

Plan for your best health

High Value Plan: Federal Employees

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna HealthAssurance Pennsylvania Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Aetna is part of the CVS Health family of companies.

Table of Contents

INFORMATIONAL SECTION.....	4
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION.....	14
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS.....	19
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER.....	27
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	31
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	40
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES.....	54
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	85
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS....	89
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....	91
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM.....	94
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS.....	100
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....	103
OTHER.....	106
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....	106
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....	111

How to use this guide

Your guide includes a list of drugs covered on your pharmacy plan. The amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the prescription's price after you meet your deductible, if applicable. Preferred generic drugs cost less. Preferred brand drugs will have a higher cost.

Your plan includes

- Brand and generic drugs that are hand-picked for their quality and effectiveness
- A specialty pharmacy that fills specialty prescriptions (ones that are injected, infused or taken by mouth) — and provides services that include personal support, helpful resources and training, and free secure home delivery
- A home delivery pharmacy that delivers maintenance drugs to your home or wherever you choose (for drugs that are taken regularly to treat conditions like diabetes or asthma)

What you can expect to pay

With your pharmacy plan, the amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the drug's/medicine's price.

Each drug is grouped as a generic, a brand or a specialty drug. The preferred drugs within these groups will generally save you money compared to a non-preferred drug. Generic drugs are less expensive than brands.

Specialty prescription drugs typically include higher-cost drugs that require special handling, special storage or monitoring. These types of drugs may include, but are not limited to, drugs that are injected, infused, inhaled or taken by mouth.

You're covered for all types of medicine — some more expensive, and some less.

- **Preferred generic:** the lowest cost
- **Preferred brand:** a slightly higher cost
- **Preferred brand specialty:** cost for specialty drugs

Your pharmacy plan may not have all the coverage levels listed above so check your plan documents to see how much you will pay.

For your exact coverage and cost, and to learn more about your plan

Visit the website that's on your member ID card. Then log in to your account, where you can:

- Find out the coverage and estimate of cost for specific drugs
- View your deductibles and plan limits
- Order medications
- Check your pharmacy order status
- Get a member ID card
- View your claims, Explanation of Benefits and more

Have more questions about your pharmacy benefits?

We're here to help. There are several ways you can learn more about your benefits:

- Check your Plan Design and Benefits Summary in your enrollment kit.
- Call the toll-free number on your member ID card.
- Review our pharmacy frequently asked questions (FAQs) and answers. Just visit the website that's on your member ID card to search for the "Pharmacy FAQ."

Specialty Pharmacy Network

An in-network specialty pharmacy can fill your prescriptions for specialty drugs. These are the types of drugs that may be injected, infused or taken by mouth. They often need special storage and handling. And they need to be delivered quickly. A nurse or pharmacist may monitor you during your treatment, if needed. With this type of pharmacy, you can get this medicine sent right to your home.

How to get started with a specialty pharmacy

Ordering your prescriptions through our specialty pharmacy is easy. And we typically offer a 30-day medicine supply.

- **To transfer your prescription**, just call us toll-free at **1-866-353-1892**.
- **For a new prescription**, your doctor can send it to us in one of four ways:
 - 1. Electronically:** Through e-prescribe
 - 2. Fax: 1-800-323-2445**
 - 3. Phone: 1-800-237-2767**

If you mail in your own prescription, please send it with a completed Patient Profile Form. To find this form, just visit the website that's on your member ID card, to search for the "Patient Profile Form."

CVS Caremark Mail Service Pharmacy™

You can have maintenance drugs sent right to your home or anywhere else you choose by CVS Caremark Mail Service Pharmacy. These are drugs that are taken regularly for chronic conditions like diabetes or asthma. Depending on your plan, you can get up to a 90-day supply of medicine for less cost. It's fast and convenient, and standard shipping is always free.

Get started right away

You can submit your order using one of these options:

- 1. Online** — Visit your secure member website and sign in to your account. There you can add or remove your prescriptions.
- 2. Phone** — Call us toll-free, 24/7 at **1-888-792-3862**. If you need the help of a telephone device for the hard of hearing, call **1-877-833-2779**.
- 3. Mail** — Get a new prescription from your doctor. Then mail it to us with a completed order form. You can find the form on your secure member website. The mailing address is on the form.

Your doctor can submit your order using one of these options:

- 1. Online** — They can submit your prescriptions using the e-prescribe services on our provider website.
- 2. Fax** — They can fax your prescription to **1-877-270-3317**. Make sure they include your member ID number, date of birth and mailing address on the fax cover sheet. Only a doctor may fax a prescription.

Frequently asked questions

How can I save on prescriptions?

Here are some tips to pay less out of pocket for your prescription drugs:

- Ask your doctor to consider prescribing drugs that are on the Pharmacy Drug Guide (formulary).
- Ask your doctor to consider prescribing generic drugs instead of brand-name drugs.
- Check to see if your plan includes our home delivery pharmacy service. Depending upon your plan, our home delivery service may save you money. For more information, visit the website on your member ID card and log in to your account.
- Remind your doctor to check your plan to make sure you get maximum coverage.

What are generic drugs?

Generic drugs are proven to be just as safe and effective as brand-name drugs. They contain the same active ingredients in the same amounts as the brand-name drugs and work the same way. So they have the same risks and benefits as brand-name drugs. However, they typically cost less.

When appropriate, your doctor may decide to prescribe a generic drug or allow the pharmacist to substitute a generic drug.

What is precertification?

Precertification is one way that we can help you and your doctor find safe, appropriate drugs and keep costs down. Precertification means that you or your doctor need to get approval from the plan before certain drugs will be covered. Generally, precertification applies to drugs that:

- Are often taken in the wrong way
- Should only be used for certain conditions
- Often cost more than other drugs that are proven to be just as effective

Keep in mind that your doctor must contact us to request approval of coverage for these drugs.

What is step therapy?

Some drugs require step therapy. This means that you must try one or more prerequisite drug(s) before a step therapy drug is covered.

The prerequisite drugs are equally effective, have U.S. Food and Drug Administration (FDA) approval and may cost less. They treat the same condition as the step therapy drug.

If you don't try the appropriate prerequisite drug first, you may need to pay full cost for the step-therapy drug.

What are quantity limits?

Quantity limits help your doctor and pharmacist make sure that you use your drug correctly and safely. We use medical guidelines and FDA-approved recommendations from drug makers to set these coverage limits. The quantity limit program includes:

- **Dose efficiency edits** — Limits prescription coverage to one dose per day for drugs that have approval for once-daily dosing
- **Maximum daily dose** — If a prescription is lower than the minimum or higher than the maximum allowed dose, a message is sent to the pharmacy
- **Quantity limits over time** — Limits prescription coverage to a specific number of units over a specific amount of time

What if I need a drug that requires an exception to the precertification, step therapy or quantity limits requirements? Or what if I need a drug that's not covered under my plan?

In certain cases, you or your prescriber can request a medical exception to the precertification, step therapy or quantity limits requirements or for a drug that's not covered on your plan. You can ask for your request to be expedited. Expedited coverage decisions are made within 24 hours.

We'll then contact you or your prescriber with our decision. All medically necessary outpatient prescription drugs will be covered. If a medical exception is approved, you only need to pay the copay after the deductible. This amount is based on your pharmacy plan design.

How can your provider request a medical exception?

- Submit their request through our secure provider website on www.availity.com.
- Call the Aetna Pharmacy Precertification Unit:
Non-Specialty **1-800-294-5979** or
Non-Specialty **1-866-814-5506**.
- Fax the completed request form to:
Non-Specialty **1-888-836-0730** or
Specialty **1-866-249-6155**.
- Mail the completed request form to:
Aetna Pharmacy Management
1300 East Campbell Road
Richardson, TX 75081

How is the formulary (drug list) developed?

Our Pharmacy and Therapeutics Committee meets regularly to review new drugs and new information about current drugs. We review them for their safety, effectiveness and current use in therapy.

This committee includes licensed pharmacists and doctors. They are currently in practice or are Aetna employees.

Once we complete our clinical review, we also consider overall value before adding or removing a drug from the formulary. We may recommend moving a drug to a different coverage level. Or that it be placed on our Formulary Exclusions List and no longer be covered

Can the formulary change during the year?

The formulary can change throughout the year. Some reasons why it can change include:

- New drugs are approved.
- Existing drugs are removed from the market.
- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the brand-name drug is likely to be covered at a higher cost. And the generic versions cost less. See the “What are generic drugs?” section above for more information.

Pharmacy and Therapeutics (P&T) committee

The services of an independent National Pharmacy and Therapeutics Committee (“P&T Committee”) are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee’s voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee are not employees of CVS Caremark and must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

Commercial 1557 Nondiscrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705),
CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at:

U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY: 711

To access language services at no cost to you, call the number on your ID card.

Para acceder a los servicios de idiomas sin costo, llame al número que figura en su tarjeta de identificación. (Spanish)

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro inscrit sur votre carte d'identité. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tawagan ang numero sa inyong ID card. (Tagalog)

T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah níłíigo nanitinígíí bee néého'dółzinígíí béésh bee hane'í bikáá' áají' hólne'. (Navajo)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an. (German)

Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit. (Albanian)

የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقتك الشخصية. (Arabic)

Անվճար լեզվական ծառայություններին օգտվելու համար զանգահարեք ձեր ինքնության (ID) քարտի վրա նշված հեռախոսահամարով: (Armenian)

Kugira uronke serivisi z'indimi atakiguzi, Hamagara inumero iri kuri karangamuntu kawe. (Bantu)

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন। (Bengali)

Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa numero sa nimong ID card. (Bisayan-Visayan)

သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။ (Burmese)

Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al número indicat a la seva targeta d'identificació. (Catalan)

Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

무료 언어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오. (Korean)

M dyi wuḍu-dù kà kò dò bě dyi móuń nì pídýi ní, nìí, dǎ nòbà nǎ nì ID káàò kǝ. (Kru-Bassa)

بۆ دەسپێر اگەشتن بە خزمەتگوزاری زمان بەی تێچوون بۆ تۆ، پەيوەندی بکە بە ژمارەى سەر ئای دى (ID) کارتی خۆت.
(Kurdish)

ເພື່ອຂໍ້ໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທົບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, तुमच्या ID कार्डवरील क्रमांकावर फोन करा. (Marathi)

Nan etal nan jikin jiban ko ikijen kajin ilo an ejelok onen nan kwe, kirllok nomba eo ilo ID kaat eo am.
(Marshallese)

Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
(Micronesian-Pohnpeian)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

निःशुल्क भाषा सेवा प्राप्त गर्न आफ्नो परिचयपत्रमा भएको नम्बरमा टेलिफोन गर्नुहोस् । (Nepali)

Tě kɔɔr yīn wěēr de thokic ke cīn wēu kɔr keek tēnɔŋ yīn. Ke cɔl kɔc ye kɔc kuɔny nē nɔmba de abac tō
nē ID kard du kōu. (Nilotic-Dinka)

For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt. (Norwegian)

Um Schprooch Services zu griegie mitaus Koscht, ruff die Nummer uff dei ID Kaart. (Pennsylvania Dutch)

برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić numer telefonu na Twojej
Karcie Identykującej (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para o número que consta na sua
identidade. (Portuguese)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਫ਼ੋਨ
ਕਰੋ। (Punjabi)

Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul dvs. de identificare.
(Romanian)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному
на вашей карточке участника плана. (Russian)

Lati wonú awon ise ede l'ofe fun o, pe nomba ori kaadi idanimu re. (Yoruba)

Remember to visit the website on your member ID card. Then sign in to your account for the most up-to-date information.

Please note that if your prescription drug benefits plan changes, the information here may no longer apply.

Medications on the Aetna Drug Guide, precertification, step-therapy and quantity limits lists are subject to change.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Assurance Pennsylvania Inc., Aetna Health Insurance company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Pharmacy benefits are administered through an affiliated pharmacy benefit manager, CVS Caremark. Aetna is part of the CVS Health family of companies. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on the back of your member ID card.

The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, and Quantity Limit Lists are subject to change. The quantity limits and step therapy drug coverage review programs are not available in all service areas. However, these programs are available to self-funded plans.

Information is subject to change. In accordance with state law, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Louisiana, New York, Texas, and in most circumstances Connecticut, until the plans' renewal date.

In accordance with state law, certain fully insured commercial California members (except Federal Employee Health Benefit Plan members) who obtained approval from an Aetna plan for coverage of drugs that are later added to the Preauthorization or Step Therapy Lists or removed from the Pharmacy Drug Guide will continue to have those drugs covered, for as long as the treating in-network provider continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Aetna reserves the right to periodically request clinical information from your provider to assess your medical condition and the appropriateness of your ongoing treatment. Failure to provide clinical information could result in subsequent denial of coverage for this medication.

In accordance with state law, fully insured Commercial Connecticut preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added to the Precertification or Step-Therapy Lists will continue to have those drugs covered for as long as the prescriber prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

In certain states, including Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maryland, Minnesota, North Dakota, Pennsylvania and Texas, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of stage-four advanced, metastatic cancer.

This document contains trademarks or registered trademarks of CVS Pharmacy, Inc. or one of its affiliates; it may also contain references to products that are trademarks or registered trademarks of entities not affiliated with CVS Health.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is subject to change. CVS Caremark Mail Service Pharmacy is part of the CVS Health family of companies.

