

# ACA Compliant Individual/Small Group Formulary

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**SANFORD**<sup>®</sup>  
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
<b>Tier 1</b>	\$ <b>Lower-cost</b> generic medications	Use Tier 1 drugs for the lowest out-of-pocket costs.
<b>Tier 2</b>	\$\$ <b>Mid-range cost</b> preferred brand-name	Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.
<b>Tier 3</b>	\$\$\$ <b>Higher-cost</b> non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
<b>Tier 4</b>	\$ <b>Generic/Preferred</b> 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.
<b>Tier 14</b>	<b>Medical Benefit</b> 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.

<b>PA</b>	<b>Prior Authorization</b> – 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.
<b>PV</b>	<b>High Deductible Health Plan Preventive Medication</b> – Medication not subject to deductible and available at a copay/coinsurance under a high deductible health plan.
<b>QL</b>	<b>Quantity Limit / Amount Allowed</b> – Medication may be limited to a certain quantity.
<b>SP</b>	<b>Specialty Medication</b> – 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.
<b>ST</b>	<b>Step Therapy</b> – Trial of a lower-cost medication(s) is required before a higher-cost medication can be covered.
<b>FE</b>	<b>Formulary Exception</b> – This medication will only be available to the member if they meet Sanford Health Plan criteria for a formulary override.
<b>ACA</b>	<b>Affordable Care Act</b> – 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.
<b>O</b>	<b>Over-the-counter (OTC)</b> – 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.
<b>MB</b>	<b>Medical Benefit</b> – Medications covered under the medical benefit that are subject to the medical deductible, coinsurance and maximum out of pocket.
<b>AL</b>	<b>Age Limit</b> – Medication may be subject to a minimum or maximum age.
<b>BP</b>	<b>Brand Penalty</b> – 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	Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer.....	65
Analgesics - Drugs for Pain and Inflammation.....	8	Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions.....	66
Anesthetics.....	11	Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment....	69
Anti-Addiction / Substance Abuse Treatment Agents.....	11	Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions.....	70
Antibacterials.....	12	Genitourinary Agents - Drugs for Prostate Conditions.....	71
Anticoagulants.....	15	Hormonal Agents - Adrenal.....	72
Anticonvulsants - Drugs for Seizures.....	16	Hormonal Agents - Men's Health.....	72
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia.....	18	Hormonal Agents - Pituitary.....	73
Antidepressants.....	19	Hormonal Agents - Prostaglandins.....	74
Antiemetics - Drugs for Nausea and Vomiting.....	21	Hormonal Agents - Selective Estrogen Receptor Modifying Agents.....	74
Antifungals.....	22	Hormonal Agents - Sex Hormones and Birth Control.....	74
Antigout Agents.....	23	Hormonal Agents - Thyroid.....	80
Antimigraine Agents.....	23	Immunological Agents - Drugs for Immune System Stimulation or Suppression.....	80
Antimyasthenic Agents.....	25	Inflammatory Bowel Disease Agents.....	88
Antimycobacterials.....	25	Metabolic Bone Disease Agents - Drugs for Osteoporosis.....	89
Antineoplastics - Drugs for Cancer.....	25	Metabolic Bone Disease Agents - Other....	89
Antiparasitics.....	30	Miscellaneous Therapeutic Agents.....	89
Antiparkinson Agents.....	31	Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation.....	91
Antiplatelets.....	32	Ophthalmic Agents - Drugs for Glaucoma.	93
Antipsychotics - Drugs for Mood Disorders	33	Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....	94
Antivirals.....	34	Otic Agents - Drugs for Ear Conditions.....	95
Anxiolytics - Drugs for Anxiety.....	37	Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold.....	96
Bipolar Agents - Drugs for Mood Disorders	38	Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions.....	97
Blood Products and Modifiers - Drugs for Blood Disorders.....	38	Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.....	101
Cardiovascular Agents - Drugs for Heart and Circulation Conditions.....	39	Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....	102
Central Nervous System Agents.....	46	Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	102
Central Nervous System Agents - Drugs for Attention Deficit Disorder.....	46	Sleep Disorder Agents.....	103
Central Nervous System Agents - Drugs for Multiple Sclerosis.....	47	Index of Drugs.....	105
Central Nervous System Agents - Miscellaneous.....	49		
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		
Electrolytes / Minerals / Metals / Vitamins..	62		

Drug Name	Drug Tier	Limits/ Required
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine	1	QL
ALLZITAL	3	FE
APADAZ	3	FE; QL
ascomp-codeine	1	
bac (butalbital-acetamin-caff)	1	
BELBUCA	3	QL
BENZHYDROCODON E-ACETAMINOPHEN	3	FE; QL
buprenorphine transdermal	1	QL
butalbital-acetaminophen oral capsule	1	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	
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	

Drug Name	Drug Tier	Limits/ Required
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 TABLET	3	BP
fentanyl	1	QL
FIORICET ORAL CAPSULE	3	BP
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	BP
hydrocodone bitartrate er oral capsule extended release 12 hour	1	QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL
hydrocodone-acetaminophen solution 7.5-325 mg/15ml 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.

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL	morphine sulfate tablet 30 mg oral	1	QL
hydromorphone hcl er oral tablet extended release 24 hour	1	QL	MS CONTIN ORAL TABLET EXTENDED RELEASE	3	BP; QL
hydromorphone hcl oral	1	QL	NALOCET	3	FE; QL
HYSINGLA ER	3	BP; QL	NUCYNTA	3	QL
levorphanol tartrate oral	1	QL	NUCYNTA ER	3	FE; QL
meperidine hcl oral solution	1	QL	oxycodone hcl oral capsule	1	QL
meperidine hcl oral tablet 50 mg	1	QL	oxycodone hcl oral concentrate 100 mg/5ml	1	QL
methadone hcl intensol	1		oxycodone hcl oral tablet	1	QL
methadone hcl oral	1		OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 10 MG, 30 MG, 5 MG	3	FE; QL
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	BP	OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 15 MG	3	QL
methadose oral tablet soluble	1		oxycodone hcl solution 5 mg/5ml oral	1	QL
METHADOSE SUGAR-FREE	3	BP	OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	FE; QL
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	QL	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	FE; QL
morphine sulfate er beads	1	QL	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	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			
morphine sulfate er oral tablet extended release	1	QL			
morphine sulfate oral solution	1	QL			
morphine sulfate tablet 15 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.

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	QL	tramadol hcl oral tablet 25 mg, 75 mg	1	
oxymorphone hcl	1	QL	tramadol-acetaminophen	1	QL
oxymorphone hcl er	1	QL	XTAMPZA ER	3	FE; QL
pentazocine-naloxone hcl	1	QL	<b>Analgesics - Drugs for Pain and Inflammation</b>		
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	BP; QL	ANAPROX DS	3	BP
PROLATE	3	FE; QL	ARTHROTEC ORAL TABLET DELAYED RELEASE	3	BP
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	BP; QL	aspirin 81 oral tablet delayed release	1	ACA; O
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG, 30 MG, 5 MG	3	FE; QL	aspirin adult low dose	1	ACA; O
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG	3	QL	aspirin adult low strength oral tablet delayed release	1	ACA; O
TENCON ORAL TABLET 50-325 MG	3	FE	aspirin childrens	1	ACA; O
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	FE	aspirin ec adult low dose	1	ACA; O
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1		aspirin ec low dose	1	ACA; O
tramadol hcl er	1		aspirin ec low strength	1	ACA; O
TRAMADOL HCL ORAL SOLUTION	3	FE; QL	aspirin low dose oral tablet delayed release	1	ACA; O
tramadol hcl oral tablet 100 mg, 50 mg	1	QL	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 100 MG ORAL	3	BP

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
CELEBREX CAPSULE 400 MG ORAL	3	BP
CELEBREX ORAL CAPSULE 200 MG, 50 MG	3	BP
celecoxib capsule 100 mg oral	1	
celecoxib capsule 200 mg oral	1	
celecoxib oral capsule 400 mg, 50 mg	1	
COXANTO	3	FE; QL
DAYPRO	3	BP
DICLOFENAC PATCH EXTERNAL	3	FE; QL
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	
DOLOBID	3	FE
DUEXIS	3	FE; BP
EC-NAPROSYN	3	BP
ec-naproxen	1	FE

Drug Name	Drug Tier	Limits/ Required
ELYXYB	3	FE
etodolac er	1	
etodolac oral	1	
fenopropfen calcium oral	1	FE
FENOPRON	3	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 low dose	1	ACA; O
goodsense aspirin oral tablet	1	ACA; O
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen suspension 100 mg/5ml oral (rx)	1	
ibuprofen-famotidine	1	FE
INDOCIN ORAL	3	FE; BP
INDOCIN RECTAL	3	FE; BP
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral suspension	1	
indomethacin rectal suppository 50 mg	1	FE
ketoprofen er	1	FE
ketoprofen oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine injection solution 15 mg/ml	1	

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

Drug Name	Drug Tier	Limits/ Required
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
ketorolac tromethamine oral	1	QL
ketorolac tromethamine solution 30 mg/ml injection	1	
KIPROFEN	3	BP
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	
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 TABLET 500 MG	3	BP

Drug Name	Drug Tier	Limits/ Required
naproxen dr oral tablet delayed release 500 mg	1	FE
naproxen oral suspension	1	FE
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	FE
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	
naproxen-esomeprazole mg	1	FE
OXAPROZIN ORAL CAPSULE	3	FE; QL
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	FE
tolmetin sodium oral tablet 600 mg	1	FE
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG	3	FE; BP
ZIPSOR	3	FE; BP

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
<b>Anesthetics</b>		
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	1	
lidocaine ointment 5 % external	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	3	BP
LIDODERM	3	BP
TRIDACAINE II	3	BP
TRIDACAINE III	3	BP
ZTLIDO	3	FE
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
acamprosate calcium	1	
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

Drug Name	Drug Tier	Limits/ Required
ft nicotine mini	1	ACA; O; QL
goodsense nicotine mouth/throat gum	1	ACA; O; QL
goodsense nicotine mouth/throat lozenge 4 mg	1	ACA; O; QL
habitrol	1	ACA; O; QL
KLOXXADO	3	FE; QL
lofexidine hcl	1	QL
LUCEMYRA	3	BP; QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL
nicotine mini	1	ACA; O; QL
nicotine polacrilex mini	1	ACA; O; QL
nicotine polacrilex mouth/throat	1	ACA; O; QL
nicotine step 1	1	ACA; O; QL
nicotine step 2	1	ACA; O; QL
nicotine step 3	1	ACA; O; QL
nicotine transdermal kit	1	ACA; O; QL
nicotine transdermal patch 24 hour 21 mg/24hr	1	ACA; O; QL
NICOTROL	2	ACA; PV; QL
NICOTROL NS	2	ACA; PV; QL
OPVEE	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.

Drug Name	Drug Tier	Limits/ Required
REXTOVY	2	QL
SUBOXONE SUBLINGUAL FILM	3	BP; QL
varenicline tartrate (starter)	1	ACA; PV; QL
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	ACA; PV; QL
varenicline tartrate(continue)	1	ACA; PV; QL
ZIMHI	3	FE
ZUBSOLV	3	QL
<b>Antibacterials</b>		
amoxicillin oral capsule	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 suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
amoxicillin-potassium clavulanate oral tablet chewable 400-57 mg	1	
ampicillin oral capsule 500 mg	1	
ARIKAYCE	4	SP; FE
AUGMENTIN ES-600	3	BP

Drug Name	Drug Tier	Limits/ Required
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
AVIDOXY	3	BP
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	
cefepodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil oral tablet	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 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.

Drug Name	Drug Tier	Limits/ Required
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	1	
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 ORAL TABLET DELAYED RELEASE 60 MG	3	FE
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	

Drug Name	Drug Tier	Limits/ Required
doxycycline hyclate oral tablet 50 mg	1	FE
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 400	3	BP
erythromycin base oral	1	
erythromycin ethylsuccinate oral suspension reconstituted	1	
erythromycin oral	1	
FIRVANQ	3	BP
fosfomycin tromethamine	1	

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

Drug Name	Drug Tier	Limits/ Required
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 tablet extended release 24 hour	1	FE
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	1	FE
MONDOXYNE NL ORAL CAPSULE 100 MG	3	BP
moxifloxacin hcl oral	1	
mupirocin cream	1	FE
mupirocin ointment	1	
neomycin sulfate oral	1	

Drug Name	Drug Tier	Limits/ Required
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml	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
SOLOSEC	3	FE; QL
ssd	1	
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral	1	
SULFAMYLON EXTERNAL CREAM	3	FE
sulfatrim pediatric	1	
TARGADOX	3	FE; BP
tetracycline hcl oral capsule	1	

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

Drug Name	Drug Tier	Limits/ Required
TETRACYCLINE HCL ORAL TABLET	3	FE
tinidazole oral	1	
trimethoprim oral	1	
VANCOGIN	3	BP
vancomycin hcl oral	1	
VANDAZOLE	3	
XACIATO	3	
XIFAXAN ORAL TABLET 200 MG	3	FE; QL
XIFAXAN ORAL TABLET 550 MG	2	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	BP
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
<b>Anticoagulants</b>		
ARIXTRA	3	PV; BP
dabigatran etexilate mesylate	1	PV; FE
ELIQUIS	2	PV
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	PV

Drug Name	Drug Tier	Limits/ Required
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
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 ORAL CAPSULE	3	PV; FE; BP
PRADAXA ORAL PACKET	3	PV; FE
rivaroxaban	1	PV
SAVAYSA	3	PV; FE
warfarin sodium oral	1	PV
XARELTO ORAL SUSPENSION RECONSTITUTED	2	PV

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

Drug Name	Drug Tier	Limits/ Required
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	PV
XARELTO STARTER PACK	2	PV
XARELTO TABLET 2.5 MG ORAL	2	PV
<b>Anticonvulsants - Drugs for Seizures</b>		
APTIOM	3	FE
BANZEL	3	BP
BRIVIACT ORAL	3	
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
carbamazepine suspension 100 mg/5ml oral	1	
CARBATROL	3	BP
CELONTIN	3	BP
clobazam oral suspension 2.5 mg/ml	1	
clobazam oral tablet	1	
DEPAKOTE	3	BP
DEPAKOTE ER	3	BP
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	BP
DIACOMIT	4	PA; SP
diazepam rectal	1	QL
DILANTIN CAPSULE 100 MG ORAL	3	BP
DILANTIN INFATABS	3	BP

Drug Name	Drug Tier	Limits/ Required
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN ORAL SUSPENSION	3	BP
DILANTIN-125	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	
GABARONE	3	FE
KEPPRA ORAL	3	BP
KEPPRA XR	3	BP
lacosamide oral solution 10 mg/ml	1	

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



Drug Name	Drug Tier	Limits/ Required
licosamide oral tablet	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 solution 500 mg/5ml	1	
levetiracetam oral tablet	1	
levetiracetam solution 100 mg/ml oral	1	
LIBERVANT	3	AL; QL
methsuximide	1	

Drug Name	Drug Tier	Limits/ Required
MOTPOLY XR	3	FE; QL
MYSOLINE	3	BP
NAYZILAM	2	AL; QL
NEURONTIN	3	BP
ONFI ORAL SUSPENSION	3	BP
ONFI ORAL TABLET 10 MG, 20 MG	3	BP
oxcarbazepine	1	
oxcarbazepine er	1	
OXTELLAR XR	3	BP
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	

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
subvenite starter kit- orange	1	
SYMPAZAN	3	FE
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 10 MG DOSE	2	AL; QL
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	2	AL; QL
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	2	AL; QL
VALTOCO 5 MG DOSE	2	AL; QL
vigabatrin	4	SP
VIGADRONE	4	SP; BP
VIGAFYDE	4	SP
vigpoder	4	SP
VIMPAT ORAL	3	BP

Drug Name	Drug Tier	Limits/ Required
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 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 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG	2	QL
ZARONTIN	3	BP
ZONEGRAN	3	BP
ZONISADE	3	FE
zonisamide oral	1	
ZTALMY	4	PA; SP; QL
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
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	
memantine hcl- donepezil hcl	1	

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

Drug Name	Drug Tier	Limits/ Required
NAMENDA TITRATION PAK	3	BP
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG	3	BP
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	3	
rivastigmine	1	
rivastigmine tartrate	1	
<b>Antidepressants</b>		
amitriptyline hcl oral	1	
amoxapine	1	
ANAFRANIL	3	BP
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

Drug Name	Drug Tier	Limits/ Required
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
desipramine hcl oral	1	
DESVENLAFAXINE ER	3	ST; PV; FE
desvenlafaxine succinate er	1	PV
doxepin hcl capsule 10 mg oral	1	
doxepin hcl oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	3	PV; FE
duloxetine hcl oral	1	PV
EFFEXOR XR	3	PV; BP
EMSAM	3	FE

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
escitalopram oxalate oral	1	PV	olanzapine-fluoxetine hcl	1	PV
FETZIMA	3	ST; PV; FE	PAMELOR ORAL CAPSULE	3	BP
FETZIMA TITRATION	3	ST; PV; FE	PARNATE	3	BP
fluoxetine hcl (p added) oral tablet	1	FE	paroxetine hcl er	1	PV; QL
fluoxetine hcl capsule 10 mg oral	1	PV	paroxetine hcl oral suspension	1	PV; FE; QL
fluoxetine hcl oral capsule 20 mg, 40 mg	1	PV	paroxetine hcl oral tablet	1	PV; QL
fluoxetine hcl oral capsule delayed release	1	PV	paroxetine mesylate	1	ST; QL
fluoxetine hcl oral tablet 10 mg	1	PV; QL	PAXIL CR	3	PV; BP; QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	PV; FE	PAXIL ORAL SUSPENSION	3	PV; FE; QL
fluoxetine hcl solution 20 mg/5ml oral	1	PV	PAXIL ORAL TABLET	3	PV; BP; QL
fluvoxamine maleate	1	PV	perphenazine-amitriptyline	1	
fluvoxamine maleate er	1	PV	phenelzine sulfate oral	1	
FORFIVO XL	3	PV; FE	PRISTIQ	3	PV; BP
imipramine hcl oral	1		protriptyline hcl	1	
imipramine pamoate	1		PROZAC ORAL CAPSULE	3	PV; BP
LEXAPRO ORAL TABLET	3	PV; BP	REMERON ORAL TABLET 15 MG, 30 MG	3	PV; BP
MARPLAN	3		REMERON SOLTAB	3	PV; BP
mirtazapine oral	1	PV	SERTRALINE HCL ORAL CAPSULE	3	PV; FE
NARDIL	3	BP	sertraline hcl oral concentrate	1	PV
nefazodone hcl	1		sertraline hcl oral tablet	1	PV
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	BP	SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	PV; BP
nortriptyline hcl oral	1		tranylcypromine sulfate	1	

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

Drug Name	Drug Tier	Limits/ Required
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
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
ZURZUVAE	3	PA; QL
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
AKYNZEO ORAL	3	QL
ANZEMET ORAL TABLET 50 MG	3	QL

Drug Name	Drug Tier	Limits/ Required
aprepitant	1	QL
COMPRO	3	PV; BP
dronabinol	1	
EMEND BIPACK	3	BP; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
EMEND TRIPACK	3	BP; QL
GIMOTI	3	FE
granisetron hcl oral	1	QL
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	
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	1	PV
prochlorperazine maleate tablet 10 mg oral	1	PV
prochlorperazine maleate tablet 5 mg oral	1	PV
promethazine hcl oral tablet	1	

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

Drug Name	Drug Tier	Limits/ Required
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethazine hcl solution 6.25 mg/5ml oral	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	3	BP
REGLAN ORAL	3	BP
SANCUSO	3	FE; QL
scopolamine	1	
SYNDROS	3	FE
trimethobenzamide hcl oral	1	
VARUBI (180 MG DOSE)	3	FE; QL
<b>Antifungals</b>		
ANCOBON	3	BP
BREXAFEMME	3	FE; QL
ciclodan 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	

Drug Name	Drug Tier	Limits/ Required
clotrimazole-betamethasone	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	3	BP
DIFLUCAN ORAL TABLET 100 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 oral tablet 125 mg, 250 mg	1	
GNAZOLE-1	3	
itraconazole oral capsule	1	QL
itraconazole solution 10 mg/ml oral	1	QL
JUBLIA	3	FE
ketoconazole external cream	1	
ketoconazole external foam	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral	1	
ketodan external foam	1	
klayesta	1	

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

Drug Name	Drug Tier	Limits/ Required
LULICONAZOLE	3	FE
LUZU	3	FE
miconazole 3 vaginal suppository	1	
MICONAZOLE-ZINC OXIDE-PETROLAT	3	FE
naftifine hcl external cream	1	FE
naftifine hcl external gel 2 %	1	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 LOTION	3	FE
posaconazole oral	1	
SPORANOX	3	BP; QL
SULCONAZOLE NITRATE	3	FE
tavaborole	1	FE

Drug Name	Drug Tier	Limits/ Required
terbinafine hcl oral	1	
terconazole	1	QL
TOLNAFTATE	2	
TOLSURA	3	FE
VFEND ORAL SUSPENSION RECONSTITUTED	3	BP
VFEND ORAL TABLET 50 MG	3	BP
VIVJOA	3	ST; QL
voriconazole oral	1	
VUSION	3	FE
<b>Antigout Agents</b>		
allopurinol oral	1	
colchicine oral capsule	1	ST
colchicine oral tablet	1	
colchicine-probenecid	1	
febuxostat	1	ST
GLOPERBA	3	FE
MITIGARE	3	ST; BP
probenecid oral	1	
ULORIC	3	ST; BP
<b>Antimigraine Agents</b>		
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

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
almotriptan malate	1	FE; QL	MAXALT ORAL TABLET 10 MG	3	BP; QL
CAMBIA	3	FE; BP	MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	BP; QL
diclofenac potassium(migraine)	1		MIGERGOT	2	
dihydroergotamine mesylate injection	1	QL	naratriptan hcl	1	QL
dihydroergotamine mesylate nasal	1	QL	NURTEC	3	FE; QL
eletriptan hydrobromide	1	QL	ONZETRA XSAIL	3	FE
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	ST; QL	QULIPTA	2	ST; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL	RELPAK	3	BP; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	2	ST; QL	REYVOW	3	ST; QL
ERGOMAR	2		rizatriptan benzoate	1	QL
ergotamine-caffeine	1		sumatriptan nasal	1	QL
FROVA	3	BP; QL	sumatriptan succinate oral	1	QL
frovatriptan succinate	1	QL	sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge	1	QL
IMITREX ORAL	3	BP; QL	sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	BP; QL	sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	BP; QL	sumatriptan-naproxen sodium	1	FE
			TOSYMRA SOLUTION 10 MG/ACT NASAL	3	FE; QL
			TREXIMET ORAL TABLET 85-500 MG	3	FE; BP
			TRUDHESA	3	FE; QL
			UBRELVY TABLET 100 MG ORAL	2	PA; QL

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



Drug Name	Drug Tier	Limits/ Required
UBRELVY TABLET 50 MG ORAL	2	PA; QL
ZAVZPRET SOLUTION 10 MG/ACT NASAL	3	PA; QL
ZEMBRACE SYMTOUCH SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS	3	FE; QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	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
<b>Antimyasthenic Agents</b>		
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	
<b>Antimycobacterials</b>		
cycloserine oral	1	

Drug Name	Drug Tier	Limits/ Required
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
PRETOMANID	2	
PRIFTIN	2	
pyrazinamide oral	1	
rifabutin	1	QL
rifampin oral	1	
SIRTURO	3	
TRECATOR	2	
<b>Antineoplastics - Drugs for Cancer</b>		
abiraterone acetate	14	PA; MB; SP
ABIRTEGA	14	PA; MB; SP; BP
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
AUGTYRO	14	PA; MB; SP; QL
AYVAKIT	14	PA; MB; SP; QL
BALVERSA	14	PA; MB; SP; 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
BESREMI	14	PA; MB; SP; QL
bexarotene external	4	SP
bexarotene oral	14	PA; MB; SP
bicalutamide	14	PA; MB; SP
BOSULIF ORAL CAPSULE	14	PA; MB
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
DANZITEN	14	PA; MB; SP; QL
dasatinib	14	PA; MB; SP

Drug Name	Drug Tier	Limits/ Required
DROXIA	2	
ERIVEDGE	14	PA; MB; SP
ERLEADA ORAL TABLET 240 MG	14	PA; MB; QL
ERLEADA ORAL TABLET 60 MG	14	PA; MB; SP; QL
erlotinib hcl	14	PA; MB; SP
etoposide oral	14	PA; MB; SP
EULEXIN	14	PA; MB; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	14	PA; MB; SP
everolimus oral tablet soluble	14	PA; MB; SP
exemestane	1	ACA; PV
FARESTON	3	PV; BP
FEMARA	3	PV; BP
FOTIVDA	14	PA; MB; SP; QL
FRUZAQLA	14	PA; MB; SP; QL
GAVRETO	14	PA; MB; SP; QL
gefitinib	14	PA; MB; SP
GILOTRIF	14	PA; MB; SP
GLEEVEC	14	PA; MB; SP; BP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	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.

