
TOPROL XL	3	PV; BP
torseamide oral	1	PV
trandolapril	1	PV
trandolapril-verapamil hcl er	1	PV
triamterene oral	1	PV
triamterene-hctz oral capsule 37.5-25 mg	1	PV
triamterene-hctz oral tablet	1	PV
TRIBENZOR	3	PV; BP
TRICOR	3	PV; BP
TRILIPIX	3	PV; BP

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
VALSARTAN ORAL SOLUTION	3	PV; FE
valsartan oral tablet	1	PV
valsartan-hydrochlorothiazide	1	PV
VASCEPA	3	PV; BP
VASERETIC	3	PV; BP
VASOTEC	3	PV; BP
VECAMYL	3	PV
verapamil hcl er oral capsule extended release 24 hour	1	PV
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	PV
verapamil hcl oral	1	PV
VERELAN	3	PV; BP
VERELAN PM	3	PV; BP
VERQUVO	3	QL
VYNDAMAX	4	PA; SP; QL
VYNDAQEL	4	PA; SP; QL
VYTORIN	3	PV; BP; QL
WELCHOL ORAL PACKET	3	PV; FE; BP
WELCHOL ORAL TABLET	3	PV; BP
ZESTORETIC	3	PV; BP
ZESTRIL	3	PV; BP
ZETIA	3	PV; BP; QL

Drug Name	Drug Tier	Limits/ Required
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP; QL
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	PV; FE; QL
Central Nervous System Agents		
SKYCLARYS	4	PA; SP; QL
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	2	
ADDERALL XR	3	
ADZENYS XR-ODT	3	
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	
amphet-dextroamphet 3-bead er	1	
APTENSIO XR	3	BP
atomoxetine hcl	1	QL
AZSTARYS	3	FE; QL
clonidine hcl er oral tablet extended release 12 hour	1	
CONCERTA	3	
COTEMPLA XR-ODT	3	FE
DAYTRANA	3	FE; BP
DESOXYN	3	BP

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	3	BP
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	
dextroamphetamine sulfate er	1	
dextroamphetamine sulfate oral	1	
DYANAVEL XR	3	FE
EVEKEO	3	BP
EVEKEO ODT	3	FE
FOCALIN	3	BP
FOCALIN XR	3	BP
guanfacine hcl er	1	
INTUNIV	3	BP
JORNAY PM	3	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	3	BP
lisdexamfetamine dimesylate	1	
methamphetamine hcl	1	
METHYLIN ORAL SOLUTION	3	BP
methylphenidate	1	FE
methylphenidate hcl er	1	
methylphenidate hcl er (cd)	1	
methylphenidate hcl er (la)	1	

Drug Name	Drug Tier	Limits/ Required
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	3	FE
methylphenidate hcl er (osm) oral tablet extended release 72 mg	1	FE
methylphenidate hcl er (xr)	1	
methylphenidate hcl oral	1	
MYDAYIS	3	FE; BP
PROCENTRA	3	BP
QELBREE	3	ST; QL
QUILLICHEW ER	3	FE
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	3	
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	3	FE
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG	3	FE; BP
RITALIN	3	BP

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	3	BP	COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	4	PA; SP; QL
STRATTERA	3	BP; QL	COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; SP; QL
VYVANSE	2		dalfampridine er	4	PA; SP; QL
XELSTRYM	3	FE	dimethyl fumarate oral	4	PA; SP; QL
ZENZEDI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	3	BP	dimethyl fumarate starter pack oral capsule delayed release therapy pack	4	PA; SP; QL
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	3		EXTAVIA SUBCUTANEOUS KIT	4	PA; SP; QL
Central Nervous System Agents - Drugs for Multiple Sclerosis					
AMPYRA	4	PA; SP; BP; QL	fingolimod hcl	4	PA; SP; QL
AUBAGIO TABLET 14 MG ORAL	4	PA; SP; BP; QL	GILENYA CAPSULE 0.5 MG ORAL	4	PA; SP; BP; QL
AUBAGIO TABLET 7 MG ORAL	4	PA; SP; BP; QL	GILENYA ORAL CAPSULE 0.25 MG	4	PA; SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; SP; QL	glatiramer acetate	4	PA; SP; FE; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; SP; QL	glatopa	4	PA; SP; FE; QL
BAFIERTAM	4	PA; SP; QL	KESIMPTA	4	PA; SP; QL
BETASERON SUBCUTANEOUS KIT	4	PA; SP; FE; QL	MAVENCLAD	4	PA; SP; QL
			MAYZENT ORAL TABLET 0.25 MG, 1 MG	4	PA; SP; QL

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
MAYZENT STARTER PACK	4	PA; SP; QL	teriflunomide	4	PA; SP; QL
MAYZENT TABLET 2 MG ORAL	4	PA; SP; QL	VUMERITY	4	PA; SP; QL
PLEGRIDY	4	PA; SP; QL	ZEPOSIA	4	PA; SP; QL
PLEGRIDY STARTER PACK	4	PA; SP; QL	ZEPOSIA 7-DAY STARTER PACK	4	PA; SP; QL
PONVORY	4	PA; SP; FE; QL	ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	4	PA; SP; QL
PONVORY STARTER PACK	4	PA; SP; FE; QL	Central Nervous System Agents - Miscellaneous		
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL	AUSTEDO	4	SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL	AUSTEDO XR	4	SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	AUSTEDO XR PATIENT TITRATION	4	SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	caffeine citrate oral	1	
TASCENSO ODT	4	PA; SP; QL	DAYBUE	4	PA; SP; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE	4	PA; SP; BP; QL	EXSERVAN	3	FE
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	4	PA; SP; BP; QL	GRALISE ORAL TABLET	3	FE
			HORIZANT ORAL TABLET EXTENDED RELEASE	3	
			IMCIVREE	4	PA; SP; QL
			INGREZZA	4	SP; QL
			LYRICA	3	BP; QL
			LYRICA CR	3	ST; FE; BP; QL
			NUEDEXTA	3	QL

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
pregabalin er	1	ST; FE; QL
pregabalin oral	1	QL
RADICAVA ORS	4	PA; SP; QL
RADICAVA ORS STARTER KIT	4	PA; SP; QL
RELYVRIO	4	PA; SP; QL
RILUTEK	3	BP
riluzole	1	
SAVELLA	2	ST; QL
SAVELLA TITRATION PACK	2	ST; QL
TEGSEDI	4	PA; SP; QL
tetrabenazine	4	SP
TIGLUTIK	3	FE
XENAZINE	4	SP; BP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
AQUORAL MOUTH/THROAT SOLUTION	3	
cevimeline hcl	1	
chlorhexidine gluconate solution 0.12 % mouth/throat	1	
CLINPRO 5000 PASTE 1.1 % DENTAL	3	
DEBACTEROL SOLUTION 30-50 % MOUTH/THROAT	2	
DENTA 5000 PLUS	3	

Drug Name	Drug Tier	Limits/ Required
DENTAGEL	3	
EVOXAC	3	BP
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
FLUORIMAX 5000	3	
FLUORIMAX 5000 SENSITIVE	3	
JUST RIGHT 5000 DENTAL PASTE	3	
kourzeq	1	
lidocaine viscous hcl solution 2 % mouth/throat	1	
MI PASTE	2	
MI PASTE PLUS	2	
oralone	1	
PERIDEX	3	BP
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 ORTHO DEFENSE	3	

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
REMESENSE	3	
SALAGEN	3	BP
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm dental cream	1	
sodium fluoride 5000 ppm dental paste	1	
sodium fluoride dental cream	1	
sodium fluoride dental gel 1.1 %	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA LD	3	FE
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	BP
ABSORICA ORAL CAPSULE 25 MG, 35 MG	3	FE; BP
ACANYA	3	BP
acutane	1	
acitretin	1	
ACZONE EXTERNAL GEL 5 %	3	BP

Drug Name	Drug Tier	Limits/ Required
ACZONE EXTERNAL GEL 7.5 %	3	FE; BP
adapalene external cream	1	
adapalene external gel 0.3 %	1	
ADAPALENE EXTERNAL PAD	3	FE
ADAPALENE EXTERNAL SOLUTION	3	FE
adapalene gel 0.1 % external (rx)	1	
adapalene-benzoyl peroxide external gel	1	
ADBRY	4	PA; SP; QL
AKLIEF	3	FE
ALA SCALP	3	FE
ala-cort external cream 1 %	1	
alclometasone dipropionate	1	
ALTRENO	3	AL
ALUMINUM CHLORIDE ANHYDROUS	2	
ALUMINUM CHLORIDE HEXAHYDRATE POWDER	2	
amcinonide external lotion	1	
amcinonide external ointment	1	FE

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
ammonium lactate cream 12 % external (rx)	1	
ammonium lactate lotion 12 % external (rx)	1	
amnesteem	1	
AMZEEQ	3	FE
APEXICON E	3	FE
ARAZLO	3	FE
ATRALIN	3	AL; BP
azelaic acid external	1	
AZELEX	3	FE
B & C	2	
balsam peru-castor oil	1	
BENZAMYCIN	3	BP
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
BPCO	2	
BRYHALI	3	FE
CALAMINE	2	
calcipotriene external cream	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	
calcipotriene-betameth diprop	1	FE; QL
CALCITRENE	3	BP

Drug Name	Drug Tier	Limits/ Required
calcitriol external	1	
CAPEX	3	FE
CARAC	2	
CIBINQO	4	PA; SP; QL
claravis	1	
CLEOCIN-T EXTERNAL LOTION	3	BP
clindacin	1	FE
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	BP
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	1	
clindamycin phosphate external foam	1	FE
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin-tretinoin	1	
clobetasol prop emollient base	1	
clobetasol propionate e	1	
clobetasol propionate emulsion	1	FE
clobetasol propionate external	1	
CLOBEX	3	BP

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
CLOBEX SPRAY	3	BP
clocortolone pivalate	1	FE
clodan external shampoo	1	
CLODERM	3	FE; BP
coal tar external solution	1	
CONDYLOX EXTERNAL GEL	3	BP
CORDRAN EXTERNAL CREAM 0.05 %	3	
CORDRAN EXTERNAL LOTION	3	BP
CORDRAN EXTERNAL TAPE	3	FE
dapsone external gel 5 %	1	
dapsone external gel 7.5 %	1	FE
DERMA-SMOOTH/FS BODY	3	BP
DERMA-SMOOTH/FS SCALP	3	BP
desonide external cream	1	
desonide external gel	1	FE
desonide external lotion	1	
desonide external ointment	1	
DESOWEN EXTERNAL CREAM	3	BP
desoximetasone external cream 0.05 %	1	FE
desoximetasone external cream 0.25 %	1	

Drug Name	Drug Tier	Limits/ Required
desoximetasone external gel	1	
desoximetasone external liquid	1	
desoximetasone external ointment 0.05 %	1	FE
desoximetasone external ointment 0.25 %	1	
diclofenac sodium gel 3 % external	1	
DIFFERIN EXTERNAL CREAM	3	BP
DIFFERIN EXTERNAL GEL 0.3 %	3	BP
DIFFERIN EXTERNAL LOTION	3	
diflorasone diacetate external	1	FE
DIPROLENE EXTERNAL OINTMENT	3	BP
doxepin hcl external	1	
doxycycline	1	FE
DRYSOL	2	
DUOBRII	3	FE
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	4	PA; SP; QL
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS	4	PA; SP; QL

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	4	PA; SP; QL
EFUDEX EXTERNAL CREAM	3	BP
ELIDEL	3	BP
ENSTILAR	3	FE
EPIDUO	3	BP
EPIDUO FORTE	3	BP
EPIFOAM	2	
EPSOLAY CREAM 5 % EXTERNAL	3	FE
ery	1	
ERYGEL	3	BP
erythromycin external gel	1	
erythromycin external solution	1	
EUCRISA OINTMENT 2 % EXTERNAL	2	ST; QL
FABIOR	3	FE
FINACEA EXTERNAL FOAM	3	
FINACEA EXTERNAL GEL	3	BP
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	

Drug Name	Drug Tier	Limits/ Required
fluocinonide external	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
flurandrenolide external cream	1	
flurandrenolide external lotion	1	
fluticasone propionate external	1	
GORDOFILM	2	
halcinonide	1	FE
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
halobetasol propionate foam 0.05 % external	1	
HALOBETASOL PROPIONATE FOAM 0.05 % EXTERNAL	3	FE
HALOG EXTERNAL CREAM	3	FE; BP
HALOG EXTERNAL OINTMENT	3	FE
HALOG EXTERNAL SOLUTION	3	FE
hydrocortisone butyr lipo base	1	
hydrocortisone butyrate external cream	1	FE
hydrocortisone butyrate external lotion	1	

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone cream 1 % external (rx)	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 2.5 %	1	
hydrocortisone ointment 1 % external (rx)	1	
hydrocortisone valerate	1	
HYFTOR	3	PA; QL
imiquimod external cream 3.75 %	1	FE; QL
imiquimod external cream 5 %	1	QL
imiquimod pump	1	FE; QL
IMPOYZ	3	FE
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
isotretinoin oral capsule 25 mg, 35 mg	1	FE
ivermectin external cream	1	
KENALOG EXTERNAL	3	FE; BP
KERALYT EXTERNAL SHAMPOO	3	
KLARON	3	BP
KLISYRI	3	FE; QL
lactic acid e	1	

Drug Name	Drug Tier	Limits/ Required
lactic acid external lotion	1	
LEXETTE	3	FE
LITFULO	4	PA; SP; QL
LOCOID EXTERNAL LOTION	3	BP
LOCOID LIPOCREAM	3	BP
methoxsalen rapid	1	
METROCREAM	3	BP
METROGEL EXTERNAL GEL	3	BP
METROLOTION	3	BP
metronidazole external	1	
mometasone furoate external	1	
NEO-SYNALAR EXTERNAL CREAM	3	
neuac external gel	1	
NORITATE	3	FE
ONEXTON GEL 1.2-3.75 % EXTERNAL	3	BP
OPZELURA CREAM 1.5 % EXTERNAL	2	PA; QL
ORACEA	3	FE; BP
PANDEL	3	FE
pimecrolimus	1	
podofilox external	1	
PRUDOXIN	3	BP
PYROGALLIC ACID	2	
QBREXZA	3	ST; QL
REGRANEX	2	QL
RETIN-A	3	AL; BP
RETIN-A MICRO GEL 0.04 %, 0.1 %	3	AL; FE; BP

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.08 %, 0.1 %	3	AL; FE; BP
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %	3	AL; FE
SANTYL	3	
selenium sulfide external lotion	1	
SERNIVO	3	FE
SOOLANTRA	3	BP
SORILUX	3	FE
sulfacetamide sodium (acne)	1	
sulfacetamide sodium-sulfur liquid 10-5 % external	1	
SYNALAR	3	BP
TACLONEX	3	FE; BP; QL
tacrolimus external ointment	1	
tazarotene external cream	1	
TAZAROTENE EXTERNAL FOAM	3	FE
tazarotene external gel	1	FE
TAZORAC EXTERNAL CREAM 0.05 %	3	FE
TAZORAC EXTERNAL CREAM 0.1 %	3	BP
TAZORAC EXTERNAL GEL	3	FE; BP
TEXACORT	3	FE
TOLAK	3	

Drug Name	Drug Tier	Limits/ Required
TOPICORT EXTERNAL CREAM 0.05 %	3	FE; BP
TOPICORT EXTERNAL CREAM 0.25 %	3	BP
TOPICORT EXTERNAL GEL	3	BP
TOPICORT EXTERNAL OINTMENT 0.05 %	3	FE; BP
TOPICORT EXTERNAL OINTMENT 0.25 %	3	BP
TOPICORT SPRAY	3	BP
tovet external foam	1	FE
tretinoin external	1	AL
tretinoin microsphere	1	AL; FE
tretinoin microsphere pump	1	AL; FE
triamcinolone acetonide external aerosol solution	1	FE
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	1	FE
triamcinolone in absorbase	1	FE
triderm external cream 0.5 %	1	

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
TWYNEO	3	FE
ULTRAVATE EXTERNAL LOTION	3	FE
VANOS	3	BP
VECTICAL	3	BP
VELTIN	3	FE; BP
VENELEX	2	
VERDESO	3	FE
VEREGEN	3	FE
VTAMA	3	FE; QL
WINLEVI	3	FE
WYNZORA CREAM 0.005-0.064 % EXTERNAL	3	FE
XERAC AC	2	
zenatane	1	
ZIANA	3	BP
ZILXI	3	FE
ZONALON	3	BP
ZORYVE EXTERNAL CREAM	3	ST; QL
ZYCLARA	3	FE; BP; QL
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	3	FE; QL
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	3	FE; BP; QL
Diabetes - Antidiabetic Agents		
acarbose oral	1	PV
ACTOPLUS MET ORAL TABLET 15-850 MG	3	PV; BP

Drug Name	Drug Tier	Limits/ Required
ACTOS	3	PV; BP; QL
ALOGLIPTIN BENZOATE	3	PV; FE; QL
ALOGLIPTIN-METFORMIN HCL	3	PV; FE; QL
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	PV; FE; QL
BEXAGLIFLOZIN	3	PV; FE; QL
BRENZAVVY	3	PV; FE; QL
BYDUREON BCISE AUTOINJECTOR	2	PA; PV; QL
BYETTA 10 MCG PEN	2	PA; PV; QL
BYETTA 5 MCG PEN	2	PA; PV; QL
CYCLOSET	3	PV
DUETACT	3	PV; BP
FARXIGA TABLET 10 MG ORAL	2	PV; QL
FARXIGA TABLET 5 MG ORAL	2	PV; QL
glimepiride	1	PV
glipizide er	1	PV
glipizide oral tablet 10 mg, 5 mg	1	PV
glipizide oral tablet 2.5 mg	1	PV; FE
glipizide xl	1	PV
glipizide-metformin hcl	1	PV
GLUCOTROL XL	3	PV; BP

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
GLUMETZA	3	PV; FE; BP
glyburide micronized	1	PV
glyburide oral	1	PV
glyburide-metformin	1	PV
GLYXAMBI ORAL TABLET 10-5 MG	2	PV; QL
GLYXAMBI TABLET 25-5 MG ORAL	2	PV; QL
INVOKAMET	3	PV; FE; QL
INVOKAMET XR	3	PV; FE; QL
INVOKANA	3	PV; FE; QL
JANUMET ORAL TABLET 50-1000 MG	2	PV; QL
JANUMET TABLET 50-500 MG ORAL	2	PV; QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	2	PV; QL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	2	PV; QL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	2	PV; QL
JANUVIA	2	PV; QL
JARDIANCE TABLET 10 MG ORAL	2	PV; QL
JARDIANCE TABLET 25 MG ORAL	2	PV; QL

Drug Name	Drug Tier	Limits/ Required
JENTADUETO	3	PV; FE; QL
JENTADUETO XR	3	PV; FE; QL
KAZANO	3	PV; FE; QL
KOMBIGLYZE XR	3	PV; BP; QL
metformin hcl er	1	PV
metformin hcl er (mod)	1	PV; FE
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	1	PV; FE
metformin hcl ir	1	PV
migliitol	1	PV
MOUNJARO	2	PA; PV; QL
nateglinide	1	PV
NESINA	3	PV; FE; QL
ONGLYZA	3	PV; BP; QL
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	PV; FE; QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML	2	PA; PV; QL
pioglitazone hcl tablet 15 mg oral	1	QL
pioglitazone hcl tablet 15 mg oral	1	PV; QL
pioglitazone hcl tablet 30 mg 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.

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
pioglitazone hcl tablet 30 mg oral	1	PV; QL
pioglitazone hcl tablet 45 mg oral	1	QL
pioglitazone hcl tablet 45 mg oral	1	PV; QL
pioglitazone hcl-glimepiride	1	PV
pioglitazone hcl-metformin hcl	1	PV
QTERN	2	PV; QL
repaglinide	1	PV
RIOMET	3	PV; BP
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; PV; QL
RYBELSUS TABLET 3 MG ORAL	2	PA; PV; QL
saxagliptin hcl	1	PV; QL
saxagliptin-metformin er	1	PV; QL
SEGLUROMET	3	PV; FE; QL
SOLIQUA	2	PV; QL
STEGLATRO	3	PV; FE; QL
STEGLUJAN	3	PV; FE; QL
SYMLINPEN 120	3	PA; PV
SYMLINPEN 60	3	PA; PV
SYNJARDY	2	PV; QL
SYNJARDY XR	2	PV; QL
TRADJENTA	3	PV; FE; QL
TRIJARDY XR	2	PV; QL
TRULICITY	2	PA; PV; QL

Drug Name	Drug Tier	Limits/ Required
VICTOZA	2	PA; PV; QL
XIGDUO XR	2	PV; QL
XULTOPHY	2	PV; QL
Diabetes - Glucose Monitoring		
DEXCOM G6 RECEIVER	2	ST; QL
DEXCOM G6 SENSOR	2	ST; QL
DEXCOM G6 TRANSMITTER	2	ST; QL
DEXCOM G7 RECEIVER	2	ST; QL
DEXCOM G7 SENSOR	2	ST; QL
ENLITE GLUCOSE SENSOR	3	FE
EVERSENSE SENSOR/HOLDER	3	FE
EVERSENSE SMART TRANSMITTER	3	FE
FREESTYLE LIBRE 14 DAY READER	2	ST; QL
FREESTYLE LIBRE 14 DAY SENSOR	2	ST; QL
FREESTYLE LIBRE 2 READER	2	ST; QL
FREESTYLE LIBRE 2 SENSOR	2	ST; QL
FREESTYLE LIBRE 3 READER	2	ST; QL
FREESTYLE LIBRE 3 SENSOR	2	ST; QL
FREESTYLE LIBRE READER	2	ST; QL
GUARDIAN CONNECT TRANSMITTER	3	FE

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
GUARDIAN LINK 3 TRANSMITTER	3	FE
GUARDIAN SENSOR (3)	3	FE
GUARDIAN SENSOR 3	3	FE
ONETOUCH ULTRA IN VITRO STRIP	2	PV; QL
ONETOUCH VERIO TEST STRIPS	2	PV; QL
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
diazoxide oral	1	
glucagon emergency kit 1 mg injection	1	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	3	BP; QL
GLUCAGON EMERGENCY KIT	3	QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	QL
GVOKE PFS	2	QL
PROGLYCEM	3	BP
ZEGALOGUE	3	FE; QL
Diabetes - Insulins		
ADMELOG INJECTION	3	PV; FE

Drug Name	Drug Tier	Limits/ Required
ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	PV; FE
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	3	PV
APIDRA SOLOSTAR	3	PV; FE
APIDRA SOLUTION 100 UNIT/ML INJECTION	3	PV; FE
BASAGLAR KWIKPEN	3	PV; FE
BASAGLAR TEMPO PEN	3	PV; FE
FIASP FLEXTOUCH	2	PV
FIASP INJECTION	2	PV
FIASP PENFILL	2	PV
FIASP PUMPCART	2	PV
HUMALOG INJECTION	3	PV; FE
HUMALOG U-100 AND U-200 KWIKPEN	3	PV; FE
HUMALOG MIX 50/50 KWIKPEN	3	PV; FE
HUMALOG MIX 50/50 VIAL	3	PV; FE
HUMALOG MIX 75/25 KWIKPEN	3	PV; FE
HUMALOG MIX 75/25 VIAL	3	PV; FE