	Drug Tier CE = Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply. PB = Preferred Brand PBSP = Preferred Brand Specialty PG = Preferred Generic	Drug Notes IBC = Indication Based Coverage LGC = Lowest Generic Copay Applies N8 = Drug Specific Coverage SPC = Select Plan Coverage: Only available for select plans. Refer to member plan documents for coverage.
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		
Prescription Drug Name	Drug Tier	Drug Notes
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	PG	
GOUT		
<i>allopurinol oral tablet 100 mg, 200 mg, 300 mg</i>	PG	
<i>colchicine oral tablet 0.6 mg</i>	PG	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	PG	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	PG	
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	PB	
<i>probenecid oral tablet 500 mg</i>	PG	
NON-OPIOID ANALGESICS		
<i>butalbital-apap-caffeine</i> (Bac Oral Tablet 50-325-40 Mg)	PG	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	PG	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	PG	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	PG	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	PG	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	PG	
<i>butalbital-apap-caffeine</i> (Esgic Oral Capsule 50-325-40 Mg)	PG	
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	PG	
<i>butalbital-apap-caffeine</i> (Zebutal Oral Capsule 50-325-40 Mg)	PG	
NSAIDS		
<i>diclofenac potassium oral tablet 25 mg, 50 mg</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	PG	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	PG	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	PG	
<i>etodolac oral capsule 200 mg, 300 mg</i>	PG	
<i>etodolac oral tablet 400 mg, 500 mg</i>	PG	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	PG	
<i>ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)</i>	PG	
<i>ibuprofen oral suspension 100 mg/5ml</i>	PG	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	PG	
<i>indomethacin er oral capsule extended release 75 mg</i>	PG	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PG	
<i>ketorolac tromethamine oral tablet 10 mg</i>	PG	
<i>diclofenac potassium (Lofena Oral Tablet 25 Mg)</i>	PG	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	PG	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	PG	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	PG	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	PG	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	PG	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	PG	
<i>oxaprozin oral tablet 600 mg</i>	PG	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	PG	
<i>sulindac oral tablet 150 mg, 200 mg</i>	PG	
NSAIDS, COMBINATIONS		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	PG	
OPIOID ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	PG	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	PG	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	PG	
<i>butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	PG	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	PG	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	PG	
<i>codeine sulfate oral tablet 30 mg</i>	PG	
<i>oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)</i>	PG	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	PG	
<i>fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	PG	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	PG	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	PG	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml</i>	PG	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	PG	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	PG	
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	PG	
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	PG	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	PG	
<i>levorphanol tartrate oral tablet 3 mg</i>	PG	
<i>meperidine hcl oral solution 50 mg/5ml</i>	PG	
<i>meperidine hcl oral tablet 50 mg</i>	PG	
<i>methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/MI)</i>	PG	
<i>methadone hcl oral concentrate 10 mg/ml</i>	PG	
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	PG	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>methadone hcl oral tablet soluble 40 mg</i>	PG	
<i>methadone hcl (Methadose Oral Tablet Soluble 40 Mg)</i>	PG	
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	PG	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	PG	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	PG	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	PG	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	PG	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	
<i>oxycodone hcl oral capsule 5 mg</i>	PG	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	PG	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	PG	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	PG	
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	PG	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (oxycodone-acetaminophen)	PG	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	PG	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	PG	
<i>tramadol hcl oral tablet 50 mg</i>	PG	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	PG	
TREZIX ORAL CAPSULE 320.5-30-16 MG (apap-caff-dihydrocodeine)	PG	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (oxycodone)	PB	
OPIOID PARTIAL AGONISTS		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine hcl)	PB	
<i>buprenorphine transdermal patch weekly 10 mcg/1hr, 15 mcg/1hr, 20 mcg/1hr, 5 mcg/1hr, 7.5 mcg/1hr</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	PG	
SALICYLATES		
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	CE	
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	CE	
<i>aspirin low dose oral tablet chewable 81 mg</i>	CE	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>aspirin oral tablet chewable 81 mg</i>	CE	
<i>aspirin oral tablet delayed release 81 mg</i>	CE	
ASPIR-LOW ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	CE	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	
<i>childrens aspirin oral tablet chewable 81 mg</i>	CE	
<i>cvs aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>cvs aspirin low strength oral tablet delayed release 81 mg</i>	CE	
<i>diflunisal oral tablet 500 mg</i>	PG	
<i>eql aspirin low dose oral tablet chewable 81 mg</i>	CE	
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>	CE	
<i>gnp aspirin oral tablet delayed release 81 mg</i>	CE	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>h-e-b aspirin oral tablet delayed release 81 mg</i>	CE	
<i>hm aspirin oral tablet chewable 81 mg</i>	CE	
<i>kls aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>kp aspirin oral tablet delayed release 81 mg</i>	CE	
<i>px aspirin oral tablet chewable 81 mg</i>	CE	
<i>px enteric aspirin oral tablet delayed release 81 mg</i>	CE	
<i>qc childrens aspirin oral tablet chewable 81 mg</i>	CE	
<i>ra aspirin adult low dose oral tablet chewable 81 mg</i>	CE	
<i>ra aspirin childrens oral tablet chewable 81 mg</i>	CE	
<i>ra aspirin ec adult low st oral tablet delayed release 81 mg</i>	CE	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>salsalate oral tablet 500 mg, 750 mg</i>	PG	
<i>sb childrens aspirin oral tablet chewable 81 mg</i>	CE	
<i>sm aspirin adult low strength oral tablet chewable 81 mg</i>	CE	
<i>sm aspirin adult low strength oral tablet delayed release 81 mg</i>	CE	
<i>sm childrens aspirin oral tablet chewable 81 mg</i>	CE	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	CE	
VISCOSUPPLEMENTS		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (<i>sodium hyaluronate (viscosup)</i>)	PBSP	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	PBSP	
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	PB	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	PB	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTHELMINTICS - DRUGS FOR WORM INFECTION		
<i>albendazole oral tablet 200 mg</i>	PG	
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	PB	
<i>ivermectin oral tablet 3 mg</i>	PG	
<i>praziquantel oral tablet 600 mg</i>	PG	
ANTI-BACTERIALS - MISCELLANEOUS		
<i>neomycin sulfate oral tablet 500 mg</i>	PG	
<i>paromomycin sulfate oral capsule 250 mg</i>	PG	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	PG	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	PG	
<i>sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml)</i>	PG	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	PG	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	PG	
<i>flucytosine oral capsule 250 mg</i>	PG	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	PG	
<i>griseofulvin microsize oral tablet 500 mg</i>	PG	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	PG	
<i>itraconazole oral capsule 100 mg</i>	PG	
<i>itraconazole oral solution 10 mg/ml</i>	PG	
<i>ketoconazole oral tablet 200 mg</i>	PG	
<i>nystatin oral tablet 500000 unit</i>	PG	
<i>terbinafine hcl oral tablet 250 mg</i>	PG	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (voriconazole)	PB	
VFEND ORAL TABLET 200 MG, 50 MG (voriconazole)	PB	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	PG	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	PG	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	PG	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	PG	
<i>mefloquine hcl oral tablet 250 mg</i>	PG	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	PBSP	
<i>quinine sulfate oral capsule 324 mg</i>	PG	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate oral solution 20 mg/ml</i>	PBSP	
<i>abacavir sulfate oral tablet 300 mg</i>	PBSP	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	PBSP	
EDURANT ORAL TABLET 25 MG (rilpivirine hcl)	PBSP	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	PBSP	
<i>efavirenz oral tablet 600 mg</i>	PBSP	
EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)	PBSP	
EMTRIVA ORAL SOLUTION 10 MG/ML (emtricitabine)	PBSP	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	PBSP	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG (<i>etravirine</i>)	PBSP	
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	PBSP	
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	PBSP	
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	PBSP	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	PBSP	
<i>lamivudine oral solution 10 mg/ml</i>	PBSP	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	PBSP	
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	PBSP	
<i>nevirapine oral suspension 50 mg/5ml</i>	PBSP	
<i>nevirapine oral tablet 200 mg</i>	PBSP	
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	PBSP	
NORVIR ORAL SOLUTION 80 MG/ML (<i>ritonavir</i>)	PBSP	
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	PBSP	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	PBSP	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (<i>darunavir</i>)	PBSP	
<i>ritonavir oral tablet 100 mg</i>	PBSP	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	PBSP	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	PBSP	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG (<i>dolutegravir sodium</i>)	PBSP	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	PBSP	
<i>zidovudine oral capsule 100 mg</i>	PBSP	
<i>zidovudine oral syrup 50 mg/5ml</i>	PBSP	
<i>zidovudine oral tablet 300 mg</i>	PBSP	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	PBSP	
ATRIPLA ORAL TABLET 600-200-300 MG (<i>efavirenz-emtricitab-tenofovir</i>)	PBSP	
BIKTARVY ORAL TABLET 30-120-15 MG (<i>bictegravir-emtricitab-tenofov</i>)	PB	
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofov</i>)	PBSP	
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	PBSP	
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine-tenofovir af</i>)	PB	
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	PBSP	
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	PBSP	
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	CE	
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	PBSP	
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	PBSP	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	PBSP	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	PBSP	
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofov af</i>)	PBSP	
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	PBSP	
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	PBSP	
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	PBSP	
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	PB	
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	PBSP	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (<i>abacavir-dolutegravir-lamivudine</i>)	PB	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (<i>emtricitabine-tenofovir df</i>)	PBSP	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine oral capsule 250 mg</i>	PG	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	PG	
<i>isoniazid oral syrup 50 mg/5ml</i>	PG	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	PG	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	PB	
<i>pyrazinamide oral tablet 500 mg</i>	PG	
<i>rifabutin oral capsule 150 mg</i>	PG	
<i>rifampin oral capsule 150 mg, 300 mg</i>	PG	
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	PB	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir oral capsule 200 mg</i>	PG	
<i>acyclovir oral suspension 200 mg/5ml</i>	PG	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	PG	
<i>adefovir dipivoxil oral tablet 10 mg</i>	PBSP	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	PBSP	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	PBSP	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	PG	
<i>lamivudine oral tablet 100 mg</i>	PBSP	
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	PG	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	PG	
<i>ribavirin inhalation solution reconstituted 6 gm</i>	PG	
<i>rimantadine hcl oral tablet 100 mg</i>	PG	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	PG	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	PG	
<i>valganciclovir hcl oral tablet 450 mg</i>	PG	
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	PB	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	PG	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	PG	
<i>cefadroxil oral capsule 500 mg</i>	PG	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	PG	
<i>cefadroxil oral tablet 1 gm</i>	PG	
<i>cefdinir oral capsule 300 mg</i>	PG	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefixime oral capsule 400 mg</i>	PG	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	PG	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	PG	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	PG	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	PG	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	PG	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	PG	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	PG	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin oral packet 1 gm</i>	PG	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	PG	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	PG	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	PG	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	PG	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	PB	
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	PB	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
E.E.S. 400 ORAL TABLET 400 MG (<i>erythromycin ethylsuccinate</i>)	PG	
<i>erythromycin base</i> (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	PG	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (<i>erythromycin stearate</i>)	PG	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	PG	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	PG	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	PG	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	PG	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	PG	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%) (<i>ciprofloxacin</i>)	PB	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	PG	
<i>levofloxacin oral solution 25 mg/ml</i>	PG	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	PG	
<i>moxifloxacin hcl oral tablet 400 mg</i>	PG	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	PG	
HEPATITIS C		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	PBSP	IBC (Preferred for all genotypes)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	PBSP	IBC (Preferred for all genotypes)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	PBSP	
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	PBSP	IBC (Preferred for genotypes 1,4,5,6)
<i>ribavirin oral capsule 200 mg</i>	PBSP	
<i>ribavirin oral tablet 200 mg</i>	PBSP	
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuvir-velpatasvir-voxilaprev</i>)	PBSP	IBC (Preferred for all genotypes)

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
MISCELLANEOUS		
<i>atovaquone oral suspension 750 mg/5ml</i>	PG	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	PG	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	PG	
<i>dapsone oral tablet 100 mg, 25 mg</i>	PG	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	PG	
<i>linezolid oral tablet 600 mg</i>	PG	
<i>methenamine hippurate oral tablet 1 gm</i>	PG	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	PG	
<i>metronidazole oral capsule 375 mg</i>	PG	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	PG	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	PG	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	PG	
XIFAXAN ORAL TABLET 550 MG (rifaximin)	PB	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	PG	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	PG	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	PG	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	PG	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	PG	
<i>ampicillin oral capsule 500 mg</i>	PG	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	PG	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	PG	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	PG	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>avidoxy oral tablet 100 mg</i>	PG	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	PG	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	PG	
<i>doxycycline hyclate oral tablet delayed release 80 mg</i>	PG	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	PG	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	PG	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	PG	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	PG	
<i>doxycycline monohydrate (Mondoxylene NI Oral Capsule 100 Mg)</i>	PG	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	PG	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	PG	
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	PB	
GLIADEL WAFER IMPLANT WAFER 7.7 MG (<i>carmustine in polifeprosan</i>)	PBSP	
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	PB	
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	PB	
<i>melphalan oral tablet 2 mg</i>	PG	
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	PB	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	PBSP	
ANTIMETABOLITES		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	PBSP	
<i>decitabine intravenous solution reconstituted 50 mg</i>	PBSP	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (trifluridine-tipiracil)	PBSP	
mercaptopurine oral tablet 50 mg	PG	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	PBSP	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	PBSP	
methotrexate sodium injection solution reconstituted 1 gm	PBSP	
TABLOID ORAL TABLET 40 MG (thioguanine)	PB	
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (venetoclax)	PBSP	
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (venetoclax)	PBSP	
BIOLOGIC RESPONSE MODIFIERS		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	PBSP	
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (rituximab-pvvr)	PBSP	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (thalidomide)	PBSP	
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (bcg live)	PBSP	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate oral tablet 250 mg	PBSP	
anastrozole oral tablet 1 mg	CE	
bicalutamide oral tablet 50 mg	PG	
ELIGARD SUBCUTANEOUS KIT 30 MG (leuprolide acetate (4 month))	PBSP	
ELIGARD SUBCUTANEOUS KIT 45 MG (leuprolide acetate (6 month))	PB	
ERLEADA ORAL TABLET 60 MG (apalutamide)	PBSP	
exemestane oral tablet 25 mg	CE	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (degarelix acetate)	PBSP	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	PBSP	
<i>flutamide oral capsule 125 mg</i>	PG	
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	PBSP	
<i>letrozole oral tablet 2.5 mg</i>	PG	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PBSP	
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	PB	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	PG	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	PG	
<i>nilutamide oral tablet 150 mg</i>	PG	
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	PBSP	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	
<i>toremifene citrate oral tablet 60 mg</i>	PG	
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	PBSP	
XTANDI ORAL TABLET 40 MG, 80 MG (<i>enzalutamide</i>)	PBSP	
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate</i>)	PBSP	
KINASE INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (<i>everolimus</i>)	PBSP	
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	PBSP	
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (<i>brigatinib</i>)	PBSP	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (<i>bosutinib</i>)	PBSP	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	PBSP	
CALQUENCE ORAL CAPSULE 100 MG (<i>acalabrutinib</i>)	PBSP	
CALQUENCE ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	PBSP	
CAPRELSA ORAL TABLET 100 MG, 300 MG (<i>vandetanib</i>)	PBSP	
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	PB	
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	PBSP	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	PBSP	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	PBSP	
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	PBSP	
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	PBSP	
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	PBSP	
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (<i>ibrutinib</i>)	PBSP	
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	PBSP	
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-anns</i>)	PBSP	
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	PBSP	
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	PBSP	
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	PBSP	
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	PBSP	
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	PBSP	
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	PBSP	
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (<i>selumetinib sulfate</i>)	PBSP	
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML (<i>pertuzumab</i>)	PBSP	
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	PBSP	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	PBSP	
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	PBSP	
TAGRISSO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	PBSP	
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-qyyp</i>)	PBSP	
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	PBSP	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	PBSP	
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	PBSP	
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	PBSP	
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-bvzr</i>)	PBSP	
MISCELLANEOUS		
<i>bexarotene oral capsule 75 mg</i>	PBSP	
<i>hydroxyurea oral capsule 500 mg</i>	PG	
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	PBSP	
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	PBSP	
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	PBSP	
<i>tretinoin oral capsule 10 mg</i>	PG	
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	PBSP	
ZEJULA ORAL CAPSULE 100 MG (<i>niraparib tosylate</i>)	PBSP	
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	PBSP	
PROTEASOME INHIBITORS		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	PBSP	
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG (<i>bortezomib</i>)	PBSP	
PROTECTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	PG	
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	PB	
TOPOISOMERASE INHIBITORS		
<i>etoposide oral capsule 50 mg</i>	PBSP	
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	PG	LGC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	PG	LGC
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	PG	LGC

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	PG	LGC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PG	LGC
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PG	LGC
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	PG	LGC
<i>enalapril maleate oral solution 1 mg/ml</i>	PG	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	LGC
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	LGC
<i>lisinopril oral tablet 30 mg, 40 mg</i>	PG	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	PG	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	PG	LGC
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	PG	LGC
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	PG	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	PG	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	PG	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	LGC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	PG	LGC
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	PG	LGC
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	PG	LGC

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	PG	LGC
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	PG	LGC
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	PG	LGC
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	PG	LGC
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	PG	LGC
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	PG	LGC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	PG	LGC
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	LGC
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	PG	LGC
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	PG	LGC
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	PG	LGC
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	PG	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	PG	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	PBSP	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	PG	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	PG	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (disopyramide phosphate)	PB	
<i>amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)</i>	PG	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	PG	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	PG	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>sotalol hcl</i> (Sorine Oral Tablet 120 Mg, 80 Mg)	PG	LGC
<i>sotalol hcl</i> (Sorine Oral Tablet 160 Mg, 240 Mg)	PG	
<i>sotalol hcl (af) oral tablet 120 mg</i>	PG	LGC
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	PG	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	PG	LGC
<i>sotalol hcl oral tablet 160 mg, 240 mg</i>	PG	
ANTILIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine light oral packet 4 gm</i>	PG	
<i>cholestyramine light oral powder 4 gm/dose</i>	PG	
<i>cholestyramine oral packet 4 gm</i>	PG	
<i>cholestyramine oral powder 4 gm/dose</i>	PG	
<i>colesevelam hcl oral packet 3.75 gm</i>	PG	
<i>colesevelam hcl oral tablet 625 mg</i>	PG	
<i>colestipol hcl oral granules 5 gm</i>	PG	
<i>colestipol hcl oral packet 5 gm</i>	PG	
<i>colestipol hcl oral tablet 1 gm</i>	PG	
<i>cholestyramine light</i> (Prevalite Oral Packet 4 Gm)	PG	
<i>cholestyramine light</i> (Prevalite Oral Powder 4 Gm/Dose)	PG	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>ezetimibe oral tablet 10 mg</i>	PG	
ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	PG	
<i>fenofibrate oral capsule 150 mg</i>	PG	
<i>fenofibrate oral tablet 145 mg, 48 mg, 54 mg</i>	PG	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	PG	
<i>fenofibric acid oral tablet 105 mg</i>	PG	
<i>gemfibrozil oral tablet 600 mg</i>	PG	LGC
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	LGC

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	PG	LGC
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	PG	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	PG	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CE	LGC
<i>simvastatin oral tablet 80 mg</i>	PG	LGC
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	PG	
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	PG	
NIACOR ORAL TABLET 500 MG (<i>niacin (antihyperlipidemic)</i>)	PG	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	PG	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (<i>icosapent ethyl</i>)	PB	N8 (Listing does not include certain NDCs)
ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	PBSP	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	PG	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	PG	LGC
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	PG	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	PG	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	PG	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	PG	LGC
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	PG	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	PG	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	PG	
<i>pindolol oral tablet 10 mg, 5 mg</i>	PG	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	PG	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	PG	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>propranolol hcl oral tablet 60 mg</i>	PG	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	PG	LGC
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG (<i>diltiazem hcl coated beads</i>)	PB	
<i>diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)</i>	PG	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	PG	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	PG	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	PG	
<i>diltiazem hcl intravenous solution 25 mg/5ml</i>	PG	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	PG	LGC
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	PG	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	PG	
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)</i>	PG	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	PG	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	PG	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	PG	
<i>nimodipine oral capsule 30 mg</i>	PG	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	PG	
<i>diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)</i>	PG	
<i>diltiazem hcl er beads (Tiadyt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)</i>	PG	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	PG	
<i>verapamil hcl er oral tablet extended release 120 mg</i>	PG	LGC
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	PG	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	PG	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	PG	LGC

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
<i>digoxin</i> (Digitek Oral Tablet 125 Mcg, 250 Mcg)	PG	
<i>digoxin</i> (Digox Oral Tablet 125 Mcg, 250 Mcg)	PG	
<i>digoxin oral solution 0.05 mg/ml</i>	PG	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	PG	
LANOXIN ORAL TABLET 62.5 MCG (<i>digoxin</i>)	PB	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	PG	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	PG	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	PG	
<i>amiloride hcl oral tablet 5 mg</i>	PG	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	PG	LGC
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	PG	
<i>ethacrynic acid oral tablet 25 mg</i>	PG	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	PG	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	PG	LGC
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	PG	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	PG	LGC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	PG	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	PG	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	PG	
<i>spironolactone oral tablet 25 mg</i>	PG	LGC
<i>spironolactone-hctz oral tablet 25-25 mg</i>	PG	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	PG	
<i>triamterene oral capsule 100 mg, 50 mg</i>	PG	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	PG	LGC
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	PG	LGC

