



Samaritan
Health Plans

2024 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 12/1/2024.



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 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.

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. 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 12/1/2024.

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. 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.

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Drug Name	Brand Tier	Generic Tier	Formulary Notes
Ahd/Anti-Narcolepsy/Anti-Obesity/Anorexiants			
*Ahd Agent - Selective Alpha Adrenergic Agonists***			
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	
*Ahd Agent - Selective Norepinephrine Reuptake Inhibitor***			
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)
*Amphetamine Mixtures***			
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		Tier 1	QL (3 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 12.5 MG ORAL		Tier 1	QL (3 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 15 MG ORAL		Tier 1	QL (3 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 20 MG ORAL		Tier 1	QL (3 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 30 MG ORAL		Tier 1	QL (2 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 5 MG ORAL		Tier 1	QL (3 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 7.5 MG ORAL		Tier 1	QL (3 EA per 1 day)
*Amphetamines***			
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		Tier 3	QL (6 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL		Tier 3	QL (4 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL		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		Tier 1	QL (6 EA per 1 day)
DEXTROAMPHETAMINE SULFATE TABLET 5 MG ORAL		Tier 1	QL (3 EA per 1 day)
VYVANSE ORAL CAPSULE (LISDEXAMFETAMINE Dimesylate) 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 2	Tier 1	QL (1 EA per 1 day)
VYVANSE ORAL TABLET CHEWABLE (LISDEXAMFETAMINE Dimesylate) 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 2	Tier 1	QL (1 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Dopamine And Norepinephrine Reuptake Inhibitors (DnrIs)***			
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 3		PA; QL (1 EA per 1 day)
*Stimulants - Misc.***			
ARMODAFINIL TABLET 150 MG ORAL	Tier 3		PA; QL (1 EA per 1 day)
ARMODAFINIL TABLET 200 MG ORAL	Tier 3		PA; QL (1 EA per 1 day)
ARMODAFINIL TABLET 250 MG ORAL	Tier 3		PA; QL (1 EA per 1 day)
ARMODAFINIL TABLET 50 MG ORAL	Tier 3		PA; QL (2 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	Tier 3		QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	Tier 3		QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	Tier 3		QL (2 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	Tier 3		QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	Tier 3		QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL	Tier 3		QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	Tier 3		QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	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 (OSM) TABLET EXTENDED RELEASE 18 MG ORAL	Tier 3		QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (OSM) TABLET EXTENDED RELEASE 27 MG ORAL	Tier 3		QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (OSM) TABLET EXTENDED RELEASE 36 MG ORAL	Tier 3		QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER (OSM) TABLET EXTENDED RELEASE 54 MG ORAL	Tier 3		QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 10 MG ORAL	Tier 3		QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 20 MG ORAL	Tier 3		QL (3 EA per 1 day)
METHYLPHENIDATE HCL ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 1		QL (3 EA per 1 day)
MODAFINIL ORAL TABLET 100 MG, 200 MG	Tier 1		PA; QL (1 EA per 1 day)
Aminoglycosides			
*Aminoglycosides***			
HUMATIN ORAL CAPSULE 250 MG	Tier 2		
NEOMYCIN SULFATE ORAL TABLET 500 MG		LC	
STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED 1 GM	Tier 3		
TOBRAMYCIN INHALATION NEBULIZATION SOLUTION 300 MG/5ML	Tier 4		Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Analgesics - Anti-Inflammatory			
*Antirheumatic - Janus Kinase (Jak) Inhibitors***			
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	Tier 4		PA; Specialty; QL (1 EA per 1 day)
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 4		PA; Specialty; QL (2 EA per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	Tier 4		PA; Specialty; QL (1 EA per 1 day)
*Anti-Tnf-Alpha - Monoclonal Antibodies***			
ADALIMUMAB-ADBM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML		Tier 4	PA; Specialty; QL (0.15 EA per 1 day)
ADALIMUMAB-ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML		Tier 4	PA; Specialty; QL (0.15 EA per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.12 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.12 ML per 1 day)
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML	Tier 4		PA; Specialty; QL (0.02 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.03 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.4ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.06 ML per 1 day)
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (ADALIMUMAB-ADBM (2 PEN)) 40 MG/0.4ML, 40 MG/0.8ML	Tier 4	Tier 4	PA; Specialty; QL (0.15 EA per 1 day)
CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.2ML SUBCUTANEOUS (ADALIMUMAB-ADBM (2 SYRINGE))	Tier 4	Tier 4	PA; Specialty; QL (0.08 EA per 1 day)
CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS (ADALIMUMAB-ADBM (2 SYRINGE))	Tier 4	Tier 4	PA; Specialty; QL (0.15 EA per 1 day)
CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (ADALIMUMAB-ADBM (2 SYRINGE))	Tier 4	Tier 4	PA; Specialty; QL (0.15 EA per 1 day)
CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS (ADALIMUMAB-ADBM (2 SYRINGE))	Tier 4	Tier 4	PA; Specialty; QL (0.15 EA per 1 day)
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (ADALIMUMAB-ADBM (2 PEN)) 40 MG/0.4ML, 40 MG/0.8ML	Tier 4	Tier 4	PA; Specialty; QL (0.15 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (ADALIMUMAB-ADBM (2 PEN)) 40 MG/0.4ML, 40 MG/0.8ML	Tier 4	Tier 4	PA; Specialty; QL (0.15 EA per 1 day)
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.15 EA per 1 day)
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.15 EA per 1 day)
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.15 EA per 1 day)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.15 EA per 1 day)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.15 EA per 1 day)
HUMIRA-CD/UC/HS STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.15 EA per 1 day)
HUMIRA-CD/UC/HS STARTER AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.08 EA per 1 day)
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	Tier 4		PA; Specialty; QL (2 EA per 365 days)
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	Tier 4		PA; Specialty; QL (3 EA per 365 days)
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 4		PA; Specialty; QL (0.08 EA per 1 day)
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 4		PA; Specialty; QL (0.15 EA per 1 day)
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	Tier 4		PA; Specialty; QL (3 EA per 365 days)
HYRIMOZ SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.01 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.03 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (ADALIMUMAB- ADAZ)	Tier 4	Tier 4	PA; Specialty; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR (ADALIMUMAB-ADAZ) 40 MG/0.4ML	Tier 4	Tier 4	PA; Specialty; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR 80 MG/0.8ML	Tier 4		PA; Specialty; QL (0.06 ML per 1 day)
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Tier 4		PA; Specialty; QL (0.06 ML per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML	Tier 4		PA; Specialty; QL (1.2 ML per 365 days)
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML	Tier 4		PA; Specialty; QL (2.4 ML per 365 days)
HYRIMOZ-PLAQ PSOR/UVEIT START SUBCUTANEOUS SOLUTION AUTO-Injector 80 MG/0.8ML & 40MG/0.4ML	Tier 4		PA; Specialty; QL (1.6 ML per 365 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	Tier 4		PA; Specialty
SIMPONI SOLUTION AUTO-Injector 100 MG/ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.04 ML per 1 day)
SIMPONI SOLUTION AUTO-Injector 50 MG/0.5ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.02 ML per 1 day)
SIMPONI SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.04 ML per 1 day)
SIMPONI SOLUTION PREFILLED SYRINGE 50 MG/0.5ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.02 ML per 1 day)
*Cyclooxygenase 2 (Cox-2) Inhibitors***			
CELECOXIB ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG		Tier 1	QL (2 EA per 1 day)
*Interleukin-1 Receptor Antagonist (Il-1Ra)***			
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Tier 5		PA; Specialty
*Interleukin-1Beta Blockers***			
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 4		PA; Specialty; QL (0.08 ML per 1 day)
*Interleukin-6 Receptor Inhibitors***			
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-Injector 162 MG/0.9ML	Tier 5		PA; Specialty; QL (0.13 ML per 1 day)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 5		PA; Specialty; QL (0.13 ML per 1 day)
*Nonsteroidal Anti-Inflammatory Agents (Nsails)***			
DICLOFENAC POTASSIUM ORAL TABLET 50 MG		Tier 1	
DICLOFENAC SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG		Tier 3	
DICLOFENAC SODIUM ORAL TABLET DELAYED RELEASE 25 MG, 50 MG, 75 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 TABLET 600 MG		Tier 1	
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		LC	
INDOMETHACIN CAPSULE 50 MG ORAL		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)
MECLOFENAMATE SODIUM ORAL CAPSULE 100 MG, 50 MG		Tier 3	
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 SODIUM ORAL TABLET 275 MG, 550 MG		Tier 1	
NAPROXEN TABLET 250 MG ORAL		Tier 1	
NAPROXEN TABLET 375 MG ORAL		LC	
NAPROXEN TABLET 500 MG ORAL		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	
TOLMETIN SODIUM ORAL CAPSULE 400 MG		Tier 1	
TOLMETIN SODIUM ORAL TABLET 600 MG		Tier 1	
*Phosphodiesterase 4 (Pde4) Inhibitors***			
OTEZLA ORAL TABLET 30 MG	Tier 4		PA; Specialty; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	Tier 4		PA; Specialty; QL (55 EA per 365 days)
*Pyrimidine Synthesis Inhibitors***			
LEFLUNOMIDE ORAL TABLET 10 MG, 20 MG		Tier 1	
*Selective Costimulation Modulators***			
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-Injector 125 MG/ML	Tier 5		PA; Specialty; QL (0.15 ML per 1 day)
ORENCIA SOLUTION PREFILLED SYRINGE 125 MG/ML SUBCUTANEOUS	Tier 5		PA; Specialty; QL (0.15 ML per 1 day)
ORENCIA SOLUTION PREFILLED SYRINGE 50 MG/0.4ML SUBCUTANEOUS	Tier 5		PA; Specialty; QL (0.06 ML per 1 day)
ORENCIA SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML SUBCUTANEOUS	Tier 5		PA; Specialty; QL (0.1 ML per 1 day)
*Soluble Tumor Necrosis Factor Receptor Agents***			
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Tier 4		PA; Specialty; QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 4		PA; Specialty; QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Tier 4		PA; Specialty; QL (0.15 ML per 1 day)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-Injector 50 MG/ML	Tier 4		PA; Specialty; QL (0.15 ML per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Analgesics - Nonnarcotic			
*Analgesics-Sedatives***			
BAC ORAL TABLET (BUTALBITAL-APAP-CAFFEINE) 50-325-40 MG	Tier 1	Tier 1	
BUTALBITAL-ACETAMINOPHEN ORAL TABLET 50-325 MG		Tier 1	
BUTALBITAL-ASPIRIN-CAFFEINE ORAL CAPSULE 50-325-40 MG		Tier 1	
*Salicylates***			
ADULT ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
ASPIRIN 81 ORAL TABLET CHEWABLE 81 MG		Tier 1	PV; AGE (Max 55 Years)
ASPIRIN 81 ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
ASPIRIN ADULT LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
ASPIRIN CHILDRENS ORAL TABLET CHEWABLE 81 MG		Tier 1	PV; AGE (Max 55 Years)
ASPIRIN EC ADULT LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
ASPIRIN EC ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
ASPIRIN EC LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV; AGE (Max 55 Years)
ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG	Tier 3	Tier 1	PV; AGE (Max 55 Years)
BAYER LOW DOSE ORAL TABLET CHEWABLE (ASPIRIN) 81 MG	Tier 3	Tier 1	PV; AGE (Max 55 Years)
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG	Tier 3	Tier 1	PV; AGE (Max 55 Years)
CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV; AGE (Max 55 Years)
CVS ASPIRIN ADULT LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV; AGE (Max 55 Years)
CVS ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
CVS ASPIRIN EC ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
CVS ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CVS ASPIRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
DIFLUNISAL ORAL TABLET 500 MG		Tier 3	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG	Tier 3	Tier 1	PV; AGE (Max 55 Years)
EQ ASPIRIN ADULT LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
EQ ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV; AGE (Max 55 Years)
EQL ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV; AGE (Max 55 Years)
EQL ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
FT ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
FT ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV; AGE (Max 55 Years)
GNP ADULT ASPIRIN LOW STRENGTH ORAL TABLET CHEWABLE 81 MG		Tier 1	PV; AGE (Max 55 Years)
GNP ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
GNP ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
GOODSENSE ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
GOODSENSE ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV; AGE (Max 55 Years)
H-E-B ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
HM ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
HM ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV; AGE (Max 55 Years)
KLS ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
KP ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
MM ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
PX ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV; AGE (Max 55 Years)
PX ENTERIC ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
QC ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV; AGE (Max 55 Years)
QC ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
QC CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV; AGE (Max 55 Years)
RA ASPIRIN ADULT LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV; AGE (Max 55 Years)
RA ASPIRIN ADULT LOW STRENGTH ORAL TABLET CHEWABLE 81 MG		Tier 1	PV; AGE (Max 55 Years)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
RA ASPIRIN CHILDRENS ORAL TABLET CHEWABLE 81 MG		Tier 1	PV; AGE (Max 55 Years)
RA ASPIRIN EC ADULT LOW ST ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
RA ASPIRIN EC ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
SB CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV; AGE (Max 55 Years)
SB LOW DOSE ASA EC ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
SM ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
SM ASPIRIN EC LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
SM ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV; AGE (Max 55 Years)
SM ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV; AGE (Max 55 Years)
SM CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV; AGE (Max 55 Years)
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG	Tier 3	Tier 1	PV; AGE (Max 55 Years)
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE (ASPIRIN) 81 MG	Tier 3	Tier 1	PV; AGE (Max 55 Years)
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG	Tier 3	Tier 1	PV; AGE (Max 55 Years)
Analgesics - Opioid			
*Codeine Combinations***			
ACETAMINOPHEN-CODEINE ORAL SOLUTION 120-12 MG/5ML, 300-30 MG/12.5ML		Tier 1	QL (166.5 ML per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-15 MG ORAL		Tier 1	QL (13 EA per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-30 MG ORAL		Tier 1	QL (13 EA per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-60 MG ORAL		Tier 1	QL (10 EA per 1 day)
ASCOMP-CODEINE ORAL CAPSULE (BUTALBITAL-ASA-CAFF-CODEINE) 50-325-40-30 MG	Tier 3	Tier 3	
*Dihydrocodeine Combinations***			
APAP-CAFF-DIHYDROCODEINE ORAL CAPSULE 320.5-30-16 MG		Tier 3	PA; QL (10 EA per 1 day)
*Hydrocodone Combinations***			
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		Tier 1	QL (9 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 10-325 MG ORAL		Tier 1	QL (9 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
HYDROCODONE-ACETAMINOPHEN TABLET 5-300 MG ORAL		Tier 1	QL (13 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 5-325 MG ORAL		Tier 1	QL (12 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 7.5-300 MG ORAL		Tier 1	QL (12 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 7.5-325 MG ORAL		Tier 1	QL (12 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 10-200 MG ORAL		Tier 3	QL (9 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 5-200 MG ORAL		Tier 1	QL (16 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 7.5-200 MG ORAL		Tier 1	QL (12 EA per 1 day)
*Opioid Agonists***			
CODEINE SULFATE TABLET 15 MG ORAL		Tier 1	QL (40 EA per 1 day)
CODEINE SULFATE TABLET 30 MG ORAL		Tier 1	QL (20 EA per 1 day)
CODEINE SULFATE TABLET 60 MG ORAL		Tier 1	QL (10 EA per 1 day)
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		Tier 3	PA; QL (1 EA per 1 day)
FENTANYL PATCH 72 HOUR 12 MCG/HR TRANSDERMAL		Tier 3	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 25 MCG/HR TRANSDERMAL		Tier 1	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 50 MCG/HR TRANSDERMAL		Tier 1	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 75 MCG/HR TRANSDERMAL		Tier 3	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 3	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 3	QL (10 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		Tier 1	QL (5 EA per 1 day)
HYDROMORPHONE HCL TABLET 4 MG ORAL		Tier 1	QL (2 EA per 1 day)
HYDROMORPHONE HCL TABLET 8 MG ORAL		Tier 1	QL (2 EA per 1 day)
METHADONE HCL INTENSOL ORAL CONCENTRATE (METHADONE HCL) 10 MG/ML	Tier 1	Tier 1	
METHADONE HCL ORAL SOLUTION 10 MG/5ML, 5 MG/5ML		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
METHADONE HCL ORAL TABLET 10 MG, 5 MG		Tier 1	PA
MITIGO INJECTION SOLUTION 200 MG/20ML (10 MG/ML), 500 MG/20ML (25 MG/ML)	Tier 3		
MORPHINE SULFATE (CONCENTRATE) ORAL SOLUTION 100 MG/5ML, 20 MG/ML		Tier 1	QL (4.5 ML per 1 day)
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 2 MG/ML, 4 MG/ML		Tier 3	
MORPHINE SULFATE (PF) SOLUTION 0.5 MG/ML INJECTION		Tier 3	
MORPHINE SULFATE (PF) SOLUTION 10 MG/ML INJECTION		Tier 1	
MORPHINE SULFATE (PF) SOLUTION 2 MG/ML INJECTION		Tier 3	
MORPHINE SULFATE (PF) SOLUTION 4 MG/ML INJECTION		Tier 3	
MORPHINE SULFATE (PF) SOLUTION 5 MG/ML INJECTION		Tier 3	
MORPHINE SULFATE (PF) SOLUTION 8 MG/ML INJECTION		Tier 1	
MORPHINE SULFATE ER TABLET EXTENDED RELEASE 100 MG ORAL		Tier 3	PA; QL (3 EA per 1 day)
MORPHINE SULFATE ER TABLET EXTENDED RELEASE 15 MG ORAL		Tier 1	PA; QL (3 EA per 1 day)
MORPHINE SULFATE ER TABLET EXTENDED RELEASE 200 MG ORAL		Tier 3	PA; QL (3 EA per 1 day)
MORPHINE SULFATE ER TABLET EXTENDED RELEASE 30 MG ORAL		Tier 1	PA; QL (3 EA per 1 day)
MORPHINE SULFATE ER TABLET EXTENDED RELEASE 60 MG ORAL		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		Tier 1	QL (45 ML per 1 day)
MORPHINE SULFATE SOLUTION 20 MG/5ML ORAL		Tier 1	QL (22.5 ML per 1 day)
MORPHINE SULFATE TABLET 15 MG ORAL		Tier 1	QL (6 EA per 1 day)
MORPHINE SULFATE TABLET 30 MG ORAL		Tier 1	QL (3 EA per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 3		PA; QL (2 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		Tier 1	QL (6 EA per 1 day)
OXYCODONE HCL TABLET 15 MG ORAL		Tier 1	QL (4 EA per 1 day)
OXYCODONE HCL TABLET 20 MG ORAL		Tier 1	QL (3 EA per 1 day)
OXYCODONE HCL TABLET 30 MG ORAL		Tier 1	QL (2 EA per 1 day)
OXYCODONE HCL TABLET 5 MG ORAL		Tier 1	QL (12 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	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		Tier 1	QL (1 EA per 1 day)
OXYMORPHONE HCL TABLET 5 MG ORAL		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 (5 EA per 1 day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	Tier 2		PA; QL (4 EA per 1 day)
*Opioid Combinations***			
ENDOCET TABLET 10-325 MG ORAL (OXYCODONE-ACETAMINOPHEN)	Tier 1	Tier 1	QL (6 EA per 1 day)
ENDOCET TABLET 2.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN)	Tier 1	Tier 1	QL (12 EA per 1 day)
ENDOCET TABLET 5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN)	Tier 1	Tier 1	QL (12 EA per 1 day)
ENDOCET TABLET 7.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN)	Tier 1	Tier 1	QL (8 EA per 1 day)
*Opioid Partial Agonists***			
BUPRENORPHINE HCL TABLET SUBLINGUAL 2 MG SUBLINGUAL		Tier 1	QL (12 EA per 1 day)
BUPRENORPHINE HCL TABLET SUBLINGUAL 8 MG SUBLINGUAL		Tier 1	QL (3 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 12-3 MG SUBLINGUAL		Tier 3	QL (2 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 2-0.5 MG SUBLINGUAL		Tier 3	QL (12 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 4-1 MG SUBLINGUAL		Tier 3	QL (6 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 8-2 MG SUBLINGUAL		Tier 3	QL (3 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL TABLET SUBLINGUAL 2-0.5 MG SUBLINGUAL		Tier 1	QL (12 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL TABLET SUBLINGUAL 8-2 MG SUBLINGUAL		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 fills per 54 days)
PENTAZOCINE-NALOXONE HCL ORAL TABLET 50-0.5 MG		Tier 3	QL (10 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Tramadol Combinations***			
TRAMADOL-ACETAMINOPHEN ORAL TABLET 37.5-325 MG		Tier 1	QL (6 EA per 1 day)
Androgens-Anabolic			
*Androgens***			
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%), 40.5 MG/2.5GM (1.62%)		Tier 3	PA
TESTOSTERONE TRANSDERMAL SOLUTION 30 MG/ACT		Tier 3	PA
Anorectal And Related Products			
*Intrarectal Steroids***			
CORTIFOAM EXTERNAL FOAM 10 %	Tier 3		
HYDROCORTISONE RECTAL ENEMA 100 MG/60ML		Tier 3	
*Nitrate Vasodilating Agents***			
RECTIV RECTAL OINTMENT (NITROGLYCERIN) 0.4 %	Tier 3	Tier 1	
*Rectal Anesthetic/Steroids***			
HYDROCORTISONE ACE-PRAMOXINE EXTERNAL CREAM 1-1 %		Tier 1	
*Rectal Steroids***			
HYDROCORTISONE (PERIANAL) EXTERNAL CREAM 1 %		Tier 1	
PROCTO-MED HC EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 2.5 %	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	
Anthelmintics			
*Anthelmintics***			
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 3	
PRAZIQUANTEL ORAL TABLET 600 MG		Tier 3	
Antiangular Agents			
*Antiangulars-Other***			
RANOLAZINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG		Tier 3	
*Nitrates***			
ISOSORBIDE DINITRATE ORAL TABLET 10 MG, 20 MG, 30 MG, 5 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ISOSORBIDE MONONITRATE ER TABLET EXTENDED RELEASE 24 HOUR 120 MG ORAL		Tier 1	
ISOSORBIDE MONONITRATE ER TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL		LC	
ISOSORBIDE MONONITRATE ER TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL		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	
Antianxiety Agents			
*Antianxiety Agents - Misc.***			
BUSPIRONE HCL TABLET 10 MG ORAL		LC	
BUSPIRONE HCL TABLET 15 MG ORAL		Tier 1	
BUSPIRONE HCL TABLET 30 MG ORAL		Tier 1	
BUSPIRONE HCL TABLET 5 MG ORAL		LC	
DROPERIDOL INJECTION SOLUTION 2.5 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		Tier 3	
HYDROXYZINE PAMOATE CAPSULE 25 MG ORAL		LC	
HYDROXYZINE PAMOATE CAPSULE 50 MG ORAL		LC	
MEPROBAMATE ORAL TABLET 200 MG, 400 MG		Tier 3	
*Benzodiazepines***			
ALPRAZOLAM ER TABLET EXTENDED RELEASE 24 HOUR 0.5 MG ORAL		Tier 2	QL (1 EA per 1 day)
ALPRAZOLAM ER TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL		Tier 2	QL (1 EA per 1 day)
ALPRAZOLAM ER TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL		Tier 2	QL (5 EA per 1 day)
ALPRAZOLAM ER TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL		Tier 2	QL (3 EA per 1 day)
ALPRAZOLAM TABLET 0.25 MG ORAL		Tier 1	QL (4 EA per 1 day)
ALPRAZOLAM TABLET 0.5 MG ORAL		Tier 1	QL (4 EA per 1 day)
ALPRAZOLAM TABLET 1 MG ORAL		Tier 1	QL (4 EA per 1 day)
ALPRAZOLAM TABLET 2 MG ORAL		Tier 1	QL (5 EA per 1 day)
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 0.5 MG ORAL		Tier 2	QL (1 EA per 1 day)
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL		Tier 2	QL (1 EA per 1 day)
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL		Tier 2	QL (5 EA per 1 day)
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL		Tier 2	QL (3 EA per 1 day)
CHLORDIAZEPOXIDE HCL CAPSULE 10 MG ORAL		Tier 1	QL (30 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
CHLORDIAZEPoxide HCL CAPSULE 25 MG ORAL		Tier 1	QL (12 EA per 1 day)
CHLORDIAZEPoxide HCL CAPSULE 5 MG ORAL		Tier 1	QL (4 EA per 1 day)
CLORAZEPATE DIPOTASSIUM TABLET 15 MG ORAL		Tier 3	QL (6 EA per 1 day)
CLORAZEPATE DIPOTASSIUM TABLET 3.75 MG ORAL		Tier 3	QL (24 EA per 1 day)
CLORAZEPATE DIPOTASSIUM TABLET 7.5 MG ORAL		Tier 3	QL (12 EA per 1 day)
DIAZEPAM INTENSOL ORAL CONCENTRATE (DIAZEPAM) 5 MG/ML	Tier 2	Tier 2	
DIAZEPAM ORAL SOLUTION 5 MG/5ML		Tier 2	
DIAZEPAM ORAL TABLET 10 MG, 2 MG, 5 MG		Tier 1	
LORAZEPAM INJECTION SOLUTION 2 MG/ML, 4 MG/ML		Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE (LORAZEPAM) 2 MG/ML	Tier 3	Tier 3	QL (5 ML per 1 day)
LORAZEPAM TABLET 0.5 MG ORAL		Tier 1	QL (3 EA per 1 day)
LORAZEPAM TABLET 1 MG ORAL		Tier 1	QL (3 EA per 1 day)
LORAZEPAM TABLET 2 MG ORAL		Tier 1	QL (5 EA per 1 day)
Antiarrhythmics			
*Antiarrhythmics Type I-A***			
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE 100 MG, 150 MG		Tier 3	
PROCAINAMIDE HCL INJECTION SOLUTION 100 MG/ML		Tier 3	
QUINIDINE SULFATE ORAL TABLET 200 MG, 300 MG		Tier 1	
*Antiarrhythmics Type I-B***			
MEXILETINE HCL ORAL CAPSULE 150 MG, 200 MG, 250 MG		Tier 3	
*Antiarrhythmics Type I-C***			
FLECAINIDE ACETATE ORAL TABLET 100 MG, 150 MG, 50 MG		Tier 1	
PROPafenone HCL ORAL TABLET 150 MG, 225 MG, 300 MG		Tier 1	
*Antiarrhythmics Type III***			
AMIODARONE HCL ORAL TABLET 200 MG		Tier 1	
DOFETILIDE ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG		Tier 3	
Antiasthmatic And Bronchodilator Agents			
*5-Lipoxygenase Inhibitors***			
ZILEUTON ER ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG		Tier 3	PA; ST
*Adrenergic Combinations***			
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)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	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		Tier 3	QL (0.04 EA per 1 day)
FLUTICASONE-SALMETEROL AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT INHALATION		Tier 3	QL (0.04 EA per 1 day)
FLUTICASONE-SALMETEROL AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION		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 (0.35 GM per 1 day)
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)
*Anti-IgE Monoclonal Antibodies***			
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 4		PA; Specialty
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 4		PA; Specialty
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Tier 4		PA; Specialty
*Beta Adrenergics***			
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		Tier 1	QL (18 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION		LC	QL (5 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 0.63 MG/3ML INHALATION		Tier 1	QL (12.5 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 1.25 MG/3ML INHALATION		Tier 1	QL (12.5 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 2.5 MG/0.5ML INHALATION		LC	QL (5 EA per 1 day)
ARFORMOTEROL TARTRATE INHALATION NEBULIZATION SOLUTION 15 MCG/2ML		Tier 3	QL (4 ML per 1 day)
FORMOTEROL FUMARATE INHALATION NEBULIZATION SOLUTION 20 MCG/2ML		Tier 3	QL (4 ML per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LEVALBUTEROL HCL NEBULIZATION SOLUTION 0.31 MG/3ML INHALATION		Tier 3	QL (18 ML per 1 day)
LEVALBUTEROL HCL NEBULIZATION SOLUTION 0.63 MG/3ML INHALATION		Tier 3	QL (18 ML per 1 day)
LEVALBUTEROL HCL NEBULIZATION SOLUTION 1.25 MG/0.5ML INHALATION		Tier 3	QL (3 EA per 1 day)
LEVALBUTEROL HCL NEBULIZATION SOLUTION 1.25 MG/3ML INHALATION		Tier 3	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)
*Bronchodilators - Anticholinergics***			
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 (TIOTROPIUM BROMIDE MONOHYDRATE) 18 MCG	Tier 2	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)
*Interleukin-5 Antagonists (IgG1 Kappa)***			
NUCALA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.11 ML per 1 day)
NUCALA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	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)
*Leukotriene Receptor Antagonists***			
MONTELUKAST SODIUM ORAL TABLET 10 MG		LC	
MONTELUKAST SODIUM ORAL TABLET CHEWABLE 4 MG, 5 MG		LC	
ZAFIRLUKAST ORAL TABLET 10 MG, 20 MG		Tier 3	
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***			
ROFLUMILAST ORAL TABLET 250 MCG, 500 MCG		Tier 1	PA
*Steroid Inhalants***			