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	PV; FE
HUMALOG TEMPO PEN	3	PV; FE
HUMALOG U-100 JUNIOR KWIKPEN	3	PV; FE
HUMULIN 70/30 KWIKPEN	3	PV; FE
HUMULIN 70/30 VIAL	3	PV; FE
HUMULIN N KWIKPEN	3	PV; FE
HUMULIN N VIAL	3	PV; FE
HUMULIN R U-500 KWIKPEN	2	PV
HUMULIN R U-500 VIAL	2	PV
HUMULIN R VIAL	3	PV; FE
INSULIN ASP PROT & ASP FLEXPEN	3	PV; FE
INSULIN ASPART FLEXPEN	3	PV; FE
INSULIN ASPART INJECTION	3	PV; FE
INSULIN ASPART PENFILL	3	PV; FE
INSULIN ASPART PROT & ASPART	3	PV; FE
INSULIN DEGLUDEC	2	PV
INSULIN DEGLUDEC FLEXTOUCH	2	PV
INSULIN GLARGINE-YFGN	3	PV; FE
INSULIN LISPRO (1 UNIT DIAL)	3	PV; FE
INSULIN LISPRO INJECTION	3	PV; FE

Drug Name	Drug Tier	Limits/ Required
INSULIN LISPRO JUNIOR KWIKPEN	3	PV; FE
INSULIN LISPRO PROT & LISPRO	3	PV; FE
LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	PV
LANTUS U-100 VIAL	2	PV
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PV
LEVEMIR U-100 VIAL	2	PV
LYUMJEV KWIKPEN	3	PV; FE
LYUMJEV TEMPO PEN	3	PV; FE
LYUMJEV VIAL	3	PV; FE
NOVOLIN 70/30 FLEXPEN	2	PV
NOVOLIN 70/30 FLEXPEN RELION	2	PV
NOVOLIN 70/30 RELION	2	PV
NOVOLIN 70/30 VIAL	2	PV
NOVOLIN N FLEXPEN	2	PV
NOVOLIN N FLEXPEN RELION	2	PV
NOVOLIN N RELION	2	PV
NOVOLIN N VIAL	2	PV
NOVOLIN R FLEXPEN	2	PV
NOVOLIN R FLEXPEN RELION	2	PV
NOVOLIN R RELION	2	PV
NOVOLIN R VIAL	2	PV

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
NOVOLOG 70/30 FLEXPEN RELION	2	PV	CALCIUM GLUCONATE	2	
NOVOLOG FLEXPEN RELION	2	PV	CALCIUM GLUCONATE ANHYDROUS	2	
NOVOLOG U-100 FLEXPEN	2	PV	CALCIUM GLUCONATE MONOHYDRATE	2	
NOVOLOG MIX 70/30 FLEXPEN	2	PV	CALCIUM LACTATE PENTAHYDRATE	2	
NOVOLOG MIX 70/30 RELION	2	PV	CALCIUM PHOSPHATE DIBASIC	2	
NOVOLOG MIX 70/30 VIAL	2	PV	CALCIUM PHOSPHATE TRIBASIC	2	
NOVOLOG U-100 PENFILL	2	PV	CARBAGLU ORAL TABLET SOLUBLE	4	SP; BP
NOVOLOG RELION INJECTION	2	PV	carglumic acid oral tablet soluble	4	SP
NOVOLOG U-100 VIAL INJECTION	2	PV	CARNITOR ORAL	3	BP
REZVOGLAR KWIKPEN	3	PV; FE	CARNITOR SF	3	BP
SEMGLEE (YFGN)	3	PV; FE	CHEMET	2	
TOUJEO MAX SOLOSTAR	2	PV	CHOLINE BITARTRATE POWDER	2	
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	PV	CUVRIOR	4	SP; FE; QL
TRESIBA	2	PV	cyanocobalamin injection solution 1000 mcg/ml	1	
TRESIBA FLEXTOUCH	2	PV	deferasirox	4	SP
Electrolytes / Minerals / Metals / Vitamins			deferasirox granules	4	SP
ACCRUFER	3	FE; QL	deferiprone	4	SP; FE
ALANINE	2		DL-ALANINE	2	
CALCIFOL	2		DL-LEUCINE	2	
CALCIUM CHLORIDE DIHYDRATE POWDER	2		DL-METHIONINE POWDER (RX)	2	

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
DL-PHENYLALANINE	2	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k tablet effervescent 25 meq oral	1	
EXJADE	4	SP; BP
FERRIPROX ORAL SOLUTION	4	SP
FERRIPROX ORAL TABLET	4	SP; FE; BP
FERRIPROX TWICE-A-DAY	4	SP; FE
folate	1	ACA; O
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	ACA; O
GALZIN	3	
iodine strong oral	1	
JADENU	4	SP; BP
JADENU SPRINKLE	4	SP; BP
JYNARQUE	4	PA; SP; QL
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral packet 20 meq	1	
klor-con oral tablet extended release	1	
k-prime	1	

Drug Name	Drug Tier	Limits/ Required
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	BP
L-ALANINE	2	
L-ARGININE	2	
L-CYSTINE	2	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
L-GLUTAMIC ACID	2	
L-HISTIDINE MONOHYDROCHLORIDE POWDER	2	
L-HISTIDINE POWDER (RX)	2	
L-ISOLEUCINE POWDER (RX)	2	
L-LEUCINE	2	
L-METHIONINE POWDER (RX)	2	
LOKELMA	3	QL
L-PHENYLALANINE	2	
L-PROLINE	2	
L-TYROSINE	2	
L-VALINE POWDER	2	
MAGNESIUM CARBONATE HEAVY	2	
MAGNESIUM CARBONATE POWDER	2	
MASONATAL	2	ACA; O; PV
METHIONINE	2	
NEOKE ALCAR	2	

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
NEONATAL PRENATAL	2	ACA; O; PV
ONE VITE WOMENS	2	ACA; O; PV
ONE-A-DAY WOMENS PRENATAL 1	2	ACA; O; PV
phosphorous	1	
phytonadione oral	1	QL
POKONZA	3	FE
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet	1	
potassium chloride oral solution 40 meq/15ml (20%)	1	
potassium chloride solution 10 % oral	1	
potassium chloride solution 20 meq/15ml (10%) oral	1	
potassium citrate er	1	
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	1	ACA; O; PV
prenatal oral tablet 27- 0.8 mg	1	ACA; O; PV
SAMSCA	4	SP; BP
sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml	1	
sod citrate-citric acid solution 500-334 mg/5ml oral (rx)	1	
SODIUM ASCORBATE POWDER	2	

Drug Name	Drug Tier	Limits/ Required
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1	
sodium bicarbonate solution 8.4 % intravenous	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	ACA
sodium fluoride oral tablet chewable	1	ACA
sodium polystyrene sulfonate oral powder	1	
SPS	2	
sterile water for irrigation solution irrigation	1	
SYPRINE	4	SP; BP
TAURINE POWDER	2	
THREONINE	2	
tolvaptan	4	SP
trientine hcl oral capsule 250 mg	4	SP
trientine hcl oral capsule 500 mg	1	
UROCIT-K 10	3	BP
UROCIT-K 15	3	BP
UROCIT-K 5	3	BP
VALINE	2	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	3	
VELTASSA PACKET 8.4 GM ORAL	3	
weekly-d	1	
wes-phos 250 neutral	1	

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
yl folic acid	1	ACA; O
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	3	BP; QL
CARAFATE	3	PV; BP
cimetidine oral	1	PV
CYTOTEC	3	PV; BP
DEXILANT	3	PV; FE; BP; QL
dexlansoprazole	1	PV; FE; QL
esomeprazole magnesium capsule delayed release 20 mg oral (rx)	1	PV; QL
esomeprazole magnesium oral capsule delayed release 40 mg	1	PV; QL
esomeprazole magnesium oral packet	1	PV; AL; QL
famotidine oral suspension reconstituted	1	PV
famotidine tablet 20 mg oral (rx)	1	
famotidine tablet 20 mg oral (rx)	1	PV
famotidine tablet 40 mg oral	1	
famotidine tablet 40 mg oral	1	PV
goodsense lansoprazole oral tablet delayed release dispersible	1	PV; FE; QL

Drug Name	Drug Tier	Limits/ Required
KONVOMEP	3	PV; FE; QL
lansoprazole capsule delayed release 15 mg oral (rx)	1	PV; QL
lansoprazole oral capsule delayed release 30 mg	1	PV; QL
lansoprazole oral tablet delayed release dispersible	1	PV; FE; QL
misoprostol oral	1	PV
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	PV; BP; QL
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG	3	PV; AL; BP; QL
NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	PV; AL; QL
nizatidine oral capsule	1	PV
omeprazole oral capsule delayed release	1	PV; QL
OMEPRAZOLE+SYRS PEND SF ALKA	3	PV
omeprazole-sodium bicarbonate oral capsule	1	PV; QL
omeprazole-sodium bicarbonate oral packet	1	PV; FE; QL
pantoprazole sodium oral packet	1	PV; FE; QL
pantoprazole sodium oral tablet delayed release	1	PV; QL
PEPCID ORAL TABLET	3	PV; BP

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	3	PV; BP; QL	bis subcit-metronid-tetracyc capsule 140-125-125 mg oral	1	PV; FE
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	3	PV; FE; BP; QL	BISACODYL	2	
PRILOSEC ORAL PACKET	3	PV; FE	bisacodyl ec	1	ACA; O
PROTONIX ORAL PACKET	3	PV; FE; BP; QL	bisacodyl oral	1	ACA; O
PROTONIX ORAL TABLET DELAYED RELEASE	3	PV; BP; QL	bismuth/metronidaz/tetracyclin	1	PV; FE
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	PV; FE; QL	CHENODAL	4	PA; SP
rabeprazole sodium oral tablet delayed release	1	PV; QL	chlordiazepoxide-clidinium capsule 5-2.5 mg oral	1	FE
sucralfate oral tablet	1	PV	citroma	1	ACA; O
sucralfate suspension 1 gm/10ml oral	1	PV	clearlax oral powder	1	ACA; O
ZEGERID ORAL CAPSULE	3	PV; BP; QL	CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	2	PV
ZEGERID ORAL PACKET	3	PV; FE; BP; QL	constulose	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			cromolyn sodium oral	1	
alosetron hcl	1		CUVPOSA	3	BP
alvimopan	1		dicyclomine hcl oral	1	
AMITIZA	3	BP; QL	diphenoxylate-atropine oral liquid	1	
ANASPAZ	3		diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
bis subcit-metronid-tetracyc capsule 140-125-125 mg oral	1	FE	ENTEREG	3	BP
			enulose	1	
			ft clearlax	1	ACA; O
			ft laxative	1	ACA; O
			ft magnesium citrate	1	ACA; O
			GASTROCROM	3	BP
			GATTEX	4	PA; SP
			gavilax oral powder	1	ACA; O
			gavilyte-c	1	ACA; PV
			gavilyte-g	1	ACA; PV

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
generlac	1	
gentle laxative oral	1	ACA; O
gentlelax oral powder	1	ACA; O
GIALAX	3	FE
GLYCATE	3	FE
glycolax	1	ACA; O
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	FE
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	PV; BP
HELIDAC THERAPY	3	PV; FE
hyoscyamine sulfate elixir 0.125 mg/5ml oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate tablet 0.125 mg oral	1	
hyoscyamine sulfate tablet dispersible 0.125 mg oral	1	
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	1	
IBSRELA	3	ST; FE; QL
KRISTALOSE	3	FE
lactulose encephalopathy	1	
lactulose oral packet	1	FE
lactulose solution 10 gm/15ml oral	1	

Drug Name	Drug Tier	Limits/ Required
LIBRAX	3	FE; BP
LINZESS	2	QL
LOMOTIL ORAL TABLET	3	BP
loperamide hcl oral capsule	1	
LOTRONEX	3	BP
lubiprostone capsule 24 mcg oral	1	QL
lubiprostone capsule 8 mcg oral	1	QL
magnesium citrate oral solution 1.745 gm/30ml	1	ACA; O
methscopolamine bromide oral	1	
mineral oil heavy oral	1	
mm clearlax	1	ACA; O
MOTEGRITY ORAL TABLET 1 MG	3	ST; QL
MOTEGRITY TABLET 2 MG ORAL	3	ST; QL
MOTOFEN	3	FE
MOVANTIK	2	QL
MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL	2	PV; BP
MYTESI	3	
na sulfate-k sulfate-mg sulf	1	PV
OMECLAMOX-PAK	3	PV; FE
OSCIMIN ORAL TABLET	3	
OSCIMIN SUBLINGUAL	3	

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
peg 3350-kcl-na bicarb-nacl	1	ACA; PV
peg-3350/electrolytes	1	ACA; PV
peg-3350/electrolytes/ascorbic acid	1	PV
peg-kcl-nacl-nasulf-na asc-c	1	PV
PLENVU SOLUTION RECONSTITUTED 140 GM ORAL	2	PV
polyethylene glycol 3350 oral powder	1	ACA; O
PYLERA	3	PV; FE; BP
qc magnesium citrate	1	ACA; O
RELISTOR ORAL	3	FE
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3	FE
RELTONE	3	FE
RESTORA RX	3	
ROBINUL ORAL	3	BP
ROBINUL-FORTE	3	BP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	4	PA; SP; FE
SUFLAVE	3	PV; FE
SUPREP BOWEL PREP KIT	3	PV; BP
SUTAB	3	PV
SYMPROIC	2	QL

Drug Name	Drug Tier	Limits/ Required
TALICIA	3	PV; FE; QL
TRULANCE TABLET 3 MG ORAL	3	ST; QL
URSO 250	3	BP
URSO FORTE	3	BP
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	FE
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	
VOQUEZNA DUAL PAK	3	PV; FE; QL
VOQUEZNA TRIPLE PAK	3	PV; FE; QL
VOWST	3	PA; QL
XERMELO	4	PA; SP; QL
ZORBTIVE	4	PA; SP; FE
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
betaine	4	SP
BUPHENYL ORAL POWDER 3 GM/TSP	4	SP; BP
BUPHENYL ORAL TABLET	4	SP; BP
CERDELGA	4	PA; SP
CHOLBAM	4	PA; SP
CREON	2	
CYSTADANE	4	SP; BP

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
CYSTAGON	4	SP
EVRYSDI	4	PA; SP; QL
GALAFOLD	4	PA; SP; QL
JAVYGTOR	4	PA; SP; BP
KUVAN ORAL PACKET	4	PA; SP; BP
KUVAN ORAL TABLET	4	PA; SP; BP
L-GLUTAMIC ACID HCL	2	
miglustat	4	PA; SP
MYALEPT	4	PA; SP
nitisinone	4	SP
NITYR	4	SP
OCALIVA	4	SP; FE; QL
OLPRUVA (2 GM DOSE)	4	SP; QL
OLPRUVA (3 GM DOSE)	4	SP; QL
OLPRUVA (4 GM DOSE)	4	SP; QL
OLPRUVA (5 GM DOSE)	4	SP; QL
OLPRUVA (6 GM DOSE)	4	SP; QL
OLPRUVA (6.67 GM DOSE)	4	SP; QL
ORFADIN ORAL CAPSULE	4	SP; BP
ORFADIN ORAL SUSPENSION	4	SP

Drug Name	Drug Tier	Limits/ Required
PALYNZIQ	4	PA; SP; QL
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	3	ST
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT ORAL	3	ST; FE
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT ORAL	3	ST; FE
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT, 8000-28750 UNIT	3	ST; FE
PHEBURANE	4	PA; SP
PROCYSBI	4	SP; FE
RAVICTI	4	PA; SP
sapropterin dihydrochloride oral packet	4	PA; SP
sapropterin dihydrochloride oral tablet	4	PA; SP
sodium phenylbutyrate oral powder 3 gm/tsp	4	SP
sodium phenylbutyrate oral tablet	4	SP
STRENSIQ	4	PA; SP
SUCRAID	4	PA; SP

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
VIOKACE	3	ST
VOXZOGO	4	PA; SP; QL
XURIDEN	4	SP
yargesa	4	PA; SP
ZAVESCA	4	PA; SP; BP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
calcium acetate (phos binder) tablet 667 mg oral (rx)	1	
calcium acetate oral tablet 667 mg	1	
CIALIS ORAL TABLET 5 MG	3	FE; BP; QL
CUPRIMINE ORAL CAPSULE 250 MG	4	SP; BP
darifenacin hydrobromide er	1	
DEPEN TITRATABS	4	SP; BP

Drug Name	Drug Tier	Limits/ Required
DETROL	3	BP
DETROL LA	3	BP
ELMIRON	2	
ENTADFI	3	FE; QL
fesoterodine fumarate er	1	ST; FE
flavoxate hcl	1	
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	3	BP
GELNIQUE TRANSDERMAL GEL 10 %	3	FE
GEMTESA	3	ST; FE; QL
INTRAROSA	3	QL
lanthanum carbonate	1	
LITHOSTAT	3	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	2	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	2	ST
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	2	ST
oxybutynin chloride er	1	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet	1	
OXYTROL	3	FE

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
penicillamine oral	4	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENVELA	3	BP
sevelamer carbonate	1	
sevelamer hcl	1	
solifenacin succinate	1	
tadalafil oral tablet 5 mg	1	FE; QL
THIOLA	4	SP; BP
THIOLA EC	4	SP
tiopronin oral	4	SP
tolterodine tartrate	1	
tolterodine tartrate er	1	
TOVIAZ	3	ST; FE; BP
tropium chloride	1	
tropium chloride er	1	
uretron d/s oral tablet 81.6 mg	1	
VELPHORO	3	QL
VESICARE	3	BP
VESICARE LS	3	FE; QL
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	3	BP
CARDURA XL	3	FE; QL
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	

Drug Name	Drug Tier	Limits/ Required
finasteride oral tablet 5 mg	1	
FLOMAX	3	BP
JALYN	3	BP
PROSCAR	3	BP
RAPAFLO	3	BP
silodosin	1	
tamsulosin hcl	1	
terazosin hcl oral	1	PV
UROXATRAL	3	BP
Hormonal Agents - Adrenal		
ALKINDI SPRINKLE	3	FE
CORTEF	3	BP
DEXABLISS	3	FE
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 6 mg	1	
dexamethasone oral tablet therapy pack	1	
dexamethasone tablet 4 mg oral	1	
EMFLAZA	4	PA; SP; FE
fludrocortisone acetate oral	1	
HEMADY	3	FE
HIDEX 6-DAY	3	FE

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	BP
MEDROL ORAL TABLET 2 MG	3	
MEDROL ORAL TABLET THERAPY PACK	3	BP
methylprednisolone oral	1	
ORAPRED ODT	3	FE; BP
PEDIAPRED	3	BP
prednisolone oral solution	1	
prednisolone oral tablet	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml	1	FE
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible	1	FE
prednisone intensol	1	FE
prednisone oral	1	
RAYOS	3	FE
TAPERDEX 12-DAY	3	FE
TAPERDEX 6-DAY	3	FE
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	3	FE

Drug Name	Drug Tier	Limits/ Required
Hormonal Agents - Men's Health		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA; BP
danazol oral	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA; BP
FORTESTA	3	PA; BP
JATENZO	3	PA; FE; QL
KYZATREX	3	PA; FE; QL
METHITEST	2	
METHYLTESTOSTERONE	2	
methyltestosterone oral	1	
NATESTO	3	PA; FE
TESTIM	3	PA; BP
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA
testosterone enanthate intramuscular solution	1	PA

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA	GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; SP; FE
testosterone transdermal solution	1	PA	HUMATROPE INJECTION CARTRIDGE	4	PA; SP
TLANDO	3	PA; FE; QL	INCRELEX	4	PA; SP
VOGELXO PUMP	3	PA; FE; BP	ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; SP; QL
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA; BP	MYCAPSSA	4	SP; FE; QL
XYOSTED	3	PA; FE	NGENLA	4	PA; SP
Hormonal Agents - Pituitary			NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; FE
ACTHAR	4	PA; SP	NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP
cabergoline	1	QL	NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP
CORTROPHIN	4	PA; SP	NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP
DDAVP ORAL	3	BP	octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	SP
desmopressin ace spray refrig	1		octreotide acetate subcutaneous	4	SP
desmopressin acetate oral	1				
desmopressin acetate spray	1				
EGRIFTA SV	4	PA; SP; QL			
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	4	PA; SP; FE			

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; SP; FE
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP; FE
ORLISSA	2	PA; QL
RECORLEV	4	PA; SP; QL
SAIZEN	4	PA; SP; FE
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	SP; BP
SIGNIFOR	4	PA; SP
SKYTROFA	4	PA; SP
SOGROYA	4	SP; FE
SOMAVERT	4	SP; FE
SYNAREL	2	
ZOMACTON	4	PA; SP; FE
Hormonal Agents - Prostaglandins		
KORLYM	4	PA; SP
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
EVISTA	3	PV; BP
OSPHENA	3	PV
raloxifene hcl	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
Hormonal Agents - Sex Hormones and Birth Control		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PV; BP
afirmelle	1	ACA; PV
aftera	1	ACA; O; PV
AFTERPILL	3	ACA; O; PV
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	PV; FE; QL
altavera	1	ACA; PV
alyacen 1/35	1	ACA; PV
alyacen 7/7/7	1	ACA; PV
amabelz	1	PV
amethia	1	ACA; PV
amethyst	1	ACA; PV
ANGELIQ	3	PV; FE
ANNOVERA	3	ACA; PV; QL
apri	1	ACA; PV
aranelle	1	ACA; PV
ashlyna	1	ACA; PV
aubra eq	1	ACA; PV
aurovela 1.5/30	1	ACA; PV
aurovela 1/20	1	ACA; PV
aurovela 24 fe	1	ACA; PV
aurovela fe 1.5/30	1	ACA; PV
aurovela fe 1/20	1	ACA; PV

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
aviane	1	ACA; PV
ayuna	1	ACA; PV
azurette	1	ACA; PV
BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL	3	ACA; PV; BP
balziva	1	ACA; PV
BEYAZ	3	ACA; PV; BP
BIJUVA CAPSULE 1-100 MG ORAL	3	FE
BIJUVA CAPSULE 1-100 MG ORAL	3	PV; FE
blisovi 24 fe	1	ACA; PV
blisovi fe 1.5/30	1	ACA; PV
blisovi fe 1/20	1	ACA; PV
briellyn	1	ACA; PV
camila	1	ACA; PV
camrese	1	ACA; PV
camrese lo	1	ACA; PV
charlotte 24 fe	1	ACA; PV
chateal eq	1	ACA; PV
CLIMARA	3	PV; BP; QL
CLIMARA PRO	3	PV; FE; QL
COMBIPATCH	2	PV; QL
CRINONE VAGINAL GEL 4 %	2	
cryselle-28	1	ACA; PV
curae	1	ACA; O; PV
cyred eq	1	ACA; PV
dasetta 1/35	1	ACA; PV
dasetta 7/7/7	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
daysee	1	ACA; PV
deblitane	1	ACA; PV
DELESTROGEN	3	PV; BP
delyla	1	ACA; PV
DEPO-ESTRADIOL	2	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	ACA; PV; BP
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	ACA; PV; BP
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	ACA; PV
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	ACA; PV
DIVIGEL	3	PV; BP
dolishale	1	ACA; PV
dotti	1	PV; QL
drospiren-eth estrad-levomefol	1	ACA; PV
drospirenone-ethinyl estradiol	1	ACA; PV
DUAVEE	3	PV
econtra one-step	1	ACA; O; PV
ELESTRIN	3	PV
elinest	1	ACA; PV
ELLA	2	ACA; PV
eluryng	1	ACA; PV; QL