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
HEART FAILURE		
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	PB	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	PB	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	PB	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	PB	
MISCELLANEOUS		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	PG	LGC
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	PG	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	PG	
<i>hydralazine hcl injection solution 20 mg/ml</i>	PG	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg</i>	PG	
<i>hydralazine hcl oral tablet 25 mg</i>	PG	LGC
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	PG	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	PG	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	PG	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	PG	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	PG	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	PB	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	PG	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	PG	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	PBSP	
<i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)	PBSP	
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PBSP	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PBSP	
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	PBSP	
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	PBSP	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	PBSP	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	PBSP	
<i>sildenafil citrate oral tablet 20 mg</i>	PBSP	
<i>tadalafil (pah) oral tablet 20 mg</i>	PBSP	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PBSP	
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG (<i>selexipag</i>)	PBSP	
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	PBSP	
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	PBSP	
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ALCOHOL DETERRENTS		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	PG	
<i>disulfiram oral tablet 250 mg</i>	PG	
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	PG	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	PB	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	PG	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	PG	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	PG	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	PG	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>lorazepam oral concentrate 2 mg/ml</i>	PG	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	PG	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	PG	
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 300 mg</i>	PG	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	PG	
<i>carbamazepine oral suspension 100 mg/5ml</i>	PG	
<i>carbamazepine oral tablet 200 mg</i>	PG	
<i>carbamazepine oral tablet chewable 100 mg</i>	PG	
<i>clobazam oral suspension 2.5 mg/ml</i>	PG	
<i>clobazam oral tablet 10 mg, 20 mg</i>	PG	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	PG	
<i>diazepam oral concentrate 5 mg/ml</i>	PG	
<i>diazepam oral solution 5 mg/5ml</i>	PG	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	PG	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	PG	
DILANTIN ORAL CAPSULE 30 MG (phenytoin sodium extended)	PB	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	PG	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	PG	
<i>carbamazepine (Epitol Oral Tablet 200 Mg)</i>	PG	
<i>ethosuximide oral capsule 250 mg</i>	PG	
<i>ethosuximide oral solution 250 mg/5ml</i>	PG	
<i>felbamate oral suspension 600 mg/5ml</i>	PG	
<i>felbamate oral tablet 400 mg, 600 mg</i>	PG	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	PG	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	PG	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	PG	
KLONOPIN ORAL TABLET 0.5 MG, 2 MG (clonazepam)	PB	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	PG	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PG	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	PG	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	PG	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	PG	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	PG	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	PG	
<i>levetiracetam oral solution 100 mg/ml</i>	PG	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	PG	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	PG	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	PG	
<i>phenobarbital oral elixir 20 mg/5ml</i>	PG	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	PG	
<i>phenytoin oral suspension 125 mg/5ml</i>	PG	
<i>phenytoin oral tablet chewable 50 mg</i>	PG	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	PG	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>pregabalin oral solution 20 mg/ml</i>	PG	
<i>primidone oral tablet 250 mg, 50 mg</i>	PG	
<i>levetiracetam (Roweepra Oral Tablet 500 Mg)</i>	PG	
<i>lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)</i>	PG	
<i>lamotrigine (Subvenite Starter Kit-Blue Oral Kit 35 X 25 Mg)</i>	PG	
<i>lamotrigine (Subvenite Starter Kit-Green Oral Kit 84 X 25 Mg & 14X100 Mg)</i>	PG	
<i>lamotrigine (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg & 7 X 100 Mg)</i>	PG	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	PG	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	PG	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>valproic acid oral capsule 250 mg</i>	PG	
<i>valproic acid oral solution 250 mg/5ml</i>	PG	
<i>vigabatrin oral packet 500 mg</i>	PBSP	
<i>vigabatrin oral tablet 500 mg</i>	PBSP	
<i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>	PBSP	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	PG	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	PG	
<i>ergoloid mesylates oral tablet 1 mg</i>	PG	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	PG	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	PG	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	PG	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	PG	
<i>memantine hcl oral solution 10 mg/5ml, 2 mg/ml</i>	PG	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	PG	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	PG	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	PG	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	PG	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	PG	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	PG	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	PG	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	PG	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	PG	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	PG	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	PG	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	PG	LGC
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	PG	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	PG	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	PG	
<i>imipramine hcl oral tablet 10 mg, 50 mg</i>	PG	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	PG	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	PG	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	PG	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	PG	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	PG	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	PG	LGC
<i>phenelzine sulfate oral tablet 15 mg</i>	PG	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	PG	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
<i>tranylcypromine sulfate oral tablet 10 mg</i>	PG	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	PG	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	PG	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	PG	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	PG	
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<i>amantadine hcl oral capsule 100 mg</i>	PG	
<i>amantadine hcl oral tablet 100 mg</i>	PG	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>bromocriptine mesylate oral capsule 5 mg</i>	PG	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	PG	
<i>carbidopa oral tablet 25 mg</i>	PG	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	PG	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	PG	
<i>entacapone oral tablet 200 mg</i>	PG	
INBRIJA INHALATION CAPSULE 42 MG (levodopa)	PBSP	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (apomorphine hcl)	PBSP	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	PG	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	PG	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	PG	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	PG	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	PG	
<i>selegiline hcl oral capsule 5 mg</i>	PG	
<i>selegiline hcl oral tablet 5 mg</i>	PG	
<i>tolcapone oral tablet 100 mg</i>	PG	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	PG	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	PG	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
<i>aripiprazole oral solution 1 mg/ml</i>	PG	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	PG	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (aripiprazole lauroxil)	PB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (aripiprazole lauroxil)	PB	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	PG	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	PG	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	PG	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	PG	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	PG	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	PG	
<i>haloperidol lactate injection solution 5 mg/ml</i>	PG	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	PG	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	PG	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	PG	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	PG	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	PG	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	PG	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	PG	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	PG	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	PG	
<i>risperidone oral solution 1 mg/ml</i>	PG	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PG	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	PG	
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	PG	
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	PG	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	PG	
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	PG	
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	PG	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	PG	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	
<i>methamphetamine hcl oral tablet 5 mg</i>	PG	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	PG	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	PG	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	PG	
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	PG	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg, 15 Mg, 20 Mg, 30 Mg, 5 Mg)</i>	PG	
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (<i>dextroamphetamine sulfate</i>)	PG	
FIBROMYALGIA		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	PB	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	PB	
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	PG	
<i>estazolam oral tablet 1 mg, 2 mg</i>	PG	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	PG	
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	PG	
<i>midazolam hcl oral syrup 2 mg/ml</i>	PG	
<i>ramelteon oral tablet 8 mg</i>	PG	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	PG	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>zaleplon oral capsule 10 mg, 5 mg</i>	PG	
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	PG	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	PG	
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	PG	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	PG	
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	PG	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	PB	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	PG	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	PG	
REYVOW ORAL TABLET 100 MG, 50 MG (<i>lasmiditan succinate</i>)	PB	
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	PG	
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	PG	
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	PG	
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	PG	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	PG	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	PG	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	PG	
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	PG	
MISCELLANEOUS		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	PG	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	PG	
<i>lithium carbonate oral tablet 300 mg</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	PG	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	PG	
<i>pyridostigmine bromide oral tablet 60 mg</i>	PG	
<i>riluzole oral tablet 50 mg</i>	PG	
MOVEMENT DISORDERS		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	PBSP	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	PBSP	
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	PBSP	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	PBSP	
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	PBSP	
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	PBSP	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML (<i>glatiramer acetate</i>)	PBSP	
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PBSP	
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	PG	
<i>dimethyl fumarate starter pack oral 120 & 240 mg</i>	PG	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (<i>fingolimod hcl</i>)	PBSP	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	PBSP	
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML, 40 Mg/ML)	PBSP	
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>ofatumumab</i>)	PBSP	
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (<i>siponimod fumarate</i>)	PBSP	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG, 12 X 0.25 MG (<i>siponimod fumarate</i>)	PBSP	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PBSP	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PBSP	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PBSP	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PBSP	
TECFIDERA ORAL 120 & 240 MG (<i>dimethyl fumarate</i>)	PBSP	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (<i>dimethyl fumarate</i>)	PBSP	
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (<i>natalizumab</i>)	PBSP	
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	PBSP	
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	PBSP	
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	PBSP	
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG (<i>ozanimod hcl</i>)	PBSP	
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>metaxalone oral tablet 800 mg</i>	PG	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	PG	
<i>orphenadrine-aspirin-caffeine</i> (Norgesic Oral Tablet 25-385-30 Mg)	PG	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	PG	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	PG	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	PG	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	PG	
<i>modafinil oral tablet 100 mg, 200 mg</i>	PG	
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	PB	
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	PG	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	PG	
OPIOID ANTAGONIST		
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	PG	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	PG	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	PG	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	PG	
<i>naltrexone hcl oral tablet 50 mg</i>	PG	
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	PB	
OPIOID PARTIAL AGONISTS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	PG	
PSYCHOTHERAPEUTIC-MISC		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	PG	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	PG	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	PG	
<i>pimozide oral tablet 1 mg, 2 mg</i>	PG	
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	
<i>cvs nicotine mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>eq nicotine mouth/throat lozenge 4 mg</i>	CE	
<i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	CE	
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	CE	
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>gnp nicotine mini mouth/throat lozenge 2 mg</i>	CE	
<i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	CE	
<i>goodsense nicotine mouth/throat gum 4 mg</i>	CE	
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	CE	
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR (<i>nicotine</i>)	CE	
<i>hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	
KLS QUIT2 MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	CE	
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG (<i>nicotine polacrilex</i>)	CE	
KLS QUIT4 MOUTH/THROAT GUM 4 MG (<i>nicotine polacrilex</i>)	CE	
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG (<i>nicotine polacrilex</i>)	CE	
NICORELIEF MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	CE	
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>nicotine polacrilex mouth/throat gum 2 mg</i>	CE	
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	CE	
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	CE	
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	CE	
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	CE	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	CE	
<i>ra mini nicotine mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>ra nicotine mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	CE	
<i>sm nicotine mouth/throat gum 4 mg</i>	CE	
<i>sm nicotine mouth/throat lozenge 2 mg</i>	CE	
<i>sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>	CE	
<i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	
THRIVE MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	CE	
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH		
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PBSP	
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PG	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	PBSP	
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
<i>methyltestosterone oral capsule 10 mg</i>	PG	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	PG	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	PG	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	PG	
<i>testosterone transdermal gel 1.62 %, 10 mg/lact (2%), 12.5 mg/lact (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	PG	
<i>testosterone transdermal solution 30 mg/lact</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (<i>pramlintide acetate</i>)	PB	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (<i>pramlintide acetate</i>)	PB	
ANTIDIABETICS, BIGUANIDE		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	PG	LGC
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	PG	
<i>metformin hcl oral tablet 1000 mg, 500 mg</i>	PG	LGC
<i>metformin hcl oral tablet 850 mg</i>	CE	LGC
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	PG	LGC
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	PG	LGC
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	PG	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	PB	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	PG	
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	PG	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	PB	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (<i>semaglutide</i>)	PB	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (<i>semaglutide</i>)	PB	
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (<i>semaglutide</i>)	PB	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	PB	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	PB	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	PB	
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	PB	
ANTIDIABETICS, INSULIN		
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PB	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	PB	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin detemir</i>)	PB	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin detemir</i>)	PB	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	PB	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	PB	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	PB	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	PB	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin degludec</i>)	PB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	PB	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	PG	LGC
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	PG	LGC

