



# 2022 Formulary List of Covered Drugs

**Samaritan Small Group Plans**

**Note to existing members:** This formulary may have changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Samaritan Small Group. When it refers to “plan” or “our plan,” it means Samaritan Small Group. You must generally use network pharmacies to use your prescription drug benefit.

If you have any questions, please call Customer Service at **541-768-4550**, toll free **800-832-4580** (TTY 800-735-2900), Monday through Friday, from 8 a.m. to 8 p.m.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2022.



## Important information about your plan

This document provides highlights of your pharmacy benefits.

To find out how a drug is covered under your plan, you can view the entire formulary and pharmacy information available online at [samhealthplans.org/members/employer-group-members](http://samhealthplans.org/members/employer-group-members) or call our Customer Service Department.

You have a broad access to our network pharmacies. A list of participating network pharmacies is also online at [samhealthplans.org/members/employer-group-members](http://samhealthplans.org/members/employer-group-members).

## Using your prescription drug benefit

Your prescription drug benefit requires that you fill your prescription at a network or participating pharmacy. Always present your current member identification card at a network or participating pharmacy. You may purchase up to a 90-day supply of certain maintenance drugs at either a retail pharmacy or a mail order pharmacy.

## Using your prescription drug formulary

The formulary or drug list is a list of brand and generic prescription medications approved by the Food and Drug Administration (FDA). The drug list is developed by physicians and pharmacists through a Pharmacy and Therapeutics Committee. It is designed to offer drug treatment options for covered medical conditions.

The formulary can help you and your provider find covered options that are safe and effective and less costly to help minimize your out of pocket expense.

Some prescription drugs require a prior authorization or approval to determine the medical necessity of that specific drug and to determine whether the drugs we have on formulary will work just as well as the medication you and your provider are requesting.

## Prescriptions by mail

You are able to order your maintenance medications using a participating or network mail order pharmacy. Our online pharmacy directory can help you find a mail order pharmacy in our network. A list of participating network pharmacies is online at [samhealthplans.org/members/employer-group-members](http://samhealthplans.org/members/employer-group-members). If you have any questions, please call Customer Service at the number on the cover page of the document.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2022.

## **Out of network or non-participating pharmacies**

Sometimes due to certain emergencies or reasons, you may need to use a pharmacy that is not in our network. If this happens, you will need to pay the full price of the medication at the time of purchase.

You can apply for reimbursement using our reimbursement forms available on our website [samhealthplans.org/members/employer-group-members](http://samhealthplans.org/members/employer-group-members). Approval of reimbursement requests is always subject to your plan's limitations and exclusions. Members will be reimbursed based on the plan's in-network contracted rate for prescription drugs minus member co-pay or co-insurance.

## **What is a formulary (drug list)?**

A formulary is a list of covered drugs selected by our plan, in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your member materials.

## **Can the formulary (drug list) change?**

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug list during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the plan rules in making these changes.

- **New generic drugs.** We may immediately remove a brand name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not notify you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. You can find information in the section below entitled "How do I request an exception to the formulary?"

## **How do I use the formulary (drug list)?**

There are two ways to find your drug within the formulary:

### **Medical condition**

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. If you know what your

drug is used for, look for the category name in the list that begins on page 1. Then, look under the category name for your drug.

### **Alphabetical listing**

If you are not sure what category to look under, you should look for your drug in the index at the end of the formulary. The index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

### **What are brand-name drugs?**

Brand-name drugs are medications approved by the FDA and protected by a drug patent, which prevents other manufacturers from making that specific medication for a number of years. It is only the pharmaceutical company that holds that patent that has the exclusive rights to make and sell that drug.

### **What are generic drugs?**

A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. It is tested by the FDA to be as safe and effective as brand-name drugs. Generally, generic drugs cost less than brand name drugs.

### **What are maintenance drugs?**

Maintenance drugs are drugs that are usually prescribed to treat conditions that are considered long-term or chronic. Examples of such conditions are diabetes and high blood pressure.

### **Preventive medications**

Preventive medications will pay at \$0 not subject to deductible when preventive criteria for medication is met. Medications may be listed on any tier on the formulary document.

**Note:** If preventive criteria for medication is not met it will pay at the designated formulary tier subject to deductible if applicable.

### **Are there any restrictions on my coverage?**

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior authorization:** Our plan requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.

- **Quantity limits:** For certain drugs, our plan limits the amount of the drug that we will cover during a specific time-frame such as daily or monthly.
- **Step therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if drug A and drug B both treat your medical condition, we may not cover drug B unless you try drug A first. If drug A does not work for you, we will then cover drug B.
- **Morphine milligram equivalent (MME):** This shows the amount of morphine in milligrams that is equivalent to the strength of the specific opioid medicine your doctor has prescribed.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front cover page.

Your prescriber can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the formulary?” for information about how to request an exception.

## **What if my drug is not on the formulary?**

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If our plan does not cover your drug, you have two options:

- Your prescriber can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- Your prescriber can ask us to make an exception and cover your drug. See below for information about how to request an exception.

## **How do I request an exception to the formulary?**

Your prescriber can ask us to make an exception to our coverage rules by faxing a request to **844-611-3831**. There are several types of exceptions that they can ask us to make.

- They can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- They can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.

- They can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, they can ask us to waive the limit and cover a greater amount.

Generally, we will only approve the request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

We will make a coverage determination within 48 hours of receipt for standard requests and expedited requests unless additional information is required.

## **Insulin Products**

Copays for all formulary insulins will be capped at either \$75 per month OR your copay/coinsurance payment, whichever is less. Please note that this does not apply to insulins that are not on our formulary, which are approved for use through an exception process.

## **For more information**

For more detailed information about your prescription drug coverage, please review your member materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front cover page.



## Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the index.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., AMOXIL) and generic drugs are lower-case (e.g. amoxicillin).

The information in the “Notes” column tells you if our plan has any special requirements for coverage of your drug.

## List of abbreviations

**EA:** Each.

**PA:** Prior authorization. Our plan requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.

**PV:** Preventive medications.

**QL:** Quantity limit. For certain drugs, our plan limits the amount of the drug that we will cover. This may be in addition to a standard one-month or three-month supply.

**ST:** Step therapy. In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if drug A and drug B both treat your medical condition, we may not cover drug B unless you try drug A first. If drug A does not work for you, we will then cover drug B.

## Opioid limits:

**All opioid:** Maximum of two fills in a 60-day period.

### Opioid anti-tussive limits:

- Liquids:
  - Maximum of 240ML per fill.
- Tablets/capsules:
  - Maximum seven-day supply per fill.

### Short-acting opioid limits:

- New to therapy:
  - Maximum of 49 MED.
  - Maximum seven-day supply per fill.
- Experience with therapy:
  - Maximum of 90 MED.

### Long-acting opioid limits:

- PA required.
- Maximum of 90 MED.