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 2		QL (1 EA per 1 day)
BUDESONIDE INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML		Tier 3	QL (4 ML per 1 day)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	Tier 2		QL (2 EA per 1 day)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT INHALATION	Tier 2		QL (8 EA per 1 day)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION	Tier 2		QL (2 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
FLUTICASONE PROPIONATE HFA AEROSOL 110 MCG/ACT INHALATION		Tier 2	QL (24 GM per 30 days)
FLUTICASONE PROPIONATE HFA AEROSOL 220 MCG/ACT INHALATION		Tier 2	QL (24 GM per 30 days)
FLUTICASONE PROPIONATE HFA AEROSOL 44 MCG/ACT INHALATION		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)
*Xanthines***			
THEOPHYLLINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG, 600 MG		Tier 3	
THEOPHYLLINE ER TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL		Tier 1	
THEOPHYLLINE ER TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL		Tier 1	
THEOPHYLLINE ER TABLET EXTENDED RELEASE 12 HOUR 300 MG ORAL		Tier 3	
THEOPHYLLINE ER TABLET EXTENDED RELEASE 12 HOUR 450 MG ORAL		Tier 3	
Anticoagulants			
*Coumarin Anticoagulants***			
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	
*Direct Factor Xa Inhibitors***			
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	Tier 2		QL (2 EA per 1 day)
ELIQUIS TABLET 5 MG ORAL	Tier 2		QL (3 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	Tier 2		QL (1 EA per 1 day)
XARELTO TABLET 15 MG ORAL	Tier 2		QL (2 EA per 1 day)
XARELTO TABLET 2.5 MG ORAL	Tier 2		QL (2 EA per 1 day)
XARELTO TABLET 20 MG ORAL	Tier 2		QL (1 EA per 1 day)
*Heparins And Heparinoid-Like Agents***			
HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE 5000 UNIT/0.5ML		Tier 1	
HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML		Tier 3	
*Low Molecular Weight Heparins***			
ENOXAPARIN SODIUM INJECTION SOLUTION 300 MG/3ML		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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 3	
*Synthetic Heparinoid-Like Agents***			
FONDAPARINUX SODIUM SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML		Tier 3	
*Thrombin Inhibitors - Selective Direct & Reversible***			
DABIGATRAN ETEXILATE MESYLATE ORAL CAPSULE 150 MG, 75 MG		Tier 1	QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE (DABIGATRAN ETEXILATE MESYLATE) 110 MG	Tier 2	Tier 1	QL (2 EA per 1 day)
Anticonvulsants			
*Ampa Glutamate Receptor Antagonists***			
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 3		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3		
*Anticonvulsants - Benzodiazepines***			
CLOBAZAM ORAL TABLET 10 MG, 20 MG		Tier 2	PA
CLONAZEPAM TABLET 0.5 MG ORAL		Tier 1	QL (3 EA per 1 day)
CLONAZEPAM TABLET 1 MG ORAL		Tier 1	QL (3 EA per 1 day)
CLONAZEPAM TABLET 2 MG ORAL		Tier 1	QL (10 EA per 1 day)
DIAZEPAM RECTAL GEL 10 MG, 2.5 MG, 20 MG		Tier 3	QL (2 EA Max Qty Per Fill Retail)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	Tier 3		
*Anticonvulsants - Misc.***			
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 3	
CARBAMAZEPINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG		Tier 3	
CARBAMAZEPINE ORAL SUSPENSION 100 MG/5ML, 200 MG/10ML		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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LACOSAMIDE ORAL SOLUTION 10 MG/ML, 100 MG/10ML, 50 MG/5ML		Tier 1	
LACOSAMIDE ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		Tier 3	
LAMOTRIGINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG		Tier 3	
LAMOTRIGINE ORAL TABLET CHEWABLE 25 MG, 5 MG		Tier 1	
LAMOTRIGINE ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG		Tier 3	
LEVETIRACETAM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG		Tier 3	
LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION 250 MG/50ML		Tier 1	
LEVETIRACETAM ORAL SOLUTION 100 MG/ML, 500 MG/5ML		Tier 1	
LEVETIRACETAM ORAL TABLET 1000 MG, 250 MG, 750 MG		Tier 1	
OXCARBAZEPINE ORAL SUSPENSION 300 MG/5ML		Tier 3	
OXCARBAZEPINE ORAL TABLET 150 MG, 300 MG, 600 MG		Tier 1	
PREGABALIN CAPSULE 100 MG ORAL		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 150 MG ORAL		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 200 MG ORAL		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 225 MG ORAL		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 25 MG ORAL		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 300 MG ORAL		Tier 1	QL (2 EA per 1 day)
PREGABALIN CAPSULE 50 MG ORAL		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 75 MG ORAL		Tier 1	QL (3 EA per 1 day)
PREGABALIN ORAL SOLUTION 20 MG/ML		Tier 3	QL (30 ML per 1 day)
PRIMIDONE ORAL TABLET 250 MG, 50 MG		LC	
ROWEEPRA ORAL TABLET (LEVETIRACETAM) 500 MG	Tier 1	Tier 1	
RUFINAMIDE ORAL SUSPENSION 40 MG/ML		Tier 3	PA
RUFINAMIDE ORAL TABLET 200 MG, 400 MG		Tier 3	PA
SUBVENITE ORAL TABLET (LAMOTRIGINE) 100 MG, 150 MG, 200 MG, 25 MG	Tier 1	Tier 1	
TOPIRAMATE CAPSULE SPRINKLE 15 MG ORAL		Tier 1	
TOPIRAMATE CAPSULE SPRINKLE 25 MG ORAL		Tier 3	
TOPIRAMATE ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG		Tier 1	
ZONISAMIDE ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 1	
*Gaba Modulators***			
TIAGABINE HCL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Hydantoins***			
DILANTIN ORAL CAPSULE 30 MG	Tier 3		
FOSPHENYTOIN SODIUM INJECTION SOLUTION 500 MG PE/10ML		Tier 1	
PHENYTEK ORAL CAPSULE (PHENYTOIN SODIUM EXTENDED) 200 MG, 300 MG	Tier 3	Tier 3	
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 CAPSULE 100 MG ORAL		Tier 1	
PHENYTOIN SODIUM INJECTION SOLUTION 50 MG/ML		Tier 1	
*Succinimides***			
ETHOSUXIMIDE ORAL CAPSULE 250 MG		Tier 1	
ETHOSUXIMIDE ORAL SOLUTION 250 MG/5ML		Tier 3	
METHSUXIMIDE ORAL CAPSULE 300 MG		Tier 1	
*Valproic Acid***			
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 3	
DIVALPROEX SODIUM ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG		Tier 1	
VALPROATE SODIUM INTRAVENOUS SOLUTION 100 MG/ML, 500 MG/5ML		Tier 1	
VALPROIC ACID ORAL CAPSULE 250 MG		LC	
VALPROIC ACID ORAL SOLUTION 250 MG/5ML, 500 MG/10ML		LC	
Antidepressants			
*Alpha-2 Receptor Antagonists (Tetracyclines)***			
MIRTAZAPINE ORAL TABLET 15 MG, 30 MG, 45 MG		LC	
*Antidepressants - Misc.***			
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		Tier 1	QL (3 EA per 1 day)
BUPROPION HCL ER (XL) TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL		Tier 1	QL (1 EA per 1 day)
BUPROPION HCL ORAL TABLET 100 MG, 75 MG		Tier 1	
*Monoamine Oxidase Inhibitors (MAOIs)***			
MARPLAN ORAL TABLET 10 MG	Tier 3		
PHENELZINE SULFATE ORAL TABLET 15 MG		Tier 3	
TRANLYCYPROMINE SULFATE ORAL TABLET 10 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Selective Serotonin Reuptake Inhibitors (Ssris)***			
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	
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	
*Serotonin Modulators***			
TRAZODONE HCL ORAL TABLET 100 MG, 150 MG, 50 MG		LC	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 3		PA; ST; QL (1 EA per 1 day)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	Tier 3		PA; QL (2 EA per 365 days)
VILAZODONE HCL ORAL TABLET 10 MG, 20 MG, 40 MG		Tier 1	PA; QL (1 EA per 1 day)
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***			
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		Tier 1	QL (2 EA per 1 day)
DULOXETINE HCL CAPSULE DELAYED RELEASE PARTICLES 30 MG ORAL		Tier 1	QL (3 EA per 1 day)
DULOXETINE HCL CAPSULE DELAYED RELEASE PARTICLES 60 MG ORAL		Tier 1	QL (2 EA per 1 day)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	Tier 3		PA; ST; QL (1 EA per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Tier 3		PA; ST; QL (56 EA per 365 days)
VENLAFAKINE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL		Tier 1	QL (2 EA per 1 day)
VENLAFAKINE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL		Tier 1	QL (1 EA per 1 day)
VENLAFAKINE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL		Tier 1	QL (3 EA per 1 day)
VENLAFAKINE HCL ORAL TABLET 100 MG, 25 MG, 37.5 MG, 50 MG, 75 MG		Tier 1	
*Tricyclic Agents***			
AMITRIPTYLINE HCL ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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	
DESIPRAMINE HCL ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 3	
DOXEPIN HCL ORAL CAPSULE 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 3	
DOXEPIN HCL ORAL CONCENTRATE 10 MG/ML		Tier 3	
IMIPRAMINE HCL ORAL TABLET 10 MG, 25 MG, 50 MG		Tier 1	
NORTRIPTYLINE HCL ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG		LC	
NORTRIPTYLINE HCL ORAL SOLUTION 10 MG/5ML		Tier 3	
TRIMIPRAMINE MALEATE ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 3	
Antidiabetics			
*Alpha-Glucosidase Inhibitors***			
ACARBOSE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 3	
*Biguanides***			
METFORMIN HCL ER TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL		LC	
METFORMIN HCL ER TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL		Tier 1	
METFORMIN HCL ORAL TABLET 1000 MG, 500 MG, 850 MG		LC	
*Diabetic Other***			
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	Tier 2		
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	Tier 2		
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	
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***			
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2		PA; ST
TRADJENTA ORAL TABLET 5 MG	Tier 2		PA; ST
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***			
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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Human Insulin***			
HUMALOG INJECTION SOLUTION (INSULIN LISPRO) 100 UNIT/ML	Tier 2	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		
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 FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3		PA
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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)***			
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Tier 2		PA; QL (0.08 ML per 1 day)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***			
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	Tier 2		PA; QL (0.15 ML per 1 day)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	Tier 2		PA; QL (0.08 ML per 1 day)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	Tier 2		PA; QL (0.04 ML per 1 day)
OZEMPIK (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS	Tier 2		PA; QL (0.06 ML per 1 day)
OZEMPIK (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/3ML SUBCUTANEOUS	Tier 2		PA; QL (0.11 ML per 1 day)
OZEMPIK (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Tier 2		PA; QL (0.11 ML per 1 day)
OZEMPIK (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	Tier 2		PA; QL (0.11 ML per 1 day)
RYBELSUS TABLET 14 MG ORAL	Tier 2		PA; QL (1 EA per 1 day)
RYBELSUS TABLET 3 MG ORAL	Tier 2		PA; QL (60 EA per 365 days)
RYBELSUS TABLET 7 MG ORAL	Tier 2		PA; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Tier 2		PA; QL (0.08 ML per 1 day)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR (LIRAGLUTIDE) 18 MG/3ML	Tier 2	Tier 2	PA; QL (0.3 ML per 1 day)
*Insulin-Incretin Mimetic Combinations***			
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	Tier 2		
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	Tier 2		
*Meglitinide Analogues***			
NATEGLINIDE ORAL TABLET 120 MG, 60 MG		Tier 3	
REPAGLINIDE ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 3	
*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***			
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2		
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***			
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 2		
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2		
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***			
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Tier 2		
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	Tier 2		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5- 1000 MG, 5-500 MG	Tier 2		
*Sulfonylurea-Biguanide Combinations***			
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	
*Sulfonylureas***			
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	
*Thiazolidinediones***			
PIOGLITAZONE HCL ORAL TABLET 15 MG, 30 MG, 45 MG		Tier 1	
Antidiarrheal/Probiotic Agents			
*Antiperistaltic Agents***			
DIPHENOXYLATE-ATROPINE ORAL TABLET 2.5- 0.025 MG		Tier 1	
LOPERAMIDE HCL ORAL CAPSULE 2 MG		Tier 1	
MOTOFEN ORAL TABLET 1-0.025 MG	Tier 3		PA
Antidotes And Specific Antagonists			
*Antidotes - Chelating Agents***			
CHEMET ORAL CAPSULE 100 MG	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
*Antidotes And Specific Antagonists***			
DEFEROXAMINE MESYLATE INJECTION SOLUTION RECONSTITUTED 2 GM, 500 MG		Tier 1	
VISTOGARD ORAL PACKET 10 GM	Tier 3		
*Opioid Antagonists***			
KLOXXADO NASAL LIQUID 8 MG/0.1ML	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	
NALOXONE HCL NASAL LIQUID 4 MG/0.1ML		Tier 1	
NALTREXONE HCL ORAL TABLET 50 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Tier 5		Specialty
Antiemetics			
*5-HT3 Receptor Antagonists***			
ANZEMET ORAL TABLET 50 MG	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 (4 EA per 30 days)
ONDANSETRON HCL INJECTION SOLUTION 4 MG/2ML, 40 MG/20ML		Tier 1	
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	
*Antiemetics - Anticholinergic***			
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 2	
*Antiemetics - Miscellaneous***			
DRONABINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG		Tier 3	PA; QL (2 EA per 1 day)
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***			
APREPITANT CAPSULE 125 MG ORAL		Tier 3	QL (2 EA per 30 days)
APREPITANT CAPSULE 40 MG ORAL		Tier 3	QL (1 EA per 30 days)
APREPITANT CAPSULE 80 MG ORAL		Tier 3	QL (4 EA per 30 days)
FOSAPREPITANT DIMEGLUMINE INTRAVENOUS SOLUTION RECONSTITUTED 150 MG		Tier 1	
Antifungals			
*Antifungal - Glucan Synthesis Inhibitors (Echinocandins)***			
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG, 70 MG		Tier 3	
*Antifungals***			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	Tier 3		
AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 1	
AMPHOTERICIN B LIPOSOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG		Tier 3	
FLUCYTOSINE CAPSULE 250 MG ORAL		Tier 1	
FLUCYTOSINE CAPSULE 500 MG ORAL		Tier 3	
GRISEOFULVIN MICROSIZE ORAL SUSPENSION 125 MG/5ML		Tier 3	
GRISEOFULVIN MICROSIZE ORAL TABLET 500 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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)
*Imidazoles***			
KETOCONAZOLE ORAL TABLET 200 MG		LC	
*Triazoles***			
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
VORICONAZOLE ORAL TABLET 200 MG, 50 MG		Tier 3	PA
Antihistamines			
*Antihistamines - Ethanolamines***			
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	
*Antihistamines - Non-Sedating***			
CETIRIZINE HCL ORAL SOLUTION 1 MG/ML, 5 MG/5ML		Tier 1	
LEVO CETIRIZINE DIHYDROCHLORIDE ORAL TABLET 5 MG		Tier 1	
*Antihistamines - Phenothiazines***			
PROMETHAZINE HCL ORAL SOLUTION 6.25 MG/5ML		LC	
PROMETHAZINE HCL TABLET 12.5 MG ORAL		Tier 1	
PROMETHAZINE HCL TABLET 25 MG ORAL		LC	
PROMETHAZINE HCL TABLET 50 MG ORAL		Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY (PROMETHAZINE HCL) 12.5 MG, 25 MG	Tier 3	Tier 3	
*Antihistamines - Piperidines***			
CYPROHEPTADINE HCL ORAL SYRUP 2 MG/5ML		Tier 1	
CYPROHEPTADINE HCL ORAL TABLET 4 MG		Tier 1	
Antihyperlipidemics			
*Antihyperlipidemics - Misc.***			
OMEGA-3-ACID ETHYL ESTERS ORAL CAPSULE 1 GM		Tier 3	
*Bile Acid Sequestrants***			
CHOLESTYRAMINE ORAL PACKET 4 GM		Tier 3	
CHOLESTYRAMINE ORAL POWDER 4 GM/DOSE		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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	
*Fibric Acid Derivatives***			
FENOFIBRATE CAPSULE 134 MG ORAL		Tier 3	
FENOFIBRATE CAPSULE 200 MG ORAL		Tier 3	
FENOFIBRATE CAPSULE 67 MG ORAL		Tier 1	
FENOFIBRATE MICRONIZED CAPSULE 134 MG ORAL		Tier 3	
FENOFIBRATE MICRONIZED CAPSULE 200 MG ORAL		Tier 3	
FENOFIBRATE MICRONIZED CAPSULE 43 MG ORAL		Tier 3	
FENOFIBRATE MICRONIZED CAPSULE 67 MG ORAL		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	
*Hmg Coa Reductase Inhibitors***			
ATORVASTATIN CALCIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG		LC	
FLUVASTATIN SODIUM ORAL CAPSULE 20 MG, 40 MG		Tier 3	
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	
ROSUVASTATIN 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	
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***			
EZETIMIBE-SIMVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG		Tier 3	
*Intestinal Cholesterol Absorption Inhibitors***			
EZETIMIBE ORAL TABLET 10 MG		Tier 1	
*Nicotinic Acid Derivatives***			
NIACIN ER (ANTIHYPOLIPIDEMIC) ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG		Tier 3	
*Pesk9 Inhibitors***			
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	Tier 2		PA; QL (0.13 ML per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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)
Antihypertensives			
*Ace Inhibitor & Calcium Channel Blocker Combinations***			
AMLODIPINE BESY-BENAZEPHIL HCL ORAL CAPSULE 10-20 MG, 10-40 MG, 2.5-10 MG, 5-10 MG, 5-20 MG, 5-40 MG		Tier 1	
*Ace Inhibitors & Thiazide/Thiazide-Like***			
ENALAPRIL-HYDROCHLOROTHIAZIDE TABLET 10-25 MG ORAL		Tier 1	
ENALAPRIL-HYDROCHLOROTHIAZIDE TABLET 5-12.5 MG ORAL		LC	
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	
*Ace Inhibitors***			
BENAZEPHIL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		LC	
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	
LISINOPRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG		LC	
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	
*Agents For Pheochromocytoma***			
METYROSINE ORAL CAPSULE 250 MG		Tier 1	PA; QL (16 EA per 1 day)
PHENOXYBENZAMINE HCL ORAL CAPSULE 10 MG		Tier 3	PA
*Angiotensin II Receptor Antag & Ca Channel Blocker Comb***			
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	
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like***			
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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
VALSARTAN-HYDROCHLOROTHIAZIDE ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG		Tier 1	
*Angiotensin II Receptor Antagonists***			
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	
*Antidiurenergics - Centrally Acting***			
CLONIDINE HCL TABLET 0.1 MG ORAL		LC	
CLONIDINE HCL TABLET 0.2 MG ORAL		LC	
CLONIDINE HCL TABLET 0.3 MG ORAL		Tier 1	
GUANFACINE HCL ORAL TABLET 1 MG, 2 MG		LC	
*Antidiurenergics - Peripherally Acting***			
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	
*Beta Blocker & Diuretic Combinations***			
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	
*Selective Aldosterone Receptor Antagonists (Saras)***			
EPLERENONE ORAL TABLET 25 MG, 50 MG		Tier 3	
*Vasodilators***			
HYDRALAZINE HCL ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG		LC	
MINOXIDIL ORAL TABLET 10 MG, 2.5 MG		Tier 1	
Anti-Infective Agents - Misc.			
*Anti-Infective Agents - Misc.***			
IMPAVIDO ORAL CAPSULE 50 MG	Tier 3		
METRONIDAZOLE INTRAVENOUS SOLUTION 500 MG/100ML		Tier 1	
METRONIDAZOLE ORAL TABLET 250 MG, 500 MG		LC	
TRIMETHOPRIM ORAL TABLET 100 MG		LC	
XIFAXAN ORAL TABLET 550 MG	Tier 3		PA
*Anti-Infective Misc. - Combinations***			
SULFAMETHOXAZOLE-TRIMETHOPRIM INTRAVENOUS SOLUTION 400-80 MG/5ML		Tier 1	
SULFAMETHOXAZOLE-TRIMETHOPRIM ORAL SUSPENSION 800-160 MG/20ML		LC	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SULFAMETHOXAZOLE-TRIMETHOPRIM ORAL TABLET 400-80 MG, 800-160 MG		LC	
SULFATRIM PEDIATRIC ORAL SUSPENSION (SULFAMETHOXAZOLE-TRIMETHOPRIM) 200-40 MG/5ML	LC	LC	
*Antiprotozoal Agents***			
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	Tier 3		
ATOVAQUONE ORAL SUSPENSION 750 MG/5ML		Tier 3	
NITAZOXANIDE ORAL TABLET 500 MG		Tier 3	
*Carbapenem Combinations***			
IMIPENEM-CILASTATIN INTRAVENOUS SOLUTION RECONSTITUTED 250 MG, 500 MG		Tier 3	
*Carbapenems***			
ERTAPENEM SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM		Tier 3	
*Cyclic Lipopeptides***			
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG, 500 MG		Tier 3	
*Glycopeptides***			
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 1.25 GM, 1.5 GM, 100 GM, 500 MG, 750 MG		Tier 1	
VANCOMYCIN HCL ORAL CAPSULE 125 MG, 250 MG		Tier 3	
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 25 MG/ML, 250 MG/5ML, 50 MG/ML		Tier 3	
*Leprostatics***			
DAPSONE ORAL TABLET 100 MG, 25 MG		Tier 3	
*Lincosamides***			
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	
*Monobactams***			
AZTREONAM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM		Tier 1	
*Oxazolidinones***			
LINEZOLID IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 600-0.9 MG/300ML-%		Tier 1	
LINEZOLID INTRAVENOUS SOLUTION 600 MG/300ML		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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)
*Polymyxins***			
POLYMYXIN B SULFATE INJECTION SOLUTION RECONSTITUTED 500000 UNIT		Tier 1	
*Urinary Anti-Infectives***			
METHENAMINE HIPPURATE ORAL TABLET 1 GM		Tier 3	
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 100 MG, 50 MG		Tier 1	
NITROFURANTOIN MONOHYD MACRO ORAL CAPSULE 100 MG		Tier 1	
Antimalarials			
*Antimalarial Combinations***			
ATOVAQUONE-PROGUANIL HCL TABLET 250-100 MG ORAL		Tier 3	
ATOVAQUONE-PROGUANIL HCL TABLET 62.5-25 MG ORAL		Tier 1	
*Antimalarials***			
CHLOROQUINE PHOSPHATE ORAL TABLET 250 MG, 500 MG		Tier 3	
HYDROXYCHLOROQUINE SULFATE TABLET 100 MG ORAL		Tier 1	
HYDROXYCHLOROQUINE SULFATE TABLET 200 MG ORAL		LC	
HYDROXYCHLOROQUINE SULFATE TABLET 300 MG ORAL		Tier 1	
HYDROXYCHLOROQUINE SULFATE TABLET 400 MG ORAL		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
Antimyasthenic/Cholinergic Agents			
*Antimyasthenic/Cholinergic Agents***			
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 3 MG/3ML		Tier 3	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG, 60 MG		Tier 1	
Antimycobacterial Agents			
*Antimycobacterial Agents***			
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		Tier 1	
ISONIAZID TABLET 300 MG ORAL		LC	
PASER ORAL PACKET 4 GM	Tier 3		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PRIFTIN ORAL TABLET 150 MG	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 2	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 3		
TRECATOR ORAL TABLET 250 MG	Tier 3		
Antineoplastics And Adjunctive Therapies			
*Alkylating Agents***			
BUSULFAN INTRAVENOUS SOLUTION 6 MG/ML		Tier 4	Specialty
MYLERAN ORAL TABLET 2 MG	Tier 2		
*Androgen Biosynthesis Inhibitors***			
ABIRATERONE ACETATE ORAL TABLET 250 MG, 500 MG		Tier 4	PA; Specialty
*Antiadrenals***			
LYSODREN ORAL TABLET 500 MG	Tier 3		
*Antiandrogens***			
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
*Antiestrogens***			
TAMOXIFEN CITRATE ORAL TABLET 10 MG, 20 MG		Tier 1	
TOREMIFENE CITRATE ORAL TABLET 60 MG		Tier 3	
*Antimetabolites***			
CAPECITABINE ORAL TABLET 150 MG, 500 MG		Tier 4	Specialty
DECITABINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 4	Specialty
FLUDARABINE PHOSPHATE INTRAVENOUS SOLUTION 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 SODIUM (PF) INJECTION SOLUTION 1 GM/40ML, 1000 MG/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
*Antineoplastic - Alk Inhibitors***			
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 5		PA; Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ZYKADIA ORAL TABLET 150 MG	Tier 5		PA; Specialty
*Antineoplastic - Anti-Cd20 Antibodies***			
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 3		PA
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 3		PA
*Antineoplastic - Anti-Cd30 Antibody-Drug Complex***			
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 4		PA; Specialty
*Antineoplastic - Anti-Her2 Agents***			
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 5		PA; Specialty
*Antineoplastic - Bcl-2 Inhibitors***			
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
*Antineoplastic - Bcr-Abl Kinase Inhibitors***			
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 5		PA; Specialty
ICLUSIG TABLET 10 MG ORAL	Tier 5		PA; Specialty; QL (1 EA per 1 day)
ICLUSIG TABLET 15 MG ORAL	Tier 5		PA; Specialty; QL (1 EA per 1 day)
ICLUSIG TABLET 30 MG ORAL	Tier 5		PA; Specialty
ICLUSIG TABLET 45 MG ORAL	Tier 5		PA; Specialty
IMATINIB MESYLATE ORAL TABLET 100 MG, 400 MG		Tier 4	PA; Specialty
SPRYCEL ORAL TABLET (DASATINIB) 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 4	Tier 4	PA; Specialty
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 5		PA; Specialty
*Antineoplastic - Braf Kinase Inhibitors***			
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 4		PA; Specialty
TAFINLAR ORAL TABLET SOLUBLE 10 MG	Tier 4		PA; Specialty
ZELBORAF ORAL TABLET 240 MG	Tier 5		PA; Specialty
*Antineoplastic - Btk Inhibitors***			
IMBRUVICA CAPSULE 140 MG ORAL	Tier 5		PA; Specialty; QL (3 EA per 1 day)
IMBRUVICA CAPSULE 70 MG ORAL	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)
*Antineoplastic - Egfr Inhibitors***			
ERLOTINIB HCL TABLET 100 MG ORAL		Tier 4	PA; Specialty
ERLOTINIB HCL TABLET 150 MG ORAL		Tier 4	PA; Specialty
ERLOTINIB HCL TABLET 25 MG ORAL		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	Tier 5		PA; Specialty; QL (1 EA per 1 day)
TAGRISSO TABLET 80 MG ORAL	Tier 5		PA; Specialty
*Antineoplastic - Gamma Secretase Inhibitors***			
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 5		PA; Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Antineoplastic - Hedgehog Pathway Inhibitors***			
ERIVEDGE ORAL CAPSULE 150 MG	Tier 5		PA; Specialty
*Antineoplastic - Histone Deacetylase Inhibitors***			
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 5		PA; Specialty
ZOLINZA ORAL CAPSULE 100 MG	Tier 4		PA; Specialty
*Antineoplastic - Immunomodulators***			
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 5		PA; Specialty
*Antineoplastic - Mek Inhibitors***			
COTELLIC ORAL TABLET 20 MG	Tier 5		PA; Specialty
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 5		PA; Specialty
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	Tier 4		PA; Specialty
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 4		PA; Specialty
*Antineoplastic - Mtor Kinase Inhibitors***			
EVEROLIMUS ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG		Tier 4	PA; Specialty
TEMSIROLIMUS INTRAVENOUS SOLUTION 25 MG/ML		Tier 4	Specialty
TORPENZ ORAL TABLET (EVEROLIMUS) 2.5 MG, 5 MG, 7.5 MG	Tier 4	Tier 4	PA; Specialty; QL (1 EA per 1 day)
*Antineoplastic - Multikinase Inhibitors***			
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 4		PA; Specialty
CAPRELSA TABLET 100 MG ORAL	Tier 4		PA; Specialty; QL (2 EA per 1 day)
CAPRELSA TABLET 300 MG ORAL	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
QINLOCK ORAL TABLET 50 MG	Tier 5		PA; Specialty
RYDAPT ORAL CAPSULE 25 MG	Tier 5		PA; Specialty
SORAFENIB TOSYLATE ORAL TABLET 200 MG		Tier 4	PA; Specialty
STIVARGA ORAL TABLET 40 MG	Tier 5		PA; Specialty
SUNITINIB MALATE ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG		Tier 4	PA; Specialty
TURALIO ORAL CAPSULE 125 MG, 200 MG	Tier 5		PA; Specialty
VOTRIENT ORAL TABLET (PAZOPANIB HCL) 200 MG	Tier 5	Tier 4	PA; Specialty
*Antineoplastic - Proteasome Inhibitors***			
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 5		PA; Specialty
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***			
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 5		PA; Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Antineoplastic Antibiotics***			
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, 40 MG, 5 MG	Tier 4	Tier 4	Specialty
*Antineoplastic Antibody-Drug Complexes***			
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 5		PA; Specialty
*Antineoplastic Combinations***			
RITUXAN HYCELA SOLUTION 1400-23400 MG - UT/11.7ML SUBCUTANEOUS	Tier 3		PA
RITUXAN HYCELA SOLUTION 1600-26800 MG - UT/13.4ML SUBCUTANEOUS	Tier 5		PA; Specialty
*Antineoplastics - Interleukins & Agonists***			
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT	Tier 4		Specialty
*Antineoplastics Misc.***			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	Tier 4		PA; Specialty
HYDROXYUREA ORAL CAPSULE 500 MG		Tier 1	
MATULANE ORAL CAPSULE 50 MG	Tier 4		Specialty
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	Tier 5		Specialty
*Aromatase Inhibitors***			
ANASTROZOLE ORAL TABLET 1 MG		Tier 1	
EXEMESTANE ORAL TABLET 25 MG		Tier 1	
LETROZOLE ORAL TABLET 2.5 MG		Tier 1	
*Cyclin-Dependent Kinases (Cdk) Inhibitors***			
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
*Estrogens-Antineoplastic***			
EMCYT ORAL CAPSULE 140 MG	Tier 3		
*Folic Acid Antagonists Rescue Agents***			
LEUCOVORIN CALCIUM INJECTION SOLUTION RECONSTITUTED 100 MG, 200 MG, 350 MG, 50 MG, 500 MG		Tier 1	
LEUCOVORIN CALCIUM TABLET 10 MG ORAL		Tier 1	
LEUCOVORIN CALCIUM TABLET 15 MG ORAL		Tier 3	
LEUCOVORIN CALCIUM TABLET 25 MG ORAL		Tier 3	
LEUCOVORIN CALCIUM TABLET 5 MG ORAL		Tier 1	
*Imidazotetrazines***			
TEMOZOLOMIDE ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG		Tier 4	PA; Specialty