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	PG	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	PG	LGC
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	LGC
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	PB	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGTL2) COMBINATIONS		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	PB	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	PB	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>dapagliflozin-metformin hcl</i>)	PB	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2 (SGLT2) INHIBITORS		
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	PB	
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	PB	
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	PG	LGC
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
<i>glipizide oral tablet 10 mg, 5 mg</i>	PG	LGC
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
<i>alendronate sodium oral solution 70 mg/75ml</i>	PG	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>ibandronate sodium oral tablet 150 mg</i>	PG	
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	PG	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	PG	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	PBSP	
<i>zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml</i>	PBSP	
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	PBSP	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (<i>cinacalcet hcl</i>)	PBSP	
CARNITINE DEFICIENCY AGENTS		
<i>levocarnitine oral solution 1 gm/10ml</i>	PG	
<i>levocarnitine oral tablet 330 mg</i>	PG	
CHELATING AGENTS		
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	PG	
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	PG	
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	PG	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	PG	
<i>deferiprone oral tablet 500 mg</i>	PG	
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	PG	
<i>penicillamine oral capsule 250 mg</i>	PG	
<i>penicillamine oral tablet 250 mg</i>	PG	
<i>sodium polystyrene sulfonate oral powder</i>	PG	
SPS ORAL SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	PG	
<i>trientine hcl oral capsule 250 mg</i>	PG	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
<i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	CE	
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet 90-20 Mcg)	CE	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	CE	
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	CE	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	CE	
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	CE	
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Cyred Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
<i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	CE	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg</i> (21/5)	CE	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>levonorgestrel-ethinyl estrad</i> (Dolishale Oral Tablet 90-20 Mcg)	CE	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	
ECONTRA EZ ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg)	CE	
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	CE	
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norethindrone</i> (Errin Oral Tablet 0.35 Mg)	CE	
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	CE	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	CE	
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Fayosim Oral Tablet 42-21-21-7 Days)	CE	
FC2 FEMALE CONDOM (<i>condoms - female</i>)	CE	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	CE	
<i>norgestimate-eth estradiol</i> (Femynor Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	CE	
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet 0.15-0.03 Mg)	CE	
<i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	CE	
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	CE	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	CE	
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	CE	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	CE	
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	CE	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (<i>levonorgestrel</i>)	CE	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	CE	
<i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	CE	
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>norethindrone</i> (Lyleq Oral Tablet 0.35 Mg)	CE	
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	CE	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	
<i>norethin ace-eth estrad-fe</i> (Merzee Oral Capsule 1-20 Mg-Mcg(24))	CE	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Microgestin 24 Fe Oral Tablet 1-20 Mg-Mcg)	CE	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg)	CE	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (<i>levonorgestrel</i>)	CE	
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	CE	
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	CE	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	CE	
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	CE	
<i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg)	CE	
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg</i> (24)	CE	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	CE	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg</i> (24)	CE	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	CE	
<i>norethindrone oral tablet 0.35 mg</i>	CE	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	
<i>norethindrone</i> (Norlyda Oral Tablet 0.35 Mg)	CE	
<i>norethindrone</i> (Norlyroc Oral Tablet 0.35 Mg)	CE	
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	CE	
<i>norethin-eth estrad triphasic</i> (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
<i>norgestimate-eth estradiol</i> (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet 3-0.03 Mg)	CE	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	CE	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	CE	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>norethindrone-eth estradiol</i> (Pirmella 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	
REACT ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	CE	
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	CE	
<i>desogestrel-ethinyl estradiol</i> (Solia Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	CE	
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	CE	
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	CE	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (<i>desogestrel-ethinyl estradiol</i>)	CE	
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)	CE	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	
<i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	
<i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)	CE	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
DIABETIC SUPPLIES		
<i>1st tier unilet comfortouch</i>	PB	
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	PB	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	PB	
ACCU-CHEK GUIDE IN VITRO STRIP (<i>glucose blood</i>)	PB	
ACCU-CHEK GUIDE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
ACCU-CHEK GUIDE ME KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	PB	
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	PB	
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	PB	
<i>acti-lance 28g</i>	PB	
<i>acti-lance lite lancets 28g</i>	PB	
<i>acti-lance special lancets 17g</i>	PB	
<i>acti-lance universal 23g</i>	PB	
ADVOCATE LANCETS 30G (<i>lancets</i>)	PB	
ADVOCATE SAFETY LANCETS (<i>lancets</i>)	PB	
ADVOCATE SAFETY LANCETS 26G (<i>lancets</i>)	PB	
AGAMATRIX ULTRA-THIN LANCETS (<i>lancets</i>)	PB	
<i>aimsco twist lancets 32g</i>	PB	
AIMSCO TWIST LANCETS 33G (<i>lancets</i>)	PB	
AQUALANCE LANCETS 30G (<i>lancets</i>)	PB	
<i>assure comfort lancets 28g</i>	PB	
<i>aurora lancet super thin 30g</i>	PB	
<i>aurora lancet thin 23g</i>	PB	
BD AUTOSHIELD 29G X 5MM , 29G X 8MM (<i>insulin pen needle</i>)	PB	
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.5 ML (<i>insulin syringe-needle u-100</i>)	PB	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE U/F 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" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	PB	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	PB	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD LANCET ULTRAFINE 30G (<i>lancets</i>)	PB	
BD LANCET ULTRAFINE 33G (<i>lancets</i>)	PB	
BD MICROTAINER LANCETS (<i>lancets</i>)	PB	
BD PEN NEEDLE MICRO U/F 32G X 6 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE MINI U/F 31G X 5 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE NANO U/F 32G X 4 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE SHORT U/F 31G X 8 MM (<i>insulin pen needle</i>)	PB	
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 15/64" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (<i>insulin syringe- needle u-100</i>)	PB	
CAREONE LANCET SUPER THIN 30G (<i>lancets</i>)	PB	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>careone lancet thin 23g</i>	PB	
CARETOUCH SAFETY LANCETS 26G (<i>lancets</i>)	PB	
CARETOUCH TWIST LANCETS 28G (<i>lancets</i>)	PB	
CARETOUCH TWIST LANCETS 30G (<i>lancets</i>)	PB	
CARETOUCH TWIST LANCETS 33G (<i>lancets</i>)	PB	
CLEANLET LANCETS 28G (<i>lancets</i>)	PB	
CLEVER CHEK LANCETS (<i>lancets</i>)	PB	
CLEVER CHOICE LANCETS 21G (<i>lancets</i>)	PB	
CLEVER CHOICE LANCETS 23G (<i>lancets</i>)	PB	
CLEVER CHOICE LANCETS 28G (<i>lancets</i>)	PB	
COAGUCHEK LANCETS (<i>lancets</i>)	PB	
<i>comfort assured lancets 28g</i>	PB	
<i>comfort assured lancets 33g</i>	PB	
<i>comfort lancets</i>	PB	
<i>cvs lancets 21g</i>	PB	
<i>cvs lancets micro thin 33g</i>	PB	
<i>cvs lancets original</i>	PB	
<i>cvs lancets thin 26g</i>	PB	
<i>cvs lancets ultra thin 30g</i>	PB	
<i>cvs lancets ultra-thin 30g</i>	PB	
<i>cvs ultra thin lancets</i>	PB	
DEXCOM G6 RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G6 SENSOR (<i>continuous blood gluc sensor</i>)	PB	
DEXCOM G6 TRANSMITTER (<i>continuous blood gluc transmit</i>)	PB	
DIATHRIVE LANCET ULTRA THIN 30 (<i>lancets</i>)	PB	
DIATHRIVE LANCETS (<i>lancets</i>)	PB	
DROPLET LANCETS ULTRA THIN 30G (<i>lancets</i>)	PB	
<i>drug mart lancets thin 26g</i>	PB	
DRUG MART ON-THE-GO LANCET 30G (<i>lancets</i>)	PB	
<i>easy comfort lancets</i>	PB	
<i>easy comfort lancets twist top</i>	PB	
EASY TOUCH LANCETS 21G (<i>lancets</i>)	PB	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
EASY TOUCH LANCETS 23G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 28G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 30G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 32G (<i>lancets</i>)	PB	
EMBRACE LANCETS ULTRA THIN 30G (<i>lancets</i>)	PB	
<i>eql color lancets 21g</i>	PB	
<i>eql color lancets micro 33g</i>	PB	
<i>eql super thin lancets 30g</i>	PB	
<i>eql thin lancets 26g</i>	PB	
E-Z JECT LANCET MICRO-THIN 33G (<i>lancets</i>)	PB	
E-Z JECT LANCET SUPER THIN 30G (<i>lancets</i>)	PB	
E-Z JECT LANCETS (<i>lancets</i>)	PB	
E-Z JECT LANCETS 21G (<i>lancets</i>)	PB	
E-Z JECT LANCETS THIN 26G (<i>lancets</i>)	PB	
EZ-LETS LANCETS 21G (<i>lancets</i>)	PB	
EZ-LETS LANCETS 26G (<i>lancets</i>)	PB	
EZ-LETS LANCETS 28G (<i>lancets</i>)	PB	
EZ-LETS LANCETS 30G (<i>lancets</i>)	PB	
FIFTY50 UNILET LANCETS 33G (<i>lancets</i>)	PB	
FINGERSTIX LANCETS (<i>lancets</i>)	PB	
FORA LANCETS (<i>lancets</i>)	PB	
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	PB	
GENTEEL BUTTERFLY TOUCH LANCET (<i>lancets</i>)	PB	
GENTLE-LET GP LANCETS (<i>lancets</i>)	PB	
GENTLE-LET LANCETS (<i>lancets</i>)	PB	
<i>global inject ease lancets 28g</i>	PB	
<i>global inject ease lancets 30g</i>	PB	
GLUCOCOM LANCETS 28G (<i>lancets</i>)	PB	
GLUCOCOM LANCETS 30G (<i>lancets</i>)	PB	
GLUCOCOM LANCETS 33G (<i>lancets</i>)	PB	
<i>gnp lancets 21g</i>	PB	
<i>gnp lancets thin 26g</i>	PB	
GOJJI STERILE LANCETS (<i>lancets</i>)	PB	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>goodsense lancets 26g univ</i>	PB	
<i>goodsense lancets 30g univ</i>	PB	
<i>goodsense lancets 33g univ</i>	PB	
<i>healthy accents unilet lancets</i>	PB	
<i>h-e-b incontrol lancets 28g</i>	PB	
<i>h-e-b incontrol lancets 30g</i>	PB	
<i>h-e-b incontrol lancets 33g</i>	PB	
HY-VEE LANCETS (lancets)	PB	
<i>hy-vee thin lancets</i>	PB	
IN TOUCH STERILE LANCETS 30G (lancets)	PB	
<i>kinney lancets</i>	PB	
<i>kinney thin lancets</i>	PB	
<i>kroger lancets</i>	PB	
<i>kroger lancets super thin</i>	PB	
<i>kroger lancets thin</i>	PB	
<i>lancets</i>	PB	
<i>lancets micro thin 33g</i>	PB	
<i>lancets thin</i>	PB	
<i>lancets ultra thin 30g</i>	PB	
LIFESCAN UNISTIK 2 (lancets)	PB	
LIFESCAN UNISTIK II LANCETS (lancets)	PB	
<i>lite touch lancets</i>	PB	
LITETOUCH LANCETS (lancets)	PB	
<i>live better lancet ultra thin</i>	PB	
<i>longs lancets standard</i>	PB	
<i>longs lancets thin</i>	PB	
<i>longs lancets ultra thin</i>	PB	
<i>medichoice safety lancet norm</i>	PB	
MEDLANCE PLUS EXTRA 21G (lancets)	PB	
MEDLANCE PLUS LANCETS (lancets)	PB	
MEDLANCE PLUS LITE 25G (lancets)	PB	
MEDLANCE PLUS SPECIAL 0.8MM (lancets)	PB	
MEDLANCE PLUS SUPERLITE 30G (lancets)	PB	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
MEDLANCE PLUS UNIVERSAL 21G (<i>lancets</i>)	PB	
MEIJER LANCETS THIN (<i>lancets</i>)	PB	
MEIJER LANCETS UNIVERSAL 21G (<i>lancets</i>)	PB	
MEIJER LANCETS UNIVERSAL 30G (<i>lancets</i>)	PB	
MEIJER LANCETS UNIVERSAL 33G (<i>lancets</i>)	PB	
MEIJER SUPER THIN LANCETS (<i>lancets</i>)	PB	
MICROLET LANCETS (<i>lancets</i>)	PB	
MONOLET LANCETS (<i>lancets</i>)	PB	
MONOLET OPD LANCETS (<i>lancets</i>)	PB	
MONOLETTOR SAFETY LANCETS (<i>lancets</i>)	PB	
<i>mpd safety lancet 21g</i>	PB	
<i>mpd safety lancet 23g</i>	PB	
<i>mpd safety lancet 28g</i>	PB	
<i>mpd safety lancet 30g</i>	PB	
MYGLUCOHEALTH LANCETS 30G (<i>lancets</i>)	PB	
NOVA SAFETY LANCETS 23G (<i>lancets</i>)	PB	
NOVA SAFETY LANCETS 28G (<i>lancets</i>)	PB	
NOVA SUREFLEX LANCETS (<i>lancets</i>)	PB	
ONETOUCH CLUB LANCETS FINE PT (<i>lancets</i>)	PB	
ONETOUCH DELICA LANCETS 30G (<i>lancets</i>)	PB	
ONETOUCH DELICA LANCETS 33G (<i>lancets</i>)	PB	
ONETOUCH DELICA PLUS LANCET30G (<i>lancets</i>)	PB	
ONETOUCH DELICA PLUS LANCET33G (<i>lancets</i>)	PB	
ONETOUCH SOLUTIONS STARTER KIT KIT W/ WELL DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
ONETOUCH ULTRA 2 KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	PB	
ONETOUCH ULTRA MINI KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	PB	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	PB	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
ONETOUCH VERIO KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
ONETOUCH VERIO REFLECT KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
<i>pc lancets super thin 30g</i>	PB	
PERFECT LANCETS 28G (<i>lancets</i>)	PB	
PERFECT LANCETS 30G (<i>lancets</i>)	PB	
PHARMACIST CHOICE LANCETS (<i>lancets</i>)	PB	
PHARMACY COUNTER LANCETS (<i>lancets</i>)	PB	
<i>pip lancets 28g</i>	PB	
<i>pip lancets 30g</i>	PB	
<i>preferred plus lancets colored</i>	PB	
<i>preferred plus lancets thin</i>	PB	
<i>pro comfort lancets 30g</i>	PB	
<i>pro comfort lancets 31g</i>	PB	
PRODIGY LANCETS 28G (<i>lancets</i>)	PB	
PRODIGY SAFETY LANCETS 26G (<i>lancets</i>)	PB	
PSS SELECT GP LANCETS (<i>lancets</i>)	PB	
PSS SELECT SAFETY LANCETS (<i>lancets</i>)	PB	
<i>px lancets ultra thin</i>	PB	
<i>qc lancets super thin 30g</i>	PB	
<i>qc lancets ultra thin</i>	PB	
<i>qc unilet lancets 28g</i>	PB	
<i>qc unilet lancets micro thin</i>	PB	
RA E-ZJECT LANCETS 28G (<i>lancets</i>)	PB	
RA E-ZJECT LANCETS THIN 26G (<i>lancets</i>)	PB	
RA E-ZJECT LANCETS THIN 28G (<i>lancets</i>)	PB	
RA E-ZJECT LANCETS ULTRA THIN (<i>lancets</i>)	PB	
READYLANCE SAFETY LANCETS (<i>lancets</i>)	PB	
<i>reality lancets</i>	PB	
<i>reality trigger lancets</i>	PB	
RELION LANCETS MICRO-THIN 33G (<i>lancets</i>)	PB	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
RELION LANCETS THIN 26G (<i>lancets</i>)	PB	
RELION LANCETS ULTRA-THIN 30G (<i>lancets</i>)	PB	
RELION ULTRA THIN LANCETS 30G (<i>lancets</i>)	PB	
RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>)	PB	
RIGHTEST GL300 LANCETS (<i>lancets</i>)	PB	
SAFE-T-LANCE (<i>lancets</i>)	PB	
SAFE-T-LANCE PLUS (<i>lancets</i>)	PB	
<i>saps health twist top lancets</i>	PB	
<i>saps twist top lancets</i>	PB	
<i>sapscare twist top lancets</i>	PB	
<i>sb lancets thin</i>	PB	
<i>sb lancets ultra thin</i>	PB	
SINGLE-LET (<i>lancets</i>)	PB	
<i>sm lancets 33g</i>	PB	
SMART SENSE COLOR LANCETS 33G (<i>lancets</i>)	PB	
SMART SENSE STANDARD LANCETS (<i>lancets</i>)	PB	
SMART SENSE SUPER THIN LANCETS (<i>lancets</i>)	PB	
SMART SENSE THIN LANCETS 26G (<i>lancets</i>)	PB	
SMARTTEST LANCETS 28G (<i>lancets</i>)	PB	
SOLUS V2 LANCETS 28G (<i>lancets</i>)	PB	
SOLUS V2 TWIST LANCETS 30G (<i>lancets</i>)	PB	
STERILANCE TL (<i>lancets</i>)	PB	
<i>sure comfort lancets 18g</i>	PB	
<i>sure comfort lancets 21g</i>	PB	
<i>sure comfort lancets 23g</i>	PB	
<i>sure comfort lancets 28g</i>	PB	
<i>sure comfort lancets 30g</i>	PB	
SURELITE LANCETS (<i>lancets</i>)	PB	
<i>tgt lancet micro thin 33g</i>	PB	
<i>tgt lancet thin 26g</i>	PB	
<i>tgt lancet ultra thin 30g</i>	PB	
THINLETS GP LANCETS (<i>lancets</i>)	PB	
<i>topcare lancets micro-thin 33g</i>	PB	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>travel lancets</i>	PB	
TRAVEL LANCETS ADVANCED 28G (<i>lancets</i>)	PB	
<i>true comfort twist top lancets</i>	PB	
TRUEPLUS LANCETS 26G (<i>lancets</i>)	PB	
TRUEPLUS LANCETS 28G (<i>lancets</i>)	PB	
TRUEPLUS LANCETS 30G (<i>lancets</i>)	PB	
TRUEPLUS LANCETS 33G (<i>lancets</i>)	PB	
TRUEPLUS SAFETY LANCETS 28G (<i>lancets</i>)	PB	
ULTILET CLASSIC LANCETS (<i>lancets</i>)	PB	
ULTILET LANCETS (<i>lancets</i>)	PB	
ULTILET SAFETY LANCETS (<i>lancets</i>)	PB	
ULTILET SAFETY LANCETS 23G (<i>lancets</i>)	PB	
<i>ultra thin lancets 31g</i>	PB	
<i>ultra-care lancets 30g</i>	PB	
ULTRA-THIN II AUTO LANCET (<i>lancets</i>)	PB	
ULTRA-THIN II LANCETS (<i>lancets</i>)	PB	
UNILET COMFORTOUCH LANCET (<i>lancets</i>)	PB	
UNILET EXCELITE (<i>lancets</i>)	PB	
UNILET EXCELITE II (<i>lancets</i>)	PB	
UNILET G.P. LANCET (<i>lancets</i>)	PB	
UNILET G.P. SUPERLITE LANCET (<i>lancets</i>)	PB	
UNILET GP 28 ULTRA THIN (<i>lancets</i>)	PB	
UNILET LANCET (<i>lancets</i>)	PB	
UNILET MICRO-THIN 33G (<i>lancets</i>)	PB	
UNILET SUPERLITE LANCET (<i>lancets</i>)	PB	
UNILET SUPER-THIN 30G (<i>lancets</i>)	PB	
UNILET ULTRA-THIN 28G (<i>lancets</i>)	PB	
UNISTIK 3 GENTLE (<i>lancets</i>)	PB	
UNISTIK PRO SAFETY LANCET (<i>lancets</i>)	PB	
UNISTIK SAFETY LANCETS 28G (<i>lancets</i>)	PB	
UNISTIK SAFETY LANCETS 30G (<i>lancets</i>)	PB	
UNISTIK TOUCH SAFETY LANC 21G (<i>lancets</i>)	PB	
UNISTIK TOUCH SAFETY LANC 23G (<i>lancets</i>)	PB	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
UNISTIK TOUCH SAFETY LANC 28G (<i>lancets</i>)	PB	
UNISTIK TOUCH SAFETY LANC 30G (<i>lancets</i>)	PB	
UNIVERSAL 1 LANCETS THIN 26G (<i>lancets</i>)	PB	
UNIVERSAL 1 LANCETS THIN 33G (<i>lancets</i>)	PB	
UNIVERSAL 1 LANCETS ULTRA THIN (<i>lancets</i>)	PB	
<i>value plus lancet standard 21g</i>	PB	
<i>value plus lancets super thin</i>	PB	
<i>valumark lancet ultra thin 28g</i>	PB	
V-GO 20 KIT (<i>insulin disposable pump</i>)	PB	
V-GO 30 KIT (<i>insulin disposable pump</i>)	PB	
V-GO 40 KIT (<i>insulin disposable pump</i>)	PB	
VIVAGUARD LANCETS (<i>lancets</i>)	PB	
<i>walgreens adv travel lancets</i>	PB	
WALGREENS LANCETS (<i>lancets</i>)	PB	
<i>walgreens lancets micro thin</i>	PB	
<i>walgreens lancets super thin</i>	PB	
WALGREENS THIN LANCETS (<i>lancets</i>)	PB	
WALGREENS ULTRA THIN LANCETS (<i>lancets</i>)	PB	
ENDOMETRIOSIS		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetorelix acetate</i>)	PBSP	SPC (Only available for select plans)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	PG	
ENZYME REPLACEMENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	PBSP	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>)	PBSP	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	PBSP	
<i>miglustat oral capsule 100 mg</i>	PBSP	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	PBSP	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	PBSP	
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	PBSP	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	PG	
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	PG	
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	PBSP	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PBSP	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
<i>estradiol-norethindrone acet (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)</i>	PG	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	PB	
<i>estradiol (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)</i>	PG	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	
<i>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</i>	PG	
<i>estradiol vaginal cream 0.1 mg/gm</i>	PG	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	PG	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	PG	
<i>norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)</i>	PG	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	PB	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	PB	
<i>norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)</i>	PG	
<i>estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)</i>	PG	
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	PB	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	PG	
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	PB	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
FERTILITY REGULATORS		
<i>clomiphene citrate oral tablet 50 mg</i>	PG	SPC (Only available for select plans)
<i>ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml</i>	PBSP	
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (<i>follitropin alfa</i>)	PBSP	SPC (Only available for select plans)
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (<i>follitropin alfa</i>)	PBSP	
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>follitropin alfa</i>)	PBSP	SPC (Only available for select plans)
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML (<i>choriogonadotropin alfa</i>)	PBSP	SPC (Only available for select plans)
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	PG	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	PG	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg, 6 mg</i>	PG	
<i>dexamethasone oral tablet 2 mg</i>	PB	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	PG	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	PG	
<i>dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	PG	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
MEDROL ORAL TABLET 2 MG (<i>methylprednisolone</i>)	PB	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	PG	
<i>prednisolone oral solution 15 mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	PG	
<i>prednisone oral solution 5 mg/5ml</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	PG	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	PG	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	PG	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	PG	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	PB	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	PB	
<i>glucagon emergency injection kit 1 mg</i>	PB	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
NORDIPEN 5 INJECTION DEVICE (<i>injection device</i>)	PBSP	
NORDIPEN DELIVERY SYSTEM (<i>injection device</i>)	PBSP	
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	PBSP	
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS		
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	PB	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	PBSP	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
MINERALOCORTICOID RECEPTOR ANTAGONISTS - DRUGS TO TREAT CHRONIC KIDNEY DISEASE ASSOCIATED WITH TYPE 2 DIABETES		
KERENDIA ORAL TABLET 10 MG, 20 MG (<i>finerenone</i>)	PB	
MISCELLANEOUS		
<i>cabergoline oral tablet 0.5 mg</i>	PG	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	PG	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (<i>teriparatide (recombinant)</i>)	PBSP	
<i>methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)</i>	PG	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	PG	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	PBSP	
<i>raloxifene hcl oral tablet 60 mg</i>	CE	
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (<i>histrelin acetate (cpp)</i>)	PBSP	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	PBSP	
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	PG	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	PG	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	PG	
<i>sevelamer carbonate oral tablet 800 mg</i>	PG	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	PG	
POLYNEUROPATHY		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inotersen sodium</i>)	PBSP	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	PBSP	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	PG	
<i>norethindrone acetate oral tablet 5 mg</i>	PG	
<i>progesterone intramuscular oil 50 mg/ml</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>progesterone oral capsule 100 mg, 200 mg</i>	PG	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
<i>levothyroxine sodium</i> (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	
<i>levothyroxine sodium</i> (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	PG	
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	PG	
<i>methimazole oral tablet 10 mg, 5 mg</i>	PG	
<i>thyroid</i> (Np Thyroid Oral Tablet 120 Mg, 15 Mg, 30 Mg, 60 Mg, 90 Mg)	PG	
<i>propylthiouracil oral tablet 50 mg</i>	PG	
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	PG	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	PG	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	PG	
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
<i>CUVPOSA ORAL SOLUTION 1 MG/5ML (glycopyrrolate)</i>	PB	
<i>dicyclomine hcl intramuscular solution 10 mg/ml</i>	PG	
<i>dicyclomine hcl oral capsule 10 mg</i>	PG	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	PG	
<i>dicyclomine hcl oral tablet 20 mg</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>ed-spaz oral tablet dispersible 0.125 mg</i>	PG	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	PG	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	PG	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	PG	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	PG	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	PG	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	PG	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	PG	
<i>hyoscyamine sulfate (Nulev Oral Tablet Dispersible 0.125 Mg)</i>	PG	
<i>oscimin oral tablet 0.125 mg</i>	PG	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	PG	
ANTIDIARRHEALS		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	PG	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	PG	
<i>loperamide hcl oral capsule 2 mg</i>	PG	
<i>opium oral tincture 10 mg/ml (1%)</i>	PG	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	PG	
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	PG	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	PG	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>fosaprepitant dimeglumine intravenous solution reconstituted 150 mg</i>	PG	
<i>granisetron hcl oral tablet 1 mg</i>	PG	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	PG	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	PG	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	PG	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	PG	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	PG	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	PG	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	PG	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>prochlorperazine rectal suppository 25 mg</i>	PG	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	PG	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PG	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	PG	
<i>promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)</i>	PG	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG <i>(promethazine hcl)</i>	PG	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	PG	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	PG	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	PG	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	PG	
<i>eq famotidine max st oral tablet 20 mg</i>	PG	
<i>eq heartburn prevention oral tablet 20 mg</i>	PG	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	PG	
<i>famotidine oral tablet 20 mg, 40 mg</i>	PG	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	PG	
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG <i>(mesalamine)</i>	PB	
<i>balsalazide disodium oral capsule 750 mg</i>	PG	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	PG	
<i>budesonide oral capsule delayed release particles 3 mg</i>	PG	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	PG	
<i>mesalamine oral capsule delayed release 400 mg</i>	PG	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	PG	
<i>mesalamine rectal enema 4 gm</i>	PG	
<i>mesalamine-cleanser rectal kit 4 gm</i>	PG	
<i>sulfasalazine oral tablet 500 mg</i>	PG	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	PB	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	PG	
LAXATIVES - DRUGS FOR CONSTIPATION		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML (<i>sod picosulfate-mag ox-cit acd</i>)	CE	
<i>constulose oral solution 10 gm/15ml</i>	PG	
<i>enulose oral solution 10 gm/15ml</i>	PG	
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm)	PG	
<i>generlac oral solution 10 gm/15ml</i>	PG	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	PG	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	PG	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	CE	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	PG	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	PG	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	CE	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	CE	
PEG-PREP ORAL KIT 5-210 MG-GM (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	CE	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	PB	
SUTAB ORAL TABLET 1479-225-188 MG (<i>sodium sulfate-mag sulfate-kcl</i>)	CE	
MISCELLANEOUS		
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	PG	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	PG	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	PB	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>sucralfate oral tablet 1 gm</i>	PG	
<i>ursodiol oral capsule 300 mg</i>	PG	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	PG	
PANCREATIC ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
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 (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	PG	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	PG	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	PG	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	PG	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	PG	
RECTAL,CORTICOSTEROIDS		
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	PG	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	PG	
<i>hydrocortisone (Procto-Med Hc External Cream 2.5 %)</i>	PG	
<i>hydrocortisone (Procto-Pak External Cream 1 %)</i>	PG	
<i>hydrocortisone (Proctozone-Hc External Cream 2.5 %)</i>	PG	
ULCER THERAPY COMBINATIONS		
<i>amoxicill-clarithro-lansopraz oral</i>	PG	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>dutasteride oral capsule 0.5 mg</i>	PG	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	PG	
<i>finasteride oral tablet 5 mg</i>	PG	
<i>silodosin oral capsule 4 mg, 8 mg</i>	PG	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	PG	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>)	CE	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	CE	
PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	CE	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % (<i>nonoxynol-9</i>)	CE	
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (<i>nonoxynol-9</i>)	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	CE	
MISCELLANEOUS		
<i>cytra k crystals oral packet 3300-1002 mg</i>	PG	
<i>phenazopyridine hcl</i> (Phenazo Oral Tablet 200 Mg)	PG	
<i>pot & sod cit-cit ac oral solution 550-500-334 mg/5ml</i>	PG	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	PG	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	PG	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	PG	
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	PG	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	PB	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	PG	
<i>flavoxate hcl oral tablet 100 mg</i>	PG	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	PG	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	PG	
<i>oxybutynin chloride oral tablet 5 mg</i>	PG	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	PG	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	PG	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	PG	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	PG	
<i>trospium chloride oral tablet 20 mg</i>	PG	
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
<i>clindamycin phosphate vaginal cream 2 %</i>	PG	
<i>metronidazole vaginal gel 0.75 %</i>	PG	
<i>miconazole 3 vaginal suppository 200 mg</i>	PG	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	PG	
<i>terconazole vaginal suppository 80 mg</i>	PG	
VANDAZOLE VAGINAL GEL 0.75 % (metronidazole)	PG	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	PG	
<i>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</i>	PG	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	PG	
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	PG	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	PG	
<i>warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)</i>	PG	LGC
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	PG	LGC
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>)	PB	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (<i>rivaroxaban</i>)	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	PB	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	PBSP	
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 (<i>darbepoetin alfa</i>)	PBSP	
DOPTelet ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	PBSP	
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	PBSP	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	PBSP	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	PBSP	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	PBSP	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	PBSP	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
HEMOPHILIA A AGENTS		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	PBSP	
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	PBSP	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	PBSP	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihem fact (bdd-rfviiiifc)</i>)	PBSP	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>antihemoph fact rcmb gpeg-exei</i>)	PBSP	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>ahf (bdd-rfviii peg-aucl)</i>)	PBSP	
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem factor recomb (rfviii)</i>)	PBSP	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	PBSP	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact bd truncated</i>)	PBSP	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	PBSP	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	PBSP	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
HEMOPHILIA B AGENTS		
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	PBSP	
MISCELLANEOUS		
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	PG	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	PG	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	PG	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	PB	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	PG	
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	PG	
<i>tranexamic acid oral tablet 650 mg</i>	PG	
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	PG	
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	PB	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	PG	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	PG	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	PG	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS		
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	PB	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	PB	
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	PBSP	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	PBSP	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (<i>risankizumab-rzaa</i>)	PBSP	
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (<i>ustekinumab</i>)	PBSP	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	PBSP	IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PBSP	IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PBSP	IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	PBSP	IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>secukinumab</i>)	PBSP	IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	PBSP	IBC (Preferred agent for all conditions except Psoriasis)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	PBSP	IBC (Preferred agent for all conditions except Psoriasis)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	PBSP	IBC (Preferred agent for all conditions except Psoriasis)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	PBSP	
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	PBSP	
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	PBSP	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	PBSP	
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	PBSP	
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	PBSP	
KEVZARA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PBSP	IBC (Preferred agent for Rheumatoid Arthritis)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PBSP	IBC (Preferred agent for Rheumatoid Arthritis)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	PBSP	IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	PBSP	IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	PBSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	PBSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (<i>upadacitinib</i>)	PBSP	IBC (Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Atopic Dermatitis, Ankylosing Spondylitis. Preferred agent for Ulcerative Colitis after failure of Humira)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (<i>upadacitinib</i>)	PBSP	IBC (Preferred agent for Atopic Dermatitis. Preferred agent for Ulcerative Colitis after failure of Humira)