## Samaritan Small Group Formulary 2022

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Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants*</b>			
<b>*Adhd Agent - Selective Alpha Adrenergic Agonists***</b>			
CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG		Tier 1	
GUANFACINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG		Tier 3	
<b>*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***</b>			
ATOMOXETINE HCL ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG		Tier 3	QL (1 EA per 1 day)
<b>*Amphetamine Mixtures***</b>			
AMPHETAMINE-DEXTROAMPHET ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG		Tier 1	QL (2 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 10 MG ORAL 10 MG		Tier 1	QL (3 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 12.5 MG ORAL 12.5 MG		Tier 1	QL (3 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 15 MG ORAL 15 MG		Tier 1	QL (3 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 20 MG ORAL 20 MG		Tier 1	QL (3 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 30 MG ORAL 30 MG		Tier 1	QL (2 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 5 MG ORAL 5 MG		Tier 1	QL (3 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 7.5 MG ORAL 7.5 MG		Tier 1	QL (3 EA per 1 day)
<b>*Amphetamines***</b>			
AMPHETAMINE SULFATE ORAL TABLET 10 MG, 5 MG		Tier 3	QL (6 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL 10 MG		Tier 3	QL (6 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL 15 MG		Tier 3	QL (4 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL 5 MG		Tier 3	QL (3 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG/5ML		Tier 3	QL (60 ML per 1 day)
DEXTROAMPHETAMINE SULFATE TABLET 10 MG ORAL 10 MG		Tier 1	QL (6 EA per 1 day)
DEXTROAMPHETAMINE SULFATE TABLET 5 MG ORAL 5 MG		Tier 1	QL (3 EA per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 2		QL (1 EA per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 2		QL (1 EA per 1 day)
<b>*Analeptics***</b>			
CAFFEINE CITRATE ORAL SOLUTION 20 MG/ML, 60 MG/3ML		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Dopamine And Norepinephrine Reuptake Inhibitors (DnrIs)***</b>			
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 2		PA; QL (1 EA per 1 day)
<b>*Stimulants - Misc.***</b>			
ARMODAFINIL TABLET 150 MG ORAL 150 MG		Tier 3	PA; QL (1 EA per 1 day)
ARMODAFINIL TABLET 200 MG ORAL 200 MG		Tier 3	PA; QL (1 EA per 1 day)
ARMODAFINIL TABLET 250 MG ORAL 250 MG		Tier 3	PA; QL (1 EA per 1 day)
ARMODAFINIL TABLET 50 MG ORAL 50 MG		Tier 3	PA; QL (2 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL 10 MG		Tier 3	QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL 15 MG		Tier 3	QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL 20 MG		Tier 3	QL (2 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL 25 MG		Tier 3	QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL 30 MG		Tier 3	QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL 35 MG		Tier 3	QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL 40 MG		Tier 3	QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL 5 MG		Tier 3	QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 1	QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER (CD) ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG		Tier 3	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (LA) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG, 60 MG		Tier 3	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (OSM) TABLET EXTENDED RELEASE 18 MG ORAL 18 MG		Tier 3	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (OSM) TABLET EXTENDED RELEASE 27 MG ORAL 27 MG		Tier 3	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (OSM) TABLET EXTENDED RELEASE 36 MG ORAL 36 MG		Tier 3	QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER (OSM) TABLET EXTENDED RELEASE 54 MG ORAL 54 MG		Tier 3	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (XR) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG		Tier 3	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 10 MG ORAL 10 MG		Tier 3	QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 20 MG ORAL 20 MG		Tier 3	QL (3 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 18 MG ORAL 18 MG		Tier 3	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 27 MG ORAL 27 MG		Tier 3	QL (1 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 36 MG ORAL 36 MG		Tier 3	QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 54 MG ORAL 54 MG		Tier 3	QL (1 EA per 1 day)
METHYLPHENIDATE HCL ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 1	QL (3 EA per 1 day)
METHYLPHENIDATE HCL SOLUTION 10 MG/5ML ORAL 10 MG/5ML		Tier 3	QL (30 ML per 1 day)
METHYLPHENIDATE HCL SOLUTION 5 MG/5ML ORAL 5 MG/5ML		Tier 3	QL (60 ML per 1 day)
METHYLPHENIDATE HCL TABLET CHEWABLE 10 MG ORAL 10 MG		Tier 3	QL (6 EA per 1 day)
METHYLPHENIDATE HCL TABLET CHEWABLE 2.5 MG ORAL 2.5 MG		Tier 3	QL (3 EA per 1 day)
METHYLPHENIDATE HCL TABLET CHEWABLE 5 MG ORAL 5 MG		Tier 3	QL (3 EA per 1 day)
MODAFINIL ORAL TABLET 100 MG, 200 MG		Tier 1	PA; QL (1 EA per 1 day)
<b>*Aminoglycosides*</b>			
<b>*Aminoglycosides***</b>			
AMIKACIN SULFATE INJECTION SOLUTION 1 GM/4ML, 500 MG/2ML		Tier 1	
NEOMYCIN SULFATE ORAL TABLET 500 MG		LC	
PAROMOMYCIN SULFATE ORAL CAPSULE 250 MG		Tier 1	
STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED 1 GM		Tier 3	
TOBRAMYCIN INHALATION NEBULIZATION SOLUTION 300 MG/4ML, 300 MG/5ML		Tier 4	Specialty
<b>*Analgesics - Anti-Inflammatory*</b>			
<b>*Antirheumatic - Janus Kinase (Jak) Inhibitors***</b>			
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	Tier 4		PA; Specialty
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 4		PA; Specialty
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	Tier 4		PA; Specialty
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies***</b>			
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	Tier 4		PA; Specialty
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	Tier 4		PA; Specialty
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	Tier 4		PA; Specialty
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Tier 4		PA; Specialty
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Tier 4		PA; Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	Tier 4		PA; Specialty
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Tier 4		PA; Specialty
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	Tier 4		PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION AUTO-Injector 100 MG/ML, 50 MG/0.5ML	Tier 4		PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 4		PA; Specialty
<b>*Cyclooxygenase 2 (Cox-2) Inhibitors***</b>			
CELECOXIB ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG		Tier 1	QL (2 EA per 1 day)
<b>*Interleukin-1 Receptor Antagonist (Il-1Ra)***</b>			
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Tier 5		PA; Specialty
<b>*Interleukin-1Beta Blockers***</b>			
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 4		PA; Specialty; QL (0.08 ML per 1 day)
<b>*Interleukin-6 Receptor Inhibitors***</b>			
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-Injector 162 MG/0.9ML	Tier 5		PA; Specialty
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 5		PA; Specialty
<b>*Nonsteroidal Anti-Inflammatory Agent Combinations***</b>			
DICLOFENAC-MISOPROSTOL ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG		Tier 1	
<b>*Nonsteroidal Anti-Inflammatory Agents (Nsaid)s)***</b>			
DICLOFENAC POTASSIUM ORAL TABLET 50 MG		Tier 1	
DICLOFENAC SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG		Tier 1	
DICLOFENAC SODIUM ORAL TABLET DELAYED RELEASE 25 MG, 50 MG, 75 MG		Tier 1	
EC-NAPROXEN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG		Tier 1	
ETODOLAC ER ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG, 500 MG, 600 MG		Tier 1	
ETODOLAC ORAL CAPSULE 200 MG, 300 MG		Tier 1	
ETODOLAC ORAL TABLET 400 MG, 500 MG		Tier 1	
FENOPROFEN CALCIUM ORAL CAPSULE 400 MG		Tier 3	
FENOPROFEN CALCIUM ORAL TABLET 600 MG		Tier 3	
FLURBIPROFEN ORAL TABLET 100 MG, 50 MG		Tier 1	
IBU ORAL TABLET (IBUPROFEN) 400 MG, 600 MG, 800 MG	LC	LC	
IBUPROFEN ORAL SUSPENSION 100 MG/5ML		Tier 1	
INDOMETHACIN CAPSULE 25 MG ORAL 25 MG		LC	
INDOMETHACIN CAPSULE 50 MG ORAL 50 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
INDOMETHACIN ER ORAL CAPSULE EXTENDED RELEASE 75 MG		Tier 1	
KETOPROFEN ORAL CAPSULE 25 MG, 50 MG		Tier 1	
KETOROLAC TROMETHAMINE INJECTION SOLUTION 15 MG/ML, 30 MG/ML		Tier 1	
KETOROLAC TROMETHAMINE INTRAMUSCULAR SOLUTION 60 MG/2ML		Tier 1	
KETOROLAC TROMETHAMINE ORAL TABLET 10 MG		Tier 1	QL (20 EA per 5 days)
MEFENAMIC ACID ORAL CAPSULE 250 MG		Tier 3	
MELOXICAM ORAL TABLET 15 MG, 7.5 MG		LC	
NABUMETONE ORAL TABLET 500 MG, 750 MG		Tier 1	
NAPROXEN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG		Tier 1	
NAPROXEN SODIUM ORAL TABLET 275 MG, 550 MG		Tier 1	
NAPROXEN TABLET 250 MG ORAL 250 MG		Tier 1	
NAPROXEN TABLET 375 MG ORAL 375 MG		LC	
NAPROXEN TABLET 500 MG ORAL 500 MG		LC	
OXaprozin ORAL TABLET 600 MG		Tier 1	
PIROXICAM ORAL CAPSULE 10 MG, 20 MG		Tier 1	
SULINDAC ORAL TABLET 150 MG, 200 MG		Tier 1	
<b>*Phosphodiesterase 4 (Pde4) Inhibitors***</b>			
OTEZLA ORAL TABLET 30 MG	Tier 4		PA; Specialty
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	Tier 4		PA; Specialty
<b>*Pyrimidine Synthesis Inhibitors***</b>			
LEFLUNOMIDE ORAL TABLET 10 MG, 20 MG		Tier 1	
<b>*Selective Costimulation Modulators***</b>			
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-Injector 125 MG/ML	Tier 5		PA; Specialty
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	Tier 5		PA; Specialty
<b>*Soluble Tumor Necrosis Factor Receptor Agents***</b>			
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Tier 5		PA; Specialty
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 5		PA; Specialty
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Tier 5		PA; Specialty
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-Injector 50 MG/ML	Tier 5		PA; Specialty
<b>*Analgesics - Nonnarcotic*</b>			
<b>*Analgesics-Sedatives***</b>			
BAC ORAL TABLET (BUTALBITAL-APAP-CAFFEINE) 50-325-40 MG	Tier 1	Tier 1	
BUTALBITAL-ACETAMINOPHEN ORAL TABLET 50-325 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BUTALBITAL-APAP-CAFFEINE ORAL CAPSULE 50-300-40 MG, 50-325-40 MG		Tier 1	
BUTALBITAL-ASPIRIN-CAFFEINE ORAL CAPSULE 50-325-40 MG		Tier 1	
<b>*Salicylates***</b>			
ADULT ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN 81 ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ASPIRIN ADULT LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN CHILDRENS ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ASPIRIN EC ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN EC LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG, 81 MG		Tier 1	PV
ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
<b>BAYER ADVANCED ASPIRIN REG ST ORAL TABLET (ASPIRIN) 325 MG</b>	Tier 3	Tier 1	PV
<b>BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG</b>	Tier 3	Tier 1	PV
<b>BAYER ASPIRIN ORAL TABLET (ASPIRIN) 325 MG</b>	Tier 3	Tier 1	PV
<b>BAYER LOW DOSE ORAL TABLET CHEWABLE (ASPIRIN) 81 MG</b>	Tier 3	Tier 1	PV
<b>BAYER LOW DOSE ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG</b>	Tier 3	Tier 1	PV
CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
CVS ASPIRIN ADULT LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
CVS ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
CVS ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG, 81 MG		Tier 1	PV
CVS ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
CVS ASPIRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
CVS ASPIRIN ORAL TABLET 325 MG		Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CVS ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
CVS GENUINE ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
DIFLUNISAL ORAL TABLET 500 MG		Tier 1	
<b>ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG</b>	Tier 3	Tier 1	PV
<b>ECOTRIN ORAL TABLET DELAYED RELEASE (ASPIRIN) 325 MG</b>	Tier 3	Tier 1	PV
EQ ASPIRIN ADULT LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
EQ ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
EQ ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
EQL ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
EQL ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
EQL ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
GENUINE ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
GNP ADULT ASPIRIN LOW STRENGTH ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
GNP ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
GNP ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
GNP ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG, 81 MG		Tier 1	PV
GOODSENSE ASPIRIN ADULTS ORAL TABLET 325 MG		Tier 1	PV
GOODSENSE ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
GOODSENSE ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
GOODSENSE ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
GOODSENSE ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
H-E-B ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
HM ADULT ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
HM ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
HM ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
HM ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
HM ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
HM ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
KLS ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
KP ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
MEIJER ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
MM ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
PX ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
PX ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
PX ENTERIC ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG, 81 MG		Tier 1	PV
QC ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
QC ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
QC ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
QC ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
QC CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
QC ENTERIC ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
RA ASPIRIN ADULT LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
RA ASPIRIN ADULT LOW STRENGTH ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
RA ASPIRIN CHILDRENS ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
RA ASPIRIN EC ADULT LOW ST ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
RA ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG, 81 MG		Tier 1	PV
RA ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
RA PAIN RELIEF ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
SB ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
SB ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
SB CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
SB LOW DOSE ASA EC ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
SM ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
SM ASPIRIN EC LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
SM ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
SM ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
SM ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SM ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
SM CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
<b>ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG</b>	Tier 3	Tier 1	PV
<b>ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE (ASPIRIN) 81 MG</b>	Tier 3	Tier 1	PV
<b>ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG</b>	Tier 3	Tier 1	PV
<b>*Analgesics - Opioid*</b>			
<b>*Codeine Combinations***</b>			
ACETAMINOPHEN-CODEINE #2 ORAL TABLET 300-15 MG		Tier 1	QL (13 EA per 1 day)
ACETAMINOPHEN-CODEINE #3 ORAL TABLET 300-30 MG		Tier 1	QL (13 EA per 1 day)
ACETAMINOPHEN-CODEINE #4 ORAL TABLET 300-60 MG		Tier 1	QL (10 EA per 1 day)
ACETAMINOPHEN-CODEINE ORAL SOLUTION 120-12 MG/5ML		Tier 1	QL (166.5 ML per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-15 MG ORAL 300-15 MG		Tier 1	QL (13 EA per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-30 MG ORAL 300-30 MG		Tier 1	QL (13 EA per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-60 MG ORAL 300-60 MG		Tier 1	QL (10 EA per 1 day)
<b>ASCOMP-CODEINE ORAL CAPSULE (BUTALBITAL-ASA-CAFF-CODEINE) 50-325-40-30 MG</b>	Tier 3	Tier 3	
BUTALBITAL-APAP-CAFF-COD ORAL CAPSULE 50-300-40-30 MG, 50-325-40-30 MG		Tier 3	
<b>*Dihydrocodeine Combinations***</b>			
APAP-CAFF-DIHYDROCODEINE ORAL CAPSULE 320.5-30-16 MG		Tier 3	PA; QL (12 EA per 1 day)
<b>*Hydrocodone Combinations***</b>			
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 2.5-108 MG/5ML, 5-217 MG/10ML, 7.5-325 MG/15ML		Tier 1	QL (180 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 10-300 MG ORAL 10-300 MG		Tier 1	QL (9 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 10-325 MG ORAL 10-325 MG		Tier 1	QL (9 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 5-300 MG ORAL 5-300 MG		Tier 1	QL (13 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 5-325 MG ORAL 5-325 MG		Tier 1	QL (12 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 7.5-300 MG ORAL 7.5-300 MG		Tier 1	QL (12 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 7.5-325 MG ORAL 7.5-325 MG		Tier 1	QL (12 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 10-200 MG ORAL 10-200 MG		Tier 1	QL (9 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
HYDROCODONE-IBUPROFEN TABLET 5-200 MG ORAL 5-200 MG		Tier 1	QL (16 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 7.5-200 MG ORAL 7.5-200 MG		Tier 1	QL (12 EA per 1 day)
<b>*Opioid Agonists***</b>			
CODEINE SULFATE TABLET 15 MG ORAL 15 MG		Tier 1	QL (40 EA per 1 day)
CODEINE SULFATE TABLET 30 MG ORAL 30 MG		Tier 1	QL (20 EA per 1 day)
CODEINE SULFATE TABLET 60 MG ORAL 60 MG		Tier 1	QL (10 EA per 1 day)
DURAMORPH INJECTION SOLUTION 0.5 MG/ML		Tier 3	
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG		Tier 3	PA; QL (4 EA per 1 day)
FENTANYL PATCH 72 HOUR 100 MCG/HR TRANSDERMAL 100 MCG/HR		Tier 1	PA; QL (1 EA per 1 day)
FENTANYL PATCH 72 HOUR 12 MCG/HR TRANSDERMAL 12 MCG/HR		Tier 1	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 25 MCG/HR TRANSDERMAL 25 MCG/HR		Tier 1	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 50 MCG/HR TRANSDERMAL 50 MCG/HR		Tier 1	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 75 MCG/HR TRANSDERMAL 75 MCG/HR		Tier 1	PA; QL (1 EA per 1 day)
HYDROCODONE BITARTRATE ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG		Tier 1	PA; QL (1 EA per 1 day)
HYDROMORPHONE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 16 MG, 32 MG, 8 MG		Tier 3	PA; QL (2 EA per 1 day)
HYDROMORPHONE HCL INJECTION SOLUTION 1 MG/ML, 2 MG/ML, 4 MG/ML		Tier 3	
HYDROMORPHONE HCL ORAL LIQUID 1 MG/ML		Tier 1	QL (22.5 ML per 1 day)
HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML, 50 MG/5ML, 500 MG/50ML		Tier 3	
HYDROMORPHONE HCL TABLET 2 MG ORAL 2 MG		Tier 1	QL (11 EA per 1 day)
HYDROMORPHONE HCL TABLET 4 MG ORAL 4 MG		Tier 1	QL (5 EA per 1 day)
HYDROMORPHONE HCL TABLET 8 MG ORAL 8 MG		Tier 1	QL (2 EA per 1 day)
METHADONE HCL INJECTION SOLUTION 10 MG/ML		Tier 1	
METHADONE HCL ORAL SOLUTION 10 MG/5ML, 5 MG/5ML		Tier 1	
METHADONE HCL ORAL TABLET 10 MG, 5 MG		Tier 1	PA
METHADOSE ORAL TABLET SOLUBLE (METHADONE HCL) 40 MG	Tier 1	Tier 1	
MITIGO INJECTION SOLUTION 200 MG/20ML (10 MG/ML), 500 MG/20ML (25 MG/ML)	Tier 3		
MORPHINE SULFATE (CONCENTRATE) ORAL SOLUTION 10 MG/0.5ML		Tier 1	QL (4.5 EA per 1 day)
MORPHINE SULFATE (CONCENTRATE) ORAL SOLUTION 100 MG/5ML, 20 MG/ML		Tier 1	QL (4.5 ML per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 2 MG/ML, 4 MG/ML		Tier 3	
MORPHINE SULFATE (PF) SOLUTION 0.5 MG/ML INJECTION 0.5 MG/ML		Tier 3	
MORPHINE SULFATE (PF) SOLUTION 10 MG/ML INJECTION 10 MG/ML		Tier 1	
MORPHINE SULFATE (PF) SOLUTION 2 MG/ML INJECTION 2 MG/ML		Tier 3	
MORPHINE SULFATE (PF) SOLUTION 4 MG/ML INJECTION 4 MG/ML		Tier 3	
MORPHINE SULFATE (PF) SOLUTION 5 MG/ML INJECTION 5 MG/ML		Tier 3	
MORPHINE SULFATE (PF) SOLUTION 8 MG/ML INJECTION 8 MG/ML		Tier 1	
MORPHINE SULFATE ER TABLET EXTENDED RELEASE 100 MG ORAL 100 MG		Tier 3	PA; QL (3 EA per 1 day)
MORPHINE SULFATE ER TABLET EXTENDED RELEASE 15 MG ORAL 15 MG		Tier 1	PA; QL (3 EA per 1 day)
MORPHINE SULFATE ER TABLET EXTENDED RELEASE 200 MG ORAL 200 MG		Tier 3	PA; QL (3 EA per 1 day)
MORPHINE SULFATE ER TABLET EXTENDED RELEASE 30 MG ORAL 30 MG		Tier 1	PA; QL (3 EA per 1 day)
MORPHINE SULFATE ER TABLET EXTENDED RELEASE 60 MG ORAL 60 MG		Tier 3	PA; QL (3 EA per 1 day)
MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML		Tier 3	
MORPHINE SULFATE INTRAVENOUS SOLUTION 4 MG/ML		Tier 3	
MORPHINE SULFATE SOLUTION 10 MG/5ML ORAL 10 MG/5ML		Tier 1	QL (45 ML per 1 day)
MORPHINE SULFATE SOLUTION 20 MG/5ML ORAL 20 MG/5ML		Tier 1	QL (22.5 ML per 1 day)
MORPHINE SULFATE TABLET 15 MG ORAL 15 MG		Tier 1	QL (6 EA per 1 day)
MORPHINE SULFATE TABLET 30 MG ORAL 30 MG		Tier 1	QL (3 EA per 1 day)
<b>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG</b>	Tier 3		PA; QL (2 EA per 1 day)
<b>NUCYNTA TABLET 100 MG ORAL 100 MG</b>	Tier 3		PA; QL (1 EA per 1 day)
<b>NUCYNTA TABLET 50 MG ORAL 50 MG</b>	Tier 3		PA; QL (2 EA per 1 day)
<b>NUCYNTA TABLET 75 MG ORAL 75 MG</b>	Tier 3		PA; QL (1 EA per 1 day)
OXYCODONE HCL ORAL CAPSULE 5 MG		Tier 1	QL (12 EA per 1 day)
OXYCODONE HCL ORAL SOLUTION 5 MG/5ML		Tier 1	QL (60 ML per 1 day)
OXYCODONE HCL TABLET 10 MG ORAL 10 MG		Tier 1	QL (6 EA per 1 day)
OXYCODONE HCL TABLET 15 MG ORAL 15 MG		Tier 1	QL (4 EA per 1 day)
OXYCODONE HCL TABLET 20 MG ORAL 20 MG		Tier 1	QL (3 EA per 1 day)
OXYCODONE HCL TABLET 30 MG ORAL 30 MG		Tier 1	QL (2 EA per 1 day)
OXYCODONE HCL TABLET 5 MG ORAL 5 MG		Tier 1	QL (12 EA per 1 day)
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG</b>	Tier 2		PA; QL (4 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
OXYMORPHONE HCL ER ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG		Tier 3	PA; QL (4 EA per 1 day)
OXYMORPHONE HCL TABLET 10 MG ORAL 10 MG		Tier 1	QL (1 EA per 1 day)
OXYMORPHONE HCL TABLET 5 MG ORAL 5 MG		Tier 1	QL (3 EA per 1 day)
TRAMADOL HCL ER (BIPHASIC) ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG		Tier 3	PA; QL (1 EA per 1 day)
TRAMADOL HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG		Tier 3	PA; QL (1 EA per 1 day)
TRAMADOL HCL ORAL TABLET 50 MG		Tier 1	QL (8 EA per 1 day)
<b>XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG</b>	Tier 2		PA; QL (4 EA per 1 day)
<b>*Opioid Combinations***</b>			
ENDOCET TABLET 10-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 10-325 MG	Tier 1	Tier 1	QL (6 EA per 1 day)
ENDOCET TABLET 2.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 2.5-325 MG	Tier 1	Tier 1	QL (12 EA per 1 day)
ENDOCET TABLET 5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 5-325 MG	Tier 1	Tier 1	QL (12 EA per 1 day)
ENDOCET TABLET 7.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 7.5-325 MG	Tier 1	Tier 1	QL (8 EA per 1 day)
<b>*Opioid Partial Agonists***</b>			
BUPRENORPHINE HCL INJECTION SOLUTION 0.3 MG/ML		Tier 1	
BUPRENORPHINE HCL TABLET SUBLINGUAL 2 MG SUBLINGUAL 2 MG		Tier 1	QL (12 EA per 1 day)
BUPRENORPHINE HCL TABLET SUBLINGUAL 8 MG SUBLINGUAL 8 MG		Tier 1	QL (3 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 12-3 MG SUBLINGUAL 12-3 MG		Tier 1	QL (2 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 2-0.5 MG SUBLINGUAL 2-0.5 MG		Tier 1	QL (12 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 4-1 MG SUBLINGUAL 4-1 MG		Tier 1	QL (6 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 8-2 MG SUBLINGUAL 8-2 MG		Tier 1	QL (3 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL TABLET SUBLINGUAL 2-0.5 MG SUBLINGUAL 2-0.5 MG		Tier 1	QL (12 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL TABLET SUBLINGUAL 8-2 MG SUBLINGUAL 8-2 MG		Tier 1	QL (3 EA per 1 day)
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR		Tier 3	PA; QL (0.15 EA per 1 day)
BUTORPHANOL TARTRATE INJECTION SOLUTION 1 MG/ML, 2 MG/ML		Tier 1	
BUTORPHANOL TARTRATE NASAL SOLUTION 10 MG/ML		Tier 3	QL (2 FILL per 54 days)
PENTAZOCINE-NALOXONE HCL ORAL TABLET 50-0.5 MG		Tier 1	QL (10 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Tramadol Combinations***</b>			
TRAMADOL-ACETAMINOPHEN ORAL TABLET 37.5-325 MG		Tier 1	QL (8 EA per 1 day)
<b>*Androgens-Anabolic*</b>			
<b>*Anabolic Steroids***</b>			
OXANDROLONE TABLET 10 MG ORAL 10 MG		Tier 1	PA; QL (2 EA per 1 day)
OXANDROLONE TABLET 2.5 MG ORAL 2.5 MG		Tier 1	PA; QL (8 EA per 1 day)
<b>*Androgens***</b>			
DANAZOL ORAL CAPSULE 100 MG, 200 MG, 50 MG		Tier 3	
TESTOSTERONE CYPIONATE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML		Tier 1	PA
TESTOSTERONE ENANTHATE INTRAMUSCULAR SOLUTION 200 MG/ML		Tier 1	PA
TESTOSTERONE TRANSDERMAL GEL 1.62 %, 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%)		Tier 3	PA
TESTOSTERONE TRANSDERMAL SOLUTION 30 MG/ACT		Tier 3	PA
<b>*Anorectal And Related Products*</b>			
<b>*Intrarectal Steroids***</b>			
CORTIFOAM EXTERNAL FOAM 10 %	Tier 3		
HYDROCORTISONE RECTAL ENEMA 100 MG/60ML		Tier 1	
<b>*Nitrate Vasodilating Agents***</b>			
RECTIV RECTAL OINTMENT 0.4 %	Tier 3		
<b>*Rectal Anesthetic/Steroids***</b>			
HYDROCORTISONE ACE-PRAMOXINE EXTERNAL CREAM 1-1 %		Tier 1	
<b>*Rectal Steroids***</b>			
PROCTO-MED HC EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 2.5 %	Tier 1	Tier 1	
PROCTO-PAK EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 1 %	Tier 1	Tier 1	
PROCTOSOL HC EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 2.5 %	Tier 1	Tier 1	
PROCTOZONE-HC EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 2.5 %	Tier 1	Tier 1	
<b>*Anthelmintics*</b>			
<b>*Anthelmintics***</b>			
ALBENDAZOLE ORAL TABLET 200 MG		Tier 3	PA
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG		Tier 3	
EMVERM ORAL TABLET CHEWABLE 100 MG	Tier 2		
IVERMECTIN ORAL TABLET 3 MG		Tier 1	PA; QL (1 FILL per 90 days)
PRAZIQUANTEL ORAL TABLET 600 MG		Tier 3	
<b>*Antiangular Agents*</b>			
<b>*Antiangulars-Other***</b>			
RANOLAZINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Nitrates***</b>			
ISOSORBIDE DINITRATE ORAL TABLET 10 MG, 20 MG, 30 MG, 5 MG		Tier 1	
ISOSORBIDE MONONITRATE ER TABLET EXTENDED RELEASE 24 HOUR 120 MG ORAL 120 MG		Tier 1	
ISOSORBIDE MONONITRATE ER TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL 30 MG		LC	
ISOSORBIDE MONONITRATE ER TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL 60 MG		LC	
ISOSORBIDE MONONITRATE ORAL TABLET 10 MG, 20 MG		Tier 1	
NITROGLYCERIN SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG		Tier 1	
NITROGLYCERIN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR		Tier 1	
NITROGLYCERIN TRANSLINGUAL SOLUTION 0.4 MG/SPRAY		Tier 3	
<b>*Antianxiety Agents*</b>			
<b>*Antianxiety Agents - Misc.***</b>			
BUSPIRONE HCL TABLET 10 MG ORAL 10 MG		LC	
BUSPIRONE HCL TABLET 15 MG ORAL 15 MG		Tier 1	
BUSPIRONE HCL TABLET 30 MG ORAL 30 MG		Tier 1	
BUSPIRONE HCL TABLET 5 MG ORAL 5 MG		LC	
DROPERIDOL INJECTION SOLUTION 2.5 MG/ML		Tier 1	
HYDROXYZINE HCL INTRAMUSCULAR SOLUTION 25 MG/ML, 50 MG/ML		Tier 1	
HYDROXYZINE HCL ORAL SYRUP 10 MG/5ML		LC	
HYDROXYZINE HCL ORAL TABLET 10 MG, 25 MG, 50 MG		LC	
HYDROXYZINE PAMOATE CAPSULE 100 MG ORAL 100 MG		Tier 3	
HYDROXYZINE PAMOATE CAPSULE 25 MG ORAL 25 MG		LC	
HYDROXYZINE PAMOATE CAPSULE 50 MG ORAL 50 MG		LC	
MEPROBAMATE ORAL TABLET 200 MG, 400 MG		Tier 3	
<b>*Benzodiazepines***</b>			
ALPRAZOLAM ER TABLET EXTENDED RELEASE 24 HOUR 0.5 MG ORAL 0.5 MG		Tier 1	QL (1 EA per 1 day)
ALPRAZOLAM ER TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL 1 MG		Tier 1	QL (1 EA per 1 day)
ALPRAZOLAM ER TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL 2 MG		Tier 1	QL (5 EA per 1 day)
ALPRAZOLAM ER TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL 3 MG		Tier 1	QL (3 EA per 1 day)
ALPRAZOLAM TABLET 0.25 MG ORAL 0.25 MG		Tier 1	QL (4 EA per 1 day)
ALPRAZOLAM TABLET 0.5 MG ORAL 0.5 MG		Tier 1	QL (4 EA per 1 day)
ALPRAZOLAM TABLET 1 MG ORAL 1 MG		Tier 1	QL (4 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ALPRAZOLAM TABLET 2 MG ORAL 2 MG		Tier 1	QL (5 EA per 1 day)
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 0.5 MG ORAL 0.5 MG		Tier 1	QL (1 EA per 1 day)
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL 1 MG		Tier 1	QL (1 EA per 1 day)
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL 2 MG		Tier 1	QL (5 EA per 1 day)
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL 3 MG		Tier 1	QL (3 EA per 1 day)
CHLORDIAZEPOXIDE HCL CAPSULE 10 MG ORAL 10 MG		Tier 1	QL (30 EA per 1 day)
CHLORDIAZEPOXIDE HCL CAPSULE 25 MG ORAL 25 MG		Tier 1	QL (12 EA per 1 day)
CHLORDIAZEPOXIDE HCL CAPSULE 5 MG ORAL 5 MG		Tier 1	QL (4 EA per 1 day)
CLORAZEPATE DIPOTASSIUM TABLET 15 MG ORAL 15 MG		Tier 1	QL (6 EA per 1 day)
CLORAZEPATE DIPOTASSIUM TABLET 3.75 MG ORAL 3.75 MG		Tier 1	QL (24 EA per 1 day)
CLORAZEPATE DIPOTASSIUM TABLET 7.5 MG ORAL 7.5 MG		Tier 1	QL (12 EA per 1 day)
<b>DIAZEPAM INTENSOL ORAL CONCENTRATE (DIAZEPAM) 5 MG/ML</b>	Tier 1	Tier 1	
DIAZEPAM ORAL SOLUTION 5 MG/5ML		Tier 1	
DIAZEPAM ORAL TABLET 10 MG, 2 MG, 5 MG		Tier 1	
LORAZEPAM INJECTION SOLUTION 2 MG/ML, 4 MG/ML		Tier 1	
<b>LORAZEPAM INTENSOL ORAL CONCENTRATE (LORAZEPAM) 2 MG/ML</b>	Tier 3	Tier 3	QL (5 ML per 1 day)
LORAZEPAM TABLET 0.5 MG ORAL 0.5 MG		Tier 1	QL (3 EA per 1 day)
LORAZEPAM TABLET 1 MG ORAL 1 MG		Tier 1	QL (3 EA per 1 day)
LORAZEPAM TABLET 2 MG ORAL 2 MG		Tier 1	QL (5 EA per 1 day)
OXAZEPAM ORAL CAPSULE 10 MG, 15 MG, 30 MG		Tier 3	QL (4 EA per 1 day)
<b>*Antiarrhythmics*</b>			
<b>*Antiarrhythmics Type I-A***</b>			
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE 100 MG, 150 MG		Tier 1	
PROCAINAMIDE HCL INJECTION SOLUTION 100 MG/ML		Tier 3	
QUINIDINE SULFATE ORAL TABLET 200 MG, 300 MG		Tier 1	
<b>*Antiarrhythmics Type I-B***</b>			
MEXILETINE HCL ORAL CAPSULE 150 MG, 200 MG, 250 MG		Tier 1	
<b>*Antiarrhythmics Type I-C***</b>			
FLECAINIDE ACETATE ORAL TABLET 100 MG, 150 MG, 50 MG		Tier 1	
PROPAFENONE HCL ORAL TABLET 150 MG, 225 MG, 300 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Antiarrhythmics Type III***</b>			
AMIODARONE HCL ORAL TABLET 200 MG		Tier 1	
DOFETILIDE ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG		Tier 3	
<b>*Antiasthmatic And Bronchodilator Agents*</b>			
<b>*5-Lipoxygenase Inhibitors***</b>			
ZILEUTON ER ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG		Tier 3	PA; ST
<b>*Adrenergic Combinations***</b>			
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Tier 2		QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Tier 2		QL (2 EA per 1 day)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	Tier 2		QL (2 EA per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	Tier 2		QL (0.36 GM per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Tier 2		QL (8.1 GM per 30 days)
FLUTICASONE-SALMETEROL AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT INHALATION 113-14 MCG/ACT		Tier 3	QL (0.04 EA per 1 day)
FLUTICASONE-SALMETEROL AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT INHALATION 232-14 MCG/ACT		Tier 3	QL (0.04 EA per 1 day)
FLUTICASONE-SALMETEROL AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION 55-14 MCG/ACT		Tier 3	QL (0.04 EA per 1 day)
IPRATROPIUM-ALBUTEROL INHALATION SOLUTION 0.5-2.5 (3) MG/3ML		Tier 1	QL (18 ML per 1 day)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Tier 2		QL (4.2 GM per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Tier 2		QL (10.2 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 2		QL (2 EA per 1 day)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED (FLUTICASONE-SALMETEROL) 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Tier 1	Tier 1	QL (2 EA per 1 day)
<b>*Anti-IgE Monoclonal Antibodies***</b>			
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	Tier 4		PA; Specialty
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Tier 4		PA; Specialty
<b>*Anti-Inflammatory Agents***</b>			
CROMOLYN SODIUM INHALATION NEBULIZATION SOLUTION 20 MG/2ML		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Beta Adrenergics***</b>			
ALBUTEROL SULFATE HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT		Tier 1	QL (1.2 GM per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (2.5 MG/3ML) 0.083% INHALATION (2.5 MG/3ML) 0.083%		Tier 1	QL (18 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION (5 MG/ML) 0.5%		LC	QL (5 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 0.63 MG/3ML INHALATION 0.63 MG/3ML		Tier 1	QL (12.5 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 1.25 MG/3ML INHALATION 1.25 MG/3ML		Tier 1	QL (12.5 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 2.5 MG/0.5ML INHALATION 2.5 MG/0.5ML		LC	QL (5 EA per 1 day)
ARFORMOTEROL TARTRATE INHALATION NEBULIZATION SOLUTION 15 MCG/2ML		Tier 1	QL (4 ML per 1 day)
FORMOTEROL FUMARATE INHALATION NEBULIZATION SOLUTION 20 MCG/2ML		Tier 1	QL (4 ML per 1 day)
LEVALBUTEROL HCL NEBULIZATION SOLUTION 0.31 MG/3ML INHALATION 0.31 MG/3ML		Tier 1	QL (18 ML per 1 day)
LEVALBUTEROL HCL NEBULIZATION SOLUTION 0.63 MG/3ML INHALATION 0.63 MG/3ML		Tier 1	QL (18 ML per 1 day)
LEVALBUTEROL HCL NEBULIZATION SOLUTION 1.25 MG/0.5ML INHALATION 1.25 MG/0.5ML		Tier 1	QL (3 EA per 1 day)
LEVALBUTEROL HCL NEBULIZATION SOLUTION 1.25 MG/3ML INHALATION 1.25 MG/3ML		Tier 1	QL (9 ML per 1 day)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 2		QL (2 EA per 1 day)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Tier 2		QL (0.14 GM per 1 day)
<b>*Bronchodilators - Anticholinergics***</b>			
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Tier 3		QL (25.8 GM per 30 days)
IPRATROPIUM BROMIDE INHALATION SOLUTION 0.02 %		LC	QL (10.42 ML per 1 day)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	Tier 2		QL (1 EA per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	Tier 2		QL (4.2 GM per 30 days)
<b>*Interleukin-5 Antagonists (Iggl Kappa)***</b>			
NUCALA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS 100 MG/ML	Tier 4		PA; Specialty; QL (0.11 ML per 1 day)
NUCALA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS 40 MG/0.4ML	Tier 4		PA; Specialty; QL (0.02 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 4		PA; Specialty; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Tier 4		PA; Specialty; QL (0.11 EA per 1 day)
<b>*Leukotriene Receptor Antagonists***</b>			
MONTELUKAST SODIUM ORAL TABLET 10 MG		LC	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MONTELUKAST SODIUM ORAL TABLET CHEWABLE 4 MG, 5 MG		LC	
ZAFIRLUKAST ORAL TABLET 10 MG, 20 MG		Tier 3	
<b>*Selective Phosphodiesterase 4 (Pde4) Inhibitors***</b>			
DALIRESP ORAL TABLET (ROFLUMILAST) 500 MCG	Tier 3	Tier 1	PA
ROFLUMILAST ORAL TABLET 250 MCG		Tier 1	PA
<b>*Steroid Inhalants***</b>			
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 2		QL (1 EA per 1 day)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2		PA; ST; QL (0.04 EA per 1 day)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2		PA; ST; QL (0.04 EA per 1 day)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	Tier 2		PA; ST; QL (0.04 EA per 1 day)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2		PA; ST; QL (0.04 EA per 1 day)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 2		PA; ST; QL (0.44 GM per 1 day)
BUDESONIDE INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML		Tier 3	QL (4 ML per 1 day)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION 100 MCG/ACT	Tier 2		QL (2 EA per 1 day)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT INHALATION 250 MCG/ACT	Tier 2		QL (8 EA per 1 day)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION 50 MCG/ACT	Tier 2		QL (2 EA per 1 day)
FLOVENT HFA AEROSOL 110 MCG/ACT INHALATION 110 MCG/ACT	Tier 2		QL (24 GM per 30 days)
FLOVENT HFA AEROSOL 220 MCG/ACT INHALATION 220 MCG/ACT	Tier 2		QL (24 GM per 30 days)
FLOVENT HFA AEROSOL 44 MCG/ACT INHALATION 44 MCG/ACT	Tier 2		QL (21.3 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	Tier 2		QL (2.1 EA per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	Tier 2		QL (0.71 GM per 1 day)
<b>*Xanthines***</b>			
THEOPHYLLINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 300 MG, 450 MG		Tier 3	
THEOPHYLLINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG, 600 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Anticoagulants*</b>			
<b>*Coumarin Anticoagulants***</b>			
JANTOVEN ORAL TABLET (WARFARIN SODIUM) 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	LC	LC	
<b>*Direct Factor Xa Inhibitors***</b>			
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	Tier 2		QL (148 EA per 365 days)
ELIQUIS TABLET 2.5 MG ORAL 2.5 MG	Tier 2		QL (2 EA per 1 day)
ELIQUIS TABLET 5 MG ORAL 5 MG	Tier 2		QL (3 EA per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 3		QL (1 EA per 1 day)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	Tier 2		QL (20 ML per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	Tier 2		QL (102 EA per 365 days)
XARELTO TABLET 10 MG ORAL 10 MG	Tier 2		QL (1 EA per 1 day)
XARELTO TABLET 15 MG ORAL 15 MG	Tier 2		QL (2 EA per 1 day)
XARELTO TABLET 2.5 MG ORAL 2.5 MG	Tier 2		QL (2 EA per 1 day)
XARELTO TABLET 20 MG ORAL 20 MG	Tier 2		QL (1 EA per 1 day)
<b>*Heparins And Heparinoid-Like Agents***</b>			
BD HEPARIN POSIFLUSH INTRAVENOUS SOLUTION (HEPARIN SOD (PORK) LOCK FLUSH) 10 UNIT/ML, 100 UNIT/ML	Tier 1	Tier 1	
HEPARIN SOD (PORK) LOCK FLUSH INTRAVENOUS SOLUTION 1 UNIT/ML		Tier 1	
HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE 5000 UNIT/0.5ML		Tier 1	
HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML		Tier 1	
<b>*Low Molecular Weight Heparins***</b>			
ENOXAPARIN SODIUM INJECTION SOLUTION 300 MG/3ML		Tier 4	Specialty; QL (35 ML per 180 days)
ENOXAPARIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML		Tier 4	Specialty; QL (35 ML per 180 days)
<b>*Synthetic Heparinoid-Like Agents***</b>			
FONDAPARINUX SODIUM SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML		Tier 4	Specialty; QL (35 ML per 180 days)
<b>*Thrombin Inhibitors - Selective Direct &amp; Reversible***</b>			
PRADAXA ORAL CAPSULE 110 MG	Tier 2		QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE (DABIGATRAN ETEXILATE MESYLATE) 150 MG, 75 MG	Tier 2	Tier 1	QL (2 EA per 1 day)
<b>*Anticonvulsants*</b>			
<b>*Ampa Glutamate Receptor Antagonists***</b>			
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 3		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3		
<b>*Anticonvulsants - Benzodiazepines***</b>			
CLOBAZAM ORAL SUSPENSION 2.5 MG/ML		Tier 1	PA
CLOBAZAM ORAL TABLET 10 MG, 20 MG		Tier 1	PA
CLONAZEPAM TABLET 0.5 MG ORAL 0.5 MG		Tier 1	QL (3 EA per 1 day)
CLONAZEPAM TABLET 1 MG ORAL 1 MG		Tier 1	QL (3 EA per 1 day)
CLONAZEPAM TABLET 2 MG ORAL 2 MG		Tier 1	QL (10 EA per 1 day)
DIAZEPAM RECTAL GEL 10 MG, 2.5 MG, 20 MG		Tier 1	QL (2 EA Max Qty Per Fill Retail)
<b>*Anticonvulsants - Misc.***</b>			
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 3		PA; ST
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 3		PA; ST
CARBAMAZEPINE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG		Tier 1	
CARBAMAZEPINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG		Tier 1	
CARBAMAZEPINE ORAL SUSPENSION 100 MG/5ML		Tier 1	
CARBAMAZEPINE ORAL TABLET CHEWABLE 100 MG		Tier 1	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 5		PA; Specialty
DIACOMIT ORAL PACKET 250 MG, 500 MG	Tier 5		PA; Specialty
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 5		PA; Specialty
EPITOL ORAL TABLET (CARBAMAZEPINE) 200 MG	LC	LC	
GABAPENTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG		Tier 1	
GABAPENTIN ORAL SOLUTION 250 MG/5ML, 300 MG/6ML		Tier 1	
GABAPENTIN ORAL TABLET 600 MG, 800 MG		Tier 1	
LAMOTRIGINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG		Tier 1	
LAMOTRIGINE ORAL KIT 25 & 50 & 100 MG		Tier 1	
LAMOTRIGINE ORAL TABLET CHEWABLE 25 MG, 5 MG		Tier 1	
LAMOTRIGINE ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG		Tier 1	
LEVETIRACETAM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG		Tier 1	
LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION 1000 MG/100ML, 1500 MG/100ML, 250 MG/50ML, 500 MG/100ML		Tier 1	
LEVETIRACETAM INTRAVENOUS SOLUTION 500 MG/5ML		Tier 1	
LEVETIRACETAM ORAL SOLUTION 100 MG/ML		Tier 1	
LEVETIRACETAM ORAL TABLET 1000 MG, 250 MG, 750 MG		Tier 1	
OXCARBAZEPINE ORAL SUSPENSION 300 MG/5ML		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
OXCARBAZEPINE ORAL TABLET 150 MG, 300 MG, 600 MG		Tier 1	
PREGABALIN CAPSULE 100 MG ORAL 100 MG		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 150 MG ORAL 150 MG		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 200 MG ORAL 200 MG		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 225 MG ORAL 225 MG		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 25 MG ORAL 25 MG		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 300 MG ORAL 300 MG		Tier 1	QL (2 EA per 1 day)
PREGABALIN CAPSULE 50 MG ORAL 50 MG		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 75 MG ORAL 75 MG		Tier 1	QL (3 EA per 1 day)
PREGABALIN ORAL SOLUTION 20 MG/ML		Tier 1	QL (30 ML per 1 day)
PRIMIDONE ORAL TABLET 250 MG, 50 MG		LC	
<b>ROWEEPRA ORAL TABLET (LEVETIRACETAM) 500 MG</b>	Tier 1	Tier 1	
RUFINAMIDE ORAL SUSPENSION 40 MG/ML		Tier 1	PA
RUFINAMIDE ORAL TABLET 200 MG, 400 MG		Tier 1	PA
<b>SUBVENITE ORAL TABLET (LAMOTRIGINE) 100 MG, 150 MG, 200 MG, 25 MG</b>	Tier 1	Tier 1	
<b>SUBVENITE STARTER KIT-BLUE ORAL KIT (LAMOTRIGINE STARTER KIT-BLUE) 35 X 25 MG</b>	Tier 1	Tier 1	
<b>SUBVENITE STARTER KIT-GREEN ORAL KIT (LAMOTRIGINE STARTER KIT-GREEN) 84 X 25 MG &amp; 14X100 MG</b>	Tier 1	Tier 1	
<b>SUBVENITE STARTER KIT-ORANGE ORAL KIT (LAMOTRIGINE STARTER KIT-ORANGE) 42 X 25 MG &amp; 7 X 100 MG</b>	Tier 1	Tier 1	
TOPIRAMATE ER ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG		Tier 1	
TOPIRAMATE ORAL CAPSULE SPRINKLE 15 MG, 25 MG		Tier 1	
TOPIRAMATE ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG		Tier 1	
<b>VIMPAT ORAL SOLUTION (LACOSAMIDE) 10 MG/ML</b>	Tier 3	Tier 1	
<b>VIMPAT ORAL TABLET (LACOSAMIDE) 100 MG, 150 MG, 200 MG, 50 MG</b>	Tier 3	Tier 3	
ZONISAMIDE ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 1	
<b>*Carbamates***</b>			
FELBAMATE ORAL SUSPENSION 600 MG/5ML		Tier 1	
FELBAMATE ORAL TABLET 400 MG, 600 MG		Tier 1	
<b>*Gaba Modulators***</b>			
TIAGABINE HCL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG		Tier 1	
<b>*Hydantoins***</b>			
<b>DILANTIN ORAL CAPSULE 30 MG</b>	Tier 3		
FOSPHENYTOIN SODIUM INJECTION SOLUTION 500 MG PE/10ML		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PHENYTOIN INFATABS ORAL TABLET CHEWABLE (PHENYTOIN) 50 MG	Tier 1	Tier 1	
PHENYTOIN ORAL SUSPENSION 100 MG/4ML, 125 MG/5ML		Tier 1	
PHENYTOIN SODIUM EXTENDED ORAL CAPSULE 100 MG, 200 MG, 300 MG		Tier 1	
PHENYTOIN SODIUM INJECTION SOLUTION 50 MG/ML		Tier 1	
<b>*Succinimides***</b>			
CELONTIN ORAL CAPSULE 300 MG	Tier 3		
ETHOSUXIMIDE ORAL CAPSULE 250 MG		Tier 1	
ETHOSUXIMIDE ORAL SOLUTION 250 MG/5ML		Tier 1	
<b>*Valproic Acid***</b>			
DIVALPROEX SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG		Tier 1	
DIVALPROEX SODIUM ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG		Tier 1	
DIVALPROEX SODIUM ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG		Tier 1	
VALPROATE SODIUM INTRAVENOUS SOLUTION 100 MG/ML		Tier 1	
VALPROIC ACID ORAL CAPSULE 250 MG		LC	
VALPROIC ACID ORAL SOLUTION 250 MG/5ML		LC	
<b>*Antidepressants*</b>			
<b>*Alpha-2 Receptor Antagonists (Tetracyclines)***</b>			
MIRTAZAPINE ORAL TABLET 15 MG, 30 MG, 45 MG		LC	
<b>*Antidepressants - Misc.***</b>			
BUPROPION HCL ER (SR) ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG		Tier 1	QL (2 EA per 1 day)
BUPROPION HCL ER (XL) TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL 150 MG		Tier 1	QL (3 EA per 1 day)
BUPROPION HCL ER (XL) TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL 300 MG		Tier 1	QL (1 EA per 1 day)
BUPROPION HCL ORAL TABLET 100 MG, 75 MG		Tier 1	
<b>*Monoamine Oxidase Inhibitors (Maois)***</b>			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 3		PA; ST; QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG	Tier 3		
PHENELZINE SULFATE ORAL TABLET 15 MG		Tier 3	
TRANLYLCYPROMINE SULFATE ORAL TABLET 10 MG		Tier 3	
<b>*Selective Serotonin Reuptake Inhibitors (Ssrts)***</b>			
CITALOPRAM HYDROBROMIDE ORAL TABLET 10 MG, 20 MG, 40 MG		LC	
ESCITALOPRAM OXALATE ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 1	
FLUOXETINE HCL ORAL CAPSULE 10 MG, 20 MG, 40 MG		LC	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
FLUVOXAMINE MALEATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG		Tier 3	QL (2 EA per 1 day)
FLUVOXAMINE MALEATE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 3	
PAROXETINE HCL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG		LC	
SERTRALINE HCL ORAL CONCENTRATE 20 MG/ML		Tier 1	
SERTRALINE HCL ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 1	
<b>*Serotonin Modulators***</b>			
NEFAZODONE HCL ORAL TABLET 100 MG, 150 MG, 200 MG, 250 MG, 50 MG		Tier 3	
TRAZODONE HCL TABLET 100 MG ORAL 100 MG		LC	
TRAZODONE HCL TABLET 150 MG ORAL 150 MG		LC	
TRAZODONE HCL TABLET 300 MG ORAL 300 MG		Tier 3	
TRAZODONE HCL TABLET 50 MG ORAL 50 MG		LC	
<b>TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG</b>	Tier 3		PA; ST; QL (1 EA per 1 day)
<b>VIIBRYD ORAL TABLET (VILAZODONE HCL) 10 MG, 20 MG, 40 MG</b>	Tier 3	Tier 1	PA; QL (1 EA per 1 day)
<b>VIIBRYD STARTER PACK ORAL KIT 10 &amp; 20 MG</b>	Tier 3		PA; QL (2 EA per 365 days)
<b>*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***</b>			
DESVENLAFAKINE SUCCINATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG		Tier 3	QL (1 EA per 1 day)
DULOXETINE HCL CAPSULE DELAYED RELEASE PARTICLES 20 MG ORAL 20 MG		Tier 1	QL (2 EA per 1 day)
DULOXETINE HCL CAPSULE DELAYED RELEASE PARTICLES 30 MG ORAL 30 MG		Tier 1	QL (3 EA per 1 day)
DULOXETINE HCL CAPSULE DELAYED RELEASE PARTICLES 60 MG ORAL 60 MG		Tier 1	QL (2 EA per 1 day)
<b>FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG</b>	Tier 3		PA; ST; QL (1 EA per 1 day)
<b>FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 &amp; 40 MG</b>	Tier 3		PA; ST; QL (56 EA per 365 days)
VENLAFAKINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG		Tier 1	
VENLAFAKINE HCL ORAL TABLET 100 MG, 25 MG, 37.5 MG, 50 MG, 75 MG		Tier 1	
<b>*Tricyclic Agents***</b>			
AMITRIPTYLINE HCL ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 3	
AMOXAPINE ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG		Tier 3	
CLOMIPRAMINE HCL ORAL CAPSULE 25 MG, 50 MG, 75 MG		Tier 3	
DESIPIRAMINE HCL ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 3	
DOXEPEPIN HCL ORAL CAPSULE 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
DOXEPEPIN HCL ORAL CONCENTRATE 10 MG/ML		Tier 3	
IMIPRAMINE HCL ORAL TABLET 10 MG, 25 MG, 50 MG		Tier 1	
IMIPRAMINE PAMOATE ORAL CAPSULE 100 MG, 125 MG, 150 MG, 75 MG		Tier 3	
NORTRIPTYLINE HCL ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG		LC	
NORTRIPTYLINE HCL ORAL SOLUTION 10 MG/5ML		Tier 3	
PROTRIPTYLINE HCL ORAL TABLET 10 MG, 5 MG		Tier 3	
TRIMIPRAMINE MALEATE ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 3	
<b>*Antidiabetics*</b>			
<b>*Alpha-Glucosidase Inhibitors***</b>			
ACARBOSE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 3	
MIGLITOL ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 3	
<b>*Biguanides***</b>			
METFORMIN HCL ER TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL 500 MG		LC	
METFORMIN HCL ER TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL 750 MG		Tier 1	
METFORMIN HCL ORAL TABLET 1000 MG, 500 MG, 850 MG		LC	
<b>*Diabetic Other***</b>			
DIAZOXIDE ORAL SUSPENSION 50 MG/ML		Tier 1	
GLUCAGON EMERGENCY INJECTION KIT 1 MG		Tier 1	
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED 1 MG/ML		Tier 2	
<b>*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***</b>			
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2		PA; ST
TRADJENTA ORAL TABLET 5 MG	Tier 2		PA; ST
<b>*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***</b>			
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	Tier 2		PA; ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	Tier 2		PA; ST
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	Tier 2		PA; ST
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	Tier 2		PA; ST
<b>*Human Insulin***</b>			
HUMALOG INJECTION SOLUTION 100 UNIT/ML	Tier 2		
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2		
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Tier 2		
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	Tier 2		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	Tier 2		
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	Tier 2		
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	Tier 2		
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2		
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2		
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2		
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2		
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	Tier 2		
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2		
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	Tier 2		
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2		
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2		
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3		PA
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3		PA
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 2		
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 2		
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Tier 3		PA
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3		PA
<b>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</b>			
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	Tier 2		PA; ST; QL (4.5 ML per 30 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	Tier 2		PA; ST; QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	Tier 2		PA; ST; QL (1.2 ML per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	Tier 2		PA; ST; QL (0.06 ML per 1 day)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Tier 2		PA; ST; QL (0.11 ML per 1 day)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	Tier 2		PA; ST; QL (0.11 ML per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>RYBELSUS TABLET 14 MG ORAL 14 MG</b>	Tier 2		PA; ST; QL (1 EA per 1 day)
<b>RYBELSUS TABLET 3 MG ORAL 3 MG</b>	Tier 2		PA; ST; QL (60 EA per 365 days)
<b>RYBELSUS TABLET 7 MG ORAL 7 MG</b>	Tier 2		PA; ST; QL (1 EA per 1 day)
<b>TRULICITY SUBCUTANEOUS SOLUTION PEN- INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML</b>	Tier 2		PA; ST; QL (2.4 ML per 30 days)
<b>VICTOZA SUBCUTANEOUS SOLUTION PEN- INJECTOR 18 MG/3ML</b>	Tier 2		PA; ST; QL (9 ML per 30 days)
<b>*Insulin-Incretin Mimetic Combinations***</b>			
<b>SOLIQUA SUBCUTANEOUS SOLUTION PEN- INJECTOR 100-33 UNT-MCG/ML</b>	Tier 2		PA; ST; QL (0.6 ML per 1 day)
<b>XULTOPHY SUBCUTANEOUS SOLUTION PEN- INJECTOR 100-3.6 UNIT-MG/ML</b>	Tier 2		PA; ST; QL (0.5 ML per 1 day)
<b>*Meglitinide Analogues***</b>			
NATEGLINIDE ORAL TABLET 120 MG, 60 MG		Tier 3	
REPAGLINIDE ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 3	
<b>*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***</b>			
<b>GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG</b>	Tier 2		PA; ST
<b>*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***</b>			
<b>FARXIGA ORAL TABLET 10 MG, 5 MG</b>	Tier 2		PA; ST
<b>JARDIANCE ORAL TABLET 10 MG, 25 MG</b>	Tier 2		PA; ST
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>			
<b>SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG</b>	Tier 2		PA; ST
<b>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25- 1000 MG, 5-1000 MG</b>	Tier 2		PA; ST
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5- 1000 MG, 5-500 MG</b>	Tier 2		PA; ST
<b>*Sulfonylurea-Biguanide Combinations***</b>			
GLIPIZIDE-METFORMIN HCL ORAL TABLET 2.5-250 MG, 2.5-500 MG, 5-500 MG		Tier 3	
GLYBURIDE-METFORMIN ORAL TABLET 1.25-250 MG, 2.5-500 MG, 5-500 MG		Tier 3	
<b>*Sulfonylureas***</b>			
GLIMEPIRIDE ORAL TABLET 1 MG, 2 MG, 4 MG		LC	
GLIPIZIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG		LC	
GLIPIZIDE ORAL TABLET 10 MG, 5 MG		LC	
GLIPIZIDE XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG		LC	
GLYBURIDE MICRONIZED ORAL TABLET 1.5 MG, 3 MG, 6 MG		LC	
GLYBURIDE ORAL TABLET 1.25 MG, 2.5 MG, 5 MG		LC	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Sulfonylurea-Thiazolidinedione Combinations***</b>			
PIOGLITAZONE HCL-GLIMEPIRIDE ORAL TABLET 30-2 MG, 30-4 MG		Tier 3	
<b>*Thiazolidinedione-Biguanide Combinations***</b>			
PIOGLITAZONE HCL-METFORMIN HCL ORAL TABLET 15-500 MG, 15-850 MG		Tier 3	
<b>*Thiazolidinediones***</b>			
PIOGLITAZONE HCL ORAL TABLET 15 MG, 30 MG, 45 MG		Tier 1	
<b>*Antidiarrheal/Probiotic Agents*</b>			
<b>*Antiperistaltic Agents***</b>			
DIPHENOXYLATE-ATROPINE ORAL LIQUID 2.5- 0.025 MG/5ML		Tier 1	
DIPHENOXYLATE-ATROPINE ORAL TABLET 2.5- 0.025 MG		Tier 1	
LOPERAMIDE HCL ORAL CAPSULE 2 MG		Tier 1	
<b>MOTOFEN ORAL TABLET 1-0.025 MG</b>	Tier 3		PA
<b>*Antidotes And Specific Antagonists*</b>			
<b>*Antidotes - Chelating Agents***</b>			
<b>CHEMET ORAL CAPSULE 100 MG</b>	Tier 3		
DEFERASIROX ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG		Tier 3	PA
DEFERIPRONE ORAL TABLET 1000 MG, 500 MG		Tier 3	PA
<b>*Antidotes And Specific Antagonists***</b>			
DEFEROXAMINE MESYLATE INJECTION SOLUTION RECONSTITUTED 2 GM, 500 MG		Tier 1	
<b>VISTOGARD ORAL PACKET 10 GM</b>	Tier 3		
<b>*Opioid Antagonists***</b>			
<b>KLOXXADO NASAL LIQUID 8 MG/0.1ML</b>	Tier 2		
NALOXONE HCL INJECTION SOLUTION 0.4 MG/ML, 4 MG/10ML		Tier 1	
NALOXONE HCL INJECTION SOLUTION CARTRIDGE 0.4 MG/ML		Tier 1	
NALOXONE HCL INJECTION SOLUTION PREFILLED SYRINGE 2 MG/2ML		Tier 1	
NALTREXONE HCL ORAL TABLET 50 MG		Tier 1	
<b>NARCAN NASAL LIQUID (NALOXONE HCL) 4 MG/0.1ML</b>	Tier 2	Tier 1	
<b>VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG</b>	Tier 5		Specialty
<b>*Antiemetics*</b>			
<b>*5-HT3 Receptor Antagonists***</b>			
<b>ANZEMET ORAL TABLET 50 MG</b>	Tier 3		QL (2.1 EA per 30 days)
GRANisetron HCL INTRAVENOUS SOLUTION 1 MG/ML, 4 MG/4ML		Tier 1	
GRANisetron HCL ORAL TABLET 1 MG		Tier 1	QL (3.9 EA per 30 days)
ONDANSETRON HCL INJECTION SOLUTION 4 MG/2ML, 40 MG/20ML		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ONDANSETRON HCL INJECTION SOLUTION PREFILLED SYRINGE 4 MG/2ML		Tier 1	
ONDANSETRON HCL ORAL SOLUTION 4 MG/5ML		Tier 1	QL (4 ML per 1 day)
ONDANSETRON HCL ORAL TABLET 4 MG, 8 MG		Tier 1	
ONDANSETRON ORAL TABLET DISPERSIBLE 4 MG, 8 MG		Tier 1	
PALONOSETRON HCL INTRAVENOUS SOLUTION 0.25 MG/2ML, 0.25 MG/5ML		Tier 1	
PALONOSETRON HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.25 MG/5ML		Tier 1	
<b>*Antiemetic Combinations***</b>			
AKYNZEO ORAL CAPSULE 300-0.5 MG	Tier 3		QL (2.1 EA per 30 days)
<b>*Antiemetics - Anticholinergic***</b>			
DIMENHYDRINATE INJECTION SOLUTION 50 MG/ML		Tier 1	
MECLIZINE HCL ORAL TABLET 12.5 MG, 25 MG		LC	
SCOPOLAMINE TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS		Tier 1	
<b>*Antiemetics - Miscellaneous***</b>			
DRONABINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG		Tier 3	PA; QL (2 EA per 1 day)
<b>*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***</b>			
APREPITANT CAPSULE 125 MG ORAL 125 MG		Tier 3	QL (2 EA per 30 days)
APREPITANT CAPSULE 40 MG ORAL 40 MG		Tier 3	QL (1 EA per 30 days)
APREPITANT CAPSULE 80 MG ORAL 80 MG		Tier 3	QL (4 EA per 30 days)
FOSAPREPITANT DIMEGLUMINE INTRAVENOUS SOLUTION RECONSTITUTED 150 MG		Tier 1	
<b>*Antifungals*</b>			
<b>*Antifungal - Glucan Synthesis Inhibitors (Echinocandins)***</b>			
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG, 70 MG		Tier 3	
<b>*Antifungals***</b>			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	Tier 3		
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED (AMPHOTERICIN B LIPOSOME) 50 MG	Tier 3	Tier 3	
AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 1	
FLUCYTOSINE ORAL CAPSULE 250 MG, 500 MG		Tier 1	
GRISEOFULVIN MICROSIZE ORAL SUSPENSION 125 MG/5ML		Tier 3	
GRISEOFULVIN MICROSIZE ORAL TABLET 500 MG		Tier 3	
GRISEOFULVIN ULTRAMICROSIZE ORAL TABLET 125 MG, 250 MG		Tier 3	
NYSTATIN ORAL TABLET 500000 UNIT		Tier 3	
TERBINAFINE HCL ORAL TABLET 250 MG		LC	QL (84 EA per 180 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Imidazoles***</b>			
KETOCONAZOLE ORAL TABLET 200 MG		LC	
<b>*Triazoles***</b>			
CRESEMBA ORAL CAPSULE 186 MG	Tier 3		PA
FLUCONAZOLE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 200-0.9 MG/100ML-%, 400-0.9 MG/200ML-%		Tier 1	
FLUCONAZOLE ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML		LC	
FLUCONAZOLE ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		LC	
ITRACONAZOLE ORAL CAPSULE 100 MG		Tier 3	PA
POSACONAZOLE ORAL TABLET DELAYED RELEASE 100 MG		Tier 3	PA
VORICONAZOLE ORAL TABLET 200 MG, 50 MG		Tier 3	PA
<b>*Antihistamines*</b>			
<b>*Antihistamines - Ethanolamines***</b>			
CARBINOXAMINE MALEATE ORAL SOLUTION 4 MG/5ML		Tier 1	
CARBINOXAMINE MALEATE ORAL TABLET 4 MG		Tier 1	
CLEMASTINE FUMARATE ORAL TABLET 2.68 MG		Tier 1	
DIPHENHYDRAMINE HCL INJECTION SOLUTION 50 MG/ML		Tier 1	
DIPHENHYDRAMINE HCL ORAL ELIXIR 12.5 MG/5ML		Tier 1	
<b>*Antihistamines - Non-Sedating***</b>			
CETIRIZINE HCL ORAL SOLUTION 1 MG/ML		Tier 1	
DESLORATADINE ORAL TABLET 5 MG		Tier 3	
LEVO CETIRIZINE DIHYDROCHLORIDE ORAL SOLUTION 2.5 MG/5ML		Tier 1	
LEVO CETIRIZINE DIHYDROCHLORIDE ORAL TABLET 5 MG		Tier 1	
<b>*Antihistamines - Phenothiazines***</b>			
PROMETHAZINE HCL ORAL SOLUTION 6.25 MG/5ML		LC	
PROMETHAZINE HCL ORAL SYRUP 6.25 MG/5ML		LC	
PROMETHAZINE HCL TABLET 12.5 MG ORAL 12.5 MG		Tier 1	
PROMETHAZINE HCL TABLET 25 MG ORAL 25 MG		LC	
PROMETHAZINE HCL TABLET 50 MG ORAL 50 MG		Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY (PROMETHAZINE HCL) 12.5 MG, 25 MG	Tier 3	Tier 3	
<b>*Antihistamines - Piperidines***</b>			
CYPROHEPTADINE HCL ORAL SYRUP 2 MG/5ML		Tier 1	
CYPROHEPTADINE HCL ORAL TABLET 4 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Antihyperlipidemics*</b>			
<b>*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***</b>			
NEXLIZET ORAL TABLET 180-10 MG	Tier 2		PA; QL (1 EA per 1 day)
<b>*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***</b>			
NEXLETOL ORAL TABLET 180 MG	Tier 2		PA; QL (1 EA per 1 day)
<b>*Antihyperlipidemics - Misc.***</b>			
OMEGA-3-ACID ETHYL ESTERS ORAL CAPSULE 1 GM		Tier 3	
<b>*Bile Acid Sequestrants***</b>			
CHOLESTYRAMINE ORAL PACKET 4 GM		Tier 3	
CHOLESTYRAMINE ORAL POWDER 4 GM/DOSE		Tier 3	
COLESEVELAM HCL ORAL TABLET 625 MG		Tier 3	
COlestipol HCL ORAL GRANULES 5 GM		Tier 3	
COlestipol HCL ORAL PACKET 5 GM		Tier 3	
COlestipol HCL ORAL TABLET 1 GM		Tier 3	
PREVALITE ORAL PACKET (CHOLESTYRAMINE LIGHT) 4 GM	Tier 3	Tier 3	
PREVALITE ORAL POWDER (CHOLESTYRAMINE LIGHT) 4 GM/DOSE	Tier 3	Tier 3	
<b>*Fibric Acid Derivatives***</b>			
FENOFIBRATE CAPSULE 134 MG ORAL 134 MG		Tier 3	
FENOFIBRATE CAPSULE 150 MG ORAL 150 MG		Tier 3	
FENOFIBRATE CAPSULE 200 MG ORAL 200 MG		Tier 3	
FENOFIBRATE CAPSULE 50 MG ORAL 50 MG		Tier 3	
FENOFIBRATE CAPSULE 67 MG ORAL 67 MG		Tier 1	
FENOFIBRATE MICRONIZED CAPSULE 134 MG ORAL 134 MG		Tier 3	
FENOFIBRATE MICRONIZED CAPSULE 200 MG ORAL 200 MG		Tier 3	
FENOFIBRATE MICRONIZED CAPSULE 43 MG ORAL 43 MG		Tier 3	
FENOFIBRATE MICRONIZED CAPSULE 67 MG ORAL 67 MG		Tier 1	
FENOFIBRATE ORAL TABLET 145 MG, 160 MG, 48 MG, 54 MG		Tier 1	
FENOFIBRIC ACID ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG		Tier 3	
GEMFIBROZIL ORAL TABLET 600 MG		LC	
<b>*Hmg Coa Reductase Inhibitors***</b>			
ATORVASTATIN CALCIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG		LC	
LOVASTATIN ORAL TABLET 10 MG, 20 MG, 40 MG		Tier 1	PV; AGE (Min 40 Years and Max 75 Years)
PRAVASTATIN SODIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ROSVASTATIN CALCIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		Tier 1	
SIMVASTATIN ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG, 80 MG		LC	
<b>*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***</b>			
EZETIMIBE-SIMVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG		Tier 3	
<b>*Intestinal Cholesterol Absorption Inhibitors***</b>			
EZETIMIBE ORAL TABLET 10 MG		Tier 1	
<b>*Nicotinic Acid Derivatives***</b>			
NIACIN ER (ANTIHYPERLIPIDEMIC) ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG		Tier 3	
<b>*Pcsk9 Inhibitors***</b>			
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	Tier 2		PA; QL (0.13 ML per 1 day)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Tier 2		PA; QL (0.11 ML per 1 day)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 2		PA; QL (0.11 ML per 1 day)
<b>*Antihypertensives*</b>			
<b>*Ace Inhibitor &amp; Calcium Channel Blocker Combinations***</b>			
AMLODIPINE BESY-BENAZEPRIL HCL ORAL CAPSULE 10-20 MG, 10-40 MG, 2.5-10 MG, 5-10 MG, 5-20 MG, 5-40 MG		Tier 1	
<b>*Ace Inhibitors &amp; Thiazide/Thiazide-Like***</b>			
BENAZEPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG, 5-6.25 MG		Tier 1	
ENALAPRIL-HYDROCHLOROTHIAZIDE TABLET 10-25 MG ORAL 10-25 MG		Tier 1	
ENALAPRIL-HYDROCHLOROTHIAZIDE TABLET 5-12.5 MG ORAL 5-12.5 MG		LC	
FOSINOPRIL SODIUM-HCTZ ORAL TABLET 10-12.5 MG, 20-12.5 MG		Tier 1	
LISINOPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG		LC	
QUINAPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG		Tier 1	
<b>*Ace Inhibitors***</b>			
BENAZEPRIL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		LC	
CAPTOPRIL ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		Tier 1	
ENALAPRIL MALEATE ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		LC	
FOSINOPRIL SODIUM ORAL TABLET 10 MG, 20 MG, 40 MG		LC	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LISINOPRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG		LC	
MOEXIPRIL HCL ORAL TABLET 15 MG, 7.5 MG		Tier 1	
PERINDOPRIL ERBUMINE ORAL TABLET 2 MG, 4 MG, 8 MG		Tier 1	
QUINAPRIL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		LC	
RAMIPRIL ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG		LC	
TRANDOLAPRIL ORAL TABLET 1 MG, 2 MG, 4 MG		LC	
<b>*Agents For Pheochromocytoma***</b>			
DEMSER ORAL CAPSULE (METYROSINE) 250 MG	Tier 3	Tier 1	
PHENOXYBENZAMINE HCL ORAL CAPSULE 10 MG		Tier 1	
<b>*Angiotensin II Receptor Antag &amp; Ca Channel Blocker Comb***</b>			
AMLODIPINE BESYLATE-VALSARTAN ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG		Tier 3	
AMLODIPINE-OLMESARTAN ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG		Tier 3	
<b>*Angiotensin II Receptor Antag &amp; Thiazide/Thiazide-Like***</b>			
IRBESARTAN-HYDROCHLOROTHIAZIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG		Tier 1	
LOSARTAN POTASSIUM-HCTZ ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG		LC	
OLMESARTAN MEDOXOMIL-HCTZ ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG		Tier 1	
VALSARTAN-HYDROCHLOROTHIAZIDE ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG		Tier 1	
<b>*Angiotensin II Receptor Antagonists***</b>			
CANDESARTAN CILEXETIL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG		Tier 1	
IRBESARTAN ORAL TABLET 150 MG, 300 MG, 75 MG		Tier 1	
LOSARTAN POTASSIUM ORAL TABLET 100 MG, 25 MG, 50 MG		LC	
OLMESARTAN MEDOXOMIL ORAL TABLET 20 MG, 40 MG, 5 MG		Tier 1	
TELMISARTAN ORAL TABLET 20 MG, 40 MG, 80 MG		Tier 1	
VALSARTAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG		Tier 1	
<b>*Antidiuretics - Centrally Acting***</b>			
CLONIDINE HCL TABLET 0.1 MG ORAL 0.1 MG		LC	
CLONIDINE HCL TABLET 0.2 MG ORAL 0.2 MG		LC	
CLONIDINE HCL TABLET 0.3 MG ORAL 0.3 MG		Tier 1	
CLONIDINE TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR, 0.2 MG/24HR, 0.3 MG/24HR		Tier 3	
GUANFACINE HCL ORAL TABLET 1 MG, 2 MG		LC	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Antidiuretics - Peripherally Acting***</b>			
DOXAZOSIN MESYLATE ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG		LC	
PRAZOSIN HCL ORAL CAPSULE 1 MG, 2 MG, 5 MG		LC	
TERAZOSIN HCL ORAL CAPSULE 1 MG, 10 MG, 2 MG, 5 MG		LC	
<b>*Beta Blocker &amp; Diuretic Combinations***</b>			
ATENOLOL-CHLORTHALIDONE ORAL TABLET 100-25 MG, 50-25 MG		LC	
BISOPROLOL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG		LC	
METOPROLOL-HYDROCHLOROTHIAZIDE ORAL TABLET 100-25 MG, 100-50 MG, 50-25 MG		Tier 1	
<b>*Direct Renin Inhibitors***</b>			
ALISKIREN FUMARATE ORAL TABLET 150 MG, 300 MG		Tier 3	
<b>*Selective Aldosterone Receptor Antagonists (Saras)***</b>			
EPLERENONE ORAL TABLET 25 MG, 50 MG		Tier 1	
<b>*Vasodilators***</b>			
HYDRALAZINE HCL ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG		LC	
MINOXIDIL ORAL TABLET 10 MG, 2.5 MG		Tier 1	
<b>*Anti-Infective Agents - Misc.*</b>			
<b>*Anti-Infective Agents - Misc.***</b>			
IMPAVIDO ORAL CAPSULE 50 MG	Tier 3		
METRONIDAZOLE INTRAVENOUS SOLUTION 500 MG/100ML		Tier 1	
METRONIDAZOLE ORAL TABLET 250 MG, 500 MG		LC	
PENTAMIDINE ISETHIONATE INHALATION SOLUTION RECONSTITUTED 300 MG		Tier 1	
PENTAMIDINE ISETHIONATE INJECTION SOLUTION RECONSTITUTED 300 MG		Tier 1	
TRIMETHOPRIM ORAL TABLET 100 MG		LC	
XIFAXAN ORAL TABLET 200 MG, 550 MG	Tier 3		PA
<b>*Anti-Infective Misc. - Combinations***</b>			
SULFAMETHOXAZOLE-TRIMETHOPRIM INTRAVENOUS SOLUTION 400-80 MG/5ML		Tier 1	
SULFAMETHOXAZOLE-TRIMETHOPRIM ORAL TABLET 400-80 MG, 800-160 MG		LC	
SULFATRIM PEDIATRIC ORAL SUSPENSION (SULFAMETHOXAZOLE-TRIMETHOPRIM) 200-40 MG/5ML	LC	LC	
<b>*Antiprotozoal Agents***</b>			
ATOVAQUONE ORAL SUSPENSION 750 MG/5ML		Tier 3	
NITAZOXANIDE ORAL TABLET 500 MG		Tier 3	
<b>*Carbapenem Combinations***</b>			
IMIPENEM-CILASTATIN INTRAVENOUS SOLUTION RECONSTITUTED 250 MG, 500 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED 2 (1-1) GM	Tier 3		
<b>*Carbapenems***</b>			
ERTAPENEM SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM		Tier 3	
<b>*Cyclic Lipopeptides***</b>			
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG, 500 MG		Tier 1	
<b>*Glycopeptides***</b>			
VANCOMYCIN HCL CAPSULE 125 MG ORAL 125 MG		Tier 3	QL (4 EA per 1 day)
VANCOMYCIN HCL CAPSULE 250 MG ORAL 250 MG		Tier 3	QL (8 EA per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 1.25 GM, 1.5 GM, 100 GM, 500 MG, 750 MG		Tier 1	
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 250 MG/5ML		Tier 3	QL (40 ML per 1 day)
<b>*Leprostatics***</b>			
DAPSONE ORAL TABLET 100 MG, 25 MG		Tier 3	
<b>*Lincosamides***</b>			
CLINDAMYCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG		Tier 1	
CLINDAMYCIN PALMITATE HCL ORAL SOLUTION RECONSTITUTED 75 MG/5ML		Tier 1	
CLINDAMYCIN PHOSPHATE IN D5W INTRAVENOUS SOLUTION 300 MG/50ML, 600 MG/50ML, 900 MG/50ML		Tier 1	
CLINDAMYCIN PHOSPHATE INJECTION SOLUTION 300 MG/2ML, 600 MG/4ML, 9 GM/60ML, 900 MG/6ML, 9000 MG/60ML		Tier 1	
<b>*Monobactams***</b>			
AZTREONAM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM		Tier 1	
<b>*Oxazolidinones***</b>			
LINEZOLID IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 600-0.9 MG/300ML-%		Tier 1	
LINEZOLID INTRAVENOUS SOLUTION 600 MG/300ML		Tier 1	
LINEZOLID ORAL SUSPENSION RECONSTITUTED 100 MG/5ML		Tier 3	QL (32.2 ML per 1 day)
LINEZOLID ORAL TABLET 600 MG		Tier 3	QL (28 EA per 30 days)
<b>*Polymyxins***</b>			
POLYMYXIN B SULFATE INJECTION SOLUTION RECONSTITUTED 500000 UNIT		Tier 1	
<b>*Urinary Anti-Infectives***</b>			
FOSFOMYCIN TROMETHAMINE ORAL PACKET 3 GM		Tier 3	
METHENAMINE HIPPURATE ORAL TABLET 1 GM		Tier 3	
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 100 MG, 50 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NITROFURANTOIN MONOHYD MACRO ORAL CAPSULE 100 MG		Tier 1	
<b>*Antimalarials*</b>			
<b>*Antimalarial Combinations***</b>			
ATOVAQUONE-PROGUANIL HCL TABLET 250-100 MG ORAL 250-100 MG		Tier 3	
ATOVAQUONE-PROGUANIL HCL TABLET 62.5-25 MG ORAL 62.5-25 MG		Tier 1	
<b>COARTEM ORAL TABLET 20-120 MG</b>	Tier 3		
<b>*Antimalarials***</b>			
CHLOROQUINE PHOSPHATE ORAL TABLET 250 MG, 500 MG		Tier 3	
HYDROXYCHLOROQUINE SULFATE TABLET 100 MG ORAL 100 MG		Tier 1	
HYDROXYCHLOROQUINE SULFATE TABLET 200 MG ORAL 200 MG		LC	
HYDROXYCHLOROQUINE SULFATE TABLET 300 MG ORAL 300 MG		Tier 1	
HYDROXYCHLOROQUINE SULFATE TABLET 400 MG ORAL 400 MG		Tier 1	
MEFLOQUINE HCL ORAL TABLET 250 MG		Tier 1	
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG		Tier 1	
PYRIMETHAMINE ORAL TABLET 25 MG		Tier 4	PA; Specialty
QUININE SULFATE ORAL CAPSULE 324 MG		Tier 3	PA
<b>*Antimyasthenic/Cholinergic Agents*</b>			
<b>*Antimyasthenic/Cholinergic Agents***</b>			
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 180 MG		Tier 1	
PYRIDOSTIGMINE BROMIDE ORAL SOLUTION 60 MG/5ML		Tier 1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG, 60 MG		Tier 1	
<b>*Antimycobacterial Agents*</b>			
<b>*Antimycobacterial Agents***</b>			
CYCLOSERINE ORAL CAPSULE 250 MG		Tier 1	
ETHAMBUTOL HCL ORAL TABLET 100 MG, 400 MG		Tier 3	
ISONIAZID INJECTION SOLUTION 100 MG/ML		Tier 1	
ISONIAZID ORAL SYRUP 50 MG/5ML		Tier 1	
ISONIAZID TABLET 100 MG ORAL 100 MG		Tier 1	
ISONIAZID TABLET 300 MG ORAL 300 MG		LC	
<b>PASER ORAL PACKET 4 GM</b>	Tier 3		
<b>PRIFTIN ORAL TABLET 150 MG</b>	Tier 3		
PYRAZINAMIDE ORAL TABLET 500 MG		Tier 1	
RIFABUTIN ORAL CAPSULE 150 MG		Tier 3	
RIFAMPIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG		Tier 1	
RIFAMPIN ORAL CAPSULE 150 MG, 300 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 3		
TRECATOR ORAL TABLET 250 MG	Tier 3		
<b>*Antineoplastics And Adjunctive Therapies*</b>			
<b>*Alkylating Agents***</b>			
BUSULFAN INTRAVENOUS SOLUTION 6 MG/ML		Tier 4	Specialty
MYLERAN ORAL TABLET 2 MG	Tier 2		
<b>*Androgen Biosynthesis Inhibitors***</b>			
ABIRATERONE ACETATE ORAL TABLET 250 MG, 500 MG		Tier 4	PA; Specialty
<b>*Antiadrenals***</b>			
LYSODREN ORAL TABLET 500 MG	Tier 2		
<b>*Antiandrogens***</b>			
BICALUTAMIDE ORAL TABLET 50 MG		Tier 1	
FLUTAMIDE ORAL CAPSULE 125 MG		Tier 1	
NILUTAMIDE ORAL TABLET 150 MG		Tier 4	Specialty
XTANDI ORAL CAPSULE 40 MG	Tier 5		PA; Specialty
<b>*Antiestrogens***</b>			
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Tier 3		
TAMOXIFEN CITRATE ORAL TABLET 10 MG, 20 MG		Tier 1	
TOREMIFENE CITRATE ORAL TABLET 60 MG		Tier 1	
<b>*Antimetabolites***</b>			
CAPECITABINE ORAL TABLET 150 MG, 500 MG		Tier 4	PA; Specialty
DECITABINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 4	PA; Specialty
FLUDARABINE PHOSPHATE INTRAVENOUS SOLUTION 25 MG/ML, 50 MG/2ML		Tier 4	Specialty
FLUDARABINE PHOSPHATE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 4	Specialty
FLUOROURACIL INTRAVENOUS SOLUTION 1 GM/20ML, 2.5 GM/50ML, 5 GM/100ML, 500 MG/10ML		Tier 4	Specialty
MERCAPTOPURINE ORAL TABLET 50 MG		Tier 1	
METHOTREXATE ORAL TABLET 2.5 MG		Tier 1	
METHOTREXATE SODIUM (PF) INJECTION SOLUTION 1 GM/40ML, 250 MG/10ML, 50 MG/2ML		Tier 1	
METHOTREXATE SODIUM INJECTION SOLUTION 250 MG/10ML, 50 MG/2ML		Tier 1	
METHOTREXATE SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM		Tier 1	
METHOTREXATE SODIUM ORAL TABLET 2.5 MG		Tier 1	
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 5		PA; Specialty
TABLOID ORAL TABLET 40 MG	Tier 4		Specialty
<b>*Antineoplastic - Alk Inhibitors***</b>			
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 5		PA; Specialty
ZYKADIA ORAL TABLET 150 MG	Tier 5		PA; Specialty
<b>*Antineoplastic - Anti-Cd20 Antibodies***</b>			
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 5		PA; Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 4		PA; Specialty
<b>*Antineoplastic - Anti-Cd30 Antibody-Drug Complex***</b>			
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 4		PA; Specialty
<b>*Antineoplastic - Anti-Her2 Agents***</b>			
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 5		PA; Specialty
<b>*Antineoplastic - Bcl-2 Inhibitors***</b>			
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 5		PA; Specialty
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Tier 5		PA; Specialty
<b>*Antineoplastic - Bcr-Abl Kinase Inhibitors***</b>			
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 5		PA; Specialty
ICLUSIG TABLET 10 MG ORAL 10 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
ICLUSIG TABLET 15 MG ORAL 15 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
ICLUSIG TABLET 30 MG ORAL 30 MG	Tier 5		PA; Specialty
ICLUSIG TABLET 45 MG ORAL 45 MG	Tier 5		PA; Specialty
IMATINIB MESYLATE ORAL TABLET 100 MG, 400 MG		Tier 4	PA; Specialty
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 4		PA; Specialty
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 5		PA; Specialty
<b>*Antineoplastic - Braf Kinase Inhibitors***</b>			
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 4		PA; Specialty
ZELBORAF ORAL TABLET 240 MG	Tier 5		PA; Specialty
<b>*Antineoplastic - Btk Inhibitors***</b>			
IMBRUVICA CAPSULE 140 MG ORAL 140 MG	Tier 5		PA; Specialty; QL (3 EA per 1 day)
IMBRUVICA CAPSULE 70 MG ORAL 70 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 5		PA; Specialty
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
<b>*Antineoplastic - Egfr Inhibitors***</b>			
ERLOTINIB HCL TABLET 100 MG ORAL 100 MG		Tier 4	PA; Specialty
ERLOTINIB HCL TABLET 150 MG ORAL 150 MG		Tier 4	PA; Specialty
ERLOTINIB HCL TABLET 25 MG ORAL 25 MG		Tier 4	PA; Specialty; QL (3 EA per 1 day)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
TAGRISSO TABLET 40 MG ORAL 40 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
TAGRISSO TABLET 80 MG ORAL 80 MG	Tier 5		PA; Specialty
<b>*Antineoplastic - Hedgehog Pathway Inhibitors***</b>			
ERIVEDGE ORAL CAPSULE 150 MG	Tier 5		PA; Specialty
<b>*Antineoplastic - Histone Deacetylase Inhibitors***</b>			
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 5		PA; Specialty
ZOLINZA ORAL CAPSULE 100 MG	Tier 4		PA; Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Antineoplastic - Immunomodulators***</b>			
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 5		PA; Specialty
<b>*Antineoplastic - Mek Inhibitors***</b>			
COTELLIC ORAL TABLET 20 MG	Tier 5		PA; Specialty
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 5		PA; Specialty
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 4		PA; Specialty
<b>*Antineoplastic - Mtor Kinase Inhibitors***</b>			
AFINITOR DISPERZ ORAL TABLET SOLUBLE (EVEROLIMUS) 2 MG, 3 MG, 5 MG	Tier 5	Tier 4	PA; Specialty
EVEROLIMUS ORAL TABLET 2.5 MG, 5 MG, 7.5 MG		Tier 4	PA; Specialty; QL (1 EA per 1 day)
TEMSIROLIMUS INTRAVENOUS SOLUTION 25 MG/ML		Tier 4	Specialty
<b>*Antineoplastic - Multikinase Inhibitors***</b>			
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 4		PA; Specialty
CAPRELSA TABLET 100 MG ORAL 100 MG	Tier 4		PA; Specialty; QL (2 EA per 1 day)
CAPRELSA TABLET 300 MG ORAL 300 MG	Tier 4		PA; Specialty
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier 5		PA; Specialty
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier 5		PA; Specialty
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Tier 5		PA; Specialty
LAPATINIB DITOSYLATE ORAL TABLET 250 MG		Tier 4	PA; Specialty
NEXAVAR ORAL TABLET (SORAFENIB TOSYLATED) 200 MG	Tier 4	Tier 4	PA; Specialty
QINLOCK ORAL TABLET 50 MG	Tier 5		PA; Specialty
RYDAPT ORAL CAPSULE 25 MG	Tier 5		PA; Specialty
STIVARGA ORAL TABLET 40 MG	Tier 5		PA; Specialty
SUTENT ORAL CAPSULE (SUNITINIB MALATE) 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 4	Tier 4	PA; Specialty
TURALIO ORAL CAPSULE 200 MG	Tier 5		PA; Specialty
VOTRIENT ORAL TABLET 200 MG	Tier 5		PA; Specialty
<b>*Antineoplastic - Proteasome Inhibitors***</b>			
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 5		PA; Specialty
<b>*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***</b>			
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 5		PA; Specialty
<b>*Antineoplastic Antibiotics***</b>			
DAUNORUBICIN HCL INTRAVENOUS SOLUTION 20 MG/4ML, 50 MG/10ML		Tier 4	Specialty
MITOXANTRONE HCL INTRAVENOUS CONCENTRATE 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML		Tier 4	PA; Specialty
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED (MITOMYCIN) 20 MG	Tier 4	Tier 4	Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED (MITOMYCIN) 40 MG	Tier 4	Tier 4	Specialty
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED (MITOMYCIN) 5 MG	Tier 4	Tier 4	Specialty
<b>*Antineoplastic Antibody-Drug Complexes***</b>			
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 5		PA; Specialty
<b>*Antineoplastic Combinations***</b>			
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG - UT/13.4ML	Tier 5		PA; Specialty
<b>*Antineoplastics - Interleukins***</b>			
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT	Tier 4		Specialty
<b>*Antineoplastics Misc.***</b>			
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	Tier 4		PA; Specialty
HYDROXYUREA ORAL CAPSULE 500 MG		Tier 1	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT	Tier 5		PA; Specialty
MATULANE ORAL CAPSULE 50 MG	Tier 4		Specialty
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	Tier 5		PA; Specialty
<b>*Aromatase Inhibitors***</b>			
ANASTROZOLE ORAL TABLET 1 MG		Tier 1	
EXEMESTANE ORAL TABLET 25 MG		Tier 1	
LETROZOLE ORAL TABLET 2.5 MG		Tier 1	
<b>*Cyclin-Dependent Kinases (Cdk) Inhibitors***</b>			
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5		PA; Specialty
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 5		PA; Specialty
<b>*Estrogens-Antineoplastic***</b>			
EMCYT ORAL CAPSULE 140 MG	Tier 3		
<b>*Folic Acid Antagonists Rescue Agents***</b>			
LEUCOVORIN CALCIUM INJECTION SOLUTION 100 MG/10ML, 500 MG/50ML		Tier 1	
LEUCOVORIN CALCIUM INJECTION SOLUTION RECONSTITUTED 100 MG, 200 MG, 350 MG, 50 MG, 500 MG		Tier 1	
LEUCOVORIN CALCIUM ORAL TABLET 10 MG, 15 MG, 25 MG, 5 MG		Tier 1	
<b>*Imidazotetrazines***</b>			
TEMOZOLOMIDE ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG		Tier 4	PA; Specialty
<b>*Janus Associated Kinase (Jak) Inhibitors***</b>			
JAKAFI TABLET 10 MG ORAL 10 MG	Tier 4		PA; Specialty; QL (2 EA per 1 day)
JAKAFI TABLET 15 MG ORAL 15 MG	Tier 4		PA; Specialty
JAKAFI TABLET 20 MG ORAL 20 MG	Tier 4		PA; Specialty
JAKAFI TABLET 25 MG ORAL 25 MG	Tier 4		PA; Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
JAKAFI TABLET 5 MG ORAL 5 MG	Tier 4		PA; Specialty
<b>*Lhrh Analogs***</b>			
LEUPROLIDE ACETATE INJECTION KIT 1 MG/0.2ML		Tier 4	PA; Specialty
LUPRON DEPOT (1-MONTH) KIT 3.75 MG INTRAMUSCULAR 3.75 MG	Tier 5		PA; Specialty
LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR 7.5 MG	Tier 4		PA; Specialty
LUPRON DEPOT (3-MONTH) KIT 11.25 MG INTRAMUSCULAR 11.25 MG	Tier 5		PA; Specialty
LUPRON DEPOT (3-MONTH) KIT 22.5 MG INTRAMUSCULAR 22.5 MG	Tier 4		PA; Specialty
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	Tier 4		PA; Specialty
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	Tier 4		PA; Specialty
<b>*Mitotic Inhibitors***</b>			
ETOPOSIDE ORAL CAPSULE 50 MG		Tier 4	Specialty
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG	Tier 4		Specialty
PACLITAXEL INTRAVENOUS CONCENTRATE 100 MG/16.7ML, 150 MG/25ML, 30 MG/5ML, 300 MG/50ML		Tier 4	Specialty
<b>*Nitrogen Mustards And Related Analogues***</b>			
CYCLOPHOSPHAMIDE INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM, 500 MG		Tier 4	Specialty
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG		Tier 3	
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG		Tier 2	
LEUKERAN ORAL TABLET 2 MG	Tier 2		
MELPHALAN HCL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 4	Specialty
MELPHALAN ORAL TABLET 2 MG		Tier 4	Specialty
<b>*Nitrosoureas***</b>			
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 5		Specialty
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	Tier 4		Specialty
<b>*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***</b>			
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 5		PA; Specialty
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Tier 5		PA; Specialty
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	Tier 5		PA; Specialty
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5		PA; Specialty
<b>*Poly (Atp-Ribose) Polymerase (Parp) Inhibitors***</b>			
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 4		PA; Specialty
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 4		PA; Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Progesterins-Antineoplastic***</b>			
MEGESTROL ACETATE ORAL SUSPENSION 40 MG/ML, 400 MG/10ML, 800 MG/20ML		Tier 1	
MEGESTROL ACETATE TABLET 20 MG ORAL 20 MG		LC	
MEGESTROL ACETATE TABLET 40 MG ORAL 40 MG		Tier 1	
<b>*Retinoids***</b>			
TRETINOIN ORAL CAPSULE 10 MG		Tier 4	Specialty
<b>*Selective Retinoid X Receptor Agonists***</b>			
BEXAROTENE ORAL CAPSULE 75 MG		Tier 4	PA; Specialty
<b>*Topoisomerase I Inhibitors***</b>			
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 5		Specialty
<b>*Urinary Tract Protective Agents***</b>			
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 5		
MESNEX ORAL TABLET 400 MG	Tier 5		Specialty
<b>*Vascular Endothelial Growth Factor (Vegf) Inhibitors***</b>			
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 5		PA; Specialty
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	Tier 5		PA; Specialty
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Tier 5		PA; Specialty
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Tier 5		PA; Specialty
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Tier 5		PA; Specialty
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Tier 5		PA; Specialty
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Tier 5		PA; Specialty
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	Tier 5		PA; Specialty
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Tier 5		PA; Specialty
<b>*Antiparkinson And Related Therapy Agents*</b>			
<b>*Antiparkinson Anticholinergics***</b>			
BENZTROPINE MESYLATE INJECTION SOLUTION 1 MG/ML		Tier 1	
BENZTROPINE MESYLATE ORAL TABLET 0.5 MG, 1 MG, 2 MG		LC	
TRIHEXYPHENIDYL HCL ORAL SOLUTION 0.4 MG/ML		Tier 1	
TRIHEXYPHENIDYL HCL TABLET 2 MG ORAL 2 MG		LC	
TRIHEXYPHENIDYL HCL TABLET 5 MG ORAL 5 MG		Tier 1	
<b>*Antiparkinson Dopaminergics***</b>			
AMANTADINE HCL ORAL CAPSULE 100 MG		Tier 1	
AMANTADINE HCL ORAL SOLUTION 50 MG/5ML		Tier 1	
AMANTADINE HCL ORAL TABLET 100 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BROMOCRIPTINE MESYLATE ORAL CAPSULE 5 MG		Tier 1	
BROMOCRIPTINE MESYLATE ORAL TABLET 2.5 MG		Tier 1	
<b>*Antiparkinson Monoamine Oxidase Inhibitors***</b>			
RASAGILINE MESYLATE ORAL TABLET 0.5 MG, 1 MG		Tier 1	
SELEGILINE HCL ORAL CAPSULE 5 MG		Tier 1	
SELEGILINE HCL ORAL TABLET 5 MG		Tier 1	
<b>*Central/Peripheral Comt Inhibitors***</b>			
TOLCAPONE ORAL TABLET 100 MG		Tier 1	
<b>*Decarboxylase Inhibitors***</b>			
CARBIDOPA ORAL TABLET 25 MG		Tier 3	
<b>*Levodopa Combinations***</b>			
CARBIDOPA-LEVODOPA ER ORAL TABLET EXTENDED RELEASE 25-100 MG, 50-200 MG		Tier 1	
CARBIDOPA-LEVODOPA ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG		Tier 1	
CARBIDOPA-LEVODOPA ORAL TABLET DISPERSIBLE 10-100 MG, 25-100 MG, 25-250 MG		Tier 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		Tier 1	
<b>*Nonergoline Dopamine Receptor Agonists***</b>			
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE (APOMORPHINE HCL) 30 MG/3ML	Tier 5	Tier 4	PA; Specialty; QL (3 ML per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	Tier 3		PA; ST
PRAMIPEXOLE DIHYDROCHLORIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG		Tier 1	
PRAMIPEXOLE DIHYDROCHLORIDE ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG		Tier 1	
ROPINIROLE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		Tier 1	
ROPINIROLE HCL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG		Tier 1	
<b>*Peripheral Comt Inhibitors***</b>			
ENTACAPONE ORAL TABLET 200 MG		Tier 1	
<b>*Antipsychotics/Antimanic Agents*</b>			
<b>*Antimanic Agents***</b>			
LITHIUM CARBONATE ER ORAL TABLET EXTENDED RELEASE 300 MG, 450 MG		LC	
LITHIUM CARBONATE ORAL CAPSULE 150 MG, 300 MG, 600 MG		LC	
LITHIUM CARBONATE ORAL TABLET 300 MG		LC	
<b>*Antipsychotics - Misc.***</b>			
LATUDA TABLET 120 MG ORAL 120 MG	Tier 3		PA; QL (1 EA per 1 day)
LATUDA TABLET 20 MG ORAL 20 MG	Tier 3		PA; QL (1 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LATUDA TABLET 40 MG ORAL 40 MG	Tier 3		PA; QL (1 EA per 1 day)
LATUDA TABLET 60 MG ORAL 60 MG	Tier 3		PA; QL (1 EA per 1 day)
LATUDA TABLET 80 MG ORAL 80 MG	Tier 3		PA; QL (2 EA per 1 day)
ZIPRASIDONE HCL ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG		Tier 3	QL (2 EA per 1 day)
<b>*Benzisoxazoles***</b>			
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3		PA; ST; QL (2 EA per 1 day)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	Tier 3		PA; ST; QL (8 EA per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 3		
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	Tier 3		
PALIPERIDONE ER TABLET EXTENDED RELEASE 24 HOUR 1.5 MG ORAL 1.5 MG		Tier 3	QL (1 EA per 1 day)
PALIPERIDONE ER TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL 3 MG		Tier 3	QL (1 EA per 1 day)
PALIPERIDONE ER TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL 6 MG		Tier 3	QL (2 EA per 1 day)
PALIPERIDONE ER TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL 9 MG		Tier 3	QL (1 EA per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 3		
RISPERIDONE ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		Tier 1	QL (2 EA per 1 day)
<b>*Butyrophenones***</b>			
HALOPERIDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML		Tier 1	
HALOPERIDOL LACTATE INJECTION SOLUTION 5 MG/ML		Tier 1	
HALOPERIDOL LACTATE ORAL CONCENTRATE 2 MG/ML		Tier 1	
HALOPERIDOL TABLET 0.5 MG ORAL 0.5 MG		LC	
HALOPERIDOL TABLET 1 MG ORAL 1 MG		LC	
HALOPERIDOL TABLET 10 MG ORAL 10 MG		Tier 1	
HALOPERIDOL TABLET 2 MG ORAL 2 MG		LC	
HALOPERIDOL TABLET 20 MG ORAL 20 MG		Tier 1	
HALOPERIDOL TABLET 5 MG ORAL 5 MG		LC	
<b>*Dibenzodiazepines***</b>			
CLOZAPINE TABLET 100 MG ORAL 100 MG		Tier 3	QL (9 EA per 1 day)
CLOZAPINE TABLET 200 MG ORAL 200 MG		Tier 3	QL (4 EA per 1 day)
CLOZAPINE TABLET 25 MG ORAL 25 MG		Tier 3	QL (9 EA per 1 day)
CLOZAPINE TABLET 50 MG ORAL 50 MG		Tier 3	QL (6 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Dibenzo-Oxepino Pyrroles***</b>			
ASENAPINE MALEATE SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG		Tier 1	QL (2 EA per 1 day)
<b>*Dibenzothiazepines***</b>			
QUETIAPINE FUMARATE ER TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL 150 MG		Tier 3	QL (2 EA per 1 day)
QUETIAPINE FUMARATE ER TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL 200 MG		Tier 3	QL (3 EA per 1 day)
QUETIAPINE FUMARATE ER TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL 300 MG		Tier 3	QL (2 EA per 1 day)
QUETIAPINE FUMARATE ER TABLET EXTENDED RELEASE 24 HOUR 400 MG ORAL 400 MG		Tier 3	QL (2 EA per 1 day)
QUETIAPINE FUMARATE ER TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL 50 MG		Tier 3	QL (2 EA per 1 day)
QUETIAPINE FUMARATE TABLET 100 MG ORAL 100 MG		Tier 1	QL (3 EA per 1 day)
QUETIAPINE FUMARATE TABLET 150 MG ORAL 150 MG		Tier 1	QL (3 EA per 1 day)
QUETIAPINE FUMARATE TABLET 200 MG ORAL 200 MG		Tier 1	QL (3 EA per 1 day)
QUETIAPINE FUMARATE TABLET 25 MG ORAL 25 MG		Tier 1	QL (3 EA per 1 day)
QUETIAPINE FUMARATE TABLET 300 MG ORAL 300 MG		Tier 1	QL (2 EA per 1 day)
QUETIAPINE FUMARATE TABLET 400 MG ORAL 400 MG		Tier 1	QL (2 EA per 1 day)
QUETIAPINE FUMARATE TABLET 50 MG ORAL 50 MG		Tier 1	QL (3 EA per 1 day)
<b>*Dibenzoxazepines***</b>			
LOXAPINE SUCCINATE ORAL CAPSULE 10 MG, 25 MG, 5 MG, 50 MG		Tier 3	
<b>*Phenothiazines***</b>			
CHLORPROMAZINE HCL ORAL TABLET 10 MG, 100 MG, 200 MG, 25 MG, 50 MG		Tier 3	
COMPRO RECTAL SUPPOSITORY (PROCHLORPERAZINE) 25 MG	Tier 3	Tier 3	
FLUPHENAZINE HCL ORAL TABLET 1 MG, 10 MG, 2.5 MG, 5 MG		Tier 3	
PERPHENAZINE ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG		Tier 1	
PROCHLORPERAZINE MALEATE TABLET 10 MG ORAL 10 MG		LC	
PROCHLORPERAZINE MALEATE TABLET 5 MG ORAL 5 MG		Tier 1	
THIORIDAZINE HCL ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG		Tier 1	
TRIFLUOPERAZINE HCL ORAL TABLET 1 MG, 10 MG, 2 MG, 5 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Quinolinone Derivatives***</b>			
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	Tier 3		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	Tier 3		
ARIPIPRAZOLE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG		Tier 1	QL (1 EA per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 3		QL (1 EA per 1 day)
<b>*Thienbenzodiazepines***</b>			
OLANZAPINE INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG		Tier 3	
OLANZAPINE ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG		Tier 1	QL (1 EA per 1 day)
<b>*Thioxanthenes***</b>			
THIOTHIXENE ORAL CAPSULE 1 MG, 10 MG, 2 MG, 5 MG		Tier 3	
<b>*Antiseptics &amp; Disinfectants*</b>			
<b>*Chlorine Antiseptics***</b>			
BENZALKONIUM CHLORIDE EXTERNAL SOLUTION , 50 %		Tier 1	
<b>*Iodine Antiseptics***</b>			
IODINE TINCTURE EXTERNAL TINCTURE 2 %		Tier 1	
<b>*Antivirals*</b>			
<b>*Antiretroviral Combinations***</b>			
ABACAVIR SULFATE-LAMIVUDINE ORAL TABLET 600-300 MG		Tier 1	QL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 3		QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG	Tier 2		QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG	Tier 2		QL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG	Tier 2		QL (1 EA per 1 day)
EFAVIRENZ-EMTRICITAB-TENOFO DF ORAL TABLET 600-200-300 MG		Tier 3	QL (1 EA per 1 day)
EFAVIRENZ-LAMIVUDINE-TENOFOVIR ORAL TABLET 400-300-300 MG, 600-300-300 MG		Tier 3	QL (1 EA per 1 day)
EMTRICITABINE-TENOFOVIR DF ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG		Tier 3	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Tier 2		QL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG	Tier 2		QL (1 EA per 1 day)
LAMIVUDINE-ZIDOVUDINE ORAL TABLET 150-300 MG		Tier 1	QL (1 EA per 1 day)
LOPINAVIR-RITONAVIR ORAL SOLUTION 400-100 MG/5ML		Tier 3	
LOPINAVIR-RITONAVIR ORAL TABLET 100-25 MG, 200-50 MG		Tier 1	
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 3		QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG	Tier 2		QL (1 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 3		QL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2		QL (1 EA per 1 day)
<b>*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***</b>			
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 2		PA
SELZENTRY ORAL TABLET (MARAVIROC) 150 MG, 300 MG	Tier 2	Tier 1	PA
SELZENTRY ORAL TABLET 25 MG, 75 MG	Tier 2		PA
<b>*Antiretrovirals - Cd4-Directed Post-Attachment Inhibitor***</b>			
TROGARZO INTRAVENOUS SOLUTION 200 MIG/1.33ML	Tier 3		PA
<b>*Antiretrovirals - Fusion Inhibitors***</b>			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	Tier 2		
<b>*Antiretrovirals - Gp120-Directed Attachment Inhibitor***</b>			
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Tier 2		
<b>*Antiretrovirals - Integrase Inhibitors***</b>			
ISENTRESS HD ORAL TABLET 600 MG	Tier 2		
ISENTRESS ORAL PACKET 100 MG	Tier 2		
ISENTRESS ORAL TABLET 400 MG	Tier 2		
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	Tier 2		
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 2		
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	Tier 2		
<b>*Antiretrovirals - Protease Inhibitors***</b>			
APTIVUS ORAL CAPSULE 250 MG	Tier 2		
ATAZANAVIR SULFATE ORAL CAPSULE 150 MG, 200 MG, 300 MG		Tier 3	
FOSAMPRENAVIR CALCIUM ORAL TABLET 700 MG		Tier 3	
NORVIR ORAL PACKET 100 MG	Tier 2		
NORVIR ORAL SOLUTION 80 MG/ML	Tier 2		
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2		
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Tier 2		
REYATAZ ORAL PACKET 50 MG	Tier 2		
RITONAVIR ORAL TABLET 100 MG		Tier 3	
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2		
<b>*Antiretrovirals - Rti-Non-Nucleoside Analogues***</b>			
EDURANT ORAL TABLET 25 MG	Tier 2		
EFAVIRENZ ORAL CAPSULE 200 MG, 50 MG		Tier 3	
EFAVIRENZ ORAL TABLET 600 MG		Tier 3	
ETRAVIRINE ORAL TABLET 100 MG, 200 MG		Tier 1	
INTELENCE ORAL TABLET 25 MG	Tier 2		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NEVIRAPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 400 MG		Tier 3	
NEVIRAPINE ORAL SUSPENSION 50 MG/5ML		Tier 3	
NEVIRAPINE ORAL TABLET 200 MG		Tier 3	
<b>PIFELTRO ORAL TABLET 100 MG</b>	Tier 3		
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Purines***</b>			
ABACAVIR SULFATE ORAL SOLUTION 20 MG/ML		Tier 3	
ABACAVIR SULFATE ORAL TABLET 300 MG		Tier 1	
<b>*Antiretrovirals - Rti-Nucleoside Analogues- Pyrimidines***</b>			
EMTRICITABINE ORAL CAPSULE 200 MG		Tier 1	
<b>EMTRIVA ORAL SOLUTION 10 MG/ML</b>	Tier 2		
LAMIVUDINE ORAL SOLUTION 10 MG/ML		Tier 3	
LAMIVUDINE ORAL TABLET 150 MG, 300 MG		Tier 1	
<b>*Antiretrovirals - Rti-Nucleoside Analogues- Thymidines***</b>			
STAVUDINE ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG		Tier 1	
ZIDOVUDINE ORAL CAPSULE 100 MG		Tier 3	
ZIDOVUDINE ORAL SYRUP 50 MG/5ML		Tier 3	
ZIDOVUDINE ORAL TABLET 300 MG		Tier 3	
<b>*Antiretrovirals - Rti-Nucleotide Analogs***</b>			
TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 300 MG		Tier 1	
<b>VIREAD ORAL POWDER 40 MG/GM</b>	Tier 2		
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	Tier 2		
<b>*Antiretrovirals Adjuvants***</b>			
<b>TYBOST ORAL TABLET 150 MG</b>	Tier 2		
<b>*Antiviral Combinations***</b>			
<b>PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG &amp; 10 X 100MG</b>	Tier 3		QL (4 EA per 1 day); AGE (Min 12 Years)
<b>PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG &amp; 10 X 100MG</b>	Tier 3		QL (6 EA per 1 day); AGE (Min 12 Years)
<b>*Cmv Agents***</b>			
CIDOFOVIR INTRAVENOUS SOLUTION 75 MG/ML		Tier 1	
VALGANCICLOVIR HCL ORAL SOLUTION RECONSTITUTED 50 MG/ML		Tier 3	
VALGANCICLOVIR HCL ORAL TABLET 450 MG		Tier 3	
<b>*Hepatitis B Agents***</b>			
ADEFEOVIR DIPIVOXIL ORAL TABLET 10 MG		Tier 4	Specialty
<b>BARACLUDE ORAL SOLUTION 0.05 MG/ML</b>	Tier 5		Specialty; QL (21 ML per 1 day)
ENTECAVIR ORAL TABLET 0.5 MG, 1 MG		Tier 4	Specialty; QL (1 EA per 1 day)
<b>EPIVIR HBV ORAL SOLUTION 5 MG/ML</b>	Tier 4		Specialty
LAMIVUDINE ORAL TABLET 100 MG		Tier 4	Specialty
<b>VEMLIDY ORAL TABLET 25 MG</b>	Tier 5		Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Hepatitis C Agent - Combinations***</b>			
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 4		PA; Specialty; QL (1 EA per 1 day)
EPCLUSA PACKET 150-37.5 MG ORAL 150-37.5 MG	Tier 4		PA; Specialty; QL (1 EA per 1 day)
EPCLUSA PACKET 200-50 MG ORAL 200-50 MG	Tier 4		PA; Specialty; QL (2 EA per 1 day)
HARVONI PACKET 33.75-150 MG ORAL 33.75-150 MG	Tier 4		PA; Specialty; QL (1 EA per 1 day)
HARVONI PACKET 45-200 MG ORAL 45-200 MG	Tier 4		PA; Specialty; QL (2 EA per 1 day)
HARVONI TABLET 45-200 MG ORAL 45-200 MG	Tier 4		PA; Specialty; QL (2 EA per 1 day)
HARVONI TABLET 90-400 MG ORAL 90-400 MG	Tier 4		PA; Specialty; QL (1 EA per 1 day)
MAVYRET ORAL PACKET 50-20 MG	Tier 4		PA; Specialty; QL (5 EA per 1 day)
MAVYRET ORAL TABLET 100-40 MG	Tier 4		PA; Specialty; QL (3 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
<b>*Hepatitis C Agents***</b>			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4		PA; Specialty
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	Tier 4		PA; Specialty
RIBAVIRIN ORAL CAPSULE 200 MG		Tier 4	Specialty
RIBAVIRIN ORAL TABLET 200 MG		Tier 4	Specialty
<b>*Herpes Agents - Purine Analogues***</b>			
ACYCLOVIR ORAL CAPSULE 200 MG		LC	
ACYCLOVIR ORAL SUSPENSION 200 MG/5ML		Tier 3	
ACYCLOVIR ORAL TABLET 400 MG, 800 MG		LC	
ACYCLOVIR SODIUM INTRAVENOUS SOLUTION 50 MG/ML		Tier 1	
VALACYCLOVIR HCL ORAL TABLET 1 GM, 500 MG		Tier 1	QL (4 EA per 1 day)
<b>*Herpes Agents - Thymidine Analogues***</b>			
FAMCICLOVIR ORAL TABLET 125 MG, 250 MG, 500 MG		Tier 1	
<b>*Influenza Agents***</b>			
RIMANTADINE HCL ORAL TABLET 100 MG		Tier 1	
<b>*Misc. Antivirals***</b>			
LAGEVRIO ORAL CAPSULE 200 MG	Tier 3		QL (8 EA per 1 day); AGE (Min 18 Years)
<b>*Neuraminidase Inhibitors***</b>			
OSELTAMIVIR PHOSPHATE CAPSULE 30 MG ORAL 30 MG		Tier 3	QL (40 EA per 365 days)
OSELTAMIVIR PHOSPHATE CAPSULE 45 MG ORAL 45 MG		Tier 3	QL (20 EA per 365 days)
OSELTAMIVIR PHOSPHATE CAPSULE 75 MG ORAL 75 MG		Tier 3	QL (20 EA per 365 days)
OSELTAMIVIR PHOSPHATE ORAL SUSPENSION RECONSTITUTED 6 MG/ML		Tier 3	QL (360 ML per 365 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 3		QL (40 EA per 365 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Beta Blockers*</b>			
<b>*Alpha-Beta Blockers***</b>			
CARVEDILOL ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG		LC	
LABETALOL HCL ORAL TABLET 100 MG, 200 MG, 300 MG		Tier 1	
<b>*Beta Blockers Cardio-Selective***</b>			
ACEBUTOLOL HCL ORAL CAPSULE 200 MG, 400 MG		Tier 1	
ATENOLOL ORAL TABLET 100 MG, 25 MG, 50 MG		LC	
BETAXOLOL HCL ORAL TABLET 10 MG, 20 MG		Tier 1	
BISOPROLOL FUMARATE ORAL TABLET 10 MG, 5 MG		LC	
METOPROLOL SUCCINATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG		Tier 1	
METOPROLOL TARTRATE ORAL TABLET 100 MG, 25 MG, 50 MG		LC	
NEBIVOLOL HCL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		Tier 1	
<b>*Beta Blockers Non-Selective***</b>			
PINDOLOL ORAL TABLET 10 MG, 5 MG		Tier 3	
PROPRANOLOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG		Tier 3	
PROPRANOLOL HCL INTRAVENOUS SOLUTION 1 MG/ML		Tier 1	
PROPRANOLOL HCL ORAL SOLUTION 20 MG/5ML, 40 MG/5ML		Tier 1	
PROPRANOLOL HCL TABLET 10 MG ORAL 10 MG		LC	
PROPRANOLOL HCL TABLET 20 MG ORAL 20 MG		LC	
PROPRANOLOL HCL TABLET 40 MG ORAL 40 MG		LC	
PROPRANOLOL HCL TABLET 60 MG ORAL 60 MG		Tier 1	
PROPRANOLOL HCL TABLET 80 MG ORAL 80 MG		LC	
SORINE TABLET 120 MG ORAL (SOTALOL HCL) 120 MG	Tier 1	Tier 1	
SORINE TABLET 160 MG ORAL (SOTALOL HCL) 160 MG	Tier 1	Tier 1	
SORINE TABLET 240 MG ORAL (SOTALOL HCL) 240 MG	Tier 1	Tier 1	
SORINE TABLET 80 MG ORAL (SOTALOL HCL) 80 MG	LC	LC	
SOTALOL HCL (AF) ORAL TABLET 120 MG, 160 MG, 80 MG		Tier 1	
TIMOLOL MALEATE ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 3	
<b>*Calcium Channel Blockers*</b>			
<b>*Calcium Channel Blockers***</b>			
AMLODIPINE BESYLATE ORAL TABLET 10 MG, 2.5 MG, 5 MG		LC	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER COATED BEADS) 120 MG, 180 MG, 240 MG, 300 MG</b>	Tier 1	Tier 1	
DILTIAZEM HCL ER COATED BEADS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG		Tier 1	
DILTIAZEM HCL ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 120 MG, 60 MG, 90 MG		Tier 1	
DILTIAZEM HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG		Tier 1	
DILTIAZEM HCL ORAL TABLET 120 MG, 30 MG, 60 MG, 90 MG		Tier 1	
DILT-XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG		Tier 1	
FELODIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG		Tier 1	
NIFEDIPINE ER OSMOTIC RELEASE TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL 30 MG		Tier 1	
NIFEDIPINE ER OSMOTIC RELEASE TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL 60 MG		Tier 1	
NIFEDIPINE ER OSMOTIC RELEASE TABLET EXTENDED RELEASE 24 HOUR 90 MG ORAL 90 MG		Tier 3	
NIFEDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL 30 MG		Tier 1	
NIFEDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL 60 MG		Tier 1	
NIFEDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 90 MG ORAL 90 MG		Tier 3	
NIMODIPINE ORAL CAPSULE 30 MG		Tier 3	
<b>TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 120 MG, 300 MG, 360 MG</b>	Tier 1	Tier 1	
<b>TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 180 MG</b>	Tier 1	Tier 1	
<b>TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 240 MG</b>	Tier 1	Tier 1	
<b>TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 120 MG, 300 MG, 360 MG, 420 MG</b>	Tier 1	Tier 1	
<b>TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 180 MG</b>	Tier 1	Tier 1	
<b>TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 240 MG</b>	Tier 1	Tier 1	
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 120 MG, 180 MG, 200 MG, 240 MG, 300 MG, 360 MG		Tier 3	
VERAPAMIL HCL ER ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG		Tier 1	
VERAPAMIL HCL TABLET 120 MG ORAL 120 MG		LC	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
VERAPAMIL HCL TABLET 40 MG ORAL 40 MG		Tier 1	
VERAPAMIL HCL TABLET 80 MG ORAL 80 MG		LC	
<b>*Cardiotonics*</b>			
<b>*Cardiac Glycosides***</b>			
DIGITEK ORAL TABLET (DIGOXIN) 125 MCG, 250 MCG	LC	LC	
DIGOXIN ORAL SOLUTION 0.05 MG/ML		Tier 3	
<b>*Cardiovascular Agents - Misc.*</b>			
<b>*Calcium Channel Blocker &amp; Hmg Coa Reductase Inhibit Comb***</b>			
AMLODIPINE-ATORVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 2.5-10 MG, 2.5-20 MG, 2.5-40 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG		Tier 1	
<b>*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***</b>			
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 2		QL (2 EA per 1 day)
<b>*Prostaglandin Vasodilators***</b>			
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5		PA; Specialty
TREPROSTINIL INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML		Tier 4	PA; Specialty
TYVASO DPI MAINTENANCE KIT POWDER 112 X 32MCG & 112 X48MCG INHALATION 112 X 32MCG & 112 X48MCG	Tier 5		PA; Specialty; QL (8 EA per 1 day)
TYVASO DPI MAINTENANCE KIT POWDER 16 MCG INHALATION 16 MCG	Tier 5		PA; Specialty; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT POWDER 32 MCG INHALATION 32 MCG	Tier 5		PA; Specialty; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT POWDER 48 MCG INHALATION 48 MCG	Tier 5		PA; Specialty; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT POWDER 64 MCG INHALATION 64 MCG	Tier 5		PA; Specialty; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG	Tier 5		PA; Specialty; QL (2 EA per 365 days)
TYVASO INHALATION SOLUTION 0.6 MG/ML	Tier 5		PA; Specialty; QL (2.9 ML per 1 day)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML	Tier 5		PA; Specialty; QL (2.9 ML per 1 day)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML	Tier 5		PA; Specialty; QL (2.9 ML per 1 day)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	Tier 5		PA; Specialty; QL (9 ML per 1 day)
<b>*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***</b>			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 4		PA; Specialty; QL (3 EA per 1 day)
<b>*Pulmonary Hypertension - Endothelin Receptor Antagonists***</b>			
AMBRISENTAN ORAL TABLET 10 MG, 5 MG		Tier 4	PA; Specialty; QL (1 EA per 1 day)