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
HYCAMTIN ORAL	14	PA; MB; SP	KISQALI (200 MG DOSE)	14	PA; MB; SP; QL
HYDREA	3	BP	KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
hydroxyurea oral	1		KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
IBRANCE	14	PA; MB; SP	KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
ICLUSIG	14	PA; MB; SP	KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
IDHIFA	14	PA; MB; SP; QL	KOSELUGO	4	PA; SP; QL
imatinib mesylate	14	PA; MB; SP	KRAZATI	14	PA; MB; SP; QL
IMBRUVICA ORAL CAPSULE	4	PA; SP; QL	lapatinib ditosylate	14	PA; MB; SP
IMBRUVICA ORAL SUSPENSION	4	PA; SP; QL	LAZCLUZE	14	PA; MB; SP; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG	4	PA; SP; FE; QL	lenalidomide	14	PA; MB; SP
IMBRUVICA ORAL TABLET 420 MG	4	PA; 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
IMKELDI	14	PA; MB; QL	letrozole oral	1	PV
INLYTA	14	PA; MB; SP	leucovorin calcium oral	1	
INQOVI	14	PA; MB; SP; QL	LEUKERAN	14	PA; MB; SP
INREBIC	14	PA; MB; SP; QL			
IRESSA	14	PA; MB; SP; BP			
ITOVEBI	14	PA; MB; SP; QL			
JAKAFI	4	PA; SP			
JAYPIRCA	14	PA; MB; SP; 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
LONSURF	14	PA; MB; SP	NINLARO	14	PA; MB; SP
LUMAKRAS ORAL TABLET 120 MG, 240 MG	14	PA; MB; SP; QL	NUBEQA	14	PA; MB; SP; QL
LUMAKRAS ORAL TABLET 320 MG	14	PA; MB; QL	ODOMZO	14	PA; MB; SP
LYNPARZA ORAL TABLET	14	PA; MB; SP	OGSIVEO	14	PA; MB; SP; QL
LYSODREN	14	PA; MB; SP	OJEMDA ORAL SUSPENSION RECONSTITUTED	14	PA; MB; SP; QL
LYTGOBI (12 MG DAILY DOSE)	14	PA; MB; SP; QL	OJEMDA ORAL TABLET 100 MG	14	PA; MB; SP; QL
LYTGOBI (16 MG DAILY DOSE)	14	PA; MB; SP; QL	OJJAARA	14	PA; MB; SP; QL
LYTGOBI (20 MG DAILY DOSE)	14	PA; MB; SP; QL	ONUREG	14	PA; MB; SP; QL
MATULANE	14	PA; MB; SP	ORGOVYX	14	PA; MB; SP; QL
MEKINIST ORAL TABLET	14	PA; MB; SP	ORSERDU	14	PA; MB; SP; QL
MEKTOVI	14	PA; MB; SP; QL	PANRETIN	4	SP
mercaptopurine oral	1		pazopanib hcl	14	PA; MB; SP
mesna oral	4	SP	PEMAZYRE	14	PA; MB; SP; QL
MESNEX ORAL	4	SP; BP	PIQRAY	14	PA; MB; SP; QL
MYLERAN	14	PA; MB; SP	POMALYST	14	PA; MB; SP
NERLYNX	14	PA; MB; SP; QL	PURIXAN	3	BP
NEXAVAR	14	PA; MB; SP; BP	QINLOCK	14	PA; MB; SP; QL
NILANDRON	14	PA; MB; SP; BP	RETEVMO ORAL TABLET	14	PA; MB; SP; QL
nilutamide	14	PA; MB; SP	REVLIMID	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.

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
REVUFORJ ORAL TABLET 110 MG, 160 MG	14	PA; MB; SP; QL	TARCEVA ORAL TABLET 100 MG	14	PA; MB; SP; BP
REZLIDHIA	14	PA; MB; SP; QL	TARGRETIN EXTERNAL	4	SP; BP
ROZLYTREK ORAL CAPSULE	14	PA; MB; SP; QL	TARGRETIN ORAL	14	PA; MB; SP; BP
RUBRACA	14	PA; MB; SP; QL	TASIGNA	14	PA; MB; SP
RYDAPT	14	PA; MB; SP; QL	TAZVERIK	14	PA; MB; SP; QL
SCSEMBLIX	14	PA; MB; SP; QL	temozolomide	14	PA; MB; SP
SIKLOS	3	FE	TEPMETKO	14	PA; MB; SP; QL
SOLTAMOX	3	ACA; PV	THALOMID ORAL CAPSULE 100 MG, 50 MG	14	PA; MB; SP
sorafenib tosylate	14	PA; MB; SP	TIBSOVO	14	PA; MB; SP; QL
SPRYCEL	14	PA; MB; SP; BP	toremifene citrate	1	PV
STIVARGA	14	PA; MB; SP	torpenz	14	PA; MB; SP
sunitinib malate	14	PA; MB; SP	tretinoin oral	14	PA; MB; SP
SUTENT	14	PA; MB; SP; BP	TRUQAP ORAL TABLET 200 MG	14	PA; MB; SP; QL
TABLOID	14	PA; MB; SP	TRUQAP ORAL TABLET THERAPY PACK	14	PA; MB; SP; QL
TABRECTA	14	PA; MB; SP; QL	TUKYSA	14	PA; MB; SP; QL
TAFINLAR ORAL CAPSULE	14	PA; MB; SP	TURALIO ORAL CAPSULE 125 MG	14	PA; MB; SP; QL
TAGRISSE	14	PA; MB; SP; QL	TYKERB	14	PA; MB; SP; BP
TALZENNA	14	PA; MB; SP; QL	VALCHLOR	14	PA; MB; SP
tamoxifen citrate oral	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.

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
VANFLYTA	14	PA; MB; SP; QL	XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
VENCLEXTA	14	PA; MB; SP	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	14	PA; MB; SP
VENCLEXTA STARTING PACK	14	PA; MB; SP	XPOVIO (60 MG TWICE WEEKLY)	14	PA; MB; SP
VERZENIO	14	PA; MB; SP; QL	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
VIJOICE	4	PA; SP; QL	XPOVIO (80 MG TWICE WEEKLY)	14	PA; MB; SP
VIZIMPRO	14	PA; MB; SP; QL	XTANDI	14	PA; MB; SP
VONJO	14	PA; MB; SP; QL	YONSA	14	PA; MB; SP; QL
VORANIGO	14	PA; MB; SP; QL	ZEJULA ORAL TABLET	14	PA; MB; SP
VOTRIENT	14	PA; MB; SP; BP	ZELBORAF	14	PA; MB; SP
WELIREG	14	PA; MB; SP; QL	ZOLINZA	14	PA; MB; SP
XALKORI ORAL CAPSULE	14	PA; MB; SP	ZYDELIG	14	PA; MB; SP
XALKORI ORAL CAPSULE SPRINKLE	14	PA; MB	ZYKADIA ORAL TABLET	14	PA; MB; SP
XELODA	14	PA; MB; SP; BP	ZYTIGA	14	PA; MB; SP; BP
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	14	PA; MB; SP	<b>Antiparasitics</b>		
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG, 40 MG	14	PA; MB; SP	albendazole oral	1	
			ARAKODA	3	FE
			atovaquone suspension 750 mg/5ml oral	1	

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

Drug Name	Drug Tier	Limits/ Required
atovaquone-proguanil hcl	1	
BENZNIDAZOLE	3	QL
BILTRICIDE	3	
chloroquine phosphate oral	1	
COARTEM	3	
CROTAN	2	
DARAPRIM	4	PA; SP; BP
ELIMITE	3	BP
EMVERM	3	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	
ivermectin oral tablet 3 mg	1	QL
ivermectin oral tablet 6 mg	1	
KRINTAFEL	2	QL
LAMPIT	3	QL
MALARONE	3	BP
malathion external	1	
mefloquine hcl	1	
MEPRON	3	BP
NATROBA	3	BP
NEBUPENT	3	BP
nitazoxanide oral	1	
OVIDE	3	BP
pentamidine isethionate inhalation	1	
permethrin external cream	1	
PLAQUENIL TABLET 200 MG ORAL	3	BP

Drug Name	Drug Tier	Limits/ Required
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	
SOVUNA	3	FE
spinosad	1	
STROMECTOL	3	BP; QL
sulfurated lime	1	
<b>Antiparkinson Agents</b>		
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	
carbidopa oral	1	
carbidopa-levodopa	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	

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

Drug Name	Drug Tier	Limits/ Required
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	
CREXONT	3	ST
DHIVY ORAL TABLET 25-100 MG	3	FE
entacapone	1	
GOCOVRI	4	SP; FE
INBRIJA	4	SP; FE
LODOSYN	3	BP
NEUPRO	3	
NOURIANZ	3	FE; QL
ONGENTYS	2	QL
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 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	
RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL	3	ST
RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL	3	ST

Drug Name	Drug Tier	Limits/ Required
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
TASMAR ORAL TABLET 100 MG	3	FE; BP
tolcapone	1	FE
trihexyphenidyl hcl	1	
XADAGO	3	FE; QL
ZELAPAR	3	FE
<b>Antiplatelets</b>		
aspirin-dipyridamole er	1	PV
BRILINTA ORAL TABLET 60 MG	2	PV
BRILINTA TABLET 90 MG ORAL	2	PV
CABLIVI	4	PA; SP; QL
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

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
<b>Antipsychotics - Drugs for Mood Disorders</b>		
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 15 mg, 5 mg	1	PV; QL
aripiprazole oral tablet dispersible	1	PV; QL
aripiprazole tablet 10 mg oral	1	PV; QL
aripiprazole tablet 2 mg oral	1	PV; QL
aripiprazole tablet 20 mg oral	1	PV; QL
aripiprazole tablet 30 mg oral	1	PV; QL
asenapine maleate	1	ST; PV; FE; QL
CAPLYTA	3	ST; PV; FE; QL
chlorpromazine hcl oral	1	PV
clozapine oral tablet	1	PV
clozapine oral tablet dispersible 12.5 mg, 25 mg	1	PV

Drug Name	Drug Tier	Limits/ Required
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 ORAL TABLET 100 MG, 25 MG	3	PV; BP
COBENFY	3	FE; QL
COBENFY STARTER PACK	3	FE; QL
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 tablet 0.5 mg, 1 mg, 10 mg, 20 mg, 5 mg	1	PV
haloperidol tablet 2 mg 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
LYBALVI	3	ST; FE; QL
molindone hcl	1	PV

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

Drug Name	Drug Tier	Limits/ Required
NUPLAZID ORAL CAPSULE	2	ST; PV; QL
NUPLAZID ORAL TABLET 10 MG	2	ST; PV; QL
olanzapine oral	1	PV
OPIPZA	3	PV; FE; QL
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

Drug Name	Drug Tier	Limits/ Required
risperidone tablet 4 mg oral	1	PV
RYKINDO	14	MB; PV; QL
SAPHRIS	3	ST; PV; FE; BP; QL
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 ORAL CAPSULE	2	ST; PV; QL
ziprasidone hcl	1	PV
ZYPREXA ORAL TABLET 20 MG	3	PV; BP
<b>Antivirals</b>		
abacavir sulfate	1	PV; QL
abacavir sulfate-lamivudine	1	PV; QL
acyclovir external cream	1	FE
acyclovir external ointment	1	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet 800 mg	1	
acyclovir tablet 400 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.

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
adefovir dipivoxil	1				
APTIVUS ORAL CAPSULE	2	PV; QL	EPIVIR	3	PV; BP; QL
atazanavir sulfate	1	PV; QL	etravirine	1	PV; QL
BARACLUDE ORAL SOLUTION	3		EVOTAZ	2	PV; QL
BARACLUDE ORAL TABLET	3	BP	famciclovir oral	1	QL
BIKTARVY	2	PV; QL	fosamprenavir calcium	1	PV; QL
CIMDUO	2	PV; QL	FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PV; QL
COMPLERA	2	PV; QL	GENVOYA	2	PV; QL
darunavir	1	PV; QL			
DELSTRIGO	2	PV; QL	HARVONI	2	PA; SP; QL
DENA VIR	3	FE; BP	INTELENCE ORAL TABLET 100 MG, 200 MG	3	PV; BP; QL
DESCOVY	2	PV; QL	INTELENCE ORAL TABLET 25 MG	2	PV; QL
DOVATO	2	PV; QL	ISENTRESS HD	2	PV; QL
EDURANT	2	PV; QL	ISENTRESS ORAL PACKET	2	PV
efavirenz oral tablet	1	PV; QL	ISENTRESS ORAL TABLET	2	PV; QL
efavirenz-emtricitab-tenofo df	1	PV; QL	ISENTRESS ORAL TABLET CHEWABLE	2	PV; QL
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg	1	PV	JULUCA	2	PV; QL
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	1	PV; QL	KALETRA ORAL SOLUTION	3	PV; BP; QL
emtricitabine	1	PV; QL	KALETRA ORAL TABLET	3	PV; BP; QL
emtricitabine-tenofovir df	1	PV; QL	lamivudine oral solution	1	PV; QL
EMTRIVA ORAL CAPSULE	3	PV; BP; QL	lamivudine oral tablet 100 mg	1	
EMTRIVA ORAL SOLUTION	2	PV; QL	lamivudine oral tablet 300 mg	1	PV; QL
entecavir	1		lamivudine tablet 150 mg oral	1	PV; QL
EPCLUSA	2	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.

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
lamivudine-zidovudine	1	PV; QL	PREZISTA ORAL TABLET 150 MG, 75 MG	2	PV; QL
LEDIPASVIR- SOFOSBUVIR	2	PA; SP; QL	PREZISTA ORAL TABLET 600 MG, 800 MG	3	PV; BP; QL
LIVTENCITY	2	QL	RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL
lopinavir-ritonavir	1	PV; QL	RETROVIR ORAL CAPSULE	3	PV; BP; QL
maraviroc	1	PV; QL	RETROVIR ORAL SYRUP	3	PV; BP; QL
MAVYRET	2	PA; SP; QL	REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	PV; BP; QL
nevirapine	1	PV; QL	REYATAZ ORAL PACKET	3	PV
nevirapine er oral tablet extended release 24 hour 400 mg	1	PV; QL	ribavirin inhalation	1	
NORVIR ORAL PACKET	2	PV	ribavirin oral capsule	1	
NORVIR ORAL TABLET	3	PV; BP; QL	ribavirin oral tablet 200 mg	1	
ODEFSEY	2	PV; QL	rimantadine hcl	1	
oseltamivir phosphate oral	1	QL	ritonavir	1	PV; QL
PAXLOVID (150/100)	2	QL	RUKOBIA	2	PV; QL
PAXLOVID (300/100)	2	QL	SELZENTRY ORAL SOLUTION	2	PV; QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	SP	SELZENTRY ORAL TABLET 150 MG, 300 MG	3	PV; BP; QL
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	SP	SITAVIG	3	FE
penciclovir	1	FE	SOFOSBUVIR- VELPATASVIR	2	PA; SP; QL
PIFELTRO	2	PV; QL	SOVALDI ORAL PACKET	4	SP; FE; QL
PREVYMIS ORAL	4	SP; QL			
PREZCOBIX	2	PV; QL			
PREZISTA ORAL SUSPENSION	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.

Drug Name	Drug Tier	Limits/ Required
SOVALDI ORAL TABLET	3	SP; FE; QL
STRIBILD	2	PV; QL
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 ORAL TABLET 50 MG	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

Drug Name	Drug Tier	Limits/ Required
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	PV; QL
VIREAD ORAL TABLET 300 MG	3	PV; BP; QL
VOSEVI	2	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	3	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
<b>Anxiolytics - Drugs for Anxiety</b>		
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	

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
clorazepate dipotassium	1	
diazepam intensol	1	
diazepam oral concentrate	1	
diazepam oral tablet	1	
diazepam solution 5 mg/5ml oral	1	
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
XANAX	3	BP
XANAX XR	3	BP
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
EQUETRO	3	PV
lithium carbonate er	1	

Drug Name	Drug Tier	Limits/ Required
lithium carbonate oral	1	
lithium solution 8 meq/5ml oral	1	
LITHOBID	3	BP
<b>Blood Products and Modifiers - Drugs for Blood Disorders</b>		
AGRYLIN	3	BP
ALVAIZ	4	PA; SP; FE; QL
aminocaproic acid oral solution	1	
aminocaproic acid oral tablet	1	
anagrelide hcl	1	
DOPTELET ORAL TABLET 20 MG	4	PA; SP; FE; QL
FABHALTA	4	PA; SP; QL
FULPHILA	14	MB; SP
FYLNETRA	14	MB; SP
JESDUVROQ	3	FE; QL
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

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
TAVALISSE	4	PA; SP; QL
tranexamic acid oral	1	QL
UDENYCA ONBODY	14	MB; SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	14	MB
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP
VAFSEO	4	SP; FE; QL
VOYDEYA	4	PA; SP; QL
XOLREMDI	4	PA; SP; QL
ZIEXTENZO	14	MB; SP
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ACCUPRIL	3	PV; BP
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	3	PV; BP
acebutolol hcl oral	1	PV
ALDACTONE	3	PV; BP
aliskiren fumarate	1	PV
ALTACE ORAL CAPSULE 10 MG, 2.5 MG	3	PV; BP
ALTOPREV	3	PV; FE; QL
amiloride hcl oral	1	PV
amiloride-hydrochlorothiazide	1	PV

Drug Name	Drug Tier	Limits/ Required
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
amlodipine-valsartan-hctz	1	PV
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG	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 ORAL TABLET 150 MG, 300 MG	3	PV; BP
AZOR	3	PV; BP
benazepril hcl oral	1	PV
benazepril-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.

Drug Name	Drug Tier	Limits/ Required
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
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 tablet 100 mg, 50 mg	1	PV
captopril tablet 12.5 mg oral	1	PV
captopril tablet 25 mg oral	1	PV
captopril-hydrochlorothiazide	1	PV
CARDIZEM CD	3	PV; BP
CARDIZEM LA	3	PV; FE; BP

Drug Name	Drug Tier	Limits/ Required
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
cholestyramine oral	1	PV; QL
clonidine	1	PV
CLONIDINE ER	3	PV; FE; QL
clonidine hcl oral	1	PV
colesevelam hcl oral packet	1	PV; FE
colesevelam hcl oral tablet	1	PV
COLESTID ORAL GRANULES	3	PV; BP
COLESTID ORAL TABLET	3	PV; BP
colestipol hcl	1	PV
CONJUPRI	3	PV; FE
COREG	3	PV; BP
COREG CR	3	PV; FE; BP
CORLANOR ORAL SOLUTION	3	

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



Drug Name	Drug Tier	Limits/ Required
CORLANOR ORAL TABLET	3	BP
COZAAR	3	PV; BP
CRESTOR	3	PV; BP; QL
DEMSER	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
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	

Drug Name	Drug Tier	Limits/ Required
doxazosin mesylate oral	1	PV; QL
droxidopa	4	SP; FE
DYRENIUM	3	PV; BP
EDARBI	3	PV; FE
EDARBYCLOR	3	PV; FE
EDECRIIN	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
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-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

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
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
flecainide acetate	1	
FLOLIPID	3	PV; FE
fluvastatin sodium	1	ACA; PV; QL
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 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

Drug Name	Drug Tier	Limits/ Required
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	3	PV; FE
INPEFA	3	FE; QL
INSPIRA	3	PV; BP
irbesartan	1	PV
irbesartan-hydrochlorothiazide	1	PV
ISORDIL TITRADOSE	3	PV; BP
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	PV
isosorbide dinitrate oral	1	PV
isosorbide mononitrate	1	PV
isosorbide mononitrate er	1	PV
isradipine	1	PV
ivabradine hcl	1	
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

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
LIPOFEN	3	PV; FE; BP
lisinopril oral	1	PV
lisinopril-hydrochlorothiazide	1	PV
LIVALO	3	PV; FE; BP; QL
LODOCO	3	QL
LOPID	3	PV; BP
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
methyldopa oral	1	PV
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

Drug Name	Drug Tier	Limits/ Required
MICARDIS HCT	3	PV; FE; BP
midodrine hcl	1	
minoxidil oral	1	PV
moexipril hcl	1	PV
MULTAQ	2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	PV
nebivolol hcl	1	PV
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PV; FE; QL
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 capsule	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.

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 rectal	1	
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 ORAL TABLET 2.5 MG, 5 MG	3	PV; BP
NORVASC TABLET 10 MG ORAL	3	PV; BP
olmesartan medoxomil oral	1	PV
olmesartan medoxomil-hctz	1	PV
olmesartan-amlodipine-hctz	1	PV
omega-3-acid ethyl esters capsule 1 gm oral	1	PV

Drug Name	Drug Tier	Limits/ Required
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	3	BP
pentoxifylline er	1	
perindopril erbumine	1	PV
phenoxybenzamine hcl oral	1	PV
pindolol	1	PV
pitavastatin calcium	1	PV; FE; 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 solution	1	PV
propranolol hcl oral tablet 10 mg, 40 mg, 60 mg, 80 mg	1	PV
propranolol hcl tablet 20 mg oral	1	PV
QBRELIS	3	PV; FE
QUESTRAN	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.

Drug Name	Drug Tier	Limits/ Required
QUESTRAN LIGHT ORAL POWDER	3	PV; BP; QL
quinapril hcl	1	PV
quinapril-hydrochlorothiazide	1	PV
quinidine gluconate er	1	
quinidine sulfate oral	1	
ramipril	1	PV
ranolazine er	1	PV
RECTIV	3	BP
REPATHA	2	PA; PV; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; PV; QL
REPATHA SURECLICK	2	PA; PV; QL
rosuvastatin calcium oral	1	PV; QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA; PV; QL
simvastatin oral tablet 80 mg	1	PV; QL
SOAANZ	3	PV; FE
sotalol hcl (af)	1	PV
sotalol hcl oral	1	PV
SOTYLIZE	3	PV
spironolactone oral	1	PV
spironolactone-hctz	1	PV
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	3	PV; FE; BP
TEKTURNA	3	PV; BP
telmisartan	1	PV

Drug Name	Drug Tier	Limits/ Required
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
toremide 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 ORAL CAPSULE DELAYED RELEASE 45 MG	3	PV; BP
TRYVIO	3	PV; FE; QL
VALSARTAN ORAL SOLUTION	3	PV; FE
valsartan oral tablet	1	PV
valsartan-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.

Drug Name	Drug Tier	Limits/ Required
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
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
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	PV; BP; QL
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	PV; FE; QL
<b>Central Nervous System Agents</b>		
SKYCLARYS	4	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	3	BP
ADDERALL XR	3	
ADZENYS XR-ODT	3	
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	
amphet-dextroamphet 3-bead er	1	FE
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
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 ORAL SUSPENSION EXTENDED RELEASE	3	FE

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
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	3	FE
EVEKEO	3	BP
FOCALIN	3	BP
FOCALIN XR	3	BP
guanfacine hcl er	1	
INTUNIV	3	BP
JORNAY PM	3	
lisdexamfetamine dimesylate	1	
METADATE CD	3	BP
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	
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	

Drug Name	Drug Tier	Limits/ Required
methylphenidate hcl oral	1	
MYDAYIS	3	FE; BP
ONYDA XR SUSPENSION EXTENDED RELEASE 0.1 MG/ML ORAL	3	FE; QL
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, 72 MG	3	FE
RITALIN	3	BP
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	3	BP
STRATTERA	3	BP; QL
VYVANSE	2	
XELSTRYM	3	FE
ZENZEDI	3	BP
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	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
AUBAGIO TABLET 14 MG ORAL	4	PA; SP; BP; QL	glatiramer acetate	4	PA; SP; FE; QL
AUBAGIO TABLET 7 MG ORAL	4	PA; SP; BP; QL	glatopa	4	PA; SP; FE; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; SP; QL	KESIMPTA	4	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; SP; QL	MAVENCLAD	4	PA; SP; QL
BAFIERTAM	4	PA; SP; QL	MAYZENT ORAL TABLET 0.25 MG, 1 MG	4	PA; SP; QL
BETASERON SUBCUTANEOUS KIT	4	PA; SP; FE; QL	MAYZENT STARTER PACK	4	PA; SP; QL
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	4	PA; SP; QL	MAYZENT TABLET 2 MG ORAL	4	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; SP; QL	PLEGRIDY INTRAMUSCULAR	4	PA; SP; QL
dalfampridine er	4	PA; SP; QL	PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
dimethyl fumarate oral	1	PA; SP; QL	PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
dimethyl fumarate starter pack oral capsule delayed release therapy pack	1	PA; SP; QL	PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
fingolimod hcl	1	PA; SP; QL	PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
GILENYA ORAL CAPSULE 0.25 MG	4	PA; SP	PONVORY	4	PA; SP; FE; QL
GILENYA ORAL CAPSULE 0.5 MG	4	PA; SP; BP; QL	PONVORY STARTER PACK	4	PA; SP; FE; 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
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL	<b>Central Nervous System Agents - Miscellaneous</b>		
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL	AUSTEDO	4	SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	AUSTEDO XR	4	SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	4	SP; QL
TASCENSO ODT	4	PA; SP; QL	caffeine citrate oral	1	
TECFIDERA ORAL CAPSULE DELAYED RELEASE	4	PA; SP; BP; QL	DAYBUE	4	PA; SP; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	4	PA; SP; BP; QL	gabapentin (once-daily)	1	FE
teriflunomide	1	PA; SP; QL	GRALISE ORAL TABLET 300 MG, 600 MG	3	FE; BP
VUMERITY	4	PA; SP; QL	GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG	3	FE
ZEPOSIA	4	PA; SP; QL	HORIZANT ORAL TABLET EXTENDED RELEASE	3	
ZEPOSIA 7-DAY STARTER PACK	4	PA; SP; QL	IMCIVREE	4	PA; SP; QL
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	4	PA; SP; QL	INGREZZA	4	SP; QL
			LYRICA CAPSULE 150 MG ORAL	3	BP; QL
			LYRICA CAPSULE 50 MG ORAL	3	BP; QL
			LYRICA CR	3	ST; FE; BP; QL
			LYRICA ORAL CAPSULE 100 MG, 200 MG, 225 MG, 25 MG, 300 MG, 75 MG	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.