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (<i>upadacitinib</i>)	PBSP	IBC (Preferred agent for Ulcerative Colitis after failure of Humira)
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (<i>risankizumab-rzaa</i>)	PBSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	PBSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (<i>risankizumab-rzaa</i>)	PBSP	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	PBSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	PBSP	IBC (Preferred agent for Psoriasis, Crohn's Disease. Preferred agent for Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab</i>)	PBSP	IBC (Preferred agent for Psoriasis, Crohn's Disease. Preferred agent for Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	PBSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	PBSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	PBSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis)

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	PBSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis)
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	PB	IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis)
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	PBSP	IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	PBSP	IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis)
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	PG	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	PG	
<i>methotrexate sodium oral tablet 2.5 mg</i>	PG	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	PBSP	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
HEREDITARY ANGIOEDEMA		
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML (icatibant acetate)	PBSP	
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	PBSP	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor</i> (<i>recomb</i>))	PBSP	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	PBSP	
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>lanadelumab-flyo</i>)	PBSP	
IMMUNOGLOBULIN		
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>)	PBSP	
IMMUNOSUPPRESSANTS		
<i>azathioprine oral tablet 50 mg</i>	PG	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	PBSP	
<i>cyclosporine modified oral solution 100 mg/ml</i>	PBSP	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	PBSP	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	PBSP	
<i>cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)</i>	PBSP	
<i>cyclosporine modified (Gengraf Oral Solution 100 Mg/ML)</i>	PBSP	
<i>mycophenolate mofetil oral capsule 250 mg</i>	PBSP	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	PBSP	
<i>mycophenolate mofetil oral tablet 500 mg</i>	PBSP	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	PBSP	
<i>sirolimus oral solution 1 mg/ml</i>	PBSP	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	PBSP	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
<i>potassium bicarbonate</i> (Effer-K Oral Tablet Effervescent 25 Meq)	PG	
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	CE	
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	PG	
<i>potassium chloride</i> (Klor-Con Oral Packet 20 Meq)	PG	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release 8 Meq)	PG	
<i>potassium bicarbonate</i> (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	PG	
<i>potassium bicarbonate</i> (K-Prime Oral Tablet Effervescent 25 Meq)	PG	
<i>sodium fluoride</i> (Nafrinse Drops Oral Solution 0.275 (0.125 F) Mg/Drop)	CE	
<i>sodium fluoride</i> (Nafrinse Oral Tablet Chewable 2.2 (1 F) Mg)	PG	
<i>k phos mono-sod phos di & mono</i> (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)	PG	
<i>phosphorous oral tablet 155-852-130 mg</i>	PG	
<i>k phos mono-sod phos di & mono</i> (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg)	PG	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	PG	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	PG	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	PG	
<i>potassium chloride oral packet 20 meq</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	PG	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	PG	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	CE	
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	PG	
IV REPLACEMENT SOLUTIONS		
<i>sodium chloride intravenous solution 0.9 %, 3 %</i>	PG	
PRENATAL VITAMINS		
INATAL GT ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	PG	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	PG	
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	PG	
PRENATABS RX ORAL TABLET 29-1 MG (<i>prenatal vit-iron carbonyl-fa</i>)	PG	
<i>prenatal 19 oral tablet chewable</i>	PG	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	PG	
VITAMINS - VITAMINS AND SUPPLEMENTS		
<i>adclf (0.5mg/ml) oral solution 0.5 mg/ml</i>	PG	
<i>folic acid-vit b6-vit b12</i> (Airavite Oral Tablet 2.5-25-1 Mg)	PG	
<i>biocel oral tablet</i>	PG	
<i>b-plex oral tablet</i>	PG	
<i>b-plex plus oral tablet</i>	PG	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	PG	
<i>calcitriol oral solution 1 mcg/ml</i>	PG	
<i>cvs folic acid oral tablet 800 mcg</i>	CE	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	PG	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	PG	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	PG	
FA-8 ORAL CAPSULE 0.8 MG (<i>folic acid</i>)	CE	
<i>fabb oral tablet 2.2-25-1 mg</i>	PG	
<i>fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg</i>	PG	
<i>ferocon oral capsule</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>ferottrinsic oral capsule</i>	PG	
<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i> (Ferrocite Plus Oral Tablet 106-1 Mg)	PG	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	PB	
<i>folbee oral tablet 2.5-25-1 mg</i>	PG	
<i>folbee plus oral tablet</i>	PG	
<i>folic acid injection solution 5 mg/ml</i>	PG	
<i>folic acid oral capsule 0.8 mg</i>	CE	
<i>folic acid oral tablet 1 mg</i>	PG	
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>	PG	
<i>foltrin oral capsule</i>	PG	
<i>hematinic plus vit/minerals oral tablet 106-1 mg</i>	PG	
<i>iron polysacch cmplx-b12-fa</i> (Iferec 150 Forte Oral Capsule 150-25-1 Mg-Mcg-Mg)	PG	
<i>kp folic acid oral tablet 1 mg</i>	PG	
<i>fefum-fepo-fa-b cmp-c-zn-mn-cu</i> (K-Tan Plus Oral Capsule 162-115.2-1 Mg)	PG	
<i>multiple vitamins-minerals</i> (Lysiplex Plus Oral Tablet)	PG	
<i>multi-vitiron/fluoride oral solution 0.25-10 mg/ml</i>	PG	
<i>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	PG	
<i>multi-vitamin/fluoride oral solution 0.5 mg/ml</i>	PG	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	PG	
<i>multi-vitamin/fluorideliron oral solution 0.25-10 mg/ml</i>	PG	
<i>b complex-c-folic acid</i> (Nephronex Oral Tablet)	PG	
<i>folic acid-vit b6-vit b12</i> (Nufol Oral Tablet 2.5-25-1 Mg)	PG	
<i>multiple vitamins-minerals</i> (Nutrifac Zx Oral Tablet)	PG	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	PG	
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	PG	
<i>phytonadione oral tablet 5 mg</i>	PG	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	PG	
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	PG	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	PB	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>pyridoxine hcl injection solution 100 mg/ml</i>	PG	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (<i>pediatric multivitamins-fl</i>)	PB	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	PB	
<i>reno caps oral capsule 1 mg</i>	PG	
<i>sm folic acid oral tablet 400 mcg</i>	CE	
<i>fe fumarate-b12-vit c-fa-ifc</i> (Tricon Oral Capsule)	PG	
<i>tri-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	PG	
<i>v-c forte oral capsule</i>	PG	
<i>multiple vitamins-minerals</i> (Vic-Forte Oral Capsule)	PG	
<i>virt-caps oral capsule 1 mg</i>	PG	
<i>folic acid-vit b6-vit b12</i> (Virt-Gard Oral Tablet 2.2-25-1 Mg)	PG	
<i>multiple vitamins-minerals</i> (Vita S Forte Oral Tablet)	PG	
<i>multiple vitamins-minerals</i> (Vitacel Oral Tablet)	PG	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	PG	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	PG	
<i>vita-min oral capsule</i>	PG	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	PG	
<i>vp-vite rx oral tablet 1 mg</i>	PG	
<i>westab max oral tablet 2.5-25-2 mg</i>	PG	
<i>westab one oral tablet 2.5-25-1 mg</i>	PG	
<i>yl folic acid oral tablet 400 mcg</i>	CE	
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>cromolyn sodium ophthalmic solution 4 %</i>	PG	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	PG	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	PG	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	PG	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	PG	
<i>carteolol hcl ophthalmic solution 1 %</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	PG	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	PG	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	PG	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	PG	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	PG	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	PG	
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	PG	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	PG	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	PG	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	PG	
<i>bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment 1 %)</i>	PG	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	PG	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	PG	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	PG	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	PG	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	PG	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	PG	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	PG	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	PG	
GENTAK OPHTHALMIC OINTMENT 0.3 % (gentamicin sulfate)	PG	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	PG	
<i>levofloxacin ophthalmic solution 0.5 %</i>	PG	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	PG	
NATACYN OPHTHALMIC SUSPENSION 5 % (natamycin)	PB	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	PG	
<i>neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)</i>	PG	
<i>ofloxacin ophthalmic solution 0.3 %</i>	PG	
<i>bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)</i>	PG	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	PG	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	PG	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	PG	
<i>tobramycin ophthalmic solution 0.3 %</i>	PG	
TOBREX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	PB	
<i>trifluridine ophthalmic solution 1 %</i>	PG	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	PG	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	PG	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	PG	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	PG	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	PG	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	PG	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	PG	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	PG	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	PB	
DRY EYE DISEASE		
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	PB	
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	PG	
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	PB	
MISCELLANEOUS		
<i>tetracaine hcl (Altacaine Ophthalmic Solution 0.5 %)</i>	PG	
<i>phenylephrine hcl (Altafrin Ophthalmic Solution 10 %, 2.5 %)</i>	PG	
<i>cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	PG	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	PG	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	PG	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	PG	
RETINAL DISORDERS		
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept</i>)	PBSP	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept</i>)	PBSP	
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	PBSP	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	PBSP	
OTHER		
IRRIGATION SOLUTIONS		
<i>water for irrigation, sterile</i> (Argyle Sterile Water Irrigation Solution)	PG	
<i>lactated ringers irrigation solution</i>	PG	
<i>irrigation solns physiological</i> (Physiolyte Irrigation Solution)	PG	
<i>irrigation solns physiological</i> (Physiosol Irrigation Irrigation Solution)	PG	
<i>ringers irrigation irrigation solution</i>	PG	
<i>sterile water for irrigation irrigation solution</i>	PG	
<i>ringers irrigation</i> (Tis-U-Sol Irrigation Solution)	PG	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	PBSP	
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	PBSP	
ANAPHYLAXIS TREATMENT AGENTS		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	PB	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	PB	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	PB	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	PB	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcglact, 232-14 mcglact, 55-14 mcglact</i>	PG	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	PG	
ANTICHOLINERGICS		
<i>ipratropium bromide inhalation solution 0.02 %</i>	PG	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	PG	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	PB	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	PB	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	PB	
ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl nasal solution 0.15 %, 137 mcg/spray</i>	PG	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	PG	
<i>carbinoxamine maleate oral tablet 4 mg</i>	PG	
<i>cetirizine hcl oral solution 1 mg/ml</i>	PG	
<i>clemastine fumarate oral tablet 2.68 mg</i>	PG	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	PG	
<i>cyproheptadine hcl oral tablet 4 mg</i>	PG	
<i>desloratadine oral tablet 5 mg</i>	PG	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	PG	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	PG	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PG	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	PG	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	PG	
<i>olopatadine hcl nasal solution 0.6 %</i>	PG	
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	PG	
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	PG	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	PG	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	PG	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	PG	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/lact</i>	PG	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	PB	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	PB	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	PG	
COLD/COUGH		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	PG	
<i>hydrocod polst-cpm polst er oral suspension extended release 10- 8 mg/5ml</i>	PG	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	PG	
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	PG	
<i>hydromet oral solution 5-1.5 mg/5ml</i>	PG	
NINJACOF-XG ORAL LIQUID 200-8 MG/5ML (<i>guaifenesin-codeine</i>)	PB	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	PG	
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	PG	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	PG	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml</i>	PG	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	PG	
TUSNEL C ORAL SYRUP 30-10-100 MG/5ML (<i>pseudoephedrine-codeine-gg</i>)	PB	
CYSTIC FIBROSIS		
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	PBSP	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	PBSP	
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG (<i>elxacaftor-tezacaftor-ivacaft</i>)	PBSP	
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
<i>montelukast sodium oral packet 4 mg</i>	PG	
<i>montelukast sodium oral tablet 10 mg</i>	PG	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	PG	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	PG	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	PG	
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	PG	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	PG	
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	PG	
<i>fluticasone propionate nasal suspension 50 mcg/lact</i>	PG	
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	PG	
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	PBSP	
ESBRIET ORAL TABLET 267 MG, 801 MG (<i>pirfenidone</i>)	PBSP	
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	PBSP	
SEVERE ASTHMA AGENTS		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>dupilumab</i>)	PBSP	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	PBSP	
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (<i>benralizumab</i>)	PBSP	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	PBSP	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML (<i>mepolizumab</i>)	PBSP	
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (<i>mepolizumab</i>)	PBSP	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>omalizumab</i>)	PBSP	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	PBSP	
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	PB	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	PG	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT (<i>fluticasone propionate (inhal)</i>)	PB	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	PB	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	PB	
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (<i>fluticasone-salmeterol</i>)	PB	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	PB	N8 (Listing does not include certain NDCs)

