

Commercial 6 Tier (Large Group/Self-funded) Formulary

Optum Rx[®]



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

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

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

SANFORD[®]
HEALTH PLAN

Understanding your formulary

What is a formulary?

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

How do I use my formulary?

You and your provider 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. If your medication is not listed here, please visit sanfordhealthplan.com, log in to your Member Portal at sanfordhealthplan.com/memberlogin or call the toll-free member phone number on your ID card.

About this formulary

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

Reading your formulary

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

Tier information

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost generic medications	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand-name	Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Higher-cost non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
Tier 4	\$ Generic/Preferred biosimilar specialty medications	Generic and biosimilar specialty medications typically require additional information from you or your provider to determine coverage. Lower cost options may be available.
Tier 5	\$\$\$\$ Mid-range cost preferred brand-name specialty medication	Use tier 5 drugs, instead of tier 6, to help reduce your out-of-pocket costs.
Tier 6	\$\$\$\$\$ Highest-cost specialty medications	Many tier 6 drugs have lower cost options in Tier 4 or 5.
Tier 14	Medical Benefit medications	These are medications dispensed at the pharmacy that are subject to your medical deductible, coinsurance and maximum out-of-pocket.

Reading your formulary

Drug list information

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

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

Commercial 6 Tier (Large Group/Self-funded) Formulary

Table of Contents

Analgesics - Drugs for Pain.....	6	Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer.....	50
Analgesics - Drugs for Pain and Inflammation.....	8	Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions.....	51
Anesthetics.....	9	Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment....	52
Anti-Addiction / Substance Abuse Treatment Agents.....	9	Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions.....	53
Antibacterials.....	10	Genitourinary Agents - Drugs for Prostate Conditions.....	54
Anticoagulants.....	13	Hormonal Agents - Adrenal.....	55
Anticonvulsants - Drugs for Seizures.....	13	Hormonal Agents - Men's Health.....	55
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia.....	15	Hormonal Agents - Pituitary.....	56
Antidepressants.....	16	Hormonal Agents - Prostaglandins.....	56
Antiemetics - Drugs for Nausea and Vomiting.....	17	Hormonal Agents - Selective Estrogen Receptor Modifying Agents.....	56
Antifungals.....	18	Hormonal Agents - Sex Hormones and Birth Control.....	56
Antigout Agents.....	19	Hormonal Agents - Thyroid.....	61
Antimigraine Agents.....	19	Immunological Agents - Drugs for Immune System Stimulation or Suppression.....	62
Antimyasthenic Agents.....	20	Inflammatory Bowel Disease Agents.....	65
Antimycobacterials.....	20	Metabolic Bone Disease Agents - Drugs for Osteoporosis.....	65
Antineoplastics - Drugs for Cancer.....	21	Metabolic Bone Disease Agents - Other....	66
Antiparasitics.....	25	Miscellaneous Therapeutic Agents.....	66
Antiparkinson Agents.....	26	Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation.....	68
Antiplatelets.....	27	Ophthalmic Agents - Drugs for Glaucoma.....	69
Antipsychotics - Drugs for Mood Disorders.....	27	Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....	70
Antivirals.....	28	Otic Agents - Drugs for Ear Conditions.....	71
Anxiolytics - Drugs for Anxiety.....	31	Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold.....	71
Bipolar Agents - Drugs for Mood Disorders.....	31	Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions.....	72
Blood Products and Modifiers - Drugs for Blood Disorders.....	31	Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.....	75
Cardiovascular Agents - Drugs for Heart and Circulation Conditions.....	32	Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....	76
Central Nervous System Agents - Drugs for Attention Deficit Disorder.....	37	Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	76
Central Nervous System Agents - Drugs for Multiple Sclerosis.....	38	Sleep Disorder Agents.....	77
Central Nervous System Agents - Miscellaneous.....	39	Index of Drugs.....	78
Dental and Oral Agents - Drugs for Mouth and Throat Conditions.....	40		
Dermatological Agents - Drugs for Skin Conditions.....	41		
Diabetes - Antidiabetic Agents.....	45		
Diabetes - Glucose Monitoring.....	46		
Diabetes - Glycemic Agents.....	46		
Diabetes - Insulins.....	46		
Electrolytes / Minerals / Metals / Vitamins.....	47		

Drug Name	Drug Tier	Limits/ Required
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
acetaminophen-codeine solution 120-12 mg/5ml oral	1	QL
ascomp-codeine	1	
bac	1	
BELBUCA	3	QL
buprenorphine transdermal	1	QL
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 tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine oral capsule	1	
butorphanol tartrate nasal	1	QL
BUTRANS	3	BP; QL
codeine sulfate oral tablet	1	QL
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

Drug Name	Drug Tier	Limits/ Required
fentanyl citrate buccal lozenge on a handle	1	
FENTANYL CITRATE BUCCAL TABLET	3	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	
FIORICET ORAL CAPSULE	3	BP
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	BP
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 tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL
hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral	1	QL
hydrocodone-acetaminophen solution 5-217 mg/10ml oral	1	QL
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	1	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
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	NUCYNTA	3	QL
HYSINGLA ER	3	BP; QL	oxycodone hcl oral capsule	1	QL
levorphanol tartrate oral	1	QL	oxycodone hcl oral concentrate 100 mg/5ml	1	QL
meperidine hcl oral solution	1	QL	oxycodone hcl oral tablet	1	QL
meperidine hcl oral tablet 50 mg	1	QL	oxycodone hcl solution 5 mg/5ml oral	1	QL
methadone hcl intensol	1		oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
methadone hcl oral	1		OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	QL
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	BP	oxymorphone hcl	1	QL
methadose oral tablet soluble	1		oxymorphone hcl er	1	QL
METHADOSE SUGAR-FREE	3	BP	pentazocine-naloxone hcl	1	QL
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	1	QL	PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	BP; QL
morphine sulfate er beads	1	QL	ROXICODONE ORAL TABLET 15 MG, 30 MG	3	BP; 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	SUBSYS SUBLINGUAL LIQUID 800 MCG	3	
morphine sulfate er oral tablet extended release	1	QL	tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	
morphine sulfate oral solution 20 mg/5ml	1	QL	tramadol hcl er	1	
morphine sulfate oral tablet	1	QL			
morphine sulfate solution 10 mg/5ml 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.

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
tramadol hcl oral tablet	1	QL
tramadol-acetaminophen	1	QL
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	3	BP
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	BP
aspirin 81 oral tablet delayed release	1	O
aspirin adult low dose	1	O
aspirin adult low strength oral tablet delayed release	1	O
aspirin childrens	1	O
aspirin ec low dose	1	O
aspirin ec low strength	1	O
aspirin low dose oral tablet delayed release	1	O
aspirin low dose tablet chewable 81 mg oral	1	O
aspirin oral tablet 325 mg	1	O
aspirin oral tablet chewable	1	O
aspirin oral tablet delayed release 325 mg, 81 mg	1	O
aspirin regimen	1	O
CELEBREX	3	BP
celecoxib oral	1	
DAYPRO	3	BP
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	

Drug Name	Drug Tier	Limits/ Required
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	
EC-NAPROSYN	3	BP
ec-naproxen	1	
etodolac er	1	
etodolac oral	1	
FELDENE	3	BP
flurbiprofen oral	1	
genuine aspirin	1	O
goodsense aspirin adults	1	O
goodsense aspirin low dose	1	O
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin rectal suppository 50 mg	1	
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.

Coverage effective 1/1/2024

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	
LODINE	3	BP
mefenamic acid oral	1	
meloxicam oral tablet	1	
mm aspirin oral tablet delayed release	1	O
nabumetone oral	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	BP
NAPROSYN ORAL TABLET 500 MG	3	BP
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium er oral tablet extended release 24 hour 750 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin	1	
piroxicam oral	1	
sulindac oral	1	
tolmetin sodium oral capsule	1	
tolmetin sodium oral tablet 600 mg	1	

Drug Name	Drug Tier	Limits/ Required
Anesthetics		
ethyl chloride	1	
GEBAUERS PAIN EASE	3	
GEBAUERS SPRAY AND STRETCH	3	
glydo external prefilled syringe	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal external prefilled syringe	1	
lidocaine ointment 5 % external	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	3	BP
LIDODERM	3	BP
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
APO-VARENICLINE	2	QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
bupropion hcl er (smoking det)	1	QL
disulfiram oral	1	
goodsense nicotine mouth/throat lozenge 4 mg	1	O; QL
habitrol	1	O; QL

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
LUCEMYRA	3	QL
naloxone hcl liquid 4 mg/0.1ml nasal (rx)	1	QL
naltrexone hcl oral	1	
NARCAN LIQUID 4 MG/0.1ML NASAL (RX)	2	QL
nicotine mini	1	O; QL
nicotine polacrilex mini	1	O; QL
nicotine polacrilex mouth/throat	1	O; QL
nicotine step 1	1	O; QL
nicotine step 2	1	O; QL
nicotine step 3	1	O; QL
nicotine transdermal kit	1	O; QL
nicotine transdermal patch 24 hour 21 mg/24hr	1	O; QL
NICOTROL	2	QL
NICOTROL NS	2	QL
SUBOXONE SUBLINGUAL FILM	3	BP; QL
varenicline tartrate (starter)	1	QL
varenicline tartrate oral tablet	1	QL
ZUBSOLV	3	QL
Antibacterials		
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	

Drug Name	Drug Tier	Limits/ Required
amoxicillin-potassium clavulanate oral	1	
ampicillin oral capsule 500 mg	1	
AUGMENTIN ES-600	3	BP
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
AUGMENTIN ORAL TABLET 500-125 MG	3	BP
avidoxy	1	
azithromycin oral packet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
BACTRIM	3	BP
BACTRIM DS	3	BP
BAXDELA ORAL	3	PA
benzalkonium chloride external solution , 50 %	1	
cefaclor	1	
cefaclor er	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	

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

Coverage effective 1/1/2024

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	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 ORAL TABLET DELAYED RELEASE 50 MG	3	BP
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 200 mg, 50 mg	1	

Drug Name	Drug Tier	Limits/ Required
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
E.E.S. 400 ORAL TABLET	2	
E.E.S. GRANULES	3	BP
ERYPED 200	3	BP
ERYPED 400	3	BP
ERY-TAB	3	BP
ERYTHROCIN STEARATE ORAL TABLET 250 MG	2	
erythromycin base oral	1	
erythromycin ethylsuccinate oral	1	
erythromycin oral	1	
FIRVANQ	3	BP
fosfomycin tromethamine	1	
gentamicin sulfate external	1	
HIPREX	3	BP
hydrogen peroxide solution 30 %	1	
levofloxacin oral	1	
linezolid oral suspension reconstituted	1	PA
linezolid tablet 600 mg oral	1	PA
MACROBID	3	BP

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
MACRODANTIN	3	BP
mafenide acetate external	1	
methenamine hippurate	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mondoxyne nl oral capsule 100 mg	1	
MONUROL	3	BP
moxifloxacin hcl oral	1	
mupirocin external	1	
neomycin sulfate oral	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
penicillin v potassium	1	
SILVADENE	3	BP
silver sulfadiazine external	1	
ssd	1	
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral	1	
SULFAMYLON EXTERNAL PACKET	3	BP
sulfatrim pediatric	1	

Drug Name	Drug Tier	Limits/ Required
SUPRAX ORAL CAPSULE	3	BP
SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	BP
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	3	
SUPRAX ORAL TABLET CHEWABLE	3	
tetracycline hcl oral	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOCIN	3	BP
vancomycin hcl oral	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE	3	BP
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	BP
XACIATO	3	
XENLETA ORAL	3	
XEPI	3	
XIFAXAN ORAL TABLET 550 MG	2	
ZITHROMAX ORAL PACKET	3	BP
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

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
ZITHROMAX Z-PAK	3	BP
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	PA; BP
ZYVOX TABLET 600 MG ORAL	3	PA; BP
Anticoagulants		
ARIXTRA	3	BP
ELIQUIS	2	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	
enoxaparin sodium injection	1	
fondaparinux sodium	1	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	2	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	
heparin sodium (porcine) injection solution prefilled syringe	1	
heparin sodium (porcine) pf	1	
jantoven	1	
LOVENOX INJECTION	3	BP
warfarin sodium oral	1	
XARELTO	2	

Drug Name	Drug Tier	Limits/ Required
XARELTO STARTER PACK	2	
Anticonvulsants - Drugs for Seizures		
BANZEL	3	BP
BRIVIACT ORAL	3	
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	3	BP
CELONTIN	3	BP
clobazam	1	
DEPAKOTE	3	BP
DEPAKOTE ER	3	BP
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	BP
DIACOMIT	5	PA; SP
DIASTAT ACUDIAL	3	BP; QL
DIASTAT PEDIATRIC	3	BP; QL
diazepam rectal	1	QL
DILANTIN INFATABS	3	BP
DILANTIN ORAL CAPSULE 100 MG	3	BP
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN ORAL SUSPENSION	3	BP
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral capsule delayed release sprinkle	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	5	PA; SP

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
epitol	1	
EPRONTIA	2	
ethosuximide oral	1	
felbamate	1	
FELBATOL	3	BP
FINTEPLA	6	PA; SP; QL
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral solution 300 mg/6ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
gabapentin solution 250 mg/5ml oral	1	
KEPPRA ORAL	3	BP
KEPPRA XR	3	BP
lacosamide oral	1	
LAMICTAL ODT	3	BP
LAMICTAL ORAL TABLET	3	BP
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	BP
LAMICTAL STARTER	3	BP
LAMICTAL XR ORAL KIT	2	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	BP
lamotrigine er	1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	
lamotrigine oral tablet	1	

Drug Name	Drug Tier	Limits/ Required
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral tablet	1	
levetiracetam solution 100 mg/ml oral	1	
methsuximide	1	
MYSOLINE	3	BP
NAYZILAM	2	AL; QL
NEURONTIN	3	BP
ONFI ORAL SUSPENSION	3	BP
ONFI ORAL TABLET 10 MG, 20 MG	3	BP
oxcarbazepine	1	
OXTELLAR XR	3	
phenobarbital oral elixir	1	
phenobarbital oral tablet	1	
PHENYTEK	3	BP
phenytoin infatabs	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
primidone oral	1	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
QUDEXY XR	3	BP
roweepra oral tablet 500 mg	1	
rufinamide	1	
SABRIL	6	SP; BP
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL ORAL SUSPENSION	3	BP
TEGRETOL ORAL TABLET	3	BP
TEGRETOL-XR	3	BP
tiagabine hcl	1	
TOPAMAX	3	BP
TOPAMAX SPRINKLE	3	BP
topiramate er	1	
topiramate oral	1	
TRILEPTAL	3	BP
TROKENDI XR	3	BP
valproic acid oral capsule	1	
valproic acid solution 250 mg/5ml oral	1	
VALTOCO	2	AL; QL
vigabatrin	4	SP
vigadrone	4	SP
VIMPAT ORAL	3	BP
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	QL

Drug Name	Drug Tier	Limits/ Required
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
zonisamide oral	1	
ZTALMY	5	PA; SP; QL
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	3	BP
donepezil hcl	1	
EXELON TRANSDERMAL	3	BP
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
memantine hcl er	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET	3	BP
NAMENDA TITRATION PAK	3	BP
NAMENDA XR	3	BP
NAMZARIC	3	
rivastigmine	1	
rivastigmine tartrate	1	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
Antidepressants		
amitriptyline hcl oral	1	
amoxapine	1	
ANAFRANIL	3	BP
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
bupropion hcl oral	1	
CELEXA ORAL TABLET	3	BP; QL
chlordiazepoxide-amitriptyline	1	
citalopram hydrobromide oral solution	1	QL
citalopram hydrobromide oral tablet	1	QL
clomipramine hcl oral	1	
CYMBALTA	3	BP
desipramine hcl oral	1	
desvenlafaxine succinate er	1	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral	1	
EFFEXOR XR	3	BP
escitalopram oxalate oral	1	
fluoxetine hcl oral capsule	1	

Drug Name	Drug Tier	Limits/ Required
fluoxetine hcl oral capsule delayed release	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluvoxamine maleate	1	
fluvoxamine maleate er	1	
imipramine hcl oral	1	
imipramine pamoate	1	
LEXAPRO ORAL TABLET	3	BP
MARPLAN	3	
mirtazapine oral	1	
NARDIL	3	BP
nefazodone hcl	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	BP
nortriptyline hcl oral	1	
olanzapine-fluoxetine hcl	1	
PAMELOR ORAL CAPSULE	3	BP
PARNATE	3	BP
paroxetine hcl er	1	QL
paroxetine hcl oral tablet	1	QL
PAXIL CR	3	BP; QL
PAXIL ORAL TABLET	3	BP; QL
perphenazine-amitriptyline	1	
phenelzine sulfate oral	1	
PRISTIQ	3	BP
protriptyline hcl	1	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
PROZAC ORAL CAPSULE	3	BP
REMERON ORAL TABLET 15 MG, 30 MG	3	BP
REMERON SOLTAB	3	BP
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	BP
tranylcypromine sulfate	1	
trazodone hcl oral	1	
trimipramine maleate oral	1	
TRINTELLIX ORAL TABLET 10 MG	2	ST; QL
TRINTELLIX TABLET 20 MG ORAL	2	ST; QL
TRINTELLIX TABLET 5 MG ORAL	2	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD ORAL TABLET	3	ST; BP; QL
VIIBRYD STARTER PACK	3	ST; QL
vilazodone hcl	1	ST; QL
WELLBUTRIN SR	3	BP
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	BP

Drug Name	Drug Tier	Limits/ Required
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	BP
ZOLOFT	3	BP
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL	3	QL
ANTIVERT ORAL TABLET 50 MG	3	BP
ANTIVERT ORAL TABLET CHEWABLE	3	BP
ANZEMET ORAL TABLET 50 MG	3	QL
aprepitant	1	QL
compro	1	
dronabinol	1	
EMEND ORAL CAPSULE 80 MG	3	BP; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
EMEND TRI-PACK	3	BP; QL
granisetron hcl oral	1	QL
MARINOL ORAL CAPSULE 2.5 MG	3	BP
meclizine hcl oral tablet 12.5 mg, 50 mg	1	
meclizine hcl tablet 25 mg oral (rx)	1	
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible 5 mg	1	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
metoclopramide hcl solution 10 mg/10ml oral	1	
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron hcl solution 4 mg/5ml oral	1	
ondansetron odt	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
prochlorperazine suppository 25 mg rectal	1	
promethazine hcl oral	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethegan	1	
REGLAN ORAL	3	BP
scopolamine	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	3	BP
trimethobenzamide hcl oral	1	
Antifungals		
ANCOBON	3	BP
ciclodan external solution	1	
ciclopirox external	1	
CICLOPIROX OLAMINE	2	
ciclopirox olamine external	1	
clotrimazole cream 1 % external (rx)	1	

Drug Name	Drug Tier	Limits/ Required
CLOTRIMAZOLE POWDER	2	
clotrimazole solution 1 % external (rx)	1	
clotrimazole troche 10 mg mouth/throat	1	
clotrimazole-betamethasone	1	
CRESEMBA ORAL CAPSULE 186 MG	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	BP
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	BP
econazole nitrate external	1	
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
itraconazole solution 10 mg/ml oral	1	QL
ketoconazole external cream	1	
ketoconazole external foam	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral	1	
ketodan external foam	1	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
LOPROX EXTERNAL SUSPENSION	3	BP
miconazole 3 vaginal suppository	1	
naftifine hcl external gel 2 %	1	
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	
oxiconazole nitrate	1	
OXISTAT EXTERNAL CREAM	3	BP
posaconazole oral	1	
SPORANOX	3	BP; QL
terbinafine hcl oral	1	
terconazole	1	QL
TOLNAFTATE	2	
VFEND	3	BP
VIVJOA	3	ST; QL
voriconazole oral	1	
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	

Drug Name	Drug Tier	Limits/ Required
COLCHICINE ORAL CAPSULE	3	ST
colchicine oral tablet	1	
colchicine-probenecid	1	
COLCRYS	3	BP
febuxostat	1	ST
MITIGARE	3	ST
probenecid oral	1	
ULORIC	3	ST; BP
ZYLOPRIM	3	BP
Antimigraine Agents		
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	2	ST; QL
AIMOVIG	2	ST; QL
diclofenac potassium(migraine)	1	
dihydroergotamine mesylate injection	1	QL
dihydroergotamine mesylate nasal	1	QL
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	ST; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	2	ST; QL
ERGOMAR	2	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
ergotamine-caffeine	1	
FROVA	3	BP; QL
frovatriptan succinate	1	QL
IMITREX NASAL	3	BP; QL
IMITREX ORAL	3	BP; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	BP; QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	BP; QL
MAXALT ORAL TABLET 10 MG	3	BP; QL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	BP; QL
MIGERGOT	2	
MIGRANAL	3	BP; QL
naratriptan hcl	1	QL
QULIPTA	2	ST; QL
RELPAX	3	BP; QL
REYVOW	3	ST; QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL

Drug Name	Drug Tier	Limits/ Required
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	QL
UBRELVY TABLET 100 MG ORAL	2	PA; QL
UBRELVY TABLET 50 MG ORAL	2	PA; QL
zolmitriptan oral	1	QL
ZOMIG ORAL	3	BP; QL
Antimyasthenic Agents		
MESTINON ORAL SOLUTION	3	BP
MESTINON ORAL TABLET	3	BP
MESTINON ORAL TABLET EXTENDED RELEASE	3	BP
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet	1	
Antimycobacterials		
cycloserine oral	1	
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
MYAMBUTOL ORAL TABLET 400 MG	3	BP
MYCOBUTIN	3	BP; QL
PRETOMANID	2	
PRIFTIN	2	
pyrazinamide oral	1	
rifabutin	1	QL

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
rifampin oral	1	
SIRTURO	3	
TRECTOR	2	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	14	PA; MB; SP
AFINITOR	14	PA; MB; SP; BP
AFINITOR DISPERZ	14	PA; MB; SP; BP
ALECENSA	14	PA; MB; SP; QL
ALUNBRIG ORAL TABLET	14	PA; MB; SP; QL
ALUNBRIG ORAL TABLET THERAPY PACK	14	PA; MB; SP
anastrozole oral	1	
ARIMIDEX	3	BP
AROMASIN	3	BP
AYVAKIT	14	PA; MB; SP; QL
BALVERSA	14	PA; MB; SP; QL
BESREMI	14	PA; MB; SP; QL
bexarotene external	4	SP
bexarotene oral	14	PA; MB; SP
bicalutamide	14	PA; MB; SP
BOSULIF	14	PA; MB; SP
BRAFTOVI ORAL CAPSULE 75 MG	14	PA; MB; SP; QL

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

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
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	
EXKIVITY	14	PA; MB; SP; QL
FARESTON	3	BP
FEMARA	3	BP
FOTIVDA	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
HYCAMTIN ORAL	14	PA; MB; SP
HYDREA	3	BP
hydroxyurea oral	1	
IBRANCE	14	PA; MB; SP
ICLUSIG	14	PA; MB; SP
IDHIFA	14	PA; MB; SP; QL
imatinib mesylate	14	PA; MB; SP
IMBRUVICA ORAL CAPSULE	6	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
IMBRUVICA ORAL SUSPENSION	6	PA; SP; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	6	PA; SP; QL
INLYTA	14	PA; MB; SP
INQOVI	14	PA; MB; SP; QL
INREBIC	14	PA; MB; SP; QL
IRESSA	14	PA; MB; SP; BP
JAKAFI	6	PA; SP
JAYPIRCA	14	PA; MB; SP; QL
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	14	PA; MB; SP; QL
KISQALI FEMARA	14	PA; MB; SP; QL
KISQALI ORAL TABLET THERAPY PACK 200 MG	14	PA; MB; SP; QL
KOSELUGO	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.