Drug Name	Drug Tier	Limits/ Required
LYRICA ORAL SOLUTION	3	BP; QL
NUEDEXTA	3	QL
pregabalin capsule 150 mg oral	1	QL
pregabalin capsule 200 mg oral	1	QL
pregabalin capsule 50 mg oral	1	QL
pregabalin capsule 75 mg oral	1	QL
pregabalin er	1	ST; FE; QL
pregabalin oral capsule 100 mg, 225 mg, 25 mg, 300 mg	1	QL
pregabalin oral solution	1	QL
RADICAVA ORS	4	PA; SP; QL
RADICAVA ORS STARTER KIT	4	PA; SP; QL
riluzole	1	
SAVELLA	2	ST; QL
SAVELLA TITRATION PACK	2	ST; QL
TEGLUTIK	3	FE
tetrabenazine	4	SP
TIGLUTIK	3	FE
WAINUA	4	PA; SP; QL
XENAZINE	4	SP; BP
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; Coverage dependent on plan.; QL

Drug Name	Drug Tier	Limits/ Required
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
AQUORAL MOUTH/THROAT SOLUTION	3	
CAPHOSOL MOUTH/THROAT SOLUTION	3	
cevimeline hcl	1	
chlorhexidine gluconate solution 0.12 % mouth/throat	1	
CLINPRO 5000 PASTE 1.1 % DENTAL	3	
DENTA 5000 PLUS	3	
DENTA 5000 PLUS SENSITIVE DENTAL GEL	3	
DENTAGEL	3	
EVOXAC	3	BP
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3	
FLUORIMAX 5000	3	
FLUORIMAX 5000 SENSITIVE DENTAL GEL	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	3	BP
lidocaine viscous hcl	1	
MI PASTE	2	

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

Drug Name	Drug Tier	Limits/ Required
MI PASTE PLUS	2	
ORALONE	3	BP
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 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
REMESENSE	3	
SALAGEN	3	BP
sf gel 1.1%	1	
sf 5000 plus	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel dental gel	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride 5000 sensitive dental gel	1	

Drug Name	Drug Tier	Limits/ Required
sodium fluoride dental cream	1	
sodium fluoride dental gel 1.1 %	1	
sodium fluoride mouth/throat	1	
triamcinolone acetonide mouth/throat	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
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
accutane	1	
acitretin	1	
ACZONE EXTERNAL GEL 5 %	3	BP
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	

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
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 cream	1	FE
amcinonide external ointment	1	FE
ammonium lactate cream 12 % external (rx)	1	
ammonium lactate lotion 12 % external (rx)	1	
amnesteem	1	
AMZEEQ	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	

Drug Name	Drug Tier	Limits/ Required
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
BPCO	2	
BRYHALI	3	FE
CABTREO	3	FE
CALAMINE	2	
calcipotriene external cream	1	
CALCIPOTRIENE EXTERNAL FOAM	3	FE
calcipotriene external ointment	1	
calcipotriene external solution	1	
calcipotriene-betameth diprop	1	FE; QL
CALCITRENE	3	BP
calcitriol external	1	
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	

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
clindamycin phosphate external foam	1	FE
clindamycin phosphate external gel 1 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin-tretinoin	1	FE
clobetasol propionate e	1	
clobetasol propionate emulsion	1	FE
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	3	FE
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
CLOBEX	3	BP
CLOBEX SPRAY	3	BP
clocortolone pivalate	1	FE

Drug Name	Drug Tier	Limits/ Required
clodan external shampoo	1	
CLODERM	3	FE; BP
coal tar external solution	1	
CONDYLOX EXTERNAL GEL	3	BP
CORDRAN EXTERNAL TAPE	3	FE
dapsone external gel 5 %	1	
dapsone external gel 7.5 %	1	FE
DERMA-SMOOTHIE/FS BODY	3	BP
DERMA-SMOOTHIE/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	
desoximetasone external gel	1	
desoximetasone external liquid	1	
desoximetasone external ointment 0.05 %	1	FE

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
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 AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	4	PA; SP; QL
DUPIXENT SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	4	PA; SP; QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	4	PA; SP; QL
EBGLYSS	4	PA; SP; QL
ELIDEL	3	BP
EMROSI	3	FE; QL

Drug Name	Drug Tier	Limits/ Required
ENSTILAR	3	FE
EPIDUO	3	BP
EPIDUO FORTE	3	BP
EPIFOAM	2	
EPSOLAY CREAM 5 % EXTERNAL	3	FE
ery pad 2%	1	
ERYGEL	3	BP
erythromycin external gel	1	
erythromycin external solution	1	
EUCRISA OINTMENT 2 % EXTERNAL	2	ST; QL
FABIOR	3	FE
FILSUVEZ	4	PA; SP
FINACEA EXTERNAL FOAM	3	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external	1	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
flurandrenolide external cream	1	
flurandrenolide 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.

Drug Name	Drug Tier	Limits/ Required
fluticasone propionate external	1	
GORDOFILM	2	
halcinonide external cream	1	FE
HALCINONIDE EXTERNAL SOLUTION	3	FE
halobetasol propionate	1	
HALOG EXTERNAL CREAM	3	FE; BP
hydrocortisone butyrate external cream	1	FE
hydrocortisone butyrate external lotion	1	
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 %, 2.5 %	1	
hydrocortisone external ointment 2.5 %	1	
HYDROCORTISONE EXTERNAL SOLUTION 2.5 %	3	FE
hydrocortisone ointment 1 % external (rx)	1	
hydrocortisone valerate	1	
HYFTOR	3	PA; QL
imiquimod external cream 3.75 %	1	FE; QL

Drug Name	Drug Tier	Limits/ Required
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	
KERALYT EXTERNAL SHAMPOO	3	
KLARON	3	BP
KLISYRI (250 MG)	3	FE; QL
KLISYRI (350 MG)	3	FE; QL
lactic acid e	1	
lactic acid external lotion	1	
LEXETTE	3	BP
LITFULO	4	PA; SP; QL
LOCOID EXTERNAL LOTION	3	BP
methoxsalen rapid	1	
METROCREAM	3	BP
METROGEL EXTERNAL GEL	3	BP
METROLOTION	3	BP
metronidazole external	1	
mometasone furoate external	1	
NEMLUVIO	4	PA; SP; QL
NEO-SYNALAR EXTERNAL CREAM	3	

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

Drug Name	Drug Tier	Limits/ Required
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
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
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
SOFDRA	3	FE; QL
SOOLANTRA	3	BP
SORILUX	3	FE
sulfacetamide sodium (acne)	1	
sulfacetamide sodium-sulfur external suspension 9-4.25 %	1	

Drug Name	Drug Tier	Limits/ Required
sulfacetamide sodium-sulfur liquid 10-5 % external	1	
SYNALAR EXTERNAL CREAM	3	BP
SYNALAR EXTERNAL OINTMENT	3	BP
TACLONEX EXTERNAL SUSPENSION	3	FE; BP; QL
tacrolimus external ointment	1	
tazarotene external cream 0.05 %	1	FE
tazarotene external cream 0.1 %	1	
TAZAROTENE EXTERNAL FOAM	3	FE
tazarotene external gel	1	FE
TAZORAC EXTERNAL CREAM 0.05 %	3	FE; BP
TAZORAC EXTERNAL CREAM 0.1 %	3	BP
TAZORAC EXTERNAL GEL	3	FE; BP
TEXACORT	3	FE
TOLAK	3	
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

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
TOPICORT EXTERNAL OINTMENT 0.25 %	3	BP	WYNZORA CREAM 0.005-0.064 % EXTERNAL	3	FE
TOPICORT SPRAY	3	BP	XERAC AC	2	
tovet external foam	1	FE	zenatane	1	
tretinoin external	1	AL	ZIANA	3	FE; BP
tretinoin microsphere	1	AL; FE	ZILXI	3	FE
tretinoin microsphere pump	1	AL; FE	ZONALON	3	BP
triamcinolone acetonide external aerosol solution	1	FE	ZORYVE	3	ST; QL
triamcinolone acetonide external cream	1		ZYCLARA	3	FE; BP; QL
triamcinolone acetonide external lotion	1		ZYCLARA PUMP EXTERNAL CREAM 2.5 %	3	FE; QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		ZYCLARA PUMP EXTERNAL CREAM 3.75 %	3	FE; BP; QL
triamcinolone acetonide external ointment 0.05 %	1	FE	<b>Diabetes - Antidiabetic Agents</b>		
triamcinolone in absorbbase	1	FE	acarbose oral	1	PV
triderm external cream 0.5 %	1		ACTOPLUS MET ORAL TABLET 15-850 MG	3	PV; BP
TWYNEO	3	FE		3	PV; BP; QL
urea external cream 20 %	1		ACTOS		
VANOS	3	BP	ALOGLIPTIN BENZOATE	3	PV; FE; QL
VECTICAL	3	BP	ALOGLIPTIN-METFORMIN HCL	3	PV; FE; QL
VENELEX	2		ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	PV; FE; QL
VEREGEN	3	FE		3	PV; FE; QL
VTAMA	3	FE; QL	BEXAGLIFLOZIN		
WINLEVI	3	FE	BRENZAVVY	3	PV; FE; 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
CYCLOSET	3	PV	JANUMET TABLET 50-500 MG ORAL	2	PV; QL
DAPAGLIFLOZIN PRO-METFORMIN ER	3	PV; FE; QL	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	2	PV; QL
DAPAGLIFLOZIN PROPANEDIOL	3	PV; FE; QL	JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	2	PV; QL
DUETACT	3	PV; BP	JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	2	PV; QL
FARXIGA TABLET 10 MG ORAL	2	PV; QL	JANUVIA	2	PV; QL
FARXIGA TABLET 5 MG ORAL	2	PV; QL	JARDIANCE TABLET 10 MG ORAL	2	PV; QL
glimepiride	1	PV	JARDIANCE TABLET 25 MG ORAL	2	PV; QL
glipizide er	1	PV	JENTADUETO	3	PV; FE; QL
glipizide oral tablet 10 mg, 5 mg	1	PV	JENTADUETO XR	3	PV; FE; QL
glipizide oral tablet 2.5 mg	1	PV; FE	liraglutide	1	PA; PV; QL
glipizide-metformin hcl	1	PV	metformin hcl er	1	PV
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	3	PV; BP	metformin hcl er (mod)	1	PV; FE
glyburide micronized	1	PV	metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	1	PV; FE
glyburide oral	1	PV	metformin hcl ir	1	PV
glyburide-metformin	1	PV	migliitol	1	PV
GLYXAMBI ORAL TABLET 10-5 MG	2	PV; QL	MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; PV; QL
GLYXAMBI TABLET 25-5 MG ORAL	2	PV; QL	nateglinide	1	PV
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			

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
ONGLYZA ORAL TABLET 5 MG	3	PV; BP; QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML	2	PA; PV; QL
pioglitazone hcl	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 (FORMULATION R2)	2	PA; PV; QL
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
SITAGLIPTIN	3	PV; FE; QL
SITAGLIPTIN BASE-METFORMIN HCL	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

Drug Name	Drug Tier	Limits/ Required
SYNJARDY	2	PV; QL
SYNJARDY XR	2	PV; QL
TRADJENTA	3	PV; FE; QL
TRIJARDY XR	2	PV; QL
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; PV; QL
VICTOZA	3	PA; PV; BP; QL
XIGDUO XR	2	PV; QL
XULTOPHY	2	PV; QL
ZITUVIMET	3	PV; FE; QL
ZITUVIMET XR	3	PV; FE; QL
ZITUVIO	3	PV; FE; QL
<b>Diabetes - Glucose Monitoring</b>		
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 365 SENSOR/HOLDER	3	FE
EVERSENSE 365 SMART TRANSMIT	3	FE
EVERSENSE SENSOR/HOLDER	3	FE

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
EVERSENSE SMART TRANSMITTER	3	FE
FREESTYLE LIBRE 14 DAY READER	3	FE; QL
FREESTYLE LIBRE 14 DAY SENSOR	3	FE; QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	FE
FREESTYLE LIBRE 2 READER	3	FE; QL
FREESTYLE LIBRE 2 SENSOR	3	FE; QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	FE; QL
FREESTYLE LIBRE 3 READER	3	FE; QL
FREESTYLE LIBRE 3 SENSOR	3	FE; QL
FREESTYLE LIBRE READER	3	FE; QL
GUARDIAN 4 GLUCOSE SENSOR	3	FE
GUARDIAN 4 TRANSMITTER	3	FE
GUARDIAN CONNECT TRANSMITTER	3	FE
GUARDIAN LINK 3 TRANSMITTER	3	FE
GUARDIAN SENSOR 3	3	FE
ONETOUCH ULTRA BLUE TEST	2	PV; QL
ONETOUCH ULTRA IN VITRO STRIP	2	PV; QL
ONETOUCH ULTRA TEST STRIPS	2	PV; QL
ONETOUCH VERIO TEST STRIPS	2	PV; QL

Drug Name	Drug Tier	Limits/ Required
<b>Diabetes - Glycemic Agents</b>		
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
diazoxide oral	1	
glucagon emergency kit	1	QL
GLUCAGON EMERGENCY KIT	3	QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	QL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2	QL
PROGLYCEM	3	BP
ZEGALOGUE	3	FE; QL
<b>Diabetes - Insulins</b>		
ADMELOG INJECTION	3	PV; FE
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

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
APIDRA SOLUTION 100 UNIT/ML INJECTION	3	PV; FE	INSULIN ASP PROT & ASP FLEXPEN	3	PV; FE
BASAGLAR KWIKPEN	3	PV; FE	INSULIN ASPART FLEXPEN	3	PV; FE
BASAGLAR TEMPO PEN	3	PV; FE	INSULIN ASPART INJECTION	3	PV; FE
FIASP FLEXTOUCH	2	PV	INSULIN ASPART PENFILL	3	PV; FE
FIASP INJECTION	2	PV	INSULIN ASPART PROT & ASPART	3	PV; FE
FIASP PENFILL	2	PV	INSULIN DEGLUDEC	2	PV
FIASP PUMPCART	2	PV	INSULIN DEGLUDEC FLEXTOUCH	2	PV
HUMALOG INJECTION	3	PV; FE	INSULIN GLARGINE MAX SOLOSTAR	3	PV; FE
HUMALOG U-100 AND U-200 KWIKPEN	3	PV; FE	INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	PV; FE
HUMALOG MIX 50/50 KWIKPEN	3	PV; FE	INSULIN GLARGINE-YFGN	3	PV; FE
HUMALOG MIX 75/25 KWIKPEN	3	PV; FE	INSULIN LISPRO (1 UNIT DIAL)	3	PV; FE
HUMALOG MIX 75/25 VIAL	3	PV; FE	INSULIN LISPRO INJECTION	3	PV; FE
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	PV; FE	INSULIN LISPRO JUNIOR KWIKPEN	3	PV; FE
HUMALOG TEMPO PEN	3	PV; FE	INSULIN LISPRO PROT & LISPRO	3	PV; FE
HUMALOG U-100 JUNIOR KWIKPEN	3	PV; FE	LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	PV
HUMULIN 70/30 KWIKPEN	3	PV; FE	LANTUS U-100 VIAL	2	PV
HUMULIN 70/30 VIAL	3	PV; FE	LYUMJEV KWIKPEN	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			

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
LYUMJEV TEMPO PEN	3	PV; FE	NOVOLOG U-100 VIAL INJECTION	2	PV
LYUMJEV VIAL	3	PV; FE	REZVOGLAR KWIKPEN	3	PV; FE
NOVOLIN 70/30 FLEXPEN	2	PV	SEMGLEE (YFGN)	3	PV; FE
NOVOLIN 70/30 FLEXPEN RELION	2	PV	TOUJEO MAX SOLOSTAR	2	PV
NOVOLIN 70/30 RELION	2	PV	TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	PV
NOVOLIN 70/30 VIAL	2	PV	TRESIBA	2	PV
NOVOLIN N FLEXPEN	2	PV	TRESIBA FLEXTOUCH	2	PV
NOVOLIN N FLEXPEN RELION	2	PV	<b>Electrolytes / Minerals / Metals / Vitamins</b>		
NOVOLIN N RELION	2	PV	ACCRUFER	3	FE; QL
NOVOLIN N VIAL	2	PV	ALANINE	2	
NOVOLIN R FLEXPEN	2	PV	CALCIFOL	2	
NOVOLIN R FLEXPEN RELION	2	PV	CALCIUM CHLORIDE DIHYDRATE POWDER	2	
NOVOLIN R RELION	2	PV	CALCIUM GLUCONATE	2	
NOVOLIN R VIAL	2	PV	CALCIUM GLUCONATE ANHYDROUS	2	
NOVOLOG 70/30 FLEXPEN RELION	2	PV	CALCIUM GLUCONATE MONOHYDRATE	2	
NOVOLOG FLEXPEN RELION	2	PV	CALCIUM LACTATE PENTAHYDRATE	2	
NOVOLOG U-100 FLEXPEN	2	PV	CALCIUM PHOSPHATE DIBASIC	2	
NOVOLOG MIX 70/30 FLEXPEN	2	PV	CALCIUM PHOSPHATE TRIBASIC	2	
NOVOLOG MIX 70/30 RELION	2	PV	CARBAGLU ORAL TABLET SOLUBLE	4	SP; BP
NOVOLOG MIX 70/30 VIAL	2	PV			
NOVOLOG U-100 PENFILL	2	PV			
NOVOLOG RELION INJECTION	2	PV			

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

Drug Name	Drug Tier	Limits/ Required
carglumic acid oral tablet soluble	4	SP
CARNITOR ORAL	3	BP
CARNITOR SF	3	BP
CHEMET	2	
CHOLINE BITARTRATE POWDER	2	
CUVRIOR	4	SP; FE; QL
cyanocobalamin injection solution 1000 mcg/ml	1	
deferasirox	4	SP
deferasirox granules	4	SP
deferiprone	4	SP; FE
DL-ALANINE	2	
DL-LEUCINE	2	
DL-METHIONINE POWDER (RX)	2	
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

Drug Name	Drug Tier	Limits/ Required
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	ACA; O
ft folic acid	1	ACA; O
ft prenatal	1	ACA; O
GALZIN	3	
iodine strong oral	1	
JADENU	4	SP; BP
JADENU SPRINKLE	4	SP; BP
JYNARQUE	4	PA; SP; QL
KIONEX COMBINATION	2	
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	
L-ALANINE	2	
L-ARGININE	2	
L-CYSTINE	2	
levocarnitine oral tablet	1	
levocarnitine sf	1	
levocarnitine solution 1 gm/10ml oral	1	
L-GLUTAMIC ACID	2	
L-HISTIDINE MONOHYDROCHLORIDE POWDER	2	
L-HISTIDINE 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.

Drug Name	Drug Tier	Limits/ Required
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
METHIONINE	2	
NEOKE ALCAR	2	
NEONATAL PRENATAL	2	ACA; O
ONE VITE WOMENS	2	ACA; O
ONE-A-DAY WOMENS PRENATAL 1	2	ACA; O
ORAL CITRATE	2	
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	

Drug Name	Drug Tier	Limits/ Required
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
prenatal oral tablet 27-0.8 mg	1	ACA; O
prenatal vitamins oral tablet 27-0.8 mg	1	ACA; O
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	
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 (SODIUM POLYSTYRENE SULF)	2	

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



Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
sterile water for irrigation solution irrigation	1		esomeprazole magnesium capsule delayed release 20 mg oral (rx)	1	PV; QL
SYPRINE	4	SP; BP	esomeprazole magnesium oral capsule delayed release 40 mg	1	PV; QL
TAURINE POWDER	2		esomeprazole magnesium oral packet	1	PV; AL; QL
THREONINE	2		famotidine oral suspension reconstituted	1	PV
tolvaptan	4	SP	famotidine oral tablet 40 mg	1	PV
trientine hcl oral capsule 250 mg	4	SP	famotidine tablet 20 mg oral (rx)	1	PV
trientine hcl oral capsule 500 mg	1		goodsense lansoprazole oral tablet delayed release dispersible	1	PV; FE; QL
UROCIT-K 10	3	BP	KONVOMEPE	3	PV; FE; QL
UROCIT-K 15	3	BP	lansoprazole capsule delayed release 15 mg oral (rx)	1	PV; QL
VALINE	2		lansoprazole oral capsule delayed release 30 mg	1	PV; QL
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM	3		lansoprazole oral tablet delayed release dispersible	1	PV; FE; QL
VELTASSA PACKET 8.4 GM ORAL	3		misoprostol oral tablet 100 mcg	1	PV
weekly-d	1		misoprostol tablet 200 mcg oral	1	PV
wes-phos 250 neutral	1		NEXIUM ORAL CAPSULE DELAYED RELEASE	3	PV; BP; QL
yl folic acid	1	ACA; O			
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>					
ACIPHEX	3	PV; BP; QL			
CARAFATE	3	PV; BP			
cimetidine hcl solution 300 mg/5ml oral	1	PV			
cimetidine oral	1	PV			
CYTOTEC	3	PV; BP			
DEXILANT	3	PV; FE; BP; QL			
dexlansoprazole	1	PV; FE; 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
NEXIUM ORAL PACKET	3	PV; AL; BP; 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
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	3	PV; BP; QL
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	3	PV; FE; BP; QL
PRILOSEC ORAL PACKET	3	PV; FE
PROTONIX ORAL PACKET	3	PV; FE; BP; QL
PROTONIX ORAL TABLET DELAYED RELEASE	3	PV; BP; QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	PV; FE; QL

Drug Name	Drug Tier	Limits/ Required
rabeprazole sodium oral tablet delayed release	1	PV; QL
sucralfate oral tablet	1	PV
sucralfate suspension 1 gm/10ml oral	1	PV
VOQUEZNA	3	PV; FE; QL
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
alosetron hcl	1	
alvimopan	1	
AMITIZA	3	BP; QL
ANASPAZ	3	
bis subcit-metronid-tetracyc	1	PV; FE
BISACODYL	2	
bisacodyl ec	1	ACA; O
bismuth/metronidaz/tetracyclin	1	PV; FE
CHENODAL	4	PA; SP
chlordiazepoxide-clidinium capsule 5-2.5 mg oral	1	FE
citroma	1	ACA; O
clearlax oral powder	1	ACA; O
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	2	PV
constulose	1	
cromolyn sodium oral	1	
CTEXLI	4	PA; SP
CUVPOSA	3	BP

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
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
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
gavilyte-n with flavor pack	1	ACA; PV
generlac	1	
gentle laxative oral tablet delayed release	1	ACA; O
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

Drug Name	Drug Tier	Limits/ Required
HELIDAC THERAPY	3	PV; FE
hyoscyamine sulfate er tablet extended release 12 hour 0.375 mg oral	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 oral solution 10 gm/15ml	1	
lactulose oral packet 10 gm	1	FE
lactulose oral packet 20 gm	1	
lactulose solution 10 gm/15ml oral	1	
lactulose solution 20 gm/30ml oral	1	
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

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
magnesium citrate oral solution 1.745 gm/30ml	1	ACA; O	polyethylene glycol 3350 oral powder	1	ACA; O
methscopolamine bromide oral	1		prucalopride succinate	1	ST; QL
mineral oil heavy oral	1		PYLERA	3	PV; FE; BP
mm clearlax	1	ACA; O	RELISTOR ORAL	3	FE
MOTEGRITY ORAL TABLET 1 MG	3	ST; BP; QL	RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3	FE
MOTEGRITY TABLET 2 MG ORAL	3	ST; BP; QL	RELTONE	3	FE
MOTOFEN	3	FE	RESTORA RX	3	
MOVANTIK	2	QL	REZDIFFRA	3	PA; QL
MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL	2	PV; BP	SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	4	PA; SP; FE
MYTESI	3		SUFLAVE	3	PV; FE
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	1	PV	SUPREP BOWEL PREP KIT	3	PV; BP
OMECLAMOX-PAK	3	PV; FE	SUREBIOTIC PROBIOTIC SUPPORT	3	
OSCIMIN ORAL TABLET	3		SUTAB	3	PV
OSCIMIN SUBLINGUAL	3		SYMPROIC	2	QL
peg 3350 oral powder	1	ACA; O	TALICIA	3	PV; FE; QL
peg 3350-kcl-na bicarb-nacl	1	ACA; PV	true laxative	1	ACA; O
peg-3350/electrolytes	1	ACA; PV	TRULANCE TABLET 3 MG ORAL	3	ST; QL
peg-3350/electrolytes/ascorbic acid	1	PV	URSO FORTE	3	BP
peg-kcl-nacl-nasulf-na asc-c	1	PV	URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	FE
PLENVU SOLUTION RECONSTITUTED 140 GM ORAL	2	PV	ursodiol oral capsule 300 mg	1	

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

Drug Name	Drug Tier	Limits/ Required
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
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
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
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

Drug Name	Drug Tier	Limits/ Required
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
OPFOLDA	4	PA; SP; QL
ORFADIN ORAL CAPSULE	4	SP; BP
ORFADIN ORAL SUSPENSION	4	SP
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

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
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
VIKACE	3	ST
VOXZOGO	4	PA; SP; QL
XURIDEN	4	SP
yargesa	4	PA; SP
ZAVESCA	4	PA; SP; BP

Drug Name	Drug Tier	Limits/ Required
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, 60000-189600 UNIT	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
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
DETROL ORAL TABLET 2 MG	3	BP
ELMIRON	2	
ENTADFI	3	FE; QL
FERRIC CITRATE ORAL	3	

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

Drug Name	Drug Tier	Limits/ Required
fesoterodine fumarate er	1	ST; FE
FILSPARI	4	PA; SP; QL
flavoxate hcl	1	
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	3	FE; BP
GEMTESA	3	ST; FE; QL
INTRAROSA	3	QL
lanthanum carbonate	1	FE
LITHOSTAT	3	
mirabegron er	1	ST
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	2	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	3	ST; BP
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	3	ST; BP
oxybutynin chloride er	1	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet	1	
OXYTROL	3	FE
penicillamine oral	4	SP
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	

Drug Name	Drug Tier	Limits/ Required
RENVELA	3	BP
RIVFLOZA	4	PA; SP; QL
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; BP
tiopronin oral	4	SP
tolterodine tartrate	1	
tolterodine tartrate er	1	
TOVIAZ	3	ST; FE; BP
tropium chloride	1	
tropium chloride er	1	
VELPHORO	3	QL
VENXXIVA	4	SP; BP
VESICARE	3	BP
VESICARE LS	3	FE; QL
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
AVODART	3	BP
CARDURA XL	3	FE; QL
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
JALYN	3	BP
PROSCAR	3	BP
RAPAFLO	3	BP

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
silodosin	1	
tamsulosin hcl	1	
terazosin hcl oral	1	PV
UROXATRAL	3	BP
<b>Hormonal Agents - Adrenal</b>		
AGAMREE	4	PA; SP; FE
ALKINDI SPRINKLE	3	FE
CORTEF	3	BP
deflazacort	4	PA; SP; FE
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; BP
fludrocortisone acetate oral	1	
HEMADY	3	FE
HIDEX 6-DAY	3	FE
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	BP

Drug Name	Drug Tier	Limits/ Required
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 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	1	
prednisolone sodium phosphate oral tablet dispersible	1	FE
prednisolone sodium phosphate solution 5 mg/5ml oral	1	
prednisolone solution 15 mg/5ml oral	1	
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
<b>Hormonal Agents - Men's Health</b>		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA; BP

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
AZMIRO	3	PA; FE
danazol oral	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	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
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
testosterone transdermal solution	1	PA
TLANDO	3	PA; FE; QL
UNDECATREX	3	PA; FE; QL

Drug Name	Drug Tier	Limits/ Required
VOGELXO PUMP	3	PA; FE; BP
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA; BP
XYOSTED	3	PA; FE
<b>Hormonal Agents - Pituitary</b>		
ACTHAR	4	PA; SP
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR	4	PA; SP
cabergoline	1	QL
CORTROPHIN	4	PA; SP
DDAVP ORAL	3	BP
desmopressin ace spray refrig	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
EGRIFTA SV	4	PA; SP; QL
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	4	PA; SP; FE
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; SP; FE
HUMATROPE INJECTION CARTRIDGE	4	PA; SP; FE
INCRELEX	4	PA; SP
ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; SP; QL
MYCAPSSA	4	SP; FE; 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
NGENLA	4	PA; SP	SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	SP; BP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP	SIGNIFOR	4	PA; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; FE	SKYTROFA	4	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; FE	SOGROYA	4	SP; FE
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; FE	SOMAVERT	4	SP; FE
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	SP	SYNAREL	2	
octreotide acetate subcutaneous	4	SP	ZOMACTON	4	PA; SP; FE
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; SP	<b>Hormonal Agents - Prostaglandins</b>		
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP	KORLYM	4	PA; SP; BP
ORLISSA	2	PA; QL	mifepristone oral tablet 300 mg	4	PA; SP
RECORLEV	4	PA; SP; QL	<b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b>		
			EVISTA	3	PV; BP
			OSPHENA	3	PV
			raloxifene hcl	1	ACA; PV
			<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
			ACTIVELLA ORAL TABLET 1-0.5 MG	3	PV; BP
			afirmelle	1	ACA; PV
			aftera	1	ACA; O
			AFTERPILL	3	ACA; O