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Janus Associated Kinase (Jak) Inhibitors***			
JAKAFI TABLET 10 MG ORAL	Tier 4		PA; Specialty; QL (2 EA per 1 day)
JAKAFI TABLET 15 MG ORAL	Tier 4		PA; Specialty
JAKAFI TABLET 20 MG ORAL	Tier 4		PA; Specialty
JAKAFI TABLET 25 MG ORAL	Tier 4		PA; Specialty
JAKAFI TABLET 5 MG ORAL	Tier 4		PA; Specialty; QL (2 EA per 1 day)
*Lhrh Analogs***			
LEUPROLIDE ACETATE INJECTION KIT 1 MG/0.2ML		Tier 4	PA; Specialty
LUPRON DEPOT (1-MONTH) KIT 3.75 MG INTRAMUSCULAR	Tier 5		PA; Specialty
LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	Tier 4		PA; Specialty
LUPRON DEPOT (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	Tier 5		PA; Specialty
LUPRON DEPOT (3-MONTH) KIT 22.5 MG INTRAMUSCULAR	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
*Mitotic Inhibitors***			
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
*Nitrogen Mustards And Related Analogs***			
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
*Nitrosoureas***			
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 5		Specialty
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	Tier 4		Specialty
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***			
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5		PA; Specialty
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***			
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 4		PA; Specialty
*Progestins-Antineoplastic***			
MEGESTROL ACETATE ORAL SUSPENSION 40 MG/ML, 400 MG/10ML, 800 MG/20ML		Tier 1	
MEGESTROL ACETATE TABLET 20 MG ORAL		LC	
MEGESTROL ACETATE TABLET 40 MG ORAL		Tier 1	
*Retinoids***			
TRETINOIN ORAL CAPSULE 10 MG		Tier 4	Specialty
*Selective Estrogen Receptor Degraders***			
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 5		PA; Specialty
*Selective Retinoid X Receptor Agonists***			
BEXAROTENE ORAL CAPSULE 75 MG		Tier 4	PA; Specialty
*Topoisomerase I Inhibitors***			
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 5		Specialty
*Urinary Tract Protective Agents***			
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 5		Specialty
MESNEX ORAL TABLET 400 MG	Tier 5		Specialty
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***			
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 5		PA; Specialty
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	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	Tier 5		PA; Specialty
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Tier 5		PA; Specialty
Antiparkinson And Related Therapy Agents			
*Antiparkinson Anticholinergics***			
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		LC	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TRIHEXYPHENIDYL HCL TABLET 5 MG ORAL		Tier 1	
*Antiparkinson Dopaminergics***			
AMANTADINE HCL ORAL CAPSULE 100 MG		Tier 1	
AMANTADINE HCL ORAL SOLUTION 50 MG/5ML		Tier 1	
BROMOCRIPTINE MESYLATE ORAL CAPSULE 5 MG		Tier 3	
BROMOCRIPTINE MESYLATE ORAL TABLET 2.5 MG		Tier 3	
*Antiparkinson Monoamine Oxidase Inhibitors***			
RASAGILINE MESYLATE ORAL TABLET 0.5 MG, 1 MG		Tier 3	
SELEGILINE HCL ORAL CAPSULE 5 MG		Tier 1	
SELEGILINE HCL ORAL TABLET 5 MG		Tier 1	
*Central/Peripheral Comt Inhibitors***			
TOLCAPONE ORAL TABLET 100 MG		Tier 1	
*Decarboxylase Inhibitors***			
CARBIDOPA ORAL TABLET 25 MG		Tier 3	
*Levodopa Combinations***			
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 TABLET 12.5-50-200 MG ORAL		Tier 3	
CARBIDOPA-LEVODOPA-ENTACAPONE TABLET 18.75-75-200 MG ORAL		Tier 1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABLET 25-100-200 MG ORAL		Tier 3	
CARBIDOPA-LEVODOPA-ENTACAPONE TABLET 31.25-125-200 MG ORAL		Tier 1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABLET 37.5-150-200 MG ORAL		Tier 1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABLET 50-200-200 MG ORAL		Tier 3	
*Nonergoline Dopamine Receptor Agonists***			
APOMORPHINE HCL SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML		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		
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 3	
ROPINIROLE HCL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG		Tier 1	
*Peripheral Comt Inhibitors***			
ENTACAPONE ORAL TABLET 200 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Antipsychotics/Antimanic Agents			
*Antimanic Agents***			
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	
LITHIUM ORAL SOLUTION 8 MEQ/5ML		Tier 1	
*Antipsychotics - Misc.***			
LURASIDONE HCL TABLET 120 MG ORAL		Tier 1	QL (1 EA per 1 day)
LURASIDONE HCL TABLET 20 MG ORAL		Tier 1	QL (1 EA per 1 day)
LURASIDONE HCL TABLET 40 MG ORAL		Tier 1	QL (1 EA per 1 day)
LURASIDONE HCL TABLET 60 MG ORAL		Tier 1	QL (1 EA per 1 day)
LURASIDONE HCL TABLET 80 MG ORAL		Tier 1	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)
*Benzisoxazoles***			
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 (16 EA per 365 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	Tier 3		PA; ST
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		Tier 3	QL (1 EA per 1 day)
PALIPERIDONE ER TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL		Tier 3	QL (1 EA per 1 day)
PALIPERIDONE ER TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL		Tier 3	QL (2 EA per 1 day)
PALIPERIDONE ER TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL		Tier 3	QL (1 EA per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (RISPERIDONE MICROSPHERES ER) 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 3	Tier 1	
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)
*Butyrophенones***			
HALOPERIDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML		Tier 1	
HALOPERIDOL LACTATE INJECTION SOLUTION 5 MG/ML		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
HALOPERIDOL LACTATE ORAL CONCENTRATE 2 MG/ML		Tier 1	
HALOPERIDOL TABLET 0.5 MG ORAL		LC	
HALOPERIDOL TABLET 1 MG ORAL		LC	
HALOPERIDOL TABLET 10 MG ORAL		Tier 1	
HALOPERIDOL TABLET 2 MG ORAL		LC	
HALOPERIDOL TABLET 20 MG ORAL		Tier 1	
HALOPERIDOL TABLET 5 MG ORAL		LC	
*Dibenzodiazepines***			
CLOZAPINE TABLET 100 MG ORAL		Tier 3	QL (9 EA per 1 day)
CLOZAPINE TABLET 200 MG ORAL		Tier 3	QL (4 EA per 1 day)
CLOZAPINE TABLET 25 MG ORAL		Tier 3	QL (9 EA per 1 day)
CLOZAPINE TABLET 50 MG ORAL		Tier 3	QL (6 EA per 1 day)
*Dibenzo-Oxepino Pyrroles***			
ASENAPINE MALEATE SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG		Tier 3	QL (2 EA per 1 day)
*Dibenzothiazepines***			
QUETIAPINE FUMARATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG		Tier 1	QL (2 EA per 1 day)
QUETIAPINE FUMARATE TABLET 100 MG ORAL		Tier 1	QL (3 EA per 1 day)
QUETIAPINE FUMARATE TABLET 150 MG ORAL		Tier 1	QL (3 EA per 1 day)
QUETIAPINE FUMARATE TABLET 200 MG ORAL		Tier 1	QL (3 EA per 1 day)
QUETIAPINE FUMARATE TABLET 25 MG ORAL		Tier 1	QL (3 EA per 1 day)
QUETIAPINE FUMARATE TABLET 300 MG ORAL		Tier 1	QL (2 EA per 1 day)
QUETIAPINE FUMARATE TABLET 400 MG ORAL		Tier 1	QL (2 EA per 1 day)
QUETIAPINE FUMARATE TABLET 50 MG ORAL		Tier 1	QL (3 EA per 1 day)
*Dibenzoxazepines***			
LOXAPINE SUCCINATE ORAL CAPSULE 10 MG, 25 MG, 5 MG, 50 MG		Tier 3	
*Phenothiazines***			
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 2	
PROCHLORPERAZINE MALEATE TABLET 10 MG ORAL		LC	
PROCHLORPERAZINE MALEATE TABLET 5 MG ORAL		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
*Quinolinone Derivatives***			
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)
*Thienbenzodiazepines***			
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)
*Thioxanthenes***			
THIOTHIXENE ORAL CAPSULE 1 MG, 10 MG, 2 MG, 5 MG		Tier 3	
Antiseptics & Disinfectants			
*Chlorine Antiseptics***			
BENZALKONIUM CHLORIDE EXTERNAL SOLUTION		Tier 1	
*Iodine Antiseptics***			
IODINE TINCTURE EXTERNAL TINCTURE 2 %		Tier 1	
Antivirals			
*Antiretroviral Combinations***			
ABACAVIR SULFATE-LAMIVUDINE ORAL TABLET 600-300 MG		Tier 3	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 3		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 3	QL (1 EA per 1 day)
LOPINAVIR-RITONAVIR ORAL SOLUTION 400-100 MG/5ML		Tier 3	
LOPINAVIR-RITONAVIR TABLET 100-25 MG ORAL		Tier 1	
LOPINAVIR-RITONAVIR TABLET 200-50 MG ORAL		Tier 3	
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)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***			
MARAVIROC ORAL TABLET 150 MG, 300 MG		Tier 1	PA
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 2		PA
SELZENTRY ORAL TABLET 25 MG, 75 MG	Tier 2		PA
*Antiretrovirals - Fusion Inhibitors***			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	Tier 2		
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***			
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Tier 2		
*Antiretrovirals - Integrase Inhibitors***			
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		
*Antiretrovirals - Protease Inhibitors***			
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, 75 MG	Tier 2		
PREZISTA ORAL TABLET (DARUNAVIR) 600 MG, 800 MG	Tier 2	Tier 1	
REYATAZ ORAL PACKET 50 MG	Tier 2		
RITONAVIR ORAL TABLET 100 MG		Tier 3	
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 5		Specialty
*Antiretrovirals - Rti-Non-Nucleoside Analogues***			
EDURANT ORAL TABLET 25 MG	Tier 3		
EFAVIRENZ ORAL CAPSULE 200 MG, 50 MG		Tier 3	
EFAVIRENZ ORAL TABLET 600 MG		Tier 3	
ETRAVIRINE ORAL TABLET 100 MG, 200 MG		Tier 3	
INTELENCE ORAL TABLET 25 MG	Tier 3		
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	
PIFELTRO ORAL TABLET 100 MG	Tier 3		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***			
ABACAVIR SULFATE ORAL SOLUTION 20 MG/ML		Tier 3	
ABACAVIR SULFATE ORAL TABLET 300 MG		Tier 1	
*Antiretrovirals - Rti-Nucleoside Analogues- Pyrimidines***			
EMTRICITABINE ORAL CAPSULE 200 MG		Tier 3	
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2		
LAMIVUDINE ORAL SOLUTION 10 MG/ML		Tier 3	
LAMIVUDINE ORAL TABLET 150 MG, 300 MG		Tier 1	
*Antiretrovirals - Rti-Nucleoside Analogues- Thymidines***			
ZIDOVUDINE ORAL CAPSULE 100 MG		Tier 3	
ZIDOVUDINE ORAL SYRUP 50 MG/5ML		Tier 3	
ZIDOVUDINE ORAL TABLET 300 MG		Tier 3	
*Antiretrovirals - Rti-Nucleotide Analogues***			
TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 300 MG		Tier 1	
VIREAD ORAL POWDER 40 MG/GM	Tier 2		
VIREAD TABLET 150 MG ORAL	Tier 3		
VIREAD TABLET 200 MG ORAL	Tier 2		
VIREAD TABLET 250 MG ORAL	Tier 2		
*Antiviral Combinations***			
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	Tier 3		QL (4 EA per 1 day); AGE (Min 12 Years)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	Tier 3		QL (6 EA per 1 day); AGE (Min 12 Years)
*Cmv Agents***			
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	
*Hepatitis B Agents***			
ADEFEOVIR DIPIVOXIL ORAL TABLET 10 MG		Tier 3	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 3		QL (21 ML per 1 day)
ENTECAVIR ORAL TABLET 0.5 MG, 1 MG		Tier 1	QL (1 EA per 1 day)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	Tier 3		
LAMIVUDINE ORAL TABLET 100 MG		Tier 1	
*Hepatitis C Agent - Combinations***			
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 3		PA; QL (1 EA per 1 day)
EPCLUSA PACKET 150-37.5 MG ORAL	Tier 3		PA; QL (1 EA per 1 day)
EPCLUSA PACKET 200-50 MG ORAL	Tier 3		PA; QL (2 EA per 1 day)
HARVONI PACKET 33.75-150 MG ORAL	Tier 4		PA; Specialty; QL (1 EA per 1 day)
HARVONI PACKET 45-200 MG ORAL	Tier 4		PA; Specialty; QL (2 EA per 1 day)
HARVONI TABLET 45-200 MG ORAL	Tier 4		PA; Specialty; QL (2 EA per 1 day)
HARVONI TABLET 90-400 MG ORAL	Tier 4		PA; Specialty; QL (1 EA per 1 day)
MAVYRET ORAL PACKET 50-20 MG	Tier 3		PA; QL (5 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MAVYRET ORAL TABLET 100-40 MG	Tier 3		PA; QL (3 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
*Hepatitis C Agents***			
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
*Herpes Agents - Purine Analogues***			
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)
*Herpes Agents - Thymidine Analogues***			
FAMCICLOVIR ORAL TABLET 125 MG, 250 MG, 500 MG		Tier 1	
*Influenza Agents***			
RIMANTADINE HCL ORAL TABLET 100 MG		Tier 1	
*Misc. Antivirals***			
LAGEVRIO ORAL CAPSULE 200 MG	Tier 3		QL (8 EA per 1 day); AGE (Min 18 Years)
*Neuraminidase Inhibitors***			
OSELTAMIVIR PHOSPHATE CAPSULE 30 MG ORAL		Tier 3	QL (40 EA per 365 days)
OSELTAMIVIR PHOSPHATE CAPSULE 45 MG ORAL		Tier 3	QL (20 EA per 365 days)
OSELTAMIVIR PHOSPHATE CAPSULE 75 MG ORAL		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)
Beta Blockers			
*Alpha-Beta Blockers***			
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	
*Beta Blockers Cardio-Selective***			
ACEBUTOLOL HCL ORAL CAPSULE 200 MG, 400 MG		Tier 2	
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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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 3	
*Beta Blockers Non-Selective***			
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		LC	
PROPRANOLOL HCL TABLET 20 MG ORAL		LC	
PROPRANOLOL HCL TABLET 40 MG ORAL		LC	
PROPRANOLOL HCL TABLET 60 MG ORAL		Tier 1	
PROPRANOLOL HCL TABLET 80 MG ORAL		LC	
SORINE TABLET 120 MG ORAL (SOTALOL HCL)	Tier 1	Tier 1	
SORINE TABLET 160 MG ORAL (SOTALOL HCL)	Tier 1	Tier 1	
SORINE TABLET 240 MG ORAL (SOTALOL HCL)	Tier 1	Tier 1	
SORINE TABLET 80 MG ORAL (SOTALOL HCL)	LC	LC	
SOTALOL HCL (AF) ORAL TABLET 120 MG, 160 MG, 80 MG		Tier 1	
Calcium Channel Blockers			
*Calcium Channel Blockers***			
AMLODIPINE BESYLATE ORAL TABLET 10 MG, 2.5 MG, 5 MG		LC	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER COATED BEADS) 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	Tier 1	
DILTIAZEM HCL ER BEADS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 420 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		Tier 1	
NIFEDIPINE ER OSMOTIC RELEASE TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL		Tier 1	
NIFEDIPINE ER OSMOTIC RELEASE TABLET EXTENDED RELEASE 24 HOUR 90 MG ORAL		Tier 3	
NIFEDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NIFEDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL		Tier 1	
NIFEDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 90 MG ORAL		Tier 3	
NIMODIPINE ORAL CAPSULE 30 MG		Tier 3	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 120 MG, 300 MG	Tier 1	Tier 1	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 180 MG	Tier 1	Tier 1	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 240 MG, 360 MG	Tier 1	Tier 1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 120 MG, 300 MG	Tier 1	Tier 1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 180 MG	Tier 1	Tier 1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 240 MG, 360 MG	Tier 1	Tier 1	
VERAPAMIL HCL ER ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG		Tier 1	
VERAPAMIL HCL TABLET 120 MG ORAL		LC	
VERAPAMIL HCL TABLET 40 MG ORAL		Tier 1	
VERAPAMIL HCL TABLET 80 MG ORAL		LC	
Cardiotonics			
*Cardiac Glycosides***			
DIGITEK ORAL TABLET (DIGOXIN) 125 MCG, 250 MCG	LC	LC	
DIGOXIN ORAL SOLUTION 0.05 MG/ML		Tier 3	
Cardiovascular Agents - Misc.			
*Neprilysin Inhib (Arni)-Angiotensin II Receptor Antagonist Comb***			
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	Tier 2		QL (8 EA per 1 day)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 2		QL (2 EA per 1 day)
*Prostaglandin Vasodilators***			
TREPROSTINIL INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML		Tier 4	PA; Specialty
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Tier 5		PA; Specialty; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT POWDER 112 X 32MCG & 112 X48MCG INHALATION	Tier 5		PA; Specialty; QL (8 EA per 1 day)
TYVASO DPI MAINTENANCE KIT POWDER 16 MCG INHALATION	Tier 5		PA; Specialty; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT POWDER 32 MCG INHALATION	Tier 5		PA; Specialty; QL (4 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TYVASO DPI MAINTENANCE KIT POWDER 48 MCG INHALATION	Tier 5		PA; Specialty; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT POWDER 64 MCG INHALATION	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 KIT INHALATION SOLUTION 0.6 MG/ML	Tier 5		PA; Specialty; QL (2.9 ML per 1 day)
TYVASO STARTER KIT 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)
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***			
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)
*Pulmonary Hypertension - Endothelin Receptor Antagonists***			
AMBRISENTAN ORAL TABLET 10 MG, 5 MG		Tier 4	PA; Specialty; QL (1 EA per 1 day)
BOSENTAN ORAL TABLET 125 MG, 62.5 MG		Tier 4	PA; Specialty; QL (2 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG	Tier 4		PA; Specialty; QL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG	Tier 5		PA; Specialty; QL (4 EA per 1 day)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***			
ALYQ ORAL TABLET (Tadalafil (PAH)) 20 MG	Tier 4	Tier 4	PA; Specialty; QL (2 EA per 1 day)
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)
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***			
TADALAFIL ORAL TABLET 2.5 MG, 5 MG		Tier 1	PA; QL (1 EA per 1 day)
*Tranthyretin Stabilizers***			
VYNDAMAX ORAL CAPSULE 61 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
Cephalosporins			
*Cephalosporins - 1St Generation***			
CEFADROXIL ORAL CAPSULE 500 MG		Tier 1	
CEFADROXIL ORAL SUSPENSION RECONSTITUTED 250 MG/5ML, 500 MG/5ML		Tier 3	
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 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	
CEPHALEXIN ORAL CAPSULE 250 MG, 500 MG		LC	
CEPHALEXIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Cephalosporins - 2Nd Generation***			
CEFACLOR ORAL CAPSULE 250 MG, 500 MG		Tier 1	
CEFACLOR ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 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	
*Cephalosporins - 3Rd Generation***			
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 INJECTION SOLUTION RECONSTITUTED 6 GM		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	
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	
*Cephalosporins - 4Th Generation***			
CEFEPIME HCL INJECTION SOLUTION RECONSTITUTED 1 GM		Tier 3	
CEFEPIME HCL INTRAVENOUS SOLUTION 1 GM/50ML		Tier 3	
CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED 2 GM		Tier 3	
Contraceptives			
*Biphasic Contraceptives - Oral***			
AZURETTE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	PV
KARIVA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	PV
PIMTREA 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
SIMLIYA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	PV
VIORELE ORAL TABLET 0.15-0.02/0.01 MG (21/5)		Tier 1	PV
VOLNEA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	PV
*Combination Contraceptives - Oral***			
AFIRMELLE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
ALTAVERA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
APRI ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
AUBRA EQ ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
AUBRA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
AUROVELA 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
AUROVELA 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG	Tier 1	Tier 1	PV
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		PV
AUROVELA FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
AUROVELA FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
AVIANE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
AYUNA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
BALZIVA ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG	Tier 1	Tier 1	PV
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		PV
BLISOVI FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
BLISOVI FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
CHARLOTTE 24 FE ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	PV
CHATEAL EQ ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
CHATEAL ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
CRYSELLA-28 ORAL TABLET 0.3-30 MG-MCG	Tier 1		PV
CYRED EQ ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
CYRED ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
DASSETTA 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	PV
DELYLA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
DROSPIREN-ETH ESTRAD-LEVOMEFOL ORAL TABLET 3-0.02-0.451 MG		Tier 1	PV
ELINEST ORAL TABLET 0.3-30 MG-MCG	Tier 1		PV
ENSKYCE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
ESTARYLLA ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV
FALMINA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
FEMYNOR ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV
FINZALA ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	PV
GEMMILY ORAL CAPSULE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	PV
HAILEY 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		PV
HAILEY FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
HAILEY FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
ISIBLOOM ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
JASMIEL ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	PV
JOYEAX ORAL TABLET (LEVONORGEST-ETH ESTRADIOL-IRON) 0.1-20 MG-MCG(21)	Tier 1	Tier 1	PV
JULEBER ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
JUNEL 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
JUNEL 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG	Tier 1	Tier 1	PV
JUNEL FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
JUNEL FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	Tier 1		PV
KAITLIB FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.8-25 MG-MCG	Tier 1	Tier 1	PV
KALLIGA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
KELNOR 1/35 ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-35 MG-MCG	Tier 1	Tier 1	PV
KELNOR 1/50 ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-50 MG-MCG	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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
MIBELAS 24 FE ORAL TABLET CHEWABLE (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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1		PV
NORTREL 1/35 (21) ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	PV
NORTREL 1/35 (28) ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	PV
NYLIA 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	PV
NYMYO ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV
OCELLA ORAL TABLET (DROSPIRENONETHINYL ESTRADIOL) 3-0.03 MG	Tier 1	Tier 1	PV
PHILITH ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG	Tier 1	Tier 1	PV
PIRMELLA 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	PV
PORTIA-28 ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
RECLIPSEN ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
SPRINTEC 28 ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV
SRONYX ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
SYEDA ORAL TABLET (DROSPIRENONEETHINYL ESTRADIOL) 3-0.03 MG	Tier 1	Tier 1	PV
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		PV
TARINA FE 1/20 EQ ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
TARINA FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
TAYSOFY ORAL CAPSULE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	PV
TURQOZ ORAL TABLET 0.3-30 MG-MCG	Tier 1		PV
TYDEMY ORAL TABLET (DROSPIREN-ETH ESTRAD-LEVOMEFOL) 3-0.03-0.451 MG	Tier 1	Tier 1	PV
VESTURA ORAL TABLET (DROSPIRENONEETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	PV
VIENVA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
VYFEMLA ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG	Tier 1	Tier 1	PV
VYLIBRA ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV
WERA ORAL TABLET 0.5-35 MG-MCG	Tier 1		PV
WYMZYA FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.4-35 MG-MCG	Tier 1	Tier 1	PV
ZOVIA 1/35 (28) ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-35 MG-MCG	Tier 1	Tier 1	PV
ZUMANDIMINE ORAL TABLET (DROSPIRENONEETHINYL ESTRADIOL) 3-0.03 MG	Tier 1	Tier 1	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Combination Contraceptives - Transdermal***			
XULANE TRANSDERMAL PATCH WEEKLY (NORELGESTROMIN-ETH ESTRADIOL) 150-35 MCG/24HR	Tier 1	Tier 1	PV
ZAFEMY TRANSDERMAL PATCH WEEKLY (NORELGESTROMIN-ETH ESTRADIOL) 150-35 MCG/24HR	Tier 1	Tier 1	PV
*Combination Contraceptives - Vaginal***			
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
ENILLORING VAGINAL RING (ETONOGESTREL- ETHINYL ESTRADIOL) 0.12-0.015 MG/24HR	Tier 1	Tier 1	PV
HALOETTE VAGINAL RING (ETONOGESTREL- ETHINYL ESTRADIOL) 0.12-0.015 MG/24HR	Tier 1	Tier 1	PV
*Continuous Contraceptives - Oral***			
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
*Copper Contraceptives - Iud***			
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Tier 3		PV
*Emergency Contraceptives***			
AFTERA ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
CURAE 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
HER STYLE ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Extended-Cycle Contraceptives - Oral***			
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)
FAYOSIM ORAL TABLET (LEVONORGEST-ETH EST & ETH EST) 42-21-21-7 DAYS	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
ICLEVIA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
INTROVALE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
JAIMIESS 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)
JOLESSA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
LOJAJIMESS 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)
RIVELSA ORAL TABLET (LEVONORGEST-ETH EST & ETH EST) 42-21-21-7 DAYS	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
SETLAKIN ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
SIMPESSE 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)
*Four Phase Contraceptives - Oral***			
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	Tier 2		PV
*Progestin Contraceptives - Implants***			
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	Tier 3		PV
*Progestin Contraceptives - Injectable***			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	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)
*Progestin Contraceptives - Iud***			
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	Tier 3		PV
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Tier 3		PV
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	Tier 3		PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	Tier 3		PV
*Progestin Contraceptives - Oral***			
CAMILA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
DEBLITANE ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
EMZAHH ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
ERRIN ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
HEATHER ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
INCASSIA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
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
OPILL ORAL TABLET 0.075 MG	Tier 3		PV
SHAROBEL ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
*Triphasic Contraceptives - Oral***			
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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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
TRI-SPRINTEC ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	PV
TRIVORA (28) ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG	Tier 1	Tier 1	PV
TRI-VYLIBRA LO ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	PV
TRI-VYLIBRA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	PV
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	Tier 1		PV
Corticosteroids			
*Glucocorticosteroids***			
BUDESONIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG		Tier 3	
BUDESONIDE ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG		Tier 3	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	Tier 3		
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	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 PHOS +RFID INJECTION SOLUTION PREFILLED SYRINGE 4 MG/ML		Tier 1	
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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION PREFILLED SYRINGE 4 MG/ML		Tier 1	
HYDROCORTISONE ORAL TABLET 10 MG, 20 MG, 5 MG		LC	
KENALOG-10 INJECTION SUSPENSION 10 MG/ML	Tier 3		
KENALOG-80 INJECTION SUSPENSION (TRIAMCINOLONE ACETONIDE) 80 MG/ML	Tier 3	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	QL (16 ML per 1 day)
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	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG	Tier 3		
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION		Tier 1	
*Mineralocorticoids***			
FLUDROCORTISONE ACETATE ORAL TABLET 0.1 MG		Tier 1	
Cough/Cold/Allergy			
*Antitussive - Nonnarcotic***			
BENZONATATE CAPSULE 100 MG ORAL		LC	
BENZONATATE CAPSULE 150 MG ORAL		Tier 1	
BENZONATATE CAPSULE 200 MG ORAL		LC	
*Antitussive - Opioid***			
HYDROCODONE BIT-HOMATROP MBR ORAL SOLUTION 5-1.5 MG/5ML		Tier 1	PA; QL (2 fills 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 fills per 54 days)
*Misc. Respiratory Inhalants***			
NEBUSAL INHALATION NEBULIZATION SOLUTION (SODIUM CHLORIDE) 3 %	Tier 3	Tier 1	
PULMOSAL INHALATION NEBULIZATION SOLUTION (SODIUM CHLORIDE) 7 %	Tier 3	Tier 1	
SODIUM CHLORIDE INHALATION NEBULIZATION SOLUTION 0.9 %, 10 %		Tier 1	
*Mucolytics***			
ACETYLCYSTEINE INHALATION SOLUTION 10 %, 20 %		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Dermatologicals			
*Acne Antibiotics***			
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 1	
CLINDAMYCIN PHOSPHATE EXTERNAL SOLUTION 1 %		Tier 1	
ERY EXTERNAL PAD 2 %		Tier 3	
ERYTHROMYCIN EXTERNAL GEL 2 %		Tier 1	
ERYTHROMYCIN EXTERNAL SOLUTION 2 %		Tier 1	
SULFACETAMIDE SODIUM (ACNE) EXTERNAL LOTION 10 %		Tier 3	
*Acne Combinations***			
ADAPALENE-BENZOYL PEROXIDE GEL 0.1-2.5 % EXTERNAL		Tier 1	
ADAPALENE-BENZOYL PEROXIDE GEL 0.3-2.5 % EXTERNAL		Tier 3	
BENZOYL PEROXIDE-ERYTHROMYCIN EXTERNAL GEL 5-3 %		Tier 3	
CLINDAMYCIN PHOS-BENZOYL PEROX GEL 1.2-2.5 % EXTERNAL		Tier 3	
CLINDAMYCIN PHOS-BENZOYL PEROX GEL 1-5 % EXTERNAL		Tier 3	
NEUAC EXTERNAL GEL (CLINDAMYCIN PHOS-BENZOYL PEROX) 1.2-5 %	Tier 1	Tier 1	
*Acne Products***			
ACCCUTANE ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	Tier 3	
ADAPALENE EXTERNAL CREAM 0.1 %		Tier 3	
ADAPALENE GEL 0.1 % EXTERNAL (RX)		Tier 1	
ADAPALENE GEL 0.3 % EXTERNAL		Tier 3	
AMNESTEEM ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 40 MG	Tier 3	Tier 3	
CLARAVIS ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	Tier 3	
MYORISAN ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	Tier 3	
TRETINOIN CREAM 0.025 % EXTERNAL		Tier 2	
TRETINOIN CREAM 0.05 % EXTERNAL		Tier 2	
TRETINOIN CREAM 0.1 % EXTERNAL		Tier 3	
TRETINOIN EXTERNAL GEL 0.01 %, 0.025 %		Tier 3	
ZENATANE ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	Tier 3	
*Antibiotic Steroid Combinations - Topical***			
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 %	Tier 3		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Antibiotics - Topical***			
ALTABAX EXTERNAL OINTMENT 1 %	Tier 3		
GENTAMICIN SULFATE EXTERNAL CREAM 0.1 %		Tier 1	
GENTAMICIN SULFATE EXTERNAL OINTMENT 0.1 %		Tier 1	
MUPIROCIN EXTERNAL OINTMENT 2 %		Tier 1	
XEPI EXTERNAL CREAM 1 %	Tier 3		
*Antifungals - Topical Combinations***			
CLOTRIMAZOLE-BETAMETHASONE EXTERNAL CREAM 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	
*Antifungals - Topical***			
CICLODAN EXTERNAL SOLUTION (CICLOPIROX) 8 %	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	
KLAYESTA EXTERNAL POWDER (NYSTATIN) 100000 UNIT/GM	Tier 1	Tier 1	
MENTAX EXTERNAL CREAM 1 %	Tier 3		PA
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	
*Anti-Inflammatory Agents - Topical***			
DICLOFENAC SODIUM EXTERNAL GEL 1 %		Tier 1	QL (33.33 GM per 1 day)
DICLOFENAC SODIUM EXTERNAL SOLUTION 1.5 %		Tier 1	PA
*Antineoplastic Antimetabolites - Topical***			
FLUOROURACIL EXTERNAL CREAM 5 %		Tier 3	
FLUOROURACIL EXTERNAL SOLUTION 2 %, 5 %		Tier 1	
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***			
DICLOFENAC SODIUM EXTERNAL GEL 3 %		Tier 1	QL (10 GM per 1 day)
*Antipsoriatics - Systemic***			
ACITRETIN ORAL CAPSULE 10 MG, 17.5 MG, 25 MG		Tier 3	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 4		PA; Specialty; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 4		PA; Specialty; QL (0.02 ML per 1 day)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 5		PA; Specialty; QL (0.08 ML per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
STELARA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.009 ML per 1 day)
STELARA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	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 SOLUTION PREFILLED SYRINGE 20 MG/0.25ML SUBCUTANEOUS	Tier 5		PA; Specialty; QL (0.01 ML per 1 day)
TALTZ SOLUTION PREFILLED SYRINGE 40 MG/0.5ML SUBCUTANEOUS	Tier 5		PA; Specialty; QL (0.02 ML per 1 day)
TALTZ SOLUTION PREFILLED SYRINGE 80 MG/ML SUBCUTANEOUS	Tier 5		PA; Specialty; QL (0.04 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION AUTO-Injector 80 MG/ML	Tier 5		PA; Specialty; QL (0.04 ML per 1 day)
TREMFYA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.02 ML per 1 day)
TREMFYA SOLUTION AUTO-INJECTOR 200 MG/2ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.08 ML per 1 day)
TREMFYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.02 ML per 1 day)
TREMFYA SOLUTION PREFILLED SYRINGE 200 MG/2ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.08 ML per 1 day)
*Antipsoriatics***			
CALCIPOTRIENE EXTERNAL OINTMENT 0.005 %		Tier 3	
CALCIPOTRIENE EXTERNAL SOLUTION 0.005 %		Tier 3	
CALCITRIOL EXTERNAL OINTMENT 3 MCG/GM		Tier 3	
TAZAROTENE EXTERNAL CREAM 0.1 %		Tier 3	PA
*Antiseborrheic Products***			
SELENIUM SULFIDE EXTERNAL LOTION 2.5 %		Tier 1	
*Antivirals - Topical***			
ACYCLOVIR EXTERNAL OINTMENT 5 %		Tier 1	QL (1 GM per 1 day)
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***			
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 4		PA; Specialty; QL (1 EA per 1 day)
*Atopic Dermatitis - Monoclonal Antibodies***			
DUPIXENT SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.17 ML per 1 day)
DUPIXENT SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.29 ML per 1 day)
DUPIXENT SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.05 ML per 1 day)
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.17 ML per 1 day)
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.29 ML per 1 day)
*Burn Products***			
MAFENIDE ACETATE EXTERNAL PACKET 5 %		Tier 1	
SSD EXTERNAL CREAM (SILVER SULFADIAZINE) 1 %	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Corticosteroids - Topical***			
ALA-CORT EXTERNAL CREAM 1 %		Tier 1	
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 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 3	
BETAMETHASONE VALERATE EXTERNAL CREAM 0.1 %		Tier 1	
BETAMETHASONE VALERATE EXTERNAL LOTION 0.1 %		Tier 1	
BETAMETHASONE VALERATE EXTERNAL OINTMENT 0.1 %		Tier 1	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.05 %		Tier 3	
CLOBETASOL PROPIONATE EXTERNAL GEL 0.05 %		Tier 3	
CLOBETASOL PROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 3	
CLOBETASOL PROPIONATE EXTERNAL SOLUTION 0.05 %		Tier 3	
CLOCORTOLONE PIVALATE EXTERNAL CREAM 0.1 %		Tier 3	
DESONIDE EXTERNAL CREAM 0.05 %		Tier 3	
DESONIDE EXTERNAL OINTMENT 0.05 %		Tier 3	
DESOXIMETASONE EXTERNAL CREAM 0.25 %		Tier 1	
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 3	
FLUOCINOLONE ACETONIDE EXTERNAL OINTMENT 0.025 %		Tier 3	
FLUOCINOLONE ACETONIDE EXTERNAL SOLUTION 0.01 %		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
FLUOCINOLONE ACETONIDE SCALP EXTERNAL OIL 0.01 %		Tier 1	
FLUOCINONIDE EMULSIFIED BASE EXTERNAL CREAM 0.05 %		Tier 3	
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	
HALOBETASOL PROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 3	
HYDROCORTISONE BUTYRATE EXTERNAL SOLUTION 0.1 %		Tier 1	
HYDROCORTISONE CREAM 1 % EXTERNAL (RX)		Tier 1	
HYDROCORTISONE CREAM 2.5 % EXTERNAL		LC	
HYDROCORTISONE EXTERNAL LOTION 2.5 %		Tier 1	
HYDROCORTISONE EXTERNAL OINTMENT 1 %, 2.5 %		Tier 1	
HYDROCORTISONE VALERATE EXTERNAL CREAM 0.2 %		Tier 3	
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 %, 0.1 %		LC	
TRIAMCINOLONE ACETONIDE EXTERNAL LOTION 0.025 %, 0.1 %		Tier 1	
TRIAMCINOLONE ACETONIDE OINTMENT 0.025 % EXTERNAL		Tier 1	
TRIAMCINOLONE ACETONIDE OINTMENT 0.1 % EXTERNAL		LC	
TRIAMCINOLONE ACETONIDE OINTMENT 0.5 % EXTERNAL		Tier 1	
TRIDERM EXTERNAL CREAM (TRIAMCINOLONE ACETONIDE) 0.5 %	LC	LC	
*Emollient Combinations***			
LACTIC ACID E EXTERNAL CREAM 10-3500 %- UNT/30GM		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Emollients***			
AMMONIUM LACTATE EXTERNAL CREAM 12 %		Tier 1	
AMMONIUM LACTATE EXTERNAL LOTION 12 %		Tier 1	
LACTIC ACID EXTERNAL LOTION 10 %		Tier 1	
*Enzymes - Topical***			
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Tier 3		QL (3 GM per 1 day)
*Imidazole-Related Antifungals - Topical***			
CLOTRIMAZOLE EXTERNAL CREAM 1 %		LC	
CLOTRIMAZOLE EXTERNAL SOLUTION 1 %		LC	
ECONAZOLE NITRATE EXTERNAL CREAM 1 %		Tier 1	
ERTACZO EXTERNAL CREAM 2 %	Tier 3		PA
KETOCONAZOLE EXTERNAL CREAM 2 %		Tier 1	
KETOCONAZOLE EXTERNAL SHAMPOO 2 %		Tier 1	
LULICONAZOLE EXTERNAL CREAM 1 %		Tier 3	PA
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %		Tier 3	PA
*Immunomodulators Imidazoquinolinamines - Topical***			
IMIQUIMOD EXTERNAL CREAM 5 %		Tier 1	
*Keratolytic/Antimitotic/Vesicant Agents***			
PODOFILOX EXTERNAL SOLUTION 0.5 %		Tier 1	
*Local Anesthetics - Topical***			
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	
*Macrolide Immunosuppressants - Topical***			
PIMECROLIMUS EXTERNAL CREAM 1 %		Tier 3	PA; ST; QL (2 GM per 1 day)
TACROLIMUS EXTERNAL OINTMENT 0.03 %, 0.1 %		Tier 3	QL (2 GM per 1 day)
*Photodynamic Therapy Agents - Topical***			
AMELUZ EXTERNAL GEL 10 %	Tier 3		
*Rosacea Agents***			
IVERMECTIN EXTERNAL CREAM 1 %		Tier 3	
ROSADAN EXTERNAL CREAM (METRONIDAZOLE) 0.75 %	Tier 1	Tier 1	
ROSADAN EXTERNAL GEL (METRONIDAZOLE) 0.75 %	Tier 1	Tier 1	
*Scabicides & Pediculicides***			
MALATHION EXTERNAL LOTION 0.5 %		Tier 3	
PERMETHRIN EXTERNAL CREAM 5 %		Tier 1	
SPINOSAD EXTERNAL SUSPENSION 0.9 %		Tier 3	
SULFURATED LIME EXTERNAL SOLUTION		Tier 1	
*Tar Products***			
COAL TAR EXTERNAL SOLUTION 20 %		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Topical Anesthetic Combinations***			
LIDOCAINE-PRILOCAINE EXTERNAL CREAM 2.5-2.5 %		Tier 1	
*Topical Selective Retinoid X Receptor Agonists***			
BEXAROTENE EXTERNAL GEL 1 %		Tier 4	PA; Specialty
*Wound Care - Growth Factor Agents***			
REGRANEX EXTERNAL GEL 0.01 %	Tier 3		PA
Diagnostic Products			
*Diagnostic Tests***			
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	
*Multiple Urine Tests***			
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		
Digestive Aids			
*Digestive Enzymes***			
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		PA; 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, 60000-189600 UNIT	Tier 2		
Diuretics			
*Carbonic Anhydrase Inhibitors***			
ACETAZOLAMIDE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 500 MG		Tier 3	
ACETAZOLAMIDE ORAL TABLET 125 MG, 250 MG		Tier 3	
*Diuretic Combinations***			
AMILORIDE-HYDROCHLOROTHIAZIDE ORAL TABLET 5-50 MG		LC	
SPIRONOLACTONE-HCTZ ORAL TABLET 25-25 MG		LC	