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
ENDOMETRIN	3	
enilloring	1	ACA; PV; QL
enpresse-28	1	ACA; PV
enskyce oral tablet 0.15-30 mg-mcg	1	ACA; PV
errin	1	ACA; PV
estarylla	1	ACA; PV
ESTRACE ORAL	3	PV; BP
ESTRACE VAGINAL	3	BP
estradiol gel 0.25 mg/0.25gm transdermal	1	
estradiol gel 0.25 mg/0.25gm transdermal	1	PV
estradiol gel 0.5 mg/0.5gm transdermal	1	
estradiol gel 0.5 mg/0.5gm transdermal	1	PV
estradiol gel 0.75 mg/0.75gm transdermal	1	
estradiol gel 0.75 mg/0.75gm transdermal	1	PV
estradiol gel 1 mg/gm transdermal	1	
estradiol gel 1 mg/gm transdermal	1	PV
estradiol gel 1.25 mg/1.25gm transdermal	1	
estradiol gel 1.25 mg/1.25gm transdermal	1	PV
estradiol oral	1	PV
estradiol transdermal patch twice weekly	1	PV; QL
estradiol transdermal patch weekly	1	PV; QL
estradiol vaginal	1	

Drug Name	Drug Tier	Limits/ Required
estradiol valerate intramuscular	1	PV
estradiol-norethindrone acet	1	PV
ESTRING VAGINAL RING 7.5 MCG/24HR	2	QL
ESTROGEL	3	PV
ethynodiol diac-eth estradiol	1	ACA; PV
etonogestrel-ethinyl estradiol	1	ACA; PV; QL
EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL	3	PV
falmina	1	ACA; PV
FEMRING	2	QL
finzala	1	ACA; PV
fyavolv	1	PV
gemmily	1	ACA; PV
hailey 1.5/30	1	ACA; PV
hailey 24 fe	1	ACA; PV
hailey fe 1.5/30	1	ACA; PV
hailey fe 1/20	1	ACA; PV
haloette	1	ACA; PV; QL
heather	1	ACA; PV
her style	1	ACA; O; PV
iclevia	1	ACA; PV
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
incassia	1	ACA; PV
introvale	1	ACA; PV

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
isibloom	1	ACA; PV
jaimiess	1	ACA; PV
jasmiel	1	ACA; PV
jencycla	1	ACA; PV
jinteli	1	PV
jolessa	1	ACA; PV
joyeaux	1	ACA; PV
juleber	1	ACA; PV
junel 1.5/30	1	ACA; PV
junel 1/20	1	ACA; PV
junel fe 1.5/30	1	ACA; PV
junel fe 1/20	1	ACA; PV
junel fe 24	1	ACA; PV
kaitlib fe	1	ACA; PV
kalliga	1	ACA; PV
kariva	1	ACA; PV
kelnor 1/35	1	ACA; PV
kelnor 1/50	1	ACA; PV
kurvelo	1	ACA; PV
larin 1.5/30	1	ACA; PV
larin 1/20	1	ACA; PV
larin 24 fe	1	ACA; PV
larin fe 1.5/30	1	ACA; PV
larin fe 1/20	1	ACA; PV
layolis fe	1	ACA; PV
leena	1	ACA; PV
lessina	1	ACA; PV
levonest	1	ACA; PV
levonorgest-eth est & eth est	1	ACA; PV
levonorgest-eth estrad 91-day	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
levonorgest-eth estradiol-iron	1	ACA; PV
levonorgestrel oral tablet 1.5 mg	1	ACA; O; PV
levonorgestrel-ethinyl estrad	1	ACA; PV
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	ACA; PV
levora 0.15/30 (28)	1	ACA; PV
LO LOESTRIN FE	3	ACA; PV
LOESTRIN 1.5/30 (21)	3	ACA; PV; BP
LOESTRIN 1/20 (21)	3	ACA; PV; BP
LOESTRIN FE 1.5/30	3	ACA; PV; BP
LOESTRIN FE 1/20	3	ACA; PV; BP
lojaimiess	1	ACA; PV
loryna	1	ACA; PV
low-ogestrel	1	ACA; PV
lo-zumandimine	1	ACA; PV
luteru	1	ACA; PV
lyleq	1	ACA; PV
lyllana	1	PV; QL
lyza	1	ACA; PV
marlissa	1	ACA; PV
medroxyprogesterone acetate intramuscular	1	ACA; PV
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml, 800 mg/20ml	1	

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
megestrol acetate oral tablet	1	
megestrol acetate suspension 400 mg/10ml oral	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PV; FE
MENOSTAR	3	PV; FE; QL
merzee	1	ACA; PV
mibelas 24 fe	1	ACA; PV
microgestin 1.5/30	1	ACA; PV
microgestin 1/20	1	ACA; PV
microgestin 24 fe	1	ACA; PV
microgestin fe 1.5/30	1	ACA; PV
microgestin fe 1/20	1	ACA; PV
mili	1	ACA; PV
mimvey	1	PV
MINASTRIN 24 FE	3	ACA; PV; BP
MINIVELLE	3	PV; BP; QL
mono-lynyah	1	ACA; PV
my choice	1	ACA; O; PV
my way	1	ACA; O; PV
MYFEMBREE	2	PA; PV; QL
NATAZIA	2	ACA; PV
necon 0.5/35 (28)	1	ACA; PV
new day	1	ACA; O; PV
NEXTSTELLIS	3	ACA; PV

Drug Name	Drug Tier	Limits/ Required
nikki	1	ACA; PV
nora-be	1	ACA; PV
norelgestromin-eth estradiol	1	ACA; QL
norethin ace-eth estrad-fe oral capsule	1	ACA; PV
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	ACA; PV
norethin ace-eth estrad-fe oral tablet chewable	1	ACA; PV
norethindrone acetate oral	1	
norethindrone acet-ethinyl est oral tablet	1	ACA; PV
norethindrone oral	1	ACA; PV
norethindrone-eth estradiol	1	PV
norethindron-ethinyl estrad-fe	1	ACA; PV
norethin-eth estradiol-fe	1	ACA; PV
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	ACA; PV
norgestimate-ethinyl estradiol triphasic	1	ACA; PV
norlyroc	1	ACA; PV
nortrel 0.5/35 (28)	1	ACA; PV
nortrel 1/35 (21)	1	ACA; PV
nortrel 1/35 (28)	1	ACA; PV
nortrel 7/7/7	1	ACA; PV
NUVARING	3	ACA; PV; BP; QL
nylia 1/35	1	ACA; PV
nylia 7/7/7	1	ACA; PV
nymyo	1	ACA; PV

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
ocella	1	ACA; PV
opcicon one-step	1	ACA; O; PV
option 2	1	ACA; O; PV
ORIAHNN	2	PA; PV; QL
philith	1	ACA; PV
pimtrea	1	ACA; PV
PLAN B ONE-STEP TABLET 1.5 MG ORAL (OTC)	3	ACA; O; PV
portia-28	1	ACA; PV
PREMARIN ORAL	2	PV
PREMARIN VAGINAL	2	
PREMPHASE	2	PV
PREMPRO	2	PV
progesterone intramuscular	1	
progesterone oral	1	
PROMETRIUM	3	BP
PROVERA	3	BP
react	1	ACA; O; PV
reclipsen	1	ACA; PV
rivelsa	1	ACA; PV
SAFYRAL	3	ACA; PV; BP
setlakin	1	ACA; PV
sharobel	1	ACA; PV
simliya	1	ACA; PV
simpesse	1	ACA; PV
SLYND	3	ACA; PV
sprintec 28	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
sronyx	1	ACA; PV
syeda	1	ACA; PV
take action	1	ACA; O; PV
tarina 24 fe	1	ACA; PV
tarina fe 1/20 eq	1	ACA; PV
taysofy	1	ACA; PV
TAYTULLA	3	ACA; PV; BP
tilia fe	1	ACA; PV
tri-estarylla	1	ACA; PV
tri-legest fe	1	ACA; PV
tri-linyah	1	ACA; PV
tri-lo-estarylla	1	ACA; PV
tri-lo-marzia	1	ACA; PV
tri-lo-mili	1	ACA; PV
tri-lo-sprintec	1	ACA; PV
tri-mili	1	ACA; PV
tri-nymyo	1	ACA; PV
tri-sprintec	1	ACA; PV
trivora (28)	1	ACA; PV
tri-vylibra	1	ACA; PV
tri-vylibra lo	1	ACA; PV
turqoz	1	ACA; PV
TWIRLA	3	ACA; PV; QL
tydemy	1	ACA; PV
VAGIFEM VAGINAL TABLET 10 MCG	3	BP
velivet	1	ACA; PV
vestura	1	ACA; PV
vienva	1	ACA; PV
viorele	1	ACA; PV

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
VIVELLE-DOT	3	PV; BP; QL
volnea	1	ACA; PV
vyfemla	1	ACA; PV
vylibra	1	ACA; PV
wera	1	ACA; PV
wymzya fe	1	ACA; PV
xulane	1	ACA; PV; QL
YASMIN 28	3	ACA; PV; BP
YAZ	3	PV; BP
yuvafem	1	
zafemy	1	ACA; PV; QL
zovia 1/35 (28)	1	ACA; PV
zumandimine	1	ACA; PV
Hormonal Agents - Thyroid		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG	3	
ADTHYZA ORAL TABLET 97.5 MG	2	
ARMOUR THYROID	2	
CYTOMEL	3	BP
ERMEZA	3	FE
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	

Drug Name	Drug Tier	Limits/ Required
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	2	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	3	BP
THYQUIDITY	3	FE
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT CAPSULE 75 MCG ORAL	3	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 88 MCG	3	
TIROSINT-SOL	3	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA	4	SP; FE
ABRILADA (1 PEN)	4	SP; FE
ABRILADA (2 PEN)	4	SP; FE
ABRILADA (2 SYRINGE)	4	SP; FE
ACTEMRA ACTPEN	4	PA; SP; QL

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ACTEMRA SUBCUTANEOUS	4	PA; SP; QL	CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; SP; QL
ACTIMMUNE	4	PA; SP	CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; SP; QL
ADALIMUMAB-AACF	4	PA; SP; FE	COSENTYX (300 MG DOSE)	4	PA; SP; QL
ADALIMUMAB-ADAZ	4	PA; SP; QL	COSENTYX 150 MG/ML SUBCUTANEOUS	4	PA; SP; QL
ADALIMUMAB-ADBM SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; FE	COSENTYX SENSOREADY (300 MG)	4	PA; SP; QL
ADALIMUMAB-ADBM SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; SP; FE; QL	COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	4	PA; SP; QL
ADALIMUMAB-FKJP	4	PA; SP; QL	COSENTYX UNOREADY	4	PA; SP; QL
AMJEVITA	4	PA; SP; FE; QL	cyclosporine modified	1	PV
AMJEVITA-PED 15KG TO <30KG	4	PA; SP; FE; QL	cyclosporine oral capsule	1	PV
ARAVA	3	BP; QL	CYLTEZO (2 PEN)	4	PA; SP; FE; QL
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	4	PA; SP	CYLTEZO (2 SYRINGE)	4	PA; SP; FE; QL
ASTAGRAF XL	3	PV	CYLTEZO-CD/UC/HS STARTER	4	PA; SP; FE; QL
AZASAN	3	PV; BP	CYLTEZO-PSORIASIS/UV STARTER	4	PA; SP; FE; QL
azathioprine oral	1	PV	ENBREL MINI	4	PA; SP; QL
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	4	PA; SP; QL			
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL			
CELLCEPT	3	PV; BP			

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	4	PA; SP; QL	HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	4	PA; SP; BP; QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; BP; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; SP; QL	HUMIRA-CD/UC/HS STARTER PEN- INJECTOR KIT 80 MG/0.8ML	4	PA; SP; BP; QL
ENSPRYNG	4	PA; SP; QL	SUBCUTANEOUS		
ENVARUSUS XR	3	PV	HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; BP; QL
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	PV	HUMIRA-PED<40KG CROHNS STARTER	4	PA; SP; BP; QL
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; BP	HUMIRA-PED>=40KG CROHNS START	4	PA; SP; BP; QL
gengraf oral capsule 100 mg, 25 mg	1	PV	HUMIRA-PED>=40KG UC STARTER	4	PA; SP; BP; QL
gengraf oral solution	1	PV	HUMIRA-PS/UV/ADOL HS STARTER	4	PA; SP; BP; QL
HADLIMA	4	PA; SP; QL	HUMIRA- PSORIASIS/UEVIT STARTER	4	PA; SP; BP; QL
HADLIMA PUSHTOUCH	4	PA; SP; QL	HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML	4	PA; SP; FE; QL
HAEGARDA	4	PA; SP	SUBCUTANEOUS		
HULIO	4	PA; SP; FE			
HUMIRA (2 PEN) PEN- INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	4	PA; SP; BP; QL			

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; FE	HYRIMOZ-PED>=40KG CROHN START	4	PA; SP; FE; QL
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; FE; QL	HYRIMOZ-PLAQUE PSORIASIS START	4	PA; SP; FE; QL
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	4	PA; SP; FE; QL	icatibant acetate subcutaneous solution prefilled syringe	4	PA; SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	4	PA; SP; FE; QL	IDACIO (2 PEN)	4	PA; SP; FE; QL
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.8ML	4	PA; SP; FE; QL	IDACIO (2 SYRINGE)	4	PA; SP; FE; QL
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; FE	IDACIO-CROHNS/UC STARTER	4	PA; SP; FE; QL
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; FE; QL	IDACIO-PSORIASIS STARTER	4	PA; SP; FE; QL
HYRIMOZ-PED<40KG CROHN STARTER	4	PA; SP; FE; QL	IMURAN	3	PV; BP
			JOENJA	4	PA; SP; QL
			KEVZARA	4	PA; SP; QL
			KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
			leflunomide oral	1	QL
			LUPKYNIS	4	PA; SP; PV; QL
			methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
			methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
methotrexate sodium injection solution reconstituted	1		PROGRAF ORAL PACKET	3	PV; AL
methotrexate sodium oral	1		RAPAMUNE	3	PV; BP
mycophenolate mofetil oral	1	PV	RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS	3	FE
mycophenolate sodium	1	PV	RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS	3	FE
MYFORTIC	3	PV; BP	RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS	3	FE
NEORAL	3	PV; BP	RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS	3	FE
OLUMIANT	4	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	3	FE
ORENCIA CLICKJECT	4	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS	3	FE
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS	3	FE
ORLADEYO	4	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS	3	FE
OTEZLA ORAL TABLET	4	PA; SP; QL	RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS	3	FE
OTEZLA ORAL TABLET THERAPY PACK	4	PA; SP; QL			
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	FE			
PROGRAF ORAL CAPSULE	3	PV; BP			

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
REZUROCK	4	PA; SP; QL	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
RIDAURA	4	SP	tacrolimus oral	1	PV
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	4	PA; SP; QL	TAKHZYRO	4	PA; SP; QL
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	4	PA; SP; QL	TALTZ	4	PA; SP; QL
sajazir subcutaneous solution prefilled syringe	4	PA; SP; FE	TREMFYA	4	PA; SP; QL
SANDIMMUNE ORAL CAPSULE	3	PV; BP	TREXALL	2	
SANDIMMUNE ORAL SOLUTION	2	PV	VARIZIG INTRAMUSCULAR SOLUTION	2	ACA
SILIQ	4	PA; SP; QL	XATMEP	3	FE
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL	XELJANZ	4	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	XELJANZ XR	4	PA; SP; QL
sirolimus oral	1	PV	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	PA; SP; FE; QL
SKYRIZI PEN	4	PA; SP; QL	YUFLYMA (2 PEN)	4	PA; SP; FE; QL
SKYRIZI SUBCUTANEOUS	4	PA; SP; QL	YUFLYMA (2 SYRINGE)	4	PA; SP; FE; QL
SOTYKTU	4	PA; SP; QL	YUFLYMA SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	4	PA; SP; FE
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	PA; SP; QL	YUFLYMA-CD/UC/HS STARTER	4	PA; SP; FE
			YUSIMRY	4	PA; SP; FE; QL
			ZORTRESS	3	PV; BP

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
Inflammatory Bowel Disease Agents		
ANUSOL-HC EXTERNAL	3	BP
APRISO	3	BP
AZULFIDINE	3	BP
AZULFIDINE EN-TABS	3	BP
balsalazide disodium	1	
budesonide er oral tablet extended release 24 hour	1	FE; QL
budesonide oral	1	
budesonide rectal	1	
CANASA	3	BP
COLAZAL	3	BP
CORTENEMA	3	BP
CORTIFOAM EXTERNAL	2	
DELZICOL	3	BP
DIPENTUM	3	FE
hydrocortisone (perianal)	1	
hydrocortisone rectal enema	1	
LIALDA	3	BP
mesalamine er	1	
mesalamine oral	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
PENTASA	2	
PROCTOCORT EXTERNAL	3	BP
PROCTOFOAM HC EXTERNAL	2	
procto-med hc external	1	

Drug Name	Drug Tier	Limits/ Required
proctosol hc external	1	
proctozone-hc external	1	
ROWASA RECTAL	3	BP
SFROWASA	3	
sulfasalazine oral	1	
TARPEYO	3	FE; QL
UCERIS RECTAL	3	BP
UCERIS TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL	3	FE; BP; QL
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	PV; BP
alendronate sodium oral solution	1	PV
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	PV
ATELVIA	3	PV; BP
BINOSTO	3	PV; FE
calcitonin (salmon)	1	PV
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	4	PA; SP; PV; FE; BP; QL
FOSAMAX ORAL TABLET 70 MG	3	PV; BP
FOSAMAX PLUS D	3	PV; FE
ibandronate sodium oral	1	PV
MIACALCIN INJECTION	3	PV; BP

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1	PV	ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	BP
risedronate sodium oral tablet delayed release	1	PV	Miscellaneous Therapeutic Agents		
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	4	PA; SP; PV; FE; QL	AEROCHAMBER HOLDING CHAMBER	2	
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	PA; SP; PV; FE; QL	AEROCHAMBER MINI CHAMBER	2	
teriparatide solution pen-injector 600 mcg/2.4ml subcutaneous	4	PA; SP; FE; QL	AEROCHAMBER MV	2	
teriparatide solution pen-injector 600 mcg/2.4ml subcutaneous	4	PA; SP; PV; FE; QL	AEROCHAMBER PLS FLOVU MTHPIECE	2	
TYMLOS	4	PA; SP; PV; QL	AEROCHAMBER PLUS FLO-VU INTERM	2	
Metabolic Bone Disease Agents - Other			AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
calcitriol oral	1		AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
cinacalcet hcl	1		AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
doxercalciferol oral	1		AEROCHAMBER PLUS FLOW VU	2	
paricalcitol oral	1		AEROCHAMBER W/FLOWSIGNAL	2	
RAYALDEE	3		ASPARTAME (FOR COMPOUNDING)	2	
ROCALTROL	3	BP	ASPARTAME (NUTRASWEET)	2	
SENSIPAR	3	BP	BREATHE EASE LARGE	2	
			BREATHE EASE MEDIUM	2	
			BREATHE EASE SMALL	2	

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
BREATHERITE VALVED MDI CHAMBER	2	
BROMELAIN	2	
BYLVAY	4	PA; SP; QL
BYLVAY (PELLETS)	4	PA; SP; QL
CETYLCIDE-G	2	
CHARCOAL ACTIVATED	2	
CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
CONDOMS	3	ACA; O
DOJOLVI	3	PA
DUREX EXTRA SENSITIVE THIN	3	ACA; O
EASIVENT	2	
ENCARE VAGINAL SUPPOSITORY	3	ACA; O
ENDARI	3	
ergoloid mesylates oral	1	
FC2 FEMALE CONDOM	3	ACA; O
FIRDAPSE	4	PA; SP; FE; QL
FLEXICHAMBER	2	

Drug Name	Drug Tier	Limits/ Required
formaldehyde solution 37 % external (rx)	1	
glutaraldehyde external	1	
GRASTEK	3	
KERENDIA TABLET 10 MG ORAL	3	PA; QL
KERENDIA TABLET 20 MG ORAL	3	PA; QL
LIVMARLI	4	PA; SP; QL
methergine oral	1	
methylergonovine maleate oral	1	
MICROCHAMBER DEVICE	2	
ODACTRA	3	AL; QL
OMNIPOD 5 G6 INTRO (GEN 5)	14	MB; QL
OMNIPOD 5 G6 POD (GEN 5)	14	MB; QL
OMNIPOD DASH INTRO (GEN 4)	14	MB; QL
OMNIPOD DASH PODS (GEN 4)	14	MB; QL
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 25 UNIT/24HR, 35 UNIT/24HR	14	MB; QL
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
OPTIONS GYNOL II CONTRACEPTIVE	3	ACA; O
ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL	2	
OXBRYTA	4	PA; SP; QL
PALFORZIA	4	SP; AL
PHEXXI	3	ACA
POCKET SPACER	2	
RADIOGARDASE	3	
RAGWITEK	3	
SACCHARIN	2	
sodium saccharin powder	1	
TAVNEOS	4	PA; SP; QL
TODAY SPONGE	2	ACA; O
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	ACA; O
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	3	ACA; O
VEOZAH TABLET 45 MG ORAL	3	ST; QL
VISTOGARD	4	SP
VORTEX VALVED HOLDING CHAMBER	2	
ZOKINVY	4	PA; SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	BP
ACULAR LS	3	BP

Drug Name	Drug Tier	Limits/ Required
ACUVAIL	3	FE
ALOCRIAL	3	FE
ALOMIDE	3	FE
ALREX	3	ST; FE
AZASITE	2	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
bepotastine besilate	1	FE
BEPREVE	3	FE; BP
BESIVANCE	3	FE
BETADINE OPHTHALMIC PREP	3	
bromfenac sodium (once-daily)	1	
BROMSITE	3	FE
CILOXAN OPHTHALMIC OINTMENT	3	FE
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	1	ST
DUREZOL	3	ST; BP
epinastine hcl	1	
erythromycin ointment 5 mg/gm ophthalmic	1	
EYSUVIS	3	FE
FLAREX	2	

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
fluorometholone ophthalmic	1	
flurbiprofen sodium	1	
FML FORTE	3	ST
FML LIQUIFILM	3	BP
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
ILEVRO	3	FE
INVELTYS	2	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic solution 1.5 %	1	
LOTEMAX OPTHALMIC GEL	3	ST; BP
LOTEMAX OPTHALMIC OINTMENT	3	ST; FE
LOTEMAX OPTHALMIC SUSPENSION	3	ST; FE; BP
LOTEMAX SM	2	
loteprednol etabonate ophthalmic gel	1	ST
loteprednol etabonate ophthalmic suspension	1	ST; FE
MAXIDEX	2	
MAXITROL OPTHALMIC OINTMENT	3	BP
MAXITROL OPTHALMIC SUSPENSION 0.1 %	3	BP
MITOSOL	3	

Drug Name	Drug Tier	Limits/ Required
moxifloxacin hcl (2x day)	1	FE
moxifloxacin hcl ophthalmic solution	1	
NATACYN	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
NEVANAC	3	FE
OCUFLOX	3	BP
ofloxacin ophthalmic	1	
olopatadine hcl solution 0.2 % ophthalmic (rx)	1	
PATADAY OPTHALMIC SOLUTION 0.7 %	3	FE
POVIDONE-IODINE OPTHALMIC	3	
PRED FORTE	3	BP
PRED MILD	3	ST
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
PROLENSA	3	FE
sulfacetamide sodium ophthalmic	1	
TOBRADEX OPTHALMIC OINTMENT	3	