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
KRAZATI	14	PA; MB; SP; QL
lapatinib ditosylate	14	PA; MB; SP
lenalidomide	14	PA; MB; SP
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
letrozole oral	1	
leucovorin calcium oral	1	
LEUKERAN	14	PA; MB; SP
LONSURF	14	PA; MB; SP
LUMAKRAS ORAL TABLET 120 MG	14	PA; MB; SP; QL
LUMAKRAS ORAL TABLET 320 MG	14	PA; MB; QL
LYNPARZA ORAL TABLET	14	PA; MB; SP
LYSODREN	14	PA; MB; SP
LYTGOBI (12 MG DAILY DOSE)	14	PA; MB; SP; QL
LYTGOBI (16 MG DAILY DOSE)	14	PA; MB; SP; QL
LYTGOBI (20 MG DAILY DOSE)	14	PA; MB; SP; QL
MATULANE	14	PA; MB; SP
MEKINIST ORAL TABLET	14	PA; MB; SP
MEKTOVI	14	PA; MB; SP; QL

Drug Name	Drug Tier	Limits/ Required
melfhalan	14	PA; MB; SP
mercaptopurine oral	1	
MESNEX ORAL	5	SP
MYLERAN	14	PA; MB; SP
NERLYNX	14	PA; MB; SP; QL
NEXAVAR	14	PA; MB; SP; BP
NILANDRON	14	PA; MB; SP; BP
nilutamide	14	PA; MB; SP
NINLARO	14	PA; MB; SP
NUBEQA	14	PA; MB; SP; QL
ODOMZO	14	PA; MB; SP
ONUREG	14	PA; MB; SP; QL
ORGOVYX	14	PA; MB; SP; QL
ORSERDU	14	PA; MB; SP; QL
PANRETIN	5	SP
PEMAZYRE	14	PA; MB; SP; QL
PIQRAY	14	PA; MB; SP; QL
POMALYST	14	PA; MB; SP
PURIXAN	3	
QINLOCK	14	PA; MB; SP; QL
RETEVMO	14	PA; MB; SP; QL

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
REVLIMID	14	PA; MB; SP	TARGRETIN ORAL	14	PA; MB; SP; BP
REZLIDHIA	14	PA; MB; SP; QL	TASIGNA	14	PA; MB; SP
ROZLYTREK	14	PA; MB; SP; QL	TAZVERIK	14	PA; MB; SP; QL
RUBRACA	14	PA; MB; SP; QL	temozolomide	14	PA; MB; SP
RYDAPT	14	PA; MB; SP; QL	TEPMETKO	14	PA; MB; SP; QL
SCEMBLIX	14	PA; MB; SP; QL	THALOMID	14	PA; MB; SP
SOLTAMOX	3		TIBSOVO	14	PA; MB; SP; QL
sorafenib tosylate	14	PA; MB; SP	toremifene citrate	1	
SPRYCEL	14	PA; MB; SP	tretinoin oral	14	PA; MB; SP
STIVARGA	14	PA; MB; SP	TUKYSA	14	PA; MB; SP; QL
sunitinib malate	14	PA; MB; SP	TURALIO ORAL CAPSULE 125 MG	14	PA; MB; SP; QL
SUTENT	14	PA; MB; SP; BP	TYKERB	14	PA; MB; SP; BP
TABLOID	14	PA; MB; SP	VALCHLOR	14	PA; MB; SP
TABRECTA	14	PA; MB; SP; QL	VENCLEXTA	14	PA; MB; SP
TAFINLAR ORAL CAPSULE	14	PA; MB; SP	VENCLEXTA STARTING PACK	14	PA; MB; SP
TAGRISO	14	PA; MB; SP; QL	VERZENIO	14	PA; MB; SP; QL
TALZENNA	14	PA; MB; SP; QL	VIJOICE	5	PA; SP; QL
tamoxifen citrate oral	1		VIZIMPRO	14	PA; MB; SP; QL
TARCEVA	14	PA; MB; SP; BP	VONJO	14	PA; MB; SP; QL
TARGRETIN EXTERNAL	6	SP; BP			

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
VOTRIENT	14	PA; MB; SP
WELIREG	14	PA; MB; SP; QL
XALKORI	14	PA; MB; SP
XELODA	14	PA; MB; SP; BP
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	14	PA; MB; SP
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	14	PA; MB; SP
XPOVIO (60 MG TWICE WEEKLY)	14	PA; MB; SP
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	14	PA; MB; SP
XPOVIO (80 MG TWICE WEEKLY)	14	PA; MB; SP
XTANDI	14	PA; MB; SP
YONSA	14	PA; MB; SP; QL
ZEJULA ORAL TABLET	14	PA; MB; SP

Drug Name	Drug Tier	Limits/ Required
ZELBORAF	14	PA; MB; SP
ZOLINZA	14	PA; MB; SP
ZYDELIG	14	PA; MB; SP
ZYKADIA ORAL TABLET	14	PA; MB; SP
ZYTIGA	14	PA; MB; SP; BP
Antiparasitics		
albendazole oral	1	
ALINIA ORAL SUSPENSION RECONSTITUTED	2	
ALINIA ORAL TABLET	3	BP
atovaquone oral	1	
atovaquone-proguanil hcl	1	
BENZNIDAZOLE	3	QL
BILTRICIDE	3	BP
chloroquine phosphate oral	1	
COARTEM	3	
CROTAN	2	
DARAPRIM	6	PA; SP; BP
EMVERM	3	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	
ivermectin oral	1	QL
KRINTAFEL	2	QL
LAMPIT	3	QL
MALARONE	3	BP
malathion external	1	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
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
praziquantel oral	1	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral	4	PA; SP
QUALAQUIN	3	BP
quinine sulfate oral	1	
spinosad	1	
STROMECTOL	3	BP; QL
sulfurated lime	1	
Antiparkinson Agents		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
amantadine hcl solution 50 mg/5ml oral	1	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	6	SP; BP
apomorphine hcl subcutaneous	4	SP
AZILECT	3	BP

Drug Name	Drug Tier	Limits/ Required
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	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
COMTAN	3	BP
entacapone	1	
LODOSYN	3	BP
NEUPRO	3	
ONGENTYS	2	QL
PARLODEL	3	BP
pramipexole dihydrochloride	1	
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
RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL	3	ST

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL	3	ST
selegiline hcl oral	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	BP
STALEVO 100	3	BP
STALEVO 125	3	BP
STALEVO 150	3	BP
STALEVO 200	3	BP
STALEVO 50	3	BP
STALEVO 75	3	BP
trihexyphenidyl hcl	1	
Antiplatelets		
aspirin-dipyridamole er	1	
BRILINTA ORAL TABLET 60 MG	2	
BRILINTA TABLET 90 MG ORAL	2	
CABLIVI	5	PA; SP; QL
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
EFFIENT	3	BP
PLAVIX ORAL TABLET 75 MG	3	BP
prasugrel hcl	1	
ZONTIVITY	2	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY ORAL TABLET	3	BP; QL
ADASUVE	3	

Drug Name	Drug Tier	Limits/ Required
aripiprazole oral solution	1	
aripiprazole oral tablet	1	QL
aripiprazole oral tablet dispersible	1	QL
chlorpromazine hcl oral	1	
clozapine oral tablet	1	
clozapine oral tablet dispersible 12.5 mg, 25 mg	1	
clozapine tablet dispersible 100 mg oral	1	
clozapine tablet dispersible 150 mg oral	1	
clozapine tablet dispersible 200 mg oral	1	
CLOZARIL	3	BP
fluphenazine hcl oral	1	
GEODON ORAL	3	BP
haloperidol lactate concentrate 2 mg/ml oral	1	
haloperidol oral	1	
INVEGA	3	BP
LATUDA	3	ST; BP; QL
loxapine succinate oral	1	
lurasidone hcl	1	ST; QL
molindone hcl	1	
NUPLAZID ORAL CAPSULE	2	ST; QL
NUPLAZID ORAL TABLET 10 MG	2	ST; QL
olanzapine oral	1	
paliperidone er	1	
pimozide	1	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
quetiapine fumarate er	1	QL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	QL
quetiapine fumarate oral tablet 150 mg	1	
RISPERDAL ORAL SOLUTION	3	BP
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	BP
risperidone	1	
SEROQUEL	3	BP; QL
SEROQUEL XR	3	BP; QL
thioridazine hcl oral	1	
thiothixene oral	1	
trifluoperazine hcl oral	1	
VERSACLOZ	3	
VRAYLAR	2	ST; QL
ziprasidone hcl	1	
ZYPREXA ORAL	3	BP
ZYPREXA ZYDIS	3	BP
Antivirals		
abacavir sulfate	1	QL
abacavir sulfate-lamivudine	1	QL
acyclovir external ointment	1	
acyclovir oral	1	
adefovir dipivoxil	1	
APTIVUS ORAL CAPSULE	2	QL
atazanavir sulfate	1	QL
BARACLUDE ORAL SOLUTION	3	

Drug Name	Drug Tier	Limits/ Required
BARACLUDE ORAL TABLET	3	BP
BIKTARVY	2	QL
CIMDUO	2	QL
COMBIVIR	3	BP; QL
COMPLERA	2	QL
darunavir	1	QL
DELSTRIGO	2	QL
DESCOVY	2	QL
DOVATO	2	QL
EDURANT	2	QL
efavirenz	1	QL
efavirenz-emtricitab-tenofo df	1	QL
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg	1	
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	1	QL
emtricitabine	1	QL
emtricitabine-tenofovir df	1	QL
EMTRIVA ORAL CAPSULE	3	BP; QL
EMTRIVA ORAL SOLUTION	2	QL
entecavir	1	
EPCLUSA	5	PA; SP; QL
EPIVIR	3	BP; QL
EPZICOM	3	BP; QL
etravirine	1	QL
EVOTAZ	2	QL
famciclovir oral	1	QL
fosamprenavir calcium	1	QL

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	QL
GENVOYA	2	QL
HARVONI	5	PA; SP; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3	BP; QL
INTELENCE ORAL TABLET 25 MG	2	QL
ISENTRESS HD	2	QL
ISENTRESS ORAL PACKET	2	
ISENTRESS ORAL TABLET	2	QL
ISENTRESS ORAL TABLET CHEWABLE	2	QL
JULUCA	2	QL
KALETRA ORAL SOLUTION	3	BP; QL
KALETRA ORAL TABLET	3	BP; QL
lamivudine oral solution	1	QL
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg, 300 mg	1	QL
lamivudine-zidovudine	1	QL
LEDIPASVIR- SOFOSBUVIR	5	PA; SP; QL
LEXIVA ORAL SUSPENSION	2	QL
LEXIVA ORAL TABLET	3	BP; QL
LIVTENCITY	2	QL
lopinavir-ritonavir	1	QL

Drug Name	Drug Tier	Limits/ Required
maraviroc	1	QL
MAVYRET	5	PA; SP; QL
nevirapine	1	QL
nevirapine er	1	QL
NORVIR ORAL PACKET	2	
NORVIR ORAL TABLET	3	BP; QL
ODEFSEY	2	QL
oseltamivir phosphate oral	1	QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	SP
PIFELTRO	2	QL
PREVYMIS ORAL	6	SP; QL
PREZCOBIX	2	QL
PREZISTA ORAL SUSPENSION	2	QL
PREZISTA ORAL TABLET 150 MG, 75 MG	2	QL
PREZISTA ORAL TABLET 600 MG, 800 MG	3	BP; QL
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL
RETROVIR ORAL CAPSULE	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.

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
RETROVIR ORAL SYRUP	3	BP; QL
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	BP; QL
REYATAZ ORAL PACKET	3	
ribavirin inhalation	1	
ribavirin oral capsule	1	
ribavirin oral tablet 200 mg	1	
rimantadine hcl	1	
ritonavir	1	QL
RUKOBIA	2	QL
SELZENTRY ORAL SOLUTION	2	QL
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	BP; QL
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	QL
SOFOSBUVIR-VELPATASVIR	5	PA; SP; QL
STRIBILD	2	QL
SUNLENCA ORAL	2	QL
SYMFI	3	BP; QL
SYMFI LO	3	BP
SYMTUZA	2	QL
TAMIFLU ORAL CAPSULE	3	BP; QL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	BP; QL
tenofovir disoproxil fumarate	1	QL
TIVICAY	2	QL

Drug Name	Drug Tier	Limits/ Required
TIVICAY PD	2	QL
TRIUMEQ	2	QL
TRIUMEQ PD	2	QL
TRIZIVIR	3	QL
TRUVADA	3	BP; QL
TYBOST	3	QL
valacyclovir hcl oral	1	
VALCYTE	3	BP
valganciclovir hcl	1	
VALTREX	3	BP
VEMLIDY	3	
VIRACEPT ORAL TABLET	2	QL
VIRAZOLE	3	BP
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL
VIREAD ORAL TABLET 300 MG	3	BP; QL
VOSEVI	5	PA; SP; QL
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
ZIAGEN	3	BP; QL
zidovudine	1	QL
ZOVIRAX EXTERNAL 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.

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral tablet	1	
alprazolam xr	1	
ATIVAN ORAL	3	BP
bupirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
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	
meprobamate	1	
midazolam hcl oral	1	
oxazepam	1	
triazolam	1	
VALIUM	3	BP

Drug Name	Drug Tier	Limits/ Required
VISTARIL	3	BP
XANAX	3	BP
XANAX XR	3	BP
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	BP
Blood Products and Modifiers - Drugs for Blood Disorders		
AGRYLIN	3	BP
aminocaproic acid oral solution	1	
aminocaproic acid oral tablet	1	
anagrelide hcl	1	
FULPHILA	14	MB; SP
FYLNETRA	14	MB; SP
MULPLETA	5	PA; SP; QL
NEULASTA ONPRO	14	MB; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP
NYVEPRIA	14	MB; SP
PROMACTA	5	PA; SP; QL
PYRUKYND	5	PA; SP; QL
PYRUKYND TAPER PACK	5	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.

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
TAVALISSE	5	PA; SP; QL	amlodipine-valsartan-hctz	1	
tranexamic acid oral	1	QL	ATACAND	3	BP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	14	MB	atenolol oral	1	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	14	MB; SP	atenolol-chlorthalidone	1	
ZIEXTENZO	14	MB; SP	atorvastatin calcium oral	1	QL
Cardiovascular Agents - Drugs for Heart and Circulation Conditions			AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	BP
ACCUPRIL	3	BP	AVAPRO	3	BP
ACCURETIC ORAL TABLET 10-12.5 MG	3		AZOR	3	BP
ACCURETIC ORAL TABLET 20-12.5 MG	3	BP	benazepril hcl oral	1	
acebutolol hcl oral	1		benazepril-hydrochlorothiazide	1	
ALDACTONE	3	BP	BENICAR	3	BP
aliskiren fumarate	1		BENICAR HCT	3	BP
ALTACE ORAL CAPSULE	3	BP	BETAPACE AF	3	BP
amiloride hcl oral	1		BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	BP
amiloride-hydrochlorothiazide	1		betaxolol hcl oral	1	
amiodarone hcl oral	1		BIDIL	3	BP
amlodipine besylate oral	1		bisoprolol fumarate oral	1	
amlodipine besylate-benazepril hcl	1		bisoprolol-hydrochlorothiazide	1	
amlodipine besylate-valsartan	1		bumetanide oral	1	
amlodipine-atorvastatin	1	QL	BUMEX ORAL TABLET 0.5 MG	3	BP
amlodipine-olmesartan	1		BYSTOLIC	3	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	BP; QL
			CAMZYOS	6	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.

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
candesartan cilexetil	1	
captopril oral	1	
captopril-hydrochlorothiazide	1	
CARDIZEM CD	3	BP
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	BP
CARDURA	3	BP; QL
cartia xt	1	
carvedilol	1	
CATAPRES-TTS-1	3	BP
CATAPRES-TTS-2	3	BP
CATAPRES-TTS-3	3	BP
chlorthalidone oral tablet 25 mg, 50 mg	1	
cholestyramine light	1	QL
cholestyramine oral	1	QL
clonidine	1	
clonidine hcl oral	1	
colesevelam hcl oral tablet	1	
COLESTID	3	BP
COLESTID FLAVORED	3	BP
colestipol hcl	1	
COREG	3	BP
CORGARD ORAL TABLET 20 MG, 40 MG	3	BP
CORLANOR	3	
COZAAR	3	BP
CRESTOR	3	BP; QL
DEMSER	3	BP
DIBENZYLINE CAPSULE 10 MG ORAL	3	BP

Drug Name	Drug Tier	Limits/ Required
digoxin oral	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	3	BP
DIOVAN HCT	3	BP
disopyramide phosphate oral	1	
DIURIL	2	
dofetilide	1	
doxazosin mesylate oral	1	QL
DYRENIUM	3	BP
EDECIN	3	BP
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO	3	
eplerenone	1	
ethacrynic acid oral	1	
EXFORGE	3	BP
EXFORGE HCT	3	BP
ezetimibe	1	QL
ezetimibe-simvastatin	1	QL

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
felodipine er	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
fluvastatin sodium	1	QL
fluvastatin sodium er	1	QL
fosinopril sodium	1	
fosinopril sodium-hctz	1	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl oral	1	
HEMANGEOL	5	SP
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	3	BP
icosapent ethyl	1	
indapamide oral	1	
INDERAL LA	3	BP
INSPRA	3	BP
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
ISORDIL TITRADOSE	3	BP
isosorb dinitrate-hydralazine	1	

Drug Name	Drug Tier	Limits/ Required
isosorbide dinitrate oral	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
isradipine	1	
KATERZIA	3	AL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	3	BP
LASIX	3	BP
LESCOL XL	3	BP; QL
LIPITOR	3	BP; QL
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	BP
LOPRESSOR ORAL	3	BP
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	BP
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	BP
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	BP
lovastatin oral	1	QL
LOVAZA	3	BP
MAXZIDE	3	BP
MAXZIDE-25	3	BP
metolazone	1	
metoprolol succinate er	1	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
metoprolol tartrate oral	1	
metoprolol-hydrochlorothiazide	1	
metyrosine	1	
mexiletine hcl oral	1	
MICARDIS	3	BP
midodrine hcl	1	
MINIPRESS	3	BP
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
niacin (antihyperlipidemic)	1	
niacin er (antihyperlipidemic)	1	
niacor	1	
nifedipine capsule 10 mg oral	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral capsule 20 mg	1	
nimodipine oral	1	
NITRO-BID	2	
nitroglycerin sublingual	1	
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual solution	1	

Drug Name	Drug Tier	Limits/ Required
NITROLINGUAL	3	BP
NITROSTAT	3	BP
NORLIQVA	3	AL
NORPACE	3	BP
NORPACE CR	2	
NORVASC	3	BP
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	3	BP
pentoxifylline er	1	
perindopril erbumine	1	
phenoxybenzamine hcl oral	1	
pindolol	1	
PRALUENT SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	3	PA; QL
PRALUENT SOLUTION AUTO-INJECTOR 75 MG/ML SUBCUTANEOUS	3	PA; QL
pravastatin sodium	1	QL
prazosin hcl oral	1	
PRESTALIA	3	
prevalite	1	QL
PROCARDIA XL	3	BP
propafenone hcl	1	
propafenone hcl er	1	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
propranolol hcl er	1	
propranolol hcl oral	1	
QUESTRAN	3	BP; QL
QUESTRAN LIGHT ORAL POWDER	3	BP; QL
quinapril hcl	1	
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1	
quinidine gluconate er	1	
quinidine sulfate oral	1	
ramipril	1	
ranolazine er	1	
RECTIV	3	
REPATHA	2	PA; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; QL
REPATHA SURECLICK	2	PA; QL
rosuvastatin calcium	1	QL
RYTHMOL SR	3	BP
simvastatin oral tablet	1	QL
sotalol hcl (af)	1	
sotalol hcl oral	1	
SOTYLIZE	3	
spironolactone oral	1	
spironolactone-hctz	1	
taztia xt	1	
TEKTURNA	3	BP
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	
telmisartan	1	
telmisartan-amlodipine	1	

Drug Name	Drug Tier	Limits/ Required
TENORETIC 100	3	BP
TENORETIC 50	3	BP
TENORMIN	3	BP
tiadylt er	1	
TIAZAC	3	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	
TOPROL XL	3	BP
toremide oral	1	
trandolapril	1	
trandolapril-verapamil hcl er	1	
triamterene oral	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet	1	
TRIBENZOR	3	BP
TRICOR	3	BP
TRILIPIX	3	BP
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	3	BP
VASERETIC	3	BP
VASOTEC	3	BP
VECAMYL	3	
verapamil hcl er oral capsule extended release 24 hour	1	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral	1	
VERELAN	3	BP
VERELAN PM	3	BP
VERQUVO	3	QL
VYNDAMAX	5	PA; SP; QL
VYNDAQEL	5	PA; SP; QL
VYTORIN	3	BP; QL
WELCHOL ORAL TABLET	3	BP
ZESTORETIC	3	BP
ZESTRIL	3	BP
ZETIA	3	BP; QL
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	BP; QL
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	3	BP
ADDERALL XR	3	BP
ADZENYS XR-ODT	3	
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	
APTENSIO XR	3	BP
atomoxetine hcl	1	QL

Drug Name	Drug Tier	Limits/ Required
clonidine hcl er oral tablet extended release 12 hour	1	
CONCERTA	3	BP
DESOXYN	3	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	
EVEKEO	3	BP
FOCALIN	3	BP
FOCALIN XR	3	BP
guanfacine hcl er	1	
INTUNIV	3	BP
JORNAY PM	3	
KAPVAY TABLET EXTENDED RELEASE 12 HOUR 0.1 MG ORAL	3	BP
lisdexamfetamine dimesylate	1	
methamphetamine hcl	1	
METHYLIN ORAL SOLUTION	3	BP
methylphenidate hcl er	1	
methylphenidate hcl er (cd)	1	
methylphenidate hcl er (la)	1	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	
methylphenidate hcl er (xr)	1	
methylphenidate hcl oral	1	
PROCENTRA	3	BP
QELBREE	3	ST; QL
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	
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	3	BP
ZENZEDI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	3	BP
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	3	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	6	PA; SP; BP; QL
AUBAGIO TABLET 14 MG ORAL	6	PA; SP; BP; QL
AUBAGIO TABLET 7 MG ORAL	6	PA; SP; BP; QL

Drug Name	Drug Tier	Limits/ Required
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; SP; QL
BAFIERTAM	5	PA; SP; QL
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	5	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; SP; QL
dalfampridine er	4	PA; SP; QL
dimethyl fumarate oral	4	PA; SP; QL
dimethyl fumarate starter pack	4	PA; SP; QL
EXTAVIA SUBCUTANEOUS KIT	5	PA; SP; QL
fingolimod hcl	4	PA; SP; QL
GILENYA CAPSULE 0.5 MG ORAL	6	PA; SP; BP; QL
GILENYA ORAL CAPSULE 0.25 MG	5	PA; SP
KESIMPTA	5	PA; SP; QL
MAVENCLAD	5	PA; SP; QL
MAYZENT ORAL TABLET 0.25 MG, 1 MG	5	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.