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
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
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
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	3	PV; FE
blisovi 24 fe	1	ACA; PV
blisovi fe 1.5/30	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
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
cyred eq	1	ACA; PV
dasetta 1/35 (28)	1	ACA; PV
dasetta 7/7/7	1	ACA; PV
daysee	1	ACA; PV
deblitane	1	ACA; PV
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	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

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
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	ACA
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
ELESTRIN	3	PV
elinest	1	ACA; PV
ELLA	2	ACA; PV
eluryng	1	ACA; PV; QL
emzahh	1	ACA; PV
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 oral	1	PV

Drug Name	Drug Tier	Limits/ Required
estradiol transdermal gel	1	PV
estradiol transdermal patch twice weekly	1	PV; QL
estradiol transdermal patch weekly	1	PV; QL
estradiol vaginal	1	
estradiol valerate intramuscular	1	PV
estradiol-norethindrone acet	1	PV
ESTRING VAGINAL RING 7.5 MCG/24HR	2	QL
ESTROGEL	3	PV; BP
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
feirza 1.5/30	1	ACA; PV
feirza 1/20	1	ACA; PV
FEMLYV	2	ACA; PV
FEMRING	2	QL
finzala	1	ACA; PV
fyavolv	1	PV
gallifrey	1	
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

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
heather	1	ACA; PV
her style	1	ACA; O
iclevia	1	ACA; PV
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
incassia	1	ACA; PV
introvale	1	ACA; PV
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

Drug Name	Drug Tier	Limits/ Required
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
levonorgest-eth estradiol-iron	1	ACA; PV
levonorgestrel oral tablet 1.5 mg	1	ACA; O
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

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
medroxyprogesterone acetate intramuscular	1	ACA; PV
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml, 800 mg/20ml	1	
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 fe 1.5/30	1	ACA; PV
microgestin fe 1/20	1	ACA; PV
mili	1	ACA; PV
mimvey	1	PV
MINIVELLE	3	PV; BP; QL
minzoya	1	ACA; PV
mono-lynyah	1	ACA; PV
my choice	1	ACA; O
my way	1	ACA; O
MYFEMBREE	2	PA; PV; QL
NATAZIA	2	ACA; PV
necon 0.5/35 (28)	1	ACA; PV

Drug Name	Drug Tier	Limits/ Required
new day	1	ACA; O
NEXTSTELLIS	3	ACA; PV
nikki	1	ACA; PV
nora-be	1	ACA; PV
norelgestromin-eth estradiol	1	ACA; PV; 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
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
ocella	1	ACA; PV

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Drug Name	Drug Tier	Limits/ Required
opcicon one-step	1	ACA; O
option 2	1	ACA; O
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
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
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 TABLET 4 MG ORAL	3	ACA; PV
sprintec 28	1	ACA; PV
sronyx	1	ACA; PV
syeda	1	ACA; PV
take action	1	ACA; O

Drug Name	Drug Tier	Limits/ Required
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-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
VAGIFEM VAGINAL TABLET 10 MCG	3	BP
valtya 1/50	1	ACA; PV
velivet	1	ACA; PV
vestura	1	ACA; PV
vienva	1	ACA; PV
viorele	1	ACA; PV
VIVELLE-DOT	3	PV; BP; QL
volnea	1	ACA; PV
vyfemla	1	ACA; PV
vylibra	1	ACA; PV
wera	1	ACA; PV

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Drug Name	Drug Tier	Limits/ Required
wymzya fe	1	ACA; PV
xarah fe	1	ACA; PV
xulane	1	ACA; PV; QL
YASMIN 28	3	ACA; PV; BP
YAZ	3	PV; BP
yuvaferm	1	
zafemy	1	ACA; PV; QL
zovia 1/35 (28)	1	ACA; PV
zumandimine	1	ACA; PV
<b>Hormonal Agents - Thyroid</b>		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	FE
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	
levoxyl	1	
liothyronine sodium oral	1	

Drug Name	Drug Tier	Limits/ Required
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	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ABRILADA (1 PEN)	4	SP; FE
ABRILADA (2 PEN)	4	SP; FE
ABRILADA (2 SYRINGE)	4	SP; FE
ACTEMRA ACTPEN	4	PA; SP; QL
ACTEMRA SUBCUTANEOUS	4	PA; SP; QL
ACTIMMUNE	4	PA; SP
ADALIMUMAB-AACF (2 PEN)	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.



Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ADALIMUMAB-AACF (2 SYRINGE)	4	PA; SP; FE; QL	ADALIMUMAB-ADB M (2 SYRINGE)		
ADALIMUMAB-AACF(CD/UC/HS STRT)	4	PA; SP; FE; QL	SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; FE; QL
ADALIMUMAB-AACF(PS/UV STARTER)	4	PA; SP; FE; QL	ADALIMUMAB-ADB M (2 SYRINGE)		
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	PA; SP; FE; QL	SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	4	PA; SP; FE
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	4	PA; SP; FE	ADALIMUMAB-ADB M(CD/UC/HS STRT)	4	PA; SP; FE
ADALIMUMAB-AATY (2 PEN)	4	PA; SP; FE; QL	ADALIMUMAB-ADB M(PS/UV STARTER)	4	PA; SP; FE
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	4	PA; SP; FE	ADALIMUMAB-FKJP (2 PEN)	4	PA; SP; QL
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	4	PA; SP; FE; QL	ADALIMUMAB-FKJP (2 SYRINGE)	4	PA; SP; QL
ADALIMUMAB-ADAZ	4	PA; SP; QL	ADALIMUMAB-RYVK (2 PEN)	4	PA; SP; FE; QL
ADALIMUMAB-ADB M (2 PEN)	4	PA; SP; FE	ADALIMUMAB-RYVK (2 SYRINGE)	4	PA; SP; FE
			AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; FE; QL
			AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; FE; 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
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	4	PA; SP; FE; QL	COSENTYX SENSOREADY (300 MG)	4	PA; SP; QL
AMJEVITA-PED 15KG TO <30KG	4	PA; SP; FE; QL	COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	4	PA; SP; QL
ARAVA	3	BP; QL	COSENTYX UNOREADY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	4	PA; SP; QL
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	4	PA; SP	cyclosporine modified	1	PV
ASTAGRAF XL	3	PV	cyclosporine oral capsule	1	PV
AURANOFIN	4	SP	CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	PA; SP; FE
AZASAN	3	PV; BP	CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; FE; QL
azathioprine oral	1	PV	CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; FE; QL
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	4	PA; SP; QL	CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; FE; QL
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; FE; QL
BIMZELX	4	PA; SP; QL	CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; FE; QL
CELLCEPT	3	PV; BP	CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; FE; QL
CIMZIA (2 SYRINGE)	4	PA; SP; QL	CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; FE; QL
CIMZIA-STARTER	4	PA; SP; QL	CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; FE; QL
COSENTYX (300 MG DOSE)	4	PA; SP; QL	CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; FE; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	4	PA; SP; QL	CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; FE; 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
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	PA; SP; FE	ENVARUSUS XR	3	PV
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; FE; QL	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	PV
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	PA; SP; FE	FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; BP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; FE; QL	gengraf oral capsule 100 mg, 25 mg	1	PV
ENBREL MINI	4	PA; SP; QL	gengraf oral solution	1	PV
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	4	PA; SP; QL	HADLIMA	4	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	HADLIMA PUSHTOUCH	4	PA; SP; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL	HAEGARDA	4	PA; SP
ENSPRYNG	4	PA; SP; QL	HULIO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	4	PA; SP; FE
ENTYVIO PEN	4	PA; SP; QL	HULIO (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	4	PA; SP; FE
			HULIO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	4	PA; SP; FE
			HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	4	PA; SP; FE; BP; QL
			HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	4	PA; SP; FE; 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
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; FE; BP; QL	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.8ML	4	PA; SP; FE; QL
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	4	PA; SP; FE; BP; QL	HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; FE
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	4	PA; SP; FE; BP; QL	HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	4	PA; SP; FE; QL
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	4	PA; SP; FE; QL	HYRIMOZ-PED<40KG CROHN STARTER	4	PA; SP; FE; QL
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-PLAQ PSOR/UVEIT 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	IMURAN	3	PV; BP
			JOENJA	4	PA; SP; QL
			JYLAMVO	3	FE
			KEVZARA	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.

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	ORENCIA CLICKJECT	4	PA; SP; QL
leflunomide oral	1	QL	ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
LUPKYNIS	4	PA; SP; PV; QL	ORLADEYO	4	PA; SP; QL
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1		OTEZLA ORAL TABLET	4	PA; SP; QL
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1		OTEZLA ORAL TABLET THERAPY PACK	4	PA; SP; QL
methotrexate sodium injection solution reconstituted	1		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
methotrexate sodium oral	1		PROGRAF ORAL CAPSULE	3	PV; BP
mycophenolate mofetil oral capsule	1	PV	PROGRAF ORAL PACKET	3	PV; AL
mycophenolate mofetil oral suspension reconstituted	1	PV; FE	RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS	3	FE
mycophenolate mofetil oral tablet	1	PV	RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS	3	FE
mycophenolate sodium	1	PV	RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS	3	FE
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	PV			
MYFORTIC	3	PV; BP			
MYHIBBIN	2	PV			
NEORAL	3	PV; BP			
OLUMIANT	4	PA; SP; QL			
OMVOH 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.

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS	3	FE	SANDIMMUNE ORAL CAPSULE	3	PV; BP
RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	3	FE	SELARSDI SUBCUTANEOUS	4	PA; SP; QL
RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS	3	FE	SILIQ	4	PA; SP; QL
RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS	3	FE	SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	PA; SP; QL
RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS	3	FE	SIMLANDI (1 SYRINGE)	4	PA; SP; QL
RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS	3	FE	SIMLANDI (2 PEN)	4	PA; SP; QL
REZUROCK	4	PA; SP; QL	SIMLANDI (2 SYRINGE)	4	PA; SP; QL
RIDAURA	4	SP	SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
RINVOQ LQ	4	PA; SP; QL	SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	4	PA; SP; QL	sirolimus oral	1	PV
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	4	PA; SP; QL	SKYRIZI PEN	4	PA; SP; QL
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; FE; BP	SKYRIZI SUBCUTANEOUS	4	PA; SP; QL
			SOTYKTU	4	PA; SP; QL
			SPEVIGO SUBCUTANEOUS	4	PA; SP; QL
			STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	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
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; BP; QL	WEZLANA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	4	PA; SP; QL
tacrolimus capsule 0.5 mg oral	1	PV	WEZLANA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	4	PA; SP; FE; QL
tacrolimus capsule 5 mg oral	1	PV	WEZLANA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	4	PA; SP; QL
tacrolimus oral capsule 1 mg	1	PV	WEZLANA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	4	PA; SP; FE; QL
TAKHZYRO	4	PA; SP; QL	XATMEP	3	FE
TALTZ	4	PA; SP; QL	XELJANZ	4	PA; SP; QL
TREMFYA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; SP; QL	XELJANZ XR	4	PA; SP; QL
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL	YESINTEK SUBCUTANEOUS	4	PA; SP; QL
TREXALL	2		YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	PA; SP; FE; QL
TYENNE SUBCUTANEOUS	4	PA; SP; FE; QL	YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	4	PA; SP; FE
VARIZIG INTRAMUSCULAR SOLUTION	2	ACA	YUFLYMA (2 PEN)	4	PA; SP; FE; QL
VELSIPITY	4	PA; SP; QL	YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	4	PA; SP; FE
WEZLANA SOLUTION 45 MG/0.5ML SUBCUTANEOUS	4	PA; SP; QL			
WEZLANA SOLUTION 45 MG/0.5ML SUBCUTANEOUS	4	PA; SP; FE; 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
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	4	PA; SP; FE; QL
YUFLYMA-CD/UC/HS STARTER	4	PA; SP; FE
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; FE; QL
ZORTRESS	3	PV; BP
ZYMFENTRA (1 PEN)	4	PA; SP; QL
ZYMFENTRA (2 PEN)	4	PA; SP; QL
ZYMFENTRA (2 SYRINGE)	4	PA; SP; FE; QL
<b>Inflammatory Bowel Disease Agents</b>		
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

Drug Name	Drug Tier	Limits/ Required
DIPENTUM	3	FE
EOHILIA	3	QL
hydrocortisone (perianal)	1	
hydrocortisone rectal enema	1	
LIALDA	3	BP
mesalamine er oral capsule 0.375 gm	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	
PROCTOSOL HC EXTERNAL	3	BP
PROCTOZONE-HC EXTERNAL	3	BP
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

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
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
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
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1	PV
risedronate sodium oral tablet delayed release	1	PV
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	4	PA; SP; PV; FE; QL

Drug Name	Drug Tier	Limits/ Required
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	PA; SP; PV; FE; QL
TYMLOS	4	PA; SP; PV; QL
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral	1	
cinacalcet hcl	1	
doxercaliferol oral	1	
paricalcitol oral	1	
RAYALDEE	3	
ROCALTROL	3	BP
SENSIPAR	3	BP
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	BP
<b>Miscellaneous Therapeutic Agents</b>		
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (RX)	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2		COMPACT SPACE CHAMBER/MED MASK	2	
AEROCHAMBER PLUS FLOW VU	2		COMPACT SPACE CHAMBER/SM MASK	2	
AEROCHAMBER W/FLOWSIGNAL	2		CONDOMS	3	ACA; O
AQNEURSA	4	PA; SP; QL	DOJOLVI	3	PA
ASPARTAME (FOR COMPOUNDING)	2		DUREX EXTRA SENSITIVE THIN	3	ACA; O
ASPARTAME (NUTRASWEET)	2		DUREX TROPICAL	3	ACA; O
BREATHE EASE LARGE	2		EASIVENT	2	
BREATHE EASE MEDIUM	2		ENCARE VAGINAL SUPPOSITORY	3	ACA; O
BREATHE EASE SMALL	2		ENDARI	3	BP
BREATHERITE VALVED MDI CHAMBER	2		FC2 FEMALE CONDOM	3	ACA; O
BROMELAIN	2		FIRDAPSE	4	PA; SP; FE; QL
BYLVAY	4	PA; SP; QL	FLEXICHAMBER	2	
BYLVAY (PELLETS)	4	PA; SP; QL	formaldehyde solution 37 % external (rx)	1	
CETYLCIDE-G	2		glutaraldehyde external	1	
CHARCOAL ACTIVATED	2		GRASTEK	3	
CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	2		IWILFIN	14	PA; MB; SP; QL
COMPACT SPACE CHAMBER	2		KERENDIA TABLET 10 MG ORAL	3	PA; QL
COMPACT SPACE CHAMBER/LG MASK	2		KERENDIA TABLET 20 MG ORAL	3	PA; QL
			l-glutamine oral packet	1	
			LIVMARLI ORAL SOLUTION 19 MG/ML	4	PA; SP
			LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; SP; QL
			METHERGINE ORAL	3	BP
			methylergonovine maleate oral	1	

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

Drug Name	Drug Tier	Limits/ Required
MICROCHAMBER DEVICE	2	
MIPLYFFA	4	PA; SP; QL
ODACTRA	3	AL; QL
OMNIPOD 5 DEXCOM INTRO KIT	14	MB; QL
OMNIPOD 5 DEXCOM PODS	14	MB; QL
OMNIPOD DASH INTRO KIT	14	MB; QL
OMNIPOD DASH PODS	14	MB; QL
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
OPTIONS GYNOL II CONTRACEPTIVE	3	ACA; O
ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL	2	
PALFORZIA	3	AL
PALFORZIA (1 MG DAILY DOSE)	3	AL
PALFORZIA INITIAL DOSE 1-3YRS	3	AL
PALFORZIA INITIAL DOSE 4-17YRS	3	AL
PHEXXI	3	ACA
POCKET SPACER	2	
RADIOGARDASE	3	
RAGWITEK	3	

Drug Name	Drug Tier	Limits/ Required
SACCHARIN	2	
sodium saccharin powder	1	
SOHONOS	4	PA; SP; QL
TAVNEOS	4	PA; SP; QL
TODAY SPONGE	2	ACA; O
TRUE COVER	3	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 VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
XPHOZAH	4	SP; FE; QL
YORVIPATH	4	PA; SP; QL
ZILBRYSQ	4	PA; SP; QL
ZOKINVY	4	PA; SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ACULAR	3	BP
ACULAR LS	3	BP
ACUVAIL	3	FE

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
ALOCRIAL	3	FE
ALREX	3	FE; BP
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	
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	1	FE
BROMSITE	3	FE; BP
CILOXAN OPHTHALMIC OINTMENT	3	FE
ciprofloxacin hcl ophthalmic	1	
CLOBETASOL PROPIONATE OPHTHALMIC	3	FE
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	

Drug Name	Drug Tier	Limits/ Required
EYSUVIS	3	FE
FLAREX	2	
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 OPHTHALMIC GEL	3	ST; BP
LOTEMAX OPHTHALMIC OINTMENT	3	ST; FE
LOTEMAX OPHTHALMIC SUSPENSION	3	ST; FE; BP
LOTEMAX SM	2	
loteprednol etabonate ophthalmic gel	1	ST
loteprednol etabonate ophthalmic suspension 0.2 %	1	FE
loteprednol etabonate ophthalmic suspension 0.5 %	1	ST; FE
MAXIDEX	2	
MAXITROL OPHTHALMIC OINTMENT	3	BP

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
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	3	BP
MITOSOL	3	
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 OPHTHALMIC SOLUTION 0.7 %	3	FE
POVIDONE-IODINE OPHTHALMIC	3	
PRED FORTE	3	BP
PRED MILD	3	ST
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
PROLENSA	3	FE; BP

Drug Name	Drug Tier	Limits/ Required
sulfacetamide sodium ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST	2	
tobramycin ophthalmic	1	
tobramycin- dexamethasone	1	
TOBREX OPHTHALMIC OINTMENT	2	
trifluridine ophthalmic	1	
UPNEEQ	3	QL
VIGAMOX	3	BP
XDEMVIY SOLUTION 0.25 % OPHTHALMIC	3	PA
ZERVIAE	3	FE
ZIRGAN	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
acetazolamide er	1	
acetazolamide oral	1	
ALPHAGAN P	3	BP
apraclonidine hcl	1	
AZOPT	3	BP
betaxolol hcl ophthalmic	1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	3	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	BP
BETOPTIC-S	3	FE
bimatoprost ophthalmic	1	

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

Drug Name	Drug Tier	Limits/ Required
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	1	
brinzolamide	1	
carteolol hcl	1	
COMBIGAN	3	BP
COSOPT	3	BP
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
IYUZEH	3	FE
KEVEYIS	4	SP; BP
latanoprost ophthalmic	1	
levobunolol hcl ophthalmic solution 0.5 %	1	
LUMIGAN SOLUTION 0.01 % OPTHALMIC	2	ST
methazolamide oral	1	
ORMALVI	4	SP; BP
PHOSPHOLINE IODIDE	2	

Drug Name	Drug Tier	Limits/ Required
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
QLOSI	3	FE
RHOPRESSA	2	
ROCKLATAN	2	ST
SIMBRINZA	3	
tafluprost (pf)	1	ST
timolol hemihydrate	1	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	FE
timolol maleate ophthalmic gel forming solution	1	FE
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	FE
TIMOPTIC OCUDOSE	3	FE; 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
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
altafrin ophthalmic solution 10 %, 2.5 %	1	

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

Drug Name	Drug Tier	Limits/ Required
atropine sulfate ophthalmic solution 1 %	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc	1	
CEQUA	3	QL
CYCLOGYL OPTHALMIC SOLUTION 0.5 %, 2 %	3	
CYCLOGYL OPTHALMIC SOLUTION 1 %	3	BP
cyclopentolate hcl ophthalmic solution 1 %	1	
cyclosporine ophthalmic	1	
CYSTADROPS	4	SP
CYSTARAN	4	SP
LASTACAFT	3	FE
MIEBO	2	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
NEO-POLYCIN	3	BP
OXERVATE	4	PA; SP; QL
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
POLYCIN	3	BP
polymyxin b-trimethoprim	1	

Drug Name	Drug Tier	Limits/ Required
RESTASIS	3	BP; QL
RESTASIS MULTIDOSE OPTHALMIC EMULSION 0.05 %	2	QL
sulfacetamide-prednisolone ophthalmic solution	1	
TYRVAYA	3	QL
VERKAZIA	3	
VEVYE	3	FE
XIIDRA	2	QL
ZYLET	3	
<b>Otic Agents - Drugs for Ear Conditions</b>		
acetic acid otic	1	
CETRAXAL	3	FE; BP
CIPRO HC	3	FE
ciprofloxacin hcl solution 0.2 % otic	1	
ciprofloxacin hcl solution 0.2 % otic	1	FE
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	

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
OTOVEL	3	FE
PRAMOTIC	3	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine-fluticasone	1	FE
benzonatate	1	
bromphen-pseudoeph-dm	1	
CARBINOXAMINE MALEATE ER	3	FE
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	
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
DYMISTA	3	FE; BP
flunisolide nasal solution 25 mcg/act (0.025%)	1	

Drug Name	Drug Tier	Limits/ Required
fluticasone propionate suspension 50 mcg/act nasal (rx)	1	QL
guaifenesin-codeine oral solution	1	AL; QL
HYCODAN ORAL SOLUTION	3	AL; BP; QL
HYCODAN ORAL TABLET	3	AL; BP; QL
hydrocod poli-chlorphe poli er	1	AL; QL
hydrocodone bit-homatrop mbr	1	AL; QL
hydromet oral solution	1	AL; QL
HYPERSAL	3	
ipratropium bromide nasal	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	3	FE
levocetirizine dihydrochloride oral solution	1	FE
levocetirizine dihydrochloride tablet 5 mg oral (rx)	1	
maxi-tuss ac	1	AL; QL
mometasone furoate suspension 50 mcg/act nasal (rx)	1	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	2	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	

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



Drug Name	Drug Tier	Limits/ Required
NEOTUSS PLUS	3	FE
olopatadine hcl nasal	1	FE
OMNARIS	3	FE
promethazine vc	1	
promethazine-codeine oral solution	1	AL; QL
promethazine-dm oral syrup	1	
promethazine-phenylephrine	1	
pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx)	1	
PULMOSAL	2	
QNASL	3	FE
QNASL CHILDRENS	3	FE
RYALTRIS	3	FE; QL
RYCLORA ORAL SOLUTION	3	FE
ryvent	1	FE
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %	1	
sodium chloride nebulization solution 7 % inhalation	1	
TUXARIN ER	3	AL; FE; QL
XHANCE	3	FE; QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
ACCOLATE	3	PV; BP

Drug Name	Drug Tier	Limits/ Required
acetylcysteine inhalation	1	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	PV; BP; QL
ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION	2	PV; QL
ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION	2	PV; QL
ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION	2	PV; QL
AIRDUO RESPICLICK 113/14	3	PV; FE; QL
AIRDUO RESPICLICK 232/14	3	PV; FE; QL
AIRDUO RESPICLICK 55/14	3	PV; FE; QL
AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION	3	PV; FE; QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Generic Proair/Proventil; PV; QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Ventolin brand alternative ; PV; QL

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
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	ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	2	PV; QL
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	PV	ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL
albuterol sulfate oral	1	PV	ASMANEX HFA	2	PV; QL
ALVESCO	3	PV; FE; QL	ATROVENT HFA	2	PV; QL
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	PV; QL	AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	3	FE; QL
arformoterol tartrate	1	PV; QL	BEVESPI AEROSPHERE	3	PV; QL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	PV; QL	BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	2	PV; QL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	PV; QL	BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	2	PV; QL
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	2	PV; QL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	PV; QL	breyana	1	PV; QL

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

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	2	PV; QL	ESBRIET	4	PA; SP; BP; QL
BROVANA	3	PV; BP; QL	FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS	4	PA; SP; QL
budesonide inhalation	1	PV; QL	FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	PV; FE; QL
budesonide-formoterol fumarate	1	PV; QL	FLUTICASONE PROPIONATE DISKUS	2	PV
COMBIVENT RESPIMAT	2	PV; QL	FLUTICASONE PROPIONATE HFA	3	PV; FE; QL
cromolyn sodium inhalation	1	PV	FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	PV; FE; QL
DALIRESPI	3	PV; BP	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	PV; QL
DUAKLIR PRESSAIR	3	PV; FE; QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	PV; QL
DULERA AEROSOL 100-5 MCG/ACT INHALATION	3	PV; FE; QL	formoterol fumarate inhalation	1	PV; QL
DULERA AEROSOL 200-5 MCG/ACT INHALATION	3	PV; FE; QL			
DULERA INHALATION AEROSOL 50-5 MCG/ACT	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			

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
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION	2	PV; QL	PULMICORT SUSPENSION	3	PV; BP; QL
ipratropium bromide inhalation	1	PV	QVAR REDIHALER	2	PV; QL
ipratropium-albuterol	1	PV	roflumilast	1	PV
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	PV	SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	PV; QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	PV; QL	SINGULAIR	3	PV; BP
montelukast sodium oral	1	PV	SPIRIVA HANDIHALER	3	PV; BP; QL
NEFFY	3	FE; QL	SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	PV; QL
NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	4	PA; SP; QL	SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	PV; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; SP; QL	STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION	2	PV; QL
OFEV	4	PA; SP; QL	STRIVERDI RESPIMAT	3	PV; QL
OHTUVAYRE	3	FE; QL	SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION	3	PV; BP; QL
PERFOROMIST	3	PV; BP; QL	SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION	3	PV; BP; QL
pirfenidone	4	PA; SP; QL	terbutaline sulfate oral	1	PV
PROAIR RESPICLICK	3	PV; QL	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
PULMICORT FLEXHALER	2	PV; QL			

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Drug Name	Drug Tier	Limits/ Required
THEO-24	3	PV
theophylline elixir 80 mg/15ml oral	1	PV
theophylline er	1	PV
theophylline solution 80 mg/15ml oral	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 AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT INHALATION	3	PV; QL
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	PV; BP; 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

Drug Name	Drug Tier	Limits/ Required
zileuton er	1	PV; FE
ZYFLO	3	PV; FE
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	4	SP; BP; QL
BRONCHITOL	2	QL
BRONCHITOL TOLERANCE TEST CAPSULE 40 MG INHALATION	2	QL
CAYSTON	4	SP
KALYDECO	4	PA; SP; QL
KITABIS PAK (W/ NEBULIZER)	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

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
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	4	SP; QL	sildenafil citrate tablet 20 mg oral	4	PA; SP; QL
TRIKAFTA	4	PA; SP; QL	tadalafil (pah)	4	PA; SP; QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>			TADLIQ	4	PA; SP; QL
ADCIRCA	4	PA; SP; BP; QL	TRACLEER 62.5 MG, 125 MG	4	PA; SP; BP; QL
ADEMPAS	4	PA; SP; QL	TRACLEER 32 MG	4	PA; SP; QL
alyq	4	PA; SP; QL	TYVASO	4	PA; SP
ambrisentan	4	PA; SP; QL	TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; SP; QL
bosentan	4	PA; SP; QL	TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	4	PA; SP; QL
LETAIRIS	4	PA; SP; BP; QL	TYVASO REFILL KIT	4	PA; SP
OPSUMIT	4	PA; SP; QL	TYVASO STARTER KIT	4	PA; SP
OPSYNVI	4	PA; SP; FE; QL	UPTRAVI ORAL	4	PA; SP; QL
ORENITRAM	4	PA; SP	UPTRAVI TITRATION	4	PA; SP; QL
ORENITRAM MONTH 1	4	PA; SP	VENTAVIS	4	PA; SP; QL
ORENITRAM MONTH 2	4	PA; SP	WINREVAIR	4	PA; SP; QL
ORENITRAM MONTH 3	4	PA; SP	<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
REVATIO ORAL TABLET	4	PA; SP; BP; QL	AMRIX	3	FE; BP
sildenafil citrate oral suspension reconstituted	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.