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (<i>fluticasone furoate-vilanterol</i>)	PB	N8 (Listing does not include certain NDCs)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	PB	
XANTHINES - DRUGS TO TREAT COPD		
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	PG	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PG	
<i>theophylline oral elixir 80 mg/15ml</i>	PG	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
<i>adapalene external cream 0.1 %</i>	PG	
<i>adapalene external gel 0.1 %, 0.3 %</i>	PG	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	PG	
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	PG	
<i>tretinoin</i> (Avita External Cream 0.025 %)	PG	
<i>tretinoin</i> (Avita External Gel 0.025 %)	PG	
<i>benzoyl peroxide</i> (Benzepro External Foam 5.3 %)	PG	
<i>benzoyl perox-hydrocortisone external lotion 5-0.5 %</i>	PG	
<i>benzoyl peroxide external foam 9.8 %</i>	PG	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	PG	
<i>bp wash external liquid 2.5 %, 7 %</i>	PG	
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	PG	
<i>clindamycin phosphate</i> (Clindacin Etz External Swab 1 %)	PG	
<i>clindamycin phosphate</i> (Clindacin-P External Swab 1 %)	PG	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	PG	
<i>clindamycin phosphate external lotion 1 %</i>	PG	
<i>clindamycin phosphate external solution 1 %</i>	PG	
<i>clindamycin phosphate external swab 1 %</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>dapsone external gel 5 %, 7.5 %</i>	PG	
<i>ery external pad 2 %</i>	PG	
<i>erythromycin external gel 2 %</i>	PG	
<i>erythromycin external solution 2 %</i>	PG	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	PG	
<i>isotretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	PG	
<i>clindamycin-benzoyl per (refr) (Neuac External Gel 1.2-5 %)</i>	PG	
<i>benzoyl peroxide (Pr Benzoyl Peroxide Wash External Liquid 7 %)</i>	PG	
<i>resorcinol-sulfur external lotion 2-5 %</i>	PG	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	PG	
<i>sulfacetamide sodium-sulfur external pad 10-4 %</i>	PG	
<i>sulfamez wash external emulsion 10-1 %</i>	PG	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	PG	
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	PG	
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	PG	
<i>tretinoin microsphere pump external gel 0.04 %</i>	PG	
<i>isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	PG	
DERMATOLOGY, ACTINIC KERATOSIS		
<i>fluorouracil external cream 0.5 %, 5 %</i>	PG	
<i>fluorouracil external solution 2 %, 5 %</i>	PG	
<i>imiquimod external cream 5 %</i>	PG	
<i>imiquimod pump external cream 3.75 %</i>	PG	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate external cream 0.1 %</i>	PG	
<i>gentamicin sulfate external ointment 0.1 %</i>	PG	
<i>mafenide acetate external packet 5 %</i>	PG	
<i>mupirocin external ointment 2 %</i>	PG	
<i>silver sulfadiazine external cream 1 %</i>	PG	
<i>silver sulfadiazine (Ssd External Cream 1 %)</i>	PG	
DERMATOLOGY, ANTIFUNGALS		
<i>athletes foot (clotrimazole) external cream 1 %</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>athletes foot (terbinafine) external cream 1 %</i>	PG	
<i>ciclopirox (Ciclodan External Solution 8 %)</i>	PG	
<i>ciclopirox external gel 0.77 %</i>	PG	
<i>ciclopirox external shampoo 1 %</i>	PG	
<i>ciclopirox external solution 8 %</i>	PG	
<i>ciclopirox olamine external cream 0.77 %</i>	PG	
<i>ciclopirox olamine external suspension 0.77 %</i>	PG	
<i>clotrimazole athletes foot external cream 1 %</i>	PG	
<i>clotrimazole external cream 1 %</i>	PG	
<i>clotrimazole external solution 1 %</i>	PG	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	PG	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	PG	
<i>econazole nitrate external cream 1 %</i>	PG	
<i>keetoconazole external cream 2 %</i>	PG	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	PG	
MICOTRIN AC EXTERNAL CREAM 1 % (clotrimazole)	PG	
MICOTRIN AL EXTERNAL SOLUTION 1 % (tolnaftate)	PG	
<i>naftifine hcl external cream 1 %, 2 %</i>	PG	
<i>nystatin (Nyamyc External Powder 100000 Unit/Gm)</i>	PG	
<i>nystatin external cream 100000 unit/gm</i>	PG	
<i>nystatin external ointment 100000 unit/gm</i>	PG	
<i>nystatin external powder 100000 unit/gm</i>	PG	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	PG	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	PG	
<i>nystatin (Nystop External Powder 100000 Unit/Gm)</i>	PG	
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl external cream 5 %</i>	PG	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	PG	
<i>calcipotriene external ointment 0.005 %</i>	PG	
<i>calcipotriene external solution 0.005 %</i>	PG	
<i>calcipotriene (Calcitrene External Ointment 0.005 %)</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>methoxsalen rapid oral capsule 10 mg</i>	PG	
<i>tazarotene external cream 0.1 %</i>	PG	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole external shampoo 2 %</i>	PG	
<i>selenium sulfide external lotion 2.5 %</i>	PG	
<i>sodium sulfacetamide wash external liquid 10 %</i>	PG	
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML (<i>dupilumab</i>)	PBSP	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (<i>dupilumab</i>)	PBSP	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort external cream 1 %, 2.5 %</i>	PG	
<i>alclometasone dipropionate external cream 0.05 %</i>	PG	
<i>alclometasone dipropionate external ointment 0.05 %</i>	PG	
<i>amcinonide external lotion 0.1 %</i>	PG	
<i>amcinonide external ointment 0.1 %</i>	PB	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	PG	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	PG	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	PG	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	PG	
<i>betamethasone dipropionate external cream 0.05 %</i>	PG	
<i>betamethasone dipropionate external lotion 0.05 %</i>	PG	
<i>betamethasone valerate external cream 0.1 %</i>	PG	
<i>betamethasone valerate external foam 0.12 %</i>	PG	
<i>betamethasone valerate external lotion 0.1 %</i>	PG	
<i>betamethasone valerate external ointment 0.1 %</i>	PG	
<i>clobetasol prop emollient base external cream 0.05 %</i>	PG	
<i>clobetasol propionate e external cream 0.05 %</i>	PG	
<i>clobetasol propionate external cream 0.05 %</i>	PG	
<i>clobetasol propionate external foam 0.05 %</i>	PG	
<i>clobetasol propionate external gel 0.05 %</i>	PG	
<i>clobetasol propionate external liquid 0.05 %</i>	PG	
<i>clobetasol propionate external lotion 0.05 %</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>clobetasol propionate external ointment 0.05 %</i>	PG	
<i>clobetasol propionate external shampoo 0.05 %</i>	PG	
<i>clobetasol propionate external solution 0.05 %</i>	PG	
<i>clobetasol propionate (Clodan External Shampoo 0.05 %)</i>	PG	
<i>desonide external cream 0.05 %</i>	PG	
<i>desonide external gel 0.05 %</i>	PG	
<i>desonide external lotion 0.05 %</i>	PG	
<i>desonide external ointment 0.05 %</i>	PG	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	PG	
<i>desoximetasone external gel 0.05 %</i>	PG	
<i>desoximetasone external liquid 0.25 %</i>	PG	
<i>desoximetasone external ointment 0.25 %</i>	PG	
<i>desonide (Desrx External Gel 0.05 %)</i>	PG	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (<i>halobetasol prop-tazarotene</i>)	PB	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	PB	
<i>fluocinolone acetonide body external oil 0.01 %</i>	PG	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	PG	
<i>fluocinolone acetonide external ointment 0.025 %</i>	PG	
<i>fluocinolone acetonide external solution 0.01 %</i>	PG	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	PG	
<i>fluocinonide emulsified base external cream 0.05 %</i>	PG	
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	PG	
<i>fluocinonide external gel 0.05 %</i>	PG	
<i>fluocinonide external ointment 0.05 %</i>	PG	
<i>fluocinonide external solution 0.05 %</i>	PG	
<i>fluticasone propionate external cream 0.05 %</i>	PG	
<i>fluticasone propionate external lotion 0.05 %</i>	PG	
<i>fluticasone propionate external ointment 0.005 %</i>	PG	
<i>halobetasol propionate external cream 0.05 %</i>	PG	
<i>halobetasol propionate external ointment 0.05 %</i>	PG	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	PG	
<i>hydrocortisone butyrate external solution 0.1 %</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>hydrocortisone external cream 1 %, 2.5 %</i>	PG	
<i>hydrocortisone external lotion 2.5 %</i>	PG	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	PG	
<i>hydrocortisone valerate external cream 0.2 %</i>	PG	
<i>hydrocortisone valerate external ointment 0.2 %</i>	PG	
<i>mometasone furoate external cream 0.1 %</i>	PG	
<i>mometasone furoate external ointment 0.1 %</i>	PG	
<i>mometasone furoate external solution 0.1 %</i>	PG	
<i>prednicarbate external ointment 0.1 %</i>	PG	
TACLONEX EXTERNAL OINTMENT 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	PB	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	PB	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	PG	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	PG	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	PG	
<i>triamcinolone acetonide</i> (Triderm External Cream 0.1 %, 0.5 %)	PG	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl</i> (7T Lido External Gel 2 %)	PG	
<i>lidocaine hcl</i> (Glydo External Prefilled Syringe 2 %)	PG	
<i>lidocaine external ointment 5 %</i>	PG	
<i>lidocaine external patch 5 %</i>	PG	
<i>lidocaine hcl external solution 4 %</i>	PG	
<i>lidocaine hcl urethrallmucosal external gel 2 %</i>	PG	
<i>lidocaine hcl urethrallmucosal external prefilled syringe 2 %</i>	PG	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	PG	
<i>lidocanna external patch 4 %</i>	PG	
PRAMOX EXTERNAL GEL 1 % (<i>pramoxine hcl</i>)	PG	
<i>zionodil 100 external lotion 3 %</i>	PG	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir external ointment 5 %</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
<i>ammonium lactate external cream 12 %</i>	PG	
<i>ammonium lactate external lotion 12 %</i>	PG	
ATRIX MEDICATED FORMULA EXTERNAL CREAM 2 % (<i>salicylic acid</i>)	PG	
<i>diclofenac epolamine external patch 1.3 %</i>	PG	
<i>diclofenac sodium external gel 1 %, 3 %</i>	PG	
<i>diclofenac sodium external solution 1.5 %</i>	PG	
<i>lactic acid external lotion 10 %</i>	PG	
<i>pimecrolimus external cream 1 %</i>	PG	
<i>podofilox external solution 0.5 %</i>	PG	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	PG	
DERMATOLOGY, ROSACEA		
<i>azelaic acid external gel 15 %</i>	PG	
<i>metronidazole external cream 0.75 %</i>	PG	
<i>metronidazole external gel 0.75 %, 1 %</i>	PG	
<i>metronidazole external lotion 0.75 %</i>	PG	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (<i>doxycycline</i>)	PB	
<i>metronidazole (Rosadan External Cream 0.75 %)</i>	PG	
<i>metronidazole (Rosadan External Gel 0.75 %)</i>	PG	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	PG	
<i>lindane external shampoo 1 %</i>	PG	
<i>malathion external lotion 0.5 %</i>	PG	
<i>permethrin external cream 5 %</i>	PG	
<i>spinosad external suspension 0.9 %</i>	PG	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid irrigation solution 0.25 %</i>	PG	
<i>sodium chloride (gu irrigant) (Argyle Sterile Saline Irrigation Solution 0.9 %)</i>	PG	
<i>sodium chloride (gu irrigant) (Curity Sterile Saline Irrigation Solution 0.9 %)</i>	PG	
<i>glycine irrigation solution 1.5 %</i>	PG	
<i>sodium chloride irrigation solution 0.9 %</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Prescription Drug Name	Drug Tier	Drug Notes
MOUTH/THROAT/DENTAL AGENTS		
<i>sodium fluoride</i> (Cavarest Dental Gel 1.1 %)	PG	
<i>cevimeline hcl oral capsule 30 mg</i>	PG	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	PG	
<i>sodium fluoride</i> (Clinpro 5000 Dental Paste 1.1 %)	PG	
<i>clotrimazole mouth/throat troche 10 mg</i>	PG	
<i>sodium fluoride</i> (Denta 5000 Plus Dental Cream 1.1 %)	PG	
<i>sodium fluoride</i> (Dentagel Dental Gel 1.1 %)	PG	
EASYGEL DENTAL GEL 0.4 % (<i>stannous fluoride</i>)	PG	
<i>stannous fluoride</i> (Fluoridex Daily Renewal Mouth/Throat Concentrate 0.63 %)	PG	
<i>sodium fluoride</i> (Fluoridex Dental Paste 1.1 %)	PG	
<i>lidocaine hcl mouth/throat solution 4 %</i>	PG	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	PG	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	PG	
<i>triamcinolone acetonide</i> (Oralene Mouth/Throat Paste 0.1 %)	PG	
<i>chlorhexidine gluconate</i> (Periogard Mouth/Throat Solution 0.12 %)	PG	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	PG	
<i>sf 5000 plus dental cream 1.1 %</i>	PG	
<i>sf dental gel 1.1 %</i>	PG	
<i>sodium fluoride dental cream 1.1 %</i>	PG	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	PG	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>acetic acid otic solution 2 %</i>	PG	
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (<i>ciprofloxacin-dexamethasone</i>)	PB	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	PG	
<i>fluocinolone acetonide</i> (Flac Otic Oil 0.01 %)	PG	
<i>fluocinolone acetonide otic oil 0.01 %</i>	PG	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	PG	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	PG	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	PG	
<i>ofloxacin otic solution 0.3 %</i>	PG	