<b>Drug Name</b>	<b>Brand Tier</b>	<b>Generic Tier</b>	<b>Formulary Notes</b>
BOSENTAN ORAL TABLET 125 MG, 62.5 MG		Tier 4	PA; Specialty; QL (2 EA per 1 day)
<b>OPSUMIT ORAL TABLET 10 MG</b>	Tier 4		PA; Specialty; QL (1 EA per 1 day)
<b>TRACLEER ORAL TABLET SOLUBLE 32 MG</b>	Tier 5		PA; Specialty; QL (4 EA per 1 day)
<b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors***</b>			
<b>ALYQ ORAL TABLET (Tadalafil (PAH)) 20 MG</b>	Tier 4	Tier 4	PA; Specialty; QL (2 EA per 1 day)
SILDENAFIL CITRATE INTRAVENOUS SOLUTION 10 MG/12.5ML		Tier 4	PA; Specialty
SILDENAFIL CITRATE ORAL SUSPENSION RECONSTITUTED 10 MG/ML		Tier 4	PA; Specialty; QL (7.5 ML per 1 day)
SILDENAFIL CITRATE ORAL TABLET 20 MG		Tier 4	PA; Specialty; QL (3 EA per 1 day)
<b>*Pulmonary Hypertension - Prostacyclin Receptor Agonist***</b>			
<b>UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>	Tier 5		PA; Specialty; QL (2 EA per 1 day)
<b>UPTRAVI ORAL TABLET THERAPY PACK 200 &amp; 800 MCG</b>	Tier 5		PA; Specialty; QL (400 EA per 365 days)
<b>*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***</b>			
TADALAFIL ORAL TABLET 2.5 MG, 5 MG		Tier 1	PA; QL (1 EA per 1 day)
<b>*Sinus Node Inhibitors**</b>			
<b>CORLANOR ORAL SOLUTION 5 MG/5ML</b>	Tier 3		PA; QL (15 ML per 1 day)
<b>CORLANOR ORAL TABLET 5 MG, 7.5 MG</b>	Tier 3		PA; QL (2 EA per 1 day)
<b>*Tranthyretin Stabilizers***</b>			
<b>VYNDAMAX ORAL CAPSULE 61 MG</b>	Tier 5		PA; Specialty; QL (1 EA per 1 day)
<b>*Cephalosporins*</b>			
<b>*Cephalosporins - 1St Generation***</b>			
CEFADROXIL ORAL CAPSULE 500 MG		Tier 1	
CEFADROXIL ORAL SUSPENSION RECONSTITUTED 250 MG/5ML, 500 MG/5ML		Tier 1	
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 10 GM, 100 GM, 2 GM, 300 GM, 500 MG		Tier 1	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1 GM		Tier 1	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%		Tier 1	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-3 GM-%(50ML)		Tier 1	
CEPHALEXIN ORAL CAPSULE 250 MG, 500 MG		LC	
CEPHALEXIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 1	
<b>*Cephalosporins - 2Nd Generation***</b>			
CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG		Tier 1	
CEFACLOR ORAL CAPSULE 250 MG, 500 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CEFACLOR ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 375 MG/5ML		Tier 1	
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM		Tier 1	
CEFOXITIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 10 GM, 2 GM		Tier 1	
CEFPROZIL ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 1	
CEFPROZIL ORAL TABLET 250 MG, 500 MG		Tier 1	
CEFUROXIME AXETIL ORAL TABLET 250 MG, 500 MG		Tier 1	
<b>*Cephalosporins - 3Rd Generation***</b>			
CEFDINIR ORAL CAPSULE 300 MG		Tier 1	
CEFDINIR ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 1	
CEFPODOXIME PROXETIL ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 50 MG/5ML		Tier 3	
CEFPODOXIME PROXETIL ORAL TABLET 100 MG, 200 MG		Tier 3	
CEFTAZIDIME AND DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)		Tier 1	
CEFTAZIDIME INJECTION SOLUTION RECONSTITUTED 6 GM		Tier 1	
CEFTRIAXONE SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/ML		Tier 1	
CEFTRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 100 GM, 2 GM, 250 MG, 500 MG		Tier 1	
CEFTRIAXONE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 10 GM, 2 GM		Tier 1	
CEFTRIAXONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML)		Tier 1	
TAZICEF INJECTION SOLUTION RECONSTITUTED (CEFTAZIDIME) 1 GM	Tier 1	Tier 1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 6 GM	Tier 1		
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED (CEFTAZIDIME) 2 GM	Tier 1	Tier 1	
<b>*Cephalosporins - 4Th Generation***</b>			
CEFEPIME HCL INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM		Tier 1	
CEFEPIME HCL INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/100ML		Tier 1	
CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)		Tier 1	
<b>*Contraceptives*</b>			
<b>*Biphasic Contraceptives - Oral***</b>			
AZURETTE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>KARIVA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)</b>	Tier 1	Tier 1	PV
<b>PIMTREA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)</b>	Tier 1	Tier 1	PV
<b>SIMLIYA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)</b>	Tier 1	Tier 1	PV
<b>VIORELE ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>		Tier 1	PV
<b>VOLNEA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)</b>	Tier 1	Tier 1	PV
<b>*Combination Contraceptives - Oral***</b>			
<b>AFIRMELLE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG</b>	Tier 1	Tier 1	PV
<b>ALTAVERA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG</b>	Tier 1	Tier 1	PV
<b>APRI ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG</b>	Tier 1	Tier 1	PV
<b>AUBRA EQ ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG</b>	Tier 1	Tier 1	PV
<b>AUBRA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG</b>	Tier 1	Tier 1	PV
<b>AUROVELA 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG</b>	Tier 1	Tier 1	PV
<b>AUROVELA 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG</b>	Tier 1	Tier 1	PV
<b>AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)</b>	Tier 1		PV
<b>AUROVELA FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG</b>	Tier 1	Tier 1	PV
<b>AUROVELA FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG</b>	Tier 1	Tier 1	PV
<b>AVIANE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG</b>	Tier 1	Tier 1	PV
<b>AYUNA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG</b>	Tier 1	Tier 1	PV
<b>BALZIVA ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)</b>	Tier 1		PV
<b>BLISOVI FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG</b>	Tier 1	Tier 1	PV
<b>BLISOVI FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG</b>	Tier 1	Tier 1	PV
<b>CHARLOTTE 24 FE ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)</b>	Tier 1	Tier 1	PV
<b>CHATEAL EQ ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG</b>	Tier 1	Tier 1	PV
<b>CHATEAL ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG</b>	Tier 1	Tier 1	PV
<b>CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG</b>	Tier 1		PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>CYRED EQ ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG</b>	Tier 1	Tier 1	PV
<b>CYRED ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG</b>	Tier 1	Tier 1	PV
<b>DASETTA 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>DELYLA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG</b>	Tier 1	Tier 1	PV
<b>DROSPIREN-ETH ESTRAD-LEVOMEFOL ORAL TABLET 3-0.02-0.451 MG</b>		Tier 1	PV
<b>ELINEST ORAL TABLET 0.3-30 MG-MCG</b>	Tier 1		PV
<b>ENSKYCE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG</b>	Tier 1	Tier 1	PV
<b>ESTARYLLA ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>FALMINA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG</b>	Tier 1	Tier 1	PV
<b>FEMYNOR ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>FINZALA ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)</b>	Tier 1	Tier 1	PV
<b>GEMMILY ORAL CAPSULE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)</b>	Tier 1	Tier 1	PV
<b>HAILEY 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG</b>	Tier 1	Tier 1	PV
<b>HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)</b>	Tier 1		PV
<b>HAILEY FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG</b>	Tier 1	Tier 1	PV
<b>HAILEY FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG</b>	Tier 1	Tier 1	PV
<b>ISIBLOOM ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG</b>	Tier 1	Tier 1	PV
<b>JASMIEL ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG</b>	Tier 1	Tier 1	PV
<b>JULEBER ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG</b>	Tier 1	Tier 1	PV
<b>JUNEL 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG</b>	Tier 1	Tier 1	PV
<b>JUNEL 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG</b>	Tier 1	Tier 1	PV
<b>JUNEL FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG</b>	Tier 1	Tier 1	PV
<b>JUNEL FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG</b>	Tier 1	Tier 1	PV
<b>JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)</b>	Tier 1		PV
<b>KAITLIB FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.8-25 MG-MCG</b>	Tier 1	Tier 1	PV
<b>KALLIGA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG</b>	Tier 1	Tier 1	PV
<b>KELNOR 1/35 ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-35 MG-MCG</b>	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
KELNOR 1/50 ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-50 MG-MCG	Tier 1	Tier 1	PV
KURVELO ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
LARIN 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
LARIN 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG	Tier 1	Tier 1	PV
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		PV
LARIN FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
LARIN FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
LAYOLIS FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.8-25 MG-MCG	Tier 1	Tier 1	PV
LESSINA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
LEVORA 0.15/30 (28) ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
LORYNA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	PV
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	Tier 1		PV
LO-ZUMANDIMINE ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	PV
LUTERA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
MARLISSA ORAL TABLET 0.15-30 MG-MCG		Tier 1	PV
MERZEE ORAL CAPSULE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	PV
MICROGESTIN 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
MICROGESTIN 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG	Tier 1	Tier 1	PV
MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG	Tier 1		PV
MICROGESTIN FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
MICROGESTIN FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
MILI ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV
MONO-LINYAH ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1		PV
NIKKI ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	PV
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1		PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>NORTREL 1/35 (21) ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>NORTREL 1/35 (28) ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>NYLIA 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>NYMYO ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>OCELLA ORAL TABLET (DROSPIRENONE- ETHINYL ESTRADIOL) 3-0.03 MG</b>	Tier 1	Tier 1	PV
<b>PHILITH ORAL TABLET (BRIELLYN) 0.4-35 MG- MCG</b>	Tier 1	Tier 1	PV
<b>PIRMELLA 1/35 ORAL TABLET (ALYACEN 1/35) 1- 35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>PORTIA-28 ORAL TABLET (LEVONORGESTREL- ETHINYL ESTRAD) 0.15-30 MG-MCG</b>	Tier 1	Tier 1	PV
<b>RECLIPSEN ORAL TABLET (DESOGESTREL- ETHINYL ESTRADIOL) 0.15-30 MG-MCG</b>	Tier 1	Tier 1	PV
<b>SPRINTEC 28 ORAL TABLET (NORGESTIMATE- ETH ESTRADIOL) 0.25-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>SRONYX ORAL TABLET (LEVONORGESTREL- ETHINYL ESTRAD) 0.1-20 MG-MCG</b>	Tier 1	Tier 1	PV
<b>SYEDA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.03 MG</b>	Tier 1	Tier 1	PV
<b>TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)</b>	Tier 1		PV
<b>TARINA FE 1/20 EQ ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG</b>	Tier 1	Tier 1	PV
<b>TARINA FE 1/20 ORAL TABLET (NORETHIN ACE- ETH ESTRAD-FE) 1-20 MG-MCG</b>	Tier 1	Tier 1	PV
<b>TAYSOFY ORAL CAPSULE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)</b>	Tier 1	Tier 1	PV
<b>TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG- MCG</b>	Tier 1		PV
<b>TYDEMY ORAL TABLET (DROSPIREN-ETH ESTRAD-LEVOMEFOL) 3-0.03-0.451 MG</b>	Tier 1	Tier 1	PV
<b>VESTURA ORAL TABLET (DROSPIRENONE- ETHINYL ESTRADIOL) 3-0.02 MG</b>	Tier 1	Tier 1	PV
<b>VIENVA ORAL TABLET (LEVONORGESTREL- ETHINYL ESTRAD) 0.1-20 MG-MCG</b>	Tier 1	Tier 1	PV
<b>VYFEMLA ORAL TABLET (BRIELLYN) 0.4-35 MG- MCG</b>	Tier 1	Tier 1	PV
<b>VYLIBRA ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>WERA ORAL TABLET 0.5-35 MG-MCG</b>	Tier 1		PV
<b>WYMZYA FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.4-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>ZOVIA 1/35 (28) ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-35 MG-MCG</b>	Tier 1	Tier 1	PV
<b>ZUMANDIMINE ORAL TABLET (DROSPIRENONE- ETHINYL ESTRADIOL) 3-0.03 MG</b>	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Combination Contraceptives - Transdermal***</b>			
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 1		PV
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 1		PV
<b>*Combination Contraceptives - Vaginal***</b>			
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	Tier 3		PV; QL (1 EA per 350 days)
ELURYNG VAGINAL RING (ETONOGESTREL-ETHINYL ESTRADIOL) 0.12-0.015 MG/24HR	Tier 1	Tier 1	PV
<b>*Continuous Contraceptives - Oral***</b>			
AMETHYST ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 90-20 MCG	Tier 1	Tier 1	PV
DOLISHALE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 90-20 MCG	Tier 1	Tier 1	PV
<b>*Copper Contraceptives - Iud***</b>			
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Tier 3		PV
<b>*Emergency Contraceptives***</b>			
AFTERA ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
ECONTRA EZ ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
ECONTRA ONE-STEP ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
ELLA ORAL TABLET 30 MG	Tier 3		PV
MY CHOICE ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
MY WAY ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
NEW DAY ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
OPCICON ONE-STEP ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
OPTION 2 ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
REACT ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
TAKE ACTION ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
<b>*Extended-Cycle Contraceptives - Oral***</b>			
AMETHIA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 & 0.01 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
ASHLYNA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 & 0.01 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
CAMRESE LO ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.1-0.02 & 0.01 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
CAMRESE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 & 0.01 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
DAYSEE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 & 0.01 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>FAYOSIM ORAL TABLET (LEVONORGEST-ETH EST &amp; ETH EST) 42-21-21-7 DAYS</b>	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
<b>ICLEVIA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG</b>	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
<b>INTROVALE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG</b>	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
<b>JAIMIESS ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &amp; 0.01 MG</b>	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
<b>JOLESSA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG</b>	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
<b>LOJAIMIESS ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.1-0.02 &amp; 0.01 MG</b>	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
<b>RIVELSA ORAL TABLET (LEVONORGEST-ETH EST &amp; ETH EST) 42-21-21-7 DAYS</b>	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
<b>SETLAKIN ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG</b>	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
<b>SIMPESSE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &amp; 0.01 MG</b>	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
<b>*Four Phase Contraceptives - Oral***</b>			
<b>NATAZIA ORAL TABLET 3/2-2/2-3/1 MG</b>	Tier 2		PV
<b>*Progestin Contraceptives - Implants***</b>			
<b>NEXPLANON SUBCUTANEOUS IMPLANT 68 MG</b>	Tier 3		PV
<b>*Progestin Contraceptives - Injectable***</b>			
<b>DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML</b>	Tier 3		QL (7.3 ML per 365 days)
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR SUSPENSION 150 MG/ML		Tier 1	PV; QL (7.3 ML per 365 days)
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML		Tier 1	PV; QL (7.3 ML per 365 days)
<b>*Progestin Contraceptives - Iud***</b>			
<b>KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG</b>	Tier 3		PV
<b>LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY</b>	Tier 3		PV
<b>MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY</b>	Tier 3		PV
<b>SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG</b>	Tier 3		PV
<b>*Progestin Contraceptives - Oral***</b>			
<b>CAMILA ORAL TABLET (NORETHINDRONE) 0.35 MG</b>	Tier 1	Tier 1	PV
<b>DEBLITANE ORAL TABLET (NORETHINDRONE) 0.35 MG</b>	Tier 1	Tier 1	PV
<b>ERRIN ORAL TABLET (NORETHINDRONE) 0.35 MG</b>	Tier 1	Tier 1	PV
<b>HEATHER ORAL TABLET (NORETHINDRONE) 0.35 MG</b>	Tier 1	Tier 1	PV
<b>INCASSIA ORAL TABLET (NORETHINDRONE) 0.35 MG</b>	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
JENCYCLA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
LYLEQ ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
LYZA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
NORA-BE ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
NORLYROC ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
SHAROBEL ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
<b>*Triphasic Contraceptives - Oral***</b>			
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1		PV
DASETTA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG	Tier 1	Tier 1	PV
ENPRESSE-28 ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG	Tier 1	Tier 1	PV
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1		PV
LEVONEST ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG	Tier 1	Tier 1	PV
NORTREL 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG	Tier 1	Tier 1	PV
NYLIA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG	Tier 1	Tier 1	PV
PIRMELLA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG	Tier 1	Tier 1	PV
TILIA FE ORAL TABLET (NORETHINDRON-ETHINYL ESTRAD-FE) 1-20/1-30/1-35 MG-MCG	Tier 1	Tier 1	PV
TRI FEMYNOR ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	PV
TRI-ESTARYLLA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	PV
TRI-LEGEST FE ORAL TABLET (NORETHINDRON-ETHINYL ESTRAD-FE) 1-20/1-30/1-35 MG-MCG	Tier 1	Tier 1	PV
TRI-LINYAH ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	PV
TRI-LO-ESTARYLLA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	PV
TRI-LO-MARZIA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	PV
TRI-LO-MILI ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	PV
TRI-LO-SPRINTEC ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	PV
TRI-MILI ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	PV
TRI-NYMYO ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>TRI-SPRINTEC ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG</b>	Tier 1	Tier 1	PV
<b>TRIVORA (28) ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG</b>	Tier 1	Tier 1	PV
<b>TRI-VYLIBRA LO ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG</b>	Tier 1	Tier 1	PV
<b>TRI-VYLIBRA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG</b>	Tier 1	Tier 1	PV
<b>VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG</b>	Tier 1		PV
<b>*Corticosteroids*</b>			
<b>*Glucocorticosteroids***</b>			
BUDESONIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG		Tier 3	
BUDESONIDE ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG		Tier 3	
<b>DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML</b>	Tier 3		
<b>DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML</b>	LC		
DEXAMETHASONE ORAL ELIXIR 0.5 MG/5ML		Tier 3	
DEXAMETHASONE ORAL SOLUTION 0.5 MG/5ML		LC	
DEXAMETHASONE ORAL TABLET 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG		LC	
DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION 10 MG/ML		Tier 1	
DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML		Tier 1	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION 10 MG/ML, 100 MG/10ML, 120 MG/30ML, 20 MG/5ML, 4 MG/ML		Tier 1	
HYDROCORTISONE ORAL TABLET 10 MG, 20 MG, 5 MG		LC	
<b>KENALOG-80 INJECTION SUSPENSION 80 MG/ML</b>	Tier 3		
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 40 MG/ML, 80 MG/ML		Tier 1	
METHYLPREDNISOLONE ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG		LC	
METHYLPREDNISOLONE ORAL TABLET THERAPY PACK 4 MG		LC	
PREDNISOLONE ORAL SOLUTION 15 MG/5ML		LC	
PREDNISOLONE SODIUM PHOSPHATE ORAL SOLUTION 15 MG/5ML, 25 MG/5ML		LC	
PREDNISONE ORAL TABLET 1 MG, 10 MG, 2.5 MG, 20 MG, 5 MG, 50 MG		LC	
PREDNISONE ORAL TABLET THERAPY PACK 10 MG (21), 10 MG (48), 5 MG (21), 5 MG (48)		LC	
<b>SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG</b>	Tier 3		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 40 MG/ML		Tier 1	
<b>*Mineralocorticoids***</b>			
FLUDROCORTISONE ACETATE ORAL TABLET 0.1 MG		Tier 1	
<b>*Cough/Cold/Allergy*</b>			
<b>*Antitussive - Nonnarcotic***</b>			
BENZONATATE CAPSULE 100 MG ORAL 100 MG		LC	
BENZONATATE CAPSULE 150 MG ORAL 150 MG		Tier 1	
BENZONATATE CAPSULE 200 MG ORAL 200 MG		LC	
<b>*Antitussive - Opioid***</b>			
HYDROCODONE BIT-HOMATROP MBR ORAL SOLUTION 5-1.5 MG/5ML		Tier 1	PA; QL (2 FILL per 54 days)
HYDROCODONE BIT-HOMATROP MBR ORAL TABLET 5-1.5 MG		Tier 1	PA; QL (6 EA per 1 day)
HYDROMET ORAL SOLUTION 5-1.5 MG/5ML		Tier 1	PA; QL (2 FILL per 54 days)
<b>*Misc. Respiratory Inhalants***</b>			
NEBUSAL INHALATION NEBULIZATION SOLUTION (SODIUM CHLORIDE) 3 %	Tier 1	Tier 1	
PULMOSAL INHALATION NEBULIZATION SOLUTION (SODIUM CHLORIDE) 7 %	Tier 1	Tier 1	
SODIUM CHLORIDE INHALATION NEBULIZATION SOLUTION 0.9 %, 10 %		Tier 1	
<b>*Mucolytics***</b>			
ACETYLCYSTEINE INHALATION SOLUTION 10 %, 20 %		Tier 1	
<b>*Opioid Antitussive-Antihistamine***</b>			
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML	Tier 3		PA; QL (2 FILL per 54 days)
<b>*Dermatologicals*</b>			
<b>*Acne Antibiotics***</b>			
CLINDACIN ETZ EXTERNAL SWAB (CLINDAMYCIN PHOSPHATE) 1 %	Tier 1	Tier 1	
CLINDACIN-P EXTERNAL SWAB (CLINDAMYCIN PHOSPHATE) 1 %	Tier 1	Tier 1	
CLINDAMYCIN PHOSPHATE EXTERNAL GEL 1 %		Tier 3	
CLINDAMYCIN PHOSPHATE EXTERNAL LOTION 1 %		Tier 3	
CLINDAMYCIN PHOSPHATE EXTERNAL SOLUTION 1 %		Tier 1	
ERY EXTERNAL PAD 2 %		Tier 1	
ERYTHROMYCIN EXTERNAL GEL 2 %		Tier 1	
ERYTHROMYCIN EXTERNAL SOLUTION 2 %		Tier 1	
SULFACETAMIDE SODIUM (ACNE) EXTERNAL LOTION 10 %		Tier 1	
<b>*Acne Combinations***</b>			
ADAPALENE-BENZOYL PEROXIDE EXTERNAL GEL 0.1-2.5 %		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BENZOYL PEROXIDE-ERYTHROMYCIN EXTERNAL GEL 5-3 %		Tier 1	
CLINDAMYCIN PHOS-BENZOYL PEROX EXTERNAL GEL 1-5 %, 1.2-2.5 %		Tier 1	
<b>EPIDUO FORTE EXTERNAL GEL (ADAPALENE-BENZOYL PEROXIDE) 0.3-2.5 %</b>	Tier 3	Tier 1	
<b>NEUAC EXTERNAL GEL (CLINDAMYCIN PHOS-BENZOYL PEROX) 1.2-5 %</b>	Tier 1	Tier 1	
<b>*Acne Products***</b>			
ACCUTANE ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	Tier 1	PA
ADAPALENE EXTERNAL CREAM 0.1 %		Tier 1	PA
ADAPALENE EXTERNAL GEL 0.1 %, 0.3 %		Tier 1	PA
<b>AMNESTEEM ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 40 MG</b>	Tier 1	Tier 1	PA
<b>AZELEX EXTERNAL CREAM 20 %</b>	Tier 3		
<b>CLARAVIS ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG</b>	Tier 1	Tier 1	PA
<b>MYORISAN ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG</b>	Tier 1	Tier 1	PA
TRETINOIN EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 %		Tier 1	PA
TRETINOIN EXTERNAL GEL 0.01 %, 0.025 %		Tier 1	PA
<b>ZENATANE ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG</b>	Tier 1	Tier 1	PA
<b>*Antibiotics - Topical***</b>			
<b>ALTABAX EXTERNAL OINTMENT 1 %</b>	Tier 3		
GENTAMICIN SULFATE EXTERNAL CREAM 0.1 %		Tier 1	
GENTAMICIN SULFATE EXTERNAL OINTMENT 0.1 %		Tier 1	
MUPIROCIN EXTERNAL OINTMENT 2 %		Tier 1	
<b>XEPI EXTERNAL CREAM 1 %</b>	Tier 3		
<b>*Antifungals - Topical Combinations***</b>			
CLOTRIMAZOLE-BETAMETHASONE EXTERNAL CREAM 1-0.05 %		Tier 1	
CLOTRIMAZOLE-BETAMETHASONE EXTERNAL LOTION 1-0.05 %		Tier 1	
NYSTATIN-TRIAMCINOLONE EXTERNAL CREAM 100000-0.1 UNIT/GM-%		Tier 1	
NYSTATIN-TRIAMCINOLONE EXTERNAL OINTMENT 100000-0.1 UNIT/GM-%		Tier 1	
<b>*Antifungals - Topical***</b>			
<b>CICLODAN EXTERNAL SOLUTION (CICLOPIROX) 8 %</b>	Tier 1	Tier 1	
CICLOPIROX EXTERNAL GEL 0.77 %		Tier 1	
CICLOPIROX EXTERNAL SHAMPOO 1 %		Tier 1	
CICLOPIROX OLAMINE EXTERNAL CREAM 0.77 %		Tier 1	
CICLOPIROX OLAMINE EXTERNAL SUSPENSION 0.77 %		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MENTAX EXTERNAL CREAM 1 %	Tier 3		PA
NAFTIFINE HCL EXTERNAL CREAM 1 %, 2 %		Tier 1	
NYAMYC EXTERNAL POWDER (NYSTATIN) 100000 UNIT/GM	Tier 1	Tier 1	
NYSTATIN EXTERNAL CREAM 100000 UNIT/GM		LC	
NYSTATIN EXTERNAL OINTMENT 100000 UNIT/GM		Tier 1	
NYSTOP EXTERNAL POWDER (NYSTATIN) 100000 UNIT/GM	Tier 1	Tier 1	
<b>*Anti-Inflammatory Agents - Topical***</b>			
DICLOFENAC SODIUM EXTERNAL GEL 1 %		Tier 1	QL (33.33 GM per 1 day)
DICLOFENAC SODIUM EXTERNAL SOLUTION 1.5 %		Tier 1	PA
<b>*Antineoplastic Antimetabolites - Topical***</b>			
FLUOROURACIL CREAM 0.5 % EXTERNAL 0.5 %		Tier 2	
FLUOROURACIL CREAM 5 % EXTERNAL 5 %		Tier 1	
FLUOROURACIL EXTERNAL SOLUTION 2 %, 5 %		Tier 1	
<b>*Antineoplastic Or Premalignant Lesions - Topical</b>			
<b>Nsaid's***</b>			
DICLOFENAC SODIUM EXTERNAL GEL 3 %		Tier 1	PA; ST; QL (10 GM per 1 day)
<b>*Antineoplastic Retinoids - Topical***</b>			
PANRETIN EXTERNAL GEL 0.1 %	Tier 3		
<b>*Antipsoriatics - Systemic***</b>			
ACITRETIN ORAL CAPSULE 10 MG, 17.5 MG, 25 MG		Tier 3	
METHOXSALEN RAPID ORAL CAPSULE 10 MG		Tier 1	
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	Tier 4		PA; Specialty
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	Tier 4		PA; Specialty
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 4		PA; Specialty
STELARA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS 45 MG/0.5ML	Tier 4		PA; Specialty; QL (0.009 ML per 1 day)
STELARA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS 90 MG/ML	Tier 4		PA; Specialty; QL (0.02 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 4		PA; Specialty; QL (0.009 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR 80 MG/ML	Tier 5		PA; Specialty
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	Tier 5		PA; Specialty
TREMFYA SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 MG/ML	Tier 4		PA; Specialty
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 4		PA; Specialty
<b>*Antipsoriatics***</b>			
CALCIPOTRIENE EXTERNAL CREAM 0.005 %		Tier 3	
CALCIPOTRIENE EXTERNAL OINTMENT 0.005 %		Tier 3	
CALCIPOTRIENE EXTERNAL SOLUTION 0.005 %		Tier 3	
CALCITRIOL EXTERNAL OINTMENT 3 MCG/GM		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TAZAROTENE EXTERNAL CREAM 0.1 %		Tier 3	PA
<b>*Antiseborrheic Products***</b>			
SELENIUM SULFIDE EXTERNAL LOTION 2.5 %		Tier 1	
<b>*Antivirals - Topical***</b>			
ACYCLOVIR EXTERNAL OINTMENT 5 %		Tier 1	
<b>*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***</b>			
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 4		PA; Specialty
<b>*Atopic Dermatitis - Monoclonal Antibodies***</b>			
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS 200 MG/1.14ML	Tier 4		PA; Specialty; QL (0.17 ML per 1 day)
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS 300 MG/2ML	Tier 4		PA; Specialty; QL (0.29 ML per 1 day)
DUPIXENT SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS 100 MG/0.67ML	Tier 4		PA; Specialty; QL (0.05 ML per 1 day)
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS 200 MG/1.14ML	Tier 4		PA; Specialty; QL (0.17 ML per 1 day)
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS 300 MG/2ML	Tier 4		PA; Specialty; QL (0.29 ML per 1 day)
<b>*Burn Products***</b>			
MAFENIDE ACETATE EXTERNAL PACKET 5 %		Tier 1	
SSD EXTERNAL CREAM (SILVER SULFADIAZINE) 1 %	Tier 1	Tier 1	
<b>*Corticosteroids - Topical***</b>			
ALA-CORT CREAM 1 % EXTERNAL 1 %		Tier 1	
ALA-CORT CREAM 2.5 % EXTERNAL 2.5 %		LC	
ALCLOMETASONE DIPROPIONATE EXTERNAL CREAM 0.05 %		Tier 1	
ALCLOMETASONE DIPROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 1	
AMCINONIDE EXTERNAL LOTION 0.1 %		Tier 1	
BETAMETHASONE DIPROPIONATE AUG EXTERNAL CREAM 0.05 %		Tier 1	
BETAMETHASONE DIPROPIONATE AUG EXTERNAL GEL 0.05 %		Tier 3	
BETAMETHASONE DIPROPIONATE AUG EXTERNAL LOTION 0.05 %		Tier 3	
BETAMETHASONE DIPROPIONATE AUG EXTERNAL OINTMENT 0.05 %		Tier 3	
BETAMETHASONE DIPROPIONATE EXTERNAL CREAM 0.05 %		Tier 1	
BETAMETHASONE DIPROPIONATE EXTERNAL LOTION 0.05 %		Tier 1	
BETAMETHASONE DIPROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 1	
BETAMETHASONE VALERATE EXTERNAL CREAM 0.1 %		Tier 1	
BETAMETHASONE VALERATE EXTERNAL LOTION 0.1 %		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BETAMETHASONE VALERATE EXTERNAL OINTMENT 0.1 %		Tier 1	
CLOBETASOL PROP EMOLlient BASE EXTERNAL CREAM 0.05 %		Tier 3	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.05 %		Tier 3	
CLOBETASOL PROPIONATE EXTERNAL GEL 0.05 %		Tier 3	
CLOBETASOL PROPIONATE EXTERNAL LOTION 0.05 %		Tier 3	
CLOBETASOL PROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 3	
CLOBETASOL PROPIONATE EXTERNAL SOLUTION 0.05 %		Tier 3	
<b>CLODAN EXTERNAL SHAMPOO (CLOBETASOL PROPIONATE) 0.05 %</b>	Tier 3	Tier 3	
DESONIDE EXTERNAL CREAM 0.05 %		Tier 3	
DESONIDE EXTERNAL LOTION 0.05 %		Tier 3	
DESONIDE EXTERNAL OINTMENT 0.05 %		Tier 3	
DESOXIMETASONE EXTERNAL CREAM 0.25 %		Tier 1	
DESOXIMETASONE EXTERNAL GEL 0.05 %		Tier 3	
DESOXIMETASONE EXTERNAL LIQUID 0.25 %		Tier 3	
DESOXIMETASONE EXTERNAL OINTMENT 0.25 %		Tier 3	
DIFLORASONE DIACETATE EXTERNAL CREAM 0.05 %		Tier 3	
FLUOCINOLONE ACETONIDE BODY EXTERNAL OIL 0.01 %		Tier 1	
FLUOCINOLONE ACETONIDE EXTERNAL CREAM 0.01 %, 0.025 %		Tier 1	
FLUOCINOLONE ACETONIDE EXTERNAL OINTMENT 0.025 %		Tier 1	
FLUOCINOLONE ACETONIDE EXTERNAL SOLUTION 0.01 %		Tier 1	
FLUOCINOLONE ACETONIDE SCALP EXTERNAL OIL 0.01 %		Tier 1	
FLUOCINONIDE EMULSIFIED BASE EXTERNAL CREAM 0.05 %		Tier 1	
FLUOCINONIDE EXTERNAL CREAM 0.05 %, 0.1 %		Tier 1	
FLUOCINONIDE EXTERNAL GEL 0.05 %		Tier 1	
FLUOCINONIDE EXTERNAL OINTMENT 0.05 %		Tier 1	
FLUOCINONIDE EXTERNAL SOLUTION 0.05 %		Tier 1	
FLURANDRENOLIDE EXTERNAL CREAM 0.05 %		Tier 3	
FLUTICASONE PROPIONATE EXTERNAL CREAM 0.05 %		Tier 1	
FLUTICASONE PROPIONATE EXTERNAL OINTMENT 0.005 %		Tier 1	
HALCINONIDE EXTERNAL CREAM 0.1 %		Tier 3	PA; ST
HALOBETASOL PROPIONATE EXTERNAL CREAM 0.05 %		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
HALOBETASOL PROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 3	
HYDROCORTISONE BUTYRATE EXTERNAL SOLUTION 0.1 %		Tier 1	
HYDROCORTISONE CREAM 1 % EXTERNAL (RX) 1 %		Tier 1	
HYDROCORTISONE CREAM 2.5 % EXTERNAL 2.5 %		LC	
HYDROCORTISONE EXTERNAL LOTION 2.5 %		Tier 1	
HYDROCORTISONE EXTERNAL OINTMENT 1 %, 2.5 %		Tier 1	
HYDROCORTISONE VALERATE EXTERNAL CREAM 0.2 %		Tier 1	
MOMETASONE FUROATE EXTERNAL CREAM 0.1 %		Tier 1	
MOMETASONE FUROATE EXTERNAL OINTMENT 0.1 %		Tier 1	
MOMETASONE FUROATE EXTERNAL SOLUTION 0.1 %		Tier 1	
PREDNICARBATE EXTERNAL OINTMENT 0.1 %		Tier 1	
TRIAMCINOLONE ACETONIDE EXTERNAL CREAM 0.025 %		LC	
TRIAMCINOLONE ACETONIDE EXTERNAL LOTION 0.025 %, 0.1 %		Tier 1	
TRIAMCINOLONE ACETONIDE OINTMENT 0.025 % EXTERNAL 0.025 %		Tier 1	
TRIAMCINOLONE ACETONIDE OINTMENT 0.1 % EXTERNAL 0.1 %		LC	
TRIAMCINOLONE ACETONIDE OINTMENT 0.5 % EXTERNAL 0.5 %		Tier 1	
<b>TRIDERM EXTERNAL CREAM (TRIAMCINOLONE ACETONIDE) 0.1 %, 0.5 %</b>	LC	LC	
<b>*Emollient Combinations***</b>			
LACTIC ACID E EXTERNAL CREAM 10-3500 % - UNT/30GM		Tier 1	
<b>*Emollients***</b>			
AMMONIUM LACTATE EXTERNAL CREAM 12 %		Tier 1	
AMMONIUM LACTATE EXTERNAL LOTION 12 %		Tier 1	
LACTIC ACID EXTERNAL LOTION 10 %		Tier 1	
<b>*Enzymes - Topical***</b>			
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Tier 3		
<b>*Imidazole-Related Antifungals - Topical***</b>			
CLOTRIMAZOLE EXTERNAL CREAM 1 %		LC	
CLOTRIMAZOLE EXTERNAL SOLUTION 1 %		LC	
ECONAZOLE NITRATE EXTERNAL CREAM 1 %		Tier 1	
<b>ERTACZO EXTERNAL CREAM 2 %</b>	Tier 3		PA
KETOCONAZOLE EXTERNAL CREAM 2 %		Tier 1	
KETOCONAZOLE EXTERNAL SHAMPOO 2 %		Tier 1	
LULICONAZOLE EXTERNAL CREAM 1 %		Tier 3	PA
OXICONAZOLE NITRATE EXTERNAL CREAM 1 %		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %		Tier 3	PA
<b>*Immunomodulators Imidazoquinolinamines - Topical***</b>			
IMIQUIMOD EXTERNAL CREAM 5 %		Tier 1	
<b>*Keratolytic/Antimitotic Agents***</b>			
CONDYLOX EXTERNAL GEL 0.5 %	Tier 3		
PODOFILOX EXTERNAL SOLUTION 0.5 %		Tier 1	
<b>*Local Anesthetics - Topical***</b>			
GLYDO EXTERNAL PREFILLED SYRINGE (LIDOCAINE HCL URETHRAL/MUCOSAL) 2 %	Tier 1	Tier 1	
LIDOCAINE EXTERNAL OINTMENT 5 %		Tier 1	
LIDOCAINE EXTERNAL PATCH 5 %		Tier 1	
LIDOCAINE HCL EXTERNAL SOLUTION 4 %		Tier 1	
LIDOCAINE HCL URETHRAL/MUCOSAL EXTERNAL GEL 2 %		Tier 1	
<b>*Macrolide Immunosuppressants - Topical***</b>			
PIMECROLIMUS EXTERNAL CREAM 1 %		Tier 1	PA; ST
TACROLIMUS EXTERNAL OINTMENT 0.03 %, 0.1 %		Tier 1	
<b>*Oxaborole-Related Antifungals - Topical***</b>			
TAVABOROLE EXTERNAL SOLUTION 5 %		Tier 1	PA
<b>*Photodynamic Therapy Agents - Topical***</b>			
AMELUZ EXTERNAL GEL 10 %	Tier 3		
<b>*Rosacea Agents***</b>			
AZELAIC ACID EXTERNAL GEL 15 %		Tier 1	
IVERMECTIN EXTERNAL CREAM 1 %		Tier 1	
METRONIDAZOLE EXTERNAL GEL 1 %		Tier 1	
METRONIDAZOLE EXTERNAL LOTION 0.75 %		Tier 1	
MIRVASO EXTERNAL GEL 0.33 %	Tier 2		
ROSADAN EXTERNAL CREAM (METRONIDAZOLE) 0.75 %	Tier 1	Tier 1	
ROSADAN EXTERNAL GEL (METRONIDAZOLE) 0.75 %	Tier 1	Tier 1	
<b>*Scabicides &amp; Pediculicides***</b>			
CROTAN EXTERNAL LOTION 10 %	Tier 1		
LINDANE EXTERNAL SHAMPOO 1 %		Tier 3	
MALATHION EXTERNAL LOTION 0.5 %		Tier 1	
PERMETHRIN EXTERNAL CREAM 5 %		Tier 1	
SPINOSAD EXTERNAL SUSPENSION 0.9 %		Tier 1	
SULFURATED LIME EXTERNAL SOLUTION		Tier 1	
<b>*Tar Products***</b>			
COAL TAR EXTERNAL SOLUTION 20 %		Tier 1	
<b>*Topical Anesthetic Combinations***</b>			
LIDOCAINE-PRILOCAINE EXTERNAL CREAM 2.5-2.5 %		Tier 1	
<b>*Topical Selective Retinoid X Receptor Agonists***</b>			
TARGRETIN EXTERNAL GEL (BEXAROTENE) 1 %	Tier 5	Tier 4	PA; Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Wound Care - Growth Factor Agents***</b>			
REGRANEX EXTERNAL GEL 0.01 %	Tier 3		PA
<b>*Diagnostic Products*</b>			
<b>*Diagnostic Drugs***</b>			
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG	Tier 4		PA; Specialty
<b>*Diagnostic Tests***</b>			
CHEMSTRIP K IN VITRO STRIP (KETONE TEST)	Tier 3	Tier 3	
CONTOUR NEXT TEST IN VITRO STRIP	Tier 2		QL (10 EA per 1 day)
CONTOUR TEST IN VITRO STRIP	Tier 2		QL (10 EA per 1 day)
KETOSTIX IN VITRO STRIP (KETONE TEST)	Tier 3	Tier 3	
RELION KETONE TEST IN VITRO STRIP (KETONE TEST)	Tier 3	Tier 3	
<b>*Multiple Urine Tests***</b>			
CHEMSTRIP 10 MD IN VITRO STRIP	Tier 3		
CHEMSTRIP 10/SG IN VITRO STRIP	Tier 3		
CHEMSTRIP 2 GP IN VITRO STRIP	Tier 3		
CHEMSTRIP 5 OB IN VITRO STRIP	Tier 3		
CHEMSTRIP 7 IN VITRO STRIP	Tier 3		
CHEMSTRIP 9 IN VITRO STRIP	Tier 3		
CHEMSTRIP UGK IN VITRO STRIP	Tier 3		
CVS KETONE CARE IN VITRO STRIP	Tier 3		
KETO-DIASTIX IN VITRO STRIP	Tier 3		
MULTISTIX 10 SG IN VITRO STRIP	Tier 3		
<b>*Digestive Aids*</b>			
<b>*Digestive Enzymes***</b>			
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	Tier 2		
SUCRAID ORAL SOLUTION 8500 UNIT/ML	Tier 5		Specialty
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	Tier 2		
<b>*Diuretics*</b>			
<b>*Carbonic Anhydrase Inhibitors***</b>			
ACETAZOLAMIDE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 500 MG		Tier 3	
ACETAZOLAMIDE ORAL TABLET 125 MG, 250 MG		Tier 3	
METHAZOLAMIDE TABLET 25 MG ORAL 25 MG		Tier 1	
METHAZOLAMIDE TABLET 50 MG ORAL 50 MG		Tier 3	
<b>*Diuretic Combinations***</b>			
AMILORIDE-HYDROCHLOROTHIAZIDE ORAL TABLET 5-50 MG		LC	
SPIRONOLACTONE-HCTZ ORAL TABLET 25-25 MG		LC	
TRIAMTERENE-HCTZ ORAL CAPSULE 37.5-25 MG		LC	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TRIAMTERENE-HCTZ ORAL TABLET 37.5-25 MG, 75-50 MG		LC	
<b>*Loop Diuretics***</b>			
BUMETANIDE ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 1	
ETHACRYNIC ACID ORAL TABLET 25 MG		Tier 3	
FUROSEMIDE ORAL TABLET 20 MG, 40 MG, 80 MG		LC	
FUROSEMIDE SOLUTION 10 MG/ML ORAL 10 MG/ML		LC	
FUROSEMIDE SOLUTION 8 MG/ML ORAL 8 MG/ML		Tier 1	
TORSEMIDE ORAL TABLET 10 MG, 100 MG, 20 MG, 5 MG		LC	
<b>*Osmotic Diuretics***</b>			
MANNITOL INTRAVENOUS SOLUTION 20 %		Tier 3	
<b>*Potassium Sparing Diuretics***</b>			
AMILORIDE HCL ORAL TABLET 5 MG		Tier 1	
SPIRONOLACTONE ORAL TABLET 100 MG, 25 MG, 50 MG		LC	
TRIAMTERENE ORAL CAPSULE 100 MG, 50 MG		Tier 3	
<b>*Thiazides And Thiazide-Like Diuretics***</b>			
CHLORTHALIDONE ORAL TABLET 25 MG, 50 MG		LC	
HYDROCHLOROTHIAZIDE ORAL CAPSULE 12.5 MG		LC	
HYDROCHLOROTHIAZIDE ORAL TABLET 12.5 MG, 25 MG, 50 MG		LC	
INDAPAMIDE ORAL TABLET 1.25 MG, 2.5 MG		LC	
METOLAZONE ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 3	
<b>*Endocrine And Metabolic Agents - Misc.*</b>			
<b>*Abortifacient - Progesterone Receptor Antagonists***</b>			
MIFEPRISTONE ORAL TABLET 200 MG		Tier 1	
<b>*Adenosine Deaminase Scid Treatment - Agents***</b>			
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	Tier 5		PA; Specialty
<b>*Bisphosphonates***</b>			
ALENDRONATE SODIUM ORAL SOLUTION 70 MG/75ML		Tier 1	
ALENDRONATE SODIUM TABLET 10 MG ORAL 10 MG		Tier 1	
ALENDRONATE SODIUM TABLET 35 MG ORAL 35 MG		LC	QL (4.5 EA per 30 days)
ALENDRONATE SODIUM TABLET 5 MG ORAL 5 MG		Tier 1	
ALENDRONATE SODIUM TABLET 70 MG ORAL 70 MG		LC	QL (4.5 EA per 30 days)
IBANDRONATE SODIUM INTRAVENOUS SOLUTION 3 MG/3ML		Tier 1	QL (1.2 ML per 30 days)
IBANDRONATE SODIUM ORAL TABLET 150 MG		Tier 1	QL (1.2 EA per 30 days)
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 30 MG/10ML, 6 MG/ML, 90 MG/10ML		Tier 4	Specialty
RISEDRONATE SODIUM ORAL TABLET DELAYED RELEASE 35 MG		Tier 1	QL (4.5 EA per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
RISEDRONATE SODIUM TABLET 150 MG ORAL 150 MG		Tier 1	QL (1.2 EA per 30 days)
RISEDRONATE SODIUM TABLET 30 MG ORAL 30 MG		Tier 1	
RISEDRONATE SODIUM TABLET 35 MG ORAL 35 MG		Tier 1	QL (4.5 EA per 30 days)
RISEDRONATE SODIUM TABLET 5 MG ORAL 5 MG		Tier 1	
ZOLEDRONIC ACID INTRAVENOUS CONCENTRATE 4 MG/5ML		Tier 4	Specialty
ZOLEDRONIC ACID INTRAVENOUS SOLUTION 4 MG/100ML, 5 MG/100ML		Tier 4	Specialty
<b>*Calcimimetic Agents***</b>			
CINACALCET HCL ORAL TABLET 30 MG, 60 MG, 90 MG		Tier 3	PA
<b>*Calcitonins***</b>			
CALCITONIN (SALMON) INJECTION SOLUTION 200 UNIT/ML		Tier 1	
CALCITONIN (SALMON) NASAL SOLUTION 200 UNIT/ACT		Tier 1	QL (3.9 ML per 30 days)
<b>*Carnitine Replenisher - Agents***</b>			
LEVOCARNITINE ORAL SOLUTION 1 GM/10ML		Tier 1	
LEVOCARNITINE ORAL TABLET 330 MG		Tier 1	
LEVOCARNITINE SF ORAL SOLUTION 1 GM/10ML		Tier 1	
<b>*Dopamine Receptor Agonists***</b>			
CABERGOLINE ORAL TABLET 0.5 MG		Tier 1	
<b>*Growth Hormone Receptor Antagonists***</b>			
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 5		PA; Specialty
<b>*Growth Hormones***</b>			
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	Tier 4		PA; Specialty
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML	Tier 4		PA; Specialty
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML	Tier 4		PA; Specialty
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML	Tier 4		PA; Specialty
<b>*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***</b>			
NITISINONE ORAL CAPSULE 10 MG, 2 MG, 5 MG		Tier 4	PA; Specialty
ORFADIN ORAL CAPSULE 20 MG	Tier 5		PA; Specialty
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 5		PA; Specialty
<b>*Hyperammonemia Treatment - Agents***</b>			
CARBAGLU ORAL TABLET SOLUBLE (CARGLUMIC ACID) 200 MG	Tier 4	Tier 4	Specialty
<b>*Hyperparathyroid Treatment - Vitamin D Analogs***</b>			
CALCITRIOL INTRAVENOUS SOLUTION 1 MCG/ML		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CALCITRIOL ORAL CAPSULE 0.25 MCG, 0.5 MCG		Tier 1	
CALCITRIOL ORAL SOLUTION 1 MCG/ML		Tier 1	
DOXERCALCIFEROL INTRAVENOUS SOLUTION 4 MCG/2ML		Tier 1	
PARICALCITOL INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML		Tier 1	
PARICALCITOL ORAL CAPSULE 1 MCG, 2 MCG, 4 MCG		Tier 1	
<b>RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG</b>	Tier 3		
<b>*Hypophosphatasia (Hpp) Agents***</b>			
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	Tier 4		PA; Specialty
<b>*Insulin-Like Growth Factors (Somatomedins)***</b>			
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Tier 4		PA; Specialty
<b>*Leptin Analogues***</b>			
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	Tier 5		PA; Specialty
<b>*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***</b>			
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG INTRAMUSCULAR 11.25 MG	Tier 5		PA; Specialty
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG INTRAMUSCULAR 15 MG	Tier 4		PA; Specialty
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG INTRAMUSCULAR 7.5 MG	Tier 4		PA; Specialty
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG (PED) INTRAMUSCULAR 11.25 MG (PED)	Tier 5		PA; Specialty
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG (PED) INTRAMUSCULAR 30 MG (PED)	Tier 4		PA; Specialty
SYNAREL NASAL SOLUTION 2 MG/ML	Tier 2		
<b>*Ovulation Stimulants-Gonadotropins***</b>			
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED (CHORIONIC GONADOTROPIN) 10000 UNIT	Tier 5	Tier 5	PA; Specialty
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED (CHORIONIC GONADOTROPIN) 10000 UNIT	Tier 5	Tier 5	PA; Specialty
<b>*Parathyroid Hormone And Derivatives***</b>			
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML		Tier 4	PA; Specialty
<b>*Phenylketonuria Treatment - Agents***</b>			
SAPROPTERIN DIHYDROCHLORIDE ORAL PACKET 100 MG, 500 MG		Tier 4	PA; Specialty
SAPROPTERIN DIHYDROCHLORIDE ORAL TABLET 100 MG		Tier 4	PA; Specialty
<b>*Rank Ligand (Rankl) Inhibitors***</b>			
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 4		PA; Specialty; QL (2 ML per 250 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 4		PA; Specialty
<b>*Selective Estrogen Receptor Modulators (SERMs)***</b>			
OSPHENA ORAL TABLET 60 MG	Tier 3		
RALOXIFENE HCL ORAL TABLET 60 MG		Tier 1	
<b>*Somatostatic Agents***</b>			
OCTREOTIDE ACETATE INJECTION SOLUTION 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML		Tier 4	PA; Specialty
OCTREOTIDE ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MCG/ML, 50 MCG/ML, 500 MCG/ML		Tier 4	PA; Specialty
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Tier 5		PA; Specialty; QL (2 ML per 1 day)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	Tier 5		PA; Specialty
<b>*Urea Cycle Disorder - Agents***</b>			
SOD BENZ-SOD PHENYLACET INTRAVENOUS SOLUTION 10-10 %		Tier 1	
SODIUM PHENYLBUTYRATE ORAL POWDER 3 GM/TSP		Tier 4	Specialty
SODIUM PHENYLBUTYRATE ORAL TABLET 500 MG		Tier 4	Specialty
<b>*Vasopressin***</b>			
DESMOPRESSIN ACE SPRAY REFRIG NASAL SOLUTION 0.01 %		Tier 3	
DESMOPRESSIN ACETATE ORAL TABLET 0.1 MG, 0.2 MG		Tier 3	
DESMOPRESSIN ACETATE SPRAY NASAL SOLUTION 0.01 %		Tier 3	
VASOSTRICT INTRAVENOUS SOLUTION (VASOPRESSIN) 20 UNIT/ML	Tier 3	Tier 1	
<b>*Estrogens*</b>			
<b>*Estrogen &amp; Progestin***</b>			
AMABELZ ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) 0.5-0.1 MG, 1-0.5 MG	Tier 1	Tier 1	
BIJUVA ORAL CAPSULE 1-100 MG	Tier 3		
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	Tier 3		
FYAVOLV ORAL TABLET (NORETHINDRONE-ETH ESTRADIOL) 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 1	Tier 1	
JINTELI ORAL TABLET (NORETHINDRONE-ETH ESTRADIOL) 1-5 MG-MCG	Tier 1	Tier 1	
MIMVEY ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) 1-0.5 MG	Tier 1	Tier 1	
PREMPHASE ORAL TABLET 0.625-5 MG	Tier 2		
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Estrogens***</b>			
DIVIGEL TRANSDERMAL GEL (ESTRADIOL) 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM	Tier 3	Tier 1	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY (ESTRADIOL) 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	Tier 1	
ESTRADIOL ORAL TABLET 0.5 MG, 1 MG, 2 MG		LC	
ESTRADIOL TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR		Tier 1	
ESTRADIOL VALERATE INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML		Tier 1	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY (ESTRADIOL) 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	Tier 1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	Tier 2		
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 2		
<b>*Estrogen-Selective Estrogen Receptor Modulator Comb***</b>			
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2		
<b>*Fluoroquinolones*</b>			
<b>*Fluoroquinolones***</b>			
BAXDELA ORAL TABLET 450 MG	Tier 3		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)	Tier 3		
CIPROFLOXACIN HCL TABLET 250 MG ORAL 250 MG		LC	
CIPROFLOXACIN HCL TABLET 500 MG ORAL 500 MG		LC	
CIPROFLOXACIN HCL TABLET 750 MG ORAL 750 MG		Tier 1	
LEVOFLOXACIN ORAL SOLUTION 25 MG/ML		Tier 1	
LEVOFLOXACIN ORAL TABLET 250 MG, 500 MG, 750 MG		Tier 1	
MOXIFLOXACIN HCL IN NAACL INTRAVENOUS SOLUTION 400 MG/250ML		Tier 1	
MOXIFLOXACIN HCL ORAL TABLET 400 MG		Tier 1	
OFLOXACIN ORAL TABLET 300 MG, 400 MG		Tier 1	
<b>*Gastrointestinal Agents - Misc.*</b>			
<b>*5-HT4 Receptor Agonists***</b>			
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Tier 3		PA; ST; QL (1 EA per 1 day)
<b>*Bile Acid Synthesis Disorder Agents***</b>			
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 5		PA; Specialty
<b>*Gallstone Solubilizing Agents***</b>			
URSODIOL ORAL CAPSULE 300 MG		Tier 1	
URSODIOL ORAL TABLET 250 MG, 500 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Gastrointestinal Antiallergy Agents***</b>			
CROMOLYN SODIUM ORAL CONCENTRATE 100 MG/5ML		Tier 1	
<b>*Gastrointestinal Stimulants***</b>			
METOCLOPRAMIDE HCL INJECTION SOLUTION 5 MG/ML		Tier 1	
METOCLOPRAMIDE HCL ORAL SOLUTION 10 MG/10ML, 5 MG/5ML		LC	
METOCLOPRAMIDE HCL ORAL TABLET 10 MG, 5 MG		LC	
<b>*Glucagon-Like Peptide-2 (Glp-2) Analogs***</b>			
GATTEX SUBCUTANEOUS KIT 5 MG	Tier 5		PA; Specialty
<b>*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***</b>			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2		PA; ST; QL (1 EA per 1 day)
<b>*Ibs Agent - Selective 5-HT3 Receptor Antagonists***</b>			
ALOSETRON HCL ORAL TABLET 0.5 MG, 1 MG		Tier 3	PA
<b>*Inflammatory Bowel Agents***</b>			
BALSALAZIDE DISODIUM ORAL CAPSULE 750 MG		Tier 1	
DIPENTUM ORAL CAPSULE 250 MG	Tier 3		
MESALAMINE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM		Tier 1	
MESALAMINE ORAL CAPSULE DELAYED RELEASE 400 MG		Tier 1	
MESALAMINE ORAL TABLET DELAYED RELEASE 1.2 GM		Tier 1	
MESALAMINE RECTAL ENEMA 4 GM		Tier 1	
MESALAMINE RECTAL SUPPOSITORY 1000 MG		Tier 1	
MESALAMINE-CLEANSER RECTAL KIT 4 GM		Tier 1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	Tier 3		
PENTASA ORAL CAPSULE EXTENDED RELEASE (MESALAMINE ER) 500 MG	Tier 3	Tier 1	
SULFASALAZINE ORAL TABLET 500 MG		Tier 1	
SULFASALAZINE ORAL TABLET DELAYED RELEASE 500 MG		Tier 1	
<b>*Interleukin Antagonists***</b>			
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	Tier 4		PA; Specialty
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	Tier 4		PA; Specialty
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	Tier 4		PA; Specialty
<b>*Intestinal Acidifiers***</b>			
ENULOSE ORAL SOLUTION 10 GM/15ML		Tier 1	
GENERLAC ORAL SOLUTION 10 GM/15ML		Tier 1	
LACTULOSE ENCEPHALOPATHY ORAL SOLUTION 10 GM/15ML		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Peripheral Opioid Receptor Antagonists***</b>			
ALVIMOPAN ORAL CAPSULE 12 MG		Tier 1	
SYMPROIC ORAL TABLET 0.2 MG	Tier 2		PA; ST; QL (1 EA per 1 day)
<b>*Phosphate Binder Agents***</b>			
CALCIUM ACETATE (PHOS BINDER) ORAL CAPSULE 667 MG		Tier 1	
CALCIUM ACETATE (PHOS BINDER) ORAL TABLET 667 MG		Tier 1	
CALCIUM ACETATE ORAL TABLET 667 MG		Tier 1	
<b>FOSRENOL ORAL PACKET 1000 MG, 750 MG</b>	Tier 3		
LANTHANUM CARBONATE ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG		Tier 3	
<b>PHOSLYRA ORAL SOLUTION 667 MG/5ML</b>	Tier 3		
SEVELAMER CARBONATE ORAL TABLET 800 MG		Tier 3	
<b>VELPHORO ORAL TABLET CHEWABLE 500 MG</b>	Tier 3		
<b>*Tumor Necrosis Factor Alpha Blockers***</b>			
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML	Tier 4		PA; Specialty
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML	Tier 4		PA; Specialty
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 4		PA; Specialty
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 4		PA; Specialty
<b>*Genitourinary Agents - Miscellaneous*</b>			
<b>*5-Alpha Reductase Inhibitors***</b>			
DUTASTERIDE ORAL CAPSULE 0.5 MG		Tier 1	
FINASTERIDE ORAL TABLET 5 MG		LC	
<b>*Alpha 1-Adrenoceptor Antagonists***</b>			
ALFUZOSIN HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG		Tier 1	
SILODOSIN ORAL CAPSULE 4 MG, 8 MG		Tier 1	
TAMSULOSIN HCL ORAL CAPSULE 0.4 MG		LC	
<b>*Citrates***</b>			
POTASSIUM CITRATE ER ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG), 15 MEQ (1620 MG), 5 MEQ (540 MG)		Tier 1	
SOD CITRATE-CITRIC ACID ORAL SOLUTION 500-334 MG/5ML		Tier 1	
<b>*Cystinosis Agents***</b>			
<b>CYSTAGON ORAL CAPSULE 150 MG, 50 MG</b>	Tier 5		Specialty
<b>*Genitourinary Irrigants***</b>			
ACETIC ACID IRRIGATION SOLUTION 0.25 %		Tier 1	
ARGYLE STERILE SALINE IRRIGATION SOLUTION (SODIUM CHLORIDE) 0.9 %	Tier 1	Tier 1	
CURITY STERILE SALINE IRRIGATION SOLUTION (SODIUM CHLORIDE) 0.9 %	Tier 1	Tier 1	
GLYCINE IRRIGATION SOLUTION 1.5 %		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GLYCINE UROLOGIC IRRIGATION SOLUTION 1.5 %		Tier 1	
RENACIDIN IRRIGATION SOLUTION	Tier 3		
SORBITOL-MANNITOL IRRIGATION SOLUTION 2.7-0.54 GM/100ML		Tier 1	
<b>*Interstitial Cystitis Agents***</b>			
ELMIRON ORAL CAPSULE 100 MG	Tier 3		PA
<b>*Prostatic Hypertrophy Agent Combinations***</b>			
DUTASTERIDE-TAMSULOSIN HCL ORAL CAPSULE 0.5-0.4 MG		Tier 1	
<b>*Urinary Analgesics***</b>			
PHENAZO ORAL TABLET (PHENAZOPYRIDINE HCL) 200 MG	LC	LC	
PHENAZOPYRIDINE HCL ORAL TABLET 100 MG		LC	
<b>*Gout Agents*</b>			
<b>*Gout Agent Combinations***</b>			
COLCHICINE-PROBENECID ORAL TABLET 0.5-500 MG		Tier 1	
<b>*Gout Agents***</b>			
ALLOPURINOL ORAL TABLET 100 MG, 300 MG		LC	
ALLOPURINOL SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 1	
COLCHICINE ORAL TABLET 0.6 MG		Tier 1	
FEBUXOSTAT ORAL TABLET 40 MG, 80 MG		Tier 1	PA; ST
<b>*Uricosurics***</b>			
PROBENECID ORAL TABLET 500 MG		Tier 1	
<b>*Hematological Agents - Misc.*</b>			
<b>*Antihemophilic Products - Monoclonal Antibodies***</b>			
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	Tier 5		Specialty
<b>*Antihemophilic Products***</b>			
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 4		Specialty
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	Tier 5		Specialty
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	Tier 4		Specialty
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	Tier 5		Specialty
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	Tier 4		Specialty
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Tier 4		Specialty
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4		Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	Tier 5		Specialty
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4		Specialty
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4		Specialty
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT		Tier 5	Specialty
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	Tier 4		Specialty
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	Tier 4		Specialty
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		Tier 5	Specialty
SYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 4		Specialty
SYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4		Specialty
<b>*Anti-Von Willebrand Factor Agents***</b>			
CABLIVI INJECTION KIT 11 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
<b>*Bradykinin B2 Receptor Antagonists***</b>			
SAJAZIR SUBCUTANEOUS SOLUTION (ICATIBANT ACETATE) 30 MG/3ML	Tier 4	Tier 4	PA; Specialty; QL (0.6 ML per 1 day)
<b>*C1 Esterase Inhibitors***</b>			
BERINERT INTRAVENOUS KIT 500 UNIT	Tier 5		PA; Specialty; QL (0.34 EA per 1 day)
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Tier 5		PA; Specialty
<b>*Complement C5 Inhibitors***</b>			
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	Tier 5		PA; Specialty
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML	Tier 5		PA; Specialty
<b>*Direct-Acting P2y12 Inhibitors***</b>			
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 2		
<b>*Glycoprotein IIb/IIIa Receptor Inhibitors***</b>			
EPTIFIBATIDE INTRAVENOUS SOLUTION 200 MG/100ML		Tier 3	
<b>*Hematorheologic Agents***</b>			
PENTOXIFYLLINE ER ORAL TABLET EXTENDED RELEASE 400 MG		Tier 1	
<b>*Phosphodiesterase III Inhibitors***</b>			
CILOSTAZOL ORAL TABLET 100 MG, 50 MG		Tier 1	
<b>*Platelet Aggregation Inhibitor Combinations***</b>			
ASPIRIN-DIPYRIDAMOLE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Platelet Aggregation Inhibitors***</b>			
DIPYRIDAMOLE ORAL TABLET 25 MG, 50 MG, 75 MG		Tier 1	
<b>*Protease-Activated Receptor-1 (Par-1) Antagonists***</b>			
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3		
<b>*Pyruvate Kinase Activators***</b>			
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 5		PA; Specialty; QL (2 EA per 1 day)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
<b>*Quinazoline Agents***</b>			
ANAGRELIDE HCL ORAL CAPSULE 0.5 MG, 1 MG		Tier 3	
<b>*Thienopyridine Derivatives***</b>			
CLOPIDOGREL BISULFATE ORAL TABLET 300 MG, 75 MG		Tier 1	
PRASUGREL HCL ORAL TABLET 10 MG, 5 MG		Tier 3	
<b>*Hematopoietic Agents*</b>			
<b>*Agents For Gaucher Disease***</b>			
CERDELGA ORAL CAPSULE 84 MG	Tier 5		PA; Specialty
MIGLUSTAT ORAL CAPSULE 100 MG		Tier 4	PA; Specialty
<b>*Cobalamins***</b>			
CYANOCOBALAMIN INJECTION SOLUTION 1000 MCG/ML		Tier 1	
HYDROXOCOBALAMIN ACETATE INTRAMUSCULAR SOLUTION 1000 MCG/ML		Tier 1	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML	Tier 3		
<b>*Cxcr4 Receptor Antagonist***</b>			
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML	Tier 4		PA; Specialty; QL (9.6 ML per 365 days)
<b>*Cytotoxic Agents***</b>			
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3		
<b>*Erythroid Maturation Agents***</b>			
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG	Tier 5		PA; Specialty
<b>*Erythropoiesis-Stimulating Agents (Esas)***</b>			
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 4		PA; Specialty
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	Tier 4		PA; Specialty
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Tier 4		PA; Specialty
<b>*Folic Acid/Folate Combinations***</b>			
AIRAVITE ORAL TABLET (FOLBEE) 2.5-25-1 MG	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BP VIT 3 ORAL CAPSULE 1 MG		Tier 1	
FA-VITAMIN B-6-VITAMIN B-12 ORAL TABLET 2.2-25-0.5 MG		Tier 1	
FOLPLEX 2.2 ORAL TABLET 2.2-25-0.5 MG		Tier 1	
<b>NUFOL ORAL TABLET (FOLBEE) 2.5-25-1 MG</b>	Tier 1	Tier 1	
<b>VIRT-GARD ORAL TABLET (FABB) 2.2-25-1 MG</b>	Tier 1	Tier 1	
WESTAB MINI ORAL TABLET 2.2-25-1 MG		Tier 1	
WESTAB ONE ORAL TABLET 2.5-25-1 MG		Tier 1	
<b>*Folic Acid/Folates***</b>			
CVS FOLIC ACID ORAL TABLET 800 MCG		Tier 1	PV
<b>FA-8 ORAL CAPSULE (FOLIC ACID) 0.8 MG</b>	Tier 1	Tier 1	PV
FOLATE ORAL TABLET 400 MCG		Tier 1	PV
FOLIC ACID TABLET 1 MG ORAL (RX) 1 MG		Tier 1	
FOLIC ACID TABLET 400 MCG ORAL 400 MCG		Tier 1	PV
FOLIC ACID TABLET 800 MCG ORAL 800 MCG		Tier 1	PV
GNP FOLIC ACID ORAL TABLET 400 MCG		Tier 1	PV
HM FOLIC ACID ORAL TABLET 400 MCG		Tier 1	PV
KP FOLIC ACID ORAL TABLET 800 MCG		Tier 1	PV
PX FOLIC ACID ORAL TABLET 400 MCG		Tier 1	PV
QC FOLIC ACID ORAL TABLET 800 MCG		Tier 1	PV
RA FOLIC ACID ORAL TABLET 400 MCG, 800 MCG		Tier 1	PV
SM FOLIC ACID ORAL TABLET 400 MCG		Tier 1	PV
YL FOLIC ACID ORAL TABLET 400 MCG		Tier 1	PV
<b>*Granulocyte Colony-Stimulating Factors (G-Csf)***</b>			
<b>NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML</b>	Tier 5		PA; Specialty
<b>NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML</b>	Tier 5		PA; Specialty
<b>NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML</b>	Tier 4		PA; Specialty
<b>NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML</b>	Tier 4		PA; Specialty
<b>*Iron Combinations***</b>			
<b>CORVITA 150 ORAL TABLET 150-1.25 MG</b>	Tier 1		
FEROCON ORAL CAPSULE		Tier 1	
FEROTRINSIC ORAL CAPSULE		Tier 1	
<b>FERROCITE PLUS ORAL TABLET 106-1 MG</b>	Tier 1		
FOLTRIN ORAL CAPSULE		Tier 1	
<b>K-TAN PLUS ORAL CAPSULE (SE-TAN PLUS) 162-115.2-1 MG</b>	Tier 1	Tier 1	
POLYSACCHARIDE IRON FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG		Tier 1	
PUREVIT DUALFE PLUS ORAL CAPSULE 162-115.2-1 MG		Tier 1	
TRIGELS-F FORTE ORAL CAPSULE 460-60-0.01-1 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Iron W/ Folic Acid***</b>			
<b>HEMOCYTE-F ORAL TABLET 324-1 MG</b>	Tier 1		
<b>*Iron***</b>			
NA FERRIC GLUC CPLX IN SUCROSE INTRAVENOUS SOLUTION 12.5 MG/ML		Tier 1	
<b>*Thrombopoietin (Tpo) Receptor Agonists***</b>			
<b>PROMACTA ORAL PACKET 12.5 MG, 25 MG</b>	Tier 5		PA; Specialty
<b>PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG</b>	Tier 5		PA; Specialty
<b>*Hemostatics*</b>			
<b>*Hemostatics - Systemic***</b>			
AMINOCAPROIC ACID ORAL TABLET 1000 MG, 500 MG		Tier 1	
<b>*Hypnotics/Sedatives/Sleep Disorder Agents*</b>			
<b>*Barbiturate Hypnotics***</b>			
PENTOBARBITAL SODIUM INJECTION SOLUTION 50 MG/ML		Tier 1	
PHENOBARBITAL ORAL ELIXIR 20 MG/5ML		Tier 1	
PHENOBARBITAL ORAL TABLET 100 MG, 15 MG, 16.2 MG, 30 MG, 32.4 MG, 60 MG, 64.8 MG, 97.2 MG		Tier 1	
PHENOBARBITAL SODIUM INJECTION SOLUTION 130 MG/ML, 65 MG/ML		Tier 1	
<b>*Benzodiazepine Hypnotics***</b>			
ESTAZOLAM ORAL TABLET 1 MG, 2 MG		Tier 1	QL (1 EA per 1 day)
TEMAZEPAM ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG		Tier 1	QL (1 EA per 1 day)
TRIAZOLAM ORAL TABLET 0.125 MG, 0.25 MG		Tier 1	QL (2 EA per 1 day)
<b>*Hypnotics - Tricyclic Agents***</b>			
DOXEPEPIN HCL ORAL TABLET 3 MG, 6 MG		Tier 3	QL (1 EA per 1 day)
<b>*Non-Benzodiazepine - Gaba-Receptor Modulators***</b>			
ESZOPICLONE ORAL TABLET 1 MG, 2 MG, 3 MG		Tier 1	QL (1 EA per 1 day)
ZALEPLON CAPSULE 10 MG ORAL 10 MG		Tier 1	QL (2 EA per 1 day)
ZALEPLON CAPSULE 5 MG ORAL 5 MG		Tier 1	QL (1 EA per 1 day)
ZOLPIDEM TARTRATE ER ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG		Tier 1	QL (1 EA per 1 day)
ZOLPIDEM TARTRATE ORAL TABLET 10 MG, 5 MG		Tier 1	QL (1 EA per 1 day)