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
MAYZENT STARTER PACK	5	PA; SP; QL
MAYZENT TABLET 2 MG ORAL	5	PA; SP; QL
PLEGRIDY	5	PA; SP; QL
PLEGRIDY STARTER PACK	5	PA; SP; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
TASCENSO ODT	6	PA; SP; QL
TECFIDERA	6	PA; SP; BP; QL
teriflunomide	4	PA; SP; QL
VUMERITY	5	PA; SP; QL
ZEPOSIA	6	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	6	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	6	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
caffeine citrate oral	1	
HORIZANT ORAL TABLET EXTENDED RELEASE	3	
IMCIVREE	6	PA; SP; QL
LYRICA	3	BP; QL
NUDEXTA	3	QL
pregabalin oral	1	QL
RADICAVA ORS	5	PA; SP; QL
RADICAVA ORS STARTER KIT	5	PA; SP; QL
RELYVRIO	5	PA; SP; QL
RILUTEK	3	BP
riluzole	1	
SAVELLA	2	ST; QL
SAVELLA TITRATION PACK	2	ST; QL
TEGSEDI	5	PA; SP; QL
tetrabenazine	4	PA; SP
XENAZINE	6	PA; SP; BP

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
AQUORAL MOUTH/THROAT SOLUTION	3	
cevimeline hcl	1	
chlorhexidine gluconate solution 0.12 % mouth/throat	1	
CLINPRO 5000 PASTE 1.1 % DENTAL	3	
DEBACTEROL SOLUTION 30-50 % MOUTH/THROAT	2	
DENTA 5000 PLUS	3	
DENTAGEL	3	
EVOXAC	3	BP
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
FLUORIMAX 5000	3	
FLUORIMAX 5000 SENSITIVE	3	
JUST RIGHT 5000	3	
kourzeq	1	
lidocaine viscous hcl solution 2 % mouth/throat	1	
MI PASTE	2	
MI PASTE PLUS	2	
oralone	1	

Drug Name	Drug Tier	Limits/ Required
PERIDEX	3	BP
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
REMESENSE	3	
SALAGEN	3	BP
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm dental cream	1	
sodium fluoride 5000 ppm dental paste	1	
sodium fluoride dental cream	1	
sodium fluoride dental gel 1.1 %	1	
triamcinolone acetonide mouth/throat	1	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	BP
ACANYA	3	BP
accutane	1	
acitretin	1	
ACZONE EXTERNAL GEL 5 %	3	BP
adapalene external cream	1	
adapalene external gel 0.3 %	1	
adapalene gel 0.1 % external (rx)	1	
adapalene-benzoyl peroxide external gel	1	
ADBRY	5	PA; SP; QL
ala-cort external cream 1 %	1	
alclometasone dipropionate	1	
ALTRENO	3	AL
ALUMINUM CHLORIDE ANHYDROUS	2	
ALUMINUM CHLORIDE HEXAHYDRATE POWDER	2	
amcinonide external lotion	1	
ammonium lactate cream 12 % external (rx)	1	

Drug Name	Drug Tier	Limits/ Required
ammonium lactate lotion 12 % external (rx)	1	
amnestem	1	
ATRALIN	3	AL; BP
AVITA EXTERNAL CREAM	3	AL
azelaic acid external	1	
B & C	2	
balsam peru-castor oil	1	
BENZAMYCIN	3	BP
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
BPCO	2	
CALAMINE	2	
calcipotriene external cream	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	
CALCITRENE	3	BP
calcitriol external	1	
CARAC	3	
CIBINQO	5	PA; SP; QL
claravis	1	
CLEOCIN-T EXTERNAL LOTION	3	BP
clindacin etz external swab	1	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
clindacin-p	1	
CLINDAGEL	3	BP
clindamycin phos- benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	1	
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin-tretinoin	1	
clobetasol prop emollient base	1	
clobetasol propionate e	1	
clobetasol propionate external	1	
CLOBEX	3	BP
CLOBEX SPRAY	3	BP
clodan external shampoo	1	
coal tar external solution	1	
CONDYLOX EXTERNAL GEL	3	
CORDRAN EXTERNAL CREAM 0.05 %	3	
CORDRAN EXTERNAL LOTION	3	BP
dapsone external gel 5 %	1	
DERMA-SMOOTH/FS BODY	3	BP
DERMA-SMOOTH/FS SCALP	3	BP

Drug Name	Drug Tier	Limits/ Required
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
DESOWEN EXTERNAL CREAM	3	BP
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	1	
desoximetasone external liquid	1	
desoximetasone external ointment 0.25 %	1	
diclofenac sodium gel 3 % external	1	
DIFFERIN EXTERNAL CREAM	3	BP
DIFFERIN EXTERNAL GEL 0.3 %	3	BP
DIPROLENE EXTERNAL OINTMENT	3	BP
doxepin hcl external	1	
DRYSOL	2	
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	5	PA; SP; QL
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS	5	PA; SP; QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	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.

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
EFUDEX EXTERNAL CREAM	3	BP
ELIDEL	3	BP
EPIDUO	3	BP
EPIDUO FORTE	3	BP
EPIFOAM	2	
ery	1	
ERYGEL	3	BP
erythromycin external gel	1	
erythromycin external solution	1	
EUCRISA OINTMENT 2 % EXTERNAL	2	ST; QL
FINACEA EXTERNAL FOAM	3	
FINACEA EXTERNAL GEL	3	BP
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
flurandrenolide external cream	1	

Drug Name	Drug Tier	Limits/ Required
flurandrenolide external lotion	1	
fluticasone propionate external	1	
GORDOFILM	3	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone butyr lipo base	1	
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 2.5 %	1	
hydrocortisone external ointment 2.5 %	1	
hydrocortisone ointment 1 % external (rx)	1	
hydrocortisone valerate	1	
HYFTOR	3	PA; QL
imiquimod external cream 5 %	1	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ivermectin external cream	1	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
KERALYT EXTERNAL SHAMPOO	3	
KLARON	3	BP
lactic acid e	1	
lactic acid external lotion	1	
LOCOID EXTERNAL LOTION	3	BP
LOCOID LIPOCREAM	3	BP
methoxsalen rapid	1	
METROCREAM	3	BP
METROGEL EXTERNAL GEL	3	BP
METROLOTION	3	BP
metronidazole external	1	
mometasone furoate external	1	
NEO-SYNALAR EXTERNAL CREAM	3	
neuac external gel	1	
ONEXTON GEL 1.2-3.75 % EXTERNAL	3	
OPZELURA CREAM 1.5 % EXTERNAL	2	PA; QL
pimecrolimus	1	
podofilox external	1	
PRUDOXIN	3	BP
PYROGALLIC ACID	2	
QBREXZA	3	ST; QL
REGRANEX	2	QL
RETIN-A	3	AL; BP
SANTYL	3	
selenium sulfide external lotion	1	
SOOLANTRA	3	BP

Drug Name	Drug Tier	Limits/ Required
sulfacetamide sodium (acne)	1	
SYNALAR	3	BP
tacrolimus external ointment	1	
tazarotene external cream	1	
TAZORAC EXTERNAL CREAM 0.1 %	3	BP
TOLAK	3	
TOPICORT EXTERNAL CREAM 0.25 %	3	BP
TOPICORT EXTERNAL GEL	3	BP
TOPICORT EXTERNAL OINTMENT 0.25 %	3	BP
TOPICORT SPRAY	3	BP
tretinoin external	1	AL
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm external cream 0.5 %	1	
TRIDESILON	3	BP
VANOS	3	BP
VECTICAL	3	BP
VENELEX	2	
XERAC AC	3	
zenatane	1	
ZIANA	3	BP
ZONALON	3	BP

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
ZORYVE	3	ST; QL
Diabetes - Antidiabetic Agents		
acarbose oral	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	3	BP
ACTOS	3	BP; QL
BYDUREON BCISE AUTOINJECTOR	2	PA; QL
BYETTA 10 MCG PEN	2	PA; QL
BYETTA 5 MCG PEN	2	PA; QL
CYCLOSET	3	
DUETACT	3	BP
FARXIGA TABLET 10 MG ORAL	2	QL
FARXIGA TABLET 5 MG ORAL	2	QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glipizide-metformin hcl	1	
GLUCOTROL XL	3	BP
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
GLYNASE	3	BP
GLYXAMBI ORAL TABLET 10-5 MG	2	QL
GLYXAMBI TABLET 25-5 MG ORAL	2	QL
JANUMET ORAL TABLET 50-1000 MG	2	QL
JANUMET TABLET 50-500 MG ORAL	2	QL

Drug Name	Drug Tier	Limits/ Required
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	2	QL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	2	QL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	2	QL
JANUVIA	2	QL
JARDIANCE TABLET 10 MG ORAL	2	QL
JARDIANCE TABLET 25 MG ORAL	2	QL
KOMBIGLYZE XR	3	BP; QL
metformin hcl er	1	
metformin hcl ir	1	
miglitol	1	
MOUNJARO	2	PA; QL
nateglinide	1	
ONGLYZA	3	BP; QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML	2	PA; QL
pioglitazone hcl	1	QL
pioglitazone hcl-glimepiride	1	
pioglitazone hcl-metformin hcl	1	
QTERN	2	QL
repaglinide	1	
RIOMET	3	BP

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL
RYBELSUS TABLET 3 MG ORAL	2	PA; QL
saxagliptin hcl	1	QL
saxagliptin-metformin er	1	QL
SOLIQUA	2	QL
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA; QL
VICTOZA	2	PA; QL
XIGDUO XR	2	QL
XULTOPHY	2	QL
Diabetes - Glucose Monitoring		
DEXCOM G6 RECEIVER	2	ST; QL
DEXCOM G6 SENSOR	2	ST; QL
DEXCOM G6 TRANSMITTER	2	ST; QL
DEXCOM G7 RECEIVER	2	ST; QL
DEXCOM G7 SENSOR	2	ST; QL
FREESTYLE LIBRE 14 DAY READER	2	ST; QL
FREESTYLE LIBRE 14 DAY SENSOR	2	ST; QL
FREESTYLE LIBRE 2 READER	2	ST; QL
FREESTYLE LIBRE 2 SENSOR	2	ST; QL

Drug Name	Drug Tier	Limits/ Required
FREESTYLE LIBRE 3 SENSOR	2	ST; QL
FREESTYLE LIBRE READER	2	ST; QL
ONETOUCH ULTRA IN VITRO STRIP	2	QL
ONETOUCH VERIO TEST STRIPS	2	QL
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
diazoxide oral	1	
glucagon emergency kit 1 mg injection	1	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	3	BP; QL
GLUCAGON EMERGENCY KIT	3	QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	QL
GVOKE PFS	2	QL
PROGLYCEM	3	BP
Diabetes - Insulins		
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	
FIASP FLEXTOUCH	2	
FIASP INJECTION	2	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
FIASP PENFILL	2	
FIASP PUMPCART	2	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	2	
INSULIN DEGLUDEC	2	
INSULIN DEGLUDEC FLEXTOUCH	2	
LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	
LANTUS U-100 VIAL	2	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
LEVEMIR U-100 VIAL	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	
NOVOLIN 70/30 RELION	2	
NOVOLIN 70/30 VIAL	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	
NOVOLIN N VIAL	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLIN R VIAL	2	

Drug Name	Drug Tier	Limits/ Required
NOVOLOG 70/30 FLEXPEN RELION	2	
NOVOLOG FLEXPEN RELION	2	
NOVOLOG U-100 FLEXPEN	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 RELION	2	
NOVOLOG MIX 70/30 VIAL	2	
NOVOLOG U-100 PENFILL	2	
NOVOLOG RELION INJECTION	2	
NOVOLOG U-100 VIAL INJECTION	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
Electrolytes / Minerals / Metals / Vitamins		
adc/f (0.5mg/ml)	1	
ALANINE	2	
CALCIFOL	2	
CALCIUM CHLORIDE DIHYDRATE POWDER	2	
CALCIUM GLUCONATE	2	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
CALCIUM GLUCONATE ANHYDROUS	2	
CALCIUM GLUCONATE MONOHYDRATE	2	
CALCIUM LACTATE PENTAHYDRATE	2	
CALCIUM PHOSPHATE DIBASIC	2	
CALCIUM PHOSPHATE TRIBASIC	2	
CARBAGLU ORAL TABLET SOLUBLE	6	SP; BP
carglumic acid oral tablet soluble	4	SP
CARNITOR ORAL	3	BP
CARNITOR SF	3	BP
CHEMET	2	
CHOLINE BITARTRATE POWDER	2	
cyanocobalamin injection solution 1000 mcg/ml	1	
deferasirox	4	SP
deferasirox granules	4	SP
DL-ALANINE	2	
DL-LEUCINE	2	
DL-METHIONINE POWDER (RX)	2	
DL-PHENYLALANINE	2	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	

Drug Name	Drug Tier	Limits/ Required
effer-k tablet effervescent 25 meq oral	1	
EXJADE	6	SP; BP
FERRIPROX ORAL SOLUTION	6	SP
folate	1	O
folic acid oral tablet 400 mcg, 800 mcg	1	O
GALZIN	3	
iodine strong oral	1	
JADENU	6	SP; BP
JADENU SPRINKLE	6	SP; BP
JYNARQUE	6	PA; SP; QL
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral packet 20 meq	1	
klor-con oral tablet extended release	1	
k-prime	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	BP
L-ALANINE	2	
L-ARGININE	2	
L-CYSTINE	2	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
L-GLUTAMIC ACID	2	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
L-HISTIDINE MONOHYDROCHLORIDE POWDER	2	
L-HISTIDINE POWDER (RX)	2	
L-ISOLEUCINE POWDER (RX)	2	
L-LEUCINE	2	
L-METHIONINE POWDER (RX)	2	
LOKELMA	3	QL
L-PHENYLALANINE	2	
L-PROLINE	2	
L-TYROSINE	2	
L-VALINE POWDER	2	
MAGNESIUM CARBONATE HEAVY	2	
MAGNESIUM CARBONATE POWDER	2	
MASONATAL	2	O
METHIONINE	2	
NEOKE ALCAR	3	
NEONATAL PRENATAL	2	O
ONE VITE WOMENS	2	O
ONE-A-DAY WOMENS PRENATAL 1	2	O
phosphorous	1	
phytonadione oral	1	QL
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet	1	

Drug Name	Drug Tier	Limits/ Required
potassium chloride oral solution 40 meq/15ml (20%)	1	
potassium chloride solution 10 % oral	1	
potassium chloride solution 20 meq/15ml (10%) oral	1	
potassium citrate er	1	
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	1	O
prenatal oral tablet 27-0.8 mg	1	O
SAMSCA	6	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	
sterile water for irrigation solution irrigation	1	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
SYPRINE	6	SP; BP
TAURINE POWDER	2	
THREONINE	2	
tolvaptan	4	SP
trientine hcl	4	SP
tri-vite/fluoride oral solution 0.5 mg/ml	1	
UROCIT-K 10	3	BP
UROCIT-K 15	3	BP
UROCIT-K 5	3	BP
VALINE	2	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	3	
VELTASSA PACKET 8.4 GM ORAL	3	
wes-phos 250 neutral	1	
yl folic acid	1	O
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	3	BP; QL
CARAFATE	3	BP
cimetidine oral	1	
CYTOTEC	3	BP
esomeprazole magnesium capsule delayed release 20 mg oral (rx)	1	QL
esomeprazole magnesium oral capsule delayed release 40 mg	1	QL
esomeprazole magnesium oral packet	1	AL; QL

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
PROTONIX ORAL TABLET DELAYED RELEASE	3	BP; QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral tablet	1	
sucralfate suspension 1 gm/10ml oral	1	
ZEGERID ORAL CAPSULE	3	BP; QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	1	
alvimopan	1	
AMITIZA	3	BP; QL
ANASPAZ	3	
BISACODYL	2	
bisacodyl ec	1	O
bisacodyl oral	1	O
CHENODAL	5	PA; SP
citroma	1	O
clearlax oral powder	1	O
CLENPIQ	2	
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	3	BP
dicyclomine hcl oral	1	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
ENTEREG	3	BP
enulose	1	

Drug Name	Drug Tier	Limits/ Required
ft clearlax	1	O
ft laxative	1	O
ft magnesium citrate	1	O
GASTROCROM	3	BP
GATTEX	5	PA; SP
gavilax oral powder	1	O
gavilyte-c	1	
gavilyte-g	1	
generlac	1	
gentle laxative oral	1	O
gentlelax oral powder	1	O
glycolax	1	O
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	BP
hyoscyamine sulfate elixir 0.125 mg/5ml oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate tablet 0.125 mg oral	1	
hyoscyamine sulfate tablet dispersible 0.125 mg oral	1	
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	1	
lactulose encephalopathy	1	
lactulose solution 10 gm/15ml oral	1	
LINZESS	2	QL

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
LOMOTIL ORAL TABLET	3	BP	peg-kcl-nacl-nasulf-na asc-c	1	
loperamide hcl oral capsule	1		PLENVU SOLUTION RECONSTITUTED 140 GM ORAL	2	
LOTRONEX	3	BP	polyethylene glycol 3350 oral powder	1	O
lubiprostone capsule 24 mcg oral	1	QL	qc magnesium citrate	1	O
lubiprostone capsule 8 mcg oral	1	QL	RESTORA RX	3	
magnesium citrate oral solution 1.745 gm/30ml	1	O	ROBINUL ORAL	3	BP
methscopolamine bromide oral	1		ROBINUL-FORTE	3	BP
mineral oil heavy oral	1		SUPREP BOWEL PREP KIT	3	BP
mm clearlax	1	O	SUTAB	3	
MOTEGRITY ORAL TABLET 1 MG	3	ST; QL	SYMPROIC	2	QL
MOTEGRITY TABLET 2 MG ORAL	3	ST; QL	TRULANCE TABLET 3 MG ORAL	3	ST; QL
MOVANTIK	2	QL	URSO 250	3	BP
MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL	2	BP	URSO FORTE	3	BP
MYTESI	3		ursodiol oral capsule 300 mg	1	
na sulfate-k sulfate-mg sulf	1		ursodiol oral tablet	1	
OSCIMIN ORAL TABLET	3		VIBERZI	3	
OSCIMIN SUBLINGUAL	3			6	PA; SP; QL
peg 3350-kcl-na bicarb-nacl	1		Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
peg-3350/electrolytes	1		betaine	4	SP
peg-3350/electrolytes/ascorbic acid	1		BUPHENYL ORAL POWDER 3 GM/TSP	6	SP; BP
			BUPHENYL ORAL TABLET	6	SP; BP
			CERDELGA	5	PA; SP
			CHOLBAM	5	PA; SP

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
CREON	2	
CYSTADANE	6	SP; BP
CYSTAGON	5	SP
EVRYSDI	5	PA; SP; QL
GALAFOLD	5	PA; SP; QL
JAVYGTOR	6	PA; SP; BP
KUVAN ORAL PACKET	6	PA; SP; BP
KUVAN ORAL TABLET	6	PA; SP; BP
L-GLUTAMIC ACID HCL	2	
miglustat	4	PA; SP
MYALEPT	5	PA; SP
nitisinone	4	SP
NITYR	5	SP
ORFADIN ORAL CAPSULE	6	SP; BP
ORFADIN ORAL SUSPENSION	5	SP
PALYNZIQ	5	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	
PHEBURANE	5	PA; SP
RAVICTI	5	PA; SP

Drug Name	Drug Tier	Limits/ Required
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	5	PA; SP
SUCRAID	5	PA; SP
VIOKACE	3	
VOXZOGO	6	PA; SP; QL
XURIDEN	6	SP
ZAVESCA	6	PA; SP; BP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
bethanechol chloride oral	1	
calcium acetate (phos binder) 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.