2022 Pharmacy Drug Guide - High Value Plan: Federal Employees

The formulary is updated the first week of each month

12/01/2022

Index

<i>1st tier unilet comfortouch</i>	71	AFTERA.....	59	Amnesteem.....	111
7T Lido.....	116	AGAMATRIX ULTRA-		<i>amoxapine</i>	44
<i>abacavir sulfate</i>	20	THIN LANCETS.....	71	<i>amoxicill-clarithro-lansopraz</i> ...	89
<i>abacavir sulfate-lamivudine</i>	22	<i>aimsco twist lancets 32g</i>	71	<i>amoxicillin</i>	26
<i>abiraterone acetate</i>	28	AIMSCO TWIST LANCETS		<i>amoxicillin-pot clavulanate</i>	26
<i>acamprosate calcium</i>	40	33G.....	71	<i>amoxicillin-pot clavulanate er</i> ...	26
<i>acarbose</i>	55	Airavite.....	101	<i>amphetamine sulfate</i>	47
ACCU-CHEK AVIVA PLUS.....	71	<i>ak-poly-bac</i>	104	<i>amphetamine-dextroamphet er</i> ..	47
ACCU-CHEK FASTCLIX		<i>ala-cort</i>	114	<i>amphetamine-</i>	
LANCETS.....	71	<i>albendazole</i>	19	<i>dextroamphetamine</i>	47
ACCU-CHEK GUIDE.....	71	<i>albuterol sulfate</i>	108	<i>ampicillin</i>	26
ACCU-CHEK GUIDE ME....	71	<i>alclometasone dipropionate</i>	114	<i>ampicillin sodium</i>	26
ACCU-CHEK SAFE-T PRO		<i>alendronate sodium</i>	58	<i>anagrelide hcl</i>	94
LANCETS.....	71	<i>alfuzosin hcl er</i>	89	<i>anastrozole</i>	28
ACCU-CHEK		<i>aliskiren fumarate</i>	38	ANNOVERA.....	60
SMARTVIEW.....	71	<i>allopurinol</i>	14	ANORO ELLIPTA.....	107
ACCU-CHEK SOFTCLIX		<i>almotriptan malate</i>	49	<i>apap-caff-dihydrocodeine</i>	15
LANCETS.....	71	<i>alogliptin benzoate</i>	55	<i>apraclonidine hcl</i>	103
<i>acebutolol hcl</i>	36	<i>alogliptin-metformin hcl</i>	55	<i>aprepitant</i>	86
<i>acetaminophen-codeine</i>	15	<i>alogliptin-pioglitazone</i>	55	Apri.....	60
<i>acetazolamide</i>	38	<i>alosetron hcl</i>	88	AQUALANCE LANCETS	
<i>acetazolamide er</i>	38	<i>alprazolam</i>	40, 41	30G.....	71
<i>acetic acid</i>	117, 118	<i>alprazolam er</i>	40	Aranelle.....	60
<i>acetylcysteine</i>	109	ALPRAZOLAM INTENSOL.....	40	ARANESP (ALBUMIN	
<i>acitretin</i>	113	<i>alprazolam xr</i>	41	FREE).....	92
<i>acti-lance 28g</i>	71	Altacaine.....	105	Argyle Sterile Saline.....	117
<i>acti-lance lite lancets 28g</i>	71	Altafrin.....	105	Argyle Sterile Water.....	106
<i>acti-lance special lancets 17g</i>	71	Altavera.....	59	<i>aripiprazole</i>	46
<i>acti-lance universal 23g</i>	71	ALUNBRIG.....	29	ARISTADA.....	46
<i>acyclovir</i>	23, 116	<i>alyacen 1/35</i>	59	ARISTADA INITIO.....	46
<i>adapalene</i>	111	<i>alyacen 7/7/7</i>	59	<i>armodafinil</i>	52
<i>adapalene-benzoyl peroxide</i>	111	Alyq.....	40	ARNUITY ELLIPTA.....	110
<i>adcl/f (0.5mg/ml)</i>	101	Amabelz.....	81	ASACOL HD.....	87
<i>adefovir dipivoxil</i>	23	<i>amantadine hcl</i>	45	Ascomp-Codeine.....	15
ADEMPAS.....	40	<i>ambrisentan</i>	40	<i>asenapine maleate</i>	46
ADVAIR DISKUS.....	110	<i>amcinonide</i>	114	Ashlyna.....	60
ADVAIR HFA.....	110	Amethia.....	60	<i>aspirin</i>	18
ADVATE.....	93	Amethyst.....	60	<i>aspirin adult low dose</i>	18
ADVOCATE LANCETS		<i>amiloride hcl</i>	38	<i>aspirin ec low strength</i>	18
30G.....	71	<i>amiloride-hydrochlorothiazide</i> ..	38	<i>aspirin low dose</i>	18
ADVOCATE SAFETY		<i>aminocaproic acid</i>	94	<i>aspirin-dipyridamole er</i>	94
LANCETS.....	71	<i>amiodarone hcl</i>	33	ASPIR-LOW.....	18
ADVOCATE SAFETY		<i>amitriptyline hcl</i>	44	<i>assure comfort lancets 28g</i>	71
LANCETS 26G.....	71	<i>amlodipine besy-benazepril hcl</i> ..	31	<i>atazanavir sulfate</i>	20
<i>adynovate</i>	93	<i>amlodipine besylate</i>	36	<i>atenolol</i>	36
AFINITOR.....	29	<i>amlodipine besylate-valsartan</i> ...	32	<i>atenolol-chlorthalidone</i>	35
AFINITOR DISPERZ.....	29	<i>amlodipine-atorvastatin</i>	36	<i>athletes foot (clotrimazole)</i>	112
Afirmelle.....	59	<i>amlodipine-olmesartan</i>	32	<i>athletes foot (terbinafine)</i>	113
AFSTYLA.....	93	<i>ammonium lactate</i>	117	<i>atomoxetine hcl</i>	47

<i>atorvastatin calcium</i>	34, 35	BD INSULIN SYRINGE U-500.....	72	<i>biocel</i>	101
<i>atovaquone</i>	26	BD INSULIN SYRINGE ULTRAFINE.....	72	<i>bisoprolol fumarate</i>	36
<i>atovaquone-proguanil hcl</i>	20	BD LANCET ULTRAFINE 30G.....	72	<i>bisoprolol-hydrochlorothiazide</i> ..	35
ATRIPLA.....	22	BD LANCET ULTRAFINE 33G.....	72	Blisovi 24 Fe.....	60
ATRIX MEDICATED FORMULA.....	117	BD MICROTAINER LANCETS.....	72	Blisovi Fe 1.5/30.....	61
AUBAGIO.....	50	BD PEN NEEDLE MICRO U/F.....	72	Blisovi Fe 1/20.....	61
Aubra.....	60	BD PEN NEEDLE MINI U/F.....	72	<i>bosentan</i>	40
Aubra Eq.....	60	BD PEN NEEDLE NANO 2ND GEN.....	72	BOSULIF.....	29
<i>aurora lancet super thin 30g</i>	71	BD PEN NEEDLE NANO U/F.....	72	<i>bp wash</i>	111
<i>aurora lancet thin 23g</i>	71	BD PEN NEEDLE ORIGINAL U/F.....	72	<i>b-plex</i>	101
Aurovela 1.5/30.....	60	BD PEN NEEDLE SHORT U/F.....	72	<i>b-plex plus</i>	101
Aurovela 1/20.....	60	BD SAFETYGLIDE INSULIN SYRINGE.....	72	BREO ELLIPTA.....	111
Aurovela 24 Fe.....	60	BD VEO INSULIN SYR U/F 1/2UNIT.....	72	<i>briellyn</i>	61
Aurovela Fe 1.5/30.....	60	BD VEO INSULIN SYRINGE U/F.....	72	BRILINTA.....	94
Aurovela Fe 1/20.....	60	BELBUCA.....	17	<i>brimonidine tartrate</i>	103
AUSTEDO.....	50	<i>benazepril hcl</i>	32	<i>bromfenac sodium (once-daily)</i>	105
Aviane.....	60	<i>benazepril-hydrochlorothiazide</i>	31	<i>bromocriptine mesylate</i>	45
<i>avidoxy</i>	27	Benzepro.....	111	<i>budesonide</i>	87, 110
Avita.....	111	<i>benzonatate</i>	108	<i>budesonide er</i>	87
Ayuna.....	60	<i>benzoyl perox-hydrocortisone</i>	111	<i>bumetanide</i>	38
<i>azathioprine</i>	99	<i>benzoyl peroxide</i>	111	<i>buprenorphine</i>	17
<i>azelaic acid</i>	117	<i>benzoyl peroxide-erythromycin</i>	111	<i>buprenorphine hcl</i>	52
<i>azelastine hcl</i>	103, 107	<i>benztropine mesylate</i>	45	<i>buprenorphine hcl-naloxone hcl</i>	52
<i>azithromycin</i>	24	<i>betamethasone dipropionate</i>	114	<i>bupropion hcl</i>	44
Azurette.....	60	<i>betamethasone dipropionate aug</i>	114	<i>bupropion hcl er (smoking det)</i>	52
Bac.....	14	<i>betamethasone valerate</i>	114	<i>bupropion hcl er (sr)</i>	44
<i>bacitracin</i>	104	BETASERON.....	50	<i>bupropion hcl er (xl)</i>	44
<i>bacitracin-polymyxin b</i>	104	<i>betaxolol hcl</i>	36, 103	<i>buspirone hcl</i>	41
<i>bacitra-neomycin-polymyxin-hc</i>	104	<i>bethanechol chloride</i>	91	<i>butalbital-acetaminophen</i>	14
<i>baclofen</i>	51	BETHKIS.....	109	<i>butalbital-apap-caff-cod</i>	16
BALCOLTRA.....	60	BEVESPI AEROSPHERE....	107	<i>butalbital-apap-caffeine</i>	14
<i>balsalazide disodium</i>	87	<i>bexarotene</i>	31	<i>butalbital-asa-caff-codeine</i>	16
Balziva.....	60	<i>bicalutamide</i>	28	<i>butalbital-aspirin-caffeine</i>	14
BAQSIMI ONE PACK.....	83	BIKTARVY.....	22	<i>butorphanol tartrate</i>	16
BAQSIMI TWO PACK.....	83			<i>cabergoline</i>	84
BARACLUDE.....	23			CABOMETYX.....	29
BASAGLAR KWIKPEN.....	56			<i>calcipotriene</i>	113
BAYER ASPIRIN EC LOW DOSE.....	18			<i>calcitonin (salmon)</i>	84
BAYER LOW DOSE.....	18			Calcitrene.....	113
BD AUTOSHIELD.....	71			<i>calcitriol</i>	101
BD INSULIN SYRINGE.....	71, 72			<i>calcium acetate (phos binder)</i> ..	84
BD INSULIN SYRINGE HALF-UNIT.....	72			CALQUENCE.....	29
BD INSULIN SYRINGE MICROFINE.....	72			Camila.....	61
BD INSULIN SYRINGE U/F.....	72			Camrese.....	61
				Camrese Lo.....	61
				<i>candesartan cilexetil</i>	33
				<i>candesartan cilexetil-hctz</i>	32
				<i>capecitabine</i>	27
				CAPRELSA.....	29

<i>captopril</i>	32	Ciclodan.....	113	<i>clozapine</i>	46
<i>carbamazepine</i>	41	<i>ciclopirox</i>	113	COAGUCHEK LANCETS....	73
<i>carbamazepine er</i>	41	<i>ciclopirox olamine</i>	113	<i>codeine sulfate</i>	16
<i>carbidopa</i>	45	<i>cilostazol</i>	94	<i>colchicine</i>	14
<i>carbidopa-levodopa</i>	45	CIMDUO.....	22	<i>colchicine-probenecid</i>	14
<i>carbidopa-levodopa er</i>	45	<i>cimetidine</i>	87	<i>colesevelam hcl</i>	34
<i>carbidopa-levodopa-entacapone</i>	45	<i>cimetidine hcl</i>	87	<i>colestipol hcl</i>	34
<i>carbinoxamine maleate</i>	107	<i>cinacalcet hcl</i>	59	<i>comfort assured lancets 28g</i>	73
CARDIZEM LA.....	36	CIPRO.....	25	<i>comfort assured lancets 33g</i>	73
CAREONE LANCET		CIPRODEX.....	118	<i>comfort lancets</i>	73
SUPER THIN 30G.....	72	<i>ciprofloxacin hcl</i>	25, 104, 118	Compro.....	86
<i>careone lancet thin 23g</i>	73	<i>cialtopram hydrobromide</i>	44	<i>constulose</i>	88
CARETOUCH SAFETY		Claravis.....	111	COPAXONE.....	50
LANCETS 26G.....	73	<i>clarithromycin</i>	24	COPIKTRA.....	29
CARETOUCH TWIST		<i>clarithromycin er</i>	24	CORLANOR.....	39
LANCETS 28G.....	73	CLEANLET LANCETS 28G.	73	COSENTYX.....	95
CARETOUCH TWIST		<i>clemastine fumarate</i>	107	COSENTYX (300 MG	
LANCETS 30G.....	73	CLENPIQ.....	88	DOSE).....	95
CARETOUCH TWIST		CLEVER CHEK LANCETS..	73	COSENTYX	
LANCETS 33G.....	73	CLEVER CHOICE		SENSOREADY (300 MG)....	95
<i>carteolol hcl</i>	103	LANCETS 21G.....	73	COSENTYX	
Cartia Xt.....	36	CLEVER CHOICE		SENSOREADY PEN.....	95
<i>carvedilol</i>	36	LANCETS 23G.....	73	CREON.....	89
Cavarest.....	118	CLEVER CHOICE		<i>cromolyn sodium</i>	88, 103, 109
CAYA.....	61	LANCETS 28G.....	73	CROTAN.....	117
<i>cefactor</i>	24	CLIMARA PRO.....	81	Cryselle-28.....	61
<i>cefadroxil</i>	24	Clindacin Etz.....	111	Curity Sterile Saline.....	117
<i>cefдинir</i>	24	Clindacin-P.....	111	CUTAQUIG.....	99
<i>cefixime</i>	24	<i>clindamycin hcl</i>	26	CUVPOSA.....	85
<i>cefpodoxime proxetil</i>	24	<i>clindamycin palmitate hcl</i>	26	<i>cvs aspirin low dose</i>	18
<i>cefprozil</i>	24	<i>clindamycin phos-benzoyl</i>		<i>cvs aspirin low strength</i>	18
<i>cefuroxime axetil</i>	24	<i>perox</i>	111	<i>cvs folic acid</i>	101
<i>celecoxib</i>	14	<i>clindamycin phosphate</i>	91, 111	<i>cvs lancets 21g</i>	73
<i>cephalexin</i>	24	Clinpro 5000.....	118	<i>cvs lancets micro thin 33g</i>	73
CERDELGA.....	80	<i>clobazam</i>	41	<i>cvs lancets original</i>	73
CEREZYME.....	80	<i>clobetasol prop emollient base</i> .	114	<i>cvs lancets thin 26g</i>	73
<i>cetirizine hcl</i>	107	<i>clobetasol propionate</i>	114, 115	<i>cvs lancets ultra thin 30g</i>	73
CETROTIDE.....	80	<i>clobetasol propionate e</i>	114	<i>cvs lancets ultra-thin 30g</i>	73
<i>cevimeline hcl</i>	118	Clodan.....	115	<i>cvs nicotine</i>	52
Charlotte 24 Fe.....	61	<i>clomiphene citrate</i>	82	<i>cvs nicotine polacrilex</i>	52
Chateal.....	61	<i>clomipramine hcl</i>	41	<i>cvs ultra thin lancets</i>	73
Chateal Eq.....	61	<i>clonazepam</i>	41	<i>cyanocobalamin</i>	101
<i>childrens aspirin</i>	18	<i>clonidine</i>	39	<i>cyclobenzaprine hcl</i>	51
<i>chlordiazepoxide-amitriptyline</i> .	52	<i>clonidine hcl</i>	39	<i>cyclopentolate hcl</i>	105
<i>chlorhexidine gluconate</i>	118	<i>clonidine hcl er</i>	47	<i>cyclophosphamide</i>	27
<i>chloroquine phosphate</i>	20	<i>clopidogrel bisulfate</i>	94	<i>cycloserine</i>	23
<i>chlorpromazine hcl</i>	46	<i>clorazepate dipotassium</i>	41	<i>cyclosporine</i>	99
<i>chlorthalidone</i>	38	<i>clotrimazole</i>	113, 118	<i>cyclosporine modified</i>	99
<i>cholestyramine</i>	34	<i>clotrimazole athletes foot</i>	113	<i>cyproheptadine hcl</i>	107
<i>cholestyramine light</i>	34	<i>clotrimazole-betamethasone</i>	113	Cyred.....	61

Cyred Eq.....	61	<i>diclofenac sodium</i>	15, 105, 117	DUPIXENT.....	109, 114
CYSTAGON.....	80	<i>diclofenac sodium er</i>	15	DUROLANE.....	19
<i>cytra k crystals</i>	90	<i>diclofenac-misoprostol</i>	15	<i>dutasteride</i>	90
<i>dalfampridine er</i>	50	<i>dicloxacillin sodium</i>	26	<i>dutasteride-tamsulosin hcl</i>	90
<i>danazol</i>	80	<i>dicyclomine hcl</i>	85	E.E.S. 400.....	25
<i>dantrolene sodium</i>	51	DIFICID.....	24	<i>easy comfort lancets</i>	73
<i>dapsone</i>	26, 112	<i>diflunisal</i>	18	<i>easy comfort lancets twist top</i> ...	73
<i>darifenacin hydrobromide er</i>	91	Digitek.....	38	EASY TOUCH LANCETS	
Dasetta 1/35.....	61	Digox.....	38	21G.....	73
Dasetta 7/7/7.....	61	<i>digoxin</i>	38	EASY TOUCH LANCETS	
Daysee.....	61	<i>dihydroergotamine mesylate</i>	49	23G.....	74
Deblitane.....	61	DILANTIN.....	41	EASY TOUCH LANCETS	
<i>decitabine</i>	27	<i>diltiazem hcl</i>	37	28G.....	74
<i>deferasirox</i>	59	<i>diltiazem hcl er</i>	37	EASY TOUCH LANCETS	
<i>deferasirox granules</i>	59	<i>diltiazem hcl er beads</i>	36	30G.....	74
<i>deferiprone</i>	59	<i>diltiazem hcl er coated beads</i>	37	EASY TOUCH LANCETS	
<i>deferoxamine mesylate</i>	59	<i>dilt-xr</i>	37	32G.....	74
Delyla.....	61	<i>dimethyl fumarate</i>	50	EASYGEL.....	118
<i>demeclocycline hcl</i>	27	<i>dimethyl fumarate starter pack</i> ..	50	<i>econazole nitrate</i>	113
Denta 5000 Plus.....	118	<i>diphenhydramine hcl</i>	107	ECONTRA EZ.....	62
Dentagel.....	118	<i>diphenoxylate-atropine</i>	86	ECONTRA ONE-STEP.....	62
DEPO-SUBQ PROVERA		<i>dipyridamole</i>	94	<i>ed-spaz</i>	86
104.....	61	<i>disopyramide phosphate</i>	33	EDURANT.....	20
DESCOVY.....	22	<i>disulfiram</i>	40	<i>efavirenz</i>	20
<i>desipramine hcl</i>	44	<i>divalproex sodium</i>	41, 42	Effer-K.....	100
<i>desloratadine</i>	107	<i>divalproex sodium er</i>	41	<i>eletriptan hydrobromide</i>	49
<i>desmopressin ace spray refrig</i> ...	85	<i>dofetilide</i>	33	ELIGARD.....	28
<i>desmopressin acetate</i>	85	Dolishale.....	62	Elinest.....	62
<i>desmopressin acetate spray</i>	85	<i>donepezil hcl</i>	43	ELLA.....	62
<i>desogestrel-ethinyl estradiol</i>	61	DOPTelet.....	92	ELOCTATE.....	93
<i>desonide</i>	115	<i>dorzolamide hcl-timolol mal pf</i> 104		Eluryng.....	62
<i>desoximetasone</i>	115	Dotti.....	81	EMBRACE LANCETS	
Desrx.....	115	DOVATO.....	22	ULTRA THIN 30G.....	74
<i>desvenlafaxine succinate er</i>	44	<i>doxazosin mesylate</i>	32	EMCYT.....	27
<i>dexamethasone</i>	82	<i>doxepin hcl</i>	44, 48, 113	EMGALITY.....	49
<i>dexamethasone sodium</i>		<i>doxercalciferol</i>	101	EMGALITY (300 MG	
<i>phosphate</i>	105	<i>doxycycline hyclate</i>	27	DOSE).....	49
DEXCOM G6 RECEIVER....	73	<i>doxycycline monohydrate</i>	27	<i>emtricitabine-tenofovir df</i>	22
DEXCOM G6 SENSOR.....	73	<i>doxylamine-pyridoxine</i>	86	EMTRIVA.....	20
DEXCOM G6		<i>dronabinol</i>	86	EMVERM.....	19
TRANSMITTER.....	73	DROPLET LANCETS		<i>enalapril maleate</i>	32
<i>dexmethylphenidate hcl</i>	47	ULTRA THIN 30G.....	73	<i>enalapril-hydrochlorothiazide</i> ...	31
<i>dextroamphetamine sulfate</i>	48	<i>drospiren-eth estrad-levomefol</i> ..	62	ENBREL.....	95
<i>dextroamphetamine sulfate er</i> ...	48	<i>drospirenone-ethinyl estradiol</i> ...	62	ENBREL MINI.....	95
DIATHRIVE LANCET		DROXIA.....	94	ENBREL SURECLICK.....	95
ULTRA THIN 30.....	73	<i>drug mart lancets thin 26g</i>	73	ENCARE.....	90
DIATHRIVE LANCETS.....	73	DRUG MART ON-THE-GO		Endocet.....	16
<i>diazepam</i>	41	LANCET 30G.....	73	ENDOMETRIN.....	90
<i>diclofenac epolamine</i>	117	<i>duloxetine hcl</i>	44	<i>enoxaparin sodium</i>	91
<i>diclofenac potassium</i>	14	DUOBRII.....	115	Enpresse-28.....	62