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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
RISEDRONATE SODIUM TABLET 5 MG ORAL		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
*Calcimimetic Agents***			
CINACALCET HCL ORAL TABLET 30 MG, 60 MG, 90 MG		Tier 3	PA
*Calcitonins***			
CALCITONIN (SALMON) INJECTION SOLUTION 200 UNIT/ML		Tier 1	
CALCITONIN (SALMON) NASAL SOLUTION 200 UNIT/ACT		Tier 1	QL (0.13 ML per 1 day)
*Carnitine Replenisher - Agents***			
LEVOCARNITINE ORAL SOLUTION 1 GM/10ML		Tier 1	
LEVOCARNITINE ORAL TABLET 330 MG		Tier 1	
LEVOCARNITINE SF ORAL SOLUTION 1 GM/10ML		Tier 1	
*Dopamine Receptor Agonists***			
CABERGOLINE ORAL TABLET 0.5 MG		Tier 1	
*Growth Hormone Receptor Antagonists***			
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 5		PA; Specialty
*Growth Hormones***			
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
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***			
NITISINONE ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG		Tier 4	PA; Specialty
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 5		PA; Specialty
*Hyperammonemia Treatment - Agents***			
CARGLUMIC ACID ORAL TABLET SOLUBLE 200 MG		Tier 4	PA; Specialty
*Hyperparathyroid Treatment - Vitamin D Analogs***			
CALCITRIOL INTRAVENOUS SOLUTION 1 MCG/ML		Tier 1	
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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PARICALCITOL ORAL CAPSULE 1 MCG, 2 MCG, 4 MCG		Tier 1	
*Hypophosphatasia (Hpp) Agents***			
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	Tier 4		PA; Specialty
*Insulin-Like Growth Factors (Somatomedins)***			
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Tier 4		PA; Specialty
*Leptin Analogues***			
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	Tier 5		PA; Specialty
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***			
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG INTRAMUSCULAR	Tier 5		PA; Specialty
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG INTRAMUSCULAR	Tier 4		PA; Specialty
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	Tier 4		PA; Specialty
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	Tier 5		PA; Specialty
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG INTRAMUSCULAR	Tier 4		PA; Specialty
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	Tier 4		PA; Specialty
*Ovulation Stimulants-Gonadotropins***			
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED (CHORIONIC GONADOTROPIN) 10000 UNIT	Tier 5	Tier 5	PA; Specialty
*Parathyroid Hormone And Derivatives***			
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML		Tier 4	PA; Specialty
*Phenylketonuria Treatment - Agents***			
SAPROPTERIN DIHYDROCHLORIDE ORAL PACKET 100 MG, 500 MG		Tier 4	PA; Specialty
SAPROPTERIN DIHYDROCHLORIDE ORAL TABLET 100 MG		Tier 4	PA; Specialty
*Rank Ligand (Rankl) Inhibitors***			
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 4		PA; Specialty; QL (2 ML per 250 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 4		PA; Specialty
*Selective Estrogen Receptor Modulators (Serms)***			
RALOXIFENE HCL ORAL TABLET 60 MG		Tier 1	
*Somatostatic Agents***			
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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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)
*Urea Cycle Disorder - Agents***			
SOD BENZ-SOD PHENYLACET INTRAVENOUS SOLUTION 10-10 %		Tier 1	
SODIUM PHENYLBUTYRATE ORAL POWDER 3 GM/TSP		Tier 4	PA; Specialty
SODIUM PHENYLBUTYRATE ORAL TABLET 500 MG		Tier 4	PA; Specialty
*Vasopressin***			
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	
Estrogens			
*Estrogen & Progestin***			
AMABELZ ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) 0.5-0.1 MG, 1-0.5 MG	Tier 1	Tier 1	
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 2	Tier 2	
JINTELI ORAL TABLET (NORETHINDRONE-ETH ESTRADIOL) 1-5 MG-MCG	Tier 2	Tier 2	
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		
*Estrogens***			
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 3	Tier 3	
ESTRADIOL ORAL TABLET 0.5 MG, 1 MG, 2 MG		LC	
ESTRADIOL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM		Tier 1	
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	
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 3	Tier 3	
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		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Fluoroquinolones			
*Fluoroquinolones***			
CIPRO ORAL SUSPENSION RECONSTITUTED (CIPROFLOXACIN) 250 MG/5ML (5%), 500 MG/5ML (10%)	Tier 3	Tier 1	
CIPROFLOXACIN HCL TABLET 250 MG ORAL		LC	
CIPROFLOXACIN HCL TABLET 500 MG ORAL		LC	
CIPROFLOXACIN HCL TABLET 750 MG ORAL		Tier 1	
CIPROFLOXACIN IN D5W INTRAVENOUS SOLUTION 200 MG/100ML, 400 MG/200ML		Tier 3	
LEVOFLOXACIN INTRAVENOUS SOLUTION 25 MG/ML		Tier 3	
LEVOFLOXACIN ORAL SOLUTION 25 MG/ML		Tier 3	
LEVOFLOXACIN ORAL TABLET 250 MG, 500 MG, 750 MG		Tier 1	
MOXIFLOXACIN HCL IN NACL INTRAVENOUS SOLUTION 400 MG/250ML		Tier 1	
MOXIFLOXACIN HCL ORAL TABLET 400 MG		Tier 1	
OFLOXACIN ORAL TABLET 300 MG, 400 MG		Tier 3	
Gastrointestinal Agents - Misc.			
*5-HT4 Receptor Agonists***			
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Tier 3		PA; ST; QL (1 EA per 1 day)
*Bile Acid Synthesis Disorder Agents***			
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 5		PA; Specialty
*Gallstone Solubilizing Agents***			
URSODIOL ORAL CAPSULE 300 MG		Tier 3	
URSODIOL ORAL TABLET 250 MG, 500 MG		Tier 3	
*Gastrointestinal Antiallergy Agents***			
CROMOLYN SODIUM ORAL CONCENTRATE 100 MG/5ML		Tier 3	
*Gastrointestinal Chloride Channel Activators***			
LUBIPROSTONE ORAL CAPSULE 24 MCG, 8 MCG		Tier 2	QL (2 EA per 1 day)
*Gastrointestinal Stimulants***			
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	
*Glucagon-Like Peptide-2 (GLP-2) Analogs***			
GATTEX SUBCUTANEOUS KIT 5 MG	Tier 5		PA; Specialty
*IBS Agent - Guanylate Cyclase-C (GC-C) Agonists***			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2		PA; ST; QL (1 EA per 1 day)
*IBS Agent - Selective 5-HT3 Receptor Antagonists***			
ALOSETRON HCL ORAL TABLET 0.5 MG, 1 MG		Tier 3	PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Ileal Bile Acid Transporter (Ibat) Inhibitors***			
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	Tier 5		PA; Specialty
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	Tier 5		PA; Specialty
*Inflammatory Bowel Agents***			
BALSALAZIDE DISODIUM ORAL CAPSULE 750 MG		Tier 3	
DIPENTUM ORAL CAPSULE 250 MG	Tier 3		
MESALAMINE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM		Tier 3	
MESALAMINE ORAL TABLET DELAYED RELEASE 1.2 GM		Tier 3	
MESALAMINE RECTAL ENEMA 4 GM		Tier 3	
MESALAMINE RECTAL SUPPOSITORY 1000 MG		Tier 3	
SFROWASA RECTAL ENEMA 4 GM/60ML	Tier 3		
SULFASALAZINE ORAL TABLET 500 MG		Tier 1	
SULFASALAZINE ORAL TABLET DELAYED RELEASE 500 MG		Tier 1	
*Interleukin Antagonists***			
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	Tier 4		PA; Specialty
SKYRIZI SOLUTION CARTRIDGE 180 MG/1.2ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.03 ML per 1 day)
SKYRIZI SOLUTION CARTRIDGE 360 MG/2.4ML SUBCUTANEOUS	Tier 4		PA; Specialty; QL (0.05 ML per 1 day)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	Tier 4		PA; Specialty
*Intestinal Acidifiers***			
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	
*Live Fecal Microbiota (Human)**			
REBYOTA RECTAL SUSPENSION 150 ML	Tier 5		PA; Specialty
*Peripheral Opioid Receptor Antagonists***			
ALVIMOPAN ORAL CAPSULE 12 MG		Tier 1	
SYMPROIC ORAL TABLET 0.2 MG	Tier 2		PA; ST; QL (1 EA per 1 day)
*Phosphate Binder Agents***			
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	
FOSRENOL ORAL PACKET 1000 MG, 750 MG	Tier 3		
LANTHANUM CARBONATE ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG		Tier 3	
PHOSLYRA ORAL SOLUTION 667 MG/5ML	Tier 3		
SEVELAMER CARBONATE ORAL TABLET 800 MG		Tier 3	
VELPHORO ORAL TABLET CHEWABLE 500 MG	Tier 3		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Tumor Necrosis Factor Alpha Blockers***			
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 4		PA; Specialty; QL (0.08 EA per 1 day)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 4		PA; Specialty; QL (0.08 EA per 1 day)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 4		PA; Specialty; QL (0.08 EA per 1 day)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 4		PA; Specialty
Genitourinary Agents - Miscellaneous			
*5-Alpha Reductase Inhibitors***			
DUTASTERIDE ORAL CAPSULE 0.5 MG		Tier 1	
FINASTERIDE ORAL TABLET 5 MG		LC	
*Alpha 1-Adrenoceptor Antagonists***			
ALFUZOSIN HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG		Tier 1	
SILODOSIN ORAL CAPSULE 4 MG, 8 MG		Tier 2	
TAMSULOSIN HCL ORAL CAPSULE 0.4 MG		LC	
*Citrates***			
POTASSIUM CITRATE ER ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG), 15 MEQ (1620 MG), 5 MEQ (540 MG)		Tier 2	
SOD CITRATE-CITRIC ACID ORAL SOLUTION 1.5-1 GM/15ML, 3-2 GM/30ML, 500-334 MG/5ML		Tier 1	
*Cystinosis Agents***			
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 5		Specialty
*Genitourinary Irrigants***			
ACETIC ACID IRRIGATION SOLUTION 0.25 %		Tier 1	
GLYCINE IRRIGATION SOLUTION 1.5 %		Tier 1	
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	
*Urinary Analgesics***			
PHENAZO ORAL TABLET (PHENAZOPYRIDINE HCL) 200 MG	LC	LC	
PHENAZOPYRIDINE HCL ORAL TABLET 100 MG		LC	
Gout Agents			
*Gout Agent Combinations***			
COLCHICINE-PROBENECID ORAL TABLET 0.5-500 MG		Tier 2	
*Gout Agents***			
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 3	PA; ST