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
TOBRADEX ST	2	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX OPTHALMIC OINTMENT	2	
trifluridine ophthalmic	1	
UPNEEQ	3	QL
VIGAMOX	3	BP
XDEMVIY SOLUTION 0.25 % OPTHALMIC	3	PA
ZERVIAE	3	FE
ZIRGAN	3	
ZYMAXID	3	BP
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	1	
acetazolamide oral	1	
ALPHAGAN P	3	BP
apraclonidine hcl	1	
AZOPT	3	BP
betaxolol hcl ophthalmic	1	
BETIMOL	3	
BETOPTIC-S	3	FE
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	1	
brinzolamide	1	
carteolol hcl	1	
COMBIGAN	3	BP
COSOPT	3	BP

Drug Name	Drug Tier	Limits/ Required
COSOPT PF OPTHALMIC SOLUTION 2-0.5 %	3	BP
dichlorphenamide	4	SP
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
IOPIDINE OPTHALMIC SOLUTION 1 %	3	
ISTALOL	3	BP
KEVEYIS	4	SP; BP
latanoprost ophthalmic	1	
levobunolol hcl ophthalmic solution 0.5 %	1	
LUMIGAN SOLUTION 0.01 % OPTHALMIC	2	ST
methazolamide oral	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
RHOPRESSA	2	
ROCKLATAN	2	ST
SIMBRINZA	3	
tafluprost (pf)	1	ST
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
timolol maleate ophthalmic gel forming solution	1	FE
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.25 %	3	FE; BP
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.5 %	3	BP
TRAVATAN Z	3	FE; BP
travoprost (bak free)	1	
VUITY	3	
VYZULTA	3	ST; FE
XALATAN	3	BP
XELPROS	2	
ZIOPTAN OPTHALMIC SOLUTION 0.0015 %	3	ST; FE; BP
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
altafrin ophthalmic solution 10 %, 2.5 %	1	
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution 1 %	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc	1	
CEQUA	3	QL

Drug Name	Drug Tier	Limits/ Required
CYCLOGYL OPTHALMIC SOLUTION 0.5 %, 2 %	3	
CYCLOGYL OPTHALMIC SOLUTION 1 %	3	BP
cyclopentolate hcl ophthalmic solution 1 %	1	
cyclosporine ophthalmic	1	
CYSTARANS	4	SP
CYSTARAN	4	SP
LACRISERT	3	FE
LASTACAFT	3	FE
MIEBO	3	FE
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neo-polycin	1	
neo-polycin hc	1	
OXERVATE	4	PA; SP; QL
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
polycin	1	
polymyxin b-trimethoprim	1	
RESTASIS	3	BP; QL
RESTASIS MULTIDOSE OPTHALMIC EMULSION 0.05 %	2	QL

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
sulfacetamide-prednisolone ophthalmic solution	1	
TYRVAYA	3	QL
VERKAZIA	3	
XIIDRA	3	QL
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CETRAXAL	3	FE; BP
CIPRO HC	3	FE
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
CIPROFLOXACIN-FLUOCINOLONE PF	3	FE
CORTISPORIN-TC	3	
DERMOTIC	3	BP
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	3	FE
PRAMOTIC	3	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	
azelastine-fluticasone	1	FE

Drug Name	Drug Tier	Limits/ Required
benzonatate	1	
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	1	FE
cetirizine hcl oral solution 1 mg/ml	1	
CLARINEX ORAL TABLET	3	FE; BP
CLARINEX-D 12 HOUR	3	FE
clemastine fumarate oral syrup	1	FE
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral	1	
desloratadine	1	FE
diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)	1	
DYMISTA	3	FE; BP
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluticasone propionate suspension 50 mcg/act nasal (rx)	1	QL
GILPHEX TR ORAL TABLET 10-388 MG	3	FE
guaifenesin ac	1	AL; QL
guaifenesin-codeine oral solution	1	AL; QL
HYCODAN ORAL SOLUTION	3	AL; BP; QL

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
HYCODAN ORAL TABLET	3	AL; BP; QL	promethazine-dm oral syrup	1	
hydrocod poli-chlorphe poli er	1	AL; QL	pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx)	1	
hydrocodone bit-homatrop mbr	1	AL; QL	PULMOSAL	2	
hydromet oral solution	1	AL; QL	QNASL	3	FE
HYPERSAL	3		QNASL CHILDRENS	3	FE
ipratropium bromide nasal	1		RYALTRIS	3	FE; QL
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	3	FE	RYCLORA ORAL SOLUTION	3	FE
levocetirizine dihydrochloride oral solution	1	FE	ryvent	1	FE
levocetirizine dihydrochloride tablet 5 mg oral (rx)	1		sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %	1	
maxi-tuss ac	1	AL; QL	sodium chloride nebulization solution 7 % inhalation	1	
mometasone furoate nasal	1	QL		3	AL; FE; QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	2		TUXARIN ER	3	FE; QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3		XHANCE	3	FE; QL
olopatadine hcl nasal	1	FE	ZETONNA	3	FE
OMNARIS	3	FE	Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
promethazine vc	1		ACCOLATE	3	PV; BP
promethazine vc/codeine	1	AL; QL	acetylcysteine inhalation	1	
promethazine-codeine oral solution	1	AL; QL	ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION	2	PV; BP; 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	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	2	PV; BP; QL	ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	Ventolin brand alternative ; PV; QL
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION	2	PV; BP; QL	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	PV
ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION	2	PV; QL	albuterol sulfate oral	1	PV
ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION	2	PV; QL	ALVESCO	3	PV; FE; QL
ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION	2	PV; QL	ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	PV; QL
AIRDUO DIGIHALER	3	PV; FE; QL	arformoterol tartrate	1	PV; QL
AIRDUO RESPICLICK 113/14	3	PV; FE; QL	ARMONAIR DIGIHALER	3	PV; FE; QL
AIRDUO RESPICLICK 232/14	3	PV; FE; QL	ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	PV; QL
AIRDUO RESPICLICK 55/14 AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION	3	PV; FE; QL	ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	PV; QL
AIRSUPRA	3	PV; FE; QL	ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Generic Proair/Proventil; PV; QL			

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	2	PV; QL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	2	PV; QL	breyana	1	PV; QL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL	BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	2	PV; QL
ASMANEX HFA	2	PV; QL	BROVANA	3	PV; BP; QL
ATROVENT HFA	2	PV; QL	budesonide inhalation	1	PV; QL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	3	FE; QL	budesonide-formoterol fumarate	1	PV; QL
BEVESPI AEROSPHERE	3	PV; QL	COMBIVENT RESPIMAT	2	PV; QL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	2	PV; QL	cromolyn sodium inhalation	1	PV
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	2	PV; QL	DALIRESP	3	PV; BP
			DUAKLIR PRESSAIR	3	PV; FE; QL
			DULERA	3	PV; FE; QL
			elixophyllin	1	PV
			epinephrine injection solution auto-injector	1	QL
			EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; QL
			EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; QL
			ESBRIET	4	PA; SP; BP; 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	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS	4	PA; SP; QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	PV; QL
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	PV; FE; QL	formoterol fumarate inhalation	1	PV; QL
FLUTICASONE PROPIONATE DISKUS	2	PV	INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	2	PV; QL
FLUTICASONE PROPIONATE HFA	3	PV; FE; QL	ipratropium bromide inhalation	1	PV
fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation	1	QL	ipratropium-albuterol	1	PV
fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation	1	PV; QL	levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	PV
FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	PV; FE; QL	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	PV; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act	1	PV; QL	montelukast sodium oral	1	PV
			NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	4	PA; SP; QL
			NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; SP; QL
			OFEV	4	PA; SP; QL

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
PERFOROMIST	3	PV; BP; QL	STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION	2	PV; QL
pirfenidone	4	PA; SP; QL	STRIVERDI RESPIMAT	3	PV; QL
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	PV; FE; QL	SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION	3	PV; BP; QL
PROAIR RESPICLICK	3	PV; QL	SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION	3	PV; BP; QL
PROVENTIL HFA	3	PV; BP; QL	terbutaline sulfate oral	1	PV
PULMICORT FLEXHALER	2	PV; QL	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
PULMICORT SUSPENSION	3	PV; BP; QL	THEO-24	3	PV
QVAR REDIHALER	2	PV; QL	theophylline elixir 80 mg/15ml oral	1	PV
roflumilast	1	PV	theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1	PV
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL	theophylline er oral tablet extended release 24 hour	1	PV
SINGULAIR	3	PV; BP	theophylline er tablet extended release 12 hour 300 mg oral	1	
SPIRIVA HANDIHALER	3	PV; BP; QL	theophylline er tablet extended release 12 hour 300 mg oral	1	PV
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	PV; QL	theophylline er tablet extended release 12 hour 450 mg oral	1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	PV; QL			

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
theophylline er tablet extended release 12 hour 450 mg oral	1	PV
theophylline oral solution	1	PV
tiotropium bromide monohydrate	1	PV; QL
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	2	PV; QL
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION	2	PV; QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	PV; QL
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	PV; QL
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV; QL
XOPENEX HFA	3	PV; QL
YUPELRI SOLUTION 175 MCG/3ML INHALATION	3	ST; PV; QL
zafirlukast	1	PV
zileuton er	1	PV; FE

Drug Name	Drug Tier	Limits/ Required
ZYFLO	3	PV; FE
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	4	SP; BP; QL
BRONCHITOL	2	QL
CAYSTON	4	SP
KALYDECO	4	PA; SP; QL
KITABIS PAK	4	SP; QL
ORKAMBI	4	PA; SP; QL
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	4	SP
SYMDEKO	4	PA; SP; QL
TOBI NEBULIZER	4	SP; BP; QL
TOBI PODHALER	4	SP; QL
tobramycin inhalation nebulization solution 300 mg/4ml	4	SP; QL
tobramycin nebulization solution 300 mg/5ml inhalation	4	SP; QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	4	SP; QL
TRIKAFTA	4	PA; SP; QL

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	4	PA; SP; BP; QL
ADEMPAS	4	PA; SP; QL
alyq	4	PA; SP; QL
ambrisentan	4	PA; SP; QL
bosentan	4	PA; SP; QL
LETAIRIS	4	PA; SP; BP; QL
LIQREV	4	PA; SP; FE; QL
OPSUMIT	4	PA; SP; QL
ORENITRAM	4	PA; SP
ORENITRAM MONTH 1	4	PA; SP
ORENITRAM MONTH 2	4	PA; SP
ORENITRAM MONTH 3	4	PA; SP
REVATIO ORAL	4	PA; SP; BP; QL
sildenafil citrate oral suspension reconstituted	4	PA; SP; QL
sildenafil citrate oral tablet 20 mg	4	PA; SP; QL
tadalafil (pah)	4	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
TADLIQ	4	PA; SP; QL
TRACLEER 62.5 MG, 125 MG	4	PA; SP; BP; QL
TRACLEER 32 MG	4	PA; SP; QL
TYVASO	4	PA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; SP; QL
TYVASO DPI TITRATION KIT	4	PA; SP; QL
TYVASO REFILL	4	PA; SP
TYVASO STARTER	4	PA; SP
UPTRAVI ORAL	4	PA; SP; QL
UPTRAVI TITRATION	4	PA; SP; QL
VENTAVIS	4	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	3	FE; BP
BACLOFEN ORAL SOLUTION 5 MG/5ML	3	FE
baclofen oral suspension	1	
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	1	FE

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl er	1	FE
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	1	FE
DANTRIUM ORAL CAPSULE 25 MG	3	BP
dantrolene sodium oral	1	
FEXMID	3	FE; BP
FLEQSUVY	3	FE; BP
LORZONE	3	FE; BP
LYVISPAH	3	FE
metaxalone oral tablet 400 mg	1	FE
metaxalone oral tablet 800 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
NORGESIC	3	FE
NORGESIC FORTE	3	FE
orphenadrine citrate er	1	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1	FE
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	3	FE
OZOBAX	3	FE
SOMA	3	BP
tizanidine hcl oral	1	
VANADOM	3	BP
ZANAFLEX	3	BP

Drug Name	Drug Tier	Limits/ Required
Sleep Disorder Agents		
AMBIEN	3	BP; QL
AMBIEN CR	3	BP; QL
armodafinil	1	QL
BELSOMRA	2	ST; QL
DAYVIGO	3	FE; QL
doxepin hcl oral tablet	1	QL
EDLUAR	3	FE; QL
eszopiclone	1	QL
flurazepam hcl	1	
HETLIOZ	4	PA; SP; BP; QL
HETLIOZ LQ	4	PA; SP; QL
LUMRYZ	4	PA; SP; FE; QL
LUNESTA	3	BP; QL
modafinil oral	1	QL
NUVIGIL	3	BP; QL
PROVIGIL	3	BP; QL
QUVIVIQ	3	ST; FE; QL
ramelteon	1	
RESTORIL	3	BP
ROZEREM	3	BP
SILENOR	3	BP; QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	4	PA; SP; QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	4	PA; SP; FE; QL
SUNOSI TABLET 150 MG ORAL	2	ST; QL

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

Created on 1/15/2024

Drug Name	Drug Tier	Limits/ Required
SUNOSI TABLET 75 MG ORAL	2	ST; QL
tasimelteon	4	PA; SP; QL
temazepam	1	
WAKIX	4	PA; SP; QL
XYREM	4	PA; SP; QL
XYWAV	4	PA; SP; QL
zaleplon	1	QL
zolpidem tartrate er	1	QL
ZOLPIDEM TARTRATE ORAL CAPSULE	3	FE; QL
zolpidem tartrate oral tablet	1	QL
zolpidem tartrate sublingual	1	FE; QL

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

Created on 1/15/2024

Index of Drugs

abacavir sulfate.....	34	ADAPALENE.....	51	AIRDUO RESPICLICK	
abacavir sulfate-		adapalene-benzoyl		232/14.....	95
lamivudine.....	34	peroxide.....	51	AIRDUO RESPICLICK	
ABILIFY.....	33	ADASUVE.....	33	55/14.....	95
ABILIFY MYCITE		ADBRY.....	51	AIRSUPRA.....	95
MAINTENANCE KIT.....	33	ADCIRCA.....	100	AJOVY.....	24
ABILIFY MYCITE		ADDERALL.....	46	AKLIEF.....	51
STARTER KIT.....	33	ADDERALL XR.....	46	AKYNZEO.....	21
abiraterone acetate.....	26	adefovir dipivoxil.....	34	ALA SCALP.....	51
ABRILADA.....	80	ADEMPAS.....	100	ala-cort.....	51
ABRILADA (1 PEN).....	80	ADLARITY.....	19	ALANINE.....	62
ABRILADA (2 PEN).....	80	ADMELOG.....	60	albendazole.....	31
ABRILADA (2 SYRINGE)	80	ADMELOG SOLOSTAR..	60	albuterol sulfate.....	95
ABSORICA.....	51	ADTHYZA.....	80	albuterol sulfate hfa.....	95
ABSORICA LD.....	51	ADVAIR DISKUS.....	94, 95	ALBUTEROL SULFATE	
acamprosate calcium.....	11	ADVAIR HFA.....	95	HFA.....	95
ACANYA.....	51	ADZENYS XR-ODT.....	46	alclometasone	
acarbose.....	57	AEMCOLO.....	12	dipropionate.....	51
ACCOLATE.....	94	AEROCHAMBER		ALDACTONE.....	39
ACCRUFER.....	62	HOLDING CHAMBER.....	87	ALECENSA.....	26
ACCUPRIL.....	39	AEROCHAMBER MINI		alendronate sodium.....	86
ACCURETIC.....	39	CHAMBER.....	87	alfuzosin hcl er.....	71
accutane.....	51	AEROCHAMBER MV.....	87	ALINIA.....	31
acebutolol hcl.....	39	AEROCHAMBER PLS		aliskiren fumarate.....	39
acetaminophen-codeine....	6	FLOVU MTHPIECE.....	87	ALKINDI SPRINKLE.....	71
acetazolamide.....	91	AEROCHAMBER PLUS		allopurinol.....	24
acetazolamide er.....	91	FLO-VU INTERM.....	87	ALLOPURINOL.....	24
acetic acid.....	93	AEROCHAMBER PLUS		ALLZITAL.....	6
acetylcysteine.....	94	FLO-VU LARGE.....	87	almotriptan malate.....	24
ACIPHEX.....	65	AEROCHAMBER PLUS		ALOCRIL.....	89
acitretin.....	51	FLO-VU MEDIUM.....	87	ALOGLIPTIN	
ACTEMRA.....	81	AEROCHAMBER PLUS		BENZOATE.....	57
ACTEMRA ACTPEN.....	80	FLO-VU SMALL.....	87	ALOGLIPTIN-	
ACTHAR.....	73	AEROCHAMBER PLUS		METFORMIN HCL.....	57
ACTIMMUNE.....	81	FLOW VU.....	87	ALOGLIPTIN-	
ACTIVELLA.....	74	AEROCHAMBER		PIOGLITAZONE.....	57
ACTONEL.....	86	W/FLOWSIGNAL.....	87	ALOMIDE.....	89
ACTOPLUS MET.....	57	AFINITOR.....	26	ALORA.....	74
ACTOS.....	57	AFINITOR DISPERZ.....	26	alose tron hcl.....	66
ACULAR.....	89	afirmelle.....	74	ALPHAGAN P.....	91
ACULAR LS.....	89	AFREZZA.....	60	alprazolam.....	37
ACUVAIL.....	89	aftera.....	74	alprazolam er.....	37
acyclovir.....	34	AFTERPILL.....	74	alprazolam intensol.....	37
ACZONE.....	51	AGRYLIN.....	38	alprazolam xr.....	37
ADALIMUMAB-AACF.....	81	AIMOVIG.....	24	ALREX.....	89
ADALIMUMAB-ADAZ.....	81	AIRDUO DIGIHALER.....	95	ALTABAX.....	12
ADALIMUMAB-ADB.....	81	AIRDUO RESPICLICK		ALTACE.....	39
ADALIMUMAB-FKJP.....	81	113/14.....	95	altafrin.....	92
adapalene.....	51			altavera.....	74

ALTOPREV.....	39	amphetamine-		ARMONAIR DIGIHALER.....	95
ALTRENO.....	51	dextroamphetamine er.....	46	ARMOUR THYROID.....	80
ALUMINUM CHLORIDE		amphet-dextroamphet 3-		ARNUITY ELLIPTA.....	95
ANHYDROUS.....	51	bead er.....	46	AROMASIN.....	26
ALUMINUM CHLORIDE		ampicillin.....	12	ARTHROTEC.....	9
HEXAHYDRATE.....	51	AMPYRA.....	48	ascomp-codeine.....	6
ALUNBRIG.....	26	AMRIX.....	100	asenapine maleate.....	33
ALVESCO.....	95	AMZEEQ.....	52	ashlyna.....	74
alvimopan.....	66	ANAFRANIL.....	19	ASMANEX (120	
alyacen 1/35.....	74	anagrelide hcl.....	38	METERED DOSES).....	96
alyacen 7/7/7.....	74	ANAPROX DS.....	9	ASMANEX (30	
alyq.....	100	ANASPAZ.....	66	METERED DOSES).....	96
amabelz.....	74	anastrozole.....	26	ASMANEX (60	
amantadine hcl.....	31	ANCOBON.....	22	METERED DOSES).....	96
AMBIEN.....	101	ANDRODERM.....	72	ASMANEX HFA.....	96
AMBIEN CR.....	101	ANDROGEL PUMP.....	72	ASPARTAME (FOR	
ambrisentan.....	100	ANGELIQ.....	74	COMPOUNDING).....	87
amcinonide.....	51	ANNOVERA.....	74	ASPARTAME	
amethia.....	74	ANORO ELLIPTA.....	95	(NUTRASWEET).....	87
amethyst.....	74	ANTIVERT.....	21	aspirin.....	9
amiloride hcl.....	39	ANUSOL-HC.....	86	aspirin 81.....	9
amiloride-		ANZEMET.....	21	aspirin adult low dose.....	9
hydrochlorothiazide.....	39	APADAZ.....	6	aspirin adult low strength...	9
aminocaproic acid.....	38	APEXICON E.....	52	aspirin childrens.....	9
amiodarone hcl.....	39	APIDRA SOLOSTAR.....	60	aspirin ec low dose.....	9
AMITIZA.....	66	APIDRA VIAL.....	60	aspirin ec low strength.....	9
amitriptyline hcl.....	19	APLENZIN.....	19	aspirin low dose.....	9
AMJEVITA.....	81	APOKYN.....	31	aspirin regimen.....	9
AMJEVITA-PED 15KG		apomorphine hcl.....	31	aspirin-dipyridamole er....	32
TO.....	81	APO-VARENICLINE.....	11	ASPRUZYO SPRINKLE..	39
amlodipine besylate.....	39	apraclonidine hcl.....	91	ASTAGRAF XL.....	81
amlodipine besylate-		aprepitant.....	21	ATACAND.....	39
benazepril hcl.....	39	apri.....	74	ATACAND HCT.....	39
amlodipine besylate-		APRISO.....	86	atazanavir sulfate.....	34
valsartan.....	39	APTENSIO XR.....	46	ATELVIA.....	86
amlodipine-atorvastatin....	39	APTIOM.....	16	atenolol.....	39
amlodipine-olmesartan....	39	APTIVUS.....	34	atenolol-chlorthalidone....	39
amlodipine-valsartan-		AQUORAL.....	50	ATIVAN.....	37
hctz.....	39	ARAKODA.....	31	atomoxetine hcl.....	46
ammonium lactate.....	52	aranelle.....	74	ATORVALIQ.....	39
amnestem.....	52	ARAVA.....	81	atorvastatin calcium.....	39
amoxapine.....	19	ARAZLO.....	52	atovaquone.....	31
amoxicillin.....	12	ARCALYST.....	81	atovaquone-proguanil hcl	31
amoxicillin-potassium		arformoterol tartrate.....	95	ATRALIN.....	52
clavulanate.....	12	ARICEPT.....	19	atropine sulfate.....	92
amoxicillin-potassium		ARIKAYCE.....	12	ATROVENT HFA.....	96
clavulanate er.....	12	ARIMIDEX.....	26	AUBAGIO.....	48
amphetamine sulfate.....	46	aripiprazole.....	33	aubra eq.....	74
amphetamine-		ARIXTRA.....	16	AUGMENTIN.....	12
dextroamphetamine.....	46	armodafinil.....	101	AUGMENTIN ES-600.....	12