Drug Name	Drug Tier	Limits/ Required
BACLOFEN ORAL SOLUTION 10 MG/5ML	3	FE
baclofen oral solution 5 mg/5ml	1	FE
baclofen oral suspension	1	FE
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	1	FE
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	
FLEQSUVY	3	FE; BP
LYVISPAH	3	FE
metaxalone oral tablet 400 mg	1	FE
metaxalone oral tablet 640 mg, 800 mg	1	
methocarbamol oral	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

Drug Name	Drug Tier	Limits/ Required
OZOBAX DS	3	FE
SOMA	3	BP
TANLOR	3	BP
tizanidine hcl oral	1	
ZANAFLEX ORAL TABLET	3	BP
<b>Sleep Disorder Agents</b>		
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
LUMRYZ STARTER PACK	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

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
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	PA; QL
SUNOSI TABLET 75 MG ORAL	2	PA; 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.



## Index of Drugs

abacavir sulfate.....	34	ADALIMUMAB- AACF(CD/UC/HS STRT) .	81	AEROCHAMBER HOLDING CHAMBER.....	89
abacavir sulfate- lamivudine.....	34	ADALIMUMAB- AACF(PS/UV STARTER).....	81	AEROCHAMBER MINI CHAMBER.....	89
ABILIFY .....	33	ADALIMUMAB-AATY (1 PEN).....	81	AEROCHAMBER MV.....	89
ABILIFY MYCITE MAINTENANCE KIT .....	33	ADALIMUMAB-AATY (2 PEN).....	81	AEROCHAMBER PLS FLOVU MTHPIECE.....	89
ABILIFY MYCITE STARTER KIT .....	33	ADALIMUMAB-AATY (2 SYRINGE).....	81	AEROCHAMBER PLUS FLO-VU INTERM.....	89
abiraterone acetate.....	25	ADALIMUMAB-AATY (2 SYRINGE).....	81	AEROCHAMBER PLUS FLO-VU LARGE.....	89
ABIRTEGA.....	25	ADALIMUMAB-ADAZ.....	81	AEROCHAMBER PLUS FLO-VU MEDIUM.....	89
ABRILADA (1 PEN).....	80	ADALIMUMAB-ADBM (2 PEN).....	81	AEROCHAMBER PLUS FLO-VU SMALL.....	90
ABRILADA (2 PEN).....	80	ADALIMUMAB-ADBM (2 SYRINGE).....	81	AEROCHAMBER PLUS FLOW VU.....	90
ABRILADA (2 SYRINGE)	80	ADALIMUMAB- ADBM(CD/UC/HS STRT).....	81	AEROCHAMBER W/FLOWSIGNAL.....	90
ABSORICA.....	51	ADALIMUMAB- ADBM(PS/UV STARTER).....	81	AFINITOR.....	25
ABSORICA LD.....	51	ADALIMUMAB-FKJP (2 PEN).....	81	AFINITOR DISPERZ.....	25
acamprosate calcium.....	11	ADALIMUMAB-FKJP (2 SYRINGE).....	81	afirmelle.....	74
ACANYA.....	51	ADALIMUMAB-RYVK (2 PEN).....	81	AFREZZA.....	60
acarbose.....	57	ADALIMUMAB-RYVK (2 SYRINGE).....	81	aftera.....	74
ACCOLATE.....	97	ADALIMUMAB-RYVK (2 SYRINGE).....	81	AFTERPILL.....	74
ACCRUFER.....	62	adapalene.....	51	AGAMREE.....	72
ACCUPRIL.....	39	ADAPALENE.....	51	AGRYLIN.....	38
ACCURETIC.....	39	adapalene-benzoyl peroxide.....	51	AIMOVIG.....	23
accutane.....	51	ADASUVE.....	33	AIRDUO RESPICLICK 113/14.....	97
acebutolol hcl.....	39	ADBRY.....	52	AIRDUO RESPICLICK 232/14.....	97
acetaminophen-codeine....	6	ADCIRCA.....	102	AIRDUO RESPICLICK 55/14.....	97
acetazolamide.....	93	ADDERALL.....	46	AIRSUPRA.....	97
acetazolamide er.....	93	ADDERALL XR.....	46	AJOVY.....	23
acetic acid.....	95	adefovir dipivoxil.....	35	AKLIEF.....	52
acetylcysteine.....	97	ADEMPAS.....	102	AKYNZEO.....	21
ACIPHEX.....	65	ADLARITY.....	18	ALA SCALP.....	52
acitretin.....	51	ADMELOG.....	60	ala-cort.....	52
ACTEMRA.....	80	ADMELOG SOLOSTAR..	60	ALANINE.....	62
ACTEMRA ACTPEN.....	80	ADTHYZA.....	80	albendazole.....	30
ACTHAR.....	73	ADVAIR DISKUS.....	97	albuterol sulfate.....	98
ACTHAR GEL.....	73	ADVAIR HFA.....	97	albuterol sulfate hfa.....	97
ACTIMMUNE.....	80	ADZENYS XR-ODT.....	46	alclometasone dipropionate.....	52
ACTIVELLA.....	74			ALDACTONE.....	39
ACTONEL.....	89			ALECENSA.....	25
ACTOPLUS MET.....	57			alendronate sodium.....	89
ACTOS.....	57				
ACULAR.....	91				
ACULAR LS.....	91				
ACUVAIL.....	91				
acyclovir.....	34				
ACZONE.....	51				
ADALIMUMAB-AACF (2 PEN).....	80				
ADALIMUMAB-AACF (2 SYRINGE).....	81				

alfuzosin hcl er.....	71	AMJEVITA.....	81	APIDRA VIAL.....	61
aliskiren fumarate.....	39	AMJEVITA-PED 10KG		APLENZIN.....	19
ALKINDI SPRINKLE.....	72	TO <15KG		APOKYN.....	31
allopurinol.....	23	SUBCUTANEOUS		apomorphine hcl.....	31
ALLZITAL.....	6	SOLUTION PREFILLED		apraclonidine hcl.....	93
almotriptan malate.....	24	SYRINGE 10MG/0.2ML...	82	aprepitant.....	21
ALOCRIAL.....	92	AMJEVITA-PED 15KG		apri.....	75
ALOGLIPTIN		TO <30KG .....	82	APRISO.....	88
BENZOATE.....	57	amlodipine besylate.....	39	APTENSIO XR.....	46
ALOGLIPTIN-		amlodipine besylate-		APTIOM.....	16
METFORMIN HCL.....	57	benazepril hcl.....	39	APTIVUS.....	35
ALOGLIPTIN-		amlodipine besylate-		AQNEURSA.....	90
PIOGLITAZONE.....	57	valsartan.....	39	AQUORAL.....	50
ALORA.....	75	amlodipine-atorvastatin...	39	ARAKODA.....	30
alosetron hcl.....	66	amlodipine-olmesartan....	39	aranelle.....	75
ALPHAGAN P.....	93	amlodipine-valsartan-		ARAVA.....	82
alprazolam.....	37	hctz.....	39	ARAZLO.....	52
alprazolam er.....	37	ammonium lactate.....	52	ARCALYST.....	82
alprazolam intensol.....	37	amnesteem.....	52	arformoterol tartrate.....	98
alprazolam xr.....	37	amoxapine.....	19	ARICEPT.....	18
ALREX.....	92	amoxicillin.....	12	ARIKAYCE.....	12
ALTACE.....	39	amoxicillin-potassium		ARIMIDEX.....	25
altafrin.....	94	clavulanate.....	12	aripiprazole.....	33
altavera.....	75	amoxicillin-potassium		ARIXTRA.....	15
ALTOPREV.....	39	clavulanate er.....	12	armodafinil.....	103
ALTRENO.....	52	amphetamine sulfate.....	46	ARMOUR THYROID.....	80
ALUMINUM CHLORIDE		amphetamine-		ARNUITY ELLIPTA.....	98
ANHYDROUS.....	52	dextroamphetamine.....	46	AROMASIN.....	25
ALUMINUM CHLORIDE		amphetamine-		ARTHROTEC.....	8
HEXAHYDRATE.....	52	dextroamphetamine er....	46	ascomp-codeine.....	6
ALUNBRIG.....	25	amphet-dextroamphet 3-		asenapine maleate.....	33
ALVAIZ.....	38	bead er.....	46	ashlyna.....	75
ALVESCO.....	98	ampicillin.....	12	ASMANEX (120	
alvimopan.....	66	AMPYRA.....	47	METERED DOSES).....	98
alyacen 1/35.....	75	AMRIX.....	102	ASMANEX (30	
alyacen 7/7/7.....	75	AMZEEQ.....	52	METERED DOSES).....	98
alyq.....	102	ANAFRANIL.....	19	ASMANEX (60	
amantadine hcl.....	31	anagrelide hcl.....	38	METERED DOSES).....	98
AMBIEN.....	103	ANAPROX DS.....	8	ASMANEX HFA.....	98
AMBIEN CR.....	103	ANASPAZ.....	66	ASPARTAME (FOR	
ambrisentan.....	102	anastrozole.....	25	COMPOUNDING).....	90
amcinonide.....	52	ANCOBON.....	22	ASPARTAME	
amethyst.....	75	ANDROGEL PUMP.....	72	(NUTRASWEET).....	90
amiloride hcl.....	39	ANGELIQ.....	75	aspirin.....	8
amiloride-		ANNOVERA.....	75	aspirin 81.....	8
hydrochlorothiazide.....	39	ANORO ELLIPTA.....	98	aspirin adult low dose.....	8
aminocaproic acid.....	38	ANUSOL-HC.....	88	aspirin adult low strength...	8
amiodarone hcl.....	39	ANZEMET.....	21	aspirin childrens.....	8
AMITIZA.....	66	APADAZ.....	6	aspirin ec adult low dose...	8
amitriptyline hcl.....	19	APIDRA SOLOSTAR.....	60	aspirin ec low dose.....	8

aspirin ec low strength.....	8	azathioprine.....	82	BENZHYDROCODONE-	
aspirin low dose.....	8	azelaic acid.....	52	ACETAMINOPHEN.....	6
aspirin regimen.....	8	azelastine hcl.....	92, 96	BENZNIDAZOLE.....	31
aspirin-dipyridamole er....	32	azelastine-fluticasone.....	96	benzonatate.....	96
ASPRUZYO SPRINKLE..	39	AZELEX.....	52	benzoyl peroxide-	
ASTAGRAF XL.....	82	AZILECT.....	31	erythromycin.....	52
ATACAND.....	39	azithromycin.....	12	benztropine mesylate.....	31
ATACAND HCT.....	39	AZMIRO.....	73	bepotastine besilate.....	92
atazanavir sulfate.....	35	AZOPT.....	93	BEPREVE.....	92
ATELVIA.....	89	AZOR.....	39	BESIVANCE.....	92
atenolol.....	39	AZSTARYS.....	46	BESREMI.....	26
atenolol-chlorthalidone....	39	AZULFIDINE.....	88	BETADINE	
ATIVAN.....	37	AZULFIDINE EN-TABS...	88	OPHTHALMIC PREP.....	92
atomoxetine hcl.....	46	azurette.....	75	betaine.....	69
ATORVALIQ.....	39	B & C.....	52	betamethasone	
atorvastatin calcium.....	39	bac (butalbital-acetamin-		dipropionate.....	52
atovaquone.....	30	caff).....	6	betamethasone	
atovaquone-proguanil hcl	31	bacitracin.....	92	dipropionate aug.....	52
ATRALIN.....	52	bacitracin-polymyxin b....	95	betamethasone valerate..	52
atropine sulfate.....	95	bacitra-neomycin-		BETAPACE.....	40
ATROVENT HFA.....	98	polymyxin-hc.....	95	BETAPACE AF.....	40
AUBAGIO.....	48	BACLOFEN.....	103	BETASERON.....	48
aubra eq.....	75	baclofen.....	103	betaxolol hcl.....	40, 93
AUGMENTIN.....	12	BACTRIM.....	12	bethanechol chloride.....	70
AUGMENTIN ES-600.....	12	BACTRIM DS.....	12	BETHKIS.....	101
AUGTYRO.....	25	BAFIERTAM.....	48	BETIMOL.....	93
AURANOFIN.....	82	BALCOLTRA.....	75	BETOPTIC-S.....	93
aurovela 1.5/30.....	75	balsalazide disodium.....	88	BEVESPI	
aurovela 1/20.....	75	balsam peru-castor oil....	52	AEROSPHERE.....	98
aurovela 24 fe.....	75	BALVERSA.....	25	BEXAGLIFLOZIN.....	57
aurovela fe 1.5/30.....	75	balziva.....	75	bexarotene.....	26
aurovela fe 1/20.....	75	BANZEL.....	16	BEYAZ.....	75
AURYXIA.....	70	BAQSIMI ONE PACK.....	60	bicalutamide.....	26
AUSTEDO.....	49	BAQSIMI TWO PACK.....	60	BIDIL.....	40
AUSTEDO XR.....	49	BARACLUDE.....	35	BIJUVA.....	75
AUSTEDO XR PATIENT		BASAGLAR KWIKPEN...	61	BIKTARVY.....	35
TITRATION.....	49	BASAGLAR TEMPO		BILTRICIDE.....	31
AUVELITY.....	19	PEN.....	61	bimatoprost.....	93
AUVI-Q.....	98	BAXDELA.....	12	BIMZELX.....	82
AVALIDE.....	39	BELBUCA.....	6	BINOSTO.....	89
AVAPRO.....	39	BELSOMRA.....	103	bis subcit-metronid-	
aviane.....	75	benazepril hcl.....	39	tetracyc.....	66
AVIDOXY.....	12	benazepril-		BISACODYL.....	66
AVODART.....	71	hydrochlorothiazide.....	39	bisacodyl ec.....	66
AVONEX PEN.....	48	BENICAR.....	40	bismuth/metronidaz/tetra	
AVONEX PREFILLED....	48	BENICAR HCT.....	40	cyclin.....	66
ayuna.....	75	BENLYSTA.....	82	bisoprolol fumarate.....	40
AYVAKIT.....	25	benzalkonium chloride....	12	bisoprolol-	
AZASAN.....	82	BENZAMYCIN.....	52	hydrochlorothiazide.....	40
AZASITE.....	92			blisovi 24 fe.....	75

blisovi fe 1.5/30.....	75	buprenorphine hcl-		CALCIUM PHOSPHATE	
blisovi fe 1/20.....	75	naloxone hcl.....	11	TRIBASIC.....	62
bosentan.....	102	bupropion hcl.....	19	CALQUENCE.....	26
BOSULIF.....	26	bupropion hcl er		CAMBIA.....	24
BPCO.....	52	(smoking det).....	11	camila.....	75
BRAFTOVI.....	26	bupropion hcl er (sr).....	19	camrese.....	75
BREATHE EASE		bupropion hcl er (xl).....	19	camrese lo.....	75
LARGE.....	90	BUPROPION HCL ER		CAMZYOS.....	40
BREATHE EASE		(XL).....	19	CANASA.....	88
MEDIUM.....	90	buspirone hcl.....	37	candesartan cilexetil.....	40
BREATHE EASE SMALL	90	butalbital-acetaminophen...6		candesartan cilexetil-hctz	40
BREATHERITE VALVED		butalbital-apap-caff-cod.....	6	capecitabine.....	26
MDI CHAMBER.....	90	butalbital-apap-caffeine.....	6	CAPHOSOL.....	50
BRENZAVVY.....	57	butalbital-asa-caff-		CAPLYTA.....	33
BREO ELLIPTA.....	98	codeine.....	6	CAPRELSA.....	26
BREXAFEMME.....	22	butalbital-aspirin-caffeine...6		captopril.....	40
breyna.....	98	butorphanol tartrate.....	6	captopril-	
BREZTRI		BUTRANS.....	6	hydrochlorothiazide.....	40
AEROSPHERE.....	99	BYLVAY.....	90	CARAFATE.....	65
briellyn.....	75	BYLVAY (PELLETS).....	90	CARBAGLU.....	62
BRILINTA.....	32	BYSTOLIC.....	40	carbamazepine.....	16
brimonidine tartrate.....	94	cabergoline.....	73	carbamazepine er.....	16
brimonidine tartrate-		CABLIVI.....	32	CARBATROL.....	16
timolol.....	94	CABOMETYX.....	26	carbidopa.....	31
brinzolamide.....	94	CABTREGO.....	52	carbidopa-levodopa.....	31
BRIVIACT.....	16	CADUET.....	40	carbidopa-levodopa er.....	31
BROMELAIN.....	90	caffeine citrate.....	49	carbidopa-levodopa-	
bromfenac sodium.....	92	CALAMINE.....	52	entacapone.....	32
bromfenac sodium		CALCIFOL.....	62	carbinoxamine maleate...96	
(once-daily).....	92	calcipotriene.....	52	CARBINOXAMINE	
bromocriptine mesylate...31		CALCIPOTRIENE.....	52	MALEATE ER.....	96
bromphen-pseudoeph-		calcipotriene-betameth		CARDIZEM.....	40
dm.....	96	diprop.....	52	CARDIZEM CD.....	40
BROMSITE.....	92	calcitonin (salmon).....	89	CARDIZEM LA.....	40
BRONCHITOL.....	101	CALCITRENE.....	52	CARDURA.....	40
BRONCHITOL		calcitriol.....	52, 89	CARDURA XL.....	71
TOLERANCE TEST.....	101	calcium acetate.....	70	carglumic acid.....	63
BROVANA.....	99	calcium acetate (phos		carisoprodol.....	103
BRUKINSA.....	26	binder).....	70	CARNITOR.....	63
BRYHALI.....	52	CALCIUM CHLORIDE		CARNITOR SF.....	63
budesonide.....	88, 99	DIHYDRATE.....	62	CAROSPIR.....	40
budesonide er.....	88	CALCIUM GLUCONATE.....	62	carteolol hcl.....	94
budesonide-formoterol		CALCIUM GLUCONATE		cartia xt.....	40
fumarate.....	99	ANHYDROUS.....	62	carvedilol.....	40
bumetanide.....	40	CALCIUM GLUCONATE		carvedilol phosphate er...40	
BUMEX.....	40	MONOHYDRATE.....	62	CASODEX.....	26
BUPHENYL.....	69	CALCIUM LACTATE		CATAPRES-TTS-1.....	40
buprenorphine.....	6	PENTAHYDRATE.....	62	CATAPRES-TTS-2.....	40
buprenorphine hcl.....	11	CALCIUM PHOSPHATE		CATAPRES-TTS-3.....	40
		DIBASIC.....	62	CAYSTON.....	101

cefacloer.....	12	cimetidine hcl.....	65	CLOBEX SPRAY.....	53
cefacloer er.....	12	CIMZIA (2 SYRINGE).....	82	clocortolone pivalate.....	53
cefadroxil.....	12	CIMZIA-STARTER.....	82	clodan.....	53
cefdinir.....	12	cinacalcet hcl.....	89	CLODERM.....	53
cefixime.....	12	CIPRO.....	13	clomipramine hcl.....	19
cefepodoxime proxetil.....	12	CIPRO HC.....	95	clonazepam.....	37
cefprozil.....	12	ciprofloxacin hcl... 13, 92, 95		clonidine.....	40
cefuroxime axetil.....	12	ciprofloxacin-		CLONIDINE ER.....	40
CELEBREX.....	8, 9	dexamethasone.....	95	clonidine hcl.....	40
celecoxib.....	9	CIPROFLOXACIN-		clonidine hcl er.....	46
CELEXA.....	19	FLUOCINOLONE PF.....	95	clopidogrel bisulfate.....	32
CELLCEPT.....	82	CITALOPRAM		clorazepate dipotassium..	38
CELONTIN.....	16	HYDROBROMIDE.....	19	clotrimazole.....	22
cephalexin.....	12, 13	citalopram hydrobromide..	19	CLOTRIMAZOLE.....	22
CEQUA.....	95	citroma.....	66	clotrimazole-	
CERDELGA.....	69	claravis.....	52	betamethasone.....	22
cetirizine hcl.....	96	CLARINEX.....	96	clozapine.....	33
CETRAXAL.....	95	CLARINEX-D 12 HOUR..	96	CLOZARIL.....	33
CETYLCIDE-G.....	90	clarithromycin.....	13	coal tar.....	53
cevimeline hcl.....	50	clarithromycin er.....	13	COARTEM.....	31
CHARCOAL		clearlax.....	66	COBENFY.....	33
ACTIVATED.....	90	clemastine fumarate.....	96	COBENFY STARTER	
charlotte 24 fe.....	75	CLENPIQ.....	66	PACK.....	33
chateal eq.....	75	CLEOCIN.....	13	codeine sulfate.....	6
CHEMET.....	63	CLEOCIN-T.....	52	COLAZAL.....	88
CHENODAL.....	66	CLEVER CHOICE		colchicine.....	23
chlordiazepoxide hcl.....	37	HOLDING CHAMBER.....	90	colchicine-probenecid.....	23
chlordiazepoxide-		CLIMARA.....	75	colesevelam hcl.....	40
amitriptyline.....	19	CLIMARA PRO.....	75	COLESTID.....	40
chlordiazepoxide-		clindacin.....	52	colestipol hcl.....	40
clidinium.....	66	clindacin etz.....	52	COMBIGAN.....	94
chlorhexidine gluconate... 50		clindacin-p.....	52	COMBIPATCH.....	75
chloroquine phosphate... 31		CLINDAGEL.....	52	COMBIVENT	
chlorpromazine hcl.....	33	clindamycin hcl.....	13	RESPIMAT.....	99
chlorthalidone.....	40	clindamycin palmitate hcl..	13	COMETRIQ.....	26
chlorzoxazone.....	103	clindamycin phosphate		COMPACT SPACE	
CHOLBAM.....	69	.....	13, 53	CHAMBER.....	90
cholestyramine.....	40	clindamycin phosphate-		COMPACT SPACE	
cholestyramine light.....	40	benzoyl peroxide.....	52	CHAMBER/LG MASK.....	90
CHOLINE BITARTRATE.. 63		clindamycin-tretinoin.....	53	COMPACT SPACE	
CIALIS.....	70	CLINDESSE.....	13	CHAMBER/MED MASK...90	
CIBINQO.....	52	CLINPRO 5000.....	50	COMPACT SPACE	
ciclodan.....	22	clobazam.....	16	CHAMBER/SM MASK.....	90
ciclopirox.....	22	CLOBETASOL		COMPLERA.....	35
CICLOPIROX OLAMINE.. 22		PROPIONATE.....	53, 92	COMPRO.....	21
ciclopirox olamine.....	22	clobetasol propionate.....	53	CONCERTA.....	46
cilostazol.....	32	clobetasol propionate e...53		CONDOMS.....	90
CILOXAN.....	92	clobetasol propionate		CONDYLOX.....	53
CIMDUO.....	35	emulsion.....	53	CONJUPRI.....	40
cimetidine.....	65	CLOBEX.....	53	constulose.....	66