<b>*Orexin Receptor Antagonists***</b>			
<b>BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG</b>	Tier 3		PA; ST; QL (1 EA per 1 day)
<b>*Selective Melatonin Receptor Agonists***</b>			
<b>HETLIOZ ORAL CAPSULE 20 MG</b>	Tier 5		PA; Specialty; QL (1 EA per 1 day)
RAMELTEON ORAL TABLET 8 MG		Tier 3	QL (1 EA per 1 day)
<b>*Laxatives*</b>			
<b>*Bowel Evacuant Combinations***</b>			
<b>CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML</b>	Tier 3		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	Tier 1		PV; QL (2 ML per 365 days)
GAVILYTE-G ORAL SOLUTION RECONSTITUTED (PEG-3350/ELECTROLYTES) 236 GM	Tier 1	Tier 1	PV; QL (2 ML per 365 days)
NA SULFATE-K SULFATE-MG SULF ORAL SOLUTION 17.5-3.13-1.6 GM/177ML		Tier 1	QL (354 ML per 365 days)
PEG 3350-KCL-NA BICARB-NACL ORAL SOLUTION RECONSTITUTED 420 GM		Tier 1	PV; QL (2 ML per 365 days)
PEG-3350/ELECTROLYTES/ASCORBAT ORAL SOLUTION RECONSTITUTED 100 GM		Tier 1	
PEG-KCL-NACL-NASULF-NA ASC-C ORAL SOLUTION RECONSTITUTED 100 GM		Tier 1	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	Tier 3		
<b>*Laxatives - Miscellaneous***</b>			
CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 FILL per 365 days)
CONSTULOSE ORAL SOLUTION 10 GM/15ML		LC	
CVS PURELAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 FILL per 365 days)
EQ CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 FILL per 365 days)
EQL CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 FILL per 365 days)
GAVILAX ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (2 FILL per 365 days)
GENTLELAX ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (2 FILL per 365 days)
GLYCOLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 FILL per 365 days)
GNP CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 FILL per 365 days)
GOODSENSE CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 FILL per 365 days)
HM CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 FILL per 365 days)
KLS LAXACLEAR ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 FILL per 365 days)
LACTULOSE ORAL SOLUTION 10 GM/15ML, 20 GM/30ML		LC	
MM CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 FILL per 365 days)
PEG 3350 ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (2 FILL per 365 days)
QC NATURA-LAX ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (2 FILL per 365 days)
RA LAXATIVE ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (2 FILL per 365 days)
SB POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (2 FILL per 365 days)
SM CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 FILL per 365 days)
SMOOTH LAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 FILL per 365 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Lubricant Laxatives***</b>			
MINERAL OIL HEAVY ORAL OIL		Tier 1	
<b>*Saline Laxatives***</b>			
CITROMA ORAL SOLUTION (CITRATE OF MAGNESIA) 1.745 GM/30ML	Tier 1	Tier 1	PV; QL (2 FILL per 365 days)
CVS MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 FILL per 365 days)
EQ MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 FILL per 365 days)
GOODSENSE MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 FILL per 365 days)
HM MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 FILL per 365 days)
MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 FILL per 365 days)
QC MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 FILL per 365 days)
RA MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 FILL per 365 days)
SB MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 FILL per 365 days)
SM MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 FILL per 365 days)
<b>*Stimulant Laxatives***</b>			
BISACODYL EC ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
CVS C-LAX LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
CVS GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
CVS GENTLE LAXATIVE WOMENS ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
EQ GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
EQL GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
EQL LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
GNP GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
GNP WOMENS GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
GOODSENSE BISACODYL EC ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
GOODSENSE BISACODYL LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
GOODSENSE WOMENS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
HM LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
KP BISACODYL ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
PX LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
QC GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
QC GENTLE LAXATIVE WOMENS ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
QC LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
RA LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
RA WOMENS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
SB BISACODYL LAXATIVE EC ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
SB GENTLE LAX-WOMEN ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
SM GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
WOMANS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
WOMENS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILL per 365 days)
<b>*Macrolides*</b>			
<b>*Azithromycin***</b>			
AZITHROMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 1	
AZITHROMYCIN ORAL PACKET 1 GM		LC	
AZITHROMYCIN ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML		LC	
AZITHROMYCIN ORAL TABLET 250 MG, 500 MG, 600 MG		LC	
<b>*Clarithromycin***</b>			
CLARITHROMYCIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 3	
CLARITHROMYCIN ORAL TABLET 250 MG, 500 MG		Tier 1	
<b>*Erythromycins***</b>			
ERYTHROMYCIN BASE ORAL CAPSULE DELAYED RELEASE PARTICLES 250 MG		Tier 3	
ERYTHROMYCIN BASE ORAL TABLET 250 MG, 500 MG		Tier 3	
ERYTHROMYCIN BASE ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ERYTHROMYCIN ETHYLSUCCINATE ORAL SUSPENSION RECONSTITUTED 200 MG/5ML, 400 MG/5ML		Tier 3	
ERYTHROMYCIN ETHYLSUCCINATE ORAL TABLET 400 MG		Tier 3	
ERYTHROMYCIN ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG		Tier 3	
<b>*Fidaxomicin***</b>			
<b>DIFICID ORAL TABLET 200 MG</b>	Tier 3		
<b>*Medical Devices And Supplies*</b>			
<b>*Applicators,Cotton Balls,Etc***</b>			
<b>ADVOCATE ALCOHOL PREP PADS PAD (ALCOHOL PREP) 70 %</b>	Tier 3	Tier 3	
<b>ALCOH-GLOVE CONTOURED WIPE PAD (ALCOHOL PREP)</b>	Tier 3	Tier 3	
ALCOHOL PADS PAD 70 %		Tier 3	
ALCOHOL PREP PAD 70 %		Tier 3	
ALCOHOL PREP PADS PAD 70 %		Tier 3	
ALCOHOL SWABS PAD , 70 %		Tier 3	
<b>BD SWAB SINGLE USE REGULAR PAD (ALCOHOL PREP)</b>	Tier 3	Tier 3	
<b>CARETOUCH ALCOHOL PREP PAD (ALCOHOL PREP) 70 %</b>	Tier 3	Tier 3	
<b>COMFORT TOUCH ALCOHOL PREP PAD (ALCOHOL PREP) 70 %</b>	Tier 3	Tier 3	
<b>CURITY ALCOHOL PREPS PAD (ALCOHOL PREP) 70 %</b>	Tier 3	Tier 3	
CVS ALCOHOL PREP PADS PAD 70 %		Tier 3	
CVS PREP PAD 70 %		Tier 3	
<b>DROPSAFE ALCOHOL PREP PAD (ALCOHOL PREP) 70 %</b>	Tier 3	Tier 3	
EASY COMFORT ALCOHOL PADS PAD		Tier 3	
<b>EASY TOUCH ALCOHOL PREP MEDIUM PAD (ALCOHOL PREP) 70 %</b>	Tier 3	Tier 3	
EQL ALCOHOL SWABS PAD 70 %		Tier 3	
<b>FIFTY50 ALCOHOL PREP PAD (ALCOHOL PREP) 70 %</b>	Tier 3	Tier 3	
GLOBAL ALCOHOL PREP EASE PAD 70 %		Tier 3	
GNP ALCOHOL SWABS PAD 70 %		Tier 3	
H-E-B INCONTROL ALCOHOL PAD		Tier 3	
HM STERILE ALCOHOL PREP PAD		Tier 3	
MEIJER ALCOHOL SWABS PAD 70 %		Tier 3	
<b>PHARMACIST CHOICE ALCOHOL PAD (ALCOHOL PREP)</b>	Tier 3	Tier 3	
PRO COMFORT ALCOHOL PAD 70 %		Tier 3	
PURE COMFORT ALCOHOL PREP PAD		Tier 3	
QC ALCOHOL SWABS PAD 70 %		Tier 3	
RA ALCOHOL SWABS PAD 70 %		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
REALITY SWABS PAD		Tier 3	
<b>RELION ALCOHOL SWABS PAD (ALCOHOL PREP) , 70 %</b>	Tier 3	Tier 3	
SAPS CARE ALCOHOL PREP PAD 70 %		Tier 3	
SAPS HEALTH ALCOHOL PREP PAD , 70 %		Tier 3	
SAPS HEALTH CARE ALCOHOL PREP PAD 70 %		Tier 3	
SB ALCOHOL PREP PAD 70 %		Tier 3	
SM ALCOHOL PREP PAD , 70 %		Tier 3	
SURE COMFORT ALCOHOL PREP PAD 70 %		Tier 3	
TRUE COMFORT ALCOHOL PREP PADS PAD 70 %		Tier 3	
TRUE COMFORT PRO ALCOHOL PREP PAD 70 %		Tier 3	
<b>ULTICARE ALCOHOL SWABS PAD (ALCOHOL PREP) , 70 %</b>	Tier 3	Tier 3	
ULTILET ALCOHOL SWABS PAD		Tier 3	
ULTRA-CARE ALCOHOL PREP PADS PAD 70 %		Tier 3	
<b>WEBCOL ALCOHOL PREP LARGE PAD (ALCOHOL PREP) 70 %</b>	Tier 3	Tier 3	
<b>WEBCOL ALCOHOL PREP MEDIUM PAD (ALCOHOL PREP) 70 %</b>	Tier 3	Tier 3	
ZEVRX STERILE ALCOHOL PREP PAD PAD 70 %		Tier 3	
<b>*Cervical Caps***</b>			
<b>FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM</b>	Tier 3		PV; QL (1 EA per 1 day)
<b>*Condoms - Female***</b>			
<b>FC2 FEMALE CONDOM</b>	Tier 3		PV; QL (12 EA per 23 days)
<b>*Diaphragms***</b>			
<b>CAYA VAGINAL DIAPHRAGM</b>	Tier 3		PV; QL (1 EA per 1 day)
<b>OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM</b>	Tier 3		PV; QL (1 EA per 1 day)
<b>WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %</b>	Tier 3		PV; QL (1 EA per 1 day)
<b>WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %</b>	Tier 3		PV; QL (1 EA per 1 day)
<b>WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %</b>	Tier 3		PV; QL (1 EA per 1 day)
<b>WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %</b>	Tier 3		PV; QL (1 EA per 1 day)
<b>WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %</b>	Tier 3		PV; QL (1 EA per 1 day)
<b>WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %</b>	Tier 3		PV; QL (1 EA per 1 day)
<b>WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %</b>	Tier 3		PV; QL (1 EA per 1 day)
<b>WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %</b>	Tier 3		PV; QL (1 EA per 1 day)
<b>*Glucose Monitoring Test Supplies***</b>			
<b>1ST TIER UNILET COMFORTOUCH</b>		Tier 2	
<b>ACCU-CHEK FASTCLIX LANCET KIT</b>	Tier 2		
<b>ACCU-CHEK FASTCLIX LANCETS (LANCETS)</b>	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ACCU-CHEK SAFE-T PRO LANCETS (LANCETS)	Tier 2	Tier 2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	Tier 2		
ACCU-CHEK SOFTCLIX LANCETS (LANCETS)	Tier 2	Tier 2	
ACTI-LANCE 28G		Tier 2	
ACTI-LANCE LITE LANCETS 28G		Tier 2	
ACTI-LANCE SPECIAL LANCETS 17G		Tier 2	
ACTI-LANCE UNIVERSAL 23G		Tier 2	
ADVANCED MOBILE LANCET		Tier 2	
ADVOCATE LANCETS (LANCETS)	Tier 2	Tier 2	
ADVOCATE LANCETS 30G (LANCETS)	Tier 2	Tier 2	
ADVOCATE SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
ADVOCATE SAFETY LANCETS 26G (LANCETS)	Tier 2	Tier 2	
AGAMATRIX ULTRA-THIN LANCETS (LANCETS)	Tier 2	Tier 2	
AIMSCO TWIST LANCETS 32G		Tier 2	
AIMSCO TWIST LANCETS 33G (LANCETS)	Tier 2	Tier 2	
AQUALANCE LANCETS 30G (LANCETS)	Tier 2	Tier 2	
ASSURE COMFORT LANCETS 28G		Tier 2	
ASSURE HAEMOLANCE PLUS HIGH (LANCETS)	Tier 2	Tier 2	
ASSURE HAEMOLANCE PLUS LOW (LANCETS)	Tier 2	Tier 2	
ASSURE HAEMOLANCE PLUS MICRO (LANCETS)	Tier 2	Tier 2	
ASSURE HAEMOLANCE PLUS NORMAL (LANCETS)	Tier 2	Tier 2	
ASSURE HAEMOLANCE PLUS PED (LANCETS)	Tier 2	Tier 2	
ASSURE LANCE LANCETS (LANCETS)	Tier 2	Tier 2	
ASSURE LANCE LANCETS 21G (LANCETS)	Tier 2	Tier 2	
ASSURE LANCE PLUS SAFETY 25G (LANCETS)	Tier 2	Tier 2	
ASSURE LANCE PLUS SAFETY 30G (LANCETS)	Tier 2	Tier 2	
ASSURE LANCE SAFETY LANCET 28G (LANCETS)	Tier 2	Tier 2	
AURORA LANCET SUPER THIN 30G		Tier 2	
AURORA LANCET THIN 23G		Tier 2	
BD LANCET ULTRAFINE 30G (LANCETS)	Tier 2	Tier 2	
BD LANCET ULTRAFINE 33G (LANCETS)	Tier 2	Tier 2	
BD MICROTAINER LANCETS (LANCETS)	Tier 2	Tier 2	
CAREONE LANCET SUPER THIN 30G (LANCETS)	Tier 2	Tier 2	
CAREONE LANCET THIN 23G		Tier 2	
CARESENS LANCETS (LANCETS)	Tier 2	Tier 2	
CARETOUCH SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
CARETOUCH SAFETY LANCETS 26G (LANCETS)	Tier 2	Tier 2	
CARETOUCH TWIST LANCETS 28G (LANCETS)	Tier 2	Tier 2	
CARETOUCH TWIST LANCETS 30G (LANCETS)	Tier 2	Tier 2	
CARETOUCH TWIST LANCETS 33G (LANCETS)	Tier 2	Tier 2	
CARETOUCH TWIST MC LANCETS 30G (LANCETS)	Tier 2	Tier 2	
CLEANLET LANCETS 28G (LANCETS)	Tier 2	Tier 2	
CLEVER CHEK LANCETS (LANCETS)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CLEVER CHOICE LANCETS 21G (LANCETS)	Tier 2	Tier 2	
CLEVER CHOICE LANCETS 23G (LANCETS)	Tier 2	Tier 2	
CLEVER CHOICE LANCETS 28G (LANCETS)	Tier 2	Tier 2	
COAGUCHEK LANCETS (LANCETS)	Tier 2	Tier 2	
COMFORT ASSURED LANCETS 28G		Tier 2	
COMFORT ASSURED LANCETS 33G		Tier 2	
COMFORT LANCETS		Tier 2	
COMFORT TOUCH LANCETS 31G (LANCETS)	Tier 2	Tier 2	
COMFORT TOUCH PLUS LANCETS 30G (LANCETS)	Tier 2	Tier 2	
CONTOUR BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Tier 2		
CONTOUR CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL	Tier 2		
CONTOUR MONITOR DEVICE	Tier 2		
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL	Tier 2		
CONTOUR NEXT EZ KIT W/DEVICE	Tier 2		
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	Tier 2		
CONTOUR NEXT LINK KIT W/DEVICE	Tier 2		
CONTOUR NEXT MONITOR KIT W/DEVICE	Tier 2		
CONTOUR NEXT ONE DEVICE	Tier 2		
CONTOUR NEXT ONE KIT	Tier 2		
CVS LANCETS 21G		Tier 2	
CVS LANCETS MICRO THIN 33G		Tier 2	
CVS LANCETS ORIGINAL		Tier 2	
CVS LANCETS THIN 26G		Tier 2	
CVS LANCETS ULTRA THIN 30G		Tier 2	
CVS LANCETS ULTRA-THIN 30G		Tier 2	
CVS ULTRA THIN LANCETS		Tier 2	
DIASCREEN 10 (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 1B (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 1G STRIP (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 1K (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 1K STRIP (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 2GK STRIP (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 2GP (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 3 (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 4NL (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>DIASCREEN 4OBL (DIASCREEN LIQUID URINE CONTROL)</b>	Tier 3	Tier 3	
<b>DIASCREEN 4PH (DIASCREEN LIQUID URINE CONTROL)</b>	Tier 3	Tier 3	
<b>DIASCREEN 5 (DIASCREEN LIQUID URINE CONTROL)</b>	Tier 3	Tier 3	
<b>DIASCREEN 6 (DIASCREEN LIQUID URINE CONTROL)</b>	Tier 3	Tier 3	
<b>DIASCREEN 7 (DIASCREEN LIQUID URINE CONTROL)</b>	Tier 3	Tier 3	
<b>DIASCREEN 8 (DIASCREEN LIQUID URINE CONTROL)</b>	Tier 3	Tier 3	
<b>DIASCREEN 9 (DIASCREEN LIQUID URINE CONTROL)</b>	Tier 3	Tier 3	
<b>DIATHRIVE LANCET ULTRA THIN 30 (LANCETS)</b>	Tier 2	Tier 2	
<b>DIATHRIVE LANCETS (LANCETS)</b>	Tier 2	Tier 2	
<b>DROPLET LANCETS ULTRA THIN 30G (LANCETS)</b>	Tier 2	Tier 2	
<b>DROPLET PERSONAL LANCETS 30G (LANCETS)</b>	Tier 2	Tier 2	
<b>DRUG MART LANCETS THIN 26G</b>		Tier 2	
<b>DRUG MART ON-THE-GO LANCET 30G (LANCETS)</b>	Tier 2	Tier 2	
<b>DRUG MART UNILET LANCETS 28G (LANCETS)</b>	Tier 2	Tier 2	
<b>DRUG MART UNILET LANCETS 30G (LANCETS)</b>	Tier 2	Tier 2	
<b>DRUG MART UNILET LANCETS 33G (LANCETS)</b>	Tier 2	Tier 2	
<b>EASY COMFORT LANCETS</b>		Tier 2	
<b>EASY COMFORT LANCETS TWIST TOP</b>		Tier 2	
<b>EASY TOUCH LANCETS 21G (LANCETS)</b>	Tier 2	Tier 2	
<b>EASY TOUCH LANCETS 23G (LANCETS)</b>	Tier 2	Tier 2	
<b>EASY TOUCH LANCETS 26G (LANCETS)</b>	Tier 2	Tier 2	
<b>EASY TOUCH LANCETS 28G (LANCETS)</b>	Tier 2	Tier 2	
<b>EASY TOUCH LANCETS 28G/TWIST (LANCETS)</b>	Tier 2	Tier 2	
<b>EASY TOUCH LANCETS 30G (LANCETS)</b>	Tier 2	Tier 2	
<b>EASY TOUCH LANCETS 30G/TWIST (LANCETS)</b>	Tier 2	Tier 2	
<b>EASY TOUCH LANCETS 32G (LANCETS)</b>	Tier 2	Tier 2	
<b>EASY TOUCH LANCETS 32G/TWIST (LANCETS)</b>	Tier 2	Tier 2	
<b>EASY TOUCH LANCETS 33G/TWIST (LANCETS)</b>	Tier 2	Tier 2	
<b>EASY TOUCH SAFETY LANCETS 21G (LANCETS)</b>	Tier 2	Tier 2	
<b>EASY TOUCH SAFETY LANCETS 23G (LANCETS)</b>	Tier 2	Tier 2	
<b>EASY TOUCH SAFETY LANCETS 26G (LANCETS)</b>	Tier 2	Tier 2	
<b>EASY TOUCH SAFETY LANCETS 28G (LANCETS)</b>	Tier 2	Tier 2	
<b>EMBRACE LANCETS ULTRA THIN 30G (LANCETS)</b>	Tier 2	Tier 2	
<b>EMBRACE PRESSURE ACTIVATED 21G (LANCETS)</b>	Tier 2	Tier 2	
<b>EMBRACE PRESSURE ACTIVATED 28G (LANCETS)</b>	Tier 2	Tier 2	
<b>EQL COLOR LANCETS 21G</b>		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EQL COLOR LANCETS MICRO 33G		Tier 2	
EQL SUPER THIN LANCETS 30G		Tier 2	
EQL THIN LANCETS 26G		Tier 2	
<b>E-Z JECT LANCET MICRO-THIN 33G (LANCETS)</b>	Tier 2	Tier 2	
<b>E-Z JECT LANCET SUPER THIN 30G (LANCETS)</b>	Tier 2	Tier 2	
<b>E-Z JECT LANCETS (LANCETS)</b>	Tier 2	Tier 2	
<b>E-Z JECT LANCETS 21G (LANCETS)</b>	Tier 2	Tier 2	
<b>E-Z JECT LANCETS THIN 26G (LANCETS)</b>	Tier 2	Tier 2	
<b>EZ-LETS LANCETS 21G (LANCETS)</b>	Tier 2	Tier 2	
<b>EZ-LETS LANCETS 26G (LANCETS)</b>	Tier 2	Tier 2	
<b>EZ-LETS LANCETS 28G (LANCETS)</b>	Tier 2	Tier 2	
<b>EZ-LETS LANCETS 30G (LANCETS)</b>	Tier 2	Tier 2	
<b>FIFTY50 SAFETY SEAL LANCETS (LANCETS)</b>	Tier 2	Tier 2	
<b>FIFTY50 UNILET LANCETS 33G (LANCETS)</b>	Tier 2	Tier 2	
<b>FINE 30 (LANCETS)</b>	Tier 2	Tier 2	
<b>FINGERSTIX LANCETS (LANCETS)</b>	Tier 2	Tier 2	
<b>FORA LANCETS (LANCETS)</b>	Tier 2	Tier 2	
FREDS PHARMACY UNILET LANC 28G		Tier 2	
FREDS PHARMACY UNILET LANC 30G		Tier 2	
<b>FREESTYLE LANCETS (LANCETS)</b>	Tier 2	Tier 2	
<b>FREESTYLE UNISTICK II LANCETS (LANCETS)</b>	Tier 2	Tier 2	
<b>GENTEEL BUTTERFLY TOUCH LANCET (LANCETS)</b>	Tier 2	Tier 2	
<b>GENTLE-LET GP LANCETS (LANCETS)</b>	Tier 2	Tier 2	
<b>GENTLE-LET LANCETS (LANCETS)</b>	Tier 2	Tier 2	
GLOBAL INJECT EASE LANCETS 28G		Tier 2	
GLOBAL INJECT EASE LANCETS 30G		Tier 2	
<b>GLUCOCOM LANCETS 28G (LANCETS)</b>	Tier 2	Tier 2	
<b>GLUCOCOM LANCETS 30G (LANCETS)</b>	Tier 2	Tier 2	
<b>GLUCOCOM LANCETS 33G (LANCETS)</b>	Tier 2	Tier 2	
GNP LANCETS 21G		Tier 2	
GNP LANCETS THIN 26G		Tier 2	
GNP STERILE LANCETS 28G		Tier 2	
GNP STERILE LANCETS 30G		Tier 2	
GNP STERILE LANCETS 33G		Tier 2	
<b>GOJJI STERILE LANCETS (LANCETS)</b>	Tier 2	Tier 2	
GOODSENSE COLOR LANCETS 33G		Tier 2	
GOODSENSE LANCETS 26G UNIV		Tier 2	
GOODSENSE LANCETS 30G		Tier 2	
GOODSENSE LANCETS 30G UNIV		Tier 2	
GOODSENSE LANCETS 33G		Tier 2	
GOODSENSE LANCETS 33G UNIV		Tier 2	
<b>HAEMOLANCE (LANCETS)</b>	Tier 2	Tier 2	
<b>HAEMOLANCE LOW FLOW LANCETS (LANCETS)</b>	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
HAEMOLANCE PLUS (LANCETS)	Tier 2	Tier 2	
HAEMOLANCE PLUS HIGH FLOW (LANCETS)	Tier 2	Tier 2	
HAEMOLANCE PLUS LOW FLOW (LANCETS)	Tier 2	Tier 2	
HAEMOLANCE PLUS MAX FLOW (LANCETS)	Tier 2	Tier 2	
HAEMOLANCE PLUS PEDIATRIC FLOW (LANCETS)	Tier 2	Tier 2	
HEALTHY ACCENTS UNILET LANCETS		Tier 2	
H-E-B INCONTROL LANCETS 28G		Tier 2	
H-E-B INCONTROL LANCETS 30G		Tier 2	
H-E-B INCONTROL LANCETS 33G		Tier 2	
HY-VEE LANCETS (LANCETS)	Tier 2	Tier 2	
HY-VEE THIN LANCETS		Tier 2	
IN TOUCH	Tier 3		
IN TOUCH STERILE LANCETS 30G (LANCETS)	Tier 2	Tier 2	
KINNEY LANCETS		Tier 2	
KINNEY THIN LANCETS		Tier 2	
KROGER HEALTHPRO LANCET 26G (LANCETS)	Tier 2	Tier 2	
KROGER LANCETS		Tier 2	
KROGER LANCETS 21G		Tier 2	
KROGER LANCETS MICRO THIN 33G		Tier 2	
KROGER LANCETS SUPER THIN		Tier 2	
KROGER LANCETS THIN		Tier 2	
KROGER LANCETS THIN 26G		Tier 2	
KROGER LANCETS ULTRATHIN 30G		Tier 2	
LANCETS 30G		Tier 2	
LANCETS 33G		Tier 2	
LANCETS MICRO THIN 33G		Tier 2	
LANCETS SUPER THIN 28G		Tier 2	
LANCETS THIN		Tier 2	
LANCETS ULTRA THIN (LANCETS)	Tier 2	Tier 2	
LANCETS ULTRA THIN 30G		Tier 2	
LIBERTY MEDICAL LANCETS (LANCETS)	Tier 2	Tier 2	
LIFESCAN UNISTIK 2 (LANCETS)	Tier 2	Tier 2	
LIFESCAN UNISTIK II LANCETS (LANCETS)	Tier 2	Tier 2	
LITE TOUCH LANCETS		Tier 2	
LITETOUGH LANCETS (LANCETS)	Tier 2	Tier 2	
LIVE BETTER LANCET SUPER THIN		Tier 2	
LIVE BETTER LANCET ULTRA THIN		Tier 2	
LONGS LANCETS STANDARD		Tier 2	
LONGS LANCETS THIN		Tier 2	
LONGS LANCETS ULTRA THIN		Tier 2	
MEDICOICE SAFETY LANCET		Tier 2	
MEDICOICE SAFETY LANCET EXTRA		Tier 2	
MEDICOICE SAFETY LANCET NORM		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MEDLANCE EXTRA 21G (LANCETS)	Tier 2	Tier 2	
MEDLANCE LITE 25G (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS EXTRA 21G (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS LANCETS (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS LITE 25G (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS SPECIAL 0.8MM (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS SUPERLITE 30G (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS UNIVERSAL 21G (LANCETS)	Tier 2	Tier 2	
MEDLANCE UNIVERSAL 21G (LANCETS)	Tier 2	Tier 2	
MEIJER LANCETS (LANCETS)	Tier 2	Tier 2	
MEIJER LANCETS THIN (LANCETS)	Tier 2	Tier 2	
MEIJER LANCETS UNIVERSAL 21G (LANCETS)	Tier 2	Tier 2	
MEIJER LANCETS UNIVERSAL 30G (LANCETS)	Tier 2	Tier 2	
MEIJER LANCETS UNIVERSAL 33G (LANCETS)	Tier 2	Tier 2	
MEIJER SUPER THIN LANCETS (LANCETS)	Tier 2	Tier 2	
MICROLET LANCETS (LANCETS)	Tier 2	Tier 2	
MM TWIST LANCETS (LANCETS)	Tier 2	Tier 2	
MONOLET LANCETS (LANCETS)	Tier 2	Tier 2	
MONOLET OPD LANCETS (LANCETS)	Tier 2	Tier 2	
MONOLETTOR SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
MPD SAFETY LANCET 21G		Tier 2	
MPD SAFETY LANCET 23G		Tier 2	
MPD SAFETY LANCET 28G		Tier 2	
MPD SAFETY LANCET 30G		Tier 2	
MYGLUCOHEALTH LANCETS 30G (LANCETS)	Tier 2	Tier 2	
NOVA SAFETY LANCETS 23G (LANCETS)	Tier 2	Tier 2	
NOVA SAFETY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
NOVA SUREFLEX LANCETS (LANCETS)	Tier 2	Tier 2	
ONETOUCH CLUB LANCETS FINE PT (LANCETS)	Tier 2	Tier 2	
ONETOUCH DELICA LANCETS 30G (LANCETS)	Tier 2	Tier 2	
ONETOUCH DELICA LANCETS 33G (LANCETS)	Tier 2	Tier 2	
ONETOUCH DELICA LANCING DEV	Tier 3		
ONETOUCH DELICA PLUS LANCET30G (LANCETS)	Tier 2	Tier 2	
ONETOUCH DELICA PLUS LANCET33G (LANCETS)	Tier 2	Tier 2	
ONETOUCH DELICA PLUS LANCING	Tier 3		
ONETOUCH FINEPOINT LANCETS (LANCETS)	Tier 2	Tier 2	
ONETOUCH SURESOFT LANCING DEV	Tier 2		
ONETOUCH ULTRASOFT LANCETS (LANCETS)	Tier 2	Tier 2	
PC LANCETS SUPER THIN 30G		Tier 2	
PENLET II BLOOD SAMPLER KIT	Tier 3		
PENLET II REPLACEMENT CAP	Tier 2		
PERFECT LANCETS 28G (LANCETS)	Tier 2	Tier 2	
PERFECT LANCETS 30G (LANCETS)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PHARMACIST CHOICE LANCETS (LANCETS)	Tier 2	Tier 2	
PHARMACY COUNTER LANCETS (LANCETS)	Tier 2	Tier 2	
PIP LANCETS 28G		Tier 2	
PIP LANCETS 30G		Tier 2	
PRECISION THINS GP LANCETS (LANCETS)	Tier 2	Tier 2	
PREFERRED PLUS LANCETS COLORED		Tier 2	
PREFERRED PLUS LANCETS THIN		Tier 2	
PRO COMFORT LANCETS 30G		Tier 2	
PRO COMFORT LANCETS 31G		Tier 2	
PRODIGY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
PRODIGY SAFETY LANCETS 26G (LANCETS)	Tier 2	Tier 2	
PRODIGY TWIST TOP LANCETS 28G (LANCETS)	Tier 2	Tier 2	
PSS SELECT GP LANCETS (LANCETS)	Tier 2	Tier 2	
PSS SELECT SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
PURE COMFORT LANCETS 30G		Tier 2	
PX LANCETS MICROTHIN 33G		Tier 2	
PX LANCETS ULTRA THIN		Tier 2	
PX LANCETS ULTRA THIN 28G		Tier 2	
QC LANCETS SUPER THIN 30G		Tier 2	
QC LANCETS ULTRA THIN		Tier 2	
QC UNILET LANCETS 28G		Tier 2	
QC UNILET LANCETS MICRO THIN		Tier 2	
RA E-ZJECT LANCETS 28G (LANCETS)	Tier 2	Tier 2	
RA E-ZJECT LANCETS THIN 26G (LANCETS)	Tier 2	Tier 2	
RA E-ZJECT LANCETS THIN 28G (LANCETS)	Tier 2	Tier 2	
RA E-ZJECT LANCETS ULTRA THIN (LANCETS)	Tier 2	Tier 2	
READYLANCE SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
REALITY LANCETS		Tier 2	
REALITY TRIGGER LANCETS		Tier 2	
RELION LANCETS MICRO-THIN 33G (LANCETS)	Tier 2	Tier 2	
RELION LANCETS THIN 26G (LANCETS)	Tier 2	Tier 2	
RELION LANCETS ULTRA-THIN 30G (LANCETS)	Tier 2	Tier 2	
RELION ULTRA THIN LANCETS 30G (LANCETS)	Tier 2	Tier 2	
RELION ULTRA THIN PLUS LANCETS (LANCETS)	Tier 2	Tier 2	
REXALL LANCETS ULTRA THIN 30G (LANCETS)	Tier 2	Tier 2	
RIGHTEST GL300 LANCETS (LANCETS)	Tier 2	Tier 2	
SAFE-T-LANCE (LANCETS)	Tier 2	Tier 2	
SAFE-T-LANCE PLUS (LANCETS)	Tier 2	Tier 2	
SAFETY LANCET 30G/PRESSURE ACT		Tier 2	
SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
SAFETY LANCETS 21G (LANCETS)	Tier 2	Tier 2	
SAFETY LANCETS 28G		Tier 2	
SAPS HEALTH PLUS LANCETS		Tier 2	
SAPS HEALTH TWIST TOP LANCETS		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SAPS TWIST TOP LANCETS		Tier 2	
SAPSCARE TWIST TOP LANCETS		Tier 2	
SB LANCETS THIN		Tier 2	
SB LANCETS ULTRA THIN		Tier 2	
<b>SHOPKO ON-THE-GO LANCETS 30G (LANCETS)</b>	Tier 2	Tier 2	
<b>SHOPKO UNILET LANCETS 28G (LANCETS)</b>	Tier 2	Tier 2	
<b>SHOPKO UNILET LANCETS 30G (LANCETS)</b>	Tier 2	Tier 2	
<b>SINGLE-LET (LANCETS)</b>	Tier 2	Tier 2	
SM LANCETS 33G		Tier 2	
<b>SMART SENSE COLOR LANCETS 33G (LANCETS)</b>	Tier 2	Tier 2	
<b>SMART SENSE STANDARD LANCETS (LANCETS)</b>	Tier 2	Tier 2	
<b>SMART SENSE SUPER THIN LANCETS (LANCETS)</b>	Tier 2	Tier 2	
<b>SMART SENSE THIN LANCETS 26G (LANCETS)</b>	Tier 2	Tier 2	
<b>SMARTEST LANCETS 28G (LANCETS)</b>	Tier 2	Tier 2	
<b>SOLUS V2 LANCETS 28G (LANCETS)</b>	Tier 2	Tier 2	
<b>SOLUS V2 TWIST LANCETS 30G (LANCETS)</b>	Tier 2	Tier 2	
<b>STERILANCE TL (LANCETS)</b>	Tier 2	Tier 2	
SUPER THIN LANCETS		Tier 2	
SURE COMFORT LANCETS 18G		Tier 2	
SURE COMFORT LANCETS 21G		Tier 2	
SURE COMFORT LANCETS 23G		Tier 2	
SURE COMFORT LANCETS 28G		Tier 2	
SURE COMFORT LANCETS 30G		Tier 2	
<b>SURELITE LANCETS (LANCETS)</b>	Tier 2	Tier 2	
<b>SURESTEP PRO LINEARITY KIT</b>	Tier 3		
<b>TECHLITE AST LANCETS (LANCETS)</b>	Tier 2	Tier 2	
<b>TECHLITE LANCETS (LANCETS)</b>	Tier 2	Tier 2	
<b>TECHLITE LANCETS 30G (LANCETS)</b>	Tier 2	Tier 2	
TGT LANCET MICRO THIN 33G		Tier 2	
TGT LANCET THIN 26G		Tier 2	
TGT LANCET ULTRA THIN 30G		Tier 2	
<b>THINLETS GP LANCETS (LANCETS)</b>	Tier 2	Tier 2	
TODAYS HEALTH THIN LANCETS 28G		Tier 2	
TODAYS HEALTH THIN LANCETS 30G		Tier 2	
TOPCARE LANCETS MICRO-THIN 33G		Tier 2	
TRAVEL LANCETS		Tier 2	
<b>TRAVEL LANCETS ADVANCED 28G (LANCETS)</b>	Tier 2	Tier 2	
TRUE COMFORT TWIST TOP LANCETS		Tier 2	
<b>TRUEPLUS LANCETS 26G (LANCETS)</b>	Tier 2	Tier 2	
<b>TRUEPLUS LANCETS 28G (LANCETS)</b>	Tier 2	Tier 2	
<b>TRUEPLUS LANCETS 30G (LANCETS)</b>	Tier 2	Tier 2	
<b>TRUEPLUS LANCETS 33G (LANCETS)</b>	Tier 2	Tier 2	
<b>TRUEPLUS SAFETY LANCETS 28G (LANCETS)</b>	Tier 2	Tier 2	
<b>ULTILET CLASSIC LANCETS (LANCETS)</b>	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ULTILET LANCETS (LANCETS)	Tier 2	Tier 2	
ULTILET SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
ULTILET SAFETY LANCETS 23G (LANCETS)	Tier 2	Tier 2	
ULTRA THIN LANCETS 31G		Tier 2	
ULTRA-CARE LANCETS 30G		Tier 2	
ULTRA-THIN II AUTO LANCET (LANCETS)	Tier 2	Tier 2	
ULTRA-THIN II LANCETS (LANCETS)	Tier 2	Tier 2	
UNILET COMFORTOUCH LANCET (LANCETS)	Tier 2	Tier 2	
UNILET EXCELITE (LANCETS)	Tier 2	Tier 2	
UNILET EXCELITE II (LANCETS)	Tier 2	Tier 2	
UNILET G.P. LANCET (LANCETS)	Tier 2	Tier 2	
UNILET G.P. SUPERLITE LANCET (LANCETS)	Tier 2	Tier 2	
UNILET GP 28 ULTRA THIN (LANCETS)	Tier 2	Tier 2	
UNILET LANCET (LANCETS)	Tier 2	Tier 2	
UNILET MICRO-THIN 33G (LANCETS)	Tier 2	Tier 2	
UNILET SUPERLITE LANCET (LANCETS)	Tier 2	Tier 2	
UNILET SUPER-THIN 30G (LANCETS)	Tier 2	Tier 2	
UNILET ULTRA-THIN 28G (LANCETS)	Tier 2	Tier 2	
UNISTIK 3 GENTLE (LANCETS)	Tier 2	Tier 2	
UNISTIK PRO SAFETY LANCET (LANCETS)	Tier 2	Tier 2	
UNISTIK SAFETY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
UNISTIK SAFETY LANCETS 30G (LANCETS)	Tier 2	Tier 2	
UNISTIK TOUCH SAFETY LANC 21G (LANCETS)	Tier 2	Tier 2	
UNISTIK TOUCH SAFETY LANC 23G (LANCETS)	Tier 2	Tier 2	
UNISTIK TOUCH SAFETY LANC 28G (LANCETS)	Tier 2	Tier 2	
UNISTIK TOUCH SAFETY LANC 30G (LANCETS)	Tier 2	Tier 2	
UNIVERSAL 1 LANCETS THIN 26G (LANCETS)	Tier 2	Tier 2	
UNIVERSAL 1 LANCETS THIN 33G (LANCETS)	Tier 2	Tier 2	
UNIVERSAL 1 LANCETS ULTRA THIN (LANCETS)	Tier 2	Tier 2	
VALUE PLUS LANCET STANDARD 21G		Tier 2	
VALUE PLUS LANCETS SUPER THIN		Tier 2	
VALUE PLUS LANCETS THIN 26G		Tier 2	
VALUMARK LANCET SUPER THIN 30G		Tier 2	
VALUMARK LANCET ULTRA THIN 28G		Tier 2	
VIDA MIA UNILET LANCETS 28G (LANCETS)	Tier 2	Tier 2	
VIDA MIA UNILET LANCETS 30G (LANCETS)	Tier 2	Tier 2	
VIVAGUARD LANCETS (LANCETS)	Tier 2	Tier 2	
WALGREENS ADV TRAVEL LANCETS		Tier 2	
WALGREENS LANCETS (LANCETS)	Tier 2	Tier 2	
WALGREENS LANCETS MICRO THIN		Tier 2	
WALGREENS LANCETS SUPER THIN		Tier 2	
WALGREENS THIN LANCETS (LANCETS)	Tier 2	Tier 2	
WALGREENS ULTRA THIN LANCETS (LANCETS)	Tier 2	Tier 2	
ZEVRX TWIST TOP LANCETS 30G		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Insulin Administration Supplies***</b>			
OMNIPOD 5 G6 INTRO (GEN 5) KIT	Tier 2		
OMNIPOD 5 G6 POD (GEN 5)	Tier 2		
OMNIPOD CLASSIC PDM (GEN 3) KIT	Tier 2		
OMNIPOD CLASSIC PODS (GEN 3)	Tier 2		
OMNIPOD DASH INTRO (GEN 4) KIT	Tier 2		
OMNIPOD DASH PDM (GEN 4) KIT	Tier 2		
OMNIPOD DASH PODS (GEN 4)	Tier 2		
<b>*Misc. Devices***</b>			
FOLDING PADDLE WALKER		Tier 1	PV; QL (180 EA per 365 days)
<b>*Needles &amp; Syringes***</b>			
1ST TIER UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM		Tier 2	
1ST TIER UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM		Tier 2	
ABOUTTIME PEN NEEDLE (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM	Tier 2	Tier 2	
ABOUTTIME PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ABOUTTIME PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
ADVOCATE INSULIN PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 2	Tier 2	
ADVOCATE INSULIN PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ADVOCATE INSULIN PEN NEEDLES (INSUPEN PEN NEEDLES) 33G X 4 MM	Tier 2	Tier 2	
ADVOCATE INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
ADVOCATE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
ADVOCATE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
ASSURE ID INSULIN SAFETY SYR (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 2	Tier 2	
ASSURE ID SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM	Tier 2	Tier 2	
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM		Tier 2	
AUM READYGARD DUO PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
AUM SAFETY PEN NEEDLE (RAYA SURE PEN NEEDLE) 31G X 4 MM	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
AUM SAFETY PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
AURORA PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
AURORA UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM		Tier 2	
<b>BD AUTOSHIELD 29G X 5MM , 29G X 8MM</b>	Tier 2		
<b>BD AUTOSHIELD DUO (PEN NEEDLES) 30G X 5 MM</b>	Tier 2	Tier 2	
<b>BD INSULIN SYR ULTRAFINE II (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>	Tier 2	Tier 2	
<b>BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML</b>	Tier 2		
<b>BD INSULIN SYRINGE (INSULIN SYRINGE) 27G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	Tier 2	Tier 2	
<b>BD INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML</b>	Tier 2	Tier 2	
<b>BD INSULIN SYRINGE HALF-UNIT (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML</b>	Tier 2	Tier 2	
<b>BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML</b>	Tier 2		
<b>BD INSULIN SYRINGE MICROFINE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML</b>	Tier 2	Tier 2	
<b>BD INSULIN SYRINGE U/F 1/2UNIT (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML</b>	Tier 2	Tier 2	
<b>BD INSULIN SYRINGE U/F (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML</b>	Tier 2	Tier 2	
<b>BD INSULIN SYRINGE U/F (INSULIN SYRINGE) 30G X 1/2" 1 ML</b>	Tier 2	Tier 2	
<b>BD INSULIN SYRINGE U/F (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	Tier 2	Tier 2	
<b>BD INSULIN SYRINGE (KMART VALU INSULIN SYRINGE 29G) U-100 1 ML</b>	Tier 2	Tier 2	
<b>BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML</b>	Tier 2		
<b>BD INSULIN SYRINGE ULTRAFINE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML</b>	Tier 2	Tier 2	
<b>BD INSULIN SYRINGE ULTRAFINE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	Tier 2	Tier 2	
<b>BD INSULIN SYRINGE ULTRAFINE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML</b>	Tier 2	Tier 2	
<b>BD INSULIN SYRINGE ULTRAFINE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.5 ML</b>	Tier 2	Tier 2	
<b>BD PEN (AUTOPEN)</b>	Tier 3	Tier 3	
<b>BD PEN MINI (AUTOPEN)</b>	Tier 3	Tier 3	
<b>BD PEN NEEDLE MICRO U/F (SURE COMFORT PEN NEEDLES) 32G X 6 MM</b>	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>BD PEN NEEDLE MINI U/F (SURE COMFORT PEN NEEDLES) 31G X 5 MM</b>	Tier 2	Tier 2	
<b>BD PEN NEEDLE NANO 2ND GEN (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 2	Tier 2	
<b>BD PEN NEEDLE NANO U/F (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 2	Tier 2	
<b>BD PEN NEEDLE ORIGINAL U/F (SURE COMFORT PEN NEEDLES) 29G X 12.7MM</b>	Tier 2	Tier 2	
<b>BD PEN NEEDLE SHORT U/F (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 2	Tier 2	
<b>BD SAFETYGLIDE INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML</b>	Tier 2	Tier 2	
<b>BD SAFETYGLIDE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML</b>	Tier 2	Tier 2	
<b>BD SAFETYGLIDE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML</b>	Tier 2	Tier 2	
<b>BD SAFETYGLIDE INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML</b>	Tier 2	Tier 2	
<b>BD SAFETY-LOK INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML</b>	Tier 2	Tier 2	
<b>BD VEO INSULIN SYR U/F 1/2UNIT (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML</b>	Tier 2	Tier 2	
<b>BD VEO INSULIN SYRINGE U/F (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML</b>	Tier 2	Tier 2	
<b>CAREFINE PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM</b>	Tier 2	Tier 2	
<b>CAREFINE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 32G X 6 MM</b>	Tier 2	Tier 2	
<b>CAREFINE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 2	Tier 2	
<b>CAREFINE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 2	Tier 2	
<b>CAREFINE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 2	Tier 2	
<b>CAREFINE PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM</b>	Tier 2	Tier 2	
<b>CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>		Tier 2	
<b>CAREONE UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM</b>		Tier 2	
<b>CAREONE UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM</b>		Tier 2	
<b>CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML</b>	Tier 2		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CARETOUCH INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) <b>30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (KROGER PEN NEEDLES) <b>29G X 12MM</b>	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) <b>31G X 5 MM</b>	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (MEIJER PEN NEEDLES) <b>31G X 6 MM</b>	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (PEN NEEDLES 5/16") <b>31G X 8 MM</b>	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) <b>32G X 4 MM , 33G X 4 MM</b>	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (PRO COMFORT PEN NEEDLES) <b>32G X 5 MM</b>	Tier 2	Tier 2	
CEQUR SIMPLICITY 2U DEVICE (AUTOPEN)	Tier 2	Tier 3	
CLEVER CHOICE COMFORT EZ (KROGER PEN NEEDLES) <b>29G X 12MM</b>	Tier 2	Tier 2	
CLEVER CHOICE COMFORT EZ (INSUPEN PEN NEEDLES) <b>33G X 4 MM</b>	Tier 2	Tier 2	
CLICKFINE PEN NEEDLES <b>31G X 5 MM (SURE COMFORT PEN NEEDLES) 31G X 5 MM</b>	Tier 2	Tier 2	
CLICKFINE PEN NEEDLES <b>31G X 6 MM (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 2	Tier 2	
CLICKFINE PEN NEEDLES <b>31G X 8 MM 31G X 8 MM</b>		Tier 2	
CLICKFINE PEN NEEDLES <b>32G X 4 MM 32G X 4 MM</b>		Tier 2	
COMFORT ASSIST INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) <b>31G X 5/16" 0.3 ML</b>	Tier 2	Tier 2	
COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) <b>28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML</b>	Tier 2	Tier 2	
COMFORT EZ INSULIN SYRINGE (KROGER INSULIN SYRINGE) <b>29G X 1/2" 0.3 ML</b>	Tier 2	Tier 2	
COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE) <b>29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML</b>	Tier 2	Tier 2	
COMFORT EZ INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) <b>30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML</b>	Tier 2	Tier 2	
COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) <b>30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	Tier 2	Tier 2	
COMFORT EZ MICRO PEN NEEDLES (INSUPEN PEN NEEDLES) <b>32G X 4 MM</b>	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES (SURE COMFORT PEN NEEDLES) <b>31G X 5 MM , 32G X 6 MM</b>	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES (MEIJER PEN NEEDLES) <b>31G X 6 MM</b>	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES (PEN NEEDLES 5/16") <b>31G X 8 MM</b>	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>COMFORT EZ PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM</b>	Tier 2	Tier 2	
<b>COMFORT EZ PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM</b>	Tier 2	Tier 2	
<b>COMFORT EZ PEN NEEDLES (PURE COMFORT PEN NEEDLE) 32G X 8 MM</b>	Tier 2	Tier 2	
<b>COMFORT EZ PEN NEEDLES (EASY COMFORT PEN NEEDLES) 33G X 5 MM , 33G X 6 MM</b>	Tier 2	Tier 2	
<b>COMFORT EZ PEN NEEDLES 33G X 8 MM</b>	Tier 2		
<b>COMFORT EZ SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 2	Tier 2	
<b>COMFORT TOUCH INSULIN PEN NEED (RAYA SURE PEN NEEDLE) 31G X 4 MM</b>	Tier 2	Tier 2	
<b>COMFORT TOUCH INSULIN PEN NEED (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM</b>	Tier 2	Tier 2	
<b>COMFORT TOUCH INSULIN PEN NEED (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 2	Tier 2	
<b>COMFORT TOUCH INSULIN PEN NEED (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 2	Tier 2	
<b>COMFORT TOUCH INSULIN PEN NEED (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM</b>	Tier 2	Tier 2	
<b>COMFORT TOUCH INSULIN PEN NEED (PRO COMFORT PEN NEEDLES) 32G X 5 MM</b>	Tier 2	Tier 2	
<b>COMFORT TOUCH INSULIN PEN NEED (PURE COMFORT PEN NEEDLE) 32G X 8 MM</b>	Tier 2	Tier 2	
<b>COMFORT TOUCH INSULIN PEN NEED (EASY COMFORT PEN NEEDLES) 33G X 5 MM , 33G X 6 MM</b>	Tier 2	Tier 2	
<b>DIATHRIVE PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM</b>	Tier 2	Tier 2	
<b>DIATHRIVE PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 2	Tier 2	
<b>DIATHRIVE PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 2	Tier 2	
<b>DIATHRIVE PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 2	Tier 2	
<b>DROPLET INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML</b>	Tier 2	Tier 2	
<b>DROPLET INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML</b>	Tier 2	Tier 2	
<b>DROPLET INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML</b>	Tier 2	Tier 2	
<b>DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML</b>	Tier 2		
<b>DROPLET INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
DROPLET INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 2	Tier 2	
DROPLET MICRON 34G X 3.5 MM	Tier 2		
DROPLET PEN NEEDLES 29G X 10MM	Tier 2		
DROPLET PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
DROPLET PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
DROPLET PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
DROPLET PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
DROPLET PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
DROPLET PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 2	Tier 2	
DROPLET PEN NEEDLES (PURE COMFORT PEN NEEDLE) 32G X 8 MM	Tier 2	Tier 2	
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
DRUG MART UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM		Tier 2	
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML		Tier 2	
EASY COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM		Tier 2	
EASY GLIDE PEN NEEDLES 33G X 4 MM		Tier 2	
EASY TOUCH FLIPLOCK INSULIN SY (INSULIN SYRINGE) 29G X 1/2" 1 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
EASY TOUCH FLIPLOCK INSULIN SY (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SAFETY SYR (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 27G X 1/2" 0.5 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE) 27G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML	Tier 2		
EASY TOUCH INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	Tier 2	Tier 2	
<b>EASY TOUCH PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM</b>	Tier 2	Tier 2	
<b>EASY TOUCH PEN NEEDLES (PEN NEEDLES) 30G X 5 MM</b>	Tier 2	Tier 2	
<b>EASY TOUCH PEN NEEDLES 30G X 6 MM</b>	Tier 2		
<b>EASY TOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM , 32G X 6 MM</b>	Tier 2	Tier 2	
<b>EASY TOUCH PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 2	Tier 2	
<b>EASY TOUCH PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 2	Tier 2	
<b>EASY TOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 2	Tier 2	
<b>EASY TOUCH PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM</b>	Tier 2	Tier 2	
<b>EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM</b>	Tier 2		
<b>EASY TOUCH SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM</b>	Tier 2	Tier 2	
<b>EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML, 30G X 1/2" 1 ML</b>	Tier 2	Tier 2	
<b>EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 1 ML, 31G X 5/16" 1 ML</b>	Tier 2	Tier 2	
EQL INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
<b>EXEL COMFORT POINT INSULIN SYR (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML</b>	Tier 2	Tier 2	
<b>EXEL COMFORT POINT INSULIN SYR (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML</b>	Tier 2	Tier 2	
<b>EXEL COMFORT POINT INSULIN SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	Tier 2	Tier 2	
<b>EXEL COMFORT POINT INSULIN SYR (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML</b>	Tier 2	Tier 2	
<b>EXEL COMFORT POINT PEN NEEDLE (KROGER PEN NEEDLES) 29G X 12MM</b>	Tier 2	Tier 2	
<b>EXEL COMFORT POINT PEN NEEDLE (RAYA SURE PEN NEEDLE) 31G X 4 MM</b>	Tier 2	Tier 2	
<b>EXEL COMFORT POINT PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 2	Tier 2	
<b>EXEL COMFORT POINT PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 2	Tier 2	
<b>FIFTY50 PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM</b>	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
FIFTY50 PEN NEEDLES (PEN NEEDLES 5/16") <b>31G X 8 MM</b>	Tier 2	Tier 2	
FIFTY50 PEN NEEDLES (INSUPEN PEN NEEDLES) <b>32G X 4 MM</b>	Tier 2	Tier 2	
<b>FIFTY50 SUPERIOR COMFORT SYR (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	Tier 2	Tier 2	
FREDS PHARMACY UNIFINE PENTIP+ 31G X 5 MM , 31G X 8 MM		Tier 2	
FREDS PHARMACY UNIFINE PENTIPS 32G X 4 MM		Tier 2	
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML		Tier 2	
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM		Tier 2	
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
GLOBAL INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML		Tier 2	
<b>GLUCOPRO INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML</b>	Tier 2	Tier 2	
<b>GLUCOPRO INSULIN SYRINGE (INSULIN SYRINGE) 30G X 1/2" 1 ML</b>	Tier 2	Tier 2	
<b>GLUCOPRO INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	Tier 2	Tier 2	
GNP CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM		Tier 2	
GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
GNP INSULIN SYRINGES 28GX1/2" 28G X 1/2" 1 ML		Tier 2	
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		Tier 2	
GNP INSULIN SYRINGES 30G X 5/16" 1 ML		Tier 2	
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML		Tier 2	
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML		Tier 2	
GNP ULTICARE PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		Tier 2	
<b>GNP ULTIGUARD SAFEPACK NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM</b>	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>GNP ULTIGUARD SAFEPACK NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 2	Tier 2	
<b>GNP ULTIGUARD SAFEPACK NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 2	Tier 2	
GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML		Tier 2	
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM		Tier 2	
<b>GOODSENSE PEN NEEDLE PENFINE (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM</b>	Tier 2	Tier 2	
<b>GOODSENSE PEN NEEDLE PENFINE (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 2	Tier 2	
<b>GOODSENSE PEN NEEDLE PENFINE (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 2	Tier 2	
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM		Tier 2	
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM		Tier 2	
HEALTHWISE PEN NEEDLES 29G X 12MM		Tier 2	
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM , 31G X 8 MM		Tier 2	
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM		Tier 2	
HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
H-E-B INCONTROL PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
<b>H-E-B INCONTROL UNIFINE PENTIP (SURE COMFORT PEN NEEDLES) 31G X 5 MM</b>	Tier 2	Tier 2	
<b>H-E-B INCONTROL UNIFINE PENTIP (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 2	Tier 2	
<b>H-E-B INCONTROL UNIFINE PENTIP (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 2	Tier 2	
<b>H-E-B INCONTROL UNIFINE PENTIP (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM</b>	Tier 2	Tier 2	
<b>HM ULTICARE INSULIN SYRINGE (INSULIN SYRINGE) 30G X 1/2" 1 ML</b>	Tier 2	Tier 2	
<b>HM ULTICARE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML</b>	Tier 2	Tier 2	
<b>HM ULTICARE MINI PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM</b>	Tier 2	Tier 2	
<b>HM ULTICARE SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 2	Tier 2	
<b>INCONTROL ULTICARE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 2	Tier 2	
<b>INCONTROL ULTICARE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 2	Tier 2	
<b>INCONTROL ULTICARE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 2	Tier 2	
<b>INPEN 100-BLUE-LILLY-HUMALOG DEVICE (AUTOPEN)</b>	Tier 3	Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE (AUTOPEN)	Tier 3	Tier 3	
INPEN 100-GREY-LILLY-HUMALOG DEVICE (AUTOPEN)	Tier 3	Tier 3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE (AUTOPEN)	Tier 3	Tier 3	
INPEN 100-PINK-LILLY-HUMALOG DEVICE (AUTOPEN)	Tier 3	Tier 3	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE (AUTOPEN)	Tier 3	Tier 3	
INSULIN SYRINGE 27G X 1/2" 0.5 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		Tier 2	
INSUPEN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM		Tier 2	
INSUPEN SENSITIVE (SURE COMFORT PEN NEEDLES) 32G X 6 MM	Tier 2	Tier 2	
INSUPEN SENSITIVE (PURE COMFORT PEN NEEDLE) 32G X 8 MM	Tier 2	Tier 2	
INSUPEN ULTRAFIN (SURE COMFORT PEN NEEDLES) 30G X 8 MM	Tier 2	Tier 2	
INSUPEN ULTRAFIN (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
INSUPEN ULTRAFIN (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
J-TIP KIT W/VIAL ADAPTERS KIT	Tier 3		
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML		Tier 2	
KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML, U-100 0.5 ML, U-100 1 ML		Tier 2	
KROGER INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
KROGER PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM		Tier 2	
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
LEADER UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
LEADER UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
LEADER UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LEADER UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
LEADER UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
LITETOUGH INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
LITETOUGH INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
LITETOUGH INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
LITETOUGH INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
LITETOUGH PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 2	Tier 2	
LITETOUGH PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
LITETOUGH PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
LITETOUGH PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML		Tier 2	
MAGELLAN INSULIN SAFETY SYR (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
MAGELLAN INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
MAGELLAN INSULIN SAFETY SYR (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 2	Tier 2	
MARATHON MEDICAL PENTIPS (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
MARATHON MEDICAL PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
MARATHON MEDICAL PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
MARATHON MEDICAL PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
MAXICOMFORT II PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
MAXI-COMFORT INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM	Tier 2		
MAXICOMFORT SYR 27G X 1/2" (INSULIN SYRINGE/NEEDLE) 27G X 1/2" 0.5 ML	Tier 2	Tier 2	
MAXICOMFORT SYR 27G X 1/2" (INSULIN SYRINGE) 27G X 1/2" 1 ML	Tier 2	Tier 2	
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
MEIJER PEN NEEDLES 29G X 12MM , 31G X 8 MM		Tier 2	
<b>MICRODOT PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 2	Tier 2	
<b>MICRODOT PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM</b>	Tier 2	Tier 2	
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
<b>MM PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM</b>	Tier 2	Tier 2	
<b>MM PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 2	Tier 2	
<b>MM PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 2	Tier 2	
<b>MM PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 2	Tier 2	
<b>MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML</b>	Tier 2		
<b>MONOJECT INSULIN SYRINGE (INSULIN SYRINGE) 27G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	Tier 2	Tier 2	
<b>MONOJECT INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML</b>	Tier 2	Tier 2	
<b>MONOJECT INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML</b>	Tier 2	Tier 2	
<b>MONOJECT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML</b>	Tier 2	Tier 2	
<b>MONOJECT INSULIN SYRINGE (KMART VALU INSULIN SYRINGE 29G) U-100 1 ML</b>	Tier 2	Tier 2	
<b>MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML</b>	Tier 2	Tier 2	
<b>MONOJECT ULTRA COMFORT SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML</b>	Tier 2	Tier 2	
<b>MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	Tier 2	Tier 2	
<b>MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>	Tier 2	Tier 2	
MS INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
<b>NOVOFINE AUTOCOVER PEN NEEDLE (SURE COMFORT PEN NEEDLES) 30G X 8 MM</b>	Tier 2	Tier 2	
<b>NOVOFINE PEN NEEDLE (SURE COMFORT PEN NEEDLES) 32G X 6 MM</b>	Tier 2	Tier 2	
<b>NOVOFINE PLUS PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NOVOPEN ECHO DEVICE (AUTOPEN)	Tier 3	Tier 3	
PC UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM		Tier 2	
PENTIPS (KROGER PEN NEEDLES) <b>29G X 12MM</b>	Tier 2	Tier 2	
PENTIPS (SURE COMFORT PEN NEEDLES) <b>31G X 5 MM , 32G X 6 MM</b>	Tier 2	Tier 2	
PENTIPS (MEIJER PEN NEEDLES) <b>31G X 6 MM</b>	Tier 2	Tier 2	
PENTIPS (PEN NEEDLES 5/16") <b>31G X 8 MM</b>	Tier 2	Tier 2	
PENTIPS (INSUPEN PEN NEEDLES) <b>32G X 4 MM</b>	Tier 2	Tier 2	
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM		Tier 2	
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM		Tier 2	
PRECISION SURE-DOSE SYRINGE (INSULIN SYRINGE-NEEDLE U-100) <b>30G X 5/16" 0.3 ML</b>	Tier 2	Tier 2	
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML		Tier 2	
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
PREVENT DROPSAFE PEN NEEDLES (MEIJER PEN NEEDLES) <b>31G X 6 MM</b>	Tier 2	Tier 2	
PREVENT DROPSAFE PEN NEEDLES (PEN NEEDLES 5/16") <b>31G X 8 MM</b>	Tier 2	Tier 2	
PREVENT SAFETY PEN NEEDLES (MEIJER PEN NEEDLES) <b>31G X 6 MM</b>	Tier 2	Tier 2	
PREVENT SAFETY PEN NEEDLES (PEN NEEDLES 5/16") <b>31G X 8 MM</b>	Tier 2	Tier 2	
PRO COMFORT INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) <b>30G X 1/2" 0.5 ML</b>	Tier 2	Tier 2	
PRO COMFORT INSULIN SYRINGE (INSULIN SYRINGE) <b>30G X 1/2" 1 ML</b>	Tier 2	Tier 2	
PRO COMFORT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) <b>30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	Tier 2	Tier 2	
PRO COMFORT PEN NEEDLES 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		Tier 2	
PRODIGY INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) <b>28G X 1/2" 1 ML</b>	Tier 2	Tier 2	
PRODIGY INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) <b>31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>	Tier 2	Tier 2	
PURE COMFORT PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM		Tier 2	
PX EXTRA SHORT PEN NEEDLES 31G X 6 MM		Tier 2	
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML		Tier 2	
PX MINI PEN NEEDLES 31G X 5 MM		Tier 2	
PX PEN NEEDLE 29G X 12MM , 31G X 8 MM		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM		Tier 2	
QC PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
QC UNIFINE PENTIPS 32G X 4 MM		Tier 2	
RA INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML		Tier 2	
RA PEN NEEDLES 31G X 5 MM , 31G X 8 MM		Tier 2	
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		Tier 2	
<b>RELION INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML</b>	Tier 2	Tier 2	
<b>RELION INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML</b>	Tier 2	Tier 2	
<b>RELION INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	Tier 2	Tier 2	
<b>RELION MINI PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 2	Tier 2	
<b>RELION PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM</b>	Tier 2	Tier 2	
<b>RELION PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 2	Tier 2	
<b>RELION PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 2	Tier 2	
<b>RELION PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 2	Tier 2	
<b>RELION SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 2	Tier 2	
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM		Tier 2	
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML		Tier 2	
<b>SECURESAFE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	Tier 2	Tier 2	
<b>SECURESAFE SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM</b>	Tier 2	Tier 2	
<b>SHOPKO UNIFINE PENTIPS (KROGER PEN NEEDLES) 29G X 12MM</b>	Tier 2	Tier 2	
<b>SHOPKO UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM</b>	Tier 2	Tier 2	
<b>SHOPKO UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 2	Tier 2	
<b>SHOPKO UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 2	Tier 2	
<b>SHOPKO UNIFINE PENTIPS PLUS (KROGER PEN NEEDLES) 29G X 12MM</b>	Tier 2	Tier 2	
<b>SHOPKO UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM</b>	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>SHOPKO UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 2	Tier 2	
<b>SHOPKO UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 2	Tier 2	
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
SURE COMFORT PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
<b>TECHLITE PEN NEEDLES 29G X 10MM</b>	Tier 2		
<b>TECHLITE PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM</b>	Tier 2	Tier 2	
<b>TECHLITE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM</b>	Tier 2	Tier 2	
<b>TECHLITE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 2	Tier 2	
<b>TECHLITE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 2	Tier 2	
<b>TECHLITE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 2	Tier 2	
<b>TECHLITE PEN NEEDLES (PURE COMFORT PEN NEEDLE) 32G X 8 MM</b>	Tier 2	Tier 2	
TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM		Tier 2	
TODAYS HEALTH PEN NEEDLES 29G X 12MM		Tier 2	
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM		Tier 2	
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM		Tier 2	
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
TRUE COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM		Tier 2	
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML		Tier 2	
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TRUEPLUS 5-BEVEL PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 2	Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
TRUEPLUS INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
TRUEPLUS INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
TRUEPLUS INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
TRUEPLUS INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
TRUEPLUS PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
TRUEPLUS PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
TRUEPLUS PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
TRUEPLUS PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
TRUEPLUS PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
ULTICARE INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
ULTICARE INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
ULTICARE INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
ULTICARE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
ULTICARE INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	Tier 2	Tier 2	
ULTICARE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
ULTICARE MICRO PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
ULTICARE MICRO PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ULTICARE MICRO PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ULTICARE MINI PEN NEEDLES (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 2	
ULTICARE MINI PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
ULTICARE MINI PEN NEEDLES (SURE COMFORT PEN NEEDLES) 32G X 6 MM	Tier 2	Tier 2	
ULTICARE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 2	Tier 2	
ULTICARE SHORT PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM	Tier 2	Tier 2	
ULTICARE SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		Tier 2	
ULTIGUARD SAFEPACK SYR/NEEDLE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	Tier 2	Tier 2	
ULTIGUARD SAFEPACK SYR/NEEDLE (INSULIN SYRINGE) 30G X 1/2" 1 ML	Tier 2	Tier 2	
ULTIGUARD SAFEPACK SYR/NEEDLE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
ULTILET PEN NEEDLE (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 2	Tier 2	
ULTILET PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ULTILET PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML		Tier 2	
ULTRA FLO INSULIN PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
ULTRA FLO INSULIN PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
ULTRA FLO INSULIN PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ULTRA FLO INSULIN PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM	Tier 2	Tier 2	
ULTRA FLO INSULIN SYR 1/2 UNIT (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 2	Tier 2	
ULTRA FLO INSULIN SYR 1/2 UNIT (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
ULTRA FLO INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
ULTRA FLO INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
ULTRA FLO INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>ULTRA FLO INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	Tier 2	Tier 2	
<b>ULTRA THIN PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 2	Tier 2	
ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
ULTRACARE PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM		Tier 2	
<b>ULTRA-THIN II INS SYR SHORT (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	Tier 2	Tier 2	