aurovela 1.5/30.....	74	BALVERSA.....	26	bexarotene.....	26
aurovela 1/20.....	74	balziva.....	75	BEYAZ.....	75
aurovela 24 fe.....	74	BANZEL.....	16	bicalutamide.....	26
aurovela fe 1.5/30.....	74	BAQSIMI ONE PACK.....	60	BIDIL.....	39
aurovela fe 1/20.....	74	BAQSIMI TWO PACK.....	60	BIJUVA.....	75
AURYXIA.....	70	BARACLUDGE.....	34	BIKTARVY.....	34
AUSTEDO.....	49	BASAGLAR KWIKPEN.....	60	BILTRICIDE.....	31
AUSTEDO XR.....	49	BASAGLAR TEMPO		bimatoprost.....	91
AUSTEDO XR PATIENT		PEN.....	60	BINOSTO.....	86
TITRATION.....	49	BAXDELA.....	13	bis subcit-metronid-	
AUVELITY.....	19	BELBUCA.....	6	tetracyc.....	66
AUVI-Q.....	96	BELSOMRA.....	101	BISACODYL.....	66
AVALIDE.....	39	benazepril hcl.....	39	bisacodyl.....	66
AVAPRO.....	39	benazepril-		bisacodyl ec.....	66
aviane.....	75	hydrochlorothiazide.....	39	bismuth/metronidaz/tetra	
avidoxy.....	12	BENICAR.....	39	cyclin.....	66
AVODART.....	71	BENICAR HCT.....	39	bisoprolol fumarate.....	39
AVONEX PEN.....	48	BENLYSTA.....	81	bisoprolol-	
AVONEX PREFILLED.....	48	benzalkonium chloride.....	13	hydrochlorothiazide.....	39
ayuna.....	75	BENZAMYCIN.....	52	blisovi 24 fe.....	75
AYVAKIT.....	26	BENZHYDROCODONE-		blisovi fe 1.5/30.....	75
AZASAN.....	81	ACETAMINOPHEN.....	6	blisovi fe 1/20.....	75
AZASITE.....	89	BENZNIDAZOLE.....	31	bosentan.....	100
azathioprine.....	81	benzonatate.....	93	BOSULIF.....	26
azelaic acid.....	52	benzoyl peroxide-		BPCO.....	52
azelastine hcl.....	89, 93	erythromycin.....	52	BRAFTOVI.....	26
azelastine-fluticasone.....	93	benztropine mesylate.....	31	BREATHE EASE	
AZELEX.....	52	bepotastine besilate.....	89	LARGE.....	87
AZILECT.....	31	BEPREVE.....	89	BREATHE EASE	
azithromycin.....	12, 13	BESIVANCE.....	89	MEDIUM.....	87
AZOPT.....	91	BESREMI.....	26	BREATHE EASE SMALL	87
AZOR.....	39	BETADINE		BREATHERITE VALVED	
AZSTARYS.....	46	OPHTHALMIC PREP.....	89	MDI CHAMBER.....	88
AZULFIDINE.....	86	betaine.....	68	BRENZAVVY.....	57
AZULFIDINE EN-TABS...	86	betamethasone		BREO ELLIPTA.....	96
azurette.....	75	dipropionate.....	52	BREXAFEMME.....	22
B & C.....	52	betamethasone		breyna.....	96
bac.....	6	dipropionate aug.....	52	BREZTRI	
bacitracin.....	89	betamethasone valerate..	52	AEROSPHERE.....	96
bacitracin-polymyxin b.....	92	BETAPACE.....	39	briellyn.....	75
bacitra-neomycin-		BETAPACE AF.....	39	BRILINTA.....	32
polymyxin-hc.....	92	BETASERON.....	48	brimonidine tartrate.....	91
BACLOFEN.....	100	BETAXOLOL.....	39, 91	brimonidine tartrate-	
baclofen.....	100	bethanechol chloride.....	70	timolol.....	91
BACTRIM.....	13	BETHKIS.....	99	brinzolamide.....	91
BACTRIM DS.....	13	BETIMOL.....	91	BRIVIACT.....	16
BAFIERTAM.....	48	BETOPTIC-S.....	91	BROMELAIN.....	88
BALCOLTRA.....	75	BEVESPI		bromfenac sodium	
balsalazide disodium.....	86	AEROSPHERE.....	96	(once-daily).....	89
balsam peru-castor oil.....	52	BEXAGLIFLOZIN.....	57	bromocriptine mesylate....	31

BROMSITE.....	89	calcipotriene-betameth	CARDIZEM CD.....	40
BRONCHITOL.....	99	diprop.....	CARDIZEM LA.....	40
BROVANA.....	96	calcitonin (salmon).....	CARDURA.....	40
BRUKINSA.....	26	CALCITRENE.....	CARDURA XL.....	71
BRYHALI.....	52	calcitriol.....	carglumic acid.....	62
budesonide.....	86, 96	calcium acetate.....	carisoprodol.....	100
budesonide er.....	86	calcium acetate (phos	CARNITOR.....	62
budesonide-formoterol		binder).....	CARNITOR SF.....	62
fumarate.....	96	CALCIUM CHLORIDE	CAROSPIR.....	40
bumetanide.....	40	DIHYDRATE.....	carteolol hcl.....	91
BUMEX.....	40	CALCIUM GLUCONATE.....	cartia xt.....	40
BUPAP.....	6	CALCIUM GLUCONATE	carvedilol.....	40
BUPHENYL.....	68	ANHYDROUS.....	carvedilol phosphate er...	40
buprenorphine.....	6	CALCIUM GLUCONATE	CASODEX.....	26
buprenorphine hcl.....	11	MONOHYDRATE.....	CATAPRES-TTS-1.....	40
buprenorphine hcl-		CALCIUM LACTATE	CATAPRES-TTS-2.....	40
naloxone hcl.....	11	PENTAHYDRATE.....	CATAPRES-TTS-3.....	40
bupropion hcl.....	19	CALCIUM PHOSPHATE	CAYSTON.....	99
bupropion hcl er		DIBASIC.....	cefaclor.....	13
(smoking det).....	11	CALCIUM PHOSPHATE	cefaclor er.....	13
bupropion hcl er (sr).....	19	TRIBASIC.....	cefadroxil.....	13
bupropion hcl er (xl).....	19	CALQUENCE.....	cefdinir.....	13
BUPROPION HCL ER		CAMBIA.....	cefixime.....	13
(XL).....	19	camila.....	cefpodoxime proxetil.....	13
buspirone hcl.....	37	camrese.....	cefprozil.....	13
butalbital-acetaminophen...	6	camrese lo.....	cefuroxime axetil.....	13
BUTALBITAL-		CAMZYOS.....	CELEBREX.....	9
ACETAMINOPHEN.....	6	CANASA.....	celecoxib.....	9
butalbital-apap-caff-cod....	6	candesartan cilexetil.....	CELEXA.....	19
butalbital-apap-caffeine....	6	candesartan cilexetil-hctz	CELLCEPT.....	81
butalbital-asa-caff-		capecitabine.....	CELONTIN.....	16
codeine.....	6	CAPEX.....	cephalexin.....	13
butalbital-aspirin-caffeine...	6	CAPLYTA.....	CEQUA.....	92
butorphanol tartrate.....	6	CAPRELSA.....	CERDELGA.....	68
BUTRANS.....	6	captopril.....	cetirizine hcl.....	93
BYDUREON BCISE		captopril-	CETRAXAL.....	93
AUTOINJECTOR.....	57	hydrochlorothiazide.....	CETYLCIDE-G.....	88
BYETTA 10 MCG PEN....	57	CARAC.....	cevimeline hcl.....	50
BYETTA 5 MCG PEN.....	57	CARAFATE.....	CHARCOAL	
BYLVAY.....	88	CARBAGLU.....	ACTIVATED.....	88
BYLVAY (PELLETS).....	88	carbamazepine.....	charlotte 24 fe.....	75
BYSTOLIC.....	40	carbamazepine er.....	chateal eq.....	75
cabergoline.....	73	CARBATROL.....	CHEMET.....	62
CABLIVI.....	32	carbidopa.....	CHENODAL.....	66
CABOMETYX.....	26	carbidopa-levodopa.....	chlordiazepoxide hcl.....	37
CADUET.....	40	carbidopa-levodopa er....	chlordiazepoxide-	
caffeine citrate.....	49	carbidopa-levodopa-	amitriptyline.....	19
CALAMINE.....	52	entacapone.....	chlordiazepoxide-	
CALCIFOL.....	62	carbinoxamine maleate....	clidinium.....	66
calcipotriene.....	52	CARDIZEM.....	chlorthexidine gluconate...	50

chloroquine phosphate....	31	clindamycin hcl.....	13	COMETRIQ.....	26
chlorpromazine hcl.....	33	clindamycin palmitate hcl.	13	COMPACT SPACE	
chlorthalidone.....	40	clindamycin phosphate		CHAMBER.....	88
chlorzoxazone.....	100, 101	13, 52	COMPACT SPACE	
CHOLBAM.....	68	clindamycin phosphate-		CHAMBER/LG MASK.....	88
cholestyramine.....	40	benzoyl peroxide.....	52	COMPACT SPACE	
cholestyramine light.....	40	clindamycin-tretinoin.....	52	CHAMBER/MED MASK...	88
CHOLINE BITARTRATE.	62	CLINDESSE.....	13	COMPACT SPACE	
CIALIS.....	70	CLINPRO 5000.....	50	CHAMBER/SM MASK.....	88
CIBINQO.....	52	clobazam.....	16	COMPLERA.....	35
ciclodan.....	22	clobetasol prop emollient		compro.....	21
ciclopirox.....	22	base.....	52	COMTAN.....	32
CICLOPIROX OLAMINE.	22	clobetasol propionate.....	52	CONCERTA.....	46
ciclopirox olamine.....	22	clobetasol propionate e....	52	CONDOMS.....	88
cilostazol.....	33	clobetasol propionate		CONDYLOX.....	53
CILOXAN.....	89	emulsion.....	52	CONJUPRI.....	40
CIMDUO.....	34	CLOBEX.....	52	constulose.....	66
cimetidine.....	65	CLOBEX SPRAY.....	53	CONZIP.....	6
CIMZIA.....	81	clocortolone pivalate.....	53	COPAXONE.....	48
CIMZIA STARTER KIT....	81	clodan.....	53	COPIKTRA.....	26
cinacalcet hcl.....	87	CLODERM.....	53	CORDRAN.....	53
CIPRO.....	13	clomipramine hcl.....	19	COREG.....	40
CIPRO HC.....	93	clonazepam.....	37	COREG CR.....	40
ciprofloxacin hcl... 13, 89, 93		clonidine.....	40	CORGARD.....	40
ciprofloxacin-		clonidine hcl.....	40	CORLANOR.....	40
dexamethasone.....	93	clonidine hcl er.....	46	CORTEF.....	71
CIPROFLOXACIN-		clopidogrel bisulfate.....	33	CORTENEMA.....	86
FLUOCINOLONE PF.....	93	clorazepate dipotassium..	37	CORTIFOAM.....	86
CITALOPRAM		clotrimazole.....	22	CORTISPORIN-TC.....	93
HYDROBROMIDE.....	19	CLOTTRIMAZOLE.....	22	CORTROPHIN.....	73
citalopram hydrobromide.	19	clotrimazole-		COSENTYX (300 MG	
citroma.....	66	betamethasone.....	22	DOSE).....	81
claravis.....	52	clozapine.....	33	COSENTYX 150 MG/ML.	81
CLARINEX.....	93	CLOZARIL.....	33	COSENTYX	
CLARINEX-D 12 HOUR..	93	coal tar.....	53	SENSOREADY (300	
clarithromycin.....	13	COARTEM.....	31	MG).....	81
clarithromycin er.....	13	codeine sulfate.....	6	COSENTYX	
clearlax.....	66	COLAZAL.....	86	SENSOREADY PEN.....	81
clemastine fumarate.....	93	colchicine.....	24	COSENTYX	
CLENPIQ.....	66	colchicine-probenecid.....	24	UNOREADY.....	81
CLEOCIN.....	13	COLCRYST.....	24	COSOPT.....	91
CLEOCIN-T.....	52	colesevelam hcl.....	40	COSOPT PF.....	91
CLEVER CHOICE		COLESTID.....	40	COTELLIC.....	26
HOLDING CHAMBER.....	88	COLESTID FLAVORED..	40	COTEMPLA XR-ODT.....	46
CLIMARA.....	75	colestipol hcl.....	40	COZAAR.....	40
CLIMARA PRO.....	75	COMBIGAN.....	91	CREON.....	68
clindacin.....	52	COMBIPATCH.....	75	CRESEMBA.....	22
clindacin etz.....	52	COMBIVENT		CRESTOR.....	40
clindacin-p.....	52	RESPIMAT.....	96	CRINONE.....	75
CLINDAGEL.....	52	COMBIVIR.....	35	cromolyn sodium..	66, 89, 96

CROTAN.....	31	DAYVIGO.....	101	DETROL LA.....	70
cryselle-28.....	75	DDAVP.....	73	DEXABLISS.....	71
CUPRIMINE.....	70	DEBACTEROL.....	50	dexamethasone.....	71
curae.....	75	deblitane.....	75	dexamethasone intensol..	71
CUVPOSA.....	66	deferasirox.....	62	dexamethasone sodium	
CUVRIOR.....	62	deferasirox granules.....	62	phosphate.....	89
cyanocobalamin.....	62	deferiprone.....	62	DEXCOM G6	
cyclobenzaprine hcl.....	101	DELESTROGEN.....	75	RECEIVER.....	59
cyclobenzaprine hcl er...	101	DELSTRIGO.....	35	DEXCOM G6 SENSOR...	59
CYCLOGYL.....	92	delyla.....	75	DEXCOM G6	
cyclopentolate hcl.....	92	DELZICOL.....	86	TRANSMITTER.....	59
cyclophosphamide.....	26	demeclocycline hcl.....	13	DEXCOM G7	
cycloserine.....	25	DEMSEER.....	40	RECEIVER.....	59
CYCLOSET.....	57	DENAVIR.....	35	DEXCOM G7 SENSOR...	59
cyclosporine.....	81, 92	DENTA 5000 PLUS.....	50	DEXEDRINE.....	47
cyclosporine modified.....	81	DENTAGEL.....	50	DEXILANT.....	65
CYLTEZO (2 PEN).....	81	DEPAKOTE.....	16	dexlansoprazole.....	65
CYLTEZO (2 SYRINGE)..	81	DEPAKOTE ER.....	16	dexmethylphenidate hcl...	47
CYLTEZO-CD/UC/HS		DEPAKOTE		dexmethylphenidate hcl	
STARTER.....	81	SPRINKLES.....	16	er.....	47
CYLTEZO-		DEPEN TITRATABS.....	70	dextroamphetamine	
PSORIASIS/UV		DEPO-ESTRADIOL.....	75	sulfate.....	47
STARTER.....	81	DEPO-PROVERA.....	75	dextroamphetamine	
CYMBALTA.....	19	DEPO-SUBQ PROVERA		sulfate er.....	47
cyproheptadine hcl.....	93	104.....	75	DHIVY.....	32
cyred eq.....	75	DEPO-		DIACOMIT.....	16
CYSTADANE.....	68	TESTOSTERONE.....	72	DIASTAT ACUDIAL.....	17
CYSTADROPS.....	92	DERMA-SMOOTH/FS		diazepam.....	17, 38
CYSTAGON.....	69	BODY.....	53	diazepam intensol.....	37
CYSTARAN.....	92	DERMA-SMOOTH/FS		diazoxide.....	60
CYTOMEL.....	80	SCALP.....	53	DIBENZYLINE.....	40
CYTOTEC.....	65	DERMOTIC.....	93	dichlorphenamide.....	91
dabigatran etexilate		DESCOVY.....	35	DICLOFENAC PATCH	
mesylate.....	16	desipramine hcl.....	20	1.3%.....	9
dalfampridine er.....	48	desloratadine.....	93	diclofenac potassium.....	9
DALIRESP.....	96	desmopressin ace spray		diclofenac	
danazol.....	72	refrig.....	73	potassium(migraine).....	24
DANTRIUM.....	101	desmopressin acetate.....	73	diclofenac sodium..	9, 53, 89
dantrolene sodium.....	101	desmopressin acetate		diclofenac sodium er.....	9
dapsone.....	26, 53	spray.....	73	diclofenac-misoprostol.....	9
DARAPRIM.....	31	desogestrel-ethinyl		dicloxacillin sodium.....	13
darifenacin		estradiol.....	75	dicyclomine hcl.....	66
hydrobromide er.....	70	desonide.....	53	DIFFERIN.....	53
darunavir.....	35	DESOWEN.....	53	DIFICID.....	13
dasetta 1/35.....	75	desoximetasone.....	53	diflorasone diacetate.....	53
dasetta 7/7/7.....	75	DESOXYN.....	46	DIFLUCAN.....	23
DAYBUE.....	49	DESVENLAFAXINE ER...	20	diflunisal.....	9
DAYPRO.....	9	desvenlafaxine succinate		difluprednate.....	89
daysee.....	75	er.....	20	digoxin.....	40
DAYTRANA.....	46	DETROL.....	70		

dihydroergotamine mesylate.....	24	doxycycline hyclate....	13, 14	EFFEXOR XR.....	20
DILANTIN.....	17	DOXYCYCLINE		EFFIENT.....	33
DILANTIN INFATABS.....	17	HYCLATE.....	14	EFUDEX.....	54
DILAUDID.....	6	doxycycline		EGRIFTA SV.....	73
diltiazem hcl.....	41	monohydrate.....	14	ELEPSIA XR.....	17
diltiazem hcl er.....	40, 41	dronabinol.....	21	ELESTRIN.....	75
diltiazem hcl er beads.....	40	drosipren-eth estrad-		eletriptan hydrobromide...	24
diltiazem hcl er coated		levomefol.....	75	ELIDEL.....	54
beads.....	40	drosiprenone-ethinyl		elinest.....	75
dilt-xr.....	41	estradiol.....	75	ELIQUIS.....	16
dimethyl fumarate.....	48	DROXIA.....	26	ELIQUIS DVT/PE	
dimethyl fumarate starter		droxidopa.....	41	STARTER PACK.....	16
pack.....	48	DRYSOL.....	53	elixophyllin.....	96
DIOVAN.....	41	DUAKLIR PRESSAIR.....	96	ELLA.....	75
DIOVAN HCT.....	41	DUAVEE.....	75	ELMIRON.....	70
DIPENTUM.....	86	DUETACT.....	57	eluryng.....	75
diphenhydramine hcl.....	93	DUEXIS.....	9	ELYXYB.....	9
diphenoxylate-atropine....	66	DULERA.....	96	EMCYT.....	26
DIPROLENE.....	53	duloxetine hcl.....	20	EMEND.....	21
dipyridamole.....	33	DUOBRII.....	53	EMEND TRI-PACK.....	22
disopyramide phosphate..	41	DUPIXENT.....	53, 54	EMFLAZA.....	71
disulfiram.....	11	DUREX EXTRA		EMGALITY.....	24
DIURIL.....	41	SENSITIVE THIN.....	88	EMSAM.....	20
divalproex sodium.....	17	DUREZOL.....	89	emtricitabine.....	35
divalproex sodium er.....	17	dutasteride.....	71	emtricitabine-tenofovir df.	35
DIVIGEL.....	75	dutasteride-tamsulosin		EMTRIVA.....	35
DL-ALANINE.....	62	hcl.....	71	EMVERM.....	31
DL-LEUCINE.....	62	DYANAVEL XR.....	47	enalapril maleate.....	41
DL-METHIONINE.....	62	DYMISTA.....	93	enalapril-	
DL-PHENYLALANINE.....	63	DYRENIUM.....	41	hydrochlorothiazide.....	41
dofetilide.....	41	E.E.S. 400.....	14	ENBREL.....	82
DOJOLVI.....	88	E.E.S. GRANULES.....	14	ENBREL MINI.....	81
dolishale.....	75	EASIVENT.....	88	ENBREL SURECLICK.....	82
donepezil hcl.....	19	EC-NAPROSYN.....	9	ENCARE.....	88
DOPTELET.....	38	ec-naproxen.....	9	ENDARI.....	88
DORAL.....	38	econazole nitrate.....	23	endocet.....	6
DORYX.....	13	econtra one-step.....	75	ENDOMETRIN.....	76
DORYX MPC.....	13	ECOZA.....	23	enilloring.....	76
dorzolamide hcl.....	91	EDARBI.....	41	ENLITE GLUCOSE	
dorzolamide hcl-timolol		EDARBYCLOR.....	41	SENSOR.....	59
mal.....	91	EDECIN.....	41	enoxaparin sodium.....	16
dorzolamide hcl-timolol		EDLUAR.....	101	enpresse-28.....	76
mal pf.....	91	EDURANT.....	35	enskyce.....	76
dotti.....	75	efavirenz.....	35	ENSPRYNG.....	82
DOVATO.....	35	efavirenz-emtricitab-		ENSTILAR.....	54
doxazosin mesylate.....	41	tenofo df.....	35	entacapone.....	32
doxepin hcl.....	20, 53, 101	efavirenz-lamivudine-		ENTADFI.....	70
doxercalciferol.....	87	tenofovir.....	35	entecavir.....	35
doxycycline.....	53	EFFER-K.....	63	ENTEREG.....	66
		effe-k.....	63	ENTRESTO.....	41

enulose.....	66	estradiol-norethindrone	famotidine.....	65
ENVARUSUS XR.....	82	acet.....	FANAPT.....	33
EPANED.....	41	ESTRING.....	FANAPT TITRATION	
EPCLUSA.....	35	ESTROGEL.....	PACK.....	33
EPIDIOLEX.....	17	eszopiclone.....	FARESTON.....	27
EPIDUO.....	54	ethacrynic acid.....	FARXIGA.....	57
EPIDUO FORTE.....	54	ethambutol hcl.....	FASENRA PEN.....	97
EPIFOAM.....	54	ethosuximide.....	FC2 FEMALE CONDOM.	88
epinastine hcl.....	89	ethyl chloride.....	febuxostat.....	24
epinephrine.....	96	ethynodiol diac-eth	felbamate.....	17
EPIPEN 2-PAK.....	96	estradiol.....	FELBATOL.....	17
EPIPEN JR 2-PAK.....	96	etodolac.....	FELDENE.....	9
epitol.....	17	etodolac er.....	felodipine er.....	41
EPIVIR.....	35	etonogestrel-ethinyl	FEMARA.....	27
eplerenone.....	41	estradiol.....	FEMRING.....	76
EPRONTIA.....	17	etoposide.....	fenofibrate.....	41
EPSOLAY.....	54	etravirine.....	fenofibrate micronized.....	41
EPZICOM.....	35	EUCRISA.....	fenofibric acid.....	41
EQUETRO.....	38	EULEXIN.....	FENOGLIDE.....	41
ergoloid mesylates.....	88	euthyrox.....	fenoprofen calcium.....	9
ERGOMAR.....	24	EVAMIST.....	fentanyl.....	6
ergotamine-caffeine.....	24	EVEKEO.....	fentanyl citrate.....	6
ERIVEDGE.....	26	EVEKEO ODT.....	FENTANYL CITRATE.....	6
ERLEADA.....	27	everolimus.....	FENTORA.....	6
erlotinib hcl.....	27	EVERSENSE	FERRIPROX.....	63
ERMEZA.....	80	SENSOR/HOLDER.....	FERRIPROX TWICE-A-	
errin.....	76	EVERSENSE SMART	DAY.....	63
ERTACZO.....	23	TRANSMITTER.....	fesoterodine fumarate er..	70
ery.....	54	EVISTA.....	FETZIMA.....	20
ERYGEL.....	54	EVOTAZ.....	FETZIMA TITRATION.....	20
ERYPED 200.....	14	EVOXAC.....	FEXMID.....	101
ERYPED 400.....	14	EVRYSOI.....	FIASP.....	60
ERY-TAB.....	14	EXELDERM.....	FIASP FLEXTOUCH.....	60
ERYTHROCIN		EXELON.....	FIASP PENFILL.....	60
STEARATE.....	14	exemestane.....	FIASP PUMPCART.....	60
erythromycin.....	14, 54, 89	EXFORGE.....	FIBRICOR.....	41
erythromycin base.....	14	EXFORGE HCT.....	FINACEA.....	54
erythromycin		EXJADE.....	finasteride.....	71
ethylsuccinate.....	14	EXKIVITY.....	fingolimod hcl.....	48
ESBRIET.....	96	EXSERVAN.....	FINTEPLA.....	17
escitalopram oxalate.....	20	EXTAVIA.....	finzala.....	76
ESGIC.....	6	EYSUVIS.....	FIORICET.....	6
esomeprazole		EZALLOR SPRINKLE.....	FIORICET/CODEINE.....	6
magnesium.....	65	ezetimibe.....	FIRAZYR.....	82
estarylla.....	76	EZETIMIBE-	FIRDAPSE.....	88
estazolam.....	38	ROSUVASTATIN.....	FIRVANQ.....	14
ESTRACE.....	76	ezetimibe-simvastatin.....	flac.....	93
estradiol.....	76	FABIOR.....	FLAGYL.....	14
estradiol valerate.....	76	falmina.....	FLAREX.....	89
		famciclovir.....	flavoxate hcl.....	70