CONZIP.....	6	CYLTEZO (2 PEN).....	82	DELZICOL.....	88
COPAXONE.....	48	CYLTEZO (2 SYRINGE)..	82	demeclocycline hcl.....	13
COPIKTRA.....	26	CYLTEZO-CD/UC/HS		DEM SER.....	41
CORDRAN.....	53	STARTER.....	83	DENAVIR.....	35
COREG.....	40	CYLTEZO-		DENTA 5000 PLUS.....	50
COREG CR.....	40	PSORIASIS/UV		DENTA 5000 PLUS	
CORLANOR.....	40, 41	STARTER.....	83	SENSITIVE.....	50
CORTEF.....	72	CYMBALTA.....	19	DENTAGEL.....	50
CORTENEMA.....	88	cyproheptadine hcl.....	96	DEPAKOTE.....	16
CORTIFOAM.....	88	cyred eq.....	75	DEPAKOTE ER.....	16
CORTISPORIN-TC.....	95	CYSTADANE.....	69	DEPAKOTE	
CORTROPHIN.....	73	CYSTADROPS.....	95	SPRINKLES.....	16
COSENTYX (300 MG		CYSTAGON.....	69	DEPEN TITRATABS.....	70
DOSE).....	82	CYSTARAN.....	95	DEPO-ESTRADIOL.....	75
COSENTYX 150 MG/ML.	82	CYTOMEL.....	80	DEPO-PROVERA.....	75
COSENTYX		CYTOTEC.....	65	DEPO-SUBQ PROVERA	
SENSOREADY (300		dabigatran etexilate		104.....	76
MG).....	82	mesylate.....	15	DEPO-	
COSENTYX		dalfampridine er.....	48	TESTOSTERONE.....	73
SENSOREADY PEN.....	82	DALIRESP.....	99	DERMA-SMOOTH/FS	
COSENTYX		danazol.....	73	BODY.....	53
UNOREADY.....	82	DANTRIUM.....	103	DERMA-SMOOTH/FS	
COSOPT.....	94	dantrolene sodium.....	103	SCALP.....	53
COSOPT PF.....	94	DANZITEN.....	26	DERMOTIC.....	95
COTELLIC.....	26	DAPAGLIFLOZIN PRO-		DESCOVY.....	35
COTEMPLA XR-ODT.....	46	METFORMIN ER.....	58	desipramine hcl.....	19
COXANTO.....	9	DAPAGLIFLOZIN		desloratadine.....	96
COZAAR.....	41	PROPANEDIOL.....	58	desmopressin ace spray	
CREON.....	69	dapsone.....	25, 53	refrig.....	73
CRESEMBA.....	22	DARAPRIM.....	31	desmopressin acetate.....	73
CRESTOR.....	41	darifenacin		desmopressin acetate	
CREXONT.....	32	hydrobromide er.....	70	spray.....	73
CRINONE.....	75	darunavir.....	35	desogestrel-ethinyl	
cromolyn sodium..	66, 92, 99	dasatinib.....	26	estradiol.....	76
CROTAN.....	31	dasetta 1/35 (28).....	75	desonide.....	53
cryselle-28.....	75	dasetta 7/7/7.....	75	DESOWEN.....	53
CTEXLI.....	66	DAYBUE.....	49	desoximetasone.....	53, 54
CUPRIMINE.....	70	DAYPRO.....	9	DESVENLAFAXINE ER...	19
CUVPOSA.....	66	daysee.....	75	desvenlafaxine succinate	
CUVRIOR.....	63	DAYTRANA.....	46	er.....	19
cyanocobalamin.....	63	DAYVIGO.....	103	DETROL.....	70
cyclobenzaprine hcl.....	103	DDAVP.....	73	DEXABLISS.....	72
cyclobenzaprine hcl er...	103	deblitane.....	75	dexamethasone.....	72
CYCLOGYL.....	95	deferasirox.....	63	dexamethasone intensol..	72
cyclopentolate hcl.....	95	deferasirox granules.....	63	dexamethasone sodium	
cyclophosphamide.....	26	deferiprone.....	63	phosphate.....	92
cycloserine.....	25	deflazacort.....	72	DEXCOM G6	
CYCLOSET.....	58	DELESTROGEN.....	75	RECEIVER.....	59
cyclosporine.....	82, 95	DELSTRIGO.....	35	DEXCOM G6 SENSOR...	59
cyclosporine modified.....	82	delyla.....	75		

DEXCOM G6 TRANSMITTER.....	59	dilt-xr.....	41	droxidopa.....	41
DEXCOM G7 RECEIVER.....	59	dimethyl fumarate.....	48	DRYSOL.....	54
DEXCOM G7 SENSOR...	59	dimethyl fumarate starter pack.....	48	DUAKLIR PRESSAIR.....	99
DEXEDRINE.....	46	DIOVAN.....	41	DUAVEE.....	76
DEXILANT.....	65	DIOVAN HCT.....	41	DUETACT.....	58
dexlansoprazole.....	65	DIPENTUM.....	88	DUEXIS.....	9
dexmethylphenidate hcl...	46	diphenoxylate-atropine....	67	DULERA.....	99
dexmethylphenidate hcl er.....	46	DIPROLENE.....	54	duloxetine hcl.....	19
dextroamphetamine sulfate.....	46	dipyridamole.....	32	DUOBRII.....	54
dextroamphetamine sulfate er.....	46	disopyramide phosphate..	41	DUPIXENT.....	54
DHIVY.....	32	disulfiram.....	11	DUREX EXTRA SENSITIVE THIN.....	90
DIACOMIT.....	16	DIURIL.....	41	DUREX TROPICAL.....	90
diazepam.....	16, 38	divalproex sodium.....	16	DUREZOL.....	92
diazepam intensol.....	38	divalproex sodium er.....	16	dutasteride.....	71
diazoxide.....	60	DIVIGEL.....	76	dutasteride-tamsulosin hcl.....	71
DIBENZYLINE.....	41	DL-ALANINE.....	63	DYANAVEL XR.....	46, 47
dichlorphenamide.....	94	DL-LEUCINE.....	63	DYMISTA.....	96
DICLOFENAC PATCH 1.3%.....	9	DL-METHIONINE.....	63	DYRENIUM.....	41
diclofenac potassium.....	9	DL-PHENYLALANINE....	63	E.E.S. 400.....	13
diclofenac potassium(migraine).....	24	dofetilide.....	41	E.E.S. GRANULES.....	13
diclofenac sodium..	9, 54, 92	DOJOLVI.....	90	EASIVENT.....	90
diclofenac sodium er.....	9	dolishale.....	76	EBGLYSS.....	54
diclofenac-misoprostol.....	9	DOLOBID.....	9	EC-NAPROSYN.....	9
dicloxacillin sodium.....	13	donepezil hcl.....	18	ec-naproxen.....	9
dicyclomine hcl.....	67	DOPTelet.....	38	econazole nitrate.....	22
DIFFERIN.....	54	DORYX MPC.....	13	econtra one-step.....	76
DIFICID.....	13	dorzolamide hcl.....	94	ECOZA.....	22
diflorasone diacetate.....	54	dorzolamide hcl-timolol mal.....	94	EDARBI.....	41
DIFLUCAN.....	22	dorzolamide hcl-timolol mal pf.....	94	EDARBYCLOR.....	41
diflunisal.....	9	dotti.....	76	EDECRIIN.....	41
difluprednate.....	92	DOVATO.....	35	EDLUAR.....	103
digoxin.....	41	doxazosin mesylate.....	41	EDURANT.....	35
dihydroergotamine mesylate.....	24	doxepin hcl.....	19, 54, 103	efavirenz.....	35
DILANTIN.....	16	doxercalciferol.....	89	efavirenz-emtricitab-tenofo df.....	35
DILANTIN INFATABS.....	16	doxycycline.....	54	efavirenz-lamivudine-tenofovir.....	35
DILANTIN-125.....	16	doxycycline hyclate.....	13	EFFER-K.....	63
DILAUDID.....	6	DOXYCYCLINE HYCLATE.....	13	effer-k.....	63
diltiazem hcl.....	41	doxycycline monohydrate.....	13	EFFEXOR XR.....	19
diltiazem hcl er.....	41	DRIZALMA SPRINKLE...	19	EFFIENT.....	32
diltiazem hcl er beads.....	41	dronabinol.....	21	EGRIFTA SV.....	73
diltiazem hcl er coated beads.....	41	drospiren-eth estrad-levomefol.....	76	ELEPSIA XR.....	16
		drospirenone-ethinyl estradiol.....	76	ELESTRIN.....	76
		DROXIA.....	26	eletriptan hydrobromide...	24
				ELIDEL.....	54
				ELIMITE.....	31
				elinest.....	76

ELIQUIS.....	15	EPIDUO FORTE.....	54	etonogestrel-ethinyl	
ELIQUIS DVT/PE		EPIFOAM.....	54	estradiol.....	76
STARTER PACK.....	15	epinastine hcl.....	92	etoposide.....	26
elixophyllin.....	99	epinephrine.....	99	etravirine.....	35
ELLA.....	76	EPIPEN 2-PAK.....	99	EUCRISA.....	54
ELMIRON.....	70	EPIPEN JR 2-PAK.....	99	EULEXIN.....	26
eluryng.....	76	epitol.....	16	euthyrox.....	80
ELYXYB.....	9	EPIVIR.....	35	EVAMIST.....	76
EMEND.....	21	eplerenone.....	41	EVEKEO.....	47
EMEND BIPACK.....	21	EPRONTIA.....	16	everolimus.....	26, 83
EMEND TRIPACK.....	21	EPSOLAY.....	54	EVERSENSE 365	
EMFLAZA.....	72	EQUETRO.....	38	SENSOR/HOLDER.....	59
EMGALITY.....	24	ERGOMAR.....	24	EVERSENSE 365	
EMROSI.....	54	ergotamine-caffeine.....	24	SMART TRANSMIT.....	59
EMSAM.....	19	ERIVEDGE.....	26	EVERSENSE	
emtricitabine.....	35	ERLEADA.....	26	SENSOR/HOLDER.....	59
emtricitabine-tenofovir df.	35	erlotinib hcl.....	26	EVERSENSE SMART	
EMTRIVA.....	35	ERMEZA.....	80	TRANSMITTER.....	60
EMVERM.....	31	errin.....	76	EVISTA.....	74
emzahn.....	76	ERTACZO.....	22	EVOTAZ.....	35
enalapril maleate.....	41	ery pad 2%.....	54	EVOXAC.....	50
enalapril-		ERYGEL.....	54	EVRYSDI.....	69
hydrochlorothiazide.....	41	ERYPED 400.....	13	EXELDERM.....	22
ENBREL.....	83	erythromycin.....	13, 54, 92	EXELON.....	18
ENBREL MINI.....	83	erythromycin base.....	13	exemestane.....	26
ENBREL SURECLICK.....	83	erythromycin		EXFORGE.....	41
ENCARE.....	90	ethylsuccinate.....	13	EXFORGE HCT.....	41
ENDARI.....	90	ESBRIET.....	99	EXJADE.....	63
endocet.....	6	escitalopram oxalate.....	20	EYSUVIS.....	92
ENDOMETRIN.....	76	ESGIC.....	6	EZALLOR SPRINKLE.....	41
enilloring.....	76	esomeprazole		ezetimibe.....	41
ENLITE GLUCOSE		magnesium.....	65	ezetimibe-simvastatin.....	41
SENSOR.....	59	estarylla.....	76	FABHALTA.....	38
enoxaparin sodium.....	15	estazolam.....	38	FABIOR.....	54
enpresse-28.....	76	ESTRACE.....	76	falmina.....	76
enskyce.....	76	estradiol.....	76	famciclovir.....	35
ENSPRYNG.....	83	estradiol valerate.....	76	famotidine.....	65
ENSTILAR.....	54	estradiol-norethindrone		FANAPT.....	33
entacapone.....	32	acet.....	76	FANAPT TITRATION	
ENTADFI.....	70	ESTRING.....	76	PACK.....	33
entecavir.....	35	ESTROGEL.....	76	FARESTON.....	26
ENTRESTO.....	41	eszopiclone.....	103	FARXIGA.....	58
ENTYVIO PEN.....	83	ethacrynic acid.....	41	FASENRA PEN.....	99
enulose.....	67	ethambutol hcl.....	25	FC2 FEMALE CONDOM.	90
ENVARUSUS XR.....	83	ethosuximide.....	16	febuxostat.....	23
EOHILIA.....	88	ethyl chloride.....	11	feirza 1.5/30.....	76
EPANED.....	41	ethynodiol diac-eth		feirza 1/20.....	76
EPCLUSA.....	35	estradiol.....	76	felbamate.....	16
EPIDIOLEX.....	16	etodolac.....	9	FELBATOL.....	16
EPIDUO.....	54	etodolac er.....	9	felodipine er.....	41



FEMARA.....	26	fluocinonide.....	54	fosinopril sodium-hctz.....	42
FEMLYV.....	76	fluocinonide emulsified		FOSRENOL.....	71
FEMRING.....	76	base.....	54	FOTIVDA.....	26
fenofibrate.....	41, 42	FLUORIDEX.....	50	FRAGMIN.....	15
fenofibrate micronized....	41	FLUORIDEX		FRAICHE 5000 DENTAL.	50
fenofibric acid.....	42	ENHANCED		FREESTYLE LIBRE 14	
fenopropfen calcium.....	9	WHITENING.....	50	DAY READER.....	60
FENOPRON.....	9	FLUORIMAX 5000.....	50	FREESTYLE LIBRE 14	
fentanyl.....	6	FLUORIMAX 5000		DAY SENSOR.....	60
FERRIC CITRATE.....	70	SENSITIVE.....	50	FREESTYLE LIBRE 2	
FERRIPROX.....	63	fluorometholone.....	92	PLUS SENSOR.....	60
FERRIPROX TWICE-A-		fluorouracil.....	54	FREESTYLE LIBRE 2	
DAY.....	63	fluoxetine hcl.....	20	READER.....	60
fesoterodine fumarate er..	71	fluoxetine hcl (pmdd).....	20	FREESTYLE LIBRE 2	
FETZIMA.....	20	fluphenazine hcl.....	33	SENSOR.....	60
FETZIMA TITRATION.....	20	flurandrenolide.....	54	FREESTYLE LIBRE 3	
FIASP.....	61	flurazepam hcl.....	103	PLUS SENSOR.....	60
FIASP FLEXTOUCH.....	61	flurbiprofen.....	9	FREESTYLE LIBRE 3	
FIASP PENFILL.....	61	flurbiprofen sodium.....	92	READER.....	60
FIASP PUMPCART.....	61	FLUTICASONE		FREESTYLE LIBRE 3	
FILSPARI.....	71	FUROATE-		SENSOR.....	60
FILSUVEZ.....	54	VILANTEROL.....	99	FREESTYLE LIBRE	
FINACEA.....	54	fluticasone propionate	55, 96	READER.....	60
finasteride.....	71	FLUTICASONE		FROVA.....	24
fingolimod hcl.....	48	PROPIONATE DISKUS...	99	frovatriptan succinate.....	24
FINTEPLA.....	16	FLUTICASONE		FRUZAQLA.....	26
finzala.....	76	PROPIONATE HFA.....	99	ft aspirin.....	9
FIORICET.....	6	FLUTICASONE-		ft aspirin low dose.....	9
FIORICET/CODEINE.....	6	SALMETEROL.....	99	ft clearlax.....	67
FIRAZYR.....	83	fluticasone-salmeterol.....	99	ft enteric coated aspirin.....	9
FIRDAPSE.....	90	fluvastatin sodium.....	42	ft folic acid.....	63
FIRVANQ.....	13	fluvastatin sodium er.....	42	ft laxative.....	67
flac.....	95	fluvoxamine maleate.....	20	ft magnesium citrate.....	67
FLAREX.....	92	fluvoxamine maleate er...	20	ft nicotine.....	11
flavoxate hcl.....	71	FML FORTE.....	92	ft nicotine mini.....	11
flecainide acetate.....	42	FML LIQUIFILM.....	92	ft prenatal.....	63
FLECTOR.....	9	FOCALIN.....	47	FULPHILA.....	38
FLEQSUVY.....	103	FOCALIN XR.....	47	FUROSCIX.....	42
FLEXICHAMBER.....	90	folate.....	63	furosemide.....	42
FLOLIPID.....	42	folic acid.....	63	FUZEON.....	35
fluconazole.....	22	fondaparinux sodium.....	15	fyavolv.....	76
flucytosine.....	22	FORFIVO XL.....	20	FYCOMPA.....	16
fludrocortisone acetate....	72	formaldehyde.....	90	FYLNETRA.....	38
flunisolide.....	96	formoterol fumarate.....	99	gabapentin.....	16
fluocinolone acetonide		FORTEO.....	89	gabapentin (once-daily)...	49
.....	54, 95	FOSAMAX.....	89	GABARONE.....	16
fluocinolone acetonide		FOSAMAX PLUS D.....	89	GALAFOLD.....	69
body.....	54	fosamprenavir calcium....	35	galantamine	
fluocinolone acetonide		fosfomycin tromethamine.	13	hydrobromide.....	18
scalp.....	54	fosinopril sodium.....	42		

galantamine	GLYCATE.....	67	halobetasol propionate....	55
hydrobromide er.....	glycolax.....	67	haloette.....	76
gallifrey.....	glycopyrrolate.....	67	HALOG.....	55
GALZIN.....	GLYCOPYRROLATE.....	67	haloperidol.....	33
GASTROCROM.....	glydo.....	11	haloperidol lactate.....	33
gatifloxacin.....	GLYXAMBI.....	58	HARVONI.....	35
GATTEX.....	GOCOVRI.....	32	heather.....	77
gavilax.....	GOLYTELY.....	67	HELIDAC THERAPY.....	67
gavilyte-c.....	goodsense aspirin.....	9	HEMADY.....	72
gavilyte-g.....	goodsense aspirin low		HEMANGEOL.....	42
gavilyte-n with flavor	dose.....	9	heparin sodium (porcine). 15	
pack.....	goodsense lansoprazole..	65	heparin sodium (porcine)	
GAVRETO.....	goodsense nicotine.....	11	pf.....	15
GEBAUERS PAIN EASE. 11	GORDOFILM.....	55	her style.....	77
GEBAUERS SPRAY	GRALISE.....	49	HETLIOZ.....	103
AND STRETCH.....	granisetron hcl.....	21	HETLIOZ LQ.....	103
gefitinib.....	GRASTEK.....	90	HIDEX 6-DAY.....	72
gemfibrozil.....	griseofulvin microsize.....	22	HIPREX.....	14
gemmily.....	griseofulvin		HORIZANT.....	49
GEMTESA.....	ultramicrosize.....	22	HULIO (2 PEN).....	83
generlac.....	guaifenesin-codeine.....	96	HULIO (2 SYRINGE).....	83
gengraf.....	guanfacine hcl.....	42	HUMALOG.....	61
GENOTROPIN.....	guanfacine hcl er.....	47	HUMALOG KWIKPEN.....	61
GENOTROPIN	GUARDIAN 4		HUMALOG MIX 50/50	
MINIQUICK.....	GLUCOSE SENSOR.....	60	KWIKPEN.....	61
gentamicin sulfate.....	GUARDIAN 4		HUMALOG MIX 75/25	
gentle laxative.....	TRANSMITTER.....	60	KWIKPEN.....	61
genuine aspirin.....	GUARDIAN CONNECT		HUMALOG MIX 75/25	
GENVOYA.....	TRANSMITTER.....	60	VIAL.....	61
GEODON.....	GUARDIAN LINK 3		HUMALOG TEMPO PEN 61	
GILENYA.....	TRANSMITTER.....	60	HUMALOG U-100	
GILOTRIF.....	GUARDIAN SENSOR 3...60		JUNIOR KWIKPEN.....	61
GIMOTI.....	GVOKE HYPOPEN 1-		HUMATROPE.....	73
glatiramer acetate.....	PACK.....	60	HUMIRA (2 PEN).....	83
glatopa.....	GVOKE HYPOPEN 2-		HUMIRA (2 SYRINGE)....	84
GLEEVEC.....	PACK.....	60	HUMIRA-CD/UC/HS	
GLEOSTINE.....	GVOKE KIT.....	60	STARTER.....	84
glimepiride.....	GVOKE PFS.....	60	HUMIRA-	
glipizide er.....	GYNAZOLE-1.....	22	PSORIASIS/UEVIT	
glipizide ir.....	habitrol.....	11	STARTER.....	84
glipizide-metformin hcl....	HADLIMA.....	83	HUMULIN 70/30	
GLOPERBA.....	HADLIMA PUSHTOUCH. 83		KWIKPEN.....	61
glucagon emergency kit...60	HAEGARDA.....	83	HUMULIN 70/30 VIAL.....	61
GLUCAGON	hailey 1.5/30.....	76	HUMULIN N KWIKPEN... 61	
EMERGENCY KIT.....	hailey 24 fe.....	76	HUMULIN N VIAL.....	61
GLUCOTROL XL.....	hailey fe 1.5/30.....	76	HUMULIN R U-500	
glutaraldehyde.....	hailey fe 1/20.....	76	KWIKPEN.....	61
glyburide.....	halcinonide.....	55	HUMULIN R U-500 VIAL. 61	
glyburide micronized.....	HALCINONIDE.....	55	HUMULIN R VIAL.....	61
glyburide-metformin.....	HALCION.....	38	HYCAMTIN.....	27

HYCODAN.....	96	icatibant acetate.....	84	INSULIN ASPART	
hydralazine hcl.....	42	iclevia.....	77	PROT & ASPART.....	61
HYDREA.....	27	ICLUSIG.....	27	INSULIN DEGLUDEC.....	61
hydrochlorothiazide.....	42	icosapent ethyl.....	42	INSULIN DEGLUDEC	
hydrocod poli-chlorphe		IDHIFA.....	27	FLEXTOUCH.....	61
poli er.....	96	ILEVRO.....	92	INSULIN GLARGINE	
hydrocodone bitartrate er...6		imatinib mesylate.....	27	MAX SOLOSTAR.....	61
hydrocodone bit-		IMBRUVICA.....	27	INSULIN GLARGINE	
homatrop mbr.....	96	IMCIVREE.....	49	SOLOSTAR.....	61
hydrocodone-		imipramine hcl.....	20	INSULIN GLARGINE-	
acetaminophen.....	6	imipramine pamoate.....	20	YFGN.....	61
hydrocodone-ibuprofen.....	7	imiquimod.....	55	INSULIN LISPRO.....	61
hydrocortisone.....	55, 72, 88	imiquimod pump.....	55	INSULIN LISPRO (1	
HYDROCORTISONE.....	55	IMITREX.....	24	UNIT DIAL).....	61
hydrocortisone (perianal).....	88	IMITREX STATDOSE		INSULIN LISPRO	
hydrocortisone butyrate...55		REFILL.....	24	JUNIOR KWIKPEN.....	61
hydrocortisone valerate...55		IMITREX STATDOSE		INSULIN LISPRO PROT	
hydrocortisone-acetic		SYSTEM.....	24	& LISPRO.....	61
acid.....	95	IMKELDI.....	27	INTELENCE.....	35
hydrogen peroxide.....	14	IMPAVIDO.....	31	INTRAROSA.....	71
hydromet.....	96	IMPOYZ.....	55	introvale.....	77
hydromorphone hcl.....	7	IMURAN.....	84	INTUNIV.....	47
hydromorphone hcl er.....	7	IMVEXXY		INVEGA.....	33
hydroxychloroquine		MAINTENANCE PACK...77		INVELTYS.....	92
sulfate.....	31	IMVEXXY STARTER		INVOKAMET.....	58
hydroxyurea.....	27	PACK.....	77	INVOKAMET XR.....	58
hydroxyzine hcl.....	38	INBRIJA.....	32	INVOKANA.....	58
hydroxyzine pamoate.....	38	incassia.....	77	iodine strong.....	63
HYFTOR.....	55	INCRELEX.....	73	IOPIDINE.....	94
hyoscyamine sulfate.....	67	INCRUSE ELLIPTA.....	100	ipratropium bromide.....	96, 100
hyoscyamine sulfate er...67		indapamide.....	42	ipratropium-albuterol.....	100
HYPERSAL.....	96	INDERAL LA.....	42	irbesartan.....	42
HYRIMOZ.....	84	INDERAL XL.....	42	irbesartan-	
HYRIMOZ-CROHNS/UC		INDOCIN.....	9	hydrochlorothiazide.....	42
STARTER.....	84	indomethacin.....	9	IRESSA.....	27
HYRIMOZ-PED<40KG		indomethacin er.....	9	ISENTRESS.....	35
CROHN STARTER.....	84	INGREZZA.....	49	ISENTRESS HD.....	35
HYRIMOZ-PED>/=40KG		INLYTA.....	27	isibloom.....	77
CROHN START.....	84	INNOPRAN XL.....	42	isoniazid.....	25
HYRIMOZ-PLAQ		INPEFA.....	42	ISORDIL TITRADOSE.....	42
PSOR/UEVIT START.....	84	INQOVI.....	27	isosorb dinitrate-	
HYRIMOZ-PLAQUE		INREBIC.....	27	hydralazine.....	42
PSORIASIS START.....	84	INSPIRA.....	42	isosorbide dinitrate.....	42
HYSINGLA ER.....	7	INSULIN ASP PROT &		isosorbide mononitrate....	42
HYZAAR.....	42	ASP FLEXPEN.....	61	isosorbide mononitrate	
ibandronate sodium.....	89	INSULIN ASPART.....	61	er.....	42
IBRANCE.....	27	INSULIN ASPART		isotretinoin.....	55
IBSRELA.....	67	FLEXPEN.....	61	isradipine.....	42
ibuprofen.....	9	INSULIN ASPART		ISTALOL.....	94
ibuprofen-famotidine.....	9	PENFILL.....	61	ISTURISA.....	73

ITOVEBI.....	27	kelnor 1/35.....	77	lactic acid e.....	55
itraconazole.....	22	kelnor 1/50.....	77	lactulose.....	67
ivabradine hcl.....	42	KEPPRA.....	16	lactulose	
ivermectin.....	31, 55	KEPPRA XR.....	16	encephalopathy.....	67
IWILFIN.....	90	KERALYT.....	55	L-ALANINE.....	63
IYUZEH.....	94	KERENDIA.....	90	LAMICTAL.....	17
JADENU.....	63	KESIMPTA.....	48	LAMICTAL ODT.....	17
JADENU SPRINKLE.....	63	ketoconazole.....	22	LAMICTAL STARTER.....	17
jaimiess.....	77	ketodan.....	22	LAMICTAL XR.....	17
JAKAFI.....	27	ketoprofen.....	9	lamivudine.....	35
JALYN.....	71	ketoprofen er.....	9	lamivudine-zidovudine.....	36
jantoven.....	15	ketorolac tromethamine		lamotrigine.....	17
JANUMET.....	58	.....	9, 10, 92	lamotrigine er.....	17
JANUMET XR.....	58	KEVEYIS.....	94	lamotrigine starter kit-	
JANUVIA.....	58	KEVZARA.....	84	blue.....	17
JARDIANCE.....	58	KINERET.....	85	lamotrigine starter kit-	
jasmiel.....	77	KIONEX.....	63	green.....	17
JATENZO.....	73	KIPROFEN.....	10	lamotrigine starter kit-	
JAVYGTOR.....	69	KISQALI (200 MG		orange.....	17
JAYPIRCA.....	27	DOSE).....	27	LAMPIT.....	31
jencycla.....	77	KISQALI (400 MG		LANOXIN.....	42
JENTADUETO.....	58	DOSE).....	27	lansoprazole.....	65
JENTADUETO XR.....	58	KISQALI (600 MG		lanthanum carbonate.....	71
JESDUVROQ.....	38	DOSE).....	27	LANTUS SOLOSTAR.....	61
jinteli.....	77	KITABIS PAK (W/		LANTUS U-100 VIAL.....	61
JOENJA.....	84	NEBULIZER).....	101	lapatinib ditosylate.....	27
jolessa.....	77	KLARON.....	55	L-ARGININE.....	63
JORNAY PM.....	47	klayesta.....	22	larin 1.5/30.....	77
joyeaux.....	77	KLISYRI (250 MG).....	55	larin 1/20.....	77
JUBLIA.....	22	KLISYRI (350 MG).....	55	larin 24 fe.....	77
juleber.....	77	KLONOPIN.....	38	larin fe 1.5/30.....	77
JULUCA.....	35	klor-con.....	63	larin fe 1/20.....	77
junel 1.5/30.....	77	klor-con 10.....	63	LASIX.....	42
junel 1/20.....	77	klor-con m10.....	63	LASTACRAFT.....	95
junel fe 1.5/30.....	77	klor-con m15.....	63	latanoprost.....	94
junel fe 1/20.....	77	klor-con m20.....	63	LATUDA.....	33
junel fe 24.....	77	KLOXXADO.....	11	layolis fe.....	77
JUST RIGHT 5000.....	50	KONVOMEPE.....	65	LAZCLUZE.....	27
JUXTAPID.....	42	KORLYM.....	74	L-CYSTINE.....	63
JYLAMVO.....	84	KOSELUGO.....	27	LEDIPASVIR-	
JYNARQUE.....	63	KOURZEQ.....	50	SOFOSBUVIR.....	36
kaitlib fe.....	77	KRAZATI.....	27	leena.....	77
KALETRA.....	35	KRINTAFEL.....	31	leflunomide.....	85
kalliga.....	77	KRISTALOSE.....	67	lenalidomide.....	27
KALYDECO.....	101	kurvelo.....	77	LENVIMA.....	27
KAPSPARGO		KUVAN.....	69	LESCOL XL.....	42
SPRINKLE.....	42	KYZATREX.....	73	lessina.....	77
KARBINAL ER.....	96	labetalol hcl.....	42	LETAIRIS.....	102
kariva.....	77	lacosamide.....	16, 17	letrozole.....	27
KATERZIA.....	42	lactic acid.....	55	leucovorin calcium.....	27