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
calcium acetate (phos binder) tablet 667 mg oral (rx)	1	
calcium acetate oral tablet 667 mg	1	
CUPRIMINE ORAL CAPSULE 250 MG	6	SP; BP
darifenacin hydrobromide er	1	
DEPEN TITRATABS	6	SP; BP
DETROL	3	BP
DETROL LA	3	BP
ELMIRON	2	
flavoxate hcl	1	
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	3	BP
INTRAROSA	3	QL
lanthanum carbonate	1	
LITHOSTAT	3	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	2	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	2	ST
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	2	ST
oxybutynin chloride er	1	
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet	1	

Drug Name	Drug Tier	Limits/ Required
penicillamine oral	4	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENVELA	3	BP
sevelamer carbonate	1	
sevelamer hcl	1	
solifenacin succinate	1	
THIOLA	6	SP; BP
THIOLA EC	5	SP
tiopronin oral	4	SP
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	1	
uretron d/s oral tablet 81.6 mg	1	
VELPHORO	3	QL
VESICARE	3	BP
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	3	BP
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
FLOMAX	3	BP
JALYN	3	BP
PROSCAR	3	BP
RAPAFLO	3	BP
silodosin	1	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
tamsulosin hcl	1	
terazosin hcl oral	1	
UROXATRAL	3	BP
Hormonal Agents - Adrenal		
CORTEF	3	BP
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	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	BP
MEDROL ORAL TABLET 2 MG	3	
MEDROL ORAL TABLET THERAPY PACK	3	BP
methylprednisolone oral	1	
PEDIAPRED	3	BP
prednisolone oral solution	1	
prednisolone oral tablet	1	

Drug Name	Drug Tier	Limits/ Required
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisone oral	1	
Hormonal Agents - Men's Health		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA; BP
danazol oral	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA; BP
FORTESTA	3	PA; BP
METHITEST	2	
METHYLTESTOSTERONE	2	
methyltestosterone oral	1	
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

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
testosterone transdermal solution	1	PA
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA; BP
Hormonal Agents - Pituitary		
ACTHAR	6	PA; SP
cabergoline	1	QL
CORTROPHIN	6	PA; SP
DDAVP ORAL	3	BP
desmopressin ace spray refrig	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
EGRIFTA SV	6	PA; SP; QL
HUMATROPE INJECTION CARTRIDGE	5	PA; SP
INCRELEX	5	PA; SP
ISTURISA ORAL TABLET 1 MG, 5 MG	5	PA; SP; QL
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; SP

Drug Name	Drug Tier	Limits/ Required
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; SP
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	SP
octreotide acetate subcutaneous	4	SP
ORLISSA	2	PA; QL
RECORLEV	6	PA; SP; QL
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	6	SP; BP
SIGNIFOR	5	PA; SP
SYNAREL	2	
Hormonal Agents - Prostaglandins		
KORLYM	5	PA; SP
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
EVISTA	3	BP
OSPHENA	3	
raloxifene hcl	1	
Hormonal Agents - Sex Hormones and Birth Control		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	BP
afirmelle	1	
aftera	1	O

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
AFTERPILL	3	O
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amabelz	1	
amethia	1	
amethyst	1	
ANNOVERA	3	QL
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1.5/30	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL	3	BP
balziva	1	
BEYAZ	3	BP
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
briellyn	1	
camila	1	
camrese	1	
camrese lo	1	
charlotte 24 fe	1	
chateal eq	1	

Drug Name	Drug Tier	Limits/ Required
CLIMARA	3	BP; QL
COMBIPATCH	2	QL
CRINONE VAGINAL GEL 4 %	2	
cryselle-28	1	
curae	1	O
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	
deblitane	1	
DELESTROGEN	3	BP
delyla	1	
DEPO-ESTRADIOL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	BP
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	BP
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	
DIVIGEL	3	BP
dolishale	1	
dotti	1	QL
drosipren-eth estrad- levomefol	1	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
drosiprone-ethinyl estradiol	1	
DUAVEE	3	
econtra one-step	1	O
ELESTRIN	3	
elinest	1	
ELLA	2	
eluryng	1	QL
ENDOMETRIN	3	
enilloring	1	QL
enpresse-28	1	
enskyce oral tablet 0.15-30 mg-mcg	1	
errin	1	
estarylla	1	
ESTRACE	3	BP
estradiol oral	1	
estradiol transdermal gel	1	
estradiol transdermal patch twice weekly	1	QL
estradiol transdermal patch weekly	1	QL
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
ESTRING VAGINAL RING 7.5 MCG/24HR	2	QL
ESTROGEL	3	
ethynodiol diac-eth estradiol	1	
etonogestrel-ethinyl estradiol	1	QL

Drug Name	Drug Tier	Limits/ Required
EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL	3	
falmina	1	
FEMRING	2	QL
finzala	1	
fyavolv	1	
gemmily	1	
GENERESS FE	3	BP
hailey 1.5/30	1	
hailey 24 fe	1	
hailey fe 1.5/30	1	
hailey fe 1/20	1	
haloette	1	QL
heather	1	
her style	1	O
iclevia	1	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
incassia	1	
introvale	1	
isibloom	1	
jaimiess	1	
jasmiel	1	
jencycla	1	
jinteli	1	
jolessa	1	
joyeaux	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
june fe 24	1	
kaitlib fe	1	
kalliga	1	
kariva	1	
kelnor 1/35	1	
kelnor 1/50	1	
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
layolis fe	1	
leena	1	
lessina	1	
levonest	1	
levonorgest-eth est & eth est	1	
levonorgest-eth estrad 91-day	1	
levonorgest-eth estradiol-iron	1	
levonorgestrel oral tablet 1.5 mg	1	O
levonorgestrel-ethinyl estrad	1	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	
levora 0.15/30 (28)	1	
LO LOESTRIN FE	3	
LOESTRIN 1.5/30 (21)	3	BP
LOESTRIN 1/20 (21)	3	BP
LOESTRIN FE 1.5/30	3	BP
LOESTRIN FE 1/20	3	BP

Drug Name	Drug Tier	Limits/ Required
lojaimiess	1	
loryna	1	
low-ogestrel	1	
lo-zumandimine	1	
luteru	1	
lyleq	1	
lyllana	1	QL
lyza	1	
marlissa	1	
medroxyprogesterone acetate intramuscular	1	
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	
merzee	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin 24 fe	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
mimvey	1	
MINASTRIN 24 FE	3	BP
MINIVELLE	3	BP; QL
mono-lyyah	1	
my choice	1	O
my way	1	O

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
MYFEMBREE	2	PA; QL
NATAZIA	2	
necon 0.5/35 (28)	1	
new day	1	O
NEXTSTELLIS	3	
nikki	1	
nora-be	1	
norethin ace-eth estrad-fe oral capsule	1	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	
norethin ace-eth estrad-fe oral tablet chewable	1	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est oral tablet	1	
norethindrone oral	1	
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe	1	
norethin-eth estradiol-fe	1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	
norgestimate-ethinyl estradiol triphasic	1	
norlyroc	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
NUVARING	3	BP; QL
nylia 1/35	1	

Drug Name	Drug Tier	Limits/ Required
nylia 7/7/7	1	
nymyo	1	
ocella	1	
opcicon one-step	1	O
option 2	1	O
ORIAHNN	2	PA; QL
philith	1	
pimtrea	1	
PLAN B ONE-STEP TABLET 1.5 MG ORAL (OTC)	3	O
portia-28	1	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
PROMETRIUM	3	BP
PROVERA	3	BP
react	1	O
reclipsen	1	
rivelsa	1	
SAFYRAL	3	BP
setlakin	1	
sharobel	1	
simliya	1	
simpesse	1	
SLYND	3	
sprintec 28	1	
sronyx	1	
syeda	1	
take action	1	O

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
tarina 24 fe	1	
tarina fe 1/20 eq	1	
taysofy	1	
TAYTULLA	3	BP
tilia fe	1	
tri-estarylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-nymyo	1	
tri-sprintec	1	
trivora (28)	1	
tri-vylibra	1	
tri-vylibra lo	1	
TWIRLA	3	QL
tydemy	1	
VAGIFEM VAGINAL TABLET 10 MCG	3	BP
velivet	1	
vestura	1	
vienva	1	
vioarele	1	
VIVELLE-DOT	3	BP; QL
volnea	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
xulane	1	QL
YASMIN 28	3	BP

Drug Name	Drug Tier	Limits/ Required
YAZ	3	BP
yuvafem	1	
zafemy	1	QL
zovia 1/35 (28)	1	
zumandimine	1	
Hormonal Agents - Thyroid		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG	3	
ADTHYZA ORAL TABLET 97.5 MG	2	
ARMOUR THYROID	2	
CYTOMEL	3	BP
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	2	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	2	BP
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT CAPSULE 75 MCG ORAL	3	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 88 MCG	3	
TIROSINT-SOL	3	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	6	PA; SP; QL
ACTEMRA SUBCUTANEOUS	6	PA; SP; QL
ACTIMMUNE	5	PA; SP
ADALIMUMAB-ADAZ	5	PA; SP; QL
ADALIMUMAB-FKJP	5	PA; SP; QL
ARAVA	3	BP; QL
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	5	PA; SP
ASTAGRAF XL	3	
AZASAN	3	BP
azathioprine oral	1	
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	5	PA; SP; QL

Drug Name	Drug Tier	Limits/ Required
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
CELLCEPT	3	BP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; SP; QL
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; SP; QL
COSENTYX (300 MG DOSE)	6	PA; SP; QL
COSENTYX 150 MG/ML	6	PA; SP; QL
COSENTYX SENSOREADY (300 MG)	6	PA; SP; QL
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	6	PA; SP; QL
COSENTYX UNOREADY	6	PA; SP; QL
cyclosporine modified	1	
cyclosporine oral capsule	1	
ENBREL MINI	6	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	6	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	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.

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	6	PA; SP; QL	HUMIRA PEN-CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	6	PA; SP; BP; QL
ENSPRYNG	5	PA; SP; QL	HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	6	PA; SP; BP; QL
ENVARUSUS XR	3		HUMIRA PEN-PEDIATRIC UC START	6	PA; SP; BP; QL
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1		HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	6	PA; SP; BP; QL
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; BP	HUMIRA PEN-PSOR/UVEIT STARTER	6	PA; SP; BP; QL
gengraf oral capsule 100 mg, 25 mg	1		HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	6	PA; SP; BP; QL
gengraf oral solution	1		icatibant acetate subcutaneous solution prefilled syringe	4	PA; SP
HADLIMA	5	PA; SP; QL	IMURAN	3	BP
HADLIMA PUSHTOUCH	5	PA; SP; QL	KEVZARA	6	PA; SP; QL
HAEGARDA	5	PA; SP	KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; QL
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	6	PA; SP; BP; QL	leflunomide oral	1	QL
HUMIRA PEN PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	6	PA; SP; BP; QL	LUPKYNIS	6	PA; SP; QL
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	6	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.

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
MYFORTIC	3	BP
NEORAL	3	BP
OLUMIANT	6	PA; SP; QL
ORENCIA CLICKJECT	6	PA; SP; QL
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	6	PA; SP; QL
ORLADEYO	6	PA; SP; QL
OTEZLA ORAL TABLET	5	PA; SP; QL
OTEZLA ORAL TABLET THERAPY PACK	5	PA; SP; QL
PROGRAF ORAL CAPSULE	3	BP
PROGRAF ORAL PACKET	3	AL
RAPAMUNE	3	BP

Drug Name	Drug Tier	Limits/ Required
REZUROCK	6	PA; SP; QL
RIDAURA	5	SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	5	PA; SP; QL
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	5	PA; SP; QL
sajazir subcutaneous solution prefilled syringe	4	PA; SP
SANDIMMUNE ORAL CAPSULE	3	BP
SANDIMMUNE ORAL SOLUTION	2	
SILIQ	6	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
sirolimus oral	1	
SKYRIZI PEN	5	PA; SP; QL
SKYRIZI SUBCUTANEOUS	5	PA; SP; QL
SOTYKTU	6	PA; SP; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	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.

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
tacrolimus oral	1	
TAKHZYRO	5	PA; SP; QL
TALTZ	6	PA; SP; QL
TREMFYA	5	PA; SP; QL
TREXALL	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
XELJANZ	5	PA; SP; QL
XELJANZ XR	5	PA; SP; QL
ZORTRESS	3	BP
Inflammatory Bowel Disease Agents		
ANUSOL-HC EXTERNAL	3	BP
APRISO	3	BP
AZULFIDINE	3	BP
AZULFIDINE EN-TABS	3	BP
balsalazide disodium	1	
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
hydrocortisone (perianal)	1	
hydrocortisone rectal enema	1	
LIALDA	3	BP
mesalamine er	1	
mesalamine oral	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
PENTASA	2	
PROCTOCORT EXTERNAL	3	BP
PROCTOFOAM HC EXTERNAL	2	
procto-med hc external	1	
proctosol hc external	1	
proctozone-hc external	1	
ROWASA RECTAL	3	BP
SFROWASA	3	
sulfasalazine oral	1	
UCERIS RECTAL	3	BP
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	BP
alendronate sodium oral solution	1	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	
ATELVIA	3	BP
calcitonin (salmon)	1	
FOSAMAX ORAL TABLET 70 MG	3	BP

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
ibandronate sodium oral	1	
MIACALCIN INJECTION	3	BP
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1	
risedronate sodium oral tablet delayed release	1	
TYMLOS	5	PA; SP; QL
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
cinacalcet hcl	1	
doxercalciferol oral	1	
paricalcitol oral	1	
RAYALDEE	3	
ROCALTROL	3	BP
SENSIPAR	3	BP
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	BP
Miscellaneous Therapeutic Agents		
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
ASPARTAME (FOR COMPOUNDING)	2	

Drug Name	Drug Tier	Limits/ Required
ASPARTAME (NUTRASWEET)	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE VALVED MDI CHAMBER	2	
BROMELAIN	2	
BYLVAY	6	PA; SP; QL
BYLVAY (PELLETS)	6	PA; SP; QL
CETYLCIDE-G	2	
CHARCOAL ACTIVATED	2	
CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
CONDOMS	3	O
DOJOLVI	3	PA
DUREX EXTRA SENSITIVE THIN	3	O
EASIVENT	2	
ENCARE VAGINAL SUPPOSITORY	3	O
ENDARI	3	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
ergoloid mesylates oral	1	
FC2 FEMALE CONDOM	3	O
FLEXICHAMBER	2	
formaldehyde solution 37 % external (rx)	1	
glutaraldehyde external	1	
GRASTEK	3	
KERENDIA TABLET 10 MG ORAL	3	PA; QL
KERENDIA TABLET 20 MG ORAL	3	PA; QL
K-Y ME & YOU EXTRA LUBRICATED	3	O
K-Y ME & YOU INTENSE	3	O
LIVMARLI	6	PA; SP; QL
methergine oral	1	
methylergonovine maleate oral	1	
MICROCHAMBER DEVICE	2	
ODACTRA	3	AL; QL
OMNIPOD 5 G6 INTRO (GEN 5)	14	MB; QL
OMNIPOD 5 G6 POD (GEN 5)	14	MB; QL
OMNIPOD DASH INTRO (GEN 4)	14	MB; QL
OMNIPOD DASH PODS (GEN 4)	14	MB; QL
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 25 UNIT/24HR, 35 UNIT/24HR	14	MB; QL

Drug Name	Drug Tier	Limits/ Required
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
OPTIONS GYNOL II CONTRACEPTIVE	3	O
ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL	2	
OXBRYTA	6	PA; SP; QL
PALFORZIA	6	SP; AL
PHEXXI	3	
POCKET SPACER	2	
RADIOGARDASE	3	
RAGWITEK	3	
SACCHARIN	2	
sodium saccharin powder	1	
TAVNEOS	6	PA; SP; QL
TODAY SPONGE	2	O
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	O
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	3	O
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	3	O
VISTOGARD	5	SP
VORTEX VALVED HOLDING CHAMBER	2	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
ZOKINVY	5	PA; SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	BP
ACULAR LS	3	BP
AZASITE	2	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
BETADINE OPHTHALMIC PREP	3	
bromfenac sodium (once-daily)	1	
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	1	ST
DUREZOL	3	ST; BP
epinastine hcl	1	
erythromycin ointment 5 mg/gm ophthalmic	1	
FLAREX	2	
fluorometholone ophthalmic	1	
flurbiprofen sodium	1	
FML FORTE	3	ST
FML LIQUIFILM	3	BP
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	

Drug Name	Drug Tier	Limits/ Required
INVELTYS	2	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic solution 1.5 %	1	
LOTEMAX OPHTHALMIC GEL	3	ST; BP
LOTEMAX SM	2	
loteprednol etabonate ophthalmic gel	1	ST
MAXIDEX	2	
MAXITROL OPHTHALMIC OINTMENT	3	BP
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	3	BP
MITOSOL	3	
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	
OCUFLOX	3	BP
ofloxacin ophthalmic	1	
olopatadine hcl solution 0.1 % ophthalmic (rx)	1	
olopatadine hcl solution 0.2 % ophthalmic (rx)	1	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
POVIDONE-IODINE OPTHALMIC	3	
PRED FORTE	3	BP
PRED MILD	3	ST
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
sulfacetamide sodium ophthalmic	1	
TOBRADEX OPTHALMIC OINTMENT	3	
TOBRADEX ST	2	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBEX OPTHALMIC OINTMENT	2	
trifluridine ophthalmic	1	
UPNEEQ	3	QL
VIGAMOX	3	BP
ZIRGAN	3	
ZYMAXID	3	BP
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	1	
acetazolamide oral	1	
ALPHAGAN P	3	BP
apraclonidine hcl	1	
AZOPT	3	BP
betaxolol hcl ophthalmic	1	
BETIMOL	3	
bimatoprost ophthalmic	1	

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	1	
IOPIDINE OPTHALMIC SOLUTION 1 %	3	
ISTALOL	3	BP
KEVEYIS	6	SP; BP
latanoprost ophthalmic	1	
levobunolol hcl ophthalmic solution 0.5 %	1	
LUMIGAN SOLUTION 0.01 % OPTHALMIC	2	ST
methazolamide oral	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
RHOPRESSA	2	
ROCKLATAN	2	ST

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
SIMBRINZA	3	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.5 %	3	BP
travoprost (bak free)	1	
VUITY	3	
XALATAN	3	BP
XELPROS	2	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
altafrin ophthalmic solution 10 %, 2.5 %	1	
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution 1 %	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc	1	
CEQUA	3	QL
CYCLOGYL OPTHALMIC SOLUTION 0.5 %, 2 %	3	
CYCLOGYL OPTHALMIC SOLUTION 1 %	3	BP

Drug Name	Drug Tier	Limits/ Required
cyclopentolate hcl ophthalmic solution 1 %	1	
cyclosporine ophthalmic	1	
CYSTADROPS	5	SP
CYSTARAN	5	SP
ISOPTO ATROPINE	2	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neo-polycin	1	
neo-polycin hc	1	
OXERVATE	6	PA; SP; QL
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
polycin	1	
polymyxin b-trimethoprim	1	
POLYTRIM	3	BP
RESTASIS	3	BP; QL
RESTASIS MULTIDOSE OPTHALMIC EMULSION 0.05 %	2	QL
sulfacetamide-prednisolone ophthalmic solution	1	
TYRVAYA	3	QL
VERKAZIA	3	
XIIDRA	3	QL
ZYLET	3	

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
CORTISPORIN-TC	3	
DERMOTIC	3	BP
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
PRAMOTIC	3	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	
benzonatate	1	
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
cetirizine hcl oral solution 1 mg/ml	1	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral	1	
diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)	1	

Drug Name	Drug Tier	Limits/ Required
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluticasone propionate suspension 50 mcg/act nasal (rx)	1	QL
guaifenesin ac	1	AL; 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 oral tablet	1	AL; QL
hydrocodone bit-homatrop mbr solution 5-1.5 mg/5ml oral	1	AL; QL
hydromet oral solution	1	AL; QL
HYPERSAL	3	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride tablet 5 mg oral (rx)	1	
maxi-tuss ac	1	AL; QL
mometasone furoate nasal	1	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	
promethazine vc	1	
promethazine vc/codeine	1	AL; QL

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
promethazine-codeine	1	AL; QL	ADVAIR HFA		
promethazine-dm oral syrup	1		AEROSOL 230-21 MCG/ACT INHALATION	2	QL
pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx)	1		ADVAIR HFA		
PULMOSAL	3		AEROSOL 45-21 MCG/ACT INHALATION	2	QL
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Generic Proair/Proventil; QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions			ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	Ventolin brand alternative ; QL
ACCOLATE	3	BP	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	
acetylcysteine inhalation	1		albuterol sulfate oral	1	
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION	2	BP; QL	ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	QL
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	2	BP; QL	arformoterol tartrate	1	QL
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION	2	BP; QL	ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	QL
ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION	2	QL	ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	QL

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL	BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	2	QL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	QL	BROVANA	3	BP; QL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	2	QL	budesonide inhalation	1	QL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	QL	budesonide-formoterol fumarate	1	QL
ASMANEX HFA	2	QL	COMBIVENT RESPIMAT	2	QL
ATROVENT HFA	2	QL	cromolyn sodium inhalation	1	
BEVESPI AEROSPHERE	3	QL	DALIRESP	3	BP
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	2	QL	elixophyllin	1	
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	2	QL	epinephrine injection solution auto-injector	1	QL
breyana	1	QL	EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; QL
			EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	BP; QL
			ESBRIET	6	PA; SP; BP; QL
			FASENRA PEN	5	PA; SP; QL
			FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	2	QL
			FLOVENT HFA	2	QL

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; SP; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL	OFEV	5	PA; SP; QL
formoterol fumarate inhalation	1	QL	PERFOROMIST	3	BP; QL
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION	2	QL	pirfenidone	4	PA; SP; QL
ipratropium bromide inhalation	1	QL	PROAIR RESPICLICK	3	QL
ipratropium-albuterol	1	QL	PROVENTIL HFA	3	BP; QL
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	QL	PULMICORT FLEXHALER	2	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL	PULMICORT SUSPENSION	3	BP; QL
montelukast sodium oral	1	QL	QVAR REDIHALER	2	QL
NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	5	PA; SP; QL	roflumilast	1	QL
			SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL
			SINGULAIR	3	BP
			SPIRIVA HANDIHALER	3	BP; QL
			SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	QL
			SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	QL
			STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION	2	QL

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

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required	Drug Name	Drug Tier	Limits/ Required
STRIVERDI RESPIMAT	3	QL	TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	QL
SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION	3	BP; QL	VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	QL
SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION	3	BP; QL	wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	QL	XOPENEX HFA	3	QL
terbutaline sulfate oral	1		YUPELRI SOLUTION 175 MCG/3ML INHALATION	3	ST; QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; SP; QL	zafirlukast	1	
THEO-24	3		Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
theophylline elixir 80 mg/15ml oral	1		BETHKIS	6	SP; BP; QL
theophylline er	1		BRONCHITOL	2	QL
theophylline oral solution	1		CAYSTON	5	SP
tiotropium bromide monohydrate	1	QL	KALYDECO	5	PA; SP; QL
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	2	QL	KITABIS PAK	5	SP; QL
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION	2	QL	ORKAMBI	5	PA; SP; QL
			PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	SP
			SYMDEKO	5	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.