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Uricosurics***			
PROBENECID ORAL TABLET 500 MG		Tier 2	
Hematological Agents - Misc.			
*Antihemophilic Products - Monoclonal Antibodies***			
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	Tier 5		Specialty
*Antihemophilic Products***			
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
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
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 4		Specialty
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4		Specialty
*Anti-Von Willebrand Factor Agents***			
CABLIVI INJECTION KIT 11 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Bradykinin B2 Receptor Antagonists***			
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (ICATIBANT ACETATE) 30 MG/3ML	Tier 4	Tier 4	PA; Specialty; QL (0.6 ML per 1 day)
*C1 Esterase Inhibitors***			
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Tier 5		PA; Specialty
*Complement C5 Inhibitors***			
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	Tier 5		PA; Specialty
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML	Tier 5		PA; Specialty
VEOPOZ INJECTION SOLUTION 400 MG/2ML	Tier 5		PA; Specialty
*Direct-Acting P2y12 Inhibitors***			
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 2		
*Hematorheologic Agents***			
PENTOXIFYLLINE ER ORAL TABLET EXTENDED RELEASE 400 MG		Tier 1	
*Phosphodiesterase III Inhibitors***			
CILOSTAZOL ORAL TABLET 100 MG, 50 MG		Tier 1	
*Platelet Aggregation Inhibitor Combinations***			
ASPIRIN-DIPYRIDAMOLE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG		Tier 3	
*Platelet Aggregation Inhibitors***			
DIPYRIDAMOLE ORAL TABLET 25 MG, 50 MG, 75 MG		Tier 2	
*Protease-Activated Receptor-1 (Par-1) Antagonists***			
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3		
*Pyruvate Kinase Activators***			
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)
*Quinazoline Agents***			
ANAGRELIDE HCL ORAL CAPSULE 0.5 MG, 1 MG		Tier 3	
*Thienopyridine Derivatives***			
CLOPIDOGREL BISULFATE ORAL TABLET 300 MG, 75 MG		Tier 1	
PRASUGREL HCL ORAL TABLET 10 MG, 5 MG		Tier 3	
Hematopoietic Agents			
*Agents For Gaucher Disease***			
CERDELGA ORAL CAPSULE 84 MG	Tier 5		PA; Specialty
YARGESA ORAL CAPSULE (MIGLUSTAT) 100 MG	Tier 4	Tier 4	PA; Specialty
*Cobalamins***			
CYANOCOBALAMIN INJECTION SOLUTION 1000 MCG/ML		Tier 1	
HYDROXOCOBALAMIN ACETATE INTRAMUSCULAR SOLUTION 1000 MCG/ML		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NASCOBAL NASAL SOLUTION (CYANOCOBALAMIN) 500 MCG/0.1ML	Tier 3	Tier 1	
*Cxcr4 Receptor Antagonist***			
PLERIXAFOR SUBCUTANEOUS SOLUTION 24 MG/1.2ML		Tier 4	Specialty
XOLREMDI ORAL CAPSULE 100 MG			
*Cytotoxic Agents***			
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3		
*Erythroid Maturation Agents***			
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG	Tier 5		PA; Specialty
*Erythropoiesis-Stimulating Agents (Esas)***			
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
*Folic Acid/Folate Combinations***			
AIRAVITE ORAL TABLET (FOLBEE) 2.5-25-1 MG	Tier 1	Tier 1	
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	
NUFOL ORAL TABLET (FOLBEE) 2.5-25-1 MG	Tier 1	Tier 1	
VIRT-GARD ORAL TABLET (FABB) 2.2-25-1 MG	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	
*Folic Acid/Folates***			
CVS FOLIC ACID ORAL TABLET 800 MCG		Tier 1	PV
FA-8 ORAL CAPSULE (FOLIC ACID) 0.8 MG	Tier 1	Tier 1	PV
FOLATE ORAL TABLET 400 MCG		Tier 1	PV
FOLIC ACID TABLET 1 MG ORAL (RX)		Tier 1	
FOLIC ACID TABLET 400 MCG ORAL		Tier 1	PV
FOLIC ACID TABLET 800 MCG ORAL		Tier 1	PV
FT FOLIC ACID ORAL TABLET 400 MCG, 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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SM FOLIC ACID ORAL TABLET 400 MCG		Tier 1	PV
TRUE FOLIC ACID ORAL TABLET 400 MCG		Tier 3	PV
YL FOLIC ACID ORAL TABLET 400 MCG		Tier 1	PV
*Granulocyte Colony-Stimulating Factors (G-Csf)***			
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	Tier 5		PA; Specialty
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 5		PA; Specialty
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 4		PA; Specialty
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 4		PA; Specialty
*Iron Combinations***			
CORVITA 150 ORAL TABLET 150-1.25 MG	Tier 1		
FEROCON ORAL CAPSULE		Tier 1	
FEROTRINSIC ORAL CAPSULE		Tier 1	
FERROCITE PLUS ORAL TABLET 106-1 MG	Tier 1		
FOLTRIN ORAL CAPSULE		Tier 1	
K-TAN PLUS ORAL CAPSULE (SE-TAN PLUS) 162-115.2-1 MG	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	
*Iron W/ Folic Acid***			
HEMOCYTE-F ORAL TABLET 324-1 MG	Tier 1		
*Iron***			
NA FERRIC GLUC CPLX IN SUCROSE INTRAVENOUS SOLUTION 12.5 MG/ML		Tier 1	
*Thrombopoietin (Tpo) Receptor Agonists***			
PROMACTA ORAL PACKET 12.5 MG, 25 MG	Tier 5		PA; Specialty
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 5		PA; Specialty
Hemostatics			
*Hemostatics - Systemic***			
AMINOCAPROIC ACID ORAL TABLET 1000 MG, 500 MG		Tier 3	
Hypnotics/Sedatives/Sleep Disorder Agents			
*Barbiturate Hypnotics***			
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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Benzodiazepine Hypnotics***			
TEMAZEPAM ORAL CAPSULE 15 MG, 30 MG		Tier 1	QL (1 EA per 1 day)
*Non-Benzodiazepine - Gaba-Receptor Modulators***			
ESZOPICLONE ORAL TABLET 1 MG, 2 MG, 3 MG		Tier 1	QL (1 EA per 1 day)
ZALEPLON CAPSULE 10 MG ORAL		Tier 1	QL (2 EA per 1 day)
ZALEPLON CAPSULE 5 MG ORAL		Tier 1	QL (1 EA per 1 day)
ZOLPIDEM TARTRATE ER ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG		Tier 2	QL (1 EA per 1 day)
ZOLPIDEM TARTRATE ORAL TABLET 10 MG, 5 MG		Tier 1	QL (1 EA per 1 day)
*Orexin Receptor Antagonists***			
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 3		PA; ST; QL (1 EA per 1 day)
Laxatives			
*Bowel Evacuant Combinations***			
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML	Tier 3		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	Tier 1		PV; QL (2 ML per 365 days); AGE (Min 45 Years and Max 75 Years)
GAVILYTE-G ORAL SOLUTION RECONSTITUTED (PEG-3350/ELECTROLYTES) 236 GM	Tier 1	Tier 1	PV; QL (2 ML per 365 days); AGE (Min 45 Years and Max 75 Years)
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED (PEG 3350-KCL-NA BICARB-NACL) 420 GM	Tier 1	Tier 1	PV; QL (2 ML per 365 days); AGE (Min 45 Years and Max 75 Years)
NA SULFATE-K SULFATE-MG SULF ORAL SOLUTION 17.5-3.13-1.6 GM/177ML		Tier 1	PV; QL (354 ML per 365 days); AGE (Min 45 Years and Max 75 Years)
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	
PLENUV ORAL SOLUTION RECONSTITUTED 140 GM	Tier 3		PA; ST
*Laxatives - Miscellaneous***			
CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
CONSTULOSE ORAL SOLUTION 10 GM/15ML		LC	
CVS PURELAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
EQ CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
EQ CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
FT CLEARLAX ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
GAVILAX ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
GENTLELAX ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
GLYCOLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GNP CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
GOODSENSE CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
HM CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
KLS LAXACLEAR ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
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 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
PEG 3350 ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
QC NATURA-LAX ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
RA LAXATIVE ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
SB POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
SM CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
SMOOTH LAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
TRUE LAXATIVE ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
*Lubricant Laxatives***			
MINERAL OIL HEAVY ORAL OIL		Tier 1	
*Saline Laxatives***			
CITROMA ORAL SOLUTION (CITRATE OF MAGNESIA) 1.745 GM/30ML	Tier 1	Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
CVS MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
EQ MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
EQL MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
FT MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
GNP MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
GOODSENSE MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
HM MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
QC MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
RA MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
SB MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
SM MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
*Stimulant Laxatives***			
BISACODYL EC ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
BISACODYL ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
CVS C-LAX LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
CVS GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
CVS GENTLE LAXATIVE WOMENS ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
EQ GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
EQL GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
EQL LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
FT LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
GNP GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
GNP WOMENS GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
GOODSENSE BISACODYL EC ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
GOODSENSE BISACODYL LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
GOODSENSE WOMENS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
HM LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
KP BISACODYL ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
PX LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
QC GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
QC GENTLE LAXATIVE WOMENS ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
QC LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
RA LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
RA WOMENS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG	Tier 1		PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
SB BISACODYL LAXATIVE EC ORAL TABLET DELAYED RELEASE 5 MG	Tier 1		PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
SB GENTLE LAX-WOMEN ORAL TABLET DELAYED RELEASE 5 MG	Tier 1		PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
SM GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG	Tier 1		PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
WOMANS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG	Tier 1		PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
WOMENS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG	Tier 1		PV; QL (2 fills per 365 days); AGE (Min 45 Years and Max 75 Years)
Macrolides			
*Azithromycin***			
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		
*Clarithromycin***			
CLARITHROMYcin ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML	Tier 3		
CLARITHROMYcin ORAL TABLET 250 MG, 500 MG	Tier 1		
*Erythromycins***			
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		
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		
*Fidaxomicin***			
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Tier 3		
Medical Devices And Supplies			
*Applicators,Cotton Balls,Etc***			
ADVOCATE ALCOHOL PREP PADS PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
ALCOH-GLOVE CONTOURED WIPE PAD (ALCOHOL PREP)	Tier 3	Tier 3	
ALCOHOL PADS PAD 70 %		Tier 3	
ALCOHOL PREP PAD 70 %		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ALCOHOL PREP PADS PAD 70 %		Tier 3	
ALCOHOL SWABS PAD		Tier 3	
ALCOHOL SWABSTICK PAD (ALCOHOL PREP)	Tier 3	Tier 3	
AUM ALCOHOL PREP PADS PAD 70 %		Tier 3	
BD SWAB SINGLE USE REGULAR PAD (ALCOHOL PREP)	Tier 3	Tier 3	
CARETOUCH ALCOHOL PREP PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
COMFORT TOUCH ALCOHOL PREP PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
CURITY ALCOHOL PREPS PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
CVS ALCOHOL PREP PADS PAD 70 %		Tier 3	
CVS PREP PAD 70 %		Tier 3	
DROPSAFE ALCOHOL PREP PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
EASY COMFORT ALCOHOL PADS PAD		Tier 3	
EASY TOUCH ALCOHOL PREP MEDIUM PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
EQL ALCOHOL SWABS PAD 70 %		Tier 3	
FIFTY50 ALCOHOL PREP PAD (ALCOHOL PREP) 70 %	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	
PHARMACIST CHOICE ALCOHOL PAD (ALCOHOL PREP)	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	
REALITY SWABS PAD		Tier 3	
RELION ALCOHOL SWABS PAD (ALCOHOL PREP)	Tier 3	Tier 3	
SAPS CARE ALCOHOL PREP PAD 70 %		Tier 3	
SAPS HEALTH ALCOHOL PREP PAD		Tier 3	
SAPS HEALTH CARE ALCOHOL PREP PAD 70 %		Tier 3	
SB ALCOHOL PREP PAD 70 %		Tier 3	
SM ALCOHOL PREP PAD		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	
ULTICARE ALCOHOL SWABS PAD (ALCOHOL PREP)	Tier 3	Tier 3	
ULTILET ALCOHOL SWABS PAD		Tier 3	
ULTRA-CARE ALCOHOL PREP PADS PAD 70 %		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
WEBCOL ALCOHOL PREP LARGE PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
WEBCOL ALCOHOL PREP MEDIUM PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
ZEVRX STERILE ALCOHOL PREP PAD PAD 70 %		Tier 3	
*Cervical Caps***			
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Tier 3		PV
*Condoms - Female***			
FC2 FEMALE CONDOM	Tier 3		PV
*Condoms - Male***			
AIMSCO LUBRICATED		Tier 3	PV
CONDOMS		Tier 3	PV
DUREX EXTRA SENSITIVE THIN (MAXX)	Tier 3	Tier 3	PV
DUREX EXTRA SENSITIVE THIN DEVICE (MAXX)	Tier 3	Tier 3	PV
DUREX REALFEEL DEVICE	Tier 3		PV
DUREX TROPICAL (MAXX)	Tier 3	Tier 3	PV
FANTASY LUBRICATED (MAXX)	Tier 3	Tier 3	PV
FANTASY LUBRICATED/SPERMICIDE (MAXX)	Tier 3	Tier 3	PV
KAMELEON LUBRICATED (MAXX)	Tier 3	Tier 3	PV
KIMONO		Tier 3	PV
KIMONO COLORS DEVICE (MAXX)	Tier 3	Tier 3	PV
KIMONO MAXX-LARGE FLARE (MAXX)	Tier 3	Tier 3	PV
KIMONO MICRO THIN PLUS		Tier 3	PV
KIMONO PLUS		Tier 3	PV
KIMONO PS		Tier 3	PV
KIMONO PS PLUS		Tier 3	PV
KIMONO SENSATION		Tier 3	PV
KIMONO SENSATION PLUS		Tier 3	PV
KIMONO SPECIAL DEVICE (MAXX)	Tier 3	Tier 3	PV
K-Y ME & YOU EXTRA LUBRICATED DEVICE (MAXX)	Tier 3	Tier 3	PV
K-Y ME & YOU INTENSE DEVICE (MAXX)	Tier 3	Tier 3	PV
MAXX PLUS		Tier 3	PV
REALITY LATEX CONDOMS (MAXX)	Tier 3	Tier 3	PV
REALITY LATEX/ULTRA TEXTURED DEVICE (MAXX)	Tier 3	Tier 3	PV
REALITY LATEX/ULTRA THIN DEVICE (MAXX)	Tier 3	Tier 3	PV
TROJAN ENZ (KIMONO MICRO THIN)	Tier 3	Tier 3	PV
TROJAN MAGNUM (MAXX)	Tier 3	Tier 3	PV
TROJAN ULTRA RIBBED LUBRICATED DEVICE (MAXX)	Tier 3	Tier 3	PV
TROJAN ULTRA THIN (MAXX)	Tier 3	Tier 3	PV
TROJAN ULTRA THIN/SPERMICIDAL (MAXX)	Tier 3	Tier 3	PV
TROJAN-ENZ LUBRICATED (MAXX)	Tier 3	Tier 3	PV
TROJAN-ENZ/SPERMICIDAL (MAXX)	Tier 3	Tier 3	PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TRUE COVER DEVICE		Tier 3	PV
TRUSTEX COLOR CONDOMS + LUBE (MAXX)	Tier 3	Tier 3	PV
TRUSTEX LUB/RIBBED/STUDDED (MAXX)	Tier 3	Tier 3	PV
TRUSTEX LUB/SPERMICIDE EX ST (MAXX)	Tier 3	Tier 3	PV
TRUSTEX LUB/SPERMICIDE XL (MAXX)	Tier 3	Tier 3	PV
TRUSTEX LUBRICATED (MAXX)	Tier 3	Tier 3	PV
TRUSTEX LUBRICATED EX LARGE (MAXX)	Tier 3	Tier 3	PV
TRUSTEX LUBRICATED EXTRA ST (MAXX)	Tier 3	Tier 3	PV
TRUSTEX LUBRICATED/SPERMICIDE (MAXX)	Tier 3	Tier 3	PV
TRUSTEX NATURAL CONDOMS + LUBE (MAXX)	Tier 3	Tier 3	PV
TRUSTEX NON-LUBRICATED (KIMONO MICRO THIN)	Tier 3	Tier 3	PV
TRUSTEX RIA LUB/SPERMICIDE (MAXX)	Tier 3	Tier 3	PV
TRUSTEX RIA LUBRICATED (MAXX)	Tier 3	Tier 3	PV
TRUSTEX RIA NON-LUBRICATED (KIMONO MICRO THIN)	Tier 3	Tier 3	PV
TRUSTEX-NONOXYNOL-9/RIB/STUD (MAXX)	Tier 3	Tier 3	PV
*Diaphragms***			
CAYA VAGINAL DIAPHRAGM	Tier 3		PV
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	Tier 3		PV
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	Tier 3		PV
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	Tier 3		PV
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	Tier 3		PV
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	Tier 3		PV
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	Tier 3		PV
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	Tier 3		PV
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	Tier 3		PV
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	Tier 3		PV
*Glucose Monitoring Test Supplies***			
1ST TIER UNILET COMFORTOUCH		Tier 2	
ACCU-CHEK FASTCLIX LANCET KIT	Tier 2		
ACCU-CHEK FASTCLIX LANCETS (LANCETS)	Tier 2	Tier 2	
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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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 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 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	
CARESENS LANCETS 30G (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	
CHOSEN LANCETS 30G (LANCETS)	Tier 2	Tier 2	
CHOSEN SAFETY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
CLEANLET LANCETS 28G (LANCETS)	Tier 2	Tier 2	
CLEVER CHEK LANCETS (LANCETS)	Tier 2	Tier 2	
CLEVER CHOICE COMFORT EZ (LANCETS)	Tier 2	Tier 2	
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 28G (LANCETS)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
COMFORT TOUCH PLUS LANCETS 30G (LANCETS)	Tier 2	Tier 2	
COMFORT TOUCH TWIST LANCET 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	
DEXCOM G6 RECEIVER DEVICE	Tier 2		PA
DEXCOM G6 SENSOR (GUARDIAN SENSOR 3)	Tier 2	Tier 3	PA
DEXCOM G6 TRANSMITTER	Tier 2		PA
DEXCOM G7 RECEIVER DEVICE	Tier 2		PA
DEXCOM G7 SENSOR (GUARDIAN SENSOR 3)	Tier 2	Tier 3	PA
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
DIASCREEN 4OBL (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 4PH (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 5 (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 6 (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 7 (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 8 (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 9 (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIATHRIVE LANCET ULTRA THIN 30 (LANCETS)	Tier 2	Tier 2	
DIATHRIVE LANCETS (LANCETS)	Tier 2	Tier 2	
DROPLET LANCETS ULTRA THIN 30G (LANCETS)	Tier 2	Tier 2	
DROPLET PERSONAL LANCETS 30G (LANCETS)	Tier 2	Tier 2	
DRUG MART LANCETS THIN 26G		Tier 2	
DRUG MART ON-THE-GO LANCET 30G (LANCETS)	Tier 2	Tier 2	
DRUG MART UNILET LANCETS 28G (LANCETS)	Tier 2	Tier 2	
DRUG MART UNILET LANCETS 30G (LANCETS)	Tier 2	Tier 2	
DRUG MART UNILET LANCETS 33G (LANCETS)	Tier 2	Tier 2	
EASY COMFORT LANCETS		Tier 2	
EASY COMFORT LANCETS TWIST TOP		Tier 2	
EASY TOUCH LANCETS 21G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 23G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 26G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 28G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 28G/TWIST (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 30G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 30G/TWIST (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 32G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 32G/TWIST (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 33G/TWIST (LANCETS)	Tier 2	Tier 2	
EASY TOUCH SAFETY LANCETS 21G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH SAFETY LANCETS 23G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH SAFETY LANCETS 26G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH SAFETY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
EMBRACE LANCETS ULTRA THIN 30G (LANCETS)	Tier 2	Tier 2	
EMBRACE PRESSURE ACTIVATED 21G (LANCETS)	Tier 2	Tier 2	
EMBRACE PRESSURE ACTIVATED 28G (LANCETS)	Tier 2	Tier 2	
EQL COLOR LANCETS 21G		Tier 2	
EQL COLOR LANCETS MICRO 33G		Tier 2	
EQL SUPER THIN LANCETS 30G		Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EQL THIN LANCETS 26G		Tier 2	
E-Z JECT LANCET MICRO-THIN 33G (LANCETS)	Tier 2	Tier 2	
E-Z JECT LANCET SUPER THIN 30G (LANCETS)	Tier 2	Tier 2	
E-Z JECT LANCETS (LANCETS)	Tier 2	Tier 2	
E-Z JECT LANCETS 21G (LANCETS)	Tier 2	Tier 2	
E-Z JECT LANCETS THIN 26G (LANCETS)	Tier 2	Tier 2	
EZ-LETS LANCETS 21G (LANCETS)	Tier 2	Tier 2	
EZ-LETS LANCETS 26G (LANCETS)	Tier 2	Tier 2	
EZ-LETS LANCETS 28G (LANCETS)	Tier 2	Tier 2	
EZ-LETS LANCETS 30G (LANCETS)	Tier 2	Tier 2	
FIFTY50 SAFETY SEAL LANCETS (LANCETS)	Tier 2	Tier 2	
FIFTY50 UNILET LANCETS 33G (LANCETS)	Tier 2	Tier 2	
FINE 30 (LANCETS)	Tier 2	Tier 2	
FINGERSTIX LANCETS (LANCETS)	Tier 2	Tier 2	
FORA LANCETS (LANCETS)	Tier 2	Tier 2	
FREDS PHARMACY UNILET LANC 28G		Tier 2	
FREDS PHARMACY UNILET LANC 30G		Tier 2	
FREESTYLE LANCETS (LANCETS)	Tier 2	Tier 2	
FREESTYLE UNISTICK II LANCETS (LANCETS)	Tier 2	Tier 2	
GENTEEL BUTTERFLY TOUCH LANCET (LANCETS)	Tier 2	Tier 2	
GENTLE-LET GP LANCETS (LANCETS)	Tier 2	Tier 2	
GENTLE-LET LANCETS (LANCETS)	Tier 2	Tier 2	
GLOBAL INJECT EASE LANCETS 28G		Tier 2	
GLOBAL INJECT EASE LANCETS 30G		Tier 2	
GLUCOCOM LANCETS 28G (LANCETS)	Tier 2	Tier 2	
GLUCOCOM LANCETS 30G (LANCETS)	Tier 2	Tier 2	
GLUCOCOM LANCETS 33G (LANCETS)	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	
GOJJI STERILE LANCETS (LANCETS)	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	
GUARDIAN 4 GLUCOSE SENSOR (GUARDIAN SENSOR 3)	Tier 3	Tier 3	PA
GUARDIAN 4 TRANSMITTER	Tier 3		PA
GUARDIAN CONNECT TRANSMITTER	Tier 3		PA
GUARDIAN LINK 3 TRANSMITTER	Tier 3		PA