<b>ULTRA-THIN II INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	Tier 2	Tier 2	
<b>ULTRA-THIN II MINI PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM</b>	Tier 2	Tier 2	
<b>ULTRA-THIN II PEN NEEDLE SHORT (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 2	Tier 2	
<b>ULTRA-THIN II PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM</b>	Tier 2	Tier 2	
<b>UNIFINE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM</b>	Tier 2	Tier 2	
<b>UNIFINE PENTIPS (KROGER PEN NEEDLES) 29G X 12MM</b>	Tier 2	Tier 2	
<b>UNIFINE PENTIPS (PEN NEEDLES) 30G X 5 MM</b>	Tier 2	Tier 2	
<b>UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM</b>	Tier 2	Tier 2	
<b>UNIFINE PENTIPS (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 2	Tier 2	
<b>UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 2	Tier 2	
<b>UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM</b>	Tier 2	Tier 2	
<b>UNIFINE PENTIPS PLUS (KROGER PEN NEEDLES) 29G X 12MM</b>	Tier 2	Tier 2	
<b>UNIFINE PENTIPS PLUS (PEN NEEDLES) 30G X 5 MM</b>	Tier 2	Tier 2	
<b>UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM</b>	Tier 2	Tier 2	
<b>UNIFINE PENTIPS PLUS (MEIJER PEN NEEDLES) 31G X 6 MM</b>	Tier 2	Tier 2	
<b>UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM</b>	Tier 2	Tier 2	
<b>UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM</b>	Tier 2	Tier 2	
<b>UNIFINE SAFECONTROL PEN NEEDLE (PEN NEEDLES) 30G X 5 MM</b>	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
UNIFINE SAFECONTROL PEN NEEDLE (SURE COMFORT PEN NEEDLES) 30G X 8 MM	Tier 2	Tier 2	
UNIFINE SAFECONTROL PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
UNIFINE ULTRA PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
UNIFINE ULTRA PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
UNIFINE ULTRA PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
UNIFINE ULTRA PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		Tier 2	
VALUMARK PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
VANISHPOINT INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML	Tier 2	Tier 2	
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML	Tier 2		
VANISHPOINT INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.5 ML	Tier 2	Tier 2	
VANISHPOINT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 2	Tier 2	
VIDA MIA UNIFINE PENTIPS (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
VIDA MIA UNIFINE PENTIPS (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
VIDA MIA UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
VIDA MIA UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML		Tier 2	
WEGMANS UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
ZEVRX INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML		Tier 2	
ZEVRX PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
<b>*Spacer/Aerosol-Holding Chambers &amp; Supplies***</b>			
AEROCHAMBER MINI CHAMBER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER MV (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU LARGE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU MEDIUM (BREATHE EASE MEDIUM)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
AEROCHAMBER PLUS FLO-VU SMALL (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU W/MASK (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLOW VU (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER W/FLOWSIGNAL (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER Z-STAT PLUS (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER Z-STAT PLUS CHAMBR (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER Z-STAT PLUS/LARGE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER Z-STAT PLUS/MEDIUM (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER Z-STAT PLUS/SMALL (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROVENT PLUS DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
BREATHE COMFORT CHAMBER/ADULT DEVICE		Tier 2	
BREATHE COMFORT CHAMBER/CHILD DEVICE		Tier 2	
BREATHE EASE LARGE DEVICE		Tier 2	
BREATHE EASE SMALL DEVICE		Tier 2	
CLEVER CHOICE HOLDING CHAMBER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
COMPACT SPACE CHAMBER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
COMPACT SPACE CHAMBER/LG MASK DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
COMPACT SPACE CHAMBER/MED MASK DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
COMPACT SPACE CHAMBER/SM MASK DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
EASIVENT (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
EASIVENT MASK LARGE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
EASIVENT MASK MEDIUM (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
EASIVENT MASK SMALL (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
EQ SPACE CHAMBER ANTI-STATIC DEVICE		Tier 2	
EQ SPACE CHAMBER ANTI-STATIC L DEVICE		Tier 2	
EQ SPACE CHAMBER ANTI-STATIC M DEVICE		Tier 2	
EQ SPACE CHAMBER ANTI-STATIC S DEVICE		Tier 2	
FLEXICHAMBER ADULT MASK/SMALL	Tier 2		
FLEXICHAMBER CHILD MASK/LARGE	Tier 2		
FLEXICHAMBER CHILD MASK/SMALL	Tier 2		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>FLEXICHAMBER DEVICE (BREATHE EASE MEDIUM)</b>	Tier 2	Tier 2	
<b>INSPIRACHAMBER/LARGE DEVICE (BREATHE EASE MEDIUM)</b>	Tier 2	Tier 2	
<b>INSPIRACHAMBER/MEDIUM DEVICE (BREATHE EASE MEDIUM)</b>	Tier 2	Tier 2	
<b>INSPIRACHAMBER/MOUTHPIECE DEVICE (BREATHE EASE MEDIUM)</b>	Tier 2	Tier 2	
<b>INSPIRACHAMBER/SMALL DEVICE (BREATHE EASE MEDIUM)</b>	Tier 2	Tier 2	
<b>INSPIREASE (BREATHE EASE MEDIUM)</b>	Tier 2	Tier 2	
<b>INSPIREASE RESERVOIR BAGS</b>	Tier 2		
<b>MASK VORTEX/CHILD/FROG</b>	Tier 2		
<b>MASK VORTEX/TODDLER/LADYBUG</b>	Tier 2		
<b>MICROCHAMBER DEVICE (BREATHE EASE MEDIUM)</b>	Tier 2	Tier 2	
<b>MICROSPACER (BREATHE EASE MEDIUM)</b>	Tier 2	Tier 2	
<b>OPTICHAMBER DIAMOND (BREATHE EASE MEDIUM)</b>	Tier 2	Tier 2	
<b>OPTICHAMBER DIAMOND DEVICE (BREATHE EASE MEDIUM)</b>	Tier 2	Tier 2	
<b>OPTICHAMBER DIAMOND-LG MASK DEVICE (BREATHE EASE MEDIUM)</b>	Tier 2	Tier 2	
<b>OPTICHAMBER DIAMOND-MD MASK (BREATHE EASE MEDIUM)</b>	Tier 2	Tier 2	
<b>OPTICHAMBER DIAMOND-SM MASK (BREATHE EASE MEDIUM)</b>	Tier 2	Tier 2	
<b>PANDA MASK LARGE</b>	Tier 2		
<b>PANDA MASK MEDIUM</b>	Tier 2		
<b>PANDA MASK SMALL</b>	Tier 2		
<b>PEDIATRIC PANDA MASK</b>	Tier 2		
<b>POCKET CHAMBER DEVICE (BREATHE EASE MEDIUM)</b>	Tier 2	Tier 2	
<b>POCKET SPACER DEVICE (BREATHE EASE MEDIUM)</b>	Tier 2	Tier 2	
<b>PRO COMFORT SPACER ADULT</b>		Tier 2	
<b>PRO COMFORT SPACER CHILD</b>		Tier 2	
<b>PRO COMFORT SPACER INFANT DEVICE</b>		Tier 2	
<b>PROCARE SPACER/ADULT MASK DEVICE</b>		Tier 2	
<b>PROCARE SPACER/CHILD MASK DEVICE</b>		Tier 2	
<b>PURE COMFORT SPACER CHAMBER DEVICE</b>		Tier 2	
<b>RITEFLO DEVICE (BREATHE EASE MEDIUM)</b>	Tier 2	Tier 2	
<b>VORTEX VALVED HOLDING CHAMBER DEVICE (BREATHE EASE MEDIUM)</b>	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Migraine Products*</b>			
<b>*Cgrp Receptor Antagonists - Monocolonal Antibodies***</b>			
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS 140 MG/ML	Tier 2		PA; QL (0.04 ML per 1 day)
AIMOVIG SOLUTION AUTO-INJECTOR 70 MG/ML SUBCUTANEOUS 70 MG/ML	Tier 2		PA; QL (0.07 ML per 1 day)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 2		PA; QL (0.1 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	Tier 2		PA; QL (0.04 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Tier 2		PA; QL (0.04 ML per 1 day)
<b>*Ergot Combinations***</b>			
ERGOTAMINE-CAFFEINE ORAL TABLET 1-100 MG		Tier 3	PA
<b>*Migraine Products***</b>			
DIHYDROERGOTAMINE MESYLATE INJECTION SOLUTION 1 MG/ML		Tier 3	PA; QL (0.86 ML per 1 day)
<b>*Selective Serotonin Agonist-Nsaid Combinations***</b>			
SUMATRIPTAN-NAPROXEN SODIUM ORAL TABLET 85-500 MG		Tier 3	QL (0.3 EA per 1 day)
<b>*Selective Serotonin Agonists 5-HT(1)***</b>			
ALMOTRIPTAN MALATE ORAL TABLET 12.5 MG, 6.25 MG		Tier 3	QL (12 EA per 30 days)
ELETRIPTAN HYDROBROMIDE ORAL TABLET 20 MG, 40 MG		Tier 3	QL (12 EA per 30 days)
NARATRIPTAN HCL ORAL TABLET 1 MG, 2.5 MG		Tier 1	QL (9 EA per 30 days)
RIZATRIPTAN BENZOATE ORAL TABLET 10 MG, 5 MG		Tier 1	QL (18 EA per 30 days)
RIZATRIPTAN BENZOATE ORAL TABLET DISPERSIBLE 10 MG, 5 MG		Tier 1	QL (18 EA per 30 days)
SUMATRIPTAN SUCCINATE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 1	QL (9 EA per 30 days)
SUMATRIPTAN SUCCINATE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML		Tier 3	QL (5.1 ML per 30 days)
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION 6 MG/0.5ML		Tier 1	QL (5.1 ML per 30 days)
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML		Tier 3	QL (5.1 ML per 30 days)
ZOLMITRIPTAN ORAL TABLET 2.5 MG, 5 MG		Tier 1	QL (0.4 EA per 1 day)
ZOLMITRIPTAN ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG		Tier 1	QL (0.4 EA per 1 day)
ZOLMITRIPTAN SOLUTION 5 MG NASAL 5 MG		Tier 1	QL (12 EA per 30 days)
ZOMIG NASAL SOLUTION (ZOLMITRIPTAN) 2.5 MG	Tier 3	Tier 3	PA; ST; QL (12 EA per 30 days)
ZOMIG NASAL SOLUTION 5 MG	Tier 3		PA; ST; QL (12 EA per 30 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Minerals &amp; Electrolytes*</b>			
<b>*Bicarbonates***</b>			
SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML		Tier 1	
<b>*Fluoride***</b>			
NAFRINSE DROPS ORAL SOLUTION (FLUORITAB) 0.275 (0.125 F) MG/DROP	Tier 1	Tier 1	PV
NAFRINSE ORAL TABLET CHEWABLE (SODIUM FLUORIDE) 2.2 (1 F) MG	Tier 1	Tier 1	PV
SODIUM FLUORIDE ORAL SOLUTION 1.1 (0.5 F) MG/ML		Tier 1	PV
SODIUM FLUORIDE ORAL TABLET 1.1 (0.5 F) MG, 2.2 (1 F) MG		Tier 1	PV
SODIUM FLUORIDE ORAL TABLET CHEWABLE 0.55 (0.25 F) MG, 1.1 (0.5 F) MG		Tier 1	PV
<b>*Iodine Products***</b>			
IODINE STRONG ORAL SOLUTION 5 %		Tier 1	
<b>*Potassium***</b>			
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE ER) 10 MEQ	Tier 1	Tier 1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYSTAL ER) 10 MEQ	Tier 1	Tier 1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYSTAL ER) 15 MEQ	Tier 1	Tier 1	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYSTAL ER) 20 MEQ	Tier 1	Tier 1	
KLOR-CON ORAL PACKET (POTASSIUM CHLORIDE) 20 MEQ	Tier 1	Tier 1	
KLOR-CON ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE ER) 8 MEQ	Tier 1	Tier 1	
POTASSIUM CHLORIDE ER ORAL CAPSULE EXTENDED RELEASE 10 MEQ, 8 MEQ		Tier 1	
POTASSIUM CHLORIDE ER ORAL TABLET EXTENDED RELEASE 20 MEQ		Tier 1	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/50ML, 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML		Tier 1	
POTASSIUM CHLORIDE ORAL SOLUTION 10 %, 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)		Tier 1	
<b>*Sodium***</b>			
BD POSIFLUSH INTRAVENOUS SOLUTION (SODIUM CHLORIDE FLUSH) 0.9 %	Tier 1	Tier 1	
MONOJECT FLUSH SYRINGE INTRAVENOUS SOLUTION (SODIUM CHLORIDE FLUSH) 0.9 %	Tier 1	Tier 1	
MONOJECT SODIUM CHLORIDE FLUSH INTRAVENOUS SOLUTION (SODIUM CHLORIDE FLUSH) 0.9 %	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NORMAL SALINE FLUSH INTRAVENOUS SOLUTION 0.9 %		Tier 1	
<b>*Miscellaneous Therapeutic Classes*</b>			
<b>*Antileprotics***</b>			
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 4		PA; Specialty
<b>*Chelating Agents***</b>			
PENICILLAMINE ORAL TABLET 250 MG		Tier 4	Specialty
TRIENTINE HCL ORAL CAPSULE 250 MG		Tier 4	PA; Specialty
<b>*Cyclosporine Analogs***</b>			
CYCLOSPORINE INTRAVENOUS SOLUTION 50 MG/ML		Tier 1	Specialty
CYCLOSPORINE MODIFIED ORAL CAPSULE 50 MG		Tier 1	Specialty
CYCLOSPORINE ORAL CAPSULE 100 MG, 25 MG		Tier 1	Specialty
GENGRAF ORAL CAPSULE (CYCLOSPORINE MODIFIED) 100 MG, 25 MG	Tier 1	Tier 1	Specialty
GENGRAF ORAL SOLUTION (CYCLOSPORINE MODIFIED) 100 MG/ML	Tier 1	Tier 1	Specialty
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 2		Specialty
<b>*Enzymes***</b>			
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	Tier 4		PA; Specialty
<b>*Immunomodulators For Myelodysplastic Syndromes***</b>			
REVLIMID ORAL CAPSULE (LENALIDOMIDE) 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 4	Tier 4	PA; Specialty
<b>*Inosine Monophosphate Dehydrogenase Inhibitors***</b>			
MYCOPHENOLATE MOFETIL HCL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 1	Specialty
MYCOPHENOLATE MOFETIL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 1	Specialty
MYCOPHENOLATE MOFETIL ORAL CAPSULE 250 MG		Tier 1	Specialty
MYCOPHENOLATE MOFETIL ORAL SUSPENSION RECONSTITUTED 200 MG/ML		Tier 1	Specialty
MYCOPHENOLATE MOFETIL ORAL TABLET 500 MG		Tier 1	Specialty
MYCOPHENOLATE SODIUM ORAL TABLET DELAYED RELEASE 180 MG, 360 MG		Tier 1	Specialty
<b>*Macrolide Immunosuppressants***</b>			
EVEROLIMUS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG		Tier 1	Specialty
SIROLIMUS ORAL SOLUTION 1 MG/ML		Tier 1	Specialty
SIROLIMUS ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 1	Specialty
TACROLIMUS ORAL CAPSULE 0.5 MG, 1 MG, 5 MG		Tier 1	Specialty
ZORTRESS ORAL TABLET (EVEROLIMUS) 1 MG	Tier 3	Tier 1	Specialty
<b>*Monoclonal Antibodies***</b>			
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML	Tier 5		PA; Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Potassium Removing Agents***</b>			
SODIUM POLYSTYRENE SULFONATE ORAL POWDER		Tier 1	
SPS ORAL SUSPENSION 15 GM/60ML	Tier 3		
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Tier 3		
<b>*Purine Analogs***</b>			
AZASAN ORAL TABLET (AZATHIOPRINE) 100 MG, 75 MG	Tier 3	Tier 1	
AZATHIOPRINE ORAL TABLET 50 MG		Tier 1	
AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED 100 MG		Tier 1	
<b>*Mouth/Throat/Dental Agents*</b>			
<b>*Anesthetics Topical Oral***</b>			
LIDOCAINE VISCOUS HCL MOUTH/THROAT SOLUTION 2 %		LC	
<b>*Anti-Infectives - Throat***</b>			
CLOTTRIMAZOLE MOUTH/THROAT TROCHE 10 MG		Tier 1	
NYSTATIN MOUTH/THROAT SUSPENSION 100000 UNIT/ML		Tier 1	
<b>*Antiseptic Combinations - Mouth/Throat***</b>			
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 %	Tier 3		
<b>*Antiseptics - Mouth/Throat***</b>			
PERIOGARD MOUTH/THROAT SOLUTION (CHLORHEXIDINE GLUCONATE) 0.12 %	LC	LC	
<b>*Fluoride Dental Products***</b>			
CAVAREST DENTAL GEL (SODIUM FLUORIDE) 1.1 %	Tier 1	Tier 1	
EASYGEL DENTAL GEL 0.4 %	Tier 1		
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 %	Tier 1		
PREVIDENT MOUTH/THROAT SOLUTION (SODIUM FLUORIDE) 0.2 %	Tier 3	Tier 3	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %		Tier 1	
SODIUM FLUORIDE 5000 PPM DENTAL CREAM 1.1 %		Tier 1	
SODIUM FLUORIDE 5000 PPM DENTAL GEL 1.1 %		Tier 1	
SODIUM FLUORIDE DENTAL CREAM 1.1 %		Tier 1	
<b>*Saliva Stimulants***</b>			
CEVIMELINE HCL ORAL CAPSULE 30 MG		Tier 1	
PILOCARPINE HCL ORAL TABLET 5 MG, 7.5 MG		Tier 1	
<b>*Steroids - Mouth/Throat/Dental***</b>			
ORALONE MOUTH/THROAT PASTE (TRIAMCINOLONE ACETONIDE) 0.1 %	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Multivitamins*</b>			
<b>*B-Complex W/ C &amp; Folic Acid***</b>			
B-PLEX ORAL TABLET		Tier 1	
FOLBEE PLUS ORAL TABLET		Tier 1	
NEPHRONEX ORAL TABLET (VP-VITE RX)	Tier 1	Tier 1	
TRIPHROCAPS ORAL CAPSULE 1 MG		Tier 1	
VIRT-CAPS ORAL CAPSULE 1 MG		Tier 1	
WESCAPS ORAL CAPSULE 1 MG		Tier 1	
<b>*Multiple Vitamins W/ Minerals***</b>			
BIOCEL ORAL TABLET		Tier 1	
LYSIPLEX PLUS ORAL TABLET (B-PLEX PLUS)	Tier 1	Tier 1	
NUTRIFAC ZX ORAL TABLET (B-PLEX PLUS)	Tier 1	Tier 1	
V-C FORTE ORAL CAPSULE		Tier 1	
VITA S FORTE ORAL TABLET (B-PLEX PLUS)	Tier 1	Tier 1	
VITACEL ORAL TABLET (B-PLEX PLUS)	Tier 1	Tier 1	
<b>*Ped Multi Vitamins W/F1 &amp; Fe***</b>			
MULTI-VITAMIN/FLUORIDE/IRON ORAL SOLUTION 0.25-10 MG/ML		Tier 1	
<b>*Ped Mv W/ Fluoride***</b>			
MULTI-VITAMIN/FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML		Tier 1	
MULTIVITAMIN/FLUORIDE ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG		Tier 1	
<b>*Ped Vitamins Acd W/ Fluoride***</b>			
ADC/F (0.5MG/ML) ORAL SOLUTION 0.5 MG/ML		Tier 1	
TRI-VITE/FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML		Tier 1	
VITAMINS ACD-FLUORIDE ORAL SOLUTION 0.25 MG/ML		Tier 1	
<b>*Prenatal Mv &amp; Min W/Fe-Fa***</b>			
ATABEX ORAL TABLET CHEWABLE 18-0.8 MG	Tier 3		PV
CLASSIC PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
CVS PRENATAL ORAL TABLET 27-0.8 MG		Tier 1	PV
EQL PRENATAL FORMULA ORAL TABLET 28-0.8 MG		Tier 1	PV
GNP PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG	Tier 3		PV
KP PRENATAL MULTIVITAMINS ORAL TABLET 28-0.8 MG		Tier 1	PV
MASONATAL ORAL TABLET 28-0.8 MG		Tier 3	PV
MULTI PRENATAL ORAL TABLET 27-0.8 MG		Tier 1	PV
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG		Tier 3	PV
NEONATAL VITAMIN ORAL TABLET (PRENATAL) 27-0.8 MG	Tier 3	Tier 1	PV
ONE VITE WOMENS ORAL TABLET 27-0.8 MG		Tier 3	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG	Tier 3		PV
ONE-A-DAY WOMENS PRENATAL ORAL 28-0.8 & 223 MG	Tier 3		PV
ONE-A-DAY WOMENS PRENATAL ORAL (SM ONE DAILY PRENATAL) 28-0.8 & 440 MG	Tier 3	Tier 1	PV
PERRY PRENATAL ORAL CAPSULE 13.5-0.4 MG	Tier 3		PV
PNV-OMEGA ORAL CAPSULE 28-0.6-0.4-340 MG		Tier 1	
PNV-SELECT ORAL TABLET 27-0.6-0.4 MG		Tier 1	
PRENATAL (W/IRON & FA) ORAL TABLET 27-0.8 MG		Tier 1	PV
PRENATAL 19 ORAL TABLET 29-1 MG		Tier 1	
PRENATAL 19 ORAL TABLET CHEWABLE 29-1 MG		Tier 1	
PRENATAL COMPLETE ORAL TABLET 14-0.4 MG		Tier 1	PV
PRENATAL FORMULA ORAL CAPSULE 28-0.8-235 MG		Tier 1	PV
PRENATAL FORTE ORAL TABLET		Tier 1	PV
PRENATAL MULTI +DHA ORAL CAPSULE 27-0.8-228 MG		Tier 1	PV
PRENATAL ONE DAILY ORAL TABLET 27-0.8 MG		Tier 1	PV
PRENATAL PLUS ORAL TABLET 27-1 MG		LC	
PRENATAL PLUS VITAMIN/MINERAL ORAL TABLET 27-1 MG		LC	
PRENATAL TABLET 27-1 MG ORAL 27-1 MG		LC	
PRENATAL TABLET 28-0.8 MG ORAL 28-0.8 MG		Tier 1	PV
PRENATAL VITAMIN AND MINERAL ORAL TABLET 28-0.8 MG		Tier 1	PV
PRENATAL VITAMIN ORAL TABLET 27-0.8 MG		Tier 1	PV
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27-1 MG		LC	
PRENATAL VITAMINS ORAL TABLET 28-0.8 MG		Tier 1	PV
PRENATAL/IRON ORAL TABLET , 28-0.8 MG		Tier 1	PV
PX PRENATAL MULTIVITAMINS ORAL TABLET 28-0.8 MG		Tier 1	PV
QC PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
RA PRENATAL FORMULA ORAL TABLET 28-0.8 MG		Tier 1	PV
RA PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
SM PRENATAL VITAMINS ORAL TABLET 28-0.8 MG		Tier 1	PV
VIRT-NATE DHA ORAL CAPSULE 28-1-200 MG		Tier 1	
<b>*Prenatal Mv &amp; Min W/Fe-Fa-Dha***</b>			
BRAINSTRONG PRENATAL ORAL 33-0.8 & 350 MG	Tier 3		PV
CADEAU DHA ORAL CAPSULE 29-0.4-0.8-375 MG		Tier 3	PV
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG	Tier 3		PV
CVS PRENATAL MULTI+DHA ORAL CAPSULE 27-0.8-250 MG		Tier 1	PV
ENFAMIL EXPECTA ORAL 28-0.8 & 200 MG	Tier 3		PV
PNV-DHA ORAL CAPSULE 27-0.6-0.4-300 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PNV-DHA+DOCUSATE ORAL CAPSULE 27-1.25-300 MG		Tier 1	
PRENATAL MULTI +DHA ORAL CAPSULE 27-0.8-200 MG, 27-0.8-250 MG		Tier 1	PV
<b>PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 &amp; 200 MG</b>	Tier 3		PV
PRENATAL MULTIVITAMIN PLUS DHA ORAL CAPSULE 27-0.8-250 MG		Tier 1	PV
PRENATAL/FOLIC ACID+DHA ORAL CAPSULE 27-0.8-200 MG		Tier 1	PV
<b>SIMILAC PRENATAL EARLY SHIELD ORAL 27-0.8 &amp; 200 MG</b>	Tier 3		PV
<b>STUART ONE ORAL CAPSULE 27-0.8-200 MG</b>	Tier 3		PV
VIRT-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG		Tier 1	
<b>*Prenatal Mv &amp; Minerals W/ Fa Without Iron***</b>			
CVS PRENATAL GUMMY ORAL TABLET CHEWABLE 0.4 MG		Tier 1	PV
<b>*Prenatal Mv &amp; Minerals W/ Fa-Omega Fatty Acids W/O Iron***</b>			
CVS PRENATAL GUMMY ORAL TABLET CHEWABLE 0.4-113.5 MG		Tier 1	PV
<b>*Prenatal Mv &amp; Minerals W/Fa Without Iron***</b>			
PRENATAL GUMMIES/DHA & FA ORAL TABLET CHEWABLE 0.4-32.5 MG		Tier 1	PV
<b>*Musculoskeletal Therapy Agents*</b>			
<b>*Central Muscle Relaxants***</b>			
BACLOFEN TABLET 10 MG ORAL 10 MG		LC	
BACLOFEN TABLET 20 MG ORAL 20 MG		Tier 1	
CARISOPRODOL ORAL TABLET 350 MG		Tier 1	
CHLORZOXAZONE ORAL TABLET 500 MG		Tier 1	
CYCLOBENZAPRINE HCL ORAL TABLET 10 MG, 5 MG		LC	
METAXALONE ORAL TABLET 800 MG		Tier 3	
METHOCARBAMOL INJECTION SOLUTION 1000 MG/10ML		Tier 1	
METHOCARBAMOL ORAL TABLET 500 MG, 750 MG		LC	
ORPHENADRINE CITRATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG		Tier 1	
ORPHENADRINE CITRATE INJECTION SOLUTION 30 MG/ML		Tier 1	
TIZANIDINE HCL ORAL TABLET 2 MG, 4 MG		Tier 1	
<b>*Muscle Relaxant Combinations***</b>			
ORPHENADRINE-ASPIRIN-CAFFEINE ORAL TABLET 25-385-30 MG		Tier 3	QL (4 EA per 1 day)
<b>*Nasal Agents - Systemic And Topical*</b>			
<b>*Nasal Anticholinergics***</b>			
IPRATROPIUM BROMIDE NASAL SOLUTION 0.03 %, 0.06 %		LC	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Nasal Antihistamines***</b>			
AZELASTINE HCL NASAL SOLUTION 0.1 %, 137 MCG/SPRAY		Tier 1	QL (2 ML per 1 day)
OLOPATADINE HCL NASAL SOLUTION 0.6 %		Tier 3	QL (1.02 GM per 1 day)
<b>*Nasal Steroids***</b>			
FLUNISOLIDE NASAL SOLUTION 25 MCG/ACT (0.025%)		Tier 1	QL (25.2 ML per 30 days)
FLUTICASONE PROPIONATE NASAL SUSPENSION 50 MCG/ACT		Tier 1	
MOMETASONE FUROATE NASAL SUSPENSION 50 MCG/ACT		Tier 1	QL (1.14 GM per 1 day)
<b>*Neuromuscular Agents*</b>			
<b>*Benzathiazoles***</b>			
RILUZOLE ORAL TABLET 50 MG		Tier 3	PA; QL (2 EA per 1 day)
<b>*Neuromuscular Blocking Agent - Neurotoxins***</b>			
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	Tier 4		PA; Specialty
<b>*Ophthalmic Agents*</b>			
<b>*Alpha Adrenergic Agonist &amp; Carbonic Anhydrase Inhib Comb***</b>			
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Tier 2		
<b>*Beta-Blockers - Ophthalmic Combinations***</b>			
COMBIGAN OPHTHALMIC SOLUTION (BRIMONIDINE TARTRATE-TIMOLOL) 0.2-0.5 %	Tier 2	Tier 1	
DORZOLAMIDE HCL-TIMOLOL MAL OPHTHALMIC SOLUTION 22.3-6.8 MG/ML		Tier 1	
DORZOLAMIDE HCL-TIMOLOL MAL PF OPHTHALMIC SOLUTION 2-0.5 %		Tier 1	
<b>*Beta-Blockers - Ophthalmic***</b>			
BETAXOLOL HCL OPHTHALMIC SOLUTION 0.5 %		Tier 1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 %	Tier 3		
CARTEOLOL HCL OPHTHALMIC SOLUTION 1 %		Tier 1	
LEVOBUNOLOL HCL OPHTHALMIC SOLUTION 0.5 %		Tier 1	
TIMOLOL MALEATE (ONCE-DAILY) OPHTHALMIC SOLUTION 0.5 %		Tier 1	
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION 0.5 %		Tier 1	
TIMOLOL MALEATE OPHTHALMIC SOLUTION 0.25 %, 0.5 %		LC	
TIMOLOL MALEATE PF OPHTHALMIC SOLUTION 0.5 %		Tier 1	
<b>*Cycloplegic Mydriatics***</b>			
ALTAFRIN OPHTHALMIC SOLUTION (PHENYLEPHRINE HCL) 10 %, 2.5 %	Tier 1	Tier 1	
ATROPINE SULFATE OPHTHALMIC OINTMENT 1 %		Tier 1	
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %		LC	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CYCLOPENTOLATE HCL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 %		Tier 1	
<b>HOMATROPAIRE OPHTHALMIC SOLUTION 5 %</b>	Tier 1		
<b>*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***</b>			
<b>XIIDRA OPHTHALMIC SOLUTION 5 %</b>	Tier 2		PA
<b>*Miotics - Cholinesterase Inhibitors***</b>			
<b>PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %</b>	Tier 2		
<b>*Miotics - Direct Acting***</b>			
PILOCARPINE HCL OPHTHALMIC SOLUTION 1 %, 2 %, 4 %		Tier 1	
<b>*Ophthalmic Antiallergic***</b>			
<b>ALOCRIL OPHTHALMIC SOLUTION 2 %</b>	Tier 3		PA
<b>ALOMIDE OPHTHALMIC SOLUTION 0.1 %</b>	Tier 3		
AZELASTINE HCL OPHTHALMIC SOLUTION 0.05 %		Tier 1	
CROMOLYN SODIUM OPHTHALMIC SOLUTION 4 %		Tier 1	
EPINASTINE HCL OPHTHALMIC SOLUTION 0.05 %		Tier 1	
OLOPATADINE HCL OPHTHALMIC SOLUTION 0.1 %, 0.2 %		Tier 1	
<b>ZERVIADE OPHTHALMIC SOLUTION 0.24 %</b>	Tier 3		PA; ST
<b>*Ophthalmic Antibiotics***</b>			
<b>AZASITE OPHTHALMIC SOLUTION 1 %</b>	Tier 3		
BACITRACIN OPHTHALMIC OINTMENT 500 UNIT/GM		Tier 1	
<b>BESIVANCE OPHTHALMIC SUSPENSION 0.6 %</b>	Tier 3		
CIPROFLOXACIN HCL OPHTHALMIC SOLUTION 0.3 %		Tier 1	
ERYTHROMYCIN OPHTHALMIC OINTMENT 5 MG/GM		Tier 1	
GATIFLOXACIN OPHTHALMIC SOLUTION 0.5 %		Tier 1	
<b>GENTAK OPHTHALMIC OINTMENT 0.3 %</b>	Tier 1		
GENTAMICIN SULFATE OPHTHALMIC SOLUTION 0.3 %		Tier 1	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5 %		Tier 1	
MOXIFLOXACIN HCL (2X DAY) OPHTHALMIC SOLUTION 0.5 %		Tier 1	
MOXIFLOXACIN HCL OPHTHALMIC SOLUTION 0.5 %		Tier 1	
OFLOXACIN OPHTHALMIC SOLUTION 0.3 %		Tier 1	
TOBRAMYCIN OPHTHALMIC SOLUTION 0.3 %		LC	
<b>TOBREX OPHTHALMIC OINTMENT 0.3 %</b>	Tier 3		
<b>*Ophthalmic Antifungal***</b>			
<b>NATACYN OPHTHALMIC SUSPENSION 5 %</b>	Tier 2		
<b>*Ophthalmic Anti-Infective Combinations***</b>			
BACITRACIN-POLYMYXIN B OPHTHALMIC OINTMENT 500-10000 UNIT/GM		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NEOMYCIN-BACITRACIN ZN-POLYMYX OPHTHALMIC OINTMENT 3.5-400-10000		Tier 1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN OPHTHALMIC SOLUTION 1.75-10000-.025		Tier 1	
<b>NEO-POLYCIN OPHTHALMIC OINTMENT (NEOMYCIN-BACITRACIN ZN-POLYMYX) 3.5-400-10000</b>	Tier 1	Tier 1	
<b>POLYCIN OPHTHALMIC OINTMENT (AK-POLY-BAC) 500-10000 UNIT/GM</b>	Tier 1	Tier 1	
POLYMYXIN B-TRIMETHOPRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%		LC	
<b>*Ophthalmic Antivirals***</b>			
TRIFLURIDINE OPHTHALMIC SOLUTION 1 %		Tier 1	
ZIRGAN OPHTHALMIC GEL 0.15 %	Tier 3		
<b>*Ophthalmic Carbonic Anhydrase Inhibitors***</b>			
BRINZOLAMIDE OPHTHALMIC SUSPENSION 1 %		Tier 1	
DORZOLAMIDE HCL OPHTHALMIC SOLUTION 2 %		Tier 1	
<b>*Ophthalmic Immunomodulators***</b>			
RESTASIS MULTIDOSE OPHTHALMIC EMULSION (CYCLOSPORINE) 0.05 %	Tier 2	Tier 1	PA
RESTASIS OPHTHALMIC EMULSION (CYCLOSPORINE) 0.05 %	Tier 2	Tier 1	PA
<b>*Ophthalmic Kinase Inhibitors - Combinations***</b>			
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	Tier 2		QL (0.1 ML per 1 day)
<b>*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***</b>			
BROMFENAC SODIUM (ONCE-DAILY) OPHTHALMIC SOLUTION 0.09 %		Tier 1	QL (6.8 ML per 365 days)
DICLOFENAC SODIUM OPHTHALMIC SOLUTION 0.1 %		Tier 1	
FLURBIPROFEN SODIUM OPHTHALMIC SOLUTION 0.03 %		Tier 1	
KETOROLAC TROMETHAMINE OPHTHALMIC SOLUTION 0.4 %, 0.5 %		Tier 1	
PROLENSA OPHTHALMIC SOLUTION 0.07 %	Tier 2		QL (12 ML per 365 days)
<b>*Ophthalmic Rho Kinase Inhibitors***</b>			
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	Tier 2		QL (0.1 ML per 1 day)
<b>*Ophthalmic Selective Alpha Adrenergic Agonists***</b>			
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Tier 2		
APRACLONIDINE HCL OPHTHALMIC SOLUTION 0.5 %		Tier 1	
BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.2 %		Tier 1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	Tier 3		
<b>*Ophthalmic Steroid Combinations***</b>			
NEOMYCIN-POLYMYXIN-DEXAMETH OPHTHALMIC OINTMENT 3.5-10000-0.1		LC	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NEOMYCIN-POLYMYXIN-DEXAMETHOPHTHALMIC SUSPENSION 3.5-10000-0.1		LC	
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSPENSION 3.5-10000-1		Tier 1	
<b>NEO-POLYCIN HC OPHTHALMIC OINTMENT (BACITRA-NEOMYCIN-POLYMYXIN-HC) 1 %</b>	Tier 1	Tier 1	
<b>PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %</b>	Tier 3		
SULFACETAMIDE-PREDNISOLONE OPHTHALMIC SOLUTION 10-0.23 %		Tier 1	
<b>TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %</b>	Tier 3		
<b>TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %</b>	Tier 3		
TOBRAMYCIN-DEXAMETHASONE OPHTHALMIC SUSPENSION 0.3-0.1 %		Tier 1	
<b>ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %</b>	Tier 3		
<b>*Ophthalmic Steroids***</b>			
DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1 %		Tier 1	
DIFLUPREDNATE OPHTHALMIC EMULSION 0.05 %		Tier 1	
<b>DUREZOL OPHTHALMIC EMULSION 0.05 %</b>	Tier 3		PA
<b>EYSUVIS OPHTHALMIC SUSPENSION 0.25 %</b>	Tier 3		PA
<b>FLAREX OPHTHALMIC SUSPENSION 0.1 %</b>	Tier 3		
FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1 %		Tier 1	
<b>FML OPHTHALMIC OINTMENT 0.1 %</b>	Tier 2		
LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5 %		Tier 1	
PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1 %		Tier 1	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1 %		Tier 1	
<b>*Ophthalmic Sulfonamides***</b>			
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT 10 %		Tier 1	
SULFACETAMIDE SODIUM OPHTHALMIC SOLUTION 10 %		Tier 1	
<b>*Ophthalmics - Cystinosis Agents**</b>			
<b>CYSTARAN OPHTHALMIC SOLUTION 0.44 %</b>	Tier 5		PA; Specialty; QL (2.15 ML per 1 day)
<b>*Prostaglandins - Ophthalmic***</b>			
BIMATOPROST OPHTHALMIC SOLUTION 0.03 %		Tier 1	QL (3 ML per 30 days)
LATANOPROST OPHTHALMIC SOLUTION 0.005 %		Tier 1	
<b>LUMIGAN OPHTHALMIC SOLUTION 0.01 %</b>	Tier 2		QL (3 ML per 30 days)
TRAVOPROST (BAK FREE) OPHTHALMIC SOLUTION 0.004 %		Tier 1	QL (3.6 ML per 30 days)
<b>ZIOPTAN OPHTHALMIC SOLUTION (TAFLUPROST (PF)) 0.0015 %, 0.015 MG/ML</b>	Tier 3	Tier 1	QL (1 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Otic Agents*</b>			
<b>*Otic Agents - Miscellaneous***</b>			
ACETIC ACID OTIC SOLUTION 2 %		Tier 1	
<b>*Otic Anti-Infectives***</b>			
CIPROFLOXACIN HCL OTIC SOLUTION 0.2 %		Tier 1	PA; ST
OFLOXACIN OTIC SOLUTION 0.3 %		Tier 1	
<b>*Otic Steroid-Anti-Infective Combinations***</b>			
CIPRO HC OTIC SUSPENSION 0.2-1 %	Tier 3		
CIPROFLOXACIN-DEXAMETHASONE OTIC SUSPENSION 0.3-0.1 %		Tier 3	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3		
NEOMYCIN-POLYMYXIN-HC OTIC SOLUTION 1 %, 3.5-10000-1		Tier 1	
NEOMYCIN-POLYMYXIN-HC OTIC SUSPENSION 3.5-10000-1		Tier 1	
<b>*Otic Steroids***</b>			
FLAC OTIC OIL (FLUOCINOLONE ACETONIDE) 0.01 %	Tier 1	Tier 1	
HYDROCORTISONE-ACETIC ACID OTIC SOLUTION 1-2 %		Tier 1	
<b>*Oxytocics*</b>			
<b>*Oxytocics***</b>			
METHERGINE ORAL TABLET (METHYLERGONOVINE MALEATE) 0.2 MG	Tier 1	Tier 1	QL (2 FILL per 365 days)
OXYTOCIN INJECTION SOLUTION 10 UNIT/ML		Tier 1	
<b>*Passive Immunizing And Treatment Agents*</b>			
<b>*Antiviral Monoclonal Antibodies***</b>			
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	Tier 4		PA; Specialty
<b>*Immune Serums***</b>			
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	Tier 5		PA; Specialty
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML	Tier 5		PA; Specialty
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	Tier 5		PA; Specialty
GAMASTAN INTRAMUSCULAR INJECTABLE	Tier 4		PA; Specialty
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 5		PA; Specialty
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	Tier 5		PA; Specialty
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 5		PA; Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	Tier 5		PA; Specialty
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 5		PA; Specialty
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML	Tier 5		
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 5		PA; Specialty
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML	Tier 5		PA; Specialty
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	Tier 5		
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML, 220 UNIT/ML	Tier 5		
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT	Tier 4		Specialty
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	Tier 4		Specialty
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML	Tier 5		
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	Tier 5		PA; Specialty
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 5		PA; Specialty
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT	Tier 4		Specialty
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML	Tier 4		
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML	Tier 4		Specialty
<b>*Passive Immunizing Agents - Combinations***</b>			
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 5		PA; Specialty
<b>*Penicillins*</b>			
<b>*Aminopenicillins***</b>			
AMOXICILLIN ORAL CAPSULE 250 MG, 500 MG		LC	
AMOXICILLIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 200 MG/5ML, 250 MG/5ML, 400 MG/5ML		LC	
AMOXICILLIN ORAL TABLET 500 MG, 875 MG		LC	
AMOXICILLIN ORAL TABLET CHEWABLE 125 MG, 250 MG		LC	
AMPICILLIN ORAL CAPSULE 500 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
AMPICILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 125 MG, 2 GM, 250 MG, 500 MG		Tier 1	
AMPICILLIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 10 GM, 2 GM		Tier 1	
<b>*Natural Penicillins***</b>			
BICILLIN L-A INTRAMUSCULAR SUSPENSION 2400000 UNIT/4ML	Tier 3		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML	Tier 3		
PENICILLIN G POTASSIUM INJECTION SOLUTION RECONSTITUTED 2000000 UNIT		Tier 1	
PENICILLIN V POTASSIUM ORAL SOLUTION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		LC	
PENICILLIN V POTASSIUM ORAL TABLET 250 MG, 500 MG		LC	
<b>*Penicillin Combinations***</b>			
AMOXICILLIN-POT CLAVULANATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1000-62.5 MG		Tier 3	
AMOXICILLIN-POT CLAVULANATE ORAL SUSPENSION RECONSTITUTED 200-28.5 MG/5ML, 250-62.5 MG/5ML, 400-57 MG/5ML, 600-42.9 MG/5ML		Tier 1	
AMOXICILLIN-POT CLAVULANATE ORAL TABLET 250-125 MG, 500-125 MG, 875-125 MG		Tier 1	
AMOXICILLIN-POT CLAVULANATE ORAL TABLET CHEWABLE 200-28.5 MG, 400-57 MG		Tier 1	
AMPICILLIN-SULBACTAM SODIUM INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM		Tier 1	
AMPICILLIN-SULBACTAM SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 15 (10-5) GM, 3 (2-1) GM		Tier 1	
PIPERACILLIN SOD-TAZOBACTAM SO INTRAVENOUS SOLUTION RECONSTITUTED 2.25 (2-0.25) GM, 3-0.375 GM, 3.375 (3-0.375) GM, 4-0.5 GM, 4.5 (4-0.5) GM, 40.5 (36-4.5) GM		Tier 1	
<b>*Penicillinase-Resistant Penicillins***</b>			
DICLOXACILLIN SODIUM ORAL CAPSULE 250 MG, 500 MG		LC	
NAFCILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM		Tier 1	
NAFCILLIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 10 GM, 2 GM		Tier 1	
OXACILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM		Tier 1	
OXACILLIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 10 GM		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Progesterins*</b>			
<b>*Progesterins***</b>			
HYDROXYPROGESTERONE CAPROATE INTRAMUSCULAR OIL 250 MG/ML		Tier 4	PA; Specialty
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML	Tier 4		PA; Specialty
MEDROXYPROGESTERONE ACETATE ORAL TABLET 10 MG, 2.5 MG, 5 MG		LC	
MEGESTROL ACETATE ORAL SUSPENSION 625 MG/5ML		Tier 1	
NORETHINDRONE ACETATE ORAL TABLET 5 MG		Tier 1	
PROGESTERONE INTRAMUSCULAR OIL 50 MG/ML		Tier 1	
PROGESTERONE ORAL CAPSULE 100 MG, 200 MG		Tier 1	
<b>*Psychotherapeutic And Neurological Agents - Misc.*</b>			
<b>*Alcohol Deterrents***</b>			
ACAMPROSATE CALCIUM ORAL TABLET DELAYED RELEASE 333 MG		Tier 3	
DISULFIRAM ORAL TABLET 250 MG, 500 MG		Tier 3	
<b>*Antidementia Agent Combinations***</b>			
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 2		QL (1 EA per 1 day)
<b>*Antisense Oligonucleotide (Aso) Inhibitor Agents***</b>			
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	Tier 5		PA; Specialty
<b>*Benzodiazepines &amp; Tricyclic Agents***</b>			
CHLORDIAZEPOXIDE-AMITRIPTYLINE ORAL TABLET 10-25 MG, 5-12.5 MG		Tier 1	
<b>*Cholinomimetics - Ache Inhibitors***</b>			
DONEPEZIL HCL ORAL TABLET 10 MG, 23 MG, 5 MG		Tier 1	
DONEPEZIL HCL ORAL TABLET DISPERSIBLE 10 MG, 5 MG		Tier 1	
GALANTAMINE HYDROBROMIDE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG		Tier 1	
GALANTAMINE HYDROBROMIDE ORAL SOLUTION 4 MG/ML		Tier 1	
GALANTAMINE HYDROBROMIDE ORAL TABLET 12 MG, 4 MG, 8 MG		Tier 1	
RIVASTIGMINE TARTRATE ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		Tier 1	
RIVASTIGMINE TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR		Tier 3	
<b>*Fibromyalgia Agent - Snris***</b>			
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3		PA; ST; QL (2 EA per 1 day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	Tier 3		PA; ST; QL (110 EA per 365 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Movement Disorder Drug Therapy***</b>			
TETRABENAZINE ORAL TABLET 12.5 MG, 25 MG		Tier 4	PA; Specialty
<b>*Multiple Sclerosis Agents - Interferons***</b>			
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 4		PA; Specialty; QL (1.2 EA per 30 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 4		PA; Specialty; QL (1.2 EA per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 4		PA; Specialty; QL (15 EA per 30 days)
<b>*Multiple Sclerosis Agents - Monoclonal Antibodies***</b>			
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	Tier 5		PA; Specialty; QL (0.54 ML per 1 day)
<b>*Multiple Sclerosis Agents - Nrf2 Pathway Activators***</b>			
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	Tier 4		PA; Specialty; QL (4 EA per 1 day)
DIMETHYL FUMARATE ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG		Tier 4	PA; Specialty; QL (2 EA per 1 day)
DIMETHYL FUMARATE STARTER PACK ORAL 120 & 240 MG		Tier 4	PA; Specialty; QL (120 EA per 365 days)
<b>*Multiple Sclerosis Agents - Potassium Channel Blockers***</b>			
DALFAMPRIDINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG		Tier 4	PA; Specialty; QL (2 EA per 1 day)
<b>*Multiple Sclerosis Agents***</b>			
COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS (GLATIRAMER ACETATE) 20 MG/ML	Tier 4	Tier 4	PA; Specialty; QL (1 ML per 1 day)
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS (GLATIRAMER ACETATE) 40 MG/ML	Tier 4	Tier 4	PA; Specialty; QL (12.9 ML per 30 days)
GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS (GLATIRAMER ACETATE) 20 MG/ML	Tier 4	Tier 4	PA; Specialty; QL (1 ML per 1 day)
GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS (GLATIRAMER ACETATE) 40 MG/ML	Tier 4	Tier 4	PA; Specialty; QL (12.9 ML per 30 days)
<b>*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***</b>			
MEMANTINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG		Tier 3	QL (1 EA per 1 day)
MEMANTINE HCL ORAL SOLUTION 2 MG/ML		Tier 1	
MEMANTINE HCL ORAL TABLET 10 MG, 28 X 5 MG & 21 X 10 MG, 5 MG		Tier 1	
<b>*Phenothiazines &amp; Tricyclic Agents***</b>			
PERPHENAZINE-AMITRIPTYLINE ORAL TABLET 2-10 MG, 2-25 MG, 4-10 MG, 4-25 MG, 4-50 MG		Tier 1	
<b>*Psychotherapeutic And Neurological Agents - Misc.***</b>			
ERGOLOID MESYLATES ORAL TABLET 1 MG		Tier 3	
PIMOZIDE ORAL TABLET 1 MG, 2 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Smoking Deterrents***</b>			
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG		Tier 3	ST; PV; QL (180 EA per 365 days)
BUPROPION HCL ER (SMOKING DET) ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG		Tier 1	PV; QL (180 EA per 365 days)
CVS NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
CVS NICOTINE MOUTH/THROAT LOZENGE 2 MG		Tier 1	PV; QL (180 EA per 365 days)
CVS NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
CVS NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
CVS NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
EQ NICOTINE MOUTH/THROAT GUM 4 MG		Tier 1	PV; QL (180 EA per 365 days)
EQ NICOTINE MOUTH/THROAT LOZENGE 4 MG		Tier 1	PV; QL (180 EA per 365 days)
EQ NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
EQ NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
EQ NICOTINE STEP 3 TRANSDERMAL PATCH 24 HOUR 7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
EQ NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
EQL NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
GNP NICOTINE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
GNP NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
GNP NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
GNP NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
GNP NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
GOODSENSE NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
GOODSENSE NICOTINE MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
<b>HABITROL TRANSDERMAL PATCH 24 HOUR (NICOTINE) 21 MG/24HR</b>	Tier 1	Tier 1	PV; QL (180 EA per 365 days)
HM NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
HM NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
HM NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
<b>KLS QUIT2 MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG</b>	Tier 1	Tier 1	PV; QL (180 EA per 365 days)
<b>KLS QUIT2 MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 2 MG</b>	Tier 1	Tier 1	PV; QL (180 EA per 365 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
KLS QUIT4 MOUTH/THROAT GUM (NICOTINE POLACRILEX) 4 MG	Tier 1	Tier 1	PV; QL (180 EA per 365 days)
KLS QUIT4 MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 4 MG	Tier 1	Tier 1	PV; QL (180 EA per 365 days)
NICODERM CQ TRANSDERMAL PATCH 24 HOUR (NICOTINE) 14 MG/24HR, 21 MG/24HR, 7 MG/24HR	Tier 3	Tier 1	PV; QL (180 EA per 365 days)
NICORETTE MINI MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 2 MG, 4 MG	Tier 3	Tier 1	PV; QL (180 EA per 365 days)
NICORETTE MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG, 4 MG	Tier 3	Tier 1	PV; QL (180 EA per 365 days)
NICORETTE MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 2 MG, 4 MG	Tier 3	Tier 1	PV; QL (180 EA per 365 days)
NICORETTE STARTER KIT MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG, 4 MG	Tier 3	Tier 1	PV; QL (180 EA per 365 days)
NICOTINE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
NICOTINE POLACRILEX MINI MOUTH/THROAT LOZENGE 2 MG		Tier 1	PV; QL (180 EA per 365 days)
NICOTINE STEP 1 TRANSDERMAL PATCH 24 HOUR 21 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
NICOTINE STEP 2 TRANSDERMAL PATCH 24 HOUR 14 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
NICOTINE STEP 3 TRANSDERMAL PATCH 24 HOUR 7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
NICOTINE TRANSDERMAL KIT 21-14-7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
<b>NICOTROL INHALATION INHALER 10 MG</b>	Tier 3		ST; PV; QL (180 EA per 365 days)
<b>NICOTROL NS NASAL SOLUTION 10 MG/ML</b>	Tier 3		ST; PV; QL (180 ML per 365 days)
PX STOP SMOKING AID MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
PX STOP SMOKING AID MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
QC NICOTINE TRANSDERMAL SYSTEM TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
RA MINI NICOTINE MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
RA NICOTINE GUM MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
RA NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
RA NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
RA NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
SM NICOTINE MOUTH/THROAT GUM 4 MG		Tier 1	PV; QL (180 EA per 365 days)
SM NICOTINE MOUTH/THROAT LOZENGE 2 MG		Tier 1	PV; QL (180 EA per 365 days)
SM NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
SM NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SM NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
THRIVE MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG	Tier 3	Tier 1	PV; QL (180 EA per 365 days)
VARENICLINE TARTRATE ORAL TABLET 0.5 MG, 1 MG		Tier 1	PV; QL (180 EA per 365 days)
VARENICLINE TARTRATE ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42		Tier 1	PV; QL (180 EA per 365 days)
<b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators***</b>			
GILENYA ORAL CAPSULE 0.25 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
GILENYA ORAL CAPSULE (FINGOLIMOD HCL) 0.5 MG	Tier 5	Tier 4	PA; Specialty; QL (1 EA per 1 day)
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25 MG ORAL 0.25 MG	Tier 5		PA; Specialty; QL (14 EA per 365 days)
MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL 12 X 0.25 MG	Tier 5		PA; Specialty; QL (24 EA per 365 days)
MAYZENT TABLET 0.25 MG ORAL 0.25 MG	Tier 5		PA; Specialty; QL (4 EA per 1 day)
MAYZENT TABLET 1 MG ORAL 1 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
MAYZENT TABLET 2 MG ORAL 2 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
<b>*Thienbenzodiazepines &amp; Ssris***</b>			
OLANZAPINE-FLUOXETINE HCL CAPSULE 12-25 MG ORAL 12-25 MG		Tier 1	QL (1 EA per 1 day)
OLANZAPINE-FLUOXETINE HCL CAPSULE 12-50 MG ORAL 12-50 MG		Tier 1	QL (1 EA per 1 day)
OLANZAPINE-FLUOXETINE HCL CAPSULE 3-25 MG ORAL 3-25 MG		Tier 1	QL (3 EA per 1 day)
OLANZAPINE-FLUOXETINE HCL CAPSULE 6-25 MG ORAL 6-25 MG		Tier 1	QL (3 EA per 1 day)
OLANZAPINE-FLUOXETINE HCL CAPSULE 6-50 MG ORAL 6-50 MG		Tier 1	QL (1 EA per 1 day)
<b>*Vasomotor Symptom Agents - Ssris***</b>			
PAROXETINE MESYLATE ORAL CAPSULE 7.5 MG		Tier 1	QL (1 EA per 1 day)
<b>*Respiratory Agents - Misc.*</b>			
<b>*Alpha-Proteinase Inhibitor (Human)***</b>			
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	Tier 5		PA; Specialty
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 5		PA; Specialty
<b>*Cfr Potentiators***</b>			
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	Tier 5		PA; Specialty
KALYDECO ORAL TABLET 150 MG	Tier 5		PA; Specialty
<b>*Cystic Fibrosis Agent - Combinations***</b>			
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 5		PA; Specialty; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 5		PA; Specialty; QL (112 EA per 28 days)
<b>*Hydrolytic Enzymes***</b>			
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 4		PA; Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Pulmonary Fibrosis Agents - Kinase Inhibitors***</b>			
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 5		PA; Specialty
<b>*Sulfonamides*</b>			
<b>*Sulfonamides***</b>			
SULFADIAZINE ORAL TABLET 500 MG		Tier 3	
<b>*Tetracyclines*</b>			
<b>*Tetracyclines***</b>			
AVIDOXI ORAL TABLET 100 MG		Tier 1	
DEMECLOCYCLINE HCL ORAL TABLET 150 MG, 300 MG		Tier 3	
<b>DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED (DOXYCYCLINE HYCLATE) 100 MG</b>	Tier 1	Tier 1	
DOXYCYCLINE HYCLATE ORAL CAPSULE 100 MG, 50 MG		Tier 1	
DOXYCYCLINE HYCLATE ORAL TABLET 100 MG, 20 MG		Tier 1	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE 50 MG		Tier 1	
DOXYCYCLINE MONOHYDRATE ORAL SUSPENSION RECONSTITUTED 25 MG/5ML		Tier 3	
DOXYCYCLINE MONOHYDRATE ORAL TABLET 100 MG, 50 MG, 75 MG		Tier 1	
MINOCYCLINE HCL ORAL CAPSULE 100 MG, 50 MG, 75 MG		Tier 1	
<b>MONODOXYNE NL ORAL CAPSULE (DOXYCYCLINE MONOHYDRATE) 100 MG</b>	Tier 1	Tier 1	
TETRACYCLINE HCL ORAL CAPSULE 250 MG, 500 MG		Tier 3	
<b>*Thyroid Agents*</b>			
<b>*Antithyroid Agents***</b>			
METHIMAZOLE ORAL TABLET 10 MG, 5 MG		Tier 1	
PROPYLTHIOURACIL ORAL TABLET 50 MG		Tier 1	
<b>*Thyroid Hormones***</b>			
EUTHYROX ORAL TABLET (LEVOTHYROXINE SODIUM) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	LC	LC	
LEVO-T TABLET 100 MCG ORAL (LEVOTHYROXINE SODIUM) 100 MCG	LC	LC	
LEVO-T TABLET 112 MCG ORAL (LEVOTHYROXINE SODIUM) 112 MCG	LC	LC	
LEVO-T TABLET 125 MCG ORAL (LEVOTHYROXINE SODIUM) 125 MCG	LC	LC	
LEVO-T TABLET 137 MCG ORAL (LEVOTHYROXINE SODIUM) 137 MCG	LC	LC	
LEVO-T TABLET 150 MCG ORAL (LEVOTHYROXINE SODIUM) 150 MCG	LC	LC	
LEVO-T TABLET 175 MCG ORAL (LEVOTHYROXINE SODIUM) 175 MCG	LC	LC	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LEVO-T TABLET 200 MCG ORAL (LEVOTHYROXINE SODIUM) 200 MCG	LC	LC	
LEVO-T TABLET 25 MCG ORAL (LEVOTHYROXINE SODIUM) 25 MCG	LC	LC	
LEVO-T TABLET 300 MCG ORAL (LEVOTHYROXINE SODIUM) 300 MCG	Tier 1	Tier 1	
LEVO-T TABLET 50 MCG ORAL (LEVOTHYROXINE SODIUM) 50 MCG	LC	LC	
LEVO-T TABLET 75 MCG ORAL (LEVOTHYROXINE SODIUM) 75 MCG	LC	LC	
LEVO-T TABLET 88 MCG ORAL (LEVOTHYROXINE SODIUM) 88 MCG	LC	LC	
LEVOXYL ORAL TABLET (LEVOTHYROXINE SODIUM) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	LC	LC	
LIOTHYRONINE SODIUM INTRAVENOUS SOLUTION 10 MCG/ML		Tier 1	
LIOTHYRONINE SODIUM ORAL TABLET 25 MCG, 5 MCG, 50 MCG		Tier 1	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 1		
UNITHROID TABLET 100 MCG ORAL (LEVOTHYROXINE SODIUM) 100 MCG	LC	LC	
UNITHROID TABLET 112 MCG ORAL (LEVOTHYROXINE SODIUM) 112 MCG	LC	LC	
UNITHROID TABLET 125 MCG ORAL (LEVOTHYROXINE SODIUM) 125 MCG	LC	LC	
UNITHROID TABLET 137 MCG ORAL (LEVOTHYROXINE SODIUM) 137 MCG	LC	LC	
UNITHROID TABLET 150 MCG ORAL (LEVOTHYROXINE SODIUM) 150 MCG	LC	LC	
UNITHROID TABLET 175 MCG ORAL (LEVOTHYROXINE SODIUM) 175 MCG	LC	LC	
UNITHROID TABLET 200 MCG ORAL (LEVOTHYROXINE SODIUM) 200 MCG	LC	LC	
UNITHROID TABLET 25 MCG ORAL (LEVOTHYROXINE SODIUM) 25 MCG	LC	LC	
UNITHROID TABLET 300 MCG ORAL (LEVOTHYROXINE SODIUM) 300 MCG	Tier 1	Tier 1	
UNITHROID TABLET 50 MCG ORAL (LEVOTHYROXINE SODIUM) 50 MCG	LC	LC	
UNITHROID TABLET 75 MCG ORAL (LEVOTHYROXINE SODIUM) 75 MCG	LC	LC	
UNITHROID TABLET 88 MCG ORAL (LEVOTHYROXINE SODIUM) 88 MCG	LC	LC	
<b>*Toxoids*</b>			
<b>*Toxoid Combinations***</b>			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	Tier 2		PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Tier 2		PV
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	Tier 2		PV
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 2		PV
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML		Tier 2	PV
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	Tier 2		PV
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2		PV
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 2		PV
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 2		PV
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
TDVAX INTRAMUSCULAR SUSPENSION (TETANUS-DIPHTHERIA TOXOIDS TD) 2-2 LF/0.5ML	Tier 2	Tier 2	PV
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	Tier 2		PV
VAXELIS INTRAMUSCULAR SUSPENSION	Tier 2		PV
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2		PV
<b>*Ulcer Drugs/Antispasmodics/Anticholinergics*</b>			
<b>*Antispasmodics***</b>			
DICYCLOMINE HCL ORAL CAPSULE 10 MG		LC	
DICYCLOMINE HCL ORAL SOLUTION 10 MG/5ML		Tier 1	
DICYCLOMINE HCL ORAL TABLET 20 MG		LC	
<b>*Belladonna Alkaloids***</b>			
HYOSCYAMINE SULFATE ORAL ELIXIR 0.125 MG/5ML		Tier 1	
HYOSCYAMINE SULFATE ORAL SOLUTION 0.125 MG/ML		Tier 1	
HYOSCYAMINE SULFATE ORAL TABLET 0.125 MG		Tier 1	
HYOSCYAMINE SULFATE ORAL TABLET DISPERSIBLE 0.125 MG		Tier 1	
HYOSCYAMINE SULFATE SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG		Tier 1	
HYOSCYAMINE SULFATE SUBLINGUAL TABLET SUBLINGUAL 0.125 MG		Tier 1	
<b>*H-2 Antagonists***</b>			
CIMETIDINE HCL ORAL SOLUTION 300 MG/5ML		Tier 1	
CIMETIDINE ORAL TABLET 200 MG, 300 MG, 400 MG, 800 MG		Tier 1	
FAMOTIDINE (PF) INTRAVENOUS SOLUTION 20 MG/2ML		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
FAMOTIDINE INTRAVENOUS SOLUTION 200 MG/20ML, 40 MG/4ML		Tier 1	
FAMOTIDINE ORAL SUSPENSION RECONSTITUTED 40 MG/5ML		Tier 1	
FAMOTIDINE PREMIXED INTRAVENOUS SOLUTION 20-0.9 MG/50ML-%		Tier 1	
FAMOTIDINE TABLET 20 MG ORAL (RX) 20 MG		LC	
FAMOTIDINE TABLET 40 MG ORAL 40 MG		Tier 1	
NIZATIDINE ORAL CAPSULE 150 MG, 300 MG		Tier 1	
<b>*Misc. Anti-Ulcer***</b>			
SUCRALFATE ORAL SUSPENSION 1 GM/10ML		Tier 1	
SUCRALFATE ORAL TABLET 1 GM		LC	
<b>*Proton Pump Inhibitors***</b>			
<b>DEXILANT ORAL CAPSULE DELAYED RELEASE (DEXLANSOPRAZOLE) 30 MG, 60 MG</b>	Tier 2	Tier 2	QL (1 EA per 1 day)
ESOMEPRAZOLE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 40 MG		Tier 1	
LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 15 MG, 30 MG		Tier 1	QL (1 EA per 1 day)
OMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 10 MG, 20 MG, 40 MG		LC	QL (1 EA per 1 day)
PANTOPRAZOLE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 40 MG		Tier 1	QL (1 EA per 1 day)
PANTOPRAZOLE SODIUM ORAL PACKET 40 MG		Tier 1	QL (1 EA per 1 day)
PANTOPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE 20 MG, 40 MG		LC	QL (1 EA per 1 day)
RABEPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE 20 MG		Tier 1	QL (1 EA per 1 day)
<b>*Quaternary Anticholinergics***</b>			
CUVPOSA ORAL SOLUTION (GLYCOPYRROLATE) 1 MG/5ML	Tier 3	Tier 1	
GLYCOPYRROLATE INJECTION SOLUTION 0.2 MG/ML, 0.4 MG/2ML		Tier 1	
GLYCOPYRROLATE ORAL TABLET 1 MG, 2 MG		Tier 1	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.2 MG/ML, 0.4 MG/2ML		Tier 1	
METHSCOPOLAMINE BROMIDE ORAL TABLET 2.5 MG, 5 MG		Tier 3	
<b>*Ulcer Anti-Infective W/ Bismuth Combinations***</b>			
PYLERA ORAL CAPSULE 140-125-125 MG	Tier 2		
<b>*Ulcer Anti-Infective W/ Proton Pump Inhibitors***</b>			
AMOXICILL-CLARITHRO-LANSOPRAZ ORAL		Tier 1	
OMECLAMOX-PAK ORAL 500-500-20 MG	Tier 2		
<b>*Ulcer Drugs - Prostaglandins***</b>			
MISOPROSTOL ORAL TABLET 100 MCG, 200 MCG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>*Urinary Antispasmodics*</b>			
<b>*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***</b>			
DARIFENACIN HYDROBROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG		Tier 1	
GELNIQUE TRANSDERMAL GEL 10 %	Tier 3		PA; ST
OXYBUTYNIN CHLORIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG		Tier 1	
OXYBUTYNIN CHLORIDE ORAL SYRUP 5 MG/5ML		Tier 1	
OXYBUTYNIN CHLORIDE ORAL TABLET 5 MG		Tier 1	
SOLIFENACIN SUCCINATE ORAL TABLET 10 MG, 5 MG		Tier 1	
TOLTERODINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG		Tier 1	
TOLTERODINE TARTRATE ORAL TABLET 1 MG, 2 MG		Tier 1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR (FESOTERODINE FUMARATE ER) 4 MG, 8 MG	Tier 3	Tier 1	
TROSPiUM CHLORIDE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG		Tier 1	
TROSPiUM CHLORIDE ORAL TABLET 20 MG		Tier 1	
<b>*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***</b>			
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Tier 2		
<b>*Urinary Antispasmodics - Cholinergic Agonists***</b>			
BETHANECHOL CHLORIDE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG		Tier 1	
<b>*Urinary Antispasmodics - Direct Muscle Relaxants***</b>			
FLAVOXATE HCL ORAL TABLET 100 MG		Tier 1	
<b>*Vaccines*</b>			
<b>*Bacterial Vaccines***</b>			
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 2		PV; AGE (Max 6 Years)
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2		PV
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	Tier 2		PV; AGE (Max 6 Years)
MENACTRA INTRAMUSCULAR SOLUTION	Tier 2		PV
MENQUADFI INTRAMUSCULAR SOLUTION	Tier 2		PV
MENVEO INTRAMUSCULAR SOLUTION	Tier 2		
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 2		PV
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	Tier 2		PV; AGE (Max 6 Years)
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML	Tier 2		PV
PREVNAR 13 INTRAMUSCULAR SUSPENSION	Tier 2		PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2		PV
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
<b>*Viral Vaccine Combinations***</b>			
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 2		PV
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 2		PV
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	Tier 2		PV
<b>*Viral Vaccines***</b>			
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 2		PV
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
COMIRNATY INTRAMUSCULAR SUSPENSION (PFIZER-BIONTE COVID-19 VAC-TRIS) 30 MCG/0.3ML	Tier 2	Tier 2	PV; AGE (Min 12 Years)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 2		PV
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	Tier 2		PV
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML	Tier 2		PV; AGE (Min 65 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 2		PV
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
FLUMIST QUADRIVALENT NASAL SUSPENSION	Tier 2		PV; AGE (Min 2 Years and Max 49 Years)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	Tier 2		PV; AGE (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	Tier 2		PV
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier 2		PV; AGE (Min 9 Years and Max 26 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2		PV; AGE (Min 9 Years and Max 26 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	Tier 2		PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
<b>HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML</b>	Tier 2		PV; AGE (Min 18 Years)
<b>IPOL INJECTION INJECTABLE</b>	Tier 2		PV; AGE (Max 17 Years)
JANSEN COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 0.5 ML		Tier 2	PV; AGE (Min 18 Years)
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.2ML		Tier 2	PV; AGE (Min 5 Years and Max 11 Years)
PFIZER-BIONTECH COVID-19 VACC INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML		Tier 2	PV; AGE (Min 12 Years)
PREHEVBRIOS INTRAMUSCULAR SUSPENSION 10 MCG/ML		Tier 2	PV; AGE (Min 18 Years)
<b>RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML</b>	Tier 2		PV
<b>RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML</b>	Tier 2		PV
<b>ROTARIX ORAL SUSPENSION RECONSTITUTED</b>	Tier 2		PV; AGE (Max 8 Months)
<b>ROTAQUE SOLUTION ORAL</b>	Tier 2		PV; AGE (Max 8 Months)
<b>ROTAQUE SOLUTION ORAL</b>	Tier 2		PV; AGE (Max 8 Years)
<b>SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML</b>	Tier 2		PV; AGE (Min 19 Years)
<b>SPIKEVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION (MODERNA COVID-19 VACCINE) 100 MCG/0.5ML</b>	Tier 2	Tier 2	PV; AGE (Min 12 Years)
<b>VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML</b>	Tier 2		PV
<b>VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML</b>	Tier 2		PV
<b>*Vaginal And Related Products*</b>			
<b>*Imidazole-Related Antifungals***</b>			
<b>GYNAZOLE-1 VAGINAL CREAM 2 %</b>	Tier 3		
MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG		Tier 1	
TERCONAZOLE VAGINAL CREAM 0.4 %, 0.8 %		Tier 1	
<b>*Miscellaneous Vaginal Products***</b>			
<b>INTRAROSA VAGINAL INSERT 6.5 MG</b>	Tier 3		PA; ST
<b>*Spermicides***</b>			
<b>ENCARE VAGINAL SUPPOSITORY 100 MG</b>	Tier 3		PV; QL (12 EA per 23 days)
<b>OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %</b>	Tier 3		PV; QL (85.5 GM per 23 days)
<b>SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 %</b>	Tier 3		PV; QL (75 EA per 23 days)
<b>TODAY SPONGE VAGINAL 1000 MG</b>	Tier 3		PV; QL (12 EA per 23 days)
<b>VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %</b>	Tier 3		PV; QL (12 EA per 23 days)
<b>VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 %</b>	Tier 3		PV; QL (17 GM per 23 days)
<b>VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %</b>	Tier 1		PV; QL (2.7 GM per 23 days)
<b>*Vaginal Anti-Infectives***</b>			
CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2 %		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
VANDAZOLE VAGINAL GEL (METRONIDAZOLE) 0.75 %	Tier 1	Tier 1	
<b>*Vaginal Estrogens***</b>			
ESTRADIOL VAGINAL CREAM 0.1 MG/GM		Tier 1	
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 2		
YUVAFEM VAGINAL TABLET (ESTRADIOL) 10 MCG	Tier 3	Tier 3	
<b>*Vasopressors*</b>			
<b>*Anaphylaxis Therapy Agents***</b>			
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	Tier 3		QL (0.07 EA per 1 day)
EPINEPHRINE (ANAPHYLAXIS) INJECTION SOLUTION 30 MG/30ML		Tier 1	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.15 MG/0.3ML, 0.3 MG/0.3ML		Tier 1	
<b>*Vasopressors***</b>			
EPINEPHRINE INJECTION SOLUTION 1 MG/ML		Tier 1	
EPINEPHRINE PF INJECTION SOLUTION 1 MG/ML		Tier 1	
MIDODRINE HCL ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 1	
<b>*Vitamins*</b>			
<b>*Vitamin B-1***</b>			
THIAMINE HCL INJECTION SOLUTION 100 MG/ML		Tier 1	
<b>*Vitamin B-6***</b>			
PYRIDOXINE HCL INJECTION SOLUTION 100 MG/ML		Tier 1	
<b>*Vitamin D***</b>			
ERGOCALCIFEROL ORAL CAPSULE 1.25 MG (50000 UT)		Tier 1	
VITAMIN D (ERGOCALCIFEROL) ORAL CAPSULE 1.25 MG (50000 UT), 50000 UNIT		Tier 1	
<b>*Vitamin K***</b>			
PHYTONADIONE INJECTION SOLUTION 1 MG/0.5ML, 10 MG/ML		Tier 1	
PHYTONADIONE ORAL TABLET 5 MG		Tier 1	
VITAMIN K1 INJECTION SOLUTION 1 MG/0.5ML, 10 MG/ML		Tier 1	