LEUKERAN.....	27	lidocaine-prilocaine.....	11	losartan potassium.....	43
levabuterol hcl.....	100	LIDOCAN.....	11	losartan potassium-hctz...	43
LEVALBUTEROL HFA..	100	LIDODERM.....	11	LOTEMAX.....	92
LEVAMLODIPINE		LIKMEZ.....	14	LOTEMAX SM.....	92
MALEATE.....	42	linezolid.....	14	LOTENSIN.....	43
levetiracetam.....	17	LINZESS.....	67	LOTENSIN HCT.....	43
levetiracetam er.....	17	liothyronine sodium.....	80	loteprednol etabonate.....	92
levobunolol hcl.....	94	LIPITOR.....	42	LOTREL.....	43
levocarnitine.....	63	LIPOFEN.....	43	LOTRONEX.....	67
levocarnitine sf.....	63	liraglutide.....	58	lovastatin.....	43
levocetirizine		lisdexamfetamine		LOVAZA.....	43
dihydrochloride.....	96	dimesylate.....	47	LOVENOX.....	15
levofloxacin.....	14, 92	lisinopril.....	43	low-ogestrel.....	77
levonest.....	77	lisinopril-		loxapine succinate.....	33
levonorgest-eth est & eth		hydrochlorothiazide.....	43	lo-zumandimine.....	77
est.....	77	L-ISOLEUCINE.....	64	L-PHENYLALANINE.....	64
levonorgest-eth estrad		LITFULO.....	55	L-PROLINE.....	64
91-day.....	77	lithium.....	38	L-TYROSINE.....	64
levonorgest-eth		lithium carbonate.....	38	lubiprostone.....	67
estradiol-iron.....	77	lithium carbonate er.....	38	LUCEMYRA.....	11
levonorgestrel.....	77	LITHOBID.....	38	LULICONAZOLE.....	23
levonorgestrel-ethinyl		LITHOSTAT.....	71	LUMAKRAS.....	28
estrad.....	77	LIVALO.....	43	LUMIGAN.....	94
levonorg-eth estrad		LIVMARLI.....	90	LUMRYZ.....	103
triphasic.....	77	LIVTENCITY.....	36	LUMRYZ STARTER	
levora 0.15/30 (28).....	77	L-LEUCINE.....	64	PACK.....	103
levorphanol tartrate.....	7	L-METHIONINE.....	64	LUNESTA.....	103
levo-t.....	80	LO LOESTRIN FE.....	77	LUPKYNIS.....	85
LEVOTHYROXINE		LOCOID.....	55	lurasidone hcl.....	33
SODIUM.....	80	LODINE.....	10	lutera.....	77
levothyroxine sodium.....	80	LODOCO.....	43	LUZU.....	23
levoxyl.....	80	LODOSYN.....	32	L-VALINE.....	64
LEXAPRO.....	20	LOESTRIN 1.5/30 (21)....	77	LYBALVI.....	33
LEXETTE.....	55	LOESTRIN 1/20 (21).....	77	lyleq.....	77
L-GLUTAMIC ACID.....	63	LOESTRIN FE 1.5/30.....	77	lyllana.....	77
L-GLUTAMIC ACID HCL.	69	LOESTRIN FE 1/20.....	77	LYNPARZA.....	28
l-glutamine.....	90	LOFENA.....	10	LYRICA.....	49, 50
L-HISTIDINE.....	63	lofexidine hcl.....	11	LYRICA CR.....	49
L-HISTIDINE		lojaimiess.....	77	LYSODREN.....	28
MONOHYDROCHLORID		LOKELMA.....	64	LYTGOBI (12 MG DAILY	
E.....	63	LOMOTIL.....	67	DOSE).....	28
LIALDA.....	88	LONSURF.....	28	LYTGOBI (16 MG DAILY	
LIBERVANT.....	17	loperamide hcl.....	67	DOSE).....	28
LIBRAX.....	67	LOPID.....	43	LYTGOBI (20 MG DAILY	
LICART.....	10	lopinavir-ritonavir.....	36	DOSE).....	28
lidocaine.....	11	LOPRESSOR.....	43	LYUMJEV KWIKPEN.....	61
lidocaine hcl.....	11	lorazepam.....	38	LYUMJEV TEMPO PEN..	62
lidocaine hcl		lorazepam intensol.....	38	LYUMJEV VIAL.....	62
urethral/mucosal.....	11	LOREEV XR.....	38	LYVISPAH.....	103
lidocaine viscous hcl.....	50	loryna.....	77	lyza.....	77

MACROBID.....	14	mesalamine er oral		METHYLTESTOSTERO	
MACRODANTIN.....	14	capsule 0.375 gm.....	88	NE.....	73
mafenide acetate.....	14	mesalamine-cleanser.....	88	methyltestosterone.....	73
MAGNESIUM		mesna.....	28	metoclopramide hcl.....	21
CARBONATE.....	64	MESNEX.....	28	metolazone.....	43
MAGNESIUM		MESTINON.....	25	metoprolol succinate er....	43
CARBONATE HEAVY.....	64	METADATE CD.....	47	metoprolol tartrate.....	43
magnesium citrate.....	68	metaxalone.....	103	metoprolol-	
MALARONE.....	31	metformin hcl er.....	58	hydrochlorothiazide.....	43
malathion.....	31	metformin hcl er (mod)....	58	METROCREAM.....	55
maraviroc.....	36	metformin hcl er (osm)....	58	METROGEL.....	55
marlissa.....	77	metformin hcl ir.....	58	METROLOTION.....	55
MARPLAN.....	20	methadone hcl.....	7	metronidazole.....	14, 55
MASONATAL.....	64	methadone hcl intensol.....	7	metyrosine.....	43
MATULANE.....	28	METHADOSE.....	7	mexiletine hcl.....	43
matzim la.....	43	methadose.....	7	MI PASTE.....	50
MAVENCLAD.....	48	METHADOSE SUGAR-		MI PASTE PLUS.....	51
MAVYRET.....	36	FREE.....	7	MIACALCIN.....	89
MAXALT.....	24	methamphetamine hcl....	47	mibelas 24 fe.....	78
MAXALT-MLT.....	24	methazolamide.....	94	MICARDIS.....	43
MAXIDEX.....	92	methenamine hippurate..	14	MICARDIS HCT.....	43
MAXITROL.....	92, 93	METHERGINE.....	90	miconazole 3.....	23
maxi-tuss ac.....	96	methimazole.....	80	MICONAZOLE-ZINC	
MAYZENT.....	48	METHIONINE.....	64	OXIDE-PETROLAT.....	23
MAYZENT STARTER		METHITEST.....	73	MICROCHAMBER.....	91
PACK.....	48	methocarbamol.....	103	microgestin 1.5/30.....	78
meclizine hcl.....	21	methotrexate sodium.....	85	microgestin 1/20.....	78
meclofenamate sodium....	10	methotrexate sodium (pf).85		microgestin fe 1.5/30.....	78
MEDROL.....	72	methoxsalen rapid.....	55	microgestin fe 1/20.....	78
medroxyprogesterone		methscopolamine		midazolam hcl.....	38
acetate.....	78	bromide.....	68	midodrine hcl.....	43
mefenamic acid.....	10	methsuximide.....	17	MIEBO.....	95
mefloquine hcl.....	31	methyl dopa.....	43	mifepristone.....	74
megestrol acetate.....	78	methylergonovine		MIGERGOT.....	24
MEKINIST.....	28	maleate.....	90	miglitol.....	58
MEKTOVI.....	28	METHYLIN.....	47	miglustat.....	69
meloxicam.....	10	methylphenidate.....	47	mili.....	78
memantine hcl.....	18	methylphenidate hcl.....	47	mimvey.....	78
memantine hcl er.....	18	methylphenidate hcl er....	47	mineral oil heavy.....	68
memantine hcl-donepezil		methylphenidate hcl er		MINIVELLE.....	78
hcl.....	18	(cd).....	47	minocycline hcl.....	14
MENEST.....	78	methylphenidate hcl er		minocycline hcl er.....	14
MENOSTAR.....	78	(la).....	47	minoxidil.....	43
meperidine hcl.....	7	methylphenidate hcl er		minzoya.....	78
meprobamate.....	38	(osm).....	47	MIPLYFFA.....	91
MEPRON.....	31	METHYLPHENIDATE		mirabegron er.....	71
mercaptapurine.....	28	HCL ER (OSM).....	47	mirtazapine.....	20
merzee.....	78	methylphenidate hcl er		misoprostol.....	65
mesalamine.....	88	(xr).....	47	MITIGARE.....	23
		methylprednisolone.....	72	MITOSOL.....	93

mm aspirin.....	10	NALOCET.....	7	NEURONTIN.....	17
mm clearlax.....	68	naloxone hcl.....	11	NEVANAC.....	93
modafinil.....	103	naltrexone hcl.....	11	nevirapine.....	36
moexipril hcl.....	43	NAMENDA TITRATION		nevirapine er.....	36
molindone hcl.....	33	PAK.....	19	new day.....	78
mometasone furoate..	55, 96	NAMZARIC.....	19	NEXAVAR.....	28
MONDOXYNE NL.....	14	NAPRELAN.....	10	NEXICLON XR.....	43
mono-lynyah.....	78	NAPROSYN.....	10	NEXIUM.....	65, 66
montelukast sodium.....	100	naproxen.....	10	NEXLETOL.....	43
morphine sulfate.....	7	naproxen dr.....	10	NEXLIZET.....	43
morphine sulfate		naproxen sodium.....	10	NEXTSTELLIS.....	78
(concentrate).....	7	naproxen sodium er.....	10	NGENLA.....	74
morphine sulfate er.....	7	naproxen-esomeprazole		niacin	
morphine sulfate er		mg.....	10	(antihyperlipidemic).....	43
beads.....	7	naratriptan hcl.....	24	niacin er	
MOTEGRITY.....	68	NARCAN.....	11	(antihyperlipidemic).....	43
MOTOFEN.....	68	NARDIL.....	20	niacor.....	43
MOTPOLY XR.....	17	NATACYN.....	93	nicardipine hcl.....	43
MOUNJARO.....	58	NATAZIA.....	78	nicotine.....	11
MOVANTIK.....	68	nateglinide.....	58	nicotine mini.....	11
MOVIPREP.....	68	NATESTO.....	73	nicotine polacrilex.....	11
moxifloxacin hcl.....	14, 93	NATROBA.....	31	nicotine polacrilex mini.....	11
moxifloxacin hcl (2x day).	93	NAYZILAM.....	17	nicotine step 1.....	11
MS CONTIN.....	7	nebivolol hcl.....	43	nicotine step 2.....	11
MULPLETA.....	38	NEBUPENT.....	31	nicotine step 3.....	11
MULTAQ.....	43	NEBUSAL.....	96	NICOTROL.....	11
mupirocin.....	14	necon 0.5/35 (28).....	78	NICOTROL NS.....	11
mupirocin cream.....	14	nefazodone hcl.....	20	nifedipine.....	43
my choice.....	78	NEFFY.....	100	nifedipine er.....	43
my way.....	78	NEMLUVIO.....	55	nifedipine er osmotic	
MYALEPT.....	69	NEOKE ALCAR.....	64	release.....	43
MYCAPSSA.....	73	neomycin sulfate.....	14	nikki.....	78
mycophenolate mofetil....	85	neomycin-bacitracin zn-		NILANDRON.....	28
mycophenolate sodium....	85	polymyx.....	95	nilutamide.....	28
mycophenolic acid.....	85	neomycin-polymyxin-		nimodipine.....	43
MYDAYIS.....	47	dexameth.....	93	NINLARO.....	28
MYFEMBREE.....	78	neomycin-polymyxin-		nisoldipine er.....	43
MYFORTIC.....	85	gramicidin.....	95	nitazoxanide.....	31
MYHIBBIN.....	85	neomycin-polymyxin-hc		nitisinone.....	69
MYLERAN.....	28	.....	93, 95	NITRO-BID.....	43
MYRBETRIQ.....	71	NEONATAL PRENATAL.....	64	NITRO-DUR.....	43, 44
MYSOLINE.....	17	NEO-POLYCIN.....	95	nitrofurantoin.....	14
MYTESI.....	68	NEORAL.....	85	NITROFURANTOIN.....	14
na sulfate-k sulfate-mg		NEO-SYNALAR.....	55	nitrofurantoin	
sulf.....	68	NEOTUSS PLUS.....	97	macrocrystal.....	14
nabumetone.....	10	NERLYNX.....	28	nitrofurantoin	
nadolol.....	43	neuac.....	56	monohydrate	
naftifine hcl.....	23	NEULASTA.....	38	macrocrystals.....	14
NAFTIN.....	23	NEULASTA ONPRO.....	38	nitroglycerin.....	44
NALFON.....	10	NEUPRO.....	32	NITROLINGUAL.....	44

NITROSTAT.....	44	NOVOLIN N VIAL.....	62	ODACTRA.....	91
NITYR.....	69	NOVOLIN R FLEXPEN....	62	ODEFSEY.....	36
NIVA THYROID.....	80	NOVOLIN R FLEXPEN		ODOMZO.....	28
nizatidine.....	66	RELION.....	62	OFEV.....	100
nora-be.....	78	NOVOLIN R RELION.....	62	ofloxacin.....	14, 93, 95
NORDITROPIN		NOVOLIN R VIAL.....	62	OGSIVEO.....	28
FLEXPEN.....	74	NOVOLOG 70/30		OHTUVAYRE.....	100
norelgestromin-eth		FLEXPEN RELION.....	62	OJEMDA.....	28
estradiol.....	78	NOVOLOG FLEXPEN....	62	OJJAARA.....	28
norethin ace-eth estrad-		NOVOLOG FLEXPEN		olanzapine.....	34
fe.....	78	RELION.....	62	olanzapine-fluoxetine hcl.	20
norethindrone.....	78	NOVOLOG MIX 70/30		olmesartan medoxomil....	44
norethindrone acetate.....	78	FLEXPEN.....	62	olmesartan medoxomil-	
norethindrone acet-		NOVOLOG MIX 70/30		hctz.....	44
ethinyl est.....	78	RELION.....	62	olmesartan-amlodipine-	
norethindrone-eth		NOVOLOG MIX 70/30		hctz.....	44
estradiol.....	78	VIAL.....	62	olopatadine hcl.....	93, 97
norethin-eth estradiol-fe...	78	NOVOLOG PENFILL.....	62	OLPRUVA (2 GM	
NORGESIC.....	103	NOVOLOG RELION.....	62	DOSE).....	69
NORGESIC FORTE.....	103	NOVOLOG U-100 VIAL...	62	OLPRUVA (3 GM	
norgestimate-eth		NOXAFIL.....	23	DOSE).....	69
estradiol.....	78	np thyroid.....	80	OLPRUVA (4 GM	
norgestimate-ethinyl		NUBEQA.....	28	DOSE).....	69
estradiol triphasic.....	78	NUCALA.....	100	OLPRUVA (5 GM	
NORITATE.....	56	NUCYNTA.....	7	DOSE).....	69
NORLIQVA.....	44	NUCYNTA ER.....	7	OLPRUVA (6 GM	
norlyroc.....	78	NUDEXTA.....	50	DOSE).....	69
NORPACE.....	44	NUPLAZID.....	34	OLPRUVA (6.67 GM	
NORPACE CR.....	44	NURTEC.....	24	DOSE).....	69
NORPRAMIN.....	20	NUTROPIN AQ NUSPIN		OLUMIANT.....	85
NORTHERA.....	44	10.....	74	OMECLAMOX-PAK.....	68
nortrel 0.5/35 (28).....	78	NUTROPIN AQ NUSPIN		omega-3-acid ethyl	
nortrel 1/35 (21).....	78	20.....	74	esters.....	44
nortrel 1/35 (28).....	78	NUTROPIN AQ NUSPIN		omeprazole.....	66
nortrel 7/7/7.....	78	5.....	74	OMEPRAZOLE+SYRSP	
nortriptyline hcl.....	20	NUVARING.....	78	END SF ALKA.....	66
NORVASC.....	44	NUVESSA.....	14	omeprazole-sodium	
NORVIR.....	36	NUVIGIL.....	103	bicarbonate.....	66
NOURIANZ.....	32	NUZYRA.....	14	OMNARIS.....	97
NOVOLIN 70/30		nyamyc.....	23	OMNIPOD 5 DEXCOM	
FLEXPEN.....	62	nylia 1/35.....	78	INTRO KIT.....	91
NOVOLIN 70/30		nylia 7/7/7.....	78	OMNIPOD 5 DEXCOM	
FLEXPEN RELION.....	62	nystatin.....	23	PODS.....	91
NOVOLIN 70/30		nystatin-triamcinolone.....	23	OMNIPOD DASH INTRO	
RELION.....	62	nystop.....	23	KIT.....	91
NOVOLIN 70/30 VIAL.....	62	NYVEPRIA.....	38	OMNIPOD DASH PODS.	91
NOVOLIN N FLEXPEN....	62	OCALIVA.....	69	OMNITROPE.....	74
NOVOLIN N FLEXPEN		ocella.....	78	OMVOH.....	85
RELION.....	62	octreotide acetate.....	74	ondansetron hcl.....	21
NOVOLIN N RELION.....	62	OCUFLOX.....	93	ondansetron odt.....	21



ONE VITE WOMENS.....	64	ORKAMBI.....	101	PAMELOR.....	20
ONE-A-DAY WOMENS		ORLADEYO.....	85	PANCREAZE.....	69
PRENATAL 1.....	64	ORMALVI.....	94	PANRETIN.....	28
ONETOUCH ULTRA		orphenadrine citrate er...	103	pantoprazole sodium.....	66
BLUE TEST.....	60	orphenadrine-aspirin-		paricalcitol.....	89
ONETOUCH ULTRA		caffeine.....	103	PARLODEL.....	32
TEST STRIPS.....	60	ORPHENGESIC FORTE		PARNATE.....	20
ONETOUCH VERIO KIT		.....	103	paroxetine hcl.....	20
W/DEVICE.....	60	ORSERDU.....	28	paroxetine hcl er.....	20
ONEXTON.....	56	OSCIMIN.....	68	paroxetine mesylate.....	20
ONFI.....	17	oseltamivir phosphate.....	36	PATADAY.....	93
ONGENTYS.....	32	OSMOLEX ER.....	32	PAXIL.....	20
ONGLYZA.....	59	OSPHERA.....	74	PAXIL CR.....	20
ONUREG.....	28	OTEZLA.....	85	PAXLOVID (150/100).....	36
ONYDA XR.....	47	OTOVEL.....	96	PAXLOVID (300/100).....	36
ONZETRA XSAIL.....	24	OTREXUP.....	85	pazopanib hcl.....	28
opcicon one-step.....	79	OVIDE.....	31	PEDIAPRED.....	72
OPFOLDA.....	69	OXAPROZIN.....	10	peg 3350.....	68
OPIPZA.....	34	oxaprozin.....	10	peg 3350-kcl-na bicarb-	
OPSUMIT.....	102	oxazepam.....	38	nacl.....	68
OPSYNVI.....	102	oxcarbazepine.....	17	peg-3350/electrolytes.....	68
OPTICHAMBER		oxcarbazepine er.....	17	peg-	
DIAMOND.....	91	OXERVATE.....	95	3350/electrolytes/ascorb	
OPTICHAMBER		oxiconazole nitrate.....	23	at.....	68
DIAMOND-LG MASK.....	91	OXISTAT.....	23	PEGASYS.....	36
OPTICHAMBER		OXTELLAR XR.....	17	peg-kcl-nacl-nasulf-na	
DIAMOND-MD MASK.....	91	oxybutynin chloride.....	71	asc-c.....	68
OPTICHAMBER		oxybutynin chloride er.....	71	PEMAZYRE.....	28
DIAMOND-SM MASK.....	91	oxycodone hcl.....	7	penciclovir.....	36
option 2.....	79	OXYCODONE HCL.....	7	penicillamine.....	71
OPTIONS GYNOL II		OXYCODONE-		penicillin v potassium.....	14
CONTRACEPTIVE.....	91	ACETAMINOPHEN.....	7	PENNSAID.....	10
OPVEE.....	11	oxycodone-		pentamidine isethionate...	31
OPZELURA.....	56	acetaminophen.....	7	PENTASA.....	88
ORACEA.....	56	OXYCONTIN.....	8	pentazocine-naloxone	
ORAL CITRATE.....	64	oxymorphone hcl.....	8	hcl.....	8
ORALAIR.....	91	oxymorphone hcl er.....	8	pentoxifylline er.....	44
ORALONE.....	51	OXYTROL.....	71	PEPCID.....	66
ORAPRED ODT.....	72	OZEMPIC.....	59	PERCOCET.....	8
ORAVIG.....	23	OZOBAX DS.....	103	PERFOROMIST.....	100
ORENCIA.....	85	PACERONE.....	44	PERIDEX.....	51
ORENCIA CLICKJECT ...	85	PALFORZIA.....	91	perindopril erbumine.....	44
ORENITRAM.....	102	PALFORZIA (1 MG		periogard.....	51
ORENITRAM MONTH 1	102	DAILY DOSE).....	91	permethrin.....	31
ORENITRAM MONTH 2	102	PALFORZIA INITIAL		perphenazine.....	21
ORENITRAM MONTH 3	102	DOSE 1-3YRS.....	91	perphenazine-	
ORFADIN.....	69	PALFORZIA INITIAL		amitriptyline.....	20
ORGOVYX.....	28	DOSE 4-17YRS.....	91	PERTZYE.....	69, 70
ORIAHNN.....	79	paliperidone er.....	34	PHEBURANE.....	70
ORLISSA.....	74	PALYNZIQ.....	69	phenazopyridine hcl.....	71

phenelzine sulfate.....	20	potassium chloride crys	PREVYMIS.....	36
phenobarbital.....	17	er.....	PREZCOBIX.....	36
phenoxybenzamine hcl....	44	potassium chloride er.....	PREZISTA.....	36
phenylephrine hcl.....	95	potassium citrate er.....	PRIFTIN.....	25
phenytek.....	17	POVIDONE-IODINE.....	PRILOSEC.....	66
phenytoin.....	17	PRADAXA.....	primaquine phosphate.....	31
phenytoin infatabs.....	17	PRALUENT.....	primidone.....	17
phenytoin sodium		pramipexole	PRISTIQ.....	20
extended.....	17	dihydrochloride.....	PROAIR RESPICLICK...100	
PHEXXI.....	91	pramipexole	probenecid.....	23
philith.....	79	dihydrochloride er.....	PROCARDIA XL.....	44
PHOSPHOLINE IODIDE.....	94	PRAMOTIC.....	PROCENTRA.....	47
phosphorous.....	64	prasugrel hcl.....	prochlorperazine.....	21
phytonadione.....	64	pravastatin sodium.....	prochlorperazine	
PIFELTRO.....	36	praziquantel.....	maleate.....	21
pilocarpine hcl.....	51, 94	prazosin hcl.....	PROCTOCORT.....	88
pimecrolimus.....	56	PRED FORTE.....	PROCTOFOAM HC.....	88
pimozide.....	34	PRED MILD.....	procto-med hc.....	88
pimtrea.....	79	prednisolone.....	PROCTOSOL HC.....	88
pindolol.....	44	prednisolone acetate.....	PROCTOZONE-HC.....	88
pioglitazone hcl.....	59	prednisolone sodium	PROCYSBI.....	70
pioglitazone hcl-		phosphate.....	progesterone.....	79
glimepiride.....	59	72, 93	PROGLYCEM.....	60
pioglitazone hcl-		prednisone.....	PROGRAF.....	85
metformin hcl.....	59	prednisone intensol.....	PROLATE.....	8
PIQRAY.....	28	pregabalin.....	PROLENSA.....	93
pirfenidone.....	100	pregabalin er.....	PROMACTA.....	38
piroxicam.....	10	PREMARIN.....	promethazine hcl.....	21, 22
pitavastatin calcium.....	44	PREMPHASE.....	promethazine vc.....	97
PLAN B ONE-STEP.....	79	PREMPRO.....	promethazine-codeine.....	97
PLAQUENIL.....	31	prenatal.....	promethazine-dm.....	97
PLAVIX.....	32	prenatal multi +dha.....	promethazine-	
PLEGRIDY.....	48	prenatal vitamins.....	phenylephrine.....	97
PLEGRIDY STARTER		PRESTALIA.....	PROMETHEGAN.....	22
PACK.....	48	PRETOMANID.....	PROMETRIUM.....	79
PLENVU.....	68	PREVACID.....	propafenone hcl.....	44
POCKET SPACER.....	91	PREVACID SOLUTAB.....	propafenone hcl er.....	44
podofilox.....	56	prevalite.....	propranolol hcl.....	44
POKONZA.....	64	PREVIDENT.....	propranolol hcl er.....	44
POLYCIN.....	95	PREVIDENT 5000	propylthiouracil.....	80
polyethylene glycol 3350.....	68	BOOSTER PLUS.....	PROSCAR.....	71
polymyxin b-trimethoprim.....	95	PREVIDENT 5000 DRY	PROTONIX.....	66
POMALYST.....	28	MOUTH.....	protriptyline hcl.....	20
PONVORY.....	48	PREVIDENT 5000	PROVERA.....	79
PONVORY STARTER		ENAMEL PROTECT.....	PROVIGIL.....	103
PACK.....	48	PREVIDENT 5000 KIDS..	PROZAC.....	20
portia-28.....	79	PREVIDENT 5000	prucalopride succinate.....	68
posaconazole.....	23	ORTHO DEFENSE.....	PRUDOXIN.....	56
potassium chloride.....	64	PREVIDENT 5000 PLUS..	pseudoephedrine-	
		PREVIDENT 5000	bromphen-dm.....	97
		SENSITIVE.....		