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GUARDIAN REAL-TIME CHARGER	Tier 3		
GUARDIAN REAL-TIME REPLACE PED DEVICE	Tier 3		PA
GUARDIAN REAL-TIME TEST PLUG	Tier 3		
GUARDIAN SENSOR (3) (GUARDIAN SENSOR 3)	Tier 3	Tier 3	PA
HAEMOLANCE (LANCETS)	Tier 2	Tier 2	
HAEMOLANCE LOW FLOW LANCETS (LANCETS)	Tier 2	Tier 2	
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 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 (LANCETS)	Tier 2	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	
LITE TOUCH LANCETS		Tier 2	
LITETOUCH 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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
LONGS LANCETS ULTRA THIN		Tier 2	
MEDICOICE SAFETY LANCET		Tier 2	
MEDICOICE SAFETY LANCET EXTRA		Tier 2	
MEDICOICE SAFETY LANCET NORM		Tier 2	
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	
MINIMED 630G GUARDIAN PRESS	Tier 3		PA
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 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 DELICA SAFETY LANCING (LANCETS)	Tier 2	Tier 2	
ONETOUCH FINEPOINT LANCETS (LANCETS)	Tier 2	Tier 2	
ONETOUCH ULTRASOFT 2 LANCETS (LANCETS)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PC LANCETS SUPER THIN 30G		Tier 2	
PERFECT LANCETS 28G (LANCETS)	Tier 2	Tier 2	
PERFECT LANCETS 30G (LANCETS)	Tier 2	Tier 2	
PERFECT POINT SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
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	
PRO COMFORT SAFETY LANCETS 30G		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 LANCET DEVICES 30G (LANCETS)	Tier 2	Tier 2	
RELION LANCETS (LANCETS)	Tier 2	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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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 23G (LANCETS)	Tier 2	Tier 2	
SAFETY LANCETS 28G		Tier 2	
SAPS HEALTH PLUS LANCETS		Tier 2	
SAPS HEALTH TWIST TOP LANCETS		Tier 2	
SAPS TWIST TOP LANCETS		Tier 2	
SAPSCARE TWIST TOP LANCETS		Tier 2	
SB LANCETS THIN		Tier 2	
SB LANCETS ULTRA THIN		Tier 2	
SHOPKO ON-THE-GO LANCETS 30G (LANCETS)	Tier 2	Tier 2	
SHOPKO UNILET LANCETS 28G (LANCETS)	Tier 2	Tier 2	
SHOPKO UNILET LANCETS 30G (LANCETS)	Tier 2	Tier 2	
SINGLE-LET (LANCETS)	Tier 2	Tier 2	
SM LANCETS 33G		Tier 2	
SMART SENSE COLOR LANCETS 33G (LANCETS)	Tier 2	Tier 2	
SMART SENSE STANDARD LANCETS (LANCETS)	Tier 2	Tier 2	
SMART SENSE SUPER THIN LANCETS (LANCETS)	Tier 2	Tier 2	
SMART SENSE THIN LANCETS 26G (LANCETS)	Tier 2	Tier 2	
SMARTTEST LANCETS 28G (LANCETS)	Tier 2	Tier 2	
SOLUS V2 LANCETS 28G (LANCETS)	Tier 2	Tier 2	
SOLUS V2 TWIST LANCETS 30G (LANCETS)	Tier 2	Tier 2	
STERILANCE TL (LANCETS)	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	
SURELITE LANCETS (LANCETS)	Tier 2	Tier 2	
TECHLITE AST LANCETS (LANCETS)	Tier 2	Tier 2	
TECHLITE LANCETS (LANCETS)	Tier 2	Tier 2	
TECHLITE LANCETS 26G (LANCETS)	Tier 2	Tier 2	
TGT LANCET MICRO THIN 33G		Tier 2	
TGT LANCET THIN 26G		Tier 2	
TGT LANCET ULTRA THIN 30G		Tier 2	
THINLETS GP LANCETS (LANCETS)	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	
TRAVEL LANCETS ADVANCED 28G (LANCETS)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TRUE COMFORT SAFETY LANCETS		Tier 2	
TRUE COMFORT TWIST TOP LANCETS		Tier 2	
TRUEPLUS LANCETS 26G (LANCETS)	Tier 2	Tier 2	
TRUEPLUS LANCETS 28G (LANCETS)	Tier 2	Tier 2	
TRUEPLUS LANCETS 30G (LANCETS)	Tier 2	Tier 2	
TRUEPLUS LANCETS 33G (LANCETS)	Tier 2	Tier 2	
TRUEPLUS SAFETY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
TWIST TOP LANCETS 30G		Tier 2	
ULTILET CLASSIC LANCETS (LANCETS)	Tier 2	Tier 2	
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 1 (LANCETS)	Tier 2	Tier 2	
UNISTIK 2 (LANCETS)	Tier 2	Tier 2	
UNISTIK 2 COMFORT (LANCETS)	Tier 2	Tier 2	
UNISTIK 2 EXTRA (LANCETS)	Tier 2	Tier 2	
UNISTIK 2 NEONATAL (LANCETS)	Tier 2	Tier 2	
UNISTIK 2 NORMAL (LANCETS)	Tier 2	Tier 2	
UNISTIK 2 SUPER (LANCETS)	Tier 2	Tier 2	
UNISTIK 3 (LANCETS)	Tier 2	Tier 2	
UNISTIK 3 COMFORT (LANCETS)	Tier 2	Tier 2	
UNISTIK 3 EXTRA (LANCETS)	Tier 2	Tier 2	
UNISTIK 3 GENTLE (LANCETS)	Tier 2	Tier 2	
UNISTIK 3 NEONATAL (LANCETS)	Tier 2	Tier 2	
UNISTIK 3 NORMAL (LANCETS)	Tier 2	Tier 2	
UNISTIK CZT COMFORT (LANCETS)	Tier 2	Tier 2	
UNISTIK CZT NORMAL (LANCETS)	Tier 2	Tier 2	
UNISTIK NORMAL (LANCETS)	Tier 2	Tier 2	
UNISTIK PRO SAFETY LANCET (LANCETS)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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	
VERIFINE SAFE LANCET MINI 21G (LANCETS)	Tier 2	Tier 2	
VERIFINE SAFE LANCET MINI 23G (LANCETS)	Tier 2	Tier 2	
VERIFINE SAFE LANCET MINI 28G (LANCETS)	Tier 2	Tier 2	
VERIFINE SAFE LANCET MINI 30G (LANCETS)	Tier 2	Tier 2	
VERIFINE UNIVERSAL LANCETS 28G (LANCETS)	Tier 2	Tier 2	
VERIFINE UNIVERSAL LANCETS 30G (LANCETS)	Tier 2	Tier 2	
VERIFINE UNIVERSAL LANCETS 33G (LANCETS)	Tier 2	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	
VIVAGUARD LANCETS 30G (LANCETS)	Tier 2	Tier 2	
VIVAGUARD SAFETY LANCETS 28G (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	
*Insulin Administration Supplies***			
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	Tier 2		
OMNIPOD 5 DEXG7G6 PODS GEN 5	Tier 2		
OMNIPOD 5 G7 INTRO (GEN 5) KIT	Tier 2		
OMNIPOD 5 G7 PODS (GEN 5)	Tier 2		
OMNIPOD 5 LIBRE2 PLUS G6 KIT	Tier 2		
OMNIPOD 5 LIBRE2 PLUS G6 PODS	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		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
OMNIPOD DASH PODS (GEN 4)	Tier 2		
*Misc. Devices***			
FOLDING PADDLE WALKER		Tier 1	PV; QL (180 EA per 365 days)
*Needles & Syringes***			
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 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	
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM		Tier 2	
ASSURE ID DUO PRO PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
ASSURE ID PRO PEN NEEDLES (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 2	
ASSURE ID SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM	Tier 2	Tier 2	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM		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 PEN NEEDLE 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	
AUM READYGARD DUO PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	

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

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

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

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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EASY TOUCH INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SAFETY SYR (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 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-NEEDLE U-100) 27G 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 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML	Tier 2		
EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	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	
EASY TOUCH PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES 30G X 6 MM	Tier 2		
EASY TOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 2	Tier 2	
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM	Tier 2		
EASY TOUCH SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM	Tier 2	Tier 2	
EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML	Tier 2	Tier 2	
EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
EMBRACE PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
EMBRACE PEN NEEDLES (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 2	
EMBRACE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM	Tier 2	Tier 2	
EMBRACE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EMBRACE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
EMBRACE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	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	
EXEL COMFORT POINT INSULIN SYR (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
EXEL COMFORT POINT INSULIN SYR (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
EXEL COMFORT POINT INSULIN SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
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	Tier 2	Tier 2	
EXEL COMFORT POINT PEN NEEDLE (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
EXEL COMFORT POINT PEN NEEDLE (RAYA SURE PEN NEEDLE) 31G X 4 MM	Tier 2	Tier 2	
EXEL COMFORT POINT PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
EXEL COMFORT POINT PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
FIFTY50 PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
FIFTY50 PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
FIFTY50 PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
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	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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GLUCOPRO INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	Tier 2	Tier 2	
GLUCOPRO INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 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	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	
GNP ULTIGUARD SAFEPACK NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
GNP ULTIGUARD SAFEPACK NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
GNP ULTIGUARD SAFEPACK NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	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	
GOODSENSE PEN NEEDLE PENFINE (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
GOODSENSE PEN NEEDLE PENFINE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
GOODSENSE PEN NEEDLE PENFINE (INSUPEN PEN NEEDLES) 32G X 4 MM	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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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	
H-E-B INCONTROL UNIFINE PENTIP (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
H-E-B INCONTROL UNIFINE PENTIP (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
H-E-B INCONTROL UNIFINE PENTIP (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
H-E-B INCONTROL UNIFINE PENTIP (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM	Tier 2	Tier 2	
HM ULTICARE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
HM ULTICARE MINI PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
HM ULTICARE SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
INCONTROL ULTICARE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
INCONTROL ULTICARE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
INCONTROL ULTICARE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE (AUTOPEN)	Tier 3	Tier 3	
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 28G X 1/2" 0.5 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 27G X 1/2" 0.5 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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	
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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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-NEEDLE U-100) 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	
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	
MICRODOT PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
MICRODOT PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM	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	
MM PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
MM PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
MM PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
MM PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML	Tier 2		
MONOJECT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 27G 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" 1 ML	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MONOJECT INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
MONOJECT INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
MONOJECT INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
MONOJECT INSULIN SYRINGE (KMART VALU INSULIN SYRINGE 29G) U-100 1 ML	Tier 2	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
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	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	
NOVOFINE AUTOCOVER PEN NEEDLE (SURE COMFORT PEN NEEDLES) 30G X 8 MM	Tier 2	Tier 2	
NOVOFINE PEN NEEDLE (SURE COMFORT PEN NEEDLES) 32G X 6 MM	Tier 2	Tier 2	
NOVOFINE PLUS PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
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 NEEDLE/5-BEVEL TIP 32G X 4 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) 29G X 12MM	Tier 2	Tier 2	
PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
PENTIPS (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
PENTIPS GENERIC PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
PENTIPS GENERIC PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
PENTIPS GENERIC PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
PENTIPS GENERIC PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
PENTIPS GENERIC PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	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) 30G X 5/16" 0.3 ML	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) 31G X 6 MM	Tier 2	Tier 2	
PREVENT DROPSAFE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
PREVENT SAFETY PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
PREVENT SAFETY PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
PRO COMFORT INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.5 ML	Tier 2	Tier 2	
PRO COMFORT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 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	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) 28G X 1/2" 1 ML	Tier 2	Tier 2	
PRODIGY INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
PURE COMFORT PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM		Tier 2	
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 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	
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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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	
RELION INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML	Tier 2	Tier 2	
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	Tier 2	Tier 2	
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	Tier 2	Tier 2	
RELION MINI PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
RELION PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
RELION PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
RELION PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
RELION PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
RELION SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	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	
SECURESAFE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
SECURESAFE SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS PLUS (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM	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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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" 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	
TECHLITE PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
TECHLITE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
TECHLITE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
TECHLITE PLUS PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	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 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" 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	
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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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 SYR 1/2 UNIT (INSULIN SYRINGE-NEEDLE U-100) 31G X 1/4" 0.3 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	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 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	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	
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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
ULTIGUARD SAFEPACK PEN NEEDLE (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
ULTIGUARD SAFEPACK PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
ULTIGUARD SAFEPACK PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ULTIGUARD SAFEPACK PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	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-NEEDLE U-100) 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	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	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	
ULTRA FLO INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 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	Tier 2	
ULTRA THIN PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	