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<b>HAEMOLANCE PLUS MAX FLOW</b>	100	<b>HM STERILE ALCOHOL PREP</b>	94	<b>HYDROXYZINE HCL</b>	23
<b>HAEMOLANCE PLUS PEDIATRIC FLOW</b>	100	<b>HM ULTICARE INSULIN SYRINGE</b>	113	<b>HYDROXYZINE PAMOATE</b>	23
<b>HAILEY 1.5/30</b>	64	<b>HM ULTICARE MINI PEN NEEDLES</b>	113	<b>HYOSCYAMINE SULFATE</b>	147
<b>HAILEY 24 FE</b>	64	<b>HM ULTICARE SHORT PEN NEEDLES</b>	113	<b>HYOSCYAMINE SULFATE SL</b>	147
<b>HAILEY FE 1.5/30</b>	64	<b>HOMATROPAIRE</b>	134	<b>HYPERHEP B</b>	138
<b>HAILEY FE 1/20</b>	64	<b>HUMALOG</b>	33, 34	<b>HYPERRHO S/D</b>	138
<b>HALCINONIDE</b>	75	<b>HUMALOG JUNIOR KWIKPEN</b>	33	<b>HYQVIA</b>	138
<b>HALOBETASOL PROPIONATE</b>	75, 76	<b>HUMALOG KWIKPEN</b>	33	<b>HY-VEE LANCETS</b>	100
<b>HALOPERIDOL</b>	52	<b>HUMALOG MIX 50/50</b>	34	<b>HY-VEE THIN LANCETS</b>	100
<b>HALOPERIDOL DECANOATE</b>	52	<b>HUMALOG MIX 50/50 KWIKPEN</b>	33	<b>IBANDRONATE SODIUM</b>	79
<b>HALOPERIDOL LACTATE</b>	52	<b>HUMALOG MIX 75/25</b>	34	<b>IBRANCE</b>	48
<b>HARVONI</b>	57	<b>HUMALOG MIX 75/25 KWIKPEN</b>	34	<b>IBU</b>	13
<b>HAVRIX</b>	150	<b>HUMATE-P</b>	86	<b>IBUPROFEN</b>	13
<b>HEALTHWISE INSULIN SYR/NEEDLE</b>	113	<b>HUMIRA</b>	13	<b>ICLEVIA</b>	68
<b>HEALTHWISE MICRON PEN NEEDLES</b>	113	<b>HUMIRA PEDIATRIC CROHNS START</b>	12	<b>ICLUSIG</b>	46
<b>HEALTHWISE MINI PEN NEEDLES</b>	113	<b>HUMIRA PEN</b>	12	<b>ILARIS</b>	13
<b>HEALTHWISE PEN NEEDLES</b>	113	<b>HUMIRA PEN-CD/UC/HS STARTER</b>	12	<b>IMATINIB MESYLATE</b>	46
<b>HEALTHWISE SHORT PEN NEEDLES</b>	113	<b>HUMIRA PEN-PEDIATRIC UC START</b>	12	<b>IMBRUVICA</b>	46
<b>HEALTHWISE UNIFINE PENTIPS</b>	113	<b>HUMIRA PEN-PS/UV/ADOL HS START</b>	12	<b>IMIPENEM-CILASTATIN</b>	42
<b>HEALTHY ACCENTS UNIFINE PENTIP</b>	113	<b>HUMIRA PEN-PSOR/UVEIT STARTER</b>	13	<b>IMIPRAMINE HCL</b>	33
<b>HEALTHY ACCENTS UNILET LANCETS</b>	100	<b>HUMULIN 70/30</b>	34	<b>IMIPRAMINE PAMOATE</b>	33
<b>HEALTHY MAMA BE WELL ROUNDED</b>	130	<b>HUMULIN 70/30 KWIKPEN</b>	34	<b>IMIQUIMOD</b>	77
<b>HEATHER</b>	68	<b>HUMULIN N</b>	34	<b>IMPAVIDO</b>	42
<b>H-E-B ASPIRIN</b>	16	<b>HUMULIN N KWIKPEN</b>	34	<b>IN TOUCH</b>	100
<b>H-E-B INCONTROL ALCOHOL</b>	94	<b>HUMULIN R</b>	34	<b>IN TOUCH STERILE LANCETS</b>	
<b>H-E-B INCONTROL LANCETS 28G</b>	100	<b>HUMULIN R U-500 (CONCENTRATED)</b>	34	<b>30G</b>	100
<b>H-E-B INCONTROL LANCETS 30G</b>	100	<b>HUMULIN R U-500 KWIKPEN</b>	34	<b>INCASSIA</b>	68
<b>H-E-B INCONTROL LANCETS 33G</b>	100	<b>HYCAMTIN</b>	50	<b>INCONTROL ULTICARE PEN</b>	
<b>H-E-B INCONTROL PEN NEEDLES</b>	113	<b>HYDRALAZINE HCL</b>	42	<b>NEEDLES</b>	113
<b>H-E-B INCONTROL UNIFINE PENTIP</b>	113	<b>HYDROCHLOROTHIAZIDE</b>	79	<b>INCRELEX</b>	81
<b>HEMLIBRA</b>	86	<b>HYDROCODONE BITARTRATE ER.</b>	19	<b>INDAPAMIDE</b>	79
<b>HEMOCYTE-F</b>	90	<b>HYDROCODONE BIT-HOMATROP MBR</b>	71	<b>INDOMETHACIN</b>	13
<b>HEPAGAM B</b>	138	<b>HYDROCODONE-ACETAMINOPHEN</b>	18	<b>INDOMETHACIN ER</b>	14
<b>HEPARIN SOD (PORK) LOCK FLUSH</b>	28	<b>HYDROCODONE-IBUPROFEN</b>	18, 19	<b>INFANRIX</b>	147
<b>HEPARIN SODIUM (PORCINE)</b>	28	<b>HYDROCORTISONE</b>	22, 70, 76	<b>INFLECTRA</b>	85
<b>HEPARIN SODIUM (PORCINE) PF</b>	28	<b>HYDROCORTISONE ACE-PRAMOXINE</b>	22	<b>INLYTA</b>	50
<b>HEPLISAV-B</b>	151	<b>HYDROCORTISONE BUTYRATE</b>	76	<b>INPEN 100-BLUE-LILLY-HUMALOG</b>	113
<b>HETLIOZ</b>	90	<b>HYDROCORTISONE VALERATE</b>	76	<b>INPEN 100-BLUE-NOVLOG-FIASP</b>	114
<b>HIBERIX</b>	149	<b>HYDROCORTISONE-ACETIC ACID</b>	137	<b>INPEN 100-GREY-LILLY-HUMALOG</b>	114
<b>HIZENTRA</b>	138	<b>HYDROMET</b>	71	<b>INPEN 100-GREY-NOVLOG-FIASP</b>	114
<b>HM ADULT ASPIRIN</b>	16	<b>HYDROMORPHONE HCL</b>	19	<b>INSPIRACHAMBER/LARGE</b>	125
<b>HM ASPIRIN</b>	16	<b>HYDROMORPHONE HCL ER</b>	19	<b>INSPIRACHAMBER/MEDIUM</b>	125
<b>HM ASPIRIN EC</b>	16	<b>HYDROMORPHONE HCL PF</b>	19	<b>INSPIRACHAMBER/MOUTHPIECE</b>	125
<b>HM ASPIRIN EC LOW DOSE</b>	16	<b>HYDROXOCOBALAMIN ACETATE</b>	88	<b>INSPIREASE</b>	125
<b>HM CLEARLAX</b>	91	<b>HYDROXYCHLOROQUINE SULFATE</b>	44	<b>INSPIREASE RESERVOIR BAGS</b>	125
<b>HM FOLIC ACID</b>	89			<b>INSULIN SYRINGE</b>	114
<b>HM LAXATIVE</b>	93			<b>INSULIN SYRINGE-NEEDLE U-100</b>	114
				<b>INSUPEN PEN NEEDLES</b>	114
				<b>INSUPEN SENSITIVE</b>	114
				<b>INSUPEN ULTRAFIN</b>	114