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
TOBI NEBULIZER	6	SP; BP; QL
TOBI PODHALER	5	SP; QL
tobramycin inhalation nebulization solution 300 mg/4ml	4	SP; QL
tobramycin nebulization solution 300 mg/5ml inhalation	4	SP; QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	5	SP; QL
TRIKAFTA	5	PA; SP; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	6	PA; SP; BP; QL
ADEMPAS	5	PA; SP; QL
alyq	4	PA; SP; QL
ambrisentan	4	PA; SP; QL
bosentan	4	PA; SP; QL
LETAIRIS	6	PA; SP; BP; QL
OPSUMIT	5	PA; SP; QL
ORENITRAM	5	PA; SP
ORENITRAM MONTH 1	5	PA; SP
ORENITRAM MONTH 2	5	PA; SP

Drug Name	Drug Tier	Limits/ Required
ORENITRAM MONTH 3	5	PA; SP
REVATIO ORAL	6	PA; SP; BP; QL
sildenafil citrate oral suspension reconstituted	4	PA; SP; QL
sildenafil citrate oral tablet 20 mg	4	PA; SP; QL
tadalafil (pah)	4	PA; SP; QL
TADLIQ	6	PA; SP; QL
TRACLEER 62.5 MG, 125 MG	6	PA; SP; BP; QL
TRACLEER 32 MG	5	PA; SP; QL
TYVASO	5	PA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	5	PA; SP; QL
TYVASO DPI TITRATION KIT	5	PA; SP; QL
TYVASO REFILL	5	PA; SP
TYVASO STARTER	5	PA; SP
UPTRAVI ORAL	5	PA; SP; QL
VENTAVIS	5	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral suspension	1	
baclofen 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.

Coverage effective 1/1/2024

Drug Name	Drug Tier	Limits/ Required
carisoprodol oral	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
DANTRIUM ORAL CAPSULE 25 MG	3	BP
dantrolene sodium oral	1	
metaxalone oral tablet 800 mg	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
SOMA	3	BP
tizanidine hcl oral	1	
VANADOM	3	BP
ZANAFLEX	3	BP
Sleep Disorder Agents		
AMBIEN	3	BP; QL
AMBIEN CR	3	BP; QL
armodafinil	1	QL
BELSOMRA	2	ST; QL
doxepin hcl oral tablet	1	QL
eszopiclone	1	QL
HETLIOZ	6	PA; SP; BP; QL
HETLIOZ LQ	6	PA; SP; QL
LUNESTA	3	BP; QL
modafinil	1	QL
NUVIGIL	3	BP; QL
PROVIGIL	3	BP; QL
ramelteon	1	
RESTORIL	3	BP
ROZEREM	3	BP

Drug Name	Drug Tier	Limits/ Required
SILENOR	3	BP; QL
SODIUM OXYBATE	5	PA; SP; QL
SUNOSI TABLET 150 MG ORAL	2	ST; QL
SUNOSI TABLET 75 MG ORAL	2	ST; QL
tasimelteon	4	PA; SP; QL
temazepam	1	
WAKIX	5	PA; SP; QL
XYREM	5	PA; SP; QL
XYWAV	5	PA; SP; QL
zaleplon	1	QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral tablet	1	QL

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

Coverage effective 1/1/2024

Index of Drugs

abacavir sulfate.....	28	ADZENYS XR-ODT.....	37	ALUNBRIG.....	21
abacavir sulfate- lamivudine.....	28	AEROCHAMBER MINI CHAMBER.....	66	alvimopan.....	51
ABILIFY.....	27	AEROCHAMBER MV.....	66	alyacen 1/35.....	57
abiraterone acetate.....	21	AEROCHAMBER PLUS FLO-VU.....	66	alyacen 7/7/7.....	57
ABSORICA.....	41	AEROCHAMBER PLUS FLOW VU.....	66	alyq.....	76
acamprosate calcium.....	9	AEROCHAMBER W/FLOWSIGNAL.....	66	amabelz.....	57
ACANYA.....	41	AFINITOR.....	21	amantadine hcl.....	26
acarbose.....	45	AFINITOR DISPERZ.....	21	AMBIEN.....	77
ACCOLATE.....	72	afirmelle.....	56	AMBIEN CR.....	77
ACCUPRIL.....	32	AFREZZA.....	46	ambrisentan.....	76
ACCURETIC.....	32	aftera.....	56	amcinonide.....	41
accutane.....	41	AFTERPILL.....	57	amethia.....	57
acebutolol hcl.....	32	AGRYLIN.....	31	amethyst.....	57
acetaminophen-codeine... 6		AIMOVIG.....	19	amiloride hcl.....	32
acetazolamide.....	69	AKYNZEO.....	17	amiloride- hydrochlorothiazide.....	32
acetazolamide er.....	69	ala-cort.....	41	aminocaproic acid.....	31
acetic acid.....	71	ALANINE.....	47	amiodarone hcl.....	32
acetylcysteine.....	72	albendazole.....	25	AMITIZA.....	51
ACIPHEX.....	50	albuterol sulfate.....	72	amitriptyline hcl.....	16
acitretin.....	41	albuterol sulfate hfa.....	72	amlodipine besylate.....	32
ACTEMRA.....	62	ALBUTEROL SULFATE HFA.....	72	amlodipine besylate- benazepril hcl.....	32
ACTEMRA ACTPEN.....	62	alclometasone dipropionate.....	41	amlodipine besylate- valsartan.....	32
ACTHAR.....	56	ALDACTONE.....	32	amlodipine-atorvastatin... 32	
ACTIMMUNE.....	62	ALECENSA.....	21	amlodipine-olmesartan... 32	
ACTIVELLA.....	56	alendronate sodium.....	65	amlodipine-valsartan- hctz.....	32
ACTONEL.....	65	alfuzosin hcl er.....	54	ammonium lactate.....	41
ACTOPLUS MET.....	45	ALINIA.....	25	amnesteem.....	41
ACTOS.....	45	aliskiren fumarate.....	32	amoxapine.....	16
ACULAR.....	68	allopurinol.....	19	amoxicillin.....	10
ACULAR LS.....	68	alosetron hcl.....	51	amoxicillin-potassium clavulanate.....	10
acyclovir.....	28	ALPHAGAN P.....	69	amoxicillin-potassium clavulanate er.....	10
ACZONE.....	41	alprazolam.....	31	amphetamine sulfate.....	37
ADALIMUMAB-ADAZ.....	62	alprazolam er.....	31	amphetamine- dextroamphetamine.....	37
ADALIMUMAB-FKJP.....	62	alprazolam intensol.....	31	amphetamine- dextroamphetamine er....	37
adapalene.....	41	alprazolam xr.....	31	ampicillin.....	10
adapalene-benzoyl peroxide.....	41	ALTACE.....	32	AMPYRA.....	38
ADASUVE.....	27	altafrin.....	70	ANAFRANIL.....	16
ADBRY.....	41	altavera.....	57	anagrelide hcl.....	31
adc/f (0.5mg/ml).....	47	ALTRENO.....	41	ANAPROX DS.....	8
ADCIRCA.....	76	ALUMINUM CHLORIDE ANHYDROUS.....	41	ANASPAZ.....	51
ADDERALL.....	37	ALUMINUM CHLORIDE HEXAHYDRATE.....	41	anastrozole.....	21
ADDERALL XR.....	37				
adefovir dipivoxil.....	28				
ADEMPAS.....	76				
ADTHYZA.....	61				
ADVAIR DISKUS.....	72				
ADVAIR HFA.....	72				

ANCOBON.....	18	aspirin ec low strength.....	8	B & C.....	41
ANDRODERM.....	55	aspirin low dose.....	8	bac.....	6
ANDROGEL PUMP.....	55	aspirin regimen.....	8	bacitracin.....	68
ANNOVERA.....	57	aspirin-dipyridamole er....	27	bacitracin-polymyxin b.....	70
ANORO ELLIPTA.....	72	ASTAGRAF XL.....	62	bacitra-neomycin-	
ANTIVERT.....	17	ATACAND.....	32	polymyxin-hc.....	70
ANUSOL-HC.....	65	atazanavir sulfate.....	28	baclofen.....	76
ANZEMET.....	17	ATELVIA.....	65	BACTRIM.....	10
APOKYN.....	26	atenolol.....	32	BACTRIM DS.....	10
apomorphine hcl.....	26	atenolol-chlorthalidone....	32	BAFIERTAM.....	38
APO-VARENICLINE.....	9	ATIVAN.....	31	BALCOLTRA.....	57
apraclonidine hcl.....	69	atomoxetine hcl.....	37	balsalazide disodium.....	65
aprepitant.....	17	atorvastatin calcium.....	32	balsam peru-castor oil....	41
apri.....	57	atovaquone.....	25	BALVERSA.....	21
APRISO.....	65	atovaquone-proguanil hcl	25	balziva.....	57
APTENSIO XR.....	37	ATRALIN.....	41	BANZEL.....	13
APTIVUS.....	28	atropine sulfate.....	70	BAQSIMI ONE PACK.....	46
AQUORAL.....	40	ATROVENT HFA.....	73	BAQSIMI TWO PACK.....	46
aranelle.....	57	AUBAGIO.....	38	BARACLUDE.....	28
ARAVA.....	62	aubra eq.....	57	BAXDELA.....	10
ARCALYST.....	62	AUGMENTIN.....	10	BELBUCA.....	6
arformoterol tartrate.....	72	AUGMENTIN ES-600.....	10	BELSOMRA.....	77
ARICEPT.....	15	aurovela 1.5/30.....	57	benazepril hcl.....	32
ARIMIDEX.....	21	aurovela 1/20.....	57	benazepril-	
aripiprazole.....	27	aurovela 24 fe.....	57	hydrochlorothiazide.....	32
ARIXTRA.....	13	aurovela fe 1.5/30.....	57	BENICAR.....	32
armodafinil.....	77	aurovela fe 1/20.....	57	BENICAR HCT.....	32
ARMOUR THYROID.....	61	AURYXIA.....	53	BENLYSTA.....	62
ARNUITY ELLIPTA...72, 73		AVALIDE.....	32	benzalkonium chloride....	10
AROMASIN.....	21	AVAPRO.....	32	BENZAMYCIN.....	41
ARTHROTEC.....	8	aviane.....	57	BENZNIDAZOLE.....	25
ascomp-codeine.....	6	avidoxy.....	10	benzonatate.....	71
ashlyna.....	57	AVITA.....	41	benzoyl peroxide-	
ASMANEX (120		AVODART.....	54	erythromycin.....	41
METERED DOSES).....	73	AVONEX PEN.....	38	benztropine mesylate.....	26
ASMANEX (30		AVONEX PREFILLED....	38	BESREMI.....	21
METERED DOSES).....	73	ayuna.....	57	BETADINE	
ASMANEX (60		AYVAKIT.....	21	OPHTHALMIC PREP.....	68
METERED DOSES).....	73	AZASAN.....	62	betaine.....	52
ASMANEX HFA.....	73	AZASITE.....	68	betamethasone	
ASPARTAME (FOR		azathioprine.....	62	dipropionate.....	41
COMPOUNDING).....	66	azelaic acid.....	41	betamethasone	
ASPARTAME		azelastine hcl.....	68, 71	dipropionate aug.....	41
(NUTRASWEET).....	66	AZILECT.....	26	betamethasone valerate..	41
aspirin.....	8	azithromycin.....	10	BETAPACE.....	32
aspirin 81.....	8	AZOPT.....	69	BETAPACE AF.....	32
aspirin adult low dose.....	8	AZOR.....	32	betaxolol hcl.....	32, 69
aspirin adult low strength...8		AZULFIDINE.....	65	bethanechol chloride.....	53
aspirin childrens.....	8	AZULFIDINE EN-TABS...65		BETHKIS.....	75
aspirin ec low dose.....	8	azurette.....	57	BETIMOL.....	69

BEVESPI	bumetanide.....	32	CALCIUM LACTATE	
AEROSPHERE.....	BUMEX.....	32	PENTAHYDRATE.....	48
bexarotene.....	BUPHENYL.....	52	CALCIUM PHOSPHATE	
BEYAZ.....	buprenorphine.....	6	DIBASIC.....	48
bicalutamide.....	buprenorphine hcl.....	9	CALCIUM PHOSPHATE	
BIDIL.....	buprenorphine hcl-		TRIBASIC.....	48
BIKTARVY.....	naloxone hcl.....	9	CALQUENCE.....	21
BILTRICIDE.....	bupropion hcl.....	16	camila.....	57
bimatoprost.....	bupropion hcl er		camrese.....	57
BISACODYL.....	(smoking det).....	9	camrese lo.....	57
bisacodyl.....	bupropion hcl er (sr).....	16	CAMZYOS.....	32
bisacodyl ec.....	bupropion hcl er (xl).....	16	CANASA.....	65
bisoprolol fumarate.....	buspirone hcl.....	31	candesartan cilexetil.....	33
bisoprolol-	butalbital-acetaminophen...6		capecitabine.....	21
hydrochlorothiazide.....	butalbital-apap-caff-cod....	6	CAPRELSA.....	21
blisovi 24 fe.....	butalbital-apap-caffeine....	6	captopril.....	33
blisovi fe 1.5/30.....	butalbital-asa-caff-		captopril-	
blisovi fe 1/20.....	codeine.....	6	hydrochlorothiazide.....	33
bosentan.....	butalbital-aspirin-caffeine...6		CARAC.....	41
BOSULIF.....	butorphanol tartrate.....	6	CARAFATE.....	50
BPCO.....	BUTRANS.....	6	CARBAGLU.....	48
BRAFTOVI.....	BYDUREON BCISE		carbamazepine.....	13
BREATHE EASE	AUTOINJECTOR.....	45	carbamazepine er.....	13
LARGE.....	BYETTA 10 MCG PEN...45		CARBATROL.....	13
BREATHE EASE	BYETTA 5 MCG PEN.....45		carbidopa.....	26
MEDIUM.....	BYLVAY.....	66	carbidopa-levodopa.....	26
BREATHE EASE SMALL	BYLVAY (PELLETS).....	66	carbidopa-levodopa er.....	26
66	BYSTOLIC.....	32	carbidopa-levodopa-	
BREATHERITE VALVED	cabergoline.....	56	entacapone.....	26
MDI CHAMBER.....	CABLIVI.....	27	carbinoxamine maleate....	71
66	CABOMETYX.....	21	CARDIZEM.....	33
BREO ELLIPTA.....	CADUET.....	32	CARDIZEM CD.....	33
73	caffeine citrate.....	39	CARDURA.....	33
breyna.....	CALAMINE.....	41	carglumic acid.....	48
73	CALCIFOL.....	47	carisoprodol.....	77
BREZTRI	calcipotriene.....	41	CARNITOR.....	48
AEROSPHERE.....	calcitonin (salmon).....	65	CARNITOR SF.....	48
73	CALCITRENE.....	41	carteolol hcl.....	69
briellyn.....	calcitriol.....	41, 66	cartia xt.....	33
57	calcium acetate.....	54	carvedilol.....	33
BRILINTA.....	calcium acetate (phos		CASODEX.....	21
27	binder).....	53, 54	CATAPRES-TTS-1.....	33
brimonidine tartrate.....	CALCIUM CHLORIDE		CATAPRES-TTS-2.....	33
69	DIHYDRATE.....	47	CATAPRES-TTS-3.....	33
brimonidine tartrate-	CALCIUM GLUCONATE.....	47	CAYSTON.....	75
timolol.....	CALCIUM GLUCONATE		cefaclor.....	10
69	ANHYDROUS.....	48	cefaclor er.....	10
brinzolamide.....	CALCIUM GLUCONATE		cefadroxil.....	10
69	MONOHYDRATE.....	48	cefdinir.....	10
BRIVIACT.....			cefixime.....	10
13				
BROMELAIN.....				
66				
bromfenac sodium				
(once-daily).....				
68				
bromocriptine mesylate...26				
BRONCHITOL.....				
75				
BROVANA.....				
73				
BRUKINSA.....				
21				
budesonide.....				
65, 73				
budesonide-formoterol				
fumarate.....				
73				

cefpodoxime proxetil.....	10	clarithromycin.....	11	COLCRYST.....	19
cefprozil.....	10	clarithromycin er.....	11	colesevelam hcl.....	33
cefuroxime axetil.....	10	clearlax.....	51	COLESTID.....	33
CELEBREX.....	8	clemastine fumarate.....	71	COLESTID FLAVORED..	33
celecoxib.....	8	CLENPIQ.....	51	colestipol hcl.....	33
CELEXA.....	16	CLEOCIN.....	11	COMBIGAN.....	69
CELLCEPT.....	62	CLEOCIN-T.....	41	COMBIPATCH.....	57
CELONTIN.....	13	CLEVER CHOICE		COMBIVENT	
cephalexin.....	10, 11	HOLDING CHAMBER.....	66	RESPIMAT.....	73
CEQUA.....	70	CLIMARA.....	57	COMBIVIR.....	28
CERDELGA.....	52	clindacin etz.....	41	COMETRIQ.....	21
cetirizine hcl.....	71	clindacin-p.....	42	COMPACT SPACE	
CETYLICIDE-G.....	66	CLINDAGEL.....	42	CHAMBER.....	66
cevimeline hcl.....	40	clindamycin hcl.....	11	COMPACT SPACE	
CHARCOAL		clindamycin palmitate hcl..	11	CHAMBER/LG MASK.....	66
ACTIVATED.....	66	clindamycin phosphate		COMPACT SPACE	
charlotte 24 fe.....	57	.....	11, 42	CHAMBER/MED MASK...66	
chateal eq.....	57	clindamycin phosphate-		COMPACT SPACE	
CHEMET.....	48	benzoyl peroxide.....	42	CHAMBER/SM MASK.....	66
CHENODAL.....	51	clindamycin-tretinoin.....	42	COMPLERA.....	28
chlordiazepoxide hcl.....	31	CLINDESSE.....	11	compro.....	17
chlordiazepoxide-		CLINPRO 5000.....	40	COMTAN.....	26
amitriptyline.....	16	clobazam.....	13	CONCERTA.....	37
chlorhexidine gluconate...40		clobetasol prop emollient		CONDOMS.....	66
chloroquine phosphate...25		base.....	42	CONDYLOX.....	42
chlorpromazine hcl.....	27	clobetasol propionate.....	42	constulose.....	51
chlorthalidone.....	33	clobetasol propionate e...42		COPAXONE.....	38
chlorzoxazone.....	77	CLOBEX.....	42	COPIKTRA.....	21
CHOLBAM.....	52	CLOBEX SPRAY.....	42	CORDRAN.....	42
cholestyramine.....	33	clodan.....	42	COREG.....	33
cholestyramine light.....	33	clomipramine hcl.....	16	CORGARD.....	33
CHOLINE BITARTRATE.48		clonazepam.....	31	CORLANOR.....	33
CIBINQO.....	41	clonidine.....	33	CORTEF.....	55
ciclodan.....	18	clonidine hcl.....	33	CORTENEMA.....	65
ciclopirox.....	18	clonidine hcl er.....	37	CORTIFOAM.....	65
CICLOPIROX OLAMINE.18		clopidogrel bisulfate.....	27	CORTISPORIN-TC.....	71
ciclopirox olamine.....	18	clorazepate dipotassium..	31	CORTROPHIN.....	56
cilostazol.....	27	clotrimazole.....	18	COSENTYX (300 MG	
CIMDUO.....	28	CLOTTRIMAZOLE.....	18	DOSE).....	62
cimetidine.....	50	clotrimazole-		COSENTYX 150 MG/ML.62	
CIMZIA.....	62	betamethasone.....	18	COSENTYX	
CIMZIA STARTER KIT...62		clozapine.....	27	SENSOREADY (300	
cinacalcet hcl.....	66	CLOZARIL.....	27	MG).....	62
CIPRO.....	11	coal tar.....	42	COSENTYX	
ciprofloxacin hcl...11, 68, 71		COARTEM.....	25	SENSOREADY PEN.....	62
ciprofloxacin-		codeine sulfate.....	6	COSENTYX	
dexamethasone.....	71	COLAZAL.....	65	UNOREADY.....	62
citalopram hydrobromide.16		COLCHICINE.....	19	COSOPT.....	69
citroma.....	51	colchicine.....	19	COSOPT PF.....	69
claravis.....	41	colchicine-probenecid.....	19	COTELLIC.....	21