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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
UNIFINE SAFECONTROL PEN NEEDLE (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM	Tier 2	Tier 2	
UNIFINE SAFECONTROL PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
UNIFINE SAFECONTROL PEN NEEDLE (PEN NEEDLES 5/16") 31G 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	
VERIFINE INSULIN PEN NEEDLE (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
VERIFINE INSULIN PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
VERIFINE INSULIN PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
VERIFINE INSULIN PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
VERIFINE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
VERIFINE 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	Tier 2	Tier 2	
VERIFINE PLUS PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
VERIFINE PLUS PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
VERIFINE PLUS PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
VIDA MIA UNIFINE PENTIPS (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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	
*Spacer/Aerosol-Holding Chambers & Supplies***			
AEROCHAMBER HOLDING CHAMBER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER MINI CHAMBER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER MV (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU LARGE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU MEDIUM (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU SMALL (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE (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	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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	
BREATHERITE VALVED MDI CHAMBER DEVICE (BREATHE EASE MEDIUM)	Tier 2	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		
FLEXICHAMBER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
INSPIREASE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
INSPIREASE RESERVOIR BAGS	Tier 2		
MASK VORTEX/CHILD/FROG	Tier 2		
MASK VORTEX/TODDLER/LADYBUG	Tier 2		
MICROCHAMBER (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
MICROCHAMBER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
MICROSPACER (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
OPTICHAMBER DIAMOND (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
OPTICHAMBER DIAMOND DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
OPTICHAMBER DIAMOND-LG MASK DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
OPTICHAMBER DIAMOND-MD MASK (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
OPTICHAMBER DIAMOND-SM MASK (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
PANDA MASK LARGE	Tier 2		
PANDA MASK MEDIUM	Tier 2		
PANDA MASK SMALL	Tier 2		
PARI VORTEX ADULT MASK	Tier 2		
PEDIATRIC PANDA MASK	Tier 2		
POCKET CHAMBER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
POCKET SPACER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
PRO COMFORT SPACER ADULT		Tier 2	
PRO COMFORT SPACER CHILD		Tier 2	
PRO COMFORT SPACER INFANT DEVICE		Tier 2	
PROCARE SPACER/ADULT MASK DEVICE		Tier 2	
PROCARE SPACER/CHILD MASK DEVICE		Tier 2	
PROCHAMBER VHC DEVICE		Tier 2	
PURE COMFORT SPACER CHAMBER DEVICE		Tier 2	
RITEFLO DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
VORTEX HOLD CHMBR/MASK/CHILD DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
VORTEX VALVED HOLDING CHAMBER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
Migraine Products			
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***			
NURTEC ORAL TABLET DISPERSIBLE 75 MG	Tier 2		PA; QL (0.27 EA per 1 day)
*Cgrp Receptor Antagonists - Monocolonal Antibodies***			
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	Tier 2		PA; QL (0.04 ML per 1 day)
AIMOVIG SOLUTION AUTO-INJECTOR 70 MG/ML SUBCUTANEOUS	Tier 2		PA; QL (0.07 ML per 1 day)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	Tier 2		PA; QL (0.06 ML per 1 day)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	Tier 2		PA; QL (0.06 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)
*Ergot Combinations***			
ERGOTAMINE-CAFFEINE ORAL TABLET 1-100 MG		Tier 3	PA; QL (0.86 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Migraine Products***			
DIHYDROERGOTAMINE MESYLATE INJECTION SOLUTION 1 MG/ML		Tier 3	PA; QL (0.86 ML per 1 day)
*Selective Serotonin Agonists 5-HT(1)***			
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 TABLET 10 MG ORAL		Tier 1	QL (0.4 EA per 1 day)
RIZATRIPTAN BENZOATE TABLET 5 MG ORAL		Tier 1	QL (18 EA per 30 days)
RIZATRIPTAN BENZOATE TABLET DISPERSIBLE 10 MG ORAL		Tier 1	QL (0.4 EA per 1 day)
RIZATRIPTAN BENZOATE TABLET DISPERSIBLE 5 MG ORAL		Tier 1	QL (18 EA per 30 days)
SUMATRIPTAN NASAL SOLUTION 20 MG/ACT, 5 MG/ACT		Tier 3	QL (12 EA per 30 days)
SUMATRIPTAN SUCCINATE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 1	QL (9 EA 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 3	QL (0.4 EA per 1 day)
Minerals & Electrolytes			
*Bicarbonates***			
SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML		Tier 3	
*Fluoride***			
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
*Iodine Products***			
IODINE STRONG ORAL SOLUTION 5 %		Tier 1	
*Potassium***			
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 CRYSTALS ER) 10 MEQ	Tier 1	Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYSTALS) 15 MEQ	Tier 1	Tier 1	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYSTALS) 20 MEQ	Tier 1	Tier 1	
KLOR-CON ORAL PACKET (POTASSIUM CHLORIDE) 20 MEQ	Tier 3	Tier 3	
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 15 MEQ, 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	
Miscellaneous Therapeutic Classes			
*Antileprotics***			
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 4		PA; Specialty
*Chelating Agents***			
PENICILLAMINE ORAL TABLET 250 MG		Tier 4	Specialty
TRIENTINE HCL ORAL CAPSULE 250 MG		Tier 4	PA; Specialty
*Cyclosporine Analogs***			
CYCLOSPORINE INTRAVENOUS SOLUTION 50 MG/ML		Tier 1	
CYCLOSPORINE MODIFIED ORAL CAPSULE 50 MG		Tier 1	
CYCLOSPORINE ORAL CAPSULE 100 MG, 25 MG		Tier 1	
GENGRAF ORAL CAPSULE (CYCLOSPORINE MODIFIED) 100 MG, 25 MG	Tier 1	Tier 1	
GENGRAF ORAL SOLUTION (CYCLOSPORINE MODIFIED) 100 MG/ML	Tier 1	Tier 1	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 2		
*Enzymes***			
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	Tier 4		PA; Specialty
*Immunomodulators For Myelodysplastic Syndromes***			
REVLIMID ORAL CAPSULE (LENALIDOMIDE) 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 4	Tier 4	PA; Specialty
*Inosine Monophosphate Dehydrogenase Inhibitors***			
MYCOPHENOLATE MOFETIL HCL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 3	
MYCOPHENOLATE MOFETIL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 3	
MYCOPHENOLATE MOFETIL ORAL CAPSULE 250 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MYCOPHENOLATE MOFETIL ORAL SUSPENSION RECONSTITUTED 200 MG/ML		Tier 3	
MYCOPHENOLATE MOFETIL ORAL TABLET 500 MG		Tier 1	
MYCOPHENOLATE SODIUM ORAL TABLET DELAYED RELEASE 180 MG, 360 MG		Tier 1	
MYCOPHENOLIC ACID ORAL TABLET DELAYED RELEASE 180 MG, 360 MG		Tier 1	
*Macrolide Immunosuppressants***			
EVEROLIMUS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG		Tier 3	
SIROLIMUS ORAL SOLUTION 1 MG/ML		Tier 3	
SIROLIMUS ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 3	
TACROLIMUS ORAL CAPSULE 0.5 MG, 1 MG, 5 MG		Tier 1	
*Monoclonal Antibodies***			
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML	Tier 5		PA; Specialty
*Potassium Removing Agents***			
SODIUM POLYSTYRENE SULFONATE ORAL POWDER		Tier 1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML	Tier 3		
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	Tier 3		
*Purine Analogs***			
AZATHIOPRINE TABLET 100 MG ORAL		Tier 3	
AZATHIOPRINE TABLET 50 MG ORAL		Tier 1	
Mouth/Throat/Dental Agents			
*Anesthetics Topical Oral***			
LIDOCAINE VISCOS HCL MOUTH/THROAT SOLUTION 2 %		LC	
*Anti-Infectives - Throat***			
CLOTRIMAZOLE MOUTH/THROAT TROCHE 10 MG		Tier 1	
NYSTATIN MOUTH/THROAT SUSPENSION 100000 UNIT/ML		Tier 1	
*Antiseptic Combinations - Mouth/Throat***			
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 %	Tier 3		
*Antiseptics - Mouth/Throat***			
PERIOGARD MOUTH/THROAT SOLUTION (CHLORHEXIDINE GLUCONATE) 0.12 %	LC	LC	
*Fluoride Dental Products***			
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 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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	
SODIUM FLUORIDE DENTAL GEL 1.1 %		Tier 1	
*Saliva Stimulants***			
CEVIMELINE HCL ORAL CAPSULE 30 MG		Tier 3	
PILOCARPINE HCL TABLET 5 MG ORAL		Tier 2	
PILOCARPINE HCL TABLET 7.5 MG ORAL		Tier 3	
*Steroids - Mouth/Throat/Dental***			
KOURZEQ MOUTH/THROAT PASTE (TRIAMCINOLONE ACETONIDE) 0.1 %	Tier 1	Tier 1	
ORALONE MOUTH/THROAT PASTE (TRIAMCINOLONE ACETONIDE) 0.1 %	Tier 1	Tier 1	
Multivitamins			
*B-Complex W/ C & Folic Acid***			
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	
*Multiple Vitamins W/ Minerals***			
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	
*Ped Multi Vitamins W/Fi & Fe***			
MULTI-VITAMIN/FLUORIDE/IRON ORAL SOLUTION 0.25-10 MG/ML		Tier 1	
*Ped Mv W/ Fluoride***			
MULTIVITAMIN W/FLUORIDE ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG		Tier 1	
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	
*Ped Vitamins Acd W/ Fluoride***			
TRI-VITE/FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML		Tier 1	
*Prenatal Mv & Min W/Fe-Fa***			
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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
EQL PRENATAL FORMULA ORAL TABLET 28-0.8 MG		Tier 1	PV
FT PRENATAL 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
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
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		LC	
PRENATAL TABLET 28-0.8 MG ORAL		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 27-0.8 MG, 28-0.8 MG		Tier 1	PV
PRENATAL/IRON ORAL TABLET		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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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
*Prenatal Mv & Min W/Fe-Fa-Dha***			
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	
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
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG	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
SIMILAC PRENATAL EARLY SHIELD ORAL 27-0.8 & 200 MG	Tier 3		PV
STUART ONE ORAL CAPSULE 27-0.8-200 MG	Tier 3		PV
VIRT-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG		Tier 1	
*Prenatal Mv & Minerals W/ Fa Without Iron***			
CVS PRENATAL GUMMY ORAL TABLET CHEWABLE 0.4 MG		Tier 1	PV
*Prenatal Mv & Minerals W/ Fa-Omega Fatty Acids W/O Iron***			
CVS PRENATAL GUMMY ORAL TABLET CHEWABLE 0.4-113.5 MG		Tier 1	PV
*Prenatal Mv & Minerals W/Fa Without Iron***			
PRENATAL GUMMIES/DHA & FA ORAL TABLET CHEWABLE 0.4-32.5 MG		Tier 1	PV
Musculoskeletal Therapy Agents			
*Central Muscle Relaxants***			
BACLOFEN TABLET 10 MG ORAL		LC	
BACLOFEN TABLET 20 MG ORAL		Tier 1	
CARISOPRODOL ORAL TABLET 350 MG		Tier 1	
CYCLOBENZAPRINE HCL ORAL TABLET 10 MG, 5 MG		LC	
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	QL (2 EA per 1 day)
TIZANIDINE HCL ORAL TABLET 2 MG, 4 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Muscle Relaxant Combinations***			
ORPHENADRINE-ASPIRIN-CAFFEINE ORAL TABLET 25-385-30 MG		Tier 3	QL (4 EA per 1 day)
Nasal Agents - Systemic And Topical			
*Nasal Anticholinergics***			
IPRATROPIUM BROMIDE NASAL SOLUTION 0.03 %, 0.06 %		LC	
*Nasal Antihistamines***			
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)
*Nasal Steroids***			
FLUNISOLIDE NASAL SOLUTION 25 MCG/ACT (0.025%)		Tier 2	QL (25.2 ML per 30 days)
FLUTICASONE PROPIONATE NASAL SUSPENSION 50 MCG/ACT		Tier 1	
MOMETASONE FUROATE NASAL SUSPENSION 50 MCG/ACT		Tier 3	QL (1.14 GM per 1 day)
Neuromuscular Agents			
*Benzathiazoles***			
RILUZOLE ORAL TABLET 50 MG		Tier 3	
*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***			
SKYCLARYS ORAL CAPSULE 50 MG	Tier 5		PA; Specialty; QL (3 EA per 1 day)
*Neuromuscular Blocking Agent - Neurotoxins***			
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	Tier 3		PA
Ophthalmic Agents			
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***			
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Tier 2		
*Beta-Blockers - Ophthalmic Combinations***			
BRIMONIDINE TARTRATE-TIMOLOL OPHTHALMIC SOLUTION 0.2-0.5 %		Tier 1	
DORZOLAMIDE HCL-TIMOLOL MAL OPHTHALMIC SOLUTION 2-0.5 %		Tier 1	
*Beta-Blockers - Ophthalmic***			
BETAXOLOL HCL OPHTHALMIC SOLUTION 0.5 %		Tier 1	
CARTEOLOL HCL OPHTHALMIC SOLUTION 1 %		Tier 1	
LEVOBUNOLOL HCL OPHTHALMIC SOLUTION 0.5 %		Tier 1	
TIMOLOL MALEATE OPHTHALMIC SOLUTION 0.25 , 0.5 %		LC	
*Cycloplegic Mydriatics***			
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	
*Miotics - Cholinesterase Inhibitors***			
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	Tier 3		
*Miotics - Direct Acting***			
PILOCARPINE HCL OPHTHALMIC SOLUTION 1 %, 2 %, 4 %		Tier 1	
*Ophthalmic Antiallergic***			
ALOCRIL OPHTHALMIC SOLUTION 2 %	Tier 3		PA
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	Tier 3		
AZELASTINE HCL OPHTHALMIC SOLUTION 0.05 %		Tier 1	
CROMOLYN SODIUM OPHTHALMIC SOLUTION 4 %		Tier 1	
EPINASTINE HCL OPHTHALMIC SOLUTION 0.05 %		Tier 3	
OLOPATADINE HCL OPHTHALMIC SOLUTION 0.1 %, 0.2 %		Tier 1	
ZERVIADE OPHTHALMIC SOLUTION 0.24 %	Tier 3		PA; ST
*Ophthalmic Antibiotics***			
AZASITE OPHTHALMIC SOLUTION 1 %	Tier 3		
BACITRACIN OPHTHALMIC OINTMENT 500 UNIT/GM		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	
GENTAK OPHTHALMIC OINTMENT 0.3 %	Tier 1		
GENTAMICIN SULFATE OPHTHALMIC SOLUTION 0.3 %		Tier 1	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5 %		Tier 3	
MOXIFLOXACIN HCL (2X DAY) OPHTHALMIC SOLUTION 0.5 %		Tier 3	
MOXIFLOXACIN HCL OPHTHALMIC SOLUTION 0.5 %		Tier 1	
OFLOXACIN OPHTHALMIC SOLUTION 0.3 %		Tier 1	
TOBRAMYCIN OPHTHALMIC SOLUTION 0.3 %		LC	
TOBREX OPHTHALMIC OINTMENT 0.3 %	Tier 3		
*Ophthalmic Antifungal***			
NATACYN OPHTHALMIC SUSPENSION 5 %	Tier 2		
*Ophthalmic Anti-Infective Combinations***			
BACITRACIN-POLYMYXIN B OPHTHALMIC OINTMENT 500-10000 UNIT/GM		Tier 1	
NEOMYCIN-BACITRACIN ZN-POLYMYX OPHTHALMIC OINTMENT 3.5-400-10000		Tier 1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN OPHTHALMIC SOLUTION 1.75-10000-.025		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NEO-POLYCIN OPHTHALMIC OINTMENT (NEOMYCIN-BACITRACIN ZN-POLYMYX) 3.5-400-10000	Tier 1	Tier 1	
POLYCIN OPHTHALMIC OINTMENT (AK-POLYBAC) 500-10000 UNIT/GM	Tier 1	Tier 1	
POLYMYXIN B-TRIMETHOPRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%		LC	
*Ophthalmic Antivirals***			
TRIFLURIDINE OPHTHALMIC SOLUTION 1 %		Tier 3	
*Ophthalmic Carbonic Anhydrase Inhibitors***			
DORZOLAMIDE HCL OPHTHALMIC SOLUTION 2 %		Tier 1	
*Ophthalmic Complement C3 Inhibitors***			
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML	Tier 5		PA; Specialty
*Ophthalmic Immunomodulators***			
CYCLOSPORINE OPHTHALMIC EMULSION 0.05 %		Tier 1	PA
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***			
BROMFENAC SODIUM (ONCE-DAILY) OPHTHALMIC SOLUTION 0.09 %		Tier 3	QL (6.8 ML per 365 days)
BROMFENAC SODIUM OPHTHALMIC SOLUTION 0.07 %		Tier 1	QL (12 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	
*Ophthalmic Rho Kinase Inhibitors***			
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	Tier 3		QL (0.1 ML per 1 day)
*Ophthalmic Selective Alpha Adrenergic Agonists***			
APRACLONIDINE HCL OPHTHALMIC SOLUTION 0.5 %		Tier 1	
BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.1 %, 0.2 %		Tier 1	
*Ophthalmic Steroid Combinations***			
NEOMYCIN-POLYMYXIN-DEXAMETHOPHTHALMIC OINTMENT 3.5-10000-0.1		LC	
NEOMYCIN-POLYMYXIN-DEXAMETHOPHTHALMIC SUSPENSION 3.5-10000-0.1		LC	
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSPENSION 3.5-10000-1		Tier 1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT (BACITRA-NEOMYCIN-POLYMYXIN-HC) 1 %	Tier 1	Tier 1	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %	Tier 3		
SULFACETAMIDE-PREDNISOLONE OPHTHALMIC SOLUTION 10-0.23 %		Tier 1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	Tier 3		

Drug Name	Brand Tier	Generic Tier	Formulary Notes
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	Tier 3		
TOBRAMYCIN-DEXAMETHASONE OPHTHALMIC SUSPENSION 0.3-0.1 %		Tier 1	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	Tier 3		
*Ophthalmic Steroids***			
DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1 %		Tier 1	
FLAREX OPHTHALMIC SUSPENSION 0.1 %	Tier 3		
FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1 %		Tier 1	
FML OPHTHALMIC OINTMENT 0.1 %	Tier 2		
PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1 %		Tier 1	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1 %		Tier 1	
*Ophthalmic Sulfonamides***			
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT 10 %		Tier 1	
SULFACETAMIDE SODIUM OPHTHALMIC SOLUTION 10 %		Tier 1	
*Ophthalmics - Cystinosis Agents**			
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Tier 5		Specialty; QL (2.15 ML per 1 day)
*Prostaglandins - Ophthalmic***			
BIMATOPROST OPHTHALMIC SOLUTION 0.03 %		Tier 3	QL (3 ML per 30 days)
LATANOPROST OPHTHALMIC SOLUTION 0.005 %		Tier 1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 2		QL (3 ML per 30 days)
TAFLUPROST (PF) OPHTHALMIC SOLUTION 0.0015 %		Tier 1	QL (1 EA per 1 day)
TRAVOPROST (BAK FREE) OPHTHALMIC SOLUTION 0.004 %		Tier 3	QL (3.6 ML per 30 days)
Otic Agents			
*Otic Agents - Miscellaneous***			
ACETIC ACID OTIC SOLUTION 2 %		Tier 1	
*Otic Anti-Infectives***			
CIPROFLOXACIN HCL OTIC SOLUTION 0.2 %		Tier 3	
OFLOXACIN OTIC SOLUTION 0.3 %		Tier 1	
*Otic Steroid-Anti-Infective Combinations***			
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 3	
NEOMYCIN-POLYMYXIN-HC OTIC SUSPENSION 3.5-10000-1		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Otic Steroids***			
FLAC OTIC OIL (FLUOCINOLONE ACETONIDE) 0.01 %	Tier 1	Tier 1	
HYDROCORTISONE-ACETIC ACID OTIC SOLUTION 1-2 %		Tier 3	
Oxytocics			
*Oxytocics***			
METHERGINE ORAL TABLET (METHYLERGONOVINE MALEATE) 0.2 MG	Tier 3	Tier 3	QL (2 fills per 365 days)
OXYTOCIN INJECTION SOLUTION 10 UNIT/ML		Tier 1	
Passive Immunizing And Treatment Agents			
*Antiviral Monoclonal Antibodies***			
BEYFORTUS SOLUTION PREFILLED SYRINGE 100 MG/ML INTRAMUSCULAR	Tier 2		PV; QL (2 ML per 300 days); AGE (Max 2 Years)
BEYFORTUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML INTRAMUSCULAR	Tier 2		PV; QL (0.5 ML per 300 days); AGE (Max 2 Years)
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	Tier 4		PA; Specialty
*Immune Serums***			
GAMASTAN INTRAMUSCULAR INJECTABLE	Tier 4		PA; Specialty
GAMMAGARD INJECTION SOLUTION 1 GM/10ML	Tier 5		PA; Specialty
GAMMAKED INJECTION SOLUTION 1 GM/10ML	Tier 5		PA; Specialty
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	Tier 5		PA; Specialty
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML	Tier 5		Specialty
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, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 5		PA; Specialty
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	Tier 5		Specialty
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML	Tier 5		Specialty
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		Specialty
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT	Tier 4		Specialty
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML	Tier 4		Specialty
Penicillins			
*Aminopenicillins***			
AMOXICILLIN ORAL CAPSULE 250 MG, 500 MG		LC	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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	
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	
*Natural Penicillins***			
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 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	
*Penicillin Combinations***			
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	
AMOXICILLIN-POT CLAVULANATE SUSPENSION RECONSTITUTED 200-28.5 MG/5ML ORAL		Tier 1	
AMOXICILLIN-POT CLAVULANATE SUSPENSION RECONSTITUTED 250-62.5 MG/5ML ORAL		Tier 3	
AMOXICILLIN-POT CLAVULANATE SUSPENSION RECONSTITUTED 400-57 MG/5ML ORAL		Tier 1	
AMOXICILLIN-POT CLAVULANATE SUSPENSION RECONSTITUTED 600-42.9 MG/5ML ORAL		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	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	Tier 3		
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	
*Penicillinase-Resistant Penicillins***			
DICLOXACILLIN SODIUM ORAL CAPSULE 250 MG, 500 MG		LC	
NAFCILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
NAFCILLIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 10 GM, 2 GM		Tier 1	
Progestins			
*Progestins***			
GALLIFREY ORAL TABLET (NORETHINDRONE ACETATE) 5 MG	Tier 1	Tier 1	
MEDROXYPROGESTERONE ACETATE ORAL TABLET 10 MG, 2.5 MG, 5 MG		LC	
PROGESTERONE INTRAMUSCULAR OIL 50 MG/ML		Tier 1	
PROGESTERONE ORAL CAPSULE 100 MG, 200 MG		Tier 1	
Psychotherapeutic And Neurological Agents - Misc.			
*Alcohol Deterrents***			
ACAMPROSATE CALCIUM ORAL TABLET DELAYED RELEASE 333 MG		Tier 3	
DISULFIRAM ORAL TABLET 250 MG, 500 MG		Tier 3	
*Antisense Oligonucleotide (Aso) Inhibitor Agents***			
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	Tier 5		PA; Specialty; QL (0.22 ML per 1 day)
*Cholinomimetics - Ache Inhibitors***			
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	
*Fibromyalgia Agent - Snris***			
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)
*Movement Disorder Drug Therapy***			
TETRABENAZINE ORAL TABLET 12.5 MG, 25 MG		Tier 4	PA; Specialty
*Multiple Sclerosis Agents - Interferons***			
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)
*Multiple Sclerosis Agents - Monoclonal Antibodies***			
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	Tier 5		PA; Specialty; QL (0.54 ML per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***			
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 3	PA; QL (2 EA per 1 day)
DIMETHYL FUMARATE STARTER PACK ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG		Tier 3	PA; QL (120 EA per 365 days)
*Multiple Sclerosis Agents - Potassium Channel Blockers***			
DALFAMPRIDINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG		Tier 4	PA; Specialty; QL (2 EA per 1 day)
*Multiple Sclerosis Agents***			
GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS (GLATIRAMER ACETATE)	Tier 4	Tier 4	PA; Specialty; QL (1 ML per 1 day)
GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS (GLATIRAMER ACETATE)	Tier 4	Tier 4	PA; Specialty; QL (12.9 ML per 30 days)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***			
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 3	
MEMANTINE HCL ORAL TABLET 10 MG, 28 X 5 MG & 21 X 10 MG, 5 MG		Tier 1	
*Phenothiazines & Tricyclic Agents***			
PERPHENAZINE-AMITRIPTYLINE ORAL TABLET 2-10 MG, 2-25 MG, 4-10 MG, 4-25 MG, 4-50 MG		Tier 3	
*Psychotherapeutic And Neurological Agents - Misc.***			
ERGOLOID MESYLATES ORAL TABLET 1 MG		Tier 3	
PIMOZIDE ORAL TABLET 1 MG, 2 MG		Tier 3	
*Smoking Deterrents***			
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)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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)
FT NICOTINE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
FT NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
FT NICOTINE MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
FT NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		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)
HABITROL TRANSDERMAL PATCH 24 HOUR (NICOTINE) 21 MG/24HR	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)
KLS QUIT2 MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG	Tier 1	Tier 1	PV; QL (180 EA per 365 days)
KLS QUIT2 MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 2 MG	Tier 1	Tier 1	PV; QL (180 EA per 365 days)
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)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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)
NICOTROL INHALATION INHALER 10 MG	Tier 3		ST; PV; QL (180 EA per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML	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)
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 (STARTER) ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42		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(CONTINUE) ORAL TABLET 1 MG		Tier 1	PV; QL (180 EA per 365 days)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***			
FINGOLIMOD HCL ORAL CAPSULE 0.5 MG		Tier 4	PA; Specialty; QL (1 EA per 1 day)