PULMICORT		RAGWITEK.....	91	REVLIMID.....	28
FLEXHALER.....	100	raloxifene hcl.....	74	REVUFORJ.....	29
PULMICORT		ramelteon.....	103	REXTOVY.....	12
SUSPENSION.....	100	ramipril.....	45	REXULTI.....	34
PULMOSAL.....	97	ranolazine er.....	45	REYATAZ.....	36
PULMOZYME.....	101	RAPAFLO.....	71	REYVOW.....	24
PURIXAN.....	28	rasagiline mesylate.....	32	REZDIFFRA.....	68
PYLERA.....	68	RASUVO.....	85, 86	REZLIDHIA.....	29
pyrazinamide.....	25	RAVICTI.....	70	REZUROCK.....	86
pyridostigmine bromide.....	25	RAYALDEE.....	89	REZVOGLAR KWIKPEN.....	62
pyridostigmine bromide		RAYOS.....	72	RHOPRESSA.....	94
er.....	25	react.....	79	ribavirin.....	36
pyrimethamine.....	31	REBIF.....	49	RIDAURA.....	86
PYROGALLIC ACID.....	56	REBIF REBIDOSE.....	49	rifabutin.....	25
PYRUKYND.....	38	REBIF REBIDOSE		rifampin.....	25
PYRUKYND TAPER		TITRATION PACK.....	49	riluzole.....	50
PACK.....	38	REBIF TITRATION		rimantadine hcl.....	36
QBRELIS.....	44	PACK.....	49	RINVOQ.....	86
QBREXZA.....	56	reclipsen.....	79	RINVOQ LQ.....	86
QELBREE.....	47	RECORLEV.....	74	RIOMET.....	59
QINLOCK.....	28	RECTIV.....	45	risedronate sodium.....	89
QLOSI.....	94	REGLAN.....	22	RISPERDAL.....	34
QNASL.....	97	REGRANEX.....	56	risperidone.....	34
QNASL CHILDRENS.....	97	RELAFEN DS.....	10	RITALIN.....	47
QTERN.....	59	RELENZA DISKHALER.....	36	RITALIN LA.....	47
QUALAQUIN.....	31	RELEXXII.....	47	ritonavir.....	36
quazepam.....	38	RELISTOR.....	68	rivaroxaban.....	15
QUDEXY XR.....	17	RELPAK.....	24	rivastigmine.....	19
QUESTRAN.....	44	RELTONE.....	68	rivastigmine tartrate.....	19
QUESTRAN LIGHT.....	45	REMERON.....	20	rivelsa.....	79
quetiapine fumarate.....	34	REMERON SOLTAB.....	20	RIVFLOZA.....	71
quetiapine fumarate er.....	34	REMESENSE.....	51	rizatriptan benzoate.....	24
QUILLICHEW ER.....	47	RENEVELA.....	71	ROCALTROL.....	89
QUILLIVANT XR.....	47	repaglinide.....	59	ROCKLATAN.....	94
quinapril hcl.....	45	REPATHA.....	45	roflumilast.....	100
quinapril-		REPATHA		ropinirole hcl.....	32
hydrochlorothiazide.....	45	PUSHTRONEX		ropinirole hcl er.....	32
quinidine gluconate er.....	45	SYSTEM.....	45	rosuvastatin calcium.....	45
quinidine sulfate.....	45	REPATHA SURECLICK.....	45	ROWASA.....	88
quinine sulfate.....	31	RESTASIS.....	95	roweepra.....	17
QULIPTA.....	24	RESTASIS MULTIDOSE.....	95	ROXICODONE.....	8
QUVIVIQ.....	103	RESTORA RX.....	68	ROXYBOND.....	8
QVAR REDIHALER.....	100	RESTORIL.....	103	ROZEREM.....	103
RABEPRAZOLE		RETEVMO.....	28	ROZLYTREK.....	29
SODIUM.....	66	RETIN-A.....	56	RUBRACA.....	29
rabeprazole sodium.....	66	RETIN-A MICRO GEL		rufinamide.....	17
RADICAVA ORS.....	50	0.04 %, 0.1 %.....	56	RUKOBIA.....	36
RADICAVA ORS		RETIN-A MICRO PUMP.....	56	RYALTRIS.....	97
STARTER KIT.....	50	RETROVIR.....	36	RYBELSUS.....	59
RADIOGARDASE.....	91	REVATIO.....	102		

RYBELSUS	sharobel.....	79	sodium polystyrene
(FORMULATION R2).....	SIGNIFOR.....	74	sulfonate.....
59	SIKLOS.....	29	sodium saccharin.....
RYCLORA.....	sildenafil citrate.....	102	91
97	SILENOR.....	103	SOFDRA.....
RYDAPT.....	SILIQ.....	86	56
29	silodosin.....	72	SOFOSBUVIR-
RYKINDO.....	SILVADENE.....	14	VELPATASVIR.....
34	silver sulfadiazine.....	14	36
RYTARY.....	SIMBRINZA.....	94	SOGROYA.....
32	SIMLANDI (1 PEN).....	86	74
ryvent.....	SIMLANDI (1 SYRINGE).....	86	SOHONOS.....
97	SIMLANDI (2 PEN).....	86	91
SABRIL.....	SIMLANDI (2 SYRINGE).....	86	solifenacin succinate.....
17	simliya.....	79	71
SACCHARIN.....	simpesse.....	79	SOLQUA.....
91	SIMPONI.....	86	59
SAFYRAL.....	simvastatin.....	45	SOLOSEC.....
79	SINEMET.....	32	14
SAJAZIR.....	SINGULAIR.....	100	SOLTAMOX.....
86	sirolimus.....	86	29
SALAGEN.....	SIRTURO.....	25	SOMA.....
51	SITAGLIPTIN.....	59	103
SAMSCA.....	SITAGLIPTIN BASE-		SOMAVERT.....
64	METFORMIN HCL.....	59	74
SANCUSO.....	SITAVIG.....	36	SOOLANTRA.....
22	SIVEXTRO.....	14	56
SANDIMMUNE.....	SKYCLARYS.....	46	sorafenib tosylate.....
86	SKYRIZI.....	86	29
SANDOSTATIN.....	SKYRIZI PEN.....	86	SORILUX.....
74	SKYTROFA.....	74	56
SANTYL.....	SLYND.....	79	sotalol hcl.....
56	SOANZ.....	45	45
SAPHRIS.....	sod citrate-citric acid.....	64	sotalol hcl (af).....
34	sod fluoride-potassium		45
sapropterin	nitrate.....	51	SOTYKTU.....
dihydrochloride.....	SODIUM ASCORBATE... ..	64	86
70	64		SOTYLIZE.....
SAVAYSA.....	sodium bicarbonate.....	64	45
15	sodium chloride.....	97	SOVALDI.....
SAVELLA.....	sodium fluoride.....	51, 64	36, 37
50	sodium fluoride 5000		SOVUNA.....
SAVELLA TITRATION	enamel.....	51	31
PACK.....	sodium fluoride 5000		SPEVIGO.....
50	plus.....	51	86
saxagliptin hcl.....	sodium fluoride 5000		spinosad.....
59	ppm.....	51	31
saxagliptin-metformin er..	sodium fluoride 5000		SPIRIVA HANDIHALER
59	sensitive.....	51	100
SCSEMBLIX.....	SODIUM OXYBATE.....	104	SPIRIVA RESPIMAT .....
29	104		100
scopolamine.....	sodium phenylbutyrate.....	70	spironolactone.....
22	70		45
SECUADO.....			spironolactone-hctz.....
34			45
SEGLUROMET.....			SPORANOX.....
59			23
SELARSDI.....			sprintec 28.....
86			79
selegiline hcl.....			SPRITAM.....
32			17
selenium sulfide.....			SPRIX.....
56			10
SELZENTRY.....			SPRYCEL.....
36			29
SEMGLEE (YFGN).....			SPS (SODIUM
62			POLYSTYRENE SULF)... ..
SENSIPAR.....			64
89			sronyx.....
SEREVENT DISKUS.....			79
100			ssd.....
SERNIVO.....			14
56			STEGLATRO.....
SEROQUEL.....			59
34			STEGLUJAN.....
SEROQUEL XR.....			59
34			STELARA.....
SEROSTIM.....			86, 87
68			sterile water for irrigation. .
SERTRALINE HCL.....			65
20			STIMUFEND.....
sertraline hcl.....			38
20			STIOLTO RESPIMAT .....
setlakin.....			100
79			STIVARGA.....
sevelamer carbonate.....			29
71			STRATTERA.....
sevelamer hcl.....			47
71			STRENSIQ.....
SEYSARA.....			70
14			STRIBILD.....
sf 5000 plus.....			37
51			STRIVERDI RESPIMAT
sf gel 1.1%.....			100
51			STROMECTOL.....
SFROWASA.....			31
88			

SUBOXONE.....	12	SYMLINPEN 120.....	59	tazarotene.....	56
subvenite.....	17	SYMLINPEN 60.....	59	TAZAROTENE.....	56
subvenite starter kit-blue..	17	SYMPAZAN.....	18	TAZORAC.....	56
subvenite starter kit-green.....	17	SYMPROIC.....	68	TAZVERIK.....	29
subvenite starter kit-orange.....	18	SYMTUZA.....	37	TECFIDERA.....	49
SUCRAID.....	70	SYNALAR.....	56	TEGLUTIK.....	50
sucralfate.....	66	SYNAREL.....	74	TEGRETOL.....	18
SUFLAVE.....	68	SYNDROS.....	22	TEGRETOL-XR.....	18
SULAR.....	45	SYNJARDY.....	59	TEKTURNA.....	45
SULCONAZOLE		SYNJARDY XR.....	59	telmisartan.....	45
NITRATE.....	23	SYNTHROID.....	80	telmisartan-amlodipine....	45
sulfacetamide sodium.....	93	SYPRINE.....	65	telmisartan-hctz.....	45
sulfacetamide sodium (acne).....	56	TABLOID.....	29	temazepam.....	104
sulfacetamide sodium-sulfur.....	56	TABRECTA.....	29	temozolomide.....	29
sulfacetamide-prednisolone.....	95	TACLONEX.....	56	TENCON.....	8
sulfadiazine.....	14	tacrolimus.....	56, 87	tenofovir disoproxil fumarate.....	37
sulfamethoxazole-trimethoprim.....	14	tadalafil.....	71	TENORETIC 100.....	45
SULFAMYLON.....	14	tadalafil (pah).....	102	TENORETIC 50.....	45
sulfasalazine.....	88	TADLIQ.....	102	TENORMIN.....	45
sulfatrim pediatric.....	14	TAFINLAR.....	29	TEPMETKO.....	29
sulfurated lime.....	31	tafluprost (pf).....	94	terazosin hcl.....	72
sulindac.....	10	TAGRISSE.....	29	terbutaline sulfate.....	100
sumatriptan.....	24	take action.....	79	terconazole.....	23
sumatriptan succinate.....	24	TAKHZYRO.....	87	teriflunomide.....	49
sumatriptan succinate refill subcutaneous		TALICIA.....	68	teriparatide.....	89
solution cartridge.....	24	TALTZ.....	87	TERIPARATIDE.....	89
sumatriptan-naproxen sodium.....	24	TALZENNA.....	29	TESTIM.....	73
sunitinib malate.....	29	TALZENNA.....	29	testosterone.....	73
SUNLENCA.....	37	TAMIFLU.....	37	testosterone cypionate....	73
SUNOSI.....	104	tamoxifen citrate.....	29	testosterone enanthate....	73
SUPREP BOWEL PREP KIT.....	68	tamsulosin hcl.....	72	tetrabenazine.....	50
SUREBIOTIC PROBIOTIC SUPPORT ..	68	TANLOR.....	103	tetracycline hcl.....	14
SUTAB.....	68	TAPERDEX 12-DAY.....	72	TETRACYCLINE HCL.....	15
SUTENT.....	29	TAPERDEX 6-DAY.....	72	TEXACORT.....	56
syeda.....	79	TAPERDEX 7-DAY.....	72	TEZSPIRE.....	100
SYMBICORT.....	100	TARCEVA.....	29	THALOMID.....	29
SYMBYAX.....	20	TARGADOX.....	14	THEO-24.....	101
SYMDEKO.....	101	TARGRETIN.....	29	theophylline.....	101
SYMFI.....	37	tarina 24 fe.....	79	theophylline er.....	101
SYMFI LO.....	37	tarina fe 1/20 eq.....	79	THIOLA.....	71
		TARPEYO.....	88	THIOLA EC.....	71
		TASCENSO ODT.....	49	thioridazine hcl.....	34
		TASIGNA.....	29	thiothixene.....	34
		tasimelteon.....	104	THREONINE.....	65
		TASMAR.....	32	THYQUIDITY.....	80
		TAURINE.....	65	thyroid.....	80
		tavaborole.....	23	tiadylt er.....	45
		TAVALISSE.....	39	tiagabine hcl.....	18
		TAVNEOS.....	91		
		taysofy.....	79		
		TAYTULLA.....	79		

TIAZAC.....	45	TOSYMRA.....	24	trihexyphenidyl hcl.....	32
TIBSOVO.....	29	TOUJEO MAX		TRIJARDY XR.....	59
TIGLUTIK.....	50	SOLOSTAR.....	62	TRIKAFTA.....	102
TIKOSYN.....	45	TOUJEO SOLOSTAR.....	62	tri-legest fe.....	79
tilia fe.....	79	tovet.....	57	TRILEPTAL.....	18
timolol hemihydrate.....	94	TOVIAZ.....	71	tri-linyah.....	79
timolol maleate.....	45, 94	TRACLEER.....	102	TRILIPIX.....	45
timolol maleate (once-daily).....	94	TRADJENTA.....	59	tri-lo-estarylla.....	79
timolol maleate ocudose..	94	TRAMADOL HCL (ER BIPHASIC).....	8	tri-lo-marzia.....	79
timolol maleate pf.....	94	tramadol hcl (er biphasic)..	8	tri-lo-mili.....	79
TIMOPTIC OCUDOSE....	94	tramadol hcl er.....	8	tri-lo-sprintec.....	79
tinidazole.....	15	TRAMADOL HCL IR.....	8	trimethobenzamide hcl.....	22
tiopronin.....	71	tramadol hcl ir.....	8	trimethoprim.....	15
tiotropium bromide monohydrate.....	101	tramadol hcl acetaminophen... 8		tri-mili.....	79
TIROSINT.....	80	trandolapril.....	45	trimipramine maleate.....	21
TIROSINT-SOL.....	80	trandolapril-verapamil hcl er.....	45	TRINTELLIX.....	21
TIVICAY.....	37	tranexamic acid.....	39	tri-sprintec.....	79
TIVICAY PD.....	37	tranylcypramine sulfate....	20	TRIUMEQ.....	37
tizanidine hcl.....	103	TRAVATAN Z.....	94	TRIUMEQ PD.....	37
TLANDO.....	73	travoprost (bak free).....	94	trivora (28).....	79
TOBI NEBULIZER.....	101	trazodone hcl.....	21	tri-vylibra.....	79
TOBI PODHALER.....	101	TRECATOR.....	25	tri-vylibra lo.....	79
TOBRADEX.....	93	TRELEGY ELLIPTA.....	101	TROKENDI XR.....	18
TOBRADEX ST.....	93	TREMFYA.....	87	tropium chloride.....	71
tobramycin.....	93, 101	TRESIBA.....	62	tropium chloride er.....	71
TOBRAMYCIN.....	102	TRESIBA FLEXTOUCH... 62		TRUDHESA.....	24
tobramycin-dexamethasone.....	93	tretinoin.....	29, 57	TRUE COVER.....	91
TOBREX.....	93	tretinoin microsphere.....	57	true laxative.....	68
TODAY SPONGE.....	91	tretinoin microsphere pump.....	57	TRULANCE.....	68
TOLAK.....	56	TREXALL.....	87	TRULICITY.....	59
tolcapone.....	32	TREXIMET.....	24	TRUQAP.....	29
tolmetin sodium.....	10	triamcinolone acetonide.....	51, 57	TRUVADA.....	37
TOLNAFTATE.....	23	triamcinolone in absorbbase.....	57	TRYVIO.....	45
TOLSURA.....	23	triamterene.....	45	TUDORZA PRESSAIR..	101
tolterodine tartrate.....	71	triamterene-hctz.....	45	TUKYSA.....	29
tolterodine tartrate er.....	71	triazolam.....	38	TURALIO.....	29
tolvaptan.....	65	TRIBENZOR.....	45	turqoz.....	79
TOPAMAX.....	18	TRICOR.....	45	TUXARIN ER.....	97
TOPAMAX SPRINKLE....	18	TRIDACAINE II.....	11	TWIRLA.....	79
TOPICORT.....	56, 57	TRIDACAINE III.....	11	TWYNEO.....	57
TOPICORT SPRAY.....	57	triderm.....	57	TYBOST.....	37
topiramate.....	18	trientine hcl.....	65	TYENNE.....	87
topiramate er.....	18	tri-estarylla.....	79	TYKERB.....	29
TOPROL XL.....	45	trifluoperazine hcl.....	34	TYMLOS.....	89
toremifene citrate.....	29	trifluridine.....	93	TYRVAYA.....	95
torpenz.....	29			TYVASO.....	102
toremide.....	45			TYVASO DPI MAINTENANCE KIT.....	102
				TYVASO DPI TITRATION KIT.....	102

TYVASO REFILL KIT ....	102	VARUBI (180 MG DOSE).....	22	VIMOVO.....	10
TYVASO STARTER KIT	102	VASCEPA.....	46	VIMPAT.....	18
UBRELVY.....	24, 25	VASERETIC.....	46	VIOKACE.....	70
UCERIS.....	88	VASOTEC.....	46	viorele.....	79
UDENYCA.....	39	VCF VAGINAL CONTRACEPTIVE.....	91	VIRACEPT.....	37
UDENYCA ONBODY.....	39	VECAMYL.....	46	VIRAZOLE.....	37
ULORIC.....	23	VECTICAL.....	57	VIREAD.....	37
UNDECATREX.....	73	velivet.....	79	VISTOGARD.....	91
unithroid.....	80	VELPHORO.....	71	VIVELLE-DOT.....	79
UPNEEQ.....	93	VELSIPITY.....	87	VIVJOA.....	23
UPTRAVI.....	102	VELTASSA.....	65	VIZIMPRO.....	30
UPTRAVI TITRATION..	102	VEMLIDY.....	37	VOGELXO.....	73
urea.....	57	VENCLEXTA.....	30	VOGELXO PUMP.....	73
UROCIT-K 10.....	65	VENCLEXTA STARTING PACK.....	30	volnea.....	79
UROCIT-K 15.....	65	ENELEX.....	57	VONJO.....	30
UROXATRAL.....	72	VENLAFAXINE BESYLATE ER.....	21	VOQUEZNA.....	66
URSO FORTE.....	68	venlafaxine hcl.....	21	VOQUEZNA DUAL PAK..	69
URSODIOL.....	68	venlafaxine hcl er.....	21	VOQUEZNA TRIPLE PAK.....	69
ursodiol.....	68, 69	VENTAVIS.....	102	VORANIGO.....	30
VAFSEO.....	39	VENTOLIN HFA.....	101	voriconazole.....	23
VAGIFEM.....	79	VENXXIVA.....	71	VORTEX VALVE CHAMBER-PEDI MASK..	91
valacyclovir hcl.....	37	VEOZAH.....	91	VORTEX VALVED HOLDING CHAMBER.....	91
VALCHLOR.....	29	verapamil hcl.....	46	VOSEVI.....	37
VALCYTE.....	37	verapamil hcl er.....	46	VOTRIENT.....	30
valganciclovir hcl.....	37	VEREGEN.....	57	VOWST.....	69
VALINE.....	65	VERELAN.....	46	VOXZOGO.....	70
VALIUM.....	38	VERKAZIA.....	95	VOYDEYA.....	39
valproic acid.....	18	VERQUVO.....	46	VRAYLAR.....	34
VALSARTAN.....	45	VERSACLOZ.....	34	VTAMA.....	57
valsartan.....	45	VERZENIO.....	30	VUITY.....	94
valsartan-hydrochlorothiazide.....	45	VESICARE.....	71	VUMERITY.....	49
VALTOCO 10 MG DOSE..	18	VESICARE LS.....	71	VUSION.....	23
VALTOCO 15 MG DOSE..	18	vestura.....	79	vyfemla.....	79
VALTOCO 20 MG DOSE..	18	VEVYE.....	95	vylibra.....	79
VALTOCO 5 MG DOSE...	18	VFEND.....	23	VYNDAMAX.....	46
VALTRESX.....	37	VIBERZI.....	69	VYNDAQEL.....	46
valtya 1/50.....	79	VICTOZA.....	59	VYTORIN.....	46
VANCOCIN.....	15	vienva.....	79	VYVANSE.....	47
vancomycin hcl.....	15	vigabatin.....	18	VYZULTA.....	94
VANDAZOLE.....	15	VIGADRONE.....	18	WAINUA.....	50
VANFLYTA.....	30	VIGAFYDE.....	18	WAKIX.....	104
VANOS.....	57	VIGAMOX.....	93	warfarin sodium.....	15
varenicline tartrate.....	12	vigpoder.....	18	weekly-d.....	65
varenicline tartrate (starter).....	12	VIIBRYD.....	21	WELCHOL.....	46
varenicline tartrate(continue).....	12	VIJOICE.....	30	WELIREG.....	30
VARIZIG.....	87	vilazodone hcl.....	21	WELLBUTRIN SR.....	21
				WELLBUTRIN XL.....	21

wera.....	79	XPOVIO (60 MG TWICE	ZEPOSIA.....	49
wes-phos 250 neutral.....	65	WEEKLY).....	ZEPOSIA 7-DAY	
WEZLANA.....	87	XPOVIO (80 MG ONCE	STARTER PACK.....	49
WINLEVI.....	57	WEEKLY).....	ZEPOSIA STARTER KIT.....	49
WINREVAIR.....	102	XPOVIO (80 MG TWICE	ZERVIAE.....	93
wixela inhub.....	101	WEEKLY).....	ZESTORETIC.....	46
wymzya fe.....	80	XTAMPZA ER.....	ZESTRIL.....	46
WYNZORA.....	57	XTANDI.....	ZETIA.....	46
XACIATO.....	15	xulane.....	ZIAGEN.....	37
XADAGO.....	32	XULTOPHY.....	ZIANA.....	57
XALATAN.....	94	XURIDEN.....	zidovudine.....	37
XALKORI.....	30	XYOSTED.....	ZIEXTENZO.....	39
XANAX.....	38	XYREM.....	ZILBRYSQ.....	91
XANAX XR.....	38	XYWAV.....	zileuton er.....	101
xarah fe.....	80	yargesa.....	ZILXI.....	57
XARELTO.....	15, 16	YASMIN 28.....	ZIMHI.....	12
XARELTO STARTER		YAZ.....	ZIOPTAN.....	94
PACK.....	16	YESINTEK.....	ziprasidone hcl.....	34
XATMEP.....	87	yl folic acid.....	ZIPSOR.....	10
XCOPRI.....	18	YONSA.....	ZIRGAN.....	93
XDEMVY.....	93	YORVIPATH.....	ZITHROMAX.....	15
XELJANZ.....	87	YOSPRALA.....	ZITHROMAX TRI-PAK....	15
XELJANZ XR.....	87	YUFLYMA (1 PEN).....	ZITHROMAX Z-PAK.....	15
XELODA.....	30	YUFLYMA (2 PEN).....	ZITUVIMET.....	59
XELPROS.....	94	YUFLYMA (2 SYRINGE)	ZITUVIMET XR.....	59
XELSTRYM.....	47	.....	ZITUVIO.....	59
XENAZINE.....	50	YUFLYMA-CD/UC/HS	ZOCOR.....	46
XERAC AC.....	57	STARTER.....	ZOKINVY.....	91
XERESE.....	37	YUPELRI.....	ZOLINZA.....	30
XERMELO.....	69	YUSIMRY.....	ZOLMITRIPTAN.....	25
XHANCE.....	97	yuvafem.....	zolmitriptan.....	25
XIFAXAN.....	15	zafemy.....	ZOLOFT.....	21
XIGDUO XR.....	59	zafirlukast.....	ZOLPIDEM TARTRATE	104
XIIDRA.....	95	zaleplon.....	zolpidem tartrate.....	104
XOFLUZA (40 MG		ZANAFLEX.....	zolpidem tartrate er.....	104
DOSE).....	37	ZARONTIN.....	ZOMACTON.....	74
XOFLUZA (80 MG		ZAVESCA.....	ZOMIG.....	25
DOSE).....	37	ZAVZPRET.....	ZONALON.....	57
XOLREMDI.....	39	ZEGALOGUE.....	ZONEGRAN.....	18
XOPENEX HFA.....	101	ZEJULA.....	ZONISADE.....	18
XPHOZAH.....	91	ZELAPAR.....	zonisamide.....	18
XPOVIO (100 MG ONCE		ZELBORAF.....	ZONTIVITY.....	32
WEEKLY).....	30	ZEMBRACE	ZORTRESS.....	88
XPOVIO (40 MG ONCE		SYMTOUCH.....	ZORYVE.....	57
WEEKLY).....	30	ZEMPLAR.....	zovia 1/35 (28).....	80
XPOVIO (40 MG TWICE		zenatane.....	ZOVIRAX.....	37
WEEKLY).....	30	ZENPEP.....	ZTALMY.....	18
XPOVIO (60 MG ONCE		ZENZEDI.....	ZTLIDO.....	11
WEEKLY).....	30	ZEPATIER.....	ZUBSOLV.....	12
		ZEPBOUND.....	zumandimine.....	80



ZURZUVAE.....	21
ZYCLARA.....	57
ZYCLARA PUMP.....	57
ZYDELIG.....	30
ZYFLO.....	101
ZYKADIA.....	30
ZYLET.....	95
ZYMFENTRA (1 PEN).....	88
ZYMFENTRA (2 PEN).....	88
ZYMFENTRA (2 SYRINGE).....	88
ZYPITAMAG.....	46
ZYPREXA.....	34
ZYTIGA.....	30
ZYVOX.....	15

# 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](mailto: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 ለዎስታዎቹ የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም ኦርዳታ ድርጅቶቻችን በነጻ ሊያገዝዎት 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. ကိး (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).