flecainide acetate.....	41	fluvastatin sodium er.....	42	FUZEON.....	35
FLECTOR.....	9	fluvoxamine maleate.....	20	fyavolv.....	76
FLEQSUVY.....	101	fluvoxamine maleate er...	20	FYCOMPA.....	17
FLEXICHAMBER.....	88	FML FORTE.....	90	FYLNETRA.....	38
FLOLIPID.....	41	FML LIQUIFILM.....	90	gabapentin.....	17
FLOMAX.....	71	FOCALIN.....	47	GALAFOLD.....	69
fluconazole.....	23	FOCALIN XR.....	47	galantamine	
flucytosine.....	23	folate.....	63	hydrobromide.....	19
fludrocortisone acetate...	71	folic acid.....	63	galantamine	
flunisolide.....	93	fondaparinux sodium.....	16	hydrobromide er.....	19
fluocinolone acetonide		FORFIVO XL.....	20	GALZIN.....	63
.....	54, 93	formaldehyde.....	88	GASTROCROM.....	66
fluocinolone acetonide		formoterol fumarate.....	97	gatifloxacin.....	90
body.....	54	FORTEO.....	86	GATTEX.....	66
fluocinolone acetonide		FORTESTA.....	72	gavilax.....	66
scalp.....	54	FOSAMAX.....	86	gavilyte-c.....	66
fluocinonide.....	54	FOSAMAX PLUS D.....	86	gavilyte-g.....	66
fluocinonide emulsified		fosamprenavir calcium....	35	GAVRETO.....	27
base.....	54	fosfomycin tromethamine.14		GEBAUERS PAIN EASE.11	
FLUORIDEX.....	50	fosinopril sodium.....	42	GEBAUERS SPRAY	
FLUORIDEX		fosinopril sodium-hctz....	42	AND STRETCH.....	11
ENHANCED		FOSRENOL.....	70	gefitinib.....	27
WHITENING.....	50	FOTIVDA.....	27	GELNIQUE.....	70
FLUORIDEX		FRAGMIN.....	16	gemfibrozil.....	42
SENSITIVITY RELIEF.....	50	FREESTYLE LIBRE 14		gemmily.....	76
FLUORIMAX 5000.....	50	DAY READER.....	59	GEMTESA.....	70
FLUORIMAX 5000		FREESTYLE LIBRE 14		generlac.....	67
SENSITIVE.....	50	DAY SENSOR.....	59	gengraf.....	82
fluorometholone.....	90	FREESTYLE LIBRE 2		GENOTROPIN.....	73
FLUOROURACIL.....	54	READER.....	59	GENOTROPIN	
fluorouracil.....	54	FREESTYLE LIBRE 2		MINIQUICK.....	73
fluoxetine hcl.....	20	SENSOR.....	59	gentamicin sulfate.....	14, 90
fluoxetine hcl (pmdd).....	20	FREESTYLE LIBRE 3		gentle laxative.....	67
fluphenazine hcl.....	33	READER.....	59	gentlelax.....	67
flurandrenolide.....	54	FREESTYLE LIBRE 3		genuine aspirin.....	9
flurazepam hcl.....	101	SENSOR.....	59	GENVOYA.....	35
flurbiprofen.....	9	FREESTYLE LIBRE		GEODON.....	33
flurbiprofen sodium.....	90	READER.....	59	GIALAX.....	67
FLUTICASONE		FROVA.....	24	GILENYA.....	48
FUROATE-		frovatriptan succinate.....	24	GILOTRIF.....	27
VILANTEROL.....	97	ft aspirin.....	9	GILPHEX TR.....	93
fluticasone propionate.....	54, 93	ft aspirin low dose.....	9	GIMOTI.....	22
FLUTICASONE		ft clearlax.....	66	glatiramer acetate.....	48
PROPIONATE DISKUS...	97	ft enteric coated aspirin....	9	glatopa.....	48
FLUTICASONE		ft laxative.....	66	GLEEVEC.....	27
PROPIONATE HFA.....	97	ft magnesium citrate.....	66	GLEOSTINE.....	27
fluticasone-salmeterol.....	97	ft nicotine.....	11	glimepiride.....	57
FLUTICASONE-		FULPHILA.....	38	glipizide er.....	57
SALMETEROL.....	97	FUROSCIX.....	42	glipizide ir.....	57
fluvastatin sodium.....	41	furosemide.....	42	glipizide xl.....	57

glipizide-metformin hcl.....	57	HADLIMA PUSHTOUCH.....	82	HUMIRA-PED>=40KG	
glucagon emergency kit...	60	HAEGARDA.....	82	CROHNS START.....	82
GLUCAGON		hailey 1.5/30.....	76	HUMIRA-PED>=40KG	
EMERGENCY KIT.....	60	hailey 24 fe.....	76	UC STARTER.....	82
GLUCOTROL XL.....	57	hailey fe 1.5/30.....	76	HUMIRA-PS/UV/ADOL	
GLUMETZA.....	58	hailey fe 1/20.....	76	HS STARTER.....	82
glutaraldehyde.....	88	halcinonide.....	54	HUMIRA-	
glyburide.....	58	HALCION.....	38	PSORIASIS/UEVIT	
glyburide micronized.....	58	halobetasol propionate....	54	STARTER.....	82
glyburide-metformin.....	58	HALOBETASOL		HUMULIN 70/30	
GLYCATE.....	67	PROPIONATE.....	54	KWIKPEN.....	61
glycolax.....	67	haloette.....	76	HUMULIN 70/30 VIAL.....	61
glycopyrrolate.....	67	HALOG.....	54	HUMULIN N KWIKPEN...	61
GLYCOPYRROLATE.....	67	haloperidol.....	33	HUMULIN N VIAL.....	61
glydo.....	11	haloperidol lactate.....	33	HUMULIN R U-500	
GLYXAMBI.....	58	HARVONI.....	35	KWIKPEN.....	61
GOCOVRI.....	32	heather.....	76	HUMULIN R U-500 VIAL.	61
GOLYTELY.....	67	HELIDAC THERAPY.....	67	HUMULIN R VIAL.....	61
goodsense aspirin adults...	9	HEMADY.....	71	HYCAMTIN.....	27
goodsense aspirin low		HEMANGEOL.....	42	HYCODAN.....	93, 94
dose.....	10	heparin sodium (porcine).	16	hydralazine hcl.....	42
goodsense lansoprazole..	65	heparin sodium (porcine)		HYDREA.....	27
goodsense nicotine.....	11	pf.....	16	hydrochlorothiazide.....	42
GORDOFILM.....	54	her style.....	76	hydrocod poli-chlorphe	
GRALISE.....	49	HETLIOZ.....	101	poli er.....	94
granisetron hcl.....	22	HETLIOZ LQ.....	101	hydrocodone bitartrate er...	7
GRASTEK.....	88	HIDEX 6-DAY.....	71	hydrocodone bit-	
griseofulvin microsize.....	23	HIPREX.....	14	homatrop mbr.....	94
griseofulvin		HORIZANT.....	49	hydrocodone-	
ultramicrosize.....	23	HULIO.....	82	acetaminophen.....	7
guaifenesin ac.....	93	HUMALOG.....	60, 61	hydrocodone-ibuprofen.....	7
guaifenesin-codeine.....	93	HUMALOG KWIKPEN.....	60	hydrocortisone.....	55, 72, 86
guanfacine hcl.....	42	HUMALOG MIX 50/50		hydrocortisone (perianal).	86
guanfacine hcl er.....	47	KWIKPEN.....	60	hydrocortisone butyr lipo	
GUARDIAN CONNECT		HUMALOG MIX 50/50		base.....	54
TRANSMITTER.....	59	VIAL.....	60	hydrocortisone butyrate	
GUARDIAN LINK 3		HUMALOG MIX 75/25		54, 55
TRANSMITTER.....	60	KWIKPEN.....	60	hydrocortisone valerate...	55
GUARDIAN SENSOR		HUMALOG MIX 75/25		hydrocortisone-acetic	
(3).....	60	VIAL.....	60	acid.....	93
GUARDIAN SENSOR 3...	60	HUMALOG TEMPO PEN	61	hydrogen peroxide.....	14
GVOKE HYPOPEN 1-		HUMALOG U-100		hydromet.....	94
PACK.....	60	JUNIOR KWIKPEN.....	61	hydromorphone hcl.....	7
GVOKE HYPOPEN 2-		HUMATROPE.....	73	hydromorphone hcl er.....	7
PACK.....	60	HUMIRA (2 PEN).....	82	hydroxychloroquine	
GVOKE KIT.....	60	HUMIRA (2 SYRINGE)...	82	sulfate.....	31
GVOKE PFS.....	60	HUMIRA-CD/UC/HS		hydroxyurea.....	27
GYNAZOLE-1.....	23	STARTER.....	82	hydroxyzine hcl.....	38
habitrol.....	11	HUMIRA-PED.....	82	hydroxyzine pamoate.....	38
HADLIMA.....	82			HYFTOR.....	55

hyoscyamine sulfate.....	67	incassia.....	76	irbesartan.....	42
hyoscyamine sulfate sl.....	67	INCRELEX.....	73	irbesartan-	
HYPERSAL.....	94	INCRUSE ELLIPTA.....	97	hydrochlorothiazide.....	42
HYRIMOZ.....	82, 83	indapamide.....	42	IRESSA.....	27
HYRIMOZ-CROHNS/UC		INDERAL LA.....	42	ISENTRESS.....	35
STARTER.....	83	INDERAL XL.....	42	ISENTRESS HD.....	35
HYRIMOZ-PED.....	83	INDOCIN.....	10	isibloom.....	77
HYRIMOZ-PED>/=40KG		indomethacin.....	10	isoniazid.....	26
CROHN START.....	83	indomethacin er.....	10	ISORDIL TITRADOSE.....	42
HYRIMOZ-PLAQUE		INGREZZA.....	49	isosorb dinitrate-	
PSORIASIS START.....	83	INLYTA.....	27	hydralazine.....	42
HYSINGLA ER.....	7	INNOPRAN XL.....	42	isosorbide dinitrate.....	42
HYZAAR.....	42	INPEFA.....	42	isosorbide mononitrate....	42
ibandronate sodium.....	86	INQOVI.....	27	isosorbide mononitrate	
IBRANCE.....	27	INREBIC.....	27	er.....	42
IBSRELA.....	67	INSPIRA.....	42	isotretinoin.....	55
ibuprofen.....	10	INSULIN ASP PROT &		isradipine.....	42
ibuprofen-famotidine.....	10	ASP FLEXPEN.....	61	ISTALOL.....	91
icatibant acetate.....	83	INSULIN ASPART.....	61	ISTURISA.....	73
iclevia.....	76	INSULIN ASPART		itraconazole.....	23
ICLUSIG.....	27	FLEXPEN.....	61	ivermectin.....	31, 55
icosapent ethyl.....	42	INSULIN ASPART		JADENU.....	63
IDACIO (2 PEN).....	83	PENFILL.....	61	JADENU SPRINKLE.....	63
IDACIO (2 SYRINGE).....	83	INSULIN ASPART		jaimiess.....	77
IDACIO-CROHNS/UC		PROT & ASPART.....	61	JAKAFI.....	27
STARTER.....	83	INSULIN DEGLUDEC.....	61	JALYN.....	71
IDACIO-PSORIASIS		INSULIN DEGLUDEC		jantoven.....	16
STARTER.....	83	FLEXTOUCH.....	61	JANUMET.....	58
IDHIFA.....	27	INSULIN GLARGINE-		JANUMET XR.....	58
ILEVRO.....	90	YFGN.....	61	JANUVIA.....	58
imatinib mesylate.....	27	INSULIN LISPRO.....	61	JARDIANCE.....	58
IMBRUVICA.....	27	INSULIN LISPRO (1		jasmiel.....	77
IMCIVREE.....	49	UNIT DIAL).....	61	JATENZO.....	72
imipramine hcl.....	20	INSULIN LISPRO		JAVYGTOR.....	69
imipramine pamoate.....	20	JUNIOR KWIKPEN.....	61	JAYPIRCA.....	27
imiquimod.....	55	INSULIN LISPRO PROT		jencycla.....	77
imiquimod pump.....	55	& LISPRO.....	61	JENTADUETO.....	58
IMITREX.....	24	INTELENCE.....	35	JENTADUETO XR.....	58
IMITREX STATDOSE		INTRAROSA.....	70	jinteli.....	77
REFILL.....	24	introvale.....	76	JOENJA.....	83
IMITREX STATDOSE		INTUNIV.....	47	jolessa.....	77
SYSTEM.....	25	INVEGA.....	33	JORNAY PM.....	47
IMPAVIDO.....	31	INVELTYS.....	90	joyeaux.....	77
IMPOYZ.....	55	INVOKAMET.....	58	JUBLIA.....	23
IMURAN.....	83	INVOKAMET XR.....	58	juleber.....	77
IMVEXXY		INVOKANA.....	58	JULUCA.....	35
MAINTENANCE PACK....	76	iodine strong.....	63	junel 1.5/30.....	77
IMVEXXY STARTER		IOPIDINE.....	91	junel 1/20.....	77
PACK.....	76	ipratropium bromide...94, 97		junel fe 1.5/30.....	77
INBRIJA.....	32	ipratropium-albuterol.....97		junel fe 1/20.....	77

junel fe 24.....	77	k-prime.....	63	LEDIPASVIR-	
JUST RIGHT 5000.....	50	KRAZATI.....	28	SOFOSBUVIR.....	35
JUXTAPID.....	42	KRINTAFEL.....	31	leena.....	77
JYNARQUE.....	63	KRISTALOSE.....	67	leflunomide.....	83
kaitlib fe.....	77	K-TAB.....	63	lenalidomide.....	28
KALETRA.....	35	kurvelo.....	77	LENVIMA.....	28
kalliga.....	77	KUVAN.....	69	LESCOL XL.....	42
KALYDECO.....	99	KYZATREX.....	72	lessina.....	77
KAPSPARGO		labetalol hcl.....	42	LETAIRIS.....	100
SPRINKLE.....	42	lacosamide.....	17	letrozole.....	28
KAPVAY.....	47	LACRISERT.....	92	leucovorin calcium.....	28
KARBINAL ER.....	94	lactic acid.....	55	LEUKERAN.....	28
kariva.....	77	lactic acid e.....	55	levabuterol hcl.....	97
KATERZIA.....	42	lactulose.....	67	LEVALBUTEROL HFA....	97
KAZANO.....	58	lactulose		LEVAMLODIPINE	
kelnor 1/35.....	77	encephalopathy.....	67	MALEATE.....	42
kelnor 1/50.....	77	L-ALANINE.....	63	LEVEMIR FLEXPEN.....	61
KENALOG.....	55	LAMICTAL.....	17	LEVEMIR U-100 VIAL....	61
KEPPRA.....	17	LAMICTAL ODT.....	17	levetiracetam.....	17
KEPPRA XR.....	17	LAMICTAL STARTER....	17	levetiracetam er.....	17
KERALYT.....	55	LAMICTAL XR.....	17	levobunolol hcl.....	91
KERENDIA.....	88	lamivudine.....	35	levocarnitine.....	63
KERYDIN.....	23	lamivudine-zidovudine....	35	levocarnitine sf.....	63
KESIMPTA.....	48	lamotrigine.....	17	levocetirizine	
ketoconazole.....	23	lamotrigine er.....	17	dihydrochloride.....	94
ketodan.....	23	lamotrigine starter kit-		levofloxacin.....	14, 90
ketoprofen.....	10	blue.....	17	levonest.....	77
ketoprofen er.....	10	lamotrigine starter kit-		levonorgest-eth est & eth	
ketorolac tromethamine		green.....	17	est.....	77
.....	10, 90	lamotrigine starter kit-		levonorgest-eth estrad	
KEVEYIS.....	91	orange.....	17	91-day.....	77
KEVZARA.....	83	LAMPIT.....	31	levonorgest-eth	
KINERET.....	83	LANOXIN.....	42	estradiol-iron.....	77
KISQALI.....	27, 28	lansoprazole.....	65	levonorgestrel.....	77
KISQALI FEMARA.....	28	lanthanum carbonate.....	70	levonorgestrel-ethinyl	
KITABIS PAK.....	99	LANTUS SOLOSTAR....	61	estrad.....	77
KLARON.....	55	LANTUS U-100 VIAL....	61	levonorg-eth estrad	
KLISYRI.....	55	lapatinib ditosylate.....	28	triphasic.....	77
KLONOPIN.....	38	L-ARGININE.....	63	levora 0.15/30 (28).....	77
klor-con.....	63	larin 1.5/30.....	77	levorphanol tartrate.....	7
klor-con 10.....	63	larin 1/20.....	77	levo-t.....	80
klor-con m10.....	63	larin 24 fe.....	77	LEVOTHYROXINE	
klor-con m15.....	63	larin fe 1.5/30.....	77	SODIUM.....	80
klor-con m20.....	63	larin fe 1/20.....	77	levothyroxine sodium.....	80
KLOXXADO.....	11	LASIX.....	42	levoxyl.....	80
KOMBIGLYZE XR.....	58	LASTACAPT.....	92	LEXAPRO.....	20
KONVOMEPEP.....	65	latanoprost.....	91	LEXETTE.....	55
KORLYM.....	74	LATUDA.....	33	LEXIVA.....	35
KOSELUGO.....	28	layolis fe.....	77	L-GLUTAMIC ACID.....	63
kourzeq.....	50	L-CYSTINE.....	63	L-GLUTAMIC ACID HCL.	69

L-HISTIDINE.....	63	lojaimiess.....	77	LYTGOBI (12 MG DAILY	
L-HISTIDINE		LOKELMA.....	63	DOSE).....	28
MONOHYDROCHLORID		LOMOTIL.....	67	LYTGOBI (16 MG DAILY	
E.....	63	LONSURF.....	28	DOSE).....	28
LIALDA.....	86	loperamide hcl.....	67	LYTGOBI (20 MG DAILY	
LIBRAX.....	67	LOPID.....	42	DOSE).....	28
LICART.....	10	lopinavir-ritonavir.....	36	LYUMJEV KWIKPEN.....	61
lidocaine.....	11	LOPRESSOR.....	43	LYUMJEV TEMPO PEN..	61
lidocaine hcl.....	11	lorazepam.....	38	LYUMJEV VIAL.....	61
lidocaine hcl		lorazepam intensol.....	38	LYVISPAH.....	101
urethral/mucosal.....	11	LOREEV XR.....	38	lyza.....	77
lidocaine viscous hcl.....	50	loryna.....	77	MACROBID.....	14
lidocaine-prilocaine.....	11	LORZONE.....	101	MACRODANTIN.....	14
LIDOCAN.....	11	losartan potassium.....	43	mafenide acetate.....	14
LIDOCAN III.....	11	losartan potassium-hctz...	43	MAGNESIUM	
LIDODERM.....	11	LOTEMAX.....	90	CARBONATE.....	63
LIKMEZ.....	14	LOTEMAX SM.....	90	MAGNESIUM	
linezolid.....	14	LOTENSIN.....	43	CARBONATE HEAVY.....	63
LINZESS.....	67	LOTENSIN HCT.....	43	magnesium citrate.....	67
liothyronine sodium.....	80	loteprednol etabonate.....	90	MALARONE.....	31
LIPITOR.....	42	LOTREL.....	43	malathion.....	31
LIPOFEN.....	42	LOTRONEX.....	67	maraviroc.....	36
LIQREV.....	100	lovastatin.....	43	MARINOL.....	22
lisdexamfetamine		LOVAZA.....	43	marlissa.....	77
dimesylate.....	47	LOVENOX.....	16	MARPLAN.....	20
lisinopril.....	42	low-ogestrel.....	77	MASONATAL.....	63
lisinopril-		loxapine succinate.....	33	MATULANE.....	28
hydrochlorothiazide.....	42	lo-zumandimine.....	77	matzim la.....	43
L-ISOLEUCINE.....	63	L-PHENYLALANINE.....	63	MAVENCLAD.....	48
LITFULO.....	55	L-PROLINE.....	63	MAVYRET.....	36
lithium.....	38	L-TYROSINE.....	63	MAXALT.....	25
lithium carbonate.....	38	lubiprostone.....	67	MAXALT-MLT.....	25
lithium carbonate er.....	38	LUCEMYRA.....	11	MAXIDEX.....	90
LITHOBID.....	38	LULICONAZOLE.....	23	MAXITROL.....	90
LITHOSTAT.....	70	LUMAKRAS.....	28	maxi-tuss ac.....	94
LIVALO.....	42	LUMIGAN.....	91	MAXZIDE.....	43
LIVMARLI.....	88	LUMRYZ.....	101	MAXZIDE-25.....	43
LIVTENCITY.....	36	LUNESTA.....	101	MAYZENT.....	48, 49
L-LEUCINE.....	63	LUPKYNIS.....	83	MAYZENT STARTER	
L-METHIONINE.....	63	lurasidone hcl.....	33	PACK.....	49
LO LOESTRIN FE.....	77	lutera.....	77	meclizine hcl.....	22
LOCOID.....	55	LUZU.....	23	meclofenamate sodium....	10
LOCOID LIPOCREAM.....	55	L-VALINE.....	63	MEDROL.....	72
LODINE.....	10	LYBALVI.....	20	medroxyprogesterone	
LODOSYN.....	32	lyleq.....	77	acetate.....	77
LOESTRIN 1.5/30 (21)....	77	lyllana.....	77	mefenamic acid.....	10
LOESTRIN 1/20 (21).....	77	LYNPARZA.....	28	mefloquine hcl.....	31
LOESTRIN FE 1.5/30.....	77	LYRICA.....	49	megestrol acetate.....	77, 78
LOESTRIN FE 1/20.....	77	LYRICA CR.....	49	MEKINIST.....	28
LOFENA.....	10	LYSODREN.....	28	MEKTOVI.....	28