COZAAR.....	33	delyla.....	57	DEXCOM G7 SENSOR...	46
CREON.....	53	DELZICOL.....	65	DEXEDRINE.....	37
CRESEMBA.....	18	demeclocycline hcl.....	11	dexmethylphenidate hcl...	37
CRESTOR.....	33	DEMSEER.....	33	dexmethylphenidate hcl	
CRINONE.....	57	DENTA 5000 PLUS.....	40	er.....	37
cromolyn sodium..	51, 68, 73	DENTAGEL.....	40	dextroamphetamine	
CROTAN.....	25	DEPAKOTE.....	13	sulfate.....	37
cryselle-28.....	57	DEPAKOTE ER.....	13	dextroamphetamine	
CUPRIMINE.....	54	DEPAKOTE		sulfate er.....	37
curae.....	57	SPRINKLES.....	13	DIACOMIT.....	13
CUVPOSA.....	51	DEPEN TITRATABS.....	54	DIASTAT ACUDIAL.....	13
cyanocobalamin.....	48	DEPO-ESTRADIOL.....	57	DIASTAT PEDIATRIC.....	13
cyclobenzaprine hcl.....	77	DEPO-PROVERA.....	57	diazepam.....	13, 31
CYCLOGYL.....	70	DEPO-SUBQ PROVERA		diazepam intensol.....	31
cyclopentolate hcl.....	70	104.....	57	diazoxide.....	46
cyclophosphamide.....	21	DEPO-		DIBENZYLINE.....	33
cycloserine.....	20	TESTOSTERONE.....	55	dichlorphenamide.....	69
CYCLOSET.....	45	DERMA-SMOOTH/FS		diclofenac potassium.....	8
cyclosporine.....	62, 70	BODY.....	42	diclofenac	
cyclosporine modified.....	62	DERMA-SMOOTH/FS		potassium(migraine).....	19
CYMBALTA.....	16	SCALP.....	42	diclofenac sodium..	8, 42, 68
cyproheptadine hcl.....	71	DERMOTIC.....	71	diclofenac sodium er.....	8
cyred eq.....	57	DESCOVY.....	28	diclofenac-misoprostol.....	8
CYSTADANE.....	53	desipramine hcl.....	16	dicloxacillin sodium.....	11
CYSTADROPS.....	70	desmopressin ace spray		dicyclomine hcl.....	51
CYSTAGON.....	53	refrig.....	56	DIFFERIN.....	42
CYSTARAN.....	70	desmopressin acetate.....	56	DIFICID.....	11
CYTOMEL.....	61	desmopressin acetate		DIFLUCAN.....	18
CYTOTEC.....	50	spray.....	56	diflunisal.....	8
dalfampridine er.....	38	desogestrel-ethinyl		difluprednate.....	68
DALIRESP.....	73	estradiol.....	57	digoxin.....	33
danazol.....	55	desonide.....	42	dihydroergotamine	
DANTRIUM.....	77	DESOWEN.....	42	mesylate.....	19
dantrolene sodium.....	77	desoximetasone.....	42	DILANTIN.....	13
dapsone.....	20, 42	DESOXYN.....	37	DILANTIN INFATABS.....	13
DARAPRIM.....	25	desvenlafaxine succinate		DILAUDID.....	6
darifenacin		er.....	16	diltiazem hcl.....	33
hydrobromide er.....	54	DETROL.....	54	diltiazem hcl er.....	33
darunavir.....	28	DETROL LA.....	54	diltiazem hcl er beads.....	33
dasetta 1/35.....	57	dexamethasone.....	55	diltiazem hcl er coated	
dasetta 7/7/7.....	57	dexamethasone intensol..	55	beads.....	33
DAYPRO.....	8	dexamethasone sodium		dilt-xr.....	33
daysee.....	57	phosphate.....	68	dimethyl fumarate.....	38
DDAVP.....	56	DEXCOM G6		dimethyl fumarate starter	
DEBACTEROL.....	40	RECEIVER.....	46	pack.....	38
deblitane.....	57	DEXCOM G6 SENSOR... 46		DIOVAN.....	33
deferasirox.....	48	DEXCOM G6		DIOVAN HCT.....	33
deferasirox granules.....	48	TRANSMITTER.....	46	diphenhydramine hcl.....	71
DELESTROGEN.....	57	DEXCOM G7		diphenoxylate-atropine....	51
DELSTRIGO.....	28	RECEIVER.....	46	DIPROLENE.....	42

dipyridamole.....	27	EC-NAPROSYN.....	8	ENSPRYNG.....	63
disopyramide phosphate..	33	ec-naproxen.....	8	entacapone.....	26
disulfiram.....	9	econazole nitrate.....	18	entecavir.....	28
DIURIL.....	33	econtra one-step.....	58	ENTEREG.....	51
divalproex sodium.....	13	EDECIN.....	33	ENTRESTO.....	33
divalproex sodium er.....	13	EDURANT.....	28	enulose.....	51
DIVIGEL.....	57	efavirenz.....	28	ENVARBUS XR.....	63
DL-ALANINE.....	48	efavirenz-emtricitab-		EPCLUSA.....	28
DL-LEUCINE.....	48	tenofo df.....	28	EPIDIOLEX.....	13
DL-METHIONINE.....	48	efavirenz-lamivudine-		EPIDUO.....	43
DL-PHENYLALANINE.....	48	tenofovir.....	28	EPIDUO FORTE.....	43
dofetilide.....	33	EFFER-K.....	48	EPIFOAM.....	43
DOJOLVI.....	66	effer-k.....	48	epinastine hcl.....	68
dolishale.....	57	EFFEXOR XR.....	16	epinephrine.....	73
donepezil hcl.....	15	EFFIENT.....	27	EPIPEN 2-PAK.....	73
DORYX.....	11	EFUDEX.....	43	EPIPEN JR 2-PAK.....	73
dorzolamide hcl.....	69	EGRIFTA SV.....	56	epitol.....	14
dorzolamide hcl-timolol		ELESTRIN.....	58	EPIVIR.....	28
mal.....	69	eletriptan hydrobromide...	19	eplerenone.....	33
dorzolamide hcl-timolol		ELIDEL.....	43	EPRONTIA.....	14
mal pf.....	69	elinest.....	58	EPZICOM.....	28
dotti.....	57	ELIQUIS.....	13	EQUETRO.....	31
DOVATO.....	28	ELIQUIS DVT/PE		ergoloid mesylates.....	67
doxazosin mesylate.....	33	STARTER PACK.....	13	ERGOMAR.....	19
doxepin hcl.....	16, 42, 77	elixophyllin.....	73	ergotamine-caffeine.....	20
doxercalciferol.....	66	ELLA.....	58	ERIVEDGE.....	21
doxycycline hyclate.....	11	ELMIRON.....	54	ERLEADA.....	21
doxycycline		eluryng.....	58	erlotinib hcl.....	21
monohydrate.....	11	EMCYT.....	21	errin.....	58
dronabinol.....	17	EMEND.....	17	ery.....	43
drosipren-eth estrad-		EMEND TRI-PACK.....	17	ERYGEL.....	43
levomefol.....	57	EMGALITY.....	19	ERYPED 200.....	11
drosiprenone-ethinyl		emtricitabine.....	28	ERYPED 400.....	11
estradiol.....	58	emtricitabine-tenofovir df.	28	ERY-TAB.....	11
DROXIA.....	21	EMTRIVA.....	28	ERYTHROCIN	
DRYSOL.....	42	EMVERM.....	25	STEARATE.....	11
DUAVEE.....	58	enalapril maleate.....	33	erythromycin.....	11, 43, 68
DUETACT.....	45	enalapril-		erythromycin base.....	11
duloxetine hcl.....	16	hydrochlorothiazide.....	33	erythromycin	
DUPIXENT.....	42	ENBREL.....	62	ethylsuccinate.....	11
DUREX EXTRA		ENBREL MINI.....	62	ESBRIET.....	73
SENSITIVE THIN.....	66	ENBREL SURECLICK.....	63	escitalopram oxalate.....	16
DUREZOL.....	68	ENCARE.....	66	ESGIC.....	6
dutasteride.....	54	ENDARI.....	66	esomeprazole	
dutasteride-tamsulosin		endocet.....	6	magnesium.....	50
hcl.....	54	ENDOMETRIN.....	58	estarylla.....	58
DYRENIUM.....	33	enilloring.....	58	estazolam.....	31
E.E.S. 400.....	11	enoxaparin sodium.....	13	ESTRACE.....	58
E.E.S. GRANULES.....	11	enpresse-28.....	58	estradiol.....	58
EASIVENT.....	66	enskyce.....	58	estradiol valerate.....	58

estradiol-norethindrone	fenofibrate.....	34	FLUORIMAX 5000
acet.....	fenofibrate micronized.....	34	SENSITIVE.....
ESTRING.....	fenofibric acid.....	34	fluorometholone.....
ESTROGEL.....	fentanyl.....	6	FLUOROURACIL.....
eszopiclone.....	fentanyl citrate.....	6	fluorouracil.....
ethacrynic acid.....	FENTANYL CITRATE.....	6	fluoxetine hcl.....
ethambutol hcl.....	FENTORA.....	6	fluphenazine hcl.....
ethosuximide.....	FERRIPROX.....	48	flurandrenolide.....
ethyl chloride.....	FIASP.....	46	flurbiprofen.....
ethynodiol diac-eth	FIASP FLEXTOUCH.....	46	flurbiprofen sodium.....
estradiol.....	FIASP PENFILL.....	47	fluticasone propionate.....
etodolac.....	FIASP PUMPCART.....	47	43, 71
etodolac er.....	FINACEA.....	43	fluticasone-salmeterol.....
etonogestrel-ethinyl	finasteride.....	54	74
estradiol.....	fingolimod hcl.....	38	FLUTICASONE-
etoposide.....	FINTEPLA.....	14	SALMETEROL.....
etravirine.....	finzala.....	58	74
EUCRISA.....	FIORICET.....	6	fluvastatin sodium.....
EULEXIN.....	FIORICET/CODEINE.....	6	34
euthyrox.....	FIRAZYR.....	63	fluvastatin sodium er.....
EVAMIST.....	FIRVANQ.....	11	34
EVEKEO.....	flac.....	71	fluvoxamine maleate.....
everolimus.....	FLAREX.....	68	16
EVISTA.....	flavoxate hcl.....	54	fluvoxamine maleate er... 16
EVOTAZ.....	flecainide acetate.....	34	FML FORTE.....
EVOXAC.....	FLEXICHAMBER.....	67	68
EVRYSDI.....	FLOMAX.....	54	FML LIQUIFILM.....
EXELON.....	FLOVENT DISKUS.....	73	68
exemestane.....	FLOVENT HFA.....	73	FOCALIN.....
EXFORGE.....	fluconazole.....	18	37
EXFORGE HCT.....	flucytosine.....	18	FOCALIN XR.....
EXJADE.....	fludrocortisone acetate....	55	37
EXKIVITY.....	flunisolide.....	71	folate.....
EXTAVIA.....	fluocinolone acetonide		48
ezetimibe.....	.....	43, 71	folic acid.....
ezetimibe-simvastatin.....	fluocinolone acetonide		48
falmina.....	body.....	43	fondaparinux sodium.....
famciclovir.....	scalp.....	43	13
famotidine.....	fluocinonide.....	43	formaldehyde.....
FARESTON.....	fluocinonide emulsified		67
FARXIGA.....	base.....	43	formoterol fumarate.....
FASENRA PEN.....	FLUORIDEX.....	40	74
FC2 FEMALE CONDOM.....	FLUORIDEX		FORTESTA.....
febuxostat.....	ENHANCED		55
felbamate.....	WHITENING.....	40	FOSAMAX.....
FELBATOL.....	FLUORIDEX		65
FELDENE.....	SENSITIVITY RELIEF.....	40	fosamprenavir calcium.....
felodipine er.....	FLUORIMAX 5000.....	40	28
FEMARA.....			fosfomycin tromethamine.....
FEMRING.....			11
			fosinopril sodium.....
			34
			fosinopril sodium-hctz.....
			34
			FOSRENOL.....
			54
			FOTIVDA.....
			22
			FRAGMIN.....
			13
			FREESTYLE LIBRE 14
			DAY READER.....
			46
			FREESTYLE LIBRE 14
			DAY SENSOR.....
			46
			FREESTYLE LIBRE 2
			READER.....
			46
			FREESTYLE LIBRE 2
			SENSOR.....
			46
			FREESTYLE LIBRE 3
			SENSOR.....
			46
			FREESTYLE LIBRE
			READER.....
			46
			FROVA.....
			20
			frovatriptan succinate.....
			20

ft clearlax.....	51	GLUCOTROL XL.....	45	heparin sodium (porcine)	
ft laxative.....	51	glutaraldehyde.....	67	pf.....	13
ft magnesium citrate.....	51	glyburide.....	45	her style.....	58
FULPHILA.....	31	glyburide micronized.....	45	HETLIOZ.....	77
furosemide.....	34	glyburide-metformin.....	45	HETLIOZ LQ.....	77
FUZEON.....	29	glycolax.....	51	HIPREX.....	11
fyavolv.....	58	glycopyrrolate.....	51	HORIZANT.....	39
FYCOMPA.....	14	glydo.....	9	HUMATROPE.....	56
FYLNETRA.....	31	GLYNASE.....	45	HUMIRA.....	63
gabapentin.....	14	GLYXAMBI.....	45	HUMIRA PEDIATRIC	
GALAFOLD.....	53	GOLYTELY.....	51	CROHNS START.....	63
galantamine		goodsense aspirin adults... 8		HUMIRA PEN.....	63
hydrobromide.....	15	goodsense aspirin low		HUMIRA PEN-	
galantamine		dose.....	8	CD/UC/HS STARTER.....	63
hydrobromide er.....	15	goodsense nicotine.....	9	HUMIRA PEN-	
GALZIN.....	48	GORDOFILM.....	43	PEDIATRIC UC START...63	
GASTROCROM.....	51	granisetron hcl.....	17	HUMIRA PEN-	
gatifloxacin.....	68	GRASTEK.....	67	PS/UV/ADOL HS START 63	
GATTEX.....	51	griseofulvin microsize.....	18	HUMIRA PEN-	
gavilax.....	51	griseofulvin		PSOR/UEIT STARTER. 63	
gavilyte-c.....	51	ultramicrosize.....	18	HUMULIN R U-500	
gavilyte-g.....	51	guaifenesin ac.....	71	KWIKPEN.....	47
GAVRETO.....	22	guaifenesin-codeine.....	71	HUMULIN R U-500 VIAL. 47	
GEBAUERS PAIN EASE...9		guanfacine hcl.....	34	HYCANTIN.....	22
GEBAUERS SPRAY		guanfacine hcl er.....	37	HYCODAN.....	71
AND STRETCH.....	9	GVOKE HYOPEN 1-		hydralazine hcl.....	34
gefitinib.....	22	PACK.....	46	HYDREA.....	22
gemfibrozil.....	34	GVOKE HYOPEN 2-		hydrochlorothiazide.....	34
gemmily.....	58	PACK.....	46	hydrocod poli-chlorphe	
GENERESS FE.....	58	GVOKE KIT.....	46	poli er.....	71
generlac.....	51	GVOKE PFS.....	46	hydrocodone bitartrate er...6	
gengraf.....	63	GYNAZOLE-1.....	18	hydrocodone bit-	
gentamicin sulfate.....	11, 68	habitrol.....	9	homatrop mbr.....	71
gentle laxative.....	51	HADLIMA.....	63	hydrocodone-	
gentlelax.....	51	HADLIMA PUSHTOUCH. 63		acetaminophen.....	6
genuine aspirin.....	8	HAEGARDA.....	63	hydrocodone-ibuprofen.....	6
GENVOYA.....	29	hailey 1.5/30.....	58	hydrocortisone.....	43, 55, 65
GEODON.....	27	hailey 24 fe.....	58	hydrocortisone (perianal). 65	
GILENYA.....	38	hailey fe 1.5/30.....	58	hydrocortisone butyr lipo	
GILOTRIF.....	22	hailey fe 1/20.....	58	base.....	43
GLEEVEC.....	22	HALCION.....	31	hydrocortisone butyrate... 43	
GLEOSTINE.....	22	halobetasol propionate... 43		hydrocortisone valerate... 43	
glimepiride.....	45	haloette.....	58	hydrocortisone-acetic	
glipizide er.....	45	haloperidol.....	27	acid.....	71
glipizide ir.....	45	haloperidol lactate.....	27	hydrogen peroxide.....	11
glipizide xl.....	45	HARVONI.....	29	hydromet.....	71
glipizide-metformin hcl.... 45		heather.....	58	hydromorphone hcl.....	7
glucagon emergency kit...46		HEMANGEOL.....	34	hydromorphone hcl er.....	7
GLUCAGON		heparin sodium (porcine). 13		hydroxychloroquine	
EMERGENCY KIT.....	46			sulfate.....	25

hydroxyurea.....	22	introvale.....	58	junel 1.5/30.....	58
hydroxyzine hcl.....	31	INTUNIV.....	37	junel 1/20.....	58
hydroxyzine pamoate.....	31	INVEGA.....	27	junel fe 1.5/30.....	58
HYFTOR.....	43	INVELTYS.....	68	junel fe 1/20.....	58
hyoscyamine sulfate.....	51	iodine strong.....	48	junel fe 24.....	59
hyoscyamine sulfate sl.....	51	IOPIDINE.....	69	JUST RIGHT 5000.....	40
HYPERSAL.....	71	ipratropium bromide... 71, 74		JYNARQUE.....	48
HYSINGLA ER.....	7	ipratropium-albuterol.....	74	kaitlib fe.....	59
HYZAAR.....	34	irbesartan.....	34	KALETRA.....	29
ibandronate sodium.....	66	irbesartan-		kalliga.....	59
IBRANCE.....	22	hydrochlorothiazide.....	34	KALYDECO.....	75
ibuprofen.....	8	IRESSA.....	22	KAPVAY.....	37
icatibant acetate.....	63	ISENTRESS.....	29	kariva.....	59
iclevia.....	58	ISENTRESS HD.....	29	KATERZIA.....	34
ICLUSIG.....	22	isibloom.....	58	kelnor 1/35.....	59
icosapent ethyl.....	34	isoniazid.....	20	kelnor 1/50.....	59
IDHIFA.....	22	ISOPTO ATROPINE.....	70	KEPPRA.....	14
imatinib mesylate.....	22	ISORDIL TITRADOSE....	34	KEPPRA XR.....	14
IMBRUVICA.....	22	isosorb dinitrate-		KERALYT.....	44
IMCIVREE.....	39	hydralazine.....	34	KERENDIA.....	67
imipramine hcl.....	16	isosorbide dinitrate.....	34	KESIMPTA.....	38
imipramine pamoate.....	16	isosorbide mononitrate....	34	ketoconazole.....	18
imiquimod.....	43	isosorbide mononitrate		ketodan.....	18
IMITREX.....	20	er.....	34	ketoprofen.....	8
IMITREX STATDOSE		isotretinoin.....	43	ketorolac tromethamine	
REFILL.....	20	isradipine.....	34	..... 8, 9, 68	
IMITREX STATDOSE		ISTALOL.....	69	KEVEYIS.....	69
SYSTEM.....	20	ISTURISA.....	56	KEVZARA.....	63
IMPAVIDO.....	25	itraconazole.....	18	KINERET.....	63
IMURAN.....	63	ivermectin..... 25, 43		KISQALI.....	22
IMVEXXY		JADENU.....	48	KISQALI FEMARA.....	22
MAINTENANCE PACK....	58	JADENU SPRINKLE.....	48	KITABIS PAK.....	75
IMVEXXY STARTER		jaimiess.....	58	KLARON.....	44
PACK.....	58	JAKAFI.....	22	KLONOPIN.....	31
incassia.....	58	JALYN.....	54	klor-con.....	48
INCRELEX.....	56	jantoven.....	13	klor-con 10.....	48
INCRUSE ELLIPTA.....	74	JANUMET.....	45	klor-con m10.....	48
indapamide.....	34	JANUMET XR.....	45	klor-con m15.....	48
INDERAL LA.....	34	JANUVIA.....	45	klor-con m20.....	48
indomethacin.....	8	JARDIANCE.....	45	KOMBIGLYZE XR.....	45
indomethacin er.....	8	jasmiel.....	58	KORLYM.....	56
INLYTA.....	22	JAVYGTOR.....	53	KOSELUGO.....	22
INQOVI.....	22	JAYPIRCA.....	22	kourzeq.....	40
INREBIC.....	22	jencycla.....	58	k-prime.....	48
INSPRA.....	34	jinteli.....	58	KRAZATI.....	23
INSULIN DEGLUDEC.....	47	jolessa.....	58	KRINTAFEL.....	25
INSULIN DEGLUDEC		JORNAY PM.....	37	K-TAB.....	48
FLEXTOUCH.....	47	joyeaux.....	58	kurvelo.....	59
INTELENCE.....	29	juleber.....	58	KUVAN.....	53
INTRAROSA.....	54	JULUCA.....	29		