Drug Name	Brand Tier	Generic Tier	Formulary Notes
GILENYA ORAL CAPSULE 0.25 MG	Tier 5		PA; Specialty; QL (1 EA per 1 day)
MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL	Tier 5		PA; Specialty; QL (24 EA per 365 days)
MAYZENT STARTER PACK TABLET THERAPY PACK 7 X 0.25 MG ORAL	Tier 5		PA; Specialty; QL (14 EA per 365 days)
MAYZENT TABLET 0.25 MG ORAL	Tier 5		PA; Specialty; QL (4 EA per 1 day)
MAYZENT TABLET 1 MG ORAL	Tier 5		PA; Specialty; QL (1 EA per 1 day)
MAYZENT TABLET 2 MG ORAL	Tier 5		PA; Specialty; QL (1 EA per 1 day)
Respiratory Agents - Misc.			
*Alpha-Proteinase Inhibitor (Human)***			
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	Tier 5		PA; Specialty
*Cftr Potentiators***			
KALYDECO ORAL TABLET 150 MG	Tier 5		PA; Specialty
*Cystic Fibrosis Agent - Combinations***			
ORKAMBI ORAL PACKET 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)
*Hydrolytic Enzymes***			
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 4		PA; Specialty
*Pulmonary Fibrosis Agents - Kinase Inhibitors***			
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 5		PA; Specialty
Sulfonamides			
*Sulfonamides***			
SULFADIAZINE ORAL TABLET 500 MG		Tier 3	
Tetracyclines			
*Tetracyclines***			
AVIDOXY ORAL TABLET 100 MG		Tier 1	
DEMECLOCYCLINE HCL ORAL TABLET 150 MG, 300 MG		Tier 3	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED (DOXYCYCLINE HYCLATE) 100 MG	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	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 3		
MINOCYCLINE HCL ORAL CAPSULE 100 MG, 50 MG, 75 MG		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MONDOXYNE NL ORAL CAPSULE (DOXYCYCLINE MONOHYDRATE) 100 MG	Tier 1	Tier 1	
TETRACYCLINE HCL ORAL CAPSULE 250 MG, 500 MG		Tier 3	
Thyroid Agents			
*Antithyroid Agents***			
METHIMAZOLE ORAL TABLET 10 MG, 5 MG		Tier 1	
PROPYLTHIOURACIL ORAL TABLET 50 MG		Tier 2	
*Thyroid Hormones***			
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)	LC	LC	
LEVO-T TABLET 112 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
LEVO-T TABLET 125 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
LEVO-T TABLET 137 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
LEVO-T TABLET 150 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
LEVO-T TABLET 175 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
LEVO-T TABLET 200 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
LEVO-T TABLET 25 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
LEVO-T TABLET 300 MCG ORAL (LEVOTHYROXINE SODIUM)	Tier 1	Tier 1	
LEVO-T TABLET 50 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
LEVO-T TABLET 75 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
LEVO-T TABLET 88 MCG ORAL (LEVOTHYROXINE SODIUM)	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 (THYROID) 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 1	Tier 1	
UNITHROID TABLET 100 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
UNITHROID TABLET 112 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
UNITHROID TABLET 125 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
UNITHROID TABLET 137 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
UNITHROID TABLET 150 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
UNITHROID TABLET 175 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
UNITHROID TABLET 200 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
UNITHROID TABLET 25 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
UNITHROID TABLET 300 MCG ORAL (LEVOTHYROXINE SODIUM)	Tier 1	Tier 1	
UNITHROID TABLET 50 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
UNITHROID TABLET 75 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
UNITHROID TABLET 88 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
Toxoids			
*Toxoid Combinations***			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	Tier 2		PV
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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
Ulcer Drugs/Antispasmodics/Anticholinergics			
*Antispasmodics***			
DICYCLOMINE HCL ORAL CAPSULE 10 MG		LC	
DICYCLOMINE HCL ORAL SOLUTION 10 MG/5ML		Tier 1	
DICYCLOMINE HCL ORAL TABLET 20 MG		LC	
*Belladonna Alkaloids***			
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 SUBLINGUAL TABLET SUBLINGUAL 0.125 MG		Tier 1	
*H-2 Antagonists***			
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	
FAMOTIDINE ORAL SUSPENSION RECONSTITUTED 40 MG/5ML		Tier 3	
FAMOTIDINE TABLET 20 MG ORAL (RX)		LC	
FAMOTIDINE TABLET 40 MG ORAL		Tier 1	
NIZATIDINE ORAL CAPSULE 150 MG, 300 MG		Tier 1	
*Misc. Anti-Ulcer***			
SUCRALFATE ORAL TABLET 1 GM		LC	
*Proton Pump Inhibitors***			
ESOMEPRAZOLE MAGNESIUM ORAL CAPSULE DELAYED RELEASE 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 TABLET DELAYED RELEASE 20 MG, 40 MG		LC	QL (1 EA per 1 day)
RABEPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE 20 MG		Tier 2	QL (1 EA per 1 day)
*Quaternary Anticholinergics***			
GLYCOPYRROLATE INJECTION SOLUTION 0.2 MG/ML, 0.4 MG/2ML		Tier 1	
GLYCOPYRROLATE ORAL SOLUTION 1 MG/5ML		Tier 1	PA
GLYCOPYRROLATE ORAL TABLET 1 MG, 2 MG		Tier 1	QL (4 EA per 1 day)
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.2 MG/ML		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
METHSCOPOLAMINE BROMIDE ORAL TABLET 2.5 MG, 5 MG		Tier 3	
*Ulcer Anti-Infective W/ Bismuth Combinations***			
BIS SUBCIT-METRONID-TETRACYC ORAL CAPSULE 140-125-125 MG		Tier 1	
BISMUTH/METRONIDAZ/TETRACYCLIN ORAL CAPSULE 140-125-125 MG		Tier 1	
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***			
AMOXICILL-CLARITHRO-LANSOPRAZ ORAL THERAPY PACK 500 & 500 & 30 MG		Tier 3	
OMECLAMOX-PAK ORAL 500-500-20 MG	Tier 2		
*Ulcer Drugs - Prostaglandins***			
MISOPROSTOL ORAL TABLET 100 MCG, 200 MCG		Tier 1	
Urinary Antispasmodics			
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***			
FESOTERODINE FUMARATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG		Tier 3	
OXYBUTYNIN CHLORIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG		Tier 1	
OXYBUTYNIN CHLORIDE ORAL SOLUTION 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 2	
TOLTERODINE TARTRATE ORAL TABLET 1 MG, 2 MG		Tier 2	
TROSPiUM CHLORIDE ORAL TABLET 20 MG		Tier 1	
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***			
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (MIRABEGRON ER) 25 MG, 50 MG	Tier 2	Tier 2	
*Urinary Antispasmodics - Cholinergic Agonists***			
BETHANECHOL CHLORIDE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG		Tier 1	
*Urinary Antispasmodics - Direct Muscle Relaxants***			
FLAVOXATE HCL ORAL TABLET 100 MG		Tier 1	
Vaccines			
*Bacterial Vaccines***			
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

Drug Name	Brand Tier	Generic Tier	Formulary Notes
MENQUADFI INTRAMUSCULAR SOLUTION	Tier 2		PV
MENVEO INTRAMUSCULAR SOLUTION	Tier 2		PV
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 2		PV
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	Tier 2		PV; AGE (Max 6 Years)
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 2		PV
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	Tier 2		PV
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	Tier 2		PV
PREVNAR 13 INTRAMUSCULAR SUSPENSION	Tier 2		PV
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
*Viral Vaccine Combinations***			
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 2		PV
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 2		PV
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 2		PV
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	Tier 2		PV
*Viral Vaccines***			
AFLURIA INTRAMUSCULAR SUSPENSION	Tier 2		PV
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML	Tier 2		PV
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 2		PV; AGE (Min 9 Years and Max 16 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 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV; AGE (Min 65 Years)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
FLUCELVAX INTRAMUSCULAR SUSPENSION	Tier 2		PV
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV

Drug Name	Brand Tier	Generic Tier	Formulary Notes
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
FLUMIST NASAL LIQUID	Tier 2		PV; AGE (Min 2 Years and Max 49 Years)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV; AGE (Min 65 Years)
FLUZONE INTRAMUSCULAR SUSPENSION	Tier 2		PV
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier 2		PV; AGE (Min 9 Years and Max 45 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2		PV; AGE (Min 9 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	Tier 2		PV
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	Tier 2		PV; AGE (Min 18 Years)
IPOL INJECTION INJECTABLE	Tier 2		PV; AGE (Max 17 Years)
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML	Tier 2		PV
NOVAVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5 MCG/0.5ML		Tier 2	PV
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	Tier 2		PV
PFIZER COVID-19 VAC-TRIS 6M-4Y INTRAMUSCULAR SUSPENSION 3 MCG/0.3ML		Tier 2	PV
PREHEVBRIOD INTRAMUSCULAR SUSPENSION 10 MCG/ML	Tier 2		PV; AGE (Min 18 Years)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	Tier 2		PV
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	Tier 2		PV
ROTARIX ORAL SUSPENSION	Tier 2		PV; AGE (Max 8 Months)
ROTARIX ORAL SUSPENSION RECONSTITUTED	Tier 2		PV; AGE (Max 8 Months)
ROTAQ ORAL SOLUTION	Tier 2		PV; AGE (Max 8 Months)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 2		PV; AGE (Min 19 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Tier 2		PV
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	Tier 2		PV
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	Tier 2		PV
Vaginal And Related Products			
*Imidazole-Related Antifungals***			
GYNIAZOLE-1 VAGINAL CREAM 2 %	Tier 3		
MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG		Tier 1	
TERCONAZOLE VAGINAL CREAM 0.4 %, 0.8 %		Tier 1	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
*Miscellaneous Vaginal Products***			
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 3		PA; ST
*Spermicides***			
ENCARE VAGINAL SUPPOSITORY 100 MG	Tier 3		PV
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	Tier 3		PV
TODAY SPONGE VAGINAL 1000 MG	Tier 3		PV
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	Tier 3		PV
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	Tier 3		PV
*Vaginal Anti-Infectives***			
CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2 %		Tier 1	
METRONIDAZOLE VAGINAL GEL 0.75 %		Tier 1	
*Vaginal Estrogens***			
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	
Vasopressors			
*Anaphylaxis Therapy Agents***			
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	
*Vasopressors***			
EPINEPHRINE INJECTION SOLUTION 1 MG/ML, 10 MG/10ML		Tier 1	
EPINEPHRINE PF INJECTION SOLUTION 1 MG/ML		Tier 1	
MIDODRINE HCL ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 1	
Vitamins			
*Vitamin B-1***			
THIAMINE HCL INJECTION SOLUTION 100 MG/ML, 200 MG/2ML		Tier 1	
*Vitamin B-6***			
PYRIDOXINE HCL INJECTION SOLUTION 100 MG/ML		Tier 1	
*Vitamin D***			
ERGOCALCIFEROL ORAL CAPSULE 1.25 MG (50000 UT)		Tier 1	
VITAMIN D (ERGOCALCIFEROL) ORAL CAPSULE 1.25 MG (50000 UT), 50000 UNIT		Tier 1	
*Vitamin K***			
PHYTONADIONE INJECTION SOLUTION 1 MG/0.5ML, 10 MG/ML		Tier 1	
PHYTONADIONE ORAL TABLET 5 MG		Tier 3	

Drug Name	Brand Tier	Generic Tier	Formulary Notes
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ACETAMINOPHEN-CODEINE	18	AEROCHAMBER		AMETHYST	64
ACETAZOLAMIDE	75	W/FLOWSIGNAL	124	AMILORIDE HCL	76
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ACETYLCYSTEINE	68	PLUS/LARGE	124	AMINOCAPROIC ACID	86
ACITRETIN	70	AEROCHAMBER Z-STAT		AMIODARONE HCL	24
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ADCETRIS	44	ALBUTEROL SULFATE HFA	25	AMPHETAMINE-DEXTROAMPHET	
ADEFOVIR DIPIVOXIL	54	ALCLOMETASONE		ER	10
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ARFORMOTEROL TARTRATE	25	AUROVELA FE 1.5/30	60
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COMFORT EZ INSULIN SYRINGE	107	CVS ALCOHOL PREP PADS	91	DEMECLOCYCLINE HCL	143
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COMFORT TOUCH INSULIN PEN NEED	108	CVS GENTLE LAXATIVE	89	DESMOPRESSIN ACETATE	79
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EASY TOUCH LANCETS 30G/TWIST	96
EASY TOUCH LANCETS 32G	96
EASY TOUCH LANCETS 32G/TWIST	96
EASY TOUCH LANCETS 33G/TWIST	96
EASY TOUCH PEN NEEDLES	110
EASY TOUCH SAFETY LANCETS 21G	96
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EFAVIRENZ	53
EFAVIRENZ-EMTRICITAB-TENOFO DF	52
EFAVIRENZ-LAMIVUDINE-TENOFOVIR	52
ELETRIPTAN HYDROBROMIDE	127
ELINEST	61
ELIQUIS	27
ELIQUIS DVT/PE STARTER PACK	27
ELLA	64
ELOCTATE	83
ELURYNG	64
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EMBRACE PEN NEEDLES	110, 111
EMBRACE PRESSURE ACTIVATED 21G	96
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EQ CLEARLAX	87	E-Z JECT LANCET SUPER THIN 30G	97
EQ GENTLE LAXATIVE	89	E-Z JECT LANCESTS	97
EQ MAGNESIUM CITRATE	88	E-Z JECT LANCESTS 21G	97
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EQ NICOTINE POLACRILEX	140	EZETIMIBE	38
EQ NICOTINE STEP 3	141	EZETIMIBE-SIMVASTATIN	38
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EQ SPACE CHAMBER ANTI- STATIC L	125	EZ-LETS LANCESTS 26G	97
EQ SPACE CHAMBER ANTI- STATIC M	125	EZ-LETS LANCESTS 28G	97
EQ SPACE CHAMBER ANTI- STATIC S	125	EZ-LETS LANCESTS 30G	97
EQL ALCOHOL SWABS	91	FA-8	85
EQL ASPIRIN LOW DOSE	17	FALMINA	61
EQL CLEARLAX	87	FAMCICLOVIR	55
EQL COLOR LANCESTS 21G	96	FAMOTIDINE	146
EQL COLOR LANCESTS MICRO 33G	96	FAMOTIDINE (PF)	146
EQL GENTLE LAXATIVE	89	FANAPT	50
EQL INSULIN SYRINGE	111	FANAPT TITRATION PACK	50
EQL LAXATIVE	89	FANTASY LUBRICATED	92
EQL MAGNESIUM CITRATE	88	FANTASY LUBRICATED/SPERMICIDE	92
EQL NICOTINE POLACRILEX	141	FARXIGA	34
EQL PRENATAL FORMULA	131	FA-VITAMIN B-6-VITAMIN B-12	85
EQL SUPER THIN LANCESTS 30G	96	FAYOSIM	65
EQL THIN LANCESTS 26G	97	FC2 FEMALE CONDOM	92
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		FLEXICHAMBER ADULT MASK/SMALL	125
		FLEXICHAMBER CHILD MASK/LARGE	125
		FLEXICHAMBER CHILD MASK/SMALL	125
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		FLUBLOK	148
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		FLUVOXAMINE MALEATE	31
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		FLUZONE	149
		FLUZONE HIGH-DOSE	149
		FML	136
		FOLATE	85
		FOLBEE PLUS	130
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		FOLPLEX 2.2	85
		FOLTRIN	86
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		FORMOTEROL FUMARATE	25
		FOSAMPRENAVIR CALCIUM	53
		FOSAPREPITANT DIMEGLUMINE	36
		FOSINOPRIL SODIUM	39
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		FOSRENOL	81

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FREDS PHARMACY UNIFINE	
PENTIPS	111
FREDS PHARMACY UNILET LANC	
28G	97
FREDS PHARMACY UNILET LANC	
30G	97
FREESTYLE LANCETS	97
FREESTYLE UNISTICK II	
LANCETS	97
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FT ASPIRIN LOW DOSE	17
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GLOBAL EASY GLIDE PEN	
NEEDLES	111
GLOBAL INJECT EASE INSULIN	
SYR	111
GLOBAL INJECT EASE LANCETS	
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GLOBAL INJECT EASE LANCETS	
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GLOBAL INSULIN SYRINGES	111
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GLUCOCOM LANCETS 28G	97
GLUCOCOM LANCETS 30G	97
GLUCOCOM LANCETS 33G	97
GLUCOPRO INSULIN SYRINGE	112
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GLYCOLAX	87
GLYCOPYRROLATE	146
GLYCOPYRROLATE PF	146
GLYDO	74
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STRENGTH	17
GNP ALCOHOL SWABS	91
GNP ASPIRIN	17
GNP ASPIRIN LOW DOSE	17
GNP CLEARLAX	88
GNP CLICKFINE PEN NEEDLES	112
GNP FOLIC ACID	85
GNP GENTLE LAXATIVE	89
GNP INSULIN SYRINGE	112
GNP INSULIN SYRINGES	112
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GNP INSULIN SYRINGES 29GX1/2"	
GNP INSULIN SYRINGES	112
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GNP INSULIN SYRINGES	
31GX5/16"	112
GNP LANCETS 21G	97
GNP LANCETS THIN 26G	97
GNP MAGNESIUM CITRATE	88
GNP NICOTINE	141
GNP NICOTINE MINI	141
GNP NICOTINE POLACRILEX	141
GNP PRENATAL	131
GNP STERILE LANCETS 28G	97
GNP STERILE LANCETS 30G	97
GNP STERILE LANCETS 33G	97
GNP ULTCARE PEN NEEDLES	112
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GNP ULTRA COM INSULIN	
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GOODSENSE ASPIRIN	17
GOODSENSE ASPIRIN LOW DOSE	17
GOODSENSE BISACODYL EC	89
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GOODSENSE CLEARLAX	88
GOODSENSE CLICKFINE PEN	
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GOODSENSE COLOR LANCETS	
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GOODSENSE LANCETS 26G UNIV	97
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GOODSENSE LANCETS 33G UNIV	97
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HALOBETASOL PROPIONATE	73	HUMATE-P	83	HY-VEE THIN LANCETS	98
HALOETTE	64	HUMATIN	11	IBANDRONATE SODIUM	76
HALOPERIDOL	51	HUMIRA (2 PEN)	13	IBRANCE	46
HALOPERIDOL DECANOATE	50	HUMIRA (2 SYRINGE)	13	IBU	14
HALOPERIDOL LACTATE	50, 51	HUMIRA-CD/UC/HS STARTER	13	IBUPROFEN	14
HARVONI	54	HUMIRA-PED<40KG CROHNS		ICLEVIA	65
HAVRIX	149	STARTER	13	ICLUSIG	44
HEALTHWISE INSULIN SYR/NEEDLE	112	HUMIRA-PED>/=40KG CROHNS		ILARIS	14
HEALTHWISE MICRON PEN NEEDLES	112	START	13	IMATINIB MESYLATE	44
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H-E-B INCONTROL LANCETS 28G	98	HUMULIN R U-500		INDAPAMIDE	76
H-E-B INCONTROL LANCETS 30G	98	(CONCENTRATED)	33	INDOMETHACIN	14
H-E-B INCONTROL LANCETS 33G	98	HUMULIN R U-500 KWIKPEN	33	INDOMETHACIN ER	15
H-E-B INCONTROL PEN NEEDLES	113	HYCAMTIN	48	INFANRIX	145
H-E-B INCONTROL UNIFINE		HYDRALAZINE HCL	40	INFLECTRA	82
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HEMLIBRA	83	HYDROCODONE BITARTRATE ER	19	INPEN 100-BLUE-LILLY-	
HEMOCYTE-F	86	HYDROCODONE BIT-HOMATROP		HUMALOG	113
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HM ASPIRIN EC LOW DOSE	17	HYDROCORTISONE BUTYRATE	73	INPEN 100-PINK-NOVOLOG-	
HM CLEARLAX	88	HYDROCORTISONE VALERATE	73	FIASP	113
HM FOLIC ACID	85	HYDROCORTISONE-ACETIC ACID		INSPIREASE	125
HM LAXATIVE	89		137	INSPIREASE RESERVOIR BAGS	125
HM MAGNESIUM CITRATE	88	HYDROMET	68	INSULIN SYRINGE	113
HM NICOTINE	141	HYDROMORPHONE HCL	19	INSULIN SYRINGE-NEEDLE U-100	113
HM NICOTINE POLACRILEX	141	HYDROMORPHONE HCL ER	19	INSUPEN PEN NEEDLES	113
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JANUVIA.....	32	KOURZEQ.....	130	LENVIMA (14 MG DAILY DOSE).....	48
JARDIANCE.....	34	KP ASPIRIN.....	17	LENVIMA (18 MG DAILY DOSE).....	48
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