meloxicam.....	10	methylphenidate hcl er		MINIPRESS.....	43
melphalan.....	28	(la).....	47	MINIVELLE.....	78
memantine hcl.....	19	methylphenidate hcl er		minocycline hcl.....	14
memantine hcl er.....	19	(osm).....	47	MINOCYCLINE HCL ER..	14
MENEST.....	78	METHYLPHENIDATE		minocycline hcl er.....	14
MENOSTAR.....	78	HCL ER (OSM).....	47	MINOLIRA.....	15
meperidine hcl.....	7	methylphenidate hcl er		minoxidil.....	43
meprobamate.....	38	(xr).....	47	MIRAPEX ER.....	32
MEPRON.....	31	methylprednisolone.....	72	mirtazapine.....	20
mercaptapurine.....	28	METHYLTESTOSTERO		misoprostol.....	65
merzee.....	78	NE.....	72	MITIGARE.....	24
mesalamine.....	86	methyltestosterone.....	72	MITOSOL.....	90
mesalamine er.....	86	metoclopramide hcl.....	22	mm aspirin.....	10
mesalamine-cleanser.....	86	metolazone.....	43	mm clearlax.....	67
MESNEX.....	28	metoprolol succinate er...	43	modafinil.....	101
MESTINON.....	25	metoprolol tartrate.....	43	moexipril hcl.....	43
metaxalone.....	101	metoprolol-		molindone hcl.....	33
metformin hcl er.....	58	hydrochlorothiazide.....	43	mometasone furoate..	55, 94
metformin hcl er (mod)....	58	METROCREAM.....	55	mondoxyne nl.....	15
metformin hcl er (osm)....	58	METROGEL.....	55	mono-lynyah.....	78
metformin hcl ir.....	58	METROLOTION.....	55	montelukast sodium.....	97
methadone hcl.....	7	metronidazole.....	14, 55	morphine sulfate.....	7
methadone hcl intensol.....	7	metyrosine.....	43	morphine sulfate	
METHADOSE.....	7	mexiletine hcl.....	43	(concentrate).....	7
methadose.....	7	MI PASTE.....	50	morphine sulfate er.....	7
METHADOSE SUGAR-		MI PASTE PLUS.....	50	morphine sulfate er	
FREE.....	7	MIACALCIN.....	86	beads.....	7
methamphetamine hcl.....	47	mibelas 24 fe.....	78	MOTEGRITY.....	67
methazolamide.....	91	MICARDIS.....	43	MOTOFEN.....	67
methenamine hippurate...	14	MICARDIS HCT.....	43	MOUNJARO.....	58
methergine.....	88	miconazole 3.....	23	MOVANTIK.....	67
methimazole.....	80	MICONAZOLE-ZINC		MOVIPREP.....	67
METHIONINE.....	63	OXIDE-PETROLAT.....	23	moxifloxacin hcl.....	15, 90
METHITEST.....	72	MICROCHAMBER.....	88	moxifloxacin hcl (2x day).	90
methocarbamol.....	101	microgestin 1.5/30.....	78	MS CONTIN.....	7
methotrexate sodium. 83, 84		microgestin 1/20.....	78	MULPLETA.....	38
methotrexate sodium (pf). 83		microgestin 24 fe.....	78	MULTAQ.....	43
methoxsalen rapid.....	55	microgestin fe 1.5/30.....	78	mupirocin.....	15
methscopolamine		microgestin fe 1/20.....	78	mupirocin calcium.....	15
bromide.....	67	midazolam hcl.....	38	my choice.....	78
methsuximide.....	17	midodrine hcl.....	43	my way.....	78
methylergonovine		MIEBO.....	92	MYALEPT.....	69
maleate.....	88	MIGERGOT.....	25	MYAMBUTOL.....	26
METHYLIN.....	47	miglitol.....	58	MYCAPSSA.....	73
methylphenidate.....	47	miglustat.....	69	MYCOBUTIN.....	26
methylphenidate hcl.....	47	MIGRANAL.....	25	mycophenolate mofetil....	84
methylphenidate hcl er....	47	mili.....	78	mycophenolate sodium....	84
methylphenidate hcl er		mimvey.....	78	MYDAYIS.....	47
(cd).....	47	MINASTRIN 24 FE.....	78	MYFEMBREE.....	78
		mineral oil heavy.....	67	MYFORTIC.....	84

MYLERAN.....	28	neomycin-polymyxin-hc	nitisinone.....	69
MYRBETRIQ.....	70	NITRO-BID.....	43
MYSOLINE.....	17	NEONATAL PRENATAL.	NITRO-DUR.....	43, 44
MYTESI.....	67	neo-polycin.....	nitrofurantoin.....	15
na sulfate-k sulfate-mg		neo-polycin hc.....	NITROFURANTOIN.....	15
sulf.....	67	NEORAL.....	nitrofurantoin	
nabumetone.....	10	NEO-SYNALAR.....	macrocrystal.....	15
nadolol.....	43	NERLYNX.....	nitrofurantoin	
naftifine hcl.....	23	NESINA.....	monohydrate	
NAFTIN.....	23	neuac.....	macrocrystals.....	15
NALFON.....	10	NEULASTA.....	nitroglycerin.....	44
NALOCET.....	7	NEULASTA ONPRO.....	NITROLINGUAL.....	44
naloxone hcl.....	11	NEUPRO.....	NITROSTAT.....	44
naltrexone hcl.....	11	NEURONTIN.....	NITYR.....	69
NAMENDA.....	19	NEVANAC.....	NIVA THYROID.....	80
NAMENDA TITRATION		nevirapine.....	nizatidine.....	65
PAK.....	19	nevirapine er.....	nora-be.....	78
NAMENDA XR.....	19	new day.....	NORDITROPIN	
NAMZARIC.....	19	NEXAVAR.....	FLEXPRO.....	73
NAPRELAN.....	10	NEXIUM.....	norelgestromin-eth	
NAPROSYN.....	10	NEXLETOL.....	estradiol.....	78
naproxen.....	10	NEXLIZET.....	norethin ace-eth estrad-	
naproxen dr.....	10	NEXTSTELLIS.....	fe.....	78
naproxen sodium.....	10	NGENLA.....	norethindrone.....	78
naproxen sodium er.....	10	niacin	norethindrone acetate.....	78
naproxen-esomeprazole		(antihyperlipidemic).....	norethindrone acet-	
mg.....	11	niacin er	ethinyl est.....	78
naratriptan hcl.....	25	(antihyperlipidemic).....	norethindrone-eth	
NARCAN.....	11	niacor.....	estradiol.....	78
NARDIL.....	20	nicardipine hcl.....	norethindron-ethinyl	
NATACYN.....	90	nicotine.....	estrad-fe.....	78
NATAZIA.....	78	nicotine mini.....	norethin-eth estradiol-fe...78	
nateglinide.....	58	nicotine polacrilex.....	NORGESIC.....	101
NATESTO.....	72	nicotine polacrilex mini....	NORGESIC FORTE.....	101
NATROBA.....	31	nicotine step 1.....	norgestimate-eth	
NAYZILAM.....	18	nicotine step 2.....	estradiol.....	78
nebivolol hcl.....	43	nicotine step 3.....	norgestimate-ethinyl	
NEBUPENT.....	31	NICOTROL.....	estradiol triphasic.....	78
NEBUSAL.....	94	NICOTROL NS.....	NORITATE.....	55
necon 0.5/35 (28).....	78	nifedipine.....	NORLIQVA.....	44
nefazodone hcl.....	20	nifedipine er.....	norlyroc.....	78
NEOKE ALCAR.....	63	nifedipine er osmotic	NORPACE.....	44
neomycin sulfate.....	15	release.....	NORPACE CR.....	44
neomycin-bacitracin zn-		nikki.....	NORPRAMIN.....	20
polymyx.....	92	NILANDRON.....	NORTHERA.....	44
neomycin-polymyxin-		nilutamide.....	nortrel 0.5/35 (28).....	78
dexameth.....	90	nimodipine.....	nortrel 1/35 (21).....	78
neomycin-polymyxin-		NINLARO.....	nortrel 1/35 (28).....	78
gramicidin.....	92	nisoldipine er.....	nortrel 7/7/7.....	78
		nitazoxanide.....	nortriptyline hcl.....	20

NORVASC.....	44	NUVESSA.....	15	OMNARIS.....	94
NORVIR.....	36	NUVIGIL.....	101	OMNIPOD 5 G6 INTRO	
NOURIANZ.....	32	NUZYRA.....	15	(GEN 5).....	88
NOVOLIN 70/30		nyamyc.....	23	OMNIPOD 5 G6 POD	
FLEXPEN.....	61	nylia 1/35.....	78	(GEN 5).....	88
NOVOLIN 70/30		nylia 7/7/7.....	78	OMNIPOD DASH INTRO	
FLEXPEN RELION.....	61	nymyo.....	78	(GEN 4).....	88
NOVOLIN 70/30		nystatin.....	23	OMNIPOD DASH PODS	
RELION.....	61	nystatin-triamcinolone.....	23	(GEN 4).....	88
NOVOLIN 70/30 VIAL.....	61	nystop.....	23	OMNIPOD GO.....	88
NOVOLIN N FLEXPEN.....	61	NYVEPRIA.....	38	OMNITROPE.....	74
NOVOLIN N FLEXPEN		OCALIVA.....	69	ondansetron hcl.....	22
RELION.....	61	ocella.....	79	ondansetron odt.....	22
NOVOLIN N RELION.....	61	octreotide acetate.....	73	ONE VITE WOMENS.....	64
NOVOLIN N VIAL.....	61	OCUFLOX.....	90	ONE-A-DAY WOMENS	
NOVOLIN R FLEXPEN.....	61	ODACTRA.....	88	PRENATAL 1.....	64
NOVOLIN R FLEXPEN		ODEFSEY.....	36	ONETOUCH ULTRA	
RELION.....	61	ODOMZO.....	28	TEST STRIPS.....	60
NOVOLIN R RELION.....	61	OFEV.....	97	ONETOUCH VERIO KIT	
NOVOLIN R VIAL.....	61	ofloxacin.....	15, 90, 93	W/DEVICE.....	60
NOVOLOG 70/30		OJJAARA.....	29	ONEXTON.....	55
FLEXPEN RELION.....	62	olanzapine.....	34	ONFI.....	18
NOVOLOG FLEXPEN.....	62	olanzapine-fluoxetine hcl.....	20	ONGENTYS.....	32
NOVOLOG FLEXPEN		olmesartan medoxomil.....	44	ONGLYZA.....	58
RELION.....	62	olmesartan medoxomil-		ONUREG.....	29
NOVOLOG MIX 70/30		hctz.....	44	ONZETRA XSAIL.....	25
FLEXPEN.....	62	olmesartan-amlodipine-		opcicon one-step.....	79
NOVOLOG MIX 70/30		hctz.....	44	OPSUMIT.....	100
RELION.....	62	olopatadine hcl.....	90, 94	OPTICHAMBER	
NOVOLOG MIX 70/30		OLPRUVA (2 GM		DIAMOND.....	88
VIAL.....	62	DOSE).....	69	OPTICHAMBER	
NOVOLOG PENFILL.....	62	OLPRUVA (3 GM		DIAMOND-LG MASK.....	88
NOVOLOG RELION.....	62	DOSE).....	69	OPTICHAMBER	
NOVOLOG U-100 VIAL...62		OLPRUVA (4 GM		DIAMOND-MD MASK.....	88
NOXAFIL.....	23	DOSE).....	69	OPTICHAMBER	
np thyroid.....	80	OLPRUVA (5 GM		DIAMOND-SM MASK.....	88
NUBEQA.....	28	DOSE).....	69	option 2.....	79
NUCALA.....	97	OLPRUVA (6 GM		OPTIONS GYNOL II	
NUCYNTA.....	7	DOSE).....	69	CONTRACEPTIVE.....	89
NUCYNTA ER.....	7	OLPRUVA (6.67 GM		OPVEE.....	12
NUDEXTA.....	49	DOSE).....	69	OPZELURA.....	55
NUPLAZID.....	33	OLUMIANT.....	84	ORACEA.....	55
NURTEC.....	25	OMECLAMOX-PAK.....	67	ORALAIR.....	89
NUTROPIN AQ NUSPIN		omega-3-acid ethyl		oralone.....	50
10.....	73	esters.....	44	ORAPRED ODT.....	72
NUTROPIN AQ NUSPIN		omeprazole.....	65	ORAVIG.....	23
20.....	73	OMEPRAZOLE+SYRSP		ORENCIA.....	84
NUTROPIN AQ NUSPIN		END SF ALKA.....	65	ORENCIA CLICKJECT....	84
5.....	73	omeprazole-sodium		ORENITRAM.....	100
NUVARING.....	78	bicarbonate.....	65	ORENITRAM MONTH 1	100

ORENITRAM MONTH 2	100	PAMELOR.....	20	phenazopyridine hcl.....	71
ORENITRAM MONTH 3	100	PANCREAZE.....	69	phenelzine sulfate.....	20
ORFADIN.....	69	PANDEL.....	55	phenobarbital.....	18
ORGOVYX.....	29	PANRETIN.....	29	phenoxybenzamine hcl....	44
ORIAHNN.....	79	pantoprazole sodium.....	65	phenylephrine hcl.....	92
ORLISSA.....	74	paricalcitol.....	87	phenytek.....	18
ORKAMBI.....	99	PARLODEL.....	32	phenytoin.....	18
ORLADEYO.....	84	PARNATE.....	20	phenytoin infatabs.....	18
orphenadrine citrate er...	101	paroxetine hcl.....	20	phenytoin sodium	
orphenadrine-aspirin-		paroxetine hcl er.....	20	extended.....	18
caffeine.....	101	paroxetine mesylate.....	20	PHEXXI.....	89
ORPHENGESIC FORTE		PATADAY.....	90	philith.....	79
.....	101	PAXIL.....	20	PHOSPHOLINE IODIDE.	91
ORSERDU.....	29	PAXIL CR.....	20	phosphorous.....	64
OSCIMIN.....	67	PAXLOVID (150/100).....	36	phytonadione.....	64
oseltamivir phosphate.....	36	PAXLOVID (300/100).....	36	PIFELTRO.....	36
OSENI.....	58	pazopanib hcl.....	29	pilocarpine hcl.....	50, 91
OSMOLEX ER.....	32	PEDIAPRED.....	72	pimecrolimus.....	55
OSPHENA.....	74	peg 3350-kcl-na bicarb-		pimozide.....	34
OTEZLA.....	84	nacl.....	68	pimtrea.....	79
OTOVEL.....	93	peg-3350/electrolytes.....	68	pindolol.....	44
OTREXUP.....	84	peg-		pioglitazone hcl.....	58, 59
OVIDE.....	31	3350/electrolytes/ascorb		pioglitazone hcl-	
oxaprozin.....	11	at.....	68	glimepiride.....	59
OXAYDO.....	7	PEGASYS.....	36	pioglitazone hcl-	
oxazepam.....	38	peg-kcl-nacl-nasulf-na		metformin hcl.....	59
OXBRYTA.....	89	asc-c.....	68	PIQRAY.....	29
oxcarbazepine.....	18	PEMAZYRE.....	29	pirfenidone.....	98
OXERVATE.....	92	penciclovir.....	36	piroxicam.....	11
oxiconazole nitrate.....	23	penicillamine.....	71	pitavastatin calcium.....	44
OXISTAT.....	23	penicillin v potassium.....	15	PLAN B ONE-STEP.....	79
OXTELLAR XR.....	18	PENNSAID.....	11	PLAQUENIL.....	31
oxybutynin chloride.....	70	pentamidine isethionate...31		PLAVIX.....	33
oxybutynin chloride er.....	70	PENTASA.....	86	PLEGRIDY.....	49
oxycodone hcl.....	8	pentazocine-naloxone		PLEGRIDY STARTER	
OXYCODONE HCL ER.....	8	hcl.....	8	PACK.....	49
OXYCODONE-		pentoxifylline er.....	44	PLENVU.....	68
ACETAMINOPHEN.....	8	PEPCID.....	65	PLIAGLIS.....	11
oxycodone-		PERCOCET.....	8	POCKET SPACER.....	89
acetaminophen.....	8	PERFOROMIST.....	98	podofilox.....	55
OXYCONTIN.....	8	PERIDEX.....	50	POKONZA.....	64
oxymorphone hcl.....	8	perindopril erbumine.....	44	polycin.....	92
oxymorphone hcl er.....	8	periogard.....	50	polyethylene glycol 3350.	68
OXYTROL.....	70	permethrin.....	31	polymyxin b-trimethoprim.	92
OZEMPIC.....	58	perphenazine.....	22	POMALYST.....	29
OZOBAX.....	101	perphenazine-		PONVORY.....	49
PACERONE.....	44	amitriptyline.....	20	PONVORY STARTER	
PALFORZIA.....	89	PERTZYE.....	69	PACK.....	49
paliperidone er.....	34	PHEBURANE.....	69	portia-28.....	79
PALYNZIQ.....	69	phenazo.....	71	posaconazole.....	23

potassium chloride.....	64	PREZCOBIX.....	36	PULMICORT	
potassium chloride crys		PREZISTA.....	36	FLEXHALER.....	98
er.....	64	PRIFTIN.....	26	PULMICORT	
potassium chloride er.....	64	PRILOSEC.....	66	SUSPENSION.....	98
potassium citrate er.....	64	primaquine phosphate....	31	PULMOSAL.....	94
POVIDONE-IODINE.....	90	primidone.....	18	PULMOZYME.....	99
PRADAXA.....	16	PRISTIQ.....	20	PURIXAN.....	29
PRALUENT.....	44	PROAIR DIGIHALER.....	98	PYLERA.....	68
pramipexole		PROAIR RESPICLICK.....	98	pyrazinamide.....	26
dihydrochloride.....	32	probenecid.....	24	pyridostigmine bromide....	25
pramipexole		PROCARDIA XL.....	44	pyridostigmine bromide	
dihydrochloride er.....	32	PROCENTRA.....	47	er.....	25
PRAMOTIC.....	93	prochlorperazine.....	22	pyrimethamine.....	31
prasugrel hcl.....	33	prochlorperazine		PYROGALLIC ACID.....	55
pravastatin sodium.....	44	maleate.....	22	PYRUKYND.....	38
praziquantel.....	31	PROCTOCORT.....	86	PYRUKYND TAPER	
prazosin hcl.....	44	PROCTOFOAM HC.....	86	PACK.....	38
PRED FORTE.....	90	procto-med hc.....	86	QBRELIS.....	44
PRED MILD.....	90	proctosol hc.....	86	QBREXZA.....	55
prednisolone.....	72	proctozone-hc.....	86	qc magnesium citrate.....	68
prednisolone acetate.....	90	PROCYSBI.....	69	QDOLO.....	8
prednisolone sodium		progesterone.....	79	QELBREE.....	47
phosphate.....	72, 90	PROGLYCEM.....	60	QINLOCK.....	29
prednisone.....	72	PROGRAF.....	84	QNASL.....	94
prednisone intensol.....	72	PROLATE.....	8	QNASL CHILDRENS.....	94
pregabalin.....	50	PROLENSA.....	90	QTERN.....	59
pregabalin er.....	50	PROMACTA.....	38	QUALAQUIN.....	31
PREMARIN.....	79	promethazine hcl.....	22	quazepam.....	38
PREMPHASE.....	79	promethazine vc.....	94	QUDEXY XR.....	18
PREMPRO.....	79	promethazine vc/codeine....	94	QUESTRAN.....	44
prenatal.....	64	promethazine-codeine.....	94	QUESTRAN LIGHT.....	44
prenatal multi +dha.....	64	promethazine-dm.....	94	quetiapine fumarate.....	34
PRESTALIA.....	44	promethegan.....	22	quetiapine fumarate er.....	34
PRETOMANID.....	26	PROMETRIUM.....	79	QUILLICHEW ER.....	47
PREVACID.....	66	propafenone hcl.....	44	QUILLIVANT XR.....	47
PREVACID SOLUTAB.....	66	propafenone hcl er.....	44	quinapril hcl.....	44
prevalite.....	44	propranolol hcl.....	44	quinapril-	
PREVIDENT.....	50	propranolol hcl er.....	44	hydrochlorothiazide....	44, 45
PREVIDENT 5000		propylthiouracil.....	80	quinidine gluconate er.....	45
BOOSTER PLUS.....	50	PROSCAR.....	71	quinidine sulfate.....	45
PREVIDENT 5000 DRY		PROTONIX.....	66	quinine sulfate.....	31
MOUTH.....	50	protriptyline hcl.....	20	QULIPTA.....	25
PREVIDENT 5000		PROVENTIL HFA.....	98	QUVIVIQ.....	101
ENAMEL PROTECT.....	50	PROVERA.....	79	QVAR REDIHALER.....	98
PREVIDENT 5000		PROVIGIL.....	101	RABEPRAZOLE	
ORTHO DEFENSE.....	50	PROZAC.....	20	SODIUM.....	66
PREVIDENT 5000 PLUS.....	51	PRUDOXIN.....	55	rabeprazole sodium.....	66
PREVIDENT 5000		pseudoephedrine-		RADICAVA ORS.....	50
SENSITIVE.....	51	bromphen-dm.....	94	RADICAVA ORS	
PREVYMIS.....	36			STARTER KIT.....	50