K-Y ME & YOU EXTRA LUBRICATED.....	67	LESCOL XL.....	34	lidocaine viscous hcl.....	40
K-Y ME & YOU INTENSE.....	67	lessina.....	59	lidocaine-prilocaine.....	9
labetalol hcl.....	34	LETAIRIS.....	76	LIDOCAN.....	9
lacosamide.....	14	letrozole.....	23	LIDODERM.....	9
lactic acid.....	44	leucovorin calcium.....	23	linezolid.....	11
lactic acid e.....	44	LEUKERAN.....	23	LINZESS.....	51
lactulose.....	51	levabuterol hcl.....	74	liothyronine sodium.....	61
lactulose encephalopathy.....	51	LEVALBUTEROL HFA....	74	LIPITOR.....	34
L-ALANINE.....	48	LEVEMIR FLEXPEN.....	47	lisdexamfetamine dimesylate.....	37
LAMICTAL.....	14	LEVEMIR U-100 VIAL....	47	lisinopril.....	34
LAMICTAL ODT.....	14	levetiracetam.....	14	lisinopril-hydrochlorothiazide.....	34
LAMICTAL STARTER....	14	levetiracetam er.....	14	L-ISOLEUCINE.....	49
LAMICTAL XR.....	14	levobunolol hcl.....	69	lithium.....	31
lamivudine.....	29	levocarnitine.....	48	lithium carbonate.....	31
lamivudine-zidovudine....	29	levocarnitine sf.....	48	lithium carbonate er.....	31
lamotrigine.....	14	levocetirizine dihydrochloride.....	71	LITHOBID.....	31
lamotrigine er.....	14	levofloxacin.....	11, 68	LITHOSTAT.....	54
lamotrigine starter kit-blue.....	14	levonest.....	59	LIVMARLI.....	67
lamotrigine starter kit-green.....	14	levonorgest-eth est & eth est.....	59	LIVTENCITY.....	29
lamotrigine starter kit-orange.....	14	levonorgest-eth estrad 91-day.....	59	L-LEUCINE.....	49
LAMPIT.....	25	levonorgest-eth estradiol-iron.....	59	L-METHIONINE.....	49
LANOXIN.....	34	levonorgestrel.....	59	LO LOESTRIN FE.....	59
lansoprazole.....	50	levonorgestrel-ethinyl estrad.....	59	LOCOID.....	44
lanthanum carbonate.....	54	levonorgestrel-ethinyl estrad.....	59	LOCOID LIPOCREAM....	44
LANTUS SOLOSTAR.....	47	levonorg-eth estrad triphasic.....	59	LODINE.....	9
LANTUS U-100 VIAL.....	47	levora 0.15/30 (28).....	59	LODOSYN.....	26
lapatinib ditosylate.....	23	levorphanol tartrate.....	7	LOESTRIN 1.5/30 (21)....	59
L-ARGININE.....	48	levo-t.....	61	LOESTRIN 1/20 (21).....	59
larin 1.5/30.....	59	LEVOTHYROXINE SODIUM.....	61	LOESTRIN FE 1.5/30.....	59
larin 1/20.....	59	levothyroxine sodium.....	61	LOESTRIN FE 1/20.....	59
larin 24 fe.....	59	levoxyl.....	61	lojaimiess.....	59
larin fe 1.5/30.....	59	LEXAPRO.....	16	LOKELMA.....	49
larin fe 1/20.....	59	LEXIVA.....	29	LOMOTIL.....	52
LASIX.....	34	L-GLUTAMIC ACID.....	48	LONSURF.....	23
latanoprost.....	69	L-GLUTAMIC ACID HCL.	53	loperamide hcl.....	52
LATUDA.....	27	L-HISTIDINE.....	49	LOPID.....	34
layolis fe.....	59	L-HISTIDINE MONOHYDROCHLORID E.....	49	lopinavir-ritonavir.....	29
L-CYSTINE.....	48	LIALDA.....	65	LOPRESSOR.....	34
LEDIPASVIR-SOFOSBUVIR.....	29	lidocaine.....	9	LOPROX.....	19
leena.....	59	lidocaine hcl.....	9	lorazepam.....	31
leflunomide.....	63	lidocaine hcl urethral/mucosal.....	9	lorazepam intensol.....	31
lenalidomide.....	23			loryna.....	59
LENVIMA.....	23			losartan potassium.....	34
				losartan potassium-hctz...	34
				LOTEMAX.....	68
				LOTEMAX SM.....	68
				LOTENSIN.....	34
				LOTENSIN HCT.....	34

loteprednol etabonate.....	68	MAVYRET.....	29	methocarbamol.....	77
LOTREL.....	34	MAXALT.....	20	methotrexate sodium.....	64
LOTRONEX.....	52	MAXALT-MLT.....	20	methotrexate sodium (pf).....	64
lovastatin.....	34	MAXIDEX.....	68	methoxsalen rapid.....	44
LOVAZA.....	34	MAXITROL.....	68	methscopolamine	
LOVENOX.....	13	maxi-tuss ac.....	71	bromide.....	52
low-ogestrel.....	59	MAXZIDE.....	34	methsuximide.....	14
loxapine succinate.....	27	MAXZIDE-25.....	34	methylergonovine	
lo-zumandimine.....	59	MAYZENT.....	38, 39	maleate.....	67
L-PHENYLALANINE.....	49	MAYZENT STARTER		METHYLIN.....	37
L-PROLINE.....	49	PACK.....	39	methylphenidate hcl.....	38
L-TYROSINE.....	49	meclizine hcl.....	17	methylphenidate hcl er.....	37
lubiprostone.....	52	MEDROL.....	55	methylphenidate hcl er	
LUCEMYRA.....	10	medroxyprogesterone		(cd).....	37
LUMAKRAS.....	23	acetate.....	59	methylphenidate hcl er	
LUMIGAN.....	69	mefenamic acid.....	9	(la).....	37
LUNESTA.....	77	mefloquine hcl.....	26	methylphenidate hcl er	
LUPKYNIS.....	63	megestrol acetate.....	59	(osm).....	38
lurasidone hcl.....	27	MEKINIST.....	23	methylphenidate hcl er	
lutera.....	59	MEKTOVI.....	23	(xr).....	38
L-VALINE.....	49	meloxicam.....	9	methylprednisolone.....	55
lyleq.....	59	melphalan.....	23	METHYLTESTOSTERO	
lyllana.....	59	memantine hcl.....	15	NE.....	55
LYNPARZA.....	23	memantine hcl er.....	15	methyltestosterone.....	55
LYRICA.....	39	meperidine hcl.....	7	metoclopramide hcl....	17, 18
LYSODREN.....	23	meprobamate.....	31	metolazone.....	34
LYTGOBI (12 MG DAILY		MEPRON.....	26	metoprolol succinate er....	34
DOSE).....	23	mercaptapurine.....	23	metoprolol tartrate.....	35
LYTGOBI (16 MG DAILY		merzee.....	59	metoprolol-	
DOSE).....	23	mesalamine.....	65	hydrochlorothiazide.....	35
LYTGOBI (20 MG DAILY		mesalamine er.....	65	METROCREAM.....	44
DOSE).....	23	mesalamine-cleanser.....	65	METROGEL.....	44
lyza.....	59	MESNEX.....	23	METROLOTION.....	44
MACROBID.....	11	MESTINON.....	20	metronidazole.....	12, 44
MACRODANTIN.....	12	metaxalone.....	77	metyrosine.....	35
mafenide acetate.....	12	metformin hcl er.....	45	mexiletine hcl.....	35
MAGNESIUM		metformin hcl ir.....	45	MI PASTE.....	40
CARBONATE.....	49	methadone hcl.....	7	MI PASTE PLUS.....	40
MAGNESIUM		methadone hcl intensol.....	7	MIACALCIN.....	66
CARBONATE HEAVY.....	49	METHADOSE.....	7	mibelas 24 fe.....	59
magnesium citrate.....	52	methadose.....	7	MICARDIS.....	35
MALARONE.....	25	METHADOSE SUGAR-		miconazole 3.....	19
malathion.....	25	FREE.....	7	MICROCHAMBER.....	67
maraviroc.....	29	methamphetamine hcl....	37	microgestin 1.5/30.....	59
MARINOL.....	17	methazolamide.....	69	microgestin 1/20.....	59
marlissa.....	59	methenamine hippurate..	12	microgestin 24 fe.....	59
MARPLAN.....	16	methergine.....	67	microgestin fe 1.5/30.....	59
MASONATAL.....	49	methimazole.....	61	microgestin fe 1/20.....	59
MATULANE.....	23	METHIONINE.....	49	midazolam hcl.....	31
MAVENCLAD.....	38	METHITEST.....	55	midodrine hcl.....	35

MIGERGOT.....	20	MYLERAN.....	23	NERLYNX.....	23
miglitol.....	45	MYRBETRIQ.....	54	neuac.....	44
miglustat.....	53	MYSOLINE.....	14	NEULASTA.....	31
MIGRANAL.....	20	MYTESI.....	52	NEULASTA ONPRO.....	31
mili.....	59	na sulfate-k sulfate-mg		NEUPRO.....	26
mimvey.....	59	sulf.....	52	NEURONTIN.....	14
MINASTRIN 24 FE.....	59	nabumetone.....	9	nevirapine.....	29
mineral oil heavy.....	52	nadolol.....	35	nevirapine er.....	29
MINIPRESS.....	35	naftifine hcl.....	19	new day.....	60
MINIVELLE.....	59	naloxone hcl.....	10	NEXAVAR.....	23
minocycline hcl.....	12	naltrexone hcl.....	10	NEXIUM.....	50
minoxidil.....	35	NAMENDA.....	15	NEXLETOL.....	35
mirtazapine.....	16	NAMENDA TITRATION		NEXLIZET.....	35
misoprostol.....	50	PAK.....	15	NEXTSTELLIS.....	60
MITIGARE.....	19	NAMENDA XR.....	15	niacin	
MITOSOL.....	68	NAMZARIC.....	15	(antihyperlipidemic).....	35
mm aspirin.....	9	NAPRELAN.....	9	niacin er	
mm clearlax.....	52	NAPROSYN.....	9	(antihyperlipidemic).....	35
modafinil.....	77	naproxen.....	9	niacor.....	35
moexipril hcl.....	35	naproxen dr.....	9	nicotine.....	10
molindone hcl.....	27	naproxen sodium.....	9	nicotine mini.....	10
mometasone furoate..	44, 71	naproxen sodium er.....	9	nicotine polacrilex.....	10
mondoxyne nl.....	12	naratriptan hcl.....	20	nicotine polacrilex mini.....	10
mono-lynyah.....	59	NARCAN.....	10	nicotine step 1.....	10
montelukast sodium.....	74	NARDIL.....	16	nicotine step 2.....	10
MONUROL.....	12	NATACYN.....	68	nicotine step 3.....	10
morphine sulfate.....	7	NATAZIA.....	60	NICOTROL.....	10
morphine sulfate		nateglinide.....	45	NICOTROL NS.....	10
(concentrate).....	7	NATROBA.....	26	nifedipine.....	35
morphine sulfate er.....	7	NAYZILAM.....	14	nifedipine er.....	35
morphine sulfate er		nebivolol hcl.....	35	nifedipine er osmotic	
beads.....	7	NEBUPENT.....	26	release.....	35
MOTEGRITY.....	52	NEBUSAL.....	71	nikki.....	60
MOUNJARO.....	45	necon 0.5/35 (28).....	60	NILANDRON.....	23
MOVANTIK.....	52	nefazodone hcl.....	16	nilutamide.....	23
MOVIPREP.....	52	NEOKE ALCAR.....	49	nimodipine.....	35
moxifloxacin hcl.....	12, 68	neomycin sulfate.....	12	NINLARO.....	23
MS CONTIN.....	7	neomycin-bacitracin zn-		nitazoxanide.....	26
MULPLETA.....	31	polymyx.....	70	nitisinone.....	53
MULTAQ.....	35	neomycin-polymyxin-		NITRO-BID.....	35
mupirocin.....	12	dexameth.....	68	nitrofurantoin	
my choice.....	59	neomycin-polymyxin-		macrocrystal.....	12
my way.....	59	gramicidin.....	70	nitrofurantoin	
MYALEPT.....	53	neomycin-polymyxin-hc		monohydrate	
MYAMBUTOL.....	20	.....	68, 71	macrocrystals.....	12
MYCOBUTIN.....	20	NEONATAL PRENATAL.....	49	nitroglycerin.....	35
mycophenolate mofetil.....	64	neo-polycin.....	70	NITROLINGUAL.....	35
mycophenolate sodium.....	64	neo-polycin hc.....	70	NITROSTAT.....	35
MYFEMBREE.....	60	NEORAL.....	64	NITYR.....	53
MYFORTIC.....	64	NEO-SYNALAR.....	44	NIVA THYROID.....	61

nizatidine.....	50	NOVOLOG FLEXPEN		OLUMIANT.....	64
nora-be.....	60	RELION.....	47	omega-3-acid ethyl	
norethin ace-eth estrad-		NOVOLOG MIX 70/30		esters.....	35
fe.....	60	FLEXPEN.....	47	omeprazole.....	50
norethindrone.....	60	NOVOLOG MIX 70/30		OMEPRAZOLE+SYRSP	
norethindrone acetate.....	60	RELION.....	47	END SF ALKA.....	50
norethindrone acet-		NOVOLOG MIX 70/30		omeprazole-sodium	
ethinyl est.....	60	VIAL.....	47	bicarbonate.....	50
norethindrone-eth		NOVOLOG PENFILL.....	47	OMNIPOD 5 G6 INTRO	
estradiol.....	60	NOVOLOG RELION.....	47	(GEN 5).....	67
norethindron-ethinyl		NOVOLOG U-100 VIAL...	47	OMNIPOD 5 G6 POD	
estrad-fe.....	60	NOXAFIL.....	19	(GEN 5).....	67
norethin-eth estradiol-fe...	60	np thyroid.....	61	OMNIPOD DASH INTRO	
norgestimate-eth		NUBEQA.....	23	(GEN 4).....	67
estradiol.....	60	NUCALA.....	74	OMNIPOD DASH PODS	
norgestimate-ethinyl		NUCYNTA.....	7	(GEN 4).....	67
estradiol triphasic.....	60	NUDEXTA.....	39	OMNIPOD GO.....	67
NORLIQVA.....	35	NUPLAZID.....	27	ondansetron hcl.....	18
norlyroc.....	60	NUTROPIN AQ NUSPIN		ondansetron odt.....	18
NORPACE.....	35	10.....	56	ONE VITE WOMENS.....	49
NORPACE CR.....	35	NUTROPIN AQ NUSPIN		ONE-A-DAY WOMENS	
NORPRAMIN.....	16	20.....	56	PRENATAL 1.....	49
nortrel 0.5/35 (28).....	60	NUTROPIN AQ NUSPIN		ONETOUCH ULTRA	
nortrel 1/35 (21).....	60	5.....	56	TEST STRIPS.....	46
nortrel 1/35 (28).....	60	NUVARING.....	60	ONETOUCH VERIO KIT	
nortrel 7/7/7.....	60	NUVIGIL.....	77	W/DEVICE.....	46
nortriptyline hcl.....	16	nyamyc.....	19	ONEXTON.....	44
NORVASC.....	35	nylia 1/35.....	60	ONFI.....	14
NORVIR.....	29	nylia 7/7/7.....	60	ONGENTYS.....	26
NOVOLIN 70/30		nymyo.....	60	ONGLYZA.....	45
FLEXPEN.....	47	nystatin.....	19	ONUREG.....	23
NOVOLIN 70/30		nystatin-triamcinolone.....	19	opcicon one-step.....	60
FLEXPEN RELION.....	47	nystop.....	19	OPSUMIT.....	76
NOVOLIN 70/30		NYVEPRIA.....	31	OPTICHAMBER	
RELION.....	47	ocella.....	60	DIAMOND.....	67
NOVOLIN 70/30 VIAL.....	47	octreotide acetate.....	56	OPTICHAMBER	
NOVOLIN N FLEXPEN...	47	OCUFLOX.....	68	DIAMOND-LG MASK.....	67
NOVOLIN N FLEXPEN		ODACTRA.....	67	OPTICHAMBER	
RELION.....	47	ODEFSEY.....	29	DIAMOND-MD MASK.....	67
NOVOLIN N RELION.....	47	ODOMZO.....	23	OPTICHAMBER	
NOVOLIN N VIAL.....	47	OFEV.....	74	DIAMOND-SM MASK.....	67
NOVOLIN R FLEXPEN...	47	ofloxacin.....	12, 68, 71	option 2.....	60
NOVOLIN R FLEXPEN		olanzapine.....	27	OPTIONS GYNOL II	
RELION.....	47	olanzapine-fluoxetine hcl.	16	CONTRACEPTIVE.....	67
NOVOLIN R RELION.....	47	olmesartan medoxomil....	35	OPZELURA.....	44
NOVOLIN R VIAL.....	47	olmesartan medoxomil-		ORALAIR.....	67
NOVOLOG 70/30		hctz.....	35	oralone.....	40
FLEXPEN RELION.....	47	olmesartan-amlodipine-		ORENCIA.....	64
NOVOLOG FLEXPEN....	47	hctz.....	35	ORENCIA CLICKJECT...	64
		olopatadine hcl.....	68	ORENITRAM.....	76

ORENITRAM MONTH 1..	76	peg 3350-kcl-na bicarb-		pioglitazone hcl.....	45
ORENITRAM MONTH 2..	76	nacl.....	52	pioglitazone hcl-	
ORENITRAM MONTH 3..	76	peg-3350/electrolytes.....	52	glimepiride.....	45
ORFADIN.....	53	peg-		pioglitazone hcl-	
ORGOVYX.....	23	3350/electrolytes/ascorb		metformin hcl.....	45
ORIAHNN.....	60	at.....	52	PIQRAY.....	23
ORILISSA.....	56	PEGASYS.....	29	pirfenidone.....	74
ORKAMBI.....	75	peg-kcl-nacl-nasulf-na		piroxicam.....	9
ORLADEYO.....	64	asc-c.....	52	PLAN B ONE-STEP.....	60
orphenadrine citrate er.....	77	PEMAZYRE.....	23	PLAQUENIL.....	26
ORSERDU.....	23	penicillamine.....	54	PLAVIX.....	27
OSCIMIN.....	52	penicillin v potassium.....	12	PLEGRIDY.....	39
oseltamivir phosphate.....	29	pentamidine isethionate...26		PLEGRIDY STARTER	
OSPHENA.....	56	PENTASA.....	65	PACK.....	39
OTEZLA.....	64	pentazocine-naloxone		PLENVU.....	52
OVIDE.....	26	hcl.....	7	POCKET SPACER.....	67
oxaprozin.....	9	pentoxifylline er.....	35	podofilox.....	44
oxazepam.....	31	PEPCID.....	50	polycin.....	70
OXBRYTA.....	67	PERCOCET.....	7	polyethylene glycol 3350.	52
oxcarbazepine.....	14	PERFOROMIST.....	74	polymyxin b-trimethoprim.	70
OXERVATE.....	70	PERIDEX.....	40	POLYTRIM.....	70
oxiconazole nitrate.....	19	perindopril erbumine.....	35	POMALYST.....	23
OXISTAT.....	19	periogard.....	40	portia-28.....	60
OXTELLAR XR.....	14	permethrin.....	26	posaconazole.....	19
oxybutynin chloride.....	54	perphenazine.....	18	potassium chloride.....	49
oxybutynin chloride er.....	54	perphenazine-		potassium chloride crys	
oxycodone hcl.....	7	amitriptyline.....	16	er.....	49
oxycodone-		PHEBURANE.....	53	potassium chloride er.....	49
acetaminophen.....	7	phenazo.....	54	potassium citrate er.....	49
OXYCONTIN.....	7	phenazopyridine hcl.....	54	POVIDONE-IODINE.....	69
oxymorphone hcl.....	7	phenelzine sulfate.....	16	PRALUENT.....	35
oxymorphone hcl er.....	7	phenobarbital.....	14	pramipexole	
OZEMPIC.....	45	phenoxybenzamine hcl....	35	dihydrochloride.....	26
PACERONE.....	35	phenylephrine hcl.....	70	PRAMOTIC.....	71
PALFORZIA.....	67	PHENYTEK.....	14	prasugrel hcl.....	27
paliperidone er.....	27	phenytoin.....	14	pravastatin sodium.....	35
PALYNZIQ.....	53	phenytoin infatabs.....	14	praziquantel.....	26
PAMELOR.....	16	phenytoin sodium		prazosin hcl.....	35
PANCREAZE.....	53	extended.....	14	PRED FORTE.....	69
PANRETIN.....	23	PHEXXI.....	67	PRED MILD.....	69
pantoprazole sodium.....	50	philith.....	60	prednisolone.....	55
paricalcitol.....	66	PHOSPHOLINE IODIDE.	69	prednisolone acetate.....	69
PARLODEL.....	26	phosphorous.....	49	prednisolone sodium	
PARNATE.....	16	phytonadione.....	49	phosphate.....	55, 69
paroxetine hcl.....	16	PIFELTRO.....	29	prednisone.....	55
paroxetine hcl er.....	16	pilocarpine hcl.....	40, 69	pregabalin.....	39
PAXIL.....	16	pimecrolimus.....	44	PREMARIN.....	60
PAXIL CR.....	16	pimozide.....	27	PREMPHASE.....	60
PEDIAPRED.....	55	pimtrea.....	60	PREMPRO.....	60
		pindolol.....	35	prenatal.....	49