Enskyce.....	62	<i>ethynodiol diac-eth estradiol</i>	62	FIASP PENFILL.....	56
ENSPRYNG.....	99	<i>etodolac</i>	15	FIFTY50 UNILET	
ENSTILAR.....	115	<i>etodolac er</i>	15	LANCETS 33G.....	74
<i>entacapone</i>	45	<i>etonogestrel-ethinyl estradiol</i>	62	<i>finasteride</i>	90
<i>entecavir</i>	23	<i>etoposide</i>	31	FINGERSTIX LANCETS.....	74
ENTRESTO.....	39	EUFLEXXA.....	19	FIRAZYR.....	99
<i>enulose</i>	88	Euthyrox.....	85	FIRMAGON.....	29
EPCLUSA.....	25	EVOTAZ.....	22	FIRMAGON (240 MG	
<i>epinastine hcl</i>	103	<i>exemestane</i>	28	DOSE).....	28
<i>epinephrine</i>	106	EYLEA.....	106	Flac.....	118
EPIPEN 2-PAK.....	107	E-Z JECT LANCET		<i>flavoxate hcl</i>	91
Epitol.....	42	MICRO-THIN 33G.....	74	<i>flecainide acetate</i>	33
<i>eplerenone</i>	32	E-Z JECT LANCET SUPER		FLORIVA PLUS.....	102
<i>epoprostenol sodium</i>	40	THIN 30G.....	74	FLOVENT DISKUS.....	110
<i>eq famotidine max st</i>	87	E-Z JECT LANCETS.....	74	FLOVENT HFA.....	110
<i>eq nicotine</i>	53	E-Z JECT LANCETS 21G.....	74	<i>fluconazole</i>	20
<i>eq nicotine polacrilex</i>	53	E-Z JECT LANCETS THIN		<i>flucytosine</i>	20
<i>eq nicotine step 3</i>	53	26G.....	74	<i>fludrocortisone acetate</i>	82
<i>eq aspirin low dose</i>	18	<i>ezetimibe</i>	34	<i>flunisolide</i>	109
<i>eq color lancets 21g</i>	74	<i>ezetimibe-simvastatin</i>	35	<i>fluocinolone acetonide</i>	115, 118
<i>eq color lancets micro 33g</i>	74	EZ-LETS LANCETS 21G.....	74	<i>fluocinolone acetonide body</i>	115
<i>eq heartburn prevention</i>	87	EZ-LETS LANCETS 26G.....	74	<i>fluocinolone acetonide scalp</i>	115
<i>eq nicotine polacrilex</i>	53	EZ-LETS LANCETS 28G.....	74	<i>fluocinonide</i>	115
<i>eq super thin lancets 30g</i>	74	EZ-LETS LANCETS 30G.....	74	<i>fluocinonide emulsified base</i>	115
<i>eq thin lancets 26g</i>	74	FA-8.....	101	Fluoridex.....	118
<i>ergocalciferol</i>	101	<i>fabb</i>	101	Fluoridex Daily Renewal.....	118
<i>ergoloid mesylates</i>	43	Falmina.....	62	<i>fluoritab</i>	100
ERLEADA.....	28	<i>famciclovir</i>	23	<i>fluorometholone</i>	105
<i>erlotinib hcl</i>	29	<i>famotidine</i>	87	<i>fluorouracil</i>	112
Errin.....	62	FARXIGA.....	58	<i>fluoxetine hcl</i>	44
<i>ery</i>	112	FASENRA.....	110	<i>fluphenazine decanoate</i>	46
Ery-Tab.....	25	FASENRA PEN.....	110	<i>fluphenazine hcl</i>	46
ERYTHROCIN STEARATE	25	<i>fa-vitamin b-6-vitamin b-12</i>	101	<i>flurazepam hcl</i>	48
<i>erythromycin</i>	25, 104, 112	Fayosim.....	62	<i>flurbiprofen</i>	15
<i>erythromycin base</i>	25	FC2 FEMALE CONDOM.....	62	<i>flurbiprofen sodium</i>	105
<i>erythromycin ethylsuccinate</i>	25	<i>febuxostat</i>	14	<i>flutamide</i>	29
ESBRIET.....	109	<i>felbamate</i>	42	<i>fluticasone propionate</i>	109, 115
<i>escitalopram oxalate</i>	44	<i>felodipine er</i>	37	<i>fluticasone-salmeterol</i>	107
Esgic.....	14	FEMCAP.....	62	<i>fluvastatin sodium</i>	35
<i>esomeprazole magnesium</i>	89	Femynor.....	62	<i>fluvastatin sodium er</i>	35
ESPEROCT.....	93	<i>fenofibrate</i>	34	<i>fluvoxamine maleate</i>	41
Estarylla.....	62	<i>fenofibrate micronized</i>	34	<i>fluvoxamine maleate er</i>	41
<i>estazolam</i>	48	<i>fenofibric acid</i>	34	<i>folbee</i>	102
<i>estradiol</i>	81	<i>fantanyl</i>	16	<i>folbee plus</i>	102
<i>estradiol valerate</i>	81	<i>fantanyl citrate</i>	16	<i>folic acid</i>	102
<i>estradiol-norethindrone acet</i>	81	<i>ferocon</i>	101	<i>folplex 2.2</i>	102
<i>eszopiclone</i>	48	<i>ferotinsic</i>	102	<i>foltrin</i>	102
<i>ethacrynic acid</i>	38	Ferrocite Plus.....	102	<i>fondaparinux sodium</i>	91
<i>ethambutol hcl</i>	23	FIASP.....	56	FORA LANCETS.....	74
<i>ethosuximide</i>	42	FIASP FLEXTOUCH.....	56	FORTEO.....	84

<i>fosaprepitant dimeglumine</i>	86	<i>glycopyrrolate</i>	86	<i>hm aspirin</i>	18
<i>fosinopril sodium</i>	32	Glydo.....	116	<i>hm nicotine</i>	53
<i>fosinopril sodium-hctz</i>	32	GLYXAMBI.....	58	<i>hm nicotine polacrilex</i>	53
FREESTYLE UNISTICK II		<i>gnp adult aspirin low strength</i> ...	18	HUMIRA.....	96
LANCETS.....	74	<i>gnp aspirin</i>	18	HUMIRA PEDIATRIC	
<i>frovatriptan succinate</i>	49	<i>gnp lancets 21g</i>	74	CROHNS START.....	95
<i>fulvestrant</i>	29	<i>gnp lancets thin 26g</i>	74	HUMIRA PEN.....	95
<i>furosemide</i>	38	<i>gnp nicotine</i>	53	HUMIRA PEN-CD/UC/HS	
FUZEON.....	21	<i>gnp nicotine mini</i>	53	STARTER.....	95
Fyavolv.....	81	<i>gnp nicotine polacrilex</i>	53	HUMIRA PEN-	
<i>gabapentin</i>	42	GOJJI STERILE LANCETS..	74	PS/UV/ADOL HS START.....	96
<i>galantamine hydrobromide</i>	43	GONAL-F.....	82	HUMIRA PEN-	
<i>galantamine hydrobromide er</i> ...	43	GONAL-F RFF.....	82	PSOR/UEIT STARTER.....	96
<i>ganirelix acetate</i>	82	GONAL-F RFF REDIRECT..	82	HUMULIN R U-500	
<i>gatifloxacin</i>	104	<i>goodsense aspirin low dose</i>	18	(CONCENTRATED).....	56
Gavilyte-G.....	88	<i>goodsense lancets 26g univ</i>	75	HUMULIN R U-500	
GELSYN-3.....	19	<i>goodsense lancets 30g univ</i>	75	KWIKPEN.....	56
<i>gemfibrozil</i>	34	<i>goodsense lancets 33g univ</i>	75	<i>hydralazine hcl</i>	39
Gemmily.....	62	<i>goodsense nicotine</i>	53	<i>hydrochlorothiazide</i>	38
<i>generlac</i>	88	<i>granisetron hcl</i>	86	<i>hydrocod polst-cpm polst er</i> ...	108
Gengraf.....	99	<i>griseofulvin microsize</i>	20	<i>hydrocodone bitartrate er</i>	16
GENTAK.....	104	<i>griseofulvin ultramicrosize</i>	20	<i>hydrocodone bit-homatrop mbr</i>	
<i>gentamicin sulfate</i>	104, 112	<i>guanfacine hcl</i>	39		108
GENTEEL BUTTERFLY		<i>guanfacine hcl er</i>	48	<i>hydrocodone-acetaminophen</i>	16
TOUCH LANCET.....	74	GVOKE HYPOPEN 1-		<i>hydrocodone-ibuprofen</i>	16
GENTLE-LET GP		PACK.....	83	<i>hydrocortisone</i>	82, 87, 116
LANCETS.....	74	GVOKE HYPOPEN 2-		<i>hydrocortisone (perianal)</i>	89
GENTLE-LET LANCETS.....	74	PACK.....	83	<i>hydrocortisone ace-pramoxine</i> ..	89
GENVOYA.....	22	GVOKE PFS.....	83	<i>hydrocortisone butyrate</i>	115
GILENYA.....	50	HABITROL.....	53	<i>hydrocortisone valerate</i>	116
GILOTRIF.....	29	Hailey 1.5/30.....	62	<i>hydrocortisone-acetic acid</i>	118
<i>glatiramer acetate</i>	50	Hailey 24 Fe.....	62	<i>hydromet</i>	108
Glatopa.....	50	Hailey Fe 1.5/30.....	63	<i>hydromorphone hcl</i>	16
GLIADEL WAFER.....	27	Hailey Fe 1/20.....	63	<i>hydromorphone hcl er</i>	16
<i>glimepiride</i>	58	<i>halobetasol propionate</i>	115	<i>hydroxychloroquine sulfate</i>	98
<i>glipizide</i>	58	<i>haloperidol</i>	47	<i>hydroxyprogesterone caproate</i> ..	84
<i>glipizide er</i>	58	<i>haloperidol decanoate</i>	47	<i>hydroxyurea</i>	31
<i>glipizide xl</i>	58	<i>haloperidol lactate</i>	47	<i>hydroxyzine hcl</i>	107, 108
<i>glipizide-metformin hcl</i>	55	HARVONI.....	25	<i>hydroxyzine pamoate</i>	108
<i>global inject ease lancets 28g</i> ...	74	<i>healthy accents unilet lancets</i> ...	75	<i>hyoscyamine sulfate</i>	86
<i>global inject ease lancets 30g</i> ...	74	Heather.....	63	HY-VEE LANCETS.....	75
<i>glucagon emergency</i>	83	<i>h-e-b aspirin</i>	18	<i>hy-vee thin lancets</i>	75
GLUCOCOM LANCETS		<i>h-e-b incontrol lancets 28g</i>	75	<i>ibandronate sodium</i>	59
28G.....	74	<i>h-e-b incontrol lancets 30g</i>	75	IBRANCE.....	30
GLUCOCOM LANCETS		<i>h-e-b incontrol lancets 33g</i>	75	Ibu.....	15
30G.....	74	<i>hematinic plus vitlminerals</i>	102	<i>ibuprofen</i>	15
GLUCOCOM LANCETS		<i>heparin (porcine) in nacl</i>	91	<i>icatibant acetate</i>	99
33G.....	74	<i>heparin sodium (porcine)</i>	92	Iclevia.....	63
<i>glyburide-metformin</i>	55	<i>heparin sodium (porcine) pf</i>	92	Ifex 150 Forte.....	102
<i>glycine</i>	117	Hidex 6-Day.....	82	<i>imatinib mesylate</i>	30

IMBRUVICA.....	30	Junel Fe 1.5/30.....	63	<i>lactic acid</i>	117
<i>imipramine hcl</i>	44	Junel Fe 1/20.....	63	<i>lactulose</i>	88
<i>imipramine pamoate</i>	44	Junel Fe 24.....	63	<i>lactulose encephalopathy</i>	88
<i>imiquimod</i>	112	Kaitlib Fe.....	63	<i>lamivudine</i>	21, 23
<i>imiquimod pump</i>	112	Kalliga.....	63	<i>lamivudine-zidovudine</i>	22
IMVEXXY		KANJINTI.....	30	<i>lamotrigine</i>	42
MAINTENANCE PACK.....	81	Kariva.....	63	<i>lamotrigine er</i>	42
IMVEXXY STARTER		Kelnor 1/35.....	64	<i>lamotrigine starter kit-blue</i>	42
PACK.....	81	Kelnor 1/50.....	64	<i>lamotrigine starter kit-green</i>	42
IN TOUCH STERILE		KERENDIA.....	84	<i>lamotrigine starter kit-orange</i> ...	42
LANCETS 30G.....	75	KESIMPTA.....	50	<i>lancets</i>	75
INATAL GT.....	101	<i>ketoconazole</i>	20, 113, 114	<i>lancets micro thin 33g</i>	75
INBRIJA.....	45	<i>ketorolac tromethamine</i>	15, 105	<i>lancets thin</i>	75
Incassia.....	63	KEVZARA.....	96	<i>lancets ultra thin 30g</i>	75
<i>indapamide</i>	38	<i>kinney lancets</i>	75	LANOXIN.....	38
<i>indomethacin</i>	15	<i>kinney thin lancets</i>	75	<i>lansoprazole</i>	89
<i>indomethacin er</i>	15	KISQALI (200 MG DOSE)....	30	Larin 1.5/30.....	64
INGREZZA.....	50	KISQALI (400 MG DOSE)....	30	Larin 1/20.....	64
INTELENCE.....	21	KISQALI (600 MG DOSE)....	30	Larin 24 Fe.....	64
Introvale.....	63	KISQALI FEMARA (400		Larin Fe 1.5/30.....	64
<i>ipratropium bromide</i>	107	MG DOSE).....	30	Larin Fe 1/20.....	64
<i>ipratropium-albuterol</i>	107	KISQALI FEMARA (600		Layolis Fe.....	64
<i>irbesartan</i>	33	MG DOSE).....	30	Leena.....	64
<i>irbesartan-hydrochlorothiazide</i> ..	33	KISQALI FEMARA(200		<i>leflunomide</i>	98
IRESSA.....	30	MG DOSE).....	30	Lessina.....	64
ISENTRESS.....	21	KLONOPIN.....	42	<i>letrozole</i>	29
ISENTRESS HD.....	21	Klor-Con.....	100	<i>leucovorin calcium</i>	31
Isibloom.....	63	Klor-Con 10.....	100	LEUKERAN.....	27
<i>isoniazid</i>	23	Klor-Con M10.....	100	<i>leuprolide acetate</i>	29
<i>isosorbide dinitrate</i>	39	Klor-Con M15.....	100	<i>levalbuterol hcl</i>	108
<i>isosorbide mononitrate</i>	39	Klor-Con M20.....	100	<i>levalbuterol tartrate</i>	108
<i>isosorbide mononitrate er</i>	39	Klor-Con/Ef.....	100	LEVEMIR.....	57
<i>isotretinoin</i>	112	<i>kls aspirin low dose</i>	18	LEVEMIR FLEXTOUCH.....	57
<i>isradipine</i>	37	KLS QUIT2.....	53	<i>levetiracetam</i>	42
<i>itraconazole</i>	20	KLS QUIT4.....	53	<i>levetiracetam er</i>	42
<i>ivermectin</i>	19	KOGENATE FS.....	93	<i>levobunolol hcl</i>	104
Jaimiess.....	63	KOSELUGO.....	30	<i>levocarnitine</i>	59
Jantoven.....	92	KOVALTRY.....	93	<i>levocetirizine dihydrochloride</i> ..	108
JANUMET.....	55	<i>kp aspirin</i>