<b>INTELENCE</b>	55	<b>KINRAY INSULIN SYRINGE</b>	114	<b>LARIN FE 1/20</b>	65
<b>INTRAROSA</b>	151	<b>KINRIX</b>	147	<b>LATANOPROST</b>	136
<b>INTRON A</b>	48	<b>KLOR-CON</b>	127	<b>LATUDA</b>	51, 52
<b>INTROVALE</b>	68	<b>KLOR-CON 10</b>	127	<b>LAXATIVE</b>	93
<b>INVEGA SUSTENNA</b>	52	<b>KLOR-CON M10</b>	127	<b>LAYOLIS FE</b>	65
<b>INVEGA TRINZA</b>	52	<b>KLOR-CON M15</b>	127	<b>LEADER INSULIN SYRINGE</b>	114
<b>IODINE STRONG</b>	127	<b>KLOR-CON M20</b>	127	<b>LEADER UNIFINE PENTIPS</b>	114
<b>IODINE TINCTURE</b>	54	<b>KLOXXADO</b>	36	<b>LEADER UNIFINE PENTIPS PLUS</b>	
<b>IOPIDINE</b>	135	<b>KLS ASPIRIN LOW DOSE</b>	16		114, 115
<b>IPOL</b>	151	<b>KLS LAXACLEAR</b>	91	<b>LEENA</b>	69
<b>IPRATROPIUM BROMIDE</b>	26, 132	<b>KLS QUIT2</b>	142	<b>LEFLUNOMIDE</b>	14
<b>IPRATROPIUM-ALBUTEROL</b>	25	<b>KLS QUIT4</b>	143	<b>LENVIMA (10 MG DAILY DOSE)</b>	50
<b>IRBESARTAN</b>	41	<b>KMART VALU INSULIN SYRINGE 29G</b>	114	<b>LENVIMA (12 MG DAILY DOSE)</b>	50
<b>IRBESARTAN-HYDROCHLOROTHIAZIDE</b>	41	<b>KMART VALU INSULIN SYRINGE 30G</b>	114	<b>LENVIMA (14 MG DAILY DOSE)</b>	50
<b>ISENTRESS</b>	55	<b>KOSELUGO</b>	47	<b>LENVIMA (18 MG DAILY DOSE)</b>	50
<b>ISENTRESS HD</b>	55	<b>KP ASPIRIN</b>	17	<b>LENVIMA (20 MG DAILY DOSE)</b>	50
<b>ISIBLOOM</b>	64	<b>KP BISACODYL</b>	93	<b>LENVIMA (24 MG DAILY DOSE)</b>	50
<b>ISONIAZID</b>	44	<b>KP FOLIC ACID</b>	89	<b>LENVIMA (4 MG DAILY DOSE)</b>	50
<b>ISOSORBIDE DINITRATE</b>	23	<b>KP PRENATAL MULTIVITAMINS</b>	130	<b>LENVIMA (8 MG DAILY DOSE)</b>	50
<b>ISOSORBIDE MONONITRATE</b>	23	<b>KROGER HEALTHPRO LANCET 26G</b>	100	<b>LESSINA</b>	65
<b>ISOSORBIDE MONONITRATE ER</b>	23	<b>KROGER INSULIN SYRINGE</b>	114	<b>LETROZOLE</b>	48
<b>ITRACONAZOLE</b>	38	<b>KROGER LANCETS</b>	100	<b>LEUCOVORIN CALCIUM</b>	48
<b>IVERMECTIN</b>	22, 77	<b>KROGER LANCETS 21G</b>	100	<b>LEUKERAN</b>	49
<b>IXEMPRA KIT</b>	49	<b>KROGER LANCETS MICRO THIN 33G</b>	100	<b>LEUPROLIDE ACETATE</b>	49
<b>JAIMIESS</b>	68	<b>KROGER LANCETS SUPER THIN</b>	100	<b>LEVALBUTEROL HCL</b>	26
<b>JAKAFI</b>	48, 49	<b>KROGER LANCETS THIN</b>	100	<b>LEVEMIR</b>	34
<b>JANSSEN COVID-19 VACCINE</b>	151	<b>KROGER LANCETS THIN 26G</b>	100	<b>LEVEMIR FLEXTOUCH</b>	34
<b>JANTOVEN</b>	28	<b>KROGER LANCETS ULTRATHIN 30G</b>	100	<b>LEVETIRACETAM</b>	29
<b>JANUMET</b>	33	<b>KROGER PEN NEEDLES</b>	114	<b>LEVETIRACETAM ER</b>	29
<b>JANUMET XR</b>	33	<b>K-TAN PLUS</b>	89	<b>LEVETIRACETAM IN NAACL</b>	29
<b>JANUVIA</b>	33	<b>KURVELO</b>	65	<b>LEVOBUNOLOL HCL</b>	133
<b>JARDIANCE</b>	35	<b>KYLEENA</b>	68	<b>LEVOCARNITINE</b>	80
<b>JASMIEL</b>	64	<b>LABETALOL HCL</b>	58	<b>LEVOCARNITINE SF</b>	80
<b>JENCYCLA</b>	69	<b>LACTIC ACID</b>	76	<b>LEVOCETIRIZINE</b>	
<b>JENTADUETO</b>	33	<b>LACTIC ACID E</b>	76	<b>DIHYDROCHLORIDE</b>	38
<b>JENTADUETO XR</b>	33	<b>LACTULOSE</b>	91	<b>LEVOFLOXACIN</b>	83, 134
<b>JINTELI</b>	82	<b>LACTULOSE ENCEPHALOPATHY</b>	84	<b>LEVONEST</b>	69
<b>JOLESSA</b>	68	<b>LAGEVRIO</b>	57	<b>LEVORA 0.15/30 (28)</b>	65
<b>J-TIP KIT W/VIAL ADAPTERS</b>	114	<b>LAMIVUDINE</b>	56	<b>LEVO-T</b>	145, 146
<b>JULEBER</b>	64	<b>LAMIVUDINE-ZIDOVUDINE</b>	54	<b>LEVOXYL</b>	146
<b>JULUCA</b>	54	<b>LAMOTRIGINE</b>	29	<b>LIBERTY MEDICAL LANCETS</b>	100
<b>JUNEL 1.5/30</b>	64	<b>LAMOTRIGINE ER</b>	29	<b>LIDOCAINE</b>	77
<b>JUNEL 1/20</b>	64	<b>LANCETS 30G</b>	100	<b>LIDOCAINE HCL</b>	77
<b>JUNEL FE 1.5/30</b>	64	<b>LANCETS 33G</b>	100	<b>LIDOCAINE HCL</b>	
<b>JUNEL FE 1/20</b>	64	<b>LANCETS MICRO THIN 33G</b>	100	<b>URETHRAL/MUCOSAL</b>	77
<b>JUNEL FE 24</b>	64	<b>LANCETS SUPER THIN 28G</b>	100	<b>LIDOCAINE VISCOUS HCL</b>	129
<b>KAITLIB FE</b>	64	<b>LANCETS THIN</b>	100	<b>LIDOCAINE-PRILOCAINE</b>	77
<b>KALLIGA</b>	64	<b>LANCETS ULTRA THIN</b>	100	<b>LIFESCAN UNISTIK 2</b>	100
<b>KALYDECO</b>	144	<b>LANCETS ULTRA THIN 30G</b>	100	<b>LIFESCAN UNISTIK II LANCETS</b>	100
<b>KARIVA</b>	63	<b>LANSOPRAZOLE</b>	148	<b>LILETTA (52 MG)</b>	68
<b>KELNOR 1/35</b>	64	<b>LANTHANUM CARBONATE</b>	85	<b>LINDANE</b>	77
<b>KELNOR 1/50</b>	65	<b>LANTUS</b>	34	<b>LINEZOLID</b>	43
<b>KENALOG-80</b>	70	<b>LANTUS SOLOSTAR</b>	34	<b>LINEZOLID IN SODIUM CHLORIDE</b>	43
<b>KETOCONAZOLE</b>	38, 76	<b>LAPATINIB DITOSYLATE</b>	47	<b>LINZESS</b>	84
<b>KETO-DIASTIX</b>	78	<b>LARIN 1.5/30</b>	65	<b>LIOTHYRONINE SODIUM</b>	146
<b>KETOPROFEN</b>	14	<b>LARIN 1/20</b>	65	<b>LISINOPRIL</b>	41
<b>KETOROLAC TROMETHAMINE</b>		<b>LARIN 24 FE</b>	65	<b>LISINOPRIL-HYDROCHLOROTHIAZIDE</b>	40
	14, 135	<b>LARIN FE 1.5/30</b>	65	<b>LITE TOUCH LANCETS</b>	100
<b>KETOSTIX</b>	78			<b>LITETOUCH INSULIN SYRINGE</b>	115
<b>KINERET</b>	13			<b>LITETOUCH LANCETS</b>	100
<b>KINNEY LANCETS</b>	100			<b>LITETOUCH PEN NEEDLES</b>	115
<b>KINNEY THIN LANCETS</b>	100				