prenatal multi +dha.....	49	propranolol hcl er.....	36	RADICAVA ORS	
PRESTALIA.....	35	propylthiouracil.....	61	STARTER KIT.....	39
PRETOMANID.....	20	PROSCAR.....	54	RADIOGARDASE.....	67
PREVACID.....	50	PROTONIX.....	51	RAGWITEK.....	67
prevalite.....	35	protriptyline hcl.....	16	raloxifene hcl.....	56
PREVIDENT.....	40	PROVENTIL HFA.....	74	ramelteon.....	77
PREVIDENT 5000		PROVERA.....	60	ramipril.....	36
BOOSTER PLUS.....	40	PROVIGIL.....	77	ranolazine er.....	36
PREVIDENT 5000 DRY		PROZAC.....	17	RAPAFLO.....	54
MOUTH.....	40	PRUDOXIN.....	44	RAPAMUNE.....	64
PREVIDENT 5000		pseudoephedrine-		rasagiline mesylate.....	26
ENAMEL PROTECT.....	40	bromphen-dm.....	72	RAVICTI.....	53
PREVIDENT 5000		PULMICORT		RAYALDEE.....	66
ORTHO DEFENSE.....	40	FLEXHALER.....	74	react.....	60
PREVIDENT 5000 PLUS.....	40	PULMICORT		REBIF.....	39
PREVIDENT 5000		SUSPENSION.....	74	REBIF REBIDOSE.....	39
SENSITIVE.....	40	PULMOSAL.....	72	REBIF REBIDOSE	
PREVYMIS.....	29	PULMOZYME.....	75	TITRATION PACK.....	39
PREZCOBIX.....	29	PURIXAN.....	23	REBIF TITRATION	
PREZISTA.....	29	pyrazinamide.....	20	PACK.....	39
PRIFTIN.....	20	pyridostigmine bromide.....	20	reclipsen.....	60
primaquine phosphate.....	26	pyridostigmine bromide		RECORLEV.....	56
primidone.....	14	er.....	20	RECTIV.....	36
PRISTIQ.....	16	pyrimethamine.....	26	REGLAN.....	18
PROAIR RESPICLICK.....	74	PYROGALLIC ACID.....	44	REGRANEX.....	44
probenecid.....	19	PYRUKYND.....	31	RELENZA DISKHALER.....	29
PROCARDIA XL.....	35	PYRUKYND TAPER		RELPAK.....	20
PROCENTRA.....	38	PACK.....	31	RELYVRIO.....	39
prochlorperazine.....	18	QBREXZA.....	44	REMERON.....	17
prochlorperazine		qc magnesium citrate.....	52	REMERON SOLTAB.....	17
maleate.....	18	QELBREE.....	38	REMESENSE.....	40
PROCTOCORT.....	65	QINLOCK.....	23	REVELA.....	54
PROCTOFOAM HC.....	65	QTERN.....	45	repaglinide.....	45
procto-med hc.....	65	QUALAQUIN.....	26	REPATHA.....	36
proctosol hc.....	65	QUDEXY XR.....	15	REPATHA	
proctozone-hc.....	65	QUESTRAN.....	36	PUSHTRONEX	
progesterone.....	60	QUESTRAN LIGHT.....	36	SYSTEM.....	36
PROGLYCEM.....	46	quetiapine fumarate.....	28	REPATHA SURECLICK..	36
PROGRAF.....	64	quetiapine fumarate er.....	28	RESTASIS.....	70
PROMACTA.....	31	QUILLIVANT XR.....	38	RESTASIS MULTIDOSE.....	70
promethazine hcl.....	18	quinapril hcl.....	36	RESTORA RX.....	52
promethazine vc.....	71	quinapril-		RESTORIL.....	77
promethazine vc/codeine.....	71	hydrochlorothiazide.....	36	RETEVMO.....	23
promethazine-codeine.....	72	quinidine gluconate er.....	36	RETIN-A.....	44
promethazine-dm.....	72	quinidine sulfate.....	36	RETROVIR.....	29, 30
promethegan.....	18	quinine sulfate.....	26	REVATIO.....	76
PROMETRIUM.....	60	QULIPTA.....	20	REVLIMID.....	24
propafenone hcl.....	35	QVAR REDHALER.....	74	REYATAZ.....	30
propafenone hcl er.....	35	rabeprazole sodium.....	51	REYVOW.....	20
propranolol hcl.....	36	RADICAVA ORS.....	39	REZLIDHIA.....	24

REZUROCK.....	64	sapropterin		sodium fluoride 5000	
RHOPRESSA.....	69	dihydrochloride.....	53	ppm.....	40
ribavirin.....	30	SAVELLA.....	39	SODIUM OXYBATE.....	77
RIDAURA.....	64	SAVELLA TITRATION		sodium phenylbutyrate.....	53
rifabutin.....	20	PACK.....	39	sodium polystyrene	
rifampin.....	21	saxagliptin hcl.....	46	sulfonate.....	49
RILUTEK.....	39	saxagliptin-metformin er..	46	sodium saccharin.....	67
riluzole.....	39	SCSEMBLIX.....	24	SOFOSBUVIR-	
rimantadine hcl.....	30	scopolamine.....	18	VELPATASVIR.....	30
RINVOQ.....	64	selegiline hcl.....	27	solifenacin succinate.....	54
RIOMET.....	45	selenium sulfide.....	44	SOLQUA.....	46
risedronate sodium.....	66	SELZENTRY.....	30	SOLTAMOX.....	24
RISPERDAL.....	28	SENSIPAR.....	66	SOMA.....	77
risperidone.....	28	SEREVENT DISKUS.....	74	SOOLANTRA.....	44
RITALIN.....	38	SEROQUEL.....	28	sorafenib tosylate.....	24
RITALIN LA.....	38	SEROQUEL XR.....	28	sotalol hcl.....	36
ritonavir.....	30	sertraline hcl.....	17	sotalol hcl (af).....	36
rivastigmine.....	15	setlakin.....	60	SOTYKTU.....	64
rivastigmine tartrate.....	15	sevelamer carbonate.....	54	SOTYLIZE.....	36
rivelsa.....	60	sevelamer hcl.....	54	spinosad.....	26
rizatriptan benzoate.....	20	sf.....	40	SPIRIVA HANDIHALER..	74
ROBINUL.....	52	sf 5000 plus.....	40	SPIRIVA RESPIMAT.....	74
ROBINUL-FORTE.....	52	SFROWASA.....	65	spironolactone.....	36
ROCALTROL.....	66	sharobel.....	60	spironolactone-hctz.....	36
ROCKLATAN.....	69	SIGNIFOR.....	56	SPORANOX.....	19
roflumilast.....	74	sildenafil citrate.....	76	sprintec 28.....	60
ropinirole hcl.....	26	SILENOR.....	77	SPRYCEL.....	24
ropinirole hcl er.....	26	SILIQ.....	64	sronyx.....	60
rosuvastatin calcium.....	36	silodosin.....	54	ssd.....	12
ROWASA.....	65	SILVADENE.....	12	STALEVO 100.....	27
roweepra.....	15	silver sulfadiazine.....	12	STALEVO 125.....	27
ROXICODONE.....	7	SIMBRINZA.....	70	STALEVO 150.....	27
ROZEREM.....	77	simliya.....	60	STALEVO 200.....	27
ROZLYTREK.....	24	simpesse.....	60	STALEVO 50.....	27
RUBRACA.....	24	SIMPONI.....	64	STALEVO 75.....	27
rufinamide.....	15	simvastatin.....	36	STELARA.....	64, 65
RUKOBIA.....	30	SINEMET.....	27	sterile water for irrigation.	49
RYBELSUS.....	46	SINGULAIR.....	74	STIMUFEND.....	31
RYDAPT.....	24	sirolimus.....	64	STIOLTO RESPIMAT.....	74
RYTARY.....	26, 27	SIRTURO.....	21	STIVARGA.....	24
RYTHMOL SR.....	36	SKYRIZI.....	64	STRATTERA.....	38
SABRIL.....	15	SKYRIZI PEN.....	64	STRENSIQ.....	53
SACCHARIN.....	67	SLYND.....	60	STRIBILD.....	30
SAFYRAL.....	60	sod citrate-citric acid.....	49	STRIVERDI RESPIMAT..	75
sajazir.....	64	SODIUM ASCORBATE..	49	STROMECTOL.....	26
SALAGEN.....	40	sodium bicarbonate.....	49	SUBOXONE.....	10
SAMSCA.....	49	sodium chloride.....	72	SUBSYS.....	7
SANDIMMUNE.....	64	sodium fluoride.....	40, 49	subvenite.....	15
SANDOSTATIN.....	56	sodium fluoride 5000		subvenite starter kit-blue..	15
SANTYL.....	44	plus.....	40		

subvenite starter kit-green.....	15	TABRECTA.....	24	TESTIM.....	55
subvenite starter kit-orange.....	15	tacrolimus.....	44, 65	testosterone.....	55, 56
SUCRAID.....	53	tadalafil (pah).....	76	testosterone cypionate.....	55
sucralfate.....	51	TADLIQ.....	76	testosterone enanthate.....	55
sulfacetamide sodium.....	69	TAFINLAR.....	24	tetrabenazine.....	39
sulfacetamide sodium (acne).....	44	TAGRISSO.....	24	tetracycline hcl.....	12
sulfacetamide-prednisolone.....	70	take action.....	60	TEZSPIRE.....	75
sulfadiazine.....	12	TAKHZYRO.....	65	THALOMID.....	24
sulfamethoxazole-trimethoprim.....	12	TALTZ.....	65	THEO-24.....	75
SULFAMYLLON.....	12	TALZENNA.....	24	theophylline.....	75
sulfasalazine.....	65	TAMIFLU.....	30	theophylline er.....	75
sulfatrim pediatric.....	12	tamoxifen citrate.....	24	THIOLA.....	54
sulfurated lime.....	26	tamsulosin hcl.....	55	THIOLA EC.....	54
sulindac.....	9	TARCEVA.....	24	thioridazine hcl.....	28
sumatriptan.....	20	TARGRETIN.....	24	thiothixene.....	28
sumatriptan succinate.....	20	tarina 24 fe.....	61	THREONINE.....	50
sumatriptan succinate refill subcutaneous		tarina fe 1/20 eq.....	61	thyroid.....	61
solution cartridge.....	20	TASCENSO ODT.....	39	tiadylt er.....	36
sunitinib malate.....	24	TASIGNA.....	24	tiagabine hcl.....	15
SUNLENCA.....	30	tasimelteon.....	77	TIAZAC.....	36
SUNOSI.....	77	TAURINE.....	50	TIBSOVO.....	24
SUPRAX.....	12	TAVALISSE.....	32	TIKOSYN.....	36
SUPREP BOWEL PREP KIT.....	52	TAVNEOS.....	67	tilia fe.....	61
SUTAB.....	52	taysofy.....	61	timolol maleate.....	36, 70
SUTENT.....	24	TAYTULLA.....	61	timolol maleate (once-daily).....	70
syeda.....	60	tazarotene.....	44	timolol maleate ocudose..	70
SYMBICORT.....	75	TAZORAC.....	44	timolol maleate pf.....	70
SYMBYAX.....	17	taztia xt.....	36	TIMOPTIC OCUDOSE....	70
SYMDEKO.....	75	TAZVERIK.....	24	tinidazole.....	12
SYMFI.....	30	TECFIDERA.....	39	tiopronin.....	54
SYMFI LO.....	30	TEGRETOL.....	15	tiotropium bromide monohydrate.....	75
SYMJEPI.....	75	TEGRETOL-XR.....	15	TIROSINT.....	61, 62
SYMLINPEN 120.....	46	TEGSEDI.....	39	TIROSINT-SOL.....	62
SYMLINPEN 60.....	46	TEKTURNA.....	36	TIVICAY.....	30
SYMPROIC.....	52	TEKTURNA HCT.....	36	TIVICAY PD.....	30
SYMTUZA.....	30	telmisartan.....	36	tizanidine hcl.....	77
SYNALAR.....	44	telmisartan-amlodipine.....	36	TOBI NEBULIZER.....	76
SYNAREL.....	56	temazepam.....	77	TOBI PODHALER.....	76
SYNJARDY.....	46	temozolomide.....	24	TOBRADEX.....	69
SYNJARDY XR.....	46	tenofovir disoproxil fumarate.....	30	TOBRADEX ST.....	69
SYNTHROID.....	61	TENORETIC 100.....	36	tobramycin.....	69, 76
SYPRINE.....	50	TENORETIC 50.....	36	TOBRAMYCIN.....	76
TABLOID.....	24	TENORMIN.....	36	tobramycin-dexamethasone.....	69
		TEPMETKO.....	24	TOBEX.....	69
		terazosin hcl.....	55	TODAY SPONGE.....	67
		terbinafine hcl.....	19	TOLAK.....	44
		terbutaline sulfate.....	75	tolmetin sodium.....	9
		terconazole.....	19		
		teriflunomide.....	39		

TOLNAFTATE.....	19	TRIJARDY XR.....	46	unithroid.....	62
tolterodine tartrate.....	54	TRIKAFTA.....	76	UPNEEQ.....	69
tolterodine tartrate er.....	54	tri-legest fe.....	61	UPTRAVI.....	76
tolvaptan.....	50	TRILEPTAL.....	15	uretron d/s.....	54
TOPAMAX.....	15	tri-linyah.....	61	UROCIT-K 10.....	50
TOPAMAX SPRINKLE....	15	TRILIPIX.....	36	UROCIT-K 15.....	50
TOPICORT.....	44	tri-lo-estarylla.....	61	UROCIT-K 5.....	50
TOPICORT SPRAY.....	44	tri-lo-marzia.....	61	UROXATRAL.....	55
topiramate.....	15	tri-lo-mili.....	61	URSO 250.....	52
topiramate er.....	15	tri-lo-sprintec.....	61	URSO FORTE.....	52
TOPROL XL.....	36	trimethobenzamide hcl.....	18	ursodiol.....	52
toremifene citrate.....	24	trimethoprim.....	12	VAGIFEM.....	61
torsemide.....	36	tri-mili.....	61	valacyclovir hcl.....	30
TOUJEO MAX		trimipramine maleate.....	17	VALCHLOR.....	24
SOLOSTAR.....	47	TRINTELLIX.....	17	VALCYTE.....	30
TOUJEO SOLOSTAR.....	47	tri-nymyo.....	61	valganciclovir hcl.....	30
TRACLEER.....	76	tri-sprintec.....	61	VALINE.....	50
tramadol hcl (er biphasic)..	7	TRIUMEQ.....	30	VALIUM.....	31
tramadol hcl er.....	7	TRIUMEQ PD.....	30	valproic acid.....	15
tramadol hcl ir.....	8	tri-vite/fluoride.....	50	valsartan.....	36
tramadol-acetaminophen...	8	trivora (28).....	61	valsartan-	
trandolapril.....	36	tri-vylibra.....	61	hydrochlorothiazide.....	36
trandolapril-verapamil hcl		tri-vylibra lo.....	61	VALTOCO.....	15
er.....	36	TRIZIVIR.....	30	VALTREX.....	30
tranexamic acid.....	32	TROKENDI XR.....	15	VANADOM.....	77
TRANSDERM-SCOP.....	18	trospium chloride.....	54	VANOCOCIN.....	12
tranylcypromine sulfate....	17	trospium chloride er.....	54	vancomycin hcl.....	12
travoprost (bak free).....	70	TRULANCE.....	52	VANDAZOLE.....	12
trazodone hcl.....	17	TRULICITY.....	46	VANOS.....	44
TRECTOR.....	21	TRUVADA.....	30	varenicline tartrate.....	10
TRELEGY ELLIPTA.....	75	TUDORZA PRESSAIR....	75	varenicline tartrate	
TREMFYA.....	65	TUKYSA.....	24	(starter).....	10
TRESIBA.....	47	TURALIO.....	24	VARIZIG.....	65
TRESIBA FLEXTOUCH...47		TWIRLA.....	61	VASCEPA.....	36
tretinoin.....	24, 44	TYBOST.....	30	VASERETIC.....	36
TREXALL.....	65	tydemy.....	61	VASOTEC.....	36
triamcinolone acetoneide		TYKERB.....	24	VCF VAGINAL	
.....	40, 44	TYMLOS.....	66	CONTRACEPTIVE.....	67
triamterene.....	36	TYRVAYA.....	70	VECAMYL.....	36
triamterene-hctz.....	36	TYVASO.....	76	VECTICAL.....	44
triazolam.....	31	TYVASO DPI		velivet.....	61
TRIBENZOR.....	36	MAINTENANCE KIT.....	76	VELPHORO.....	54
TRICOR.....	36	TYVASO DPI		VELTASSA.....	50
triderm.....	44	TITRATION KIT.....	76	VEMLIDY.....	30
TRIDESILON.....	44	TYVASO REFILL.....	76	VENCLEXTA.....	24
trientine hcl.....	50	TYVASO STARTER.....	76	VENCLEXTA	
tri-estarylla.....	61	UBRELVY.....	20	STARTING PACK.....	24
trifluoperazine hcl.....	28	UCERIS.....	65	VENELEX.....	44
trifluridine.....	69	UDENYCA.....	32	venlafaxine hcl.....	17
trihexyphenidyl hcl.....	27	ULORIC.....	19	venlafaxine hcl er.....	17

VENTAVIS.....	76	VYNDAMAX.....	37	XPOVIO (80 MG ONCE	
VENTOLIN HFA.....	75	VYNDAQEL.....	37	WEEKLY).....	25
verapamil hcl.....	37	VYTORIN.....	37	XPOVIO (80 MG TWICE	
verapamil hcl er.....	36, 37	VYVANSE.....	38	WEEKLY).....	25
VERELAN.....	37	WAKIX.....	77	XTANDI.....	25
VERELAN PM.....	37	warfarin sodium.....	13	xulane.....	61
VERKAZIA.....	70	WELCHOL.....	37	XULTOPHY.....	46
VERQUVO.....	37	WELIREG.....	25	XURIDEN.....	53
VERSACLOZ.....	28	WELLBUTRIN SR.....	17	XYREM.....	77
VERZENIO.....	24	WELLBUTRIN XL.....	17	XYWAV.....	77
VESICARE.....	54	wera.....	61	YASMIN 28.....	61
vestura.....	61	wes-phos 250 neutral.....	50	YAZ.....	61
VFEND.....	19	wixela inhub.....	75	yl folic acid.....	50
VIBERZI.....	52	wymzya fe.....	61	YONSA.....	25
VIBRAMYCIN.....	12	XACIATO.....	12	YUPELRI.....	75
VICTOZA.....	46	XALATAN.....	70	yuvafem.....	61
vienva.....	61	XALKORI.....	25	zafemy.....	61
vigabatrin.....	15	XANAX.....	31	zafirlukast.....	75
vigadrone.....	15	XANAX XR.....	31	zaleplon.....	77
VIGAMOX.....	69	XARELTO.....	13	ZANAFLEX.....	77
VIIBRYD.....	17	XARELTO STARTER		ZARONTIN.....	15
VIIBRYD STARTER		PACK.....	13	ZAVESCA.....	53
PACK.....	17	XCOPRI.....	15	ZEGERID.....	51
VIJOICE.....	24	XELJANZ.....	65	ZEJULA.....	25
vilazodone hcl.....	17	XELJANZ XR.....	65	ZELBORAF.....	25
VIMPAT.....	15	XELODA.....	25	ZEMPLAR.....	66
VIOKACE.....	53	XELPROS.....	70	zenatane.....	44
violele.....	61	XENAZINE.....	39	ZENPEP.....	53
VIRACEPT.....	30	XENLETA.....	12	ZENZEDI.....	38
VIRAZOLE.....	30	XEPI.....	12	ZEPOSIA.....	39
VIREAD.....	30	XERAC AC.....	44	ZEPOSIA 7-DAY	
VISTARIL.....	31	XERMELO.....	52	STARTER PACK.....	39
VISTOGARD.....	67	XIFAXAN.....	12	ZEPOSIA STARTER KIT.....	39
VIVELLE-DOT.....	61	XIGDUO XR.....	46	ZESTORETIC.....	37
VIVJOA.....	19	XIIDRA.....	70	ZESTRIL.....	37
VIZIMPRO.....	24	XOFLUZA (40 MG		ZETIA.....	37
VOGELXO.....	56	DOSE).....	30	ZIAGEN.....	30
volnea.....	61	XOFLUZA (80 MG		ZIANA.....	44
VONJO.....	24	DOSE).....	30	zidovudine.....	30
voriconazole.....	19	XOPENEX HFA.....	75	ZIEXTENZO.....	32
VORTEX VALVED		XPOVIO (100 MG ONCE		ziprasidone hcl.....	28
HOLDING CHAMBER.....	67	WEEKLY).....	25	ZIRGAN.....	69
VOSEVI.....	30	XPOVIO (40 MG ONCE		ZITHROMAX.....	12
VOTRIENT.....	25	WEEKLY).....	25	ZITHROMAX TRI-PAK.....	12
VOXZOGO.....	53	XPOVIO (40 MG TWICE		ZITHROMAX Z-PAK.....	13
VRAYLAR.....	28	WEEKLY).....	25	ZOCOR.....	37
VUITY.....	70	XPOVIO (60 MG ONCE		ZOKINVY.....	68
VUMERITY.....	39	WEEKLY).....	25	ZOLINZA.....	25
vyfemla.....	61	XPOVIO (60 MG TWICE		zolmitriptan.....	20
vylibra.....	61	WEEKLY).....	25	ZOLOFT.....	17

zolpidem tartrate.....	77
zolpidem tartrate er.....	77
ZOMIG.....	20
ZONALON.....	44
ZONEGRAN.....	15
zonisamide.....	15
ZONTIVITY.....	27
ZORTRESS.....	65
ZORYVE.....	45
zovia 1/35 (28).....	61
ZOVIRAX.....	30
ZTALMY.....	15
ZUBSOLV.....	10
zumandimine.....	61
ZYDELIG.....	25
ZYKADIA.....	25
ZYLET.....	70
ZYLOPRIM.....	19
ZYMAXID.....	69
ZYPREXA.....	28
ZYPREXA ZYDIS.....	28
ZYTIGA.....	25
ZYVOX.....	13

Non-discrimination notice



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

Sanford Health Plan:

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

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

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

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

Fax: (605) 312-9886

Email: shpcompliance@sanfordhealth.org

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

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

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

Help in Other Languages

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

Arabic -

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

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

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

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

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

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

Karen - ၵာ်သုၣ်ဟံးသး- နမ့ၢ်ကတိၤ ကညိၣ် ကျိၣ်အသိၣ်, 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).