RADIOGARDASE.....	89	RETIN-A MICRO PUMP ..	56	RYCLORA.....	94
RAGWITEK.....	89	RETROVIR.....	36	RYDAPT.....	29
raloxifene hcl.....	74	REVATIO.....	100	RYKINDO.....	34
ramelteon.....	101	REVLIMID.....	29	RYTARY.....	32
ramipril.....	45	REXULTI.....	34	RYTHMOL SR.....	45
ranolazine er.....	45	REYATAZ.....	36	ryvent.....	94
RAPAFLO.....	71	REYVOW.....	25	SABRIL.....	18
RAPAMUNE.....	84	REZLIDHIA.....	29	SACCHARIN.....	89
rasagiline mesylate.....	32	REZUROCK.....	85	SAFYRAL.....	79
RASUVO.....	84	REZVOGLAR KWIKPEN.	62	SAIZEN.....	74
RAVICTI.....	69	RHOPRESSA.....	91	sajazir.....	85
RAYALDEE.....	87	ribavirin.....	36	SALAGEN.....	51
RAYOS.....	72	RIDAURA.....	85	SAMSCA.....	64
react.....	79	rifabutin.....	26	SANCUSO.....	22
REBIF.....	49	rifampin.....	26	SANDIMMUNE.....	85
REBIF REBIDOSE.....	49	RILUTEK.....	50	SANDOSTATIN.....	74
REBIF REBIDOSE		riluzole.....	50	SANTYL.....	56
TITRATION PACK.....	49	rimantadine hcl.....	36	SAPHRIS.....	34
REBIF TITRATION		RINVOQ.....	85	sapropterin	
PACK.....	49	RIOMET.....	59	dihydrochloride.....	69
reclipsen.....	79	risedronate sodium.....	87	SAVAYSA.....	16
RECORLEV.....	74	RISPERDAL.....	34	SAVELLA.....	50
RECTIV.....	45	risperidone.....	34	SAVELLA TITRATION	
REGLAN.....	22	RITALIN.....	47	PACK.....	50
REGRANEX.....	55	RITALIN LA.....	48	saxagliptin hcl.....	59
RELAFEN DS.....	11	ritonavir.....	36	saxagliptin-metformin er..	59
RELENZA DISKHALER...36		rivastigmine.....	19	SCEMBLIX.....	29
RELEXXII.....	47	rivastigmine tartrate.....	19	scopolamine.....	22
RELISTOR.....	68	rivelsa.....	79	SECUADO.....	34
RELPAK.....	25	rizatriptan benzoate.....	25	SEGLENTIS.....	8
RELTONE.....	68	ROBINUL.....	68	SEGLUROMET.....	59
RELYVRIO.....	50	ROBINUL-FORTE.....	68	selegiline hcl.....	32
REMERON.....	21	ROCALTROL.....	87	selenium sulfide.....	56
REMERON SOLTAB.....	21	ROCKLATAN.....	91	SELZENTRY.....	36
REMESENSE.....	51	roflumilast.....	98	SEMGLEE (YFGN).....	62
REVELA.....	71	ropinirole hcl.....	32	SENSIPAR.....	87
repaglinide.....	59	ropinirole hcl er.....	32	SEREVENT DISKUS.....	98
REPATHA.....	45	rosuvastatin calcium.....	45	SERNIVO.....	56
REPATHA		ROSZET.....	45	SEROQUEL.....	34
PUSHTRONEX		ROWASA.....	86	SEROQUEL XR.....	34
SYSTEM.....	45	roweepra.....	18	SEROSTIM.....	68
REPATHA SURECLICK..	45	ROXICODONE.....	8	SERTRALINE HCL.....	21
RESTASIS.....	92	ROXYBOND.....	8	sertraline hcl.....	21
RESTASIS MULTIDOSE.	92	ROZEREM.....	101	setlakin.....	79
RESTORA RX.....	68	ROZLYTREK.....	29	sevelamer carbonate.....	71
RESTORIL.....	101	RUBRACA.....	29	sevelamer hcl.....	71
RETEVMO.....	29	rufinamide.....	18	SEYSARA.....	15
RETIN-A.....	55	RUKOBIA.....	36	sf.....	51
RETIN-A MICRO GEL		RYALTRIS.....	94	sf 5000 plus.....	51
0.04 %, 0.1 %.....	55	RYBELSUS.....	59	SFROWASA.....	86

sharobel.....	79	SOOLANTRA.....	56	SULAR.....	45
SIGNIFOR.....	74	sorafenib tosylate.....	29	SULCONAZOLE	
SIKLOS.....	29	SORILUX.....	56	NITRATE.....	23
sildenafil citrate.....	100	sotalol hcl.....	45	sulfacetamide sodium.....	90
SILENOR.....	101	sotalol hcl (af).....	45	sulfacetamide sodium	
SILIQ.....	85	SOTYKTU.....	85	(acne).....	56
silodosin.....	71	SOTYLIZE.....	45	sulfacetamide sodium-	
SILVADENE.....	15	SOVALDI.....	36	sulfur.....	56
silver sulfadiazine.....	15	spinosad.....	31	sulfacetamide-	
SIMBRINZA.....	91	SPIRIVA HANDIHALER..	98	prednisolone.....	93
simliya.....	79	SPIRIVA RESPIMAT.....	98	sulfadiazine.....	15
simpesse.....	79	spironolactone.....	45	sulfamethoxazole-	
SIMPONI.....	85	spironolactone-hctz.....	45	trimethoprim.....	15
simvastatin.....	45	SPORANOX.....	23	SULFAMYLON.....	15
SINEMET.....	32	sprintec 28.....	79	sulfasalazine.....	86
SINGULAIR.....	98	SPRITAM.....	18	sulfatrim pediatric.....	15
sirolimus.....	85	SPRIX.....	11	sulfurated lime.....	31
SIRTURO.....	26	SPRYCEL.....	29	sulindac.....	11
SITAVIG.....	36	SPS.....	64	sumatriptan.....	25
SIVEXTRO.....	15	sronyx.....	79	sumatriptan succinate.....	25
SKYCLARYS.....	46	ssd.....	15	sumatriptan succinate	
SKYRIZI.....	85	STALEVO 100.....	32	refill subcutaneous	
SKYRIZI PEN.....	85	STALEVO 125.....	32	solution cartridge.....	25
SKYTROFA.....	74	STALEVO 150.....	32	sumatriptan-naproxen	
SLYND.....	79	STALEVO 200.....	32	sodium.....	25
SOAANZ.....	45	STALEVO 50.....	32	sunitinib malate.....	29
sod citrate-citric acid.....	64	STALEVO 75.....	32	SUNLENCA.....	37
SODIUM ASCORBATE..	64	STEGLATRO.....	59	SUNOSI.....	101, 102
sodium bicarbonate.....	64	STEGLUJAN.....	59	SUPREP BOWEL PREP	
sodium chloride.....	94	STELARA.....	85	KIT.....	68
sodium fluoride.....	51, 64	sterile water for irrigation.	64	SUTAB.....	68
sodium fluoride 5000		STIMUFEND.....	38	SUTENT.....	29
plus.....	51	STIOLTO RESPIMAT.....	98	syeda.....	79
sodium fluoride 5000		STIVARGA.....	29	SYMBICORT.....	98
ppm.....	51	STRATTERA.....	48	SYMBYAX.....	21
SODIUM OXYBATE.....	101	STRENSIQ.....	69	SYMDEKO.....	99
sodium phenylbutyrate.....	69	STRIBILD.....	36	SYMFI.....	37
sodium polystyrene		STRIVERDI RESPIMAT..	98	SYMFI LO.....	37
sulfonate.....	64	STROMECTOL.....	31	SYMLINPEN 120.....	59
sodium saccharin.....	89	SUBOXONE.....	12	SYMLINPEN 60.....	59
SOFOSBUVIR-		SUBSYS.....	8	SYMPAZAN.....	18
VELPATASVIR.....	36	subvenite.....	18	SYMPROIC.....	68
SOGROYA.....	74	subvenite starter kit-blue..	18	SYMTUZA.....	37
solifenacin succinate.....	71	subvenite starter kit-		SYNALAR.....	56
SOLIQUA.....	59	green.....	18	SYNAREL.....	74
SOLODYN.....	15	subvenite starter kit-		SYNDROS.....	22
SOLOSEC.....	15	orange.....	18	SYNJARDY.....	59
SOLTAMOX.....	29	SUCRAID.....	69	SYNJARDY XR.....	59
SOMA.....	101	sucalfate.....	66	SYNTHROID.....	80
SOMAVERT.....	74	SUFLAVE.....	68	SYPRINE.....	64

TABLOID.....	29	temazepam.....	102	TIMOPTIC OCUDOSE....	92
TABRECTA.....	29	temozolomide.....	29	tinidazole.....	15
TACLONEX.....	56	TENCON.....	8	tiopronin.....	71
tacrolimus.....	56, 85	tenofovir disoproxil		tiotropium bromide	
tadalafil.....	71	fumarate.....	37	monohydrate.....	99
tadalafil (pah).....	100	TENORETIC 100.....	45	TIROSINT.....	80
TADLIQ.....	100	TENORETIC 50.....	45	TIROSINT-SOL.....	80
TAFINLAR.....	29	TENORMIN.....	45	TIVICAY.....	37
tafluprost (pf).....	91	TEPMETKO.....	29	TIVICAY PD.....	37
TAGRISSE.....	29	terazosin hcl.....	71	tizanidine hcl.....	101
take action.....	79	terbinafine hcl.....	24	TLANDO.....	73
TAKHZYRO.....	85	terbutaline sulfate.....	98	TOBI NEBULIZER.....	99
TALICIA.....	68	terconazole.....	24	TOBI PODHALER.....	99
TALTZ.....	85	teriflunomide.....	49	TOBRADEX.....	90
TALZENNA.....	29	teriparatide.....	87	TOBRADEX ST.....	91
TAMIFLU.....	37	teriparatide		tobramycin.....	91, 99
tamoxifen citrate.....	29	(recombinant).....	87	TOBRAMYCIN.....	99
tamsulosin hcl.....	71	TERIPARATIDE		tobramycin-	
TAPERDEX 12-DAY.....	72	(RECOMBINANT).....	87	dexamethasone.....	91
TAPERDEX 6-DAY.....	72	TESTIM.....	72	TOBREX.....	91
TAPERDEX 7-DAY.....	72	testosterone.....	73	TODAY SPONGE.....	89
TARCEVA.....	29	testosterone cypionate....	72	TOLAK.....	56
TARGADOX.....	15	testosterone enanthate....	72	tolcapone.....	32
TARGRETIN.....	29	tetrabenazine.....	50	tolmetin sodium.....	11
tarina 24 fe.....	79	tetracycline hcl.....	15	TOLNAFTATE.....	24
tarina fe 1/20 eq.....	79	TEXACORT.....	56	TOLSURA.....	24
TARPEYO.....	86	TEZSPIRE.....	98	tolterodine tartrate.....	71
TASCENSO ODT.....	49	THALOMID.....	29	tolterodine tartrate er.....	71
TASIGNA.....	29	THEO-24.....	98	tolvaptan.....	64
tasimelteon.....	102	theophylline.....	98, 99	TOPAMAX.....	18
TASMAR.....	32	theophylline er.....	98, 99	TOPAMAX SPRINKLE....	18
TAURINE.....	64	THIOLA.....	71	TOPICORT.....	56
tavaborole.....	23	THIOLA EC.....	71	TOPICORT SPRAY.....	56
TAVALISSE.....	38	thioridazine hcl.....	34	topiramate.....	18
TAVNEOS.....	89	thiothixene.....	34	topiramate er.....	18
taysofy.....	79	THREONINE.....	64	TOPROL XL.....	45
TAYTULLA.....	79	THYQUIDITY.....	80	toremifene citrate.....	30
tazarotene.....	56	thyroid.....	80	torseamide.....	45
TAZAROTENE.....	56	tiadylt er.....	45	TOSYMRA.....	25
TAZORAC.....	56	tiagabine hcl.....	18	TOUJEO MAX	
taztia xt.....	45	TIAZAC.....	45	SOLOSTAR.....	62
TAZVERIK.....	29	TIBSOVO.....	30	TOUJEO SOLOSTAR.....	62
TECFIDERA.....	49	TIGLUTIK.....	50	tovet.....	56
TEGRETOL.....	18	TIKOSYN.....	45	TOVIAZ.....	71
TEGRETOL-XR.....	18	tilia fe.....	79	TRACLEER.....	100
TEGSEDI.....	50	timolol maleate.....	45, 92	TRADJENTA.....	59
TEKTURNIA.....	45	timolol maleate (once-		TRAMADOL HCL (ER	
telmisartan.....	45	daily).....	91	BIPHASIC).....	8
telmisartan-amlodipine....	45	timolol maleate ocudose..	91	tramadol hcl (er biphasic)..	8
telmisartan-hctz.....	45	timolol maleate pf.....	92	tramadol hcl er.....	8

TRAMADOL HCL IR.....	8	tri-mili.....	79	URSO 250.....	68
tramadol hcl ir.....	8	trimipramine maleate.....	21	URSO FORTE.....	68
tramadol-acetaminophen...	8	TRINTELLIX.....	21	URSODIOL.....	68
trandolapril.....	45	tri-nymyo.....	79	ursodiol.....	68
trandolapril-verapamil hcl		tri-sprintec.....	79	VAGIFEM.....	79
er.....	45	TRIUMEQ.....	37	valacyclovir hcl.....	37
tranexamic acid.....	38	TRIUMEQ PD.....	37	VALCHLOR.....	30
TRANSDERM-SCOP.....	22	trivora (28).....	79	VALCYTE.....	37
tranylcypromine sulfate...	21	tri-vylibra.....	79	valganciclovir hcl.....	37
TRAVATAN Z.....	92	tri-vylibra lo.....	79	VALINE.....	64
travoprost (bak free).....	92	TROKENDI XR.....	18	VALIUM.....	38
trazodone hcl.....	21	tropium chloride.....	71	valproic acid.....	18
TRECTOR.....	26	tropium chloride er.....	71	VALSARTAN.....	46
TRELEGY ELLIPTA.....	99	TRUDHESA.....	25	valsartan.....	46
TREMFYA.....	85	TRULANCE.....	68	valsartan-	
TRESIBA.....	62	TRULICITY.....	59	hydrochlorothiazide.....	46
TRESIBA FLEXTOUCH...	62	TRUVADA.....	37	VALTOCO.....	18
tretinoin.....	30, 56	TUDORZA PRESSAIR...	99	VALTRESX.....	37
tretinoin microsphere.....	56	TUKYSA.....	30	VANADOM.....	101
tretinoin microsphere		TURALIO.....	30	VANCOCIN.....	15
pump.....	56	turqoz.....	79	vancomycin hcl.....	15
TREXALL.....	85	TUXARIN ER.....	94	VANDAZOLE.....	15
TREXIMET.....	25	TWIRLA.....	79	VANFLYTA.....	30
triamcinolone acetonide		TWYNEO.....	57	VANOS.....	57
.....	51, 56	TYBOST.....	37	varenicline tartrate.....	12
triamcinolone in		tydemy.....	79	varenicline tartrate	
absorbase.....	56	TYKERB.....	30	(starter).....	12
triamterene.....	45	TYMLOS.....	87	varenicline	
triamterene-hctz.....	45	TYRVAYA.....	93	tartrate(continue).....	12
triazolam.....	38	TYVASO.....	100	VARIZIG.....	85
TRIBENZOR.....	45	TYVASO DPI		VARUBI (180 MG	
TRICOR.....	45	MAINTENANCE KIT.....	100	DOSE).....	22
triderm.....	56	TYVASO DPI		VASCEPA.....	46
trientine hcl.....	64	TITRATION KIT.....	100	VASERETIC.....	46
tri-estarylla.....	79	TYVASO REFILL.....	100	VASOTEC.....	46
trifluoperazine hcl.....	34	TYVASO STARTER.....	100	VCF VAGINAL	
trifluridine.....	91	UBRELVY.....	25	CONTRACEPTIVE.....	89
trihexyphenidyl hcl.....	32	UCERIS.....	86	VECAMYL.....	46
TRIJARDY XR.....	59	UDENYCA.....	39	VECTICAL.....	57
TRIKAFTA.....	99	ULORIC.....	24	velivet.....	79
tri-legest fe.....	79	ULTRAVATE.....	57	VELPHORO.....	71
TRILEPTAL.....	18	unithroid.....	80	VELTASSA.....	64
tri-linyah.....	79	UPNEEQ.....	91	VELTIN.....	57
TRILIPIX.....	45	UPTRAVI.....	100	VEMLIDY.....	37
tri-lo-estarylla.....	79	UPTRAVI TITRATION...	100	VENCLEXTA.....	30
tri-lo-marzia.....	79	uretron d/s.....	71	VENCLEXTA	
tri-lo-mili.....	79	UROCIT-K 10.....	64	STARTING PACK.....	30
tri-lo-sprintec.....	79	UROCIT-K 15.....	64	VENELEX.....	57
trimethobenzamide hcl....	22	UROCIT-K 5.....	64	VENLAFAXINE	
trimethoprim.....	15	UROXATRAL.....	71	BESYLATE ER.....	21

venlafaxine hcl.....	21	VORTEX VALVED		XERAC AC.....	57
venlafaxine hcl er.....	21	HOLDING CHAMBER.....	89	XERESE.....	37
VENTAVIS.....	100	VOSEVI.....	37	XERMELO.....	68
VENTOLIN HFA.....	99	VOTRIENT.....	30	XHANCE.....	94
VEOZAH.....	89	VOWST.....	68	XIFAXAN.....	15
verapamil hcl.....	46	VOXZOGO.....	70	XIGDUO XR.....	59
verapamil hcl er.....	46	VRAYLAR.....	34	XIIDRA.....	93
VERDESO.....	57	VTAMA.....	57	XIMINO.....	15
VEREGEN.....	57	VUITY.....	92	XOFLUZA (40 MG	
VERELAN.....	46	VUMERITY.....	49	DOSE).....	37
VERELAN PM.....	46	VUSION.....	24	XOFLUZA (80 MG	
VERKAZIA.....	93	vyfemla.....	80	DOSE).....	37
VERQUVO.....	46	vylibra.....	80	XOPENEX HFA.....	99
VERSACLOZ.....	34	VYNDAMAX.....	46	XPOVIO (100 MG ONCE	
VERZENIO.....	30	VYNDAQEL.....	46	WEEKLY).....	30
VESICARE.....	71	VYTORIN.....	46	XPOVIO (40 MG ONCE	
VESICARE LS.....	71	VYVANSE.....	48	WEEKLY).....	30
vestura.....	79	VYZULTA.....	92	XPOVIO (40 MG TWICE	
VFEND.....	24	WAKIX.....	102	WEEKLY).....	30
VIBERZI.....	68	warfarin sodium.....	16	XPOVIO (60 MG ONCE	
VIBRAMYCIN.....	15	weekly-d.....	64	WEEKLY).....	30
VICTOZA.....	59	WELCHOL.....	46	XPOVIO (60 MG TWICE	
vienva.....	79	WELIREG.....	30	WEEKLY).....	30
vigabatrin.....	18	WELLBUTRIN SR.....	21	XPOVIO (80 MG ONCE	
vigadrone.....	18	WELLBUTRIN XL.....	21	WEEKLY).....	30
VIGAMOX.....	91	wera.....	80	XPOVIO (80 MG TWICE	
vigpoder.....	18	wes-phos 250 neutral.....	64	WEEKLY).....	30
VIIBRYD.....	21	WINLEVI.....	57	XTAMPZA ER.....	8
VIJOICE.....	30	wixela inhub.....	99	XTANDI.....	30
vilazodone hcl.....	21	wymzya fe.....	80	xulane.....	80
VIMOVO.....	11	WYNZORA.....	57	XULTOPHY.....	59
VIMPAT.....	18	XACIATO.....	15	XURIDEN.....	70
VIOKACE.....	70	XADAGO.....	32	XYOSTED.....	73
viorele.....	79	XALATAN.....	92	XYREM.....	102
VIRACEPT.....	37	XALKORI.....	30	XYWAV.....	102
VIRAZOLE.....	37	XANAX.....	38	yargesa.....	70
VIREAD.....	37	XANAX XR.....	38	YASMIN 28.....	80
VISTARIL.....	38	XARELTO.....	16	YAZ.....	80
VISTOGARD.....	89	XARELTO STARTER		yl folic acid.....	65
VIVELLE-DOT.....	80	PACK.....	16	YONSA.....	30
VIVJOA.....	24	XATMEP.....	85	YOSPRALA.....	33
VIZIMPRO.....	30	XCOPRI.....	18	YUFLYMA.....	85
VOGELXO.....	73	XDEMZY.....	91	YUFLYMA (1 PEN).....	85
VOGELXO PUMP.....	73	XELJANZ.....	85	YUFLYMA (2 PEN).....	85
volnea.....	80	XELJANZ XR.....	85	YUFLYMA (2 SYRINGE).....	85
VONJO.....	30	XELODA.....	30	YUFLYMA-CD/UC/HS	
VOQUEZNA DUAL PAK.....	68	XELPROS.....	92	STARTER.....	85
VOQUEZNA TRIPLE		XELSTRYM.....	48	YUPELRI.....	99
PAK.....	68	XENAZINE.....	50	YUSIMRY.....	85
voriconazole.....	24	XEPI.....	15	yuvafem.....	80

zafemy.....	80	ZOMACTON.....	74
zafirlukast.....	99	ZOMIG.....	25
zaleplon.....	102	ZONALON.....	57
ZANAFLEX.....	101	ZONEGRAN.....	18
ZARONTIN.....	18	ZONISADE.....	18
ZAVESCA.....	70	zonisamide.....	18
ZAVZPRET.....	25	ZONTIVITY.....	33
ZEGALOGUE.....	60	ZORBTIVE.....	68
ZEGERID.....	66	ZORTRESS.....	85
ZEJULA.....	30	ZORVOLEX.....	11
ZELAPAR.....	32	ZORYVE.....	57
ZELBORAF.....	30	zovia 1/35 (28).....	80
ZEMBRACE		ZOVIRAX.....	37
SYMTOUCH.....	25	ZTALMY.....	19
ZEMPLAR.....	87	ZTLIDO.....	11
zenatane.....	57	ZUBSOLV.....	12
ZENPEP.....	70	zumandimine.....	80
ZENZEDI.....	48	ZYCLARA.....	57
ZEPATIER.....	37	ZYCLARA PUMP.....	57
ZEPOSIA.....	49	ZYDELIG.....	30
ZEPOSIA 7-DAY		ZYFLO.....	99
STARTER PACK.....	49	ZYKADIA.....	31
ZEPOSIA STARTER KIT.....	49	ZYLET.....	93
ZERVIAE.....	91	ZYMAXID.....	91
ZESTORETIC.....	46	ZYPITAMAG.....	46
ZESTRIL.....	46	ZYPREXA.....	34
ZETIA.....	46	ZYPREXA ZYDIS.....	34
ZETONNA.....	94	ZYTIGA.....	31
ZIAGEN.....	37	ZYVOX.....	16
ZIANA.....	57		
zidovudine.....	37		
ZIEXTENZO.....	39		
zileuton er.....	99		
ZILXI.....	57		
ZIMHI.....	12		
ZIOPTAN.....	92		
ziprasidone hcl.....	34		
ZIPSOR.....	11		
ZIRGAN.....	91		
ZITHROMAX.....	15, 16		
ZITHROMAX TRI-PAK....	16		
ZITHROMAX Z-PAK.....	16		
ZOCOR.....	46		
ZOKINVY.....	89		
ZOLINZA.....	30		
zolmitriptan.....	25		
ZOLOFT.....	21		
ZOLPIDEM TARTRATE.....	102		
zolpidem tartrate.....	102		
zolpidem tartrate er.....	102		

Non-discrimination notice



Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law. Sanford Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law.

Sanford Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, call (800) 752-5863 (TTY: 711)

If you believe that Sanford Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with the Section 504 Coordinator at:

Mailing Address: Section 504 Coordinator, 2301 E. 60th Street, Sioux Falls, SD 57103

Telephone number: (877) 473-0911 (TTY: 711)

Fax: (605) 312-9886

Email: shpcompliance@sanfordhealth.org

You can file a grievance in person or by phone, mail, fax, or email. If you need help filing a grievance, the Section 504 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

(800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

Help in Other Languages

For help in any language other than English, call (800) 752-5863 (TTY: 711).

Arabic -

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم: 711): (800) 752-5863

Amharic - ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም ኦርዳታ ድርጅቶቻችን ለዎሽጥ ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም ኦርዳታ ድርጅቶቻችን በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ (800) 752-5863 (መስማት ለተሳናቸው: 711)።

Chinese - 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 (800) 752-5863 (TTY: 711)。

Cushite (Oromo) - XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa (800) 752-5863 (TTY: 711).

German - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (800) 752-5863 (TTY: 711).

Hmong - LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 752-5863 (TTY: 711).

Karen - ၵာ်သုၣ်ဟံးသး- နမ့ၢ်ကတိၤ ကညိ ကျိၣ်အသိ, နမ့ၢ်န့ၢ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢၢ်ဘျၣ်လၢၢ်စ့ၤ နိတမံၤဘျၣ်သ့န့ၢ်လီၤ. ကိ: (800) 752-5863 (TTY: 711).

Korean - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (800) 752-5863 (TTY: 711) 번으로 전화해 주십시오.

Laotian - ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ (800) 752-5863 (TTY: 711).

French - ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (800) 752-5863 (TTY: 711).

Russian - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (800) 752-5863 (телетайп: 711).

Spanish - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 752-5863 (TTY: 711).

Tagalog - PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (800) 752-5863 (TTY: 711).

Thai - เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้ บริการช่วยเหลือทางภาษาได้ ฟรี โทร (800) 752-5863 (TTY: 711).

Vietnamese - CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (800) 752-5863 (TTY: 711).