LITHIUM CARBONATE .....	51	MEDIC INSULIN SYRINGE .....	115	METHOCARBAMOL .....	132
LITHIUM CARBONATE ER .....	51	MEDICHOICE SAFETY LANCET ....	100	METHOTREXATE .....	45
LIVE BETTER LANCET SUPER .....		MEDICHOICE SAFETY LANCET .....	100	METHOTREXATE SODIUM .....	45
THIN .....	100	EXTRA .....	100	METHOTREXATE SODIUM (PF) .....	45
LIVE BETTER LANCET ULTRA .....		MEDICHOICE SAFETY LANCET .....	100	METHOXSALEN RAPID .....	73
THIN .....	100	NORM .....	100	METHSCOPOLAMINE BROMIDE .....	148
LOJAIMIESS .....	68	MEDICINE SHOPPE PEN NEEDLES .....	116	METHYLPHENIDATE HCL .....	12
LONGS INSULIN SYRINGE .....	115	MEDLANCE EXTRA 21G .....	101	METHYLPHENIDATE HCL ER .....	11, 12
LONGS LANCETS STANDARD .....	100	MEDLANCE LITE 25G .....	101	METHYLPHENIDATE HCL ER (CD) .....	11
LONGS LANCETS THIN .....	100	MEDLANCE PLUS EXTRA 21G .....	101	METHYLPHENIDATE HCL ER (LA) .....	11
LONGS LANCETS ULTRA THIN .....	100	MEDLANCE PLUS LANCETS .....	101	METHYLPHENIDATE HCL ER .....	
LOPERAMIDE HCL .....	36	MEDLANCE PLUS LITE 25G .....	101	(OSM) .....	11
LOPINAVIR-RITONAVIR .....	54	MEDLANCE PLUS SPECIAL .....	101	METHYLPHENIDATE HCL ER (XR) .....	11
LORAZEPAM .....	24	0.8MM .....	101	METHYLPREDNISOLONE .....	70
LORAZEPAM INTENSOL .....	24	MEDLANCE PLUS SUPERLITE .....	101	METHYLPREDNISOLONE .....	
LORYNA .....	65	30G .....	101	ACETATE .....	70
LOSARTAN POTASSIUM .....	41	MEDLANCE PLUS UNIVERSAL .....	101	METOCLOPRAMIDE HCL .....	84
LOSARTAN POTASSIUM-HCTZ .....	41	21G .....	101	METOLAZONE .....	79
LOTEPREDNOL ETABONATE .....	136	MEDLANCE UNIVERSAL 21G .....	101	METOPROLOL SUCCINATE ER .....	58
LOVASTATIN .....	39	MEDROXYPROGESTERONE .....		METOPROLOL TARTRATE .....	58
LOW-OGESTREL .....	65	ACETATE .....	68, 140	METOPROLOL- .....	
LOXAPINE SUCCINATE .....	53	MEFENAMIC ACID .....	14	HYDROCHLOROTHIAZIDE .....	42
LO-ZUMANDIMINE .....	65	MEFLOQUINE HCL .....	44	METRONIDAZOLE .....	42, 77
LULICONAZOLE .....	76	MEGESTROL ACETATE .....	50, 140	MEXILETINE HCL .....	24
LUMIGAN .....	136	MEIJER ALCOHOL SWABS .....	94	MICONAZOLE 3 .....	151
LUPRON DEPOT (1-MONTH) .....	49	MEIJER ASPIRIN EC .....	17	<b>MICRHOGAM ULTRA-</b>	
LUPRON DEPOT (3-MONTH) .....	49	MEIJER LANCETS .....	101	<b>FILTERED PLUS .....</b>	138
LUPRON DEPOT (4-MONTH) .....	49	MEIJER LANCETS THIN .....	101	<b>MICROCHAMBER .....</b>	125
LUPRON DEPOT (6-MONTH) .....	49	MEIJER LANCETS UNIVERSAL .....	101	<b>MICRODOT PEN NEEDLE .....</b>	116
LUPRON DEPOT-PED (1-MONTH) .....	81	21G .....	101	<b>MICROGESTIN 1.5/30 .....</b>	65
LUPRON DEPOT-PED (3-MONTH) .....	81	MEIJER LANCETS UNIVERSAL .....	101	<b>MICROGESTIN 1/20 .....</b>	65
LUTERA .....	65	30G .....	101	<b>MICROGESTIN 24 FE .....</b>	65
LYLEQ .....	69	MEIJER LANCETS UNIVERSAL .....	101	<b>MICROGESTIN FE 1.5/30 .....</b>	65
LYLLANA .....	83	33G .....	101	<b>MICROGESTIN FE 1/20 .....</b>	65
LYNPARZA .....	49	MEIJER PEN NEEDLES .....	116	<b>MICROLET LANCETS .....</b>	101
LYSIPLEX PLUS .....	130	MEIJER SUPER THIN LANCETS .....	101	<b>MICROSPACER .....</b>	125
LYSODREN .....	45	MEKINIST .....	47	<b>MIDODRINE HCL .....</b>	152
LYZA .....	69	MELOXICAM .....	14	<b>MIFEPRISTONE .....</b>	79
MAFENIDE ACETATE .....	74	MELPHALAN .....	49	<b>MIGLITOL .....</b>	33
<b>MAGELLAN INSULIN SAFETY</b>		MELPHALAN HCL .....	49	<b>MIGLUSTAT .....</b>	88
<b>SYR .....</b>	115	MEMANTINE HCL .....	141	<b>MILI .....</b>	65
MAGNESIUM CITRATE .....	92	MEMANTINE HCL ER .....	141	<b>MIMVEY .....</b>	82
MAKENA .....	140	MENACTRA .....	149	<b>MINERAL OIL HEAVY .....</b>	92
MALATHION .....	77	MENEST .....	83	<b>MINOCYCLINE HCL .....</b>	145
MANNITOL .....	79	MENQUADFI .....	149	<b>MINOXIDIL .....</b>	42
MARATHON MEDICAL PENTIPS .....	115	MENTAX .....	73	<b>MIRENA (52 MG) .....</b>	68
MARLISSA .....	65	MENVEO .....	149	<b>MIRTAZAPINE .....</b>	31
MARPLAN .....	31	MEPROBAMATE .....	23	<b>MIRVASO .....</b>	77
MASK VORTEX/CHILD/FROG .....	125	MERCAPTOPURINE .....	45	<b>MISOPROSTOL .....</b>	148
MASK		MERZEE .....	65	<b>MITIGO .....</b>	19
VORTEX/TODDLER/LADYBUG .....	125	MESALAMINE .....	84	<b>MITOXANTRONE HCL .....</b>	47
MASONATAL .....	130	MESALAMINE ER .....	84	<b>MM ASPIRIN .....</b>	17
MATULANE .....	48	MESALAMINE-CLEANSER .....	84	<b>MM CLEARLAX .....</b>	91
MAVYRET .....	57	MESNEX .....	50	<b>MM INSULIN SYRINGE/NEEDLE .....</b>	116
MAXICOMFORT II PEN NEEDLE .....	115	METAXALONE .....	132	<b>MM PEN NEEDLES .....</b>	116
MAXI-COMFORT INSULIN		METFORMIN HCL .....	33	<b>MM TWIST LANCETS .....</b>	101
SYRINGE .....	115	METFORMIN HCL ER .....	33	<b>M-M-R II .....</b>	150
MAXI-COMFORT SAFETY PEN		METHADONE HCL .....	19	<b>MODAFINIL .....</b>	12
NEEDLE .....	115	METHADOSE .....	19	<b>MOEXIPRIL HCL .....</b>	41
MAXICOMFORT SYR 27G X 1/2" .....	115	METHAZOLAMIDE .....	78	<b>MOMETASONE FUROATE .....</b>	76, 133
MAYZENT .....	144	METHENAMINE HIPPURATE .....	43	<b>MONDOXYNE NL .....</b>	145
MAYZENT STARTER PACK .....	144	METHERGINE .....	137	<b>MONOJECT FLUSH SYRINGE .....</b>	127
MECLIZINE HCL .....	37	METHIMAZOLE .....	145	<b>MONOJECT INSULIN SYRINGE .....</b>	116

<b>MONOJECT SODIUM CHLORIDE FLUSH</b>	127
<b>MONOJECT ULTRA COMFORT SYRINGE</b>	116
<b>MONOLET LANCETS</b>	101
<b>MONOLET OPD LANCETS</b>	101
<b>MONOLETTOR SAFETY LANCETS</b>	101
<b>MONO-LINYAH</b>	65
<b>MONTELUKAST SODIUM</b>	26, 27
<b>MORPHINE SULFATE</b>	20
<b>MORPHINE SULFATE (CONCENTRATE)</b>	19
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<b>ZOLMITRIPTAN</b>	126
<b>ZOLPIDEM TARTRATE</b>	90
<b>ZOLPIDEM TARTRATE ER</b>	90
<b>ZOMIG</b>	126
<b>ZONISAMIDE</b>	30
<b>ZONTIVITY</b>	88
<b>ZORTRESS</b>	128
<b>ZOVIA 1/35 (28)</b>	66
<b>ZUMANDIMINE</b>	66
<b>ZYDELIG</b>	49
<b>ZYKADIA</b>	45
<b>ZYLET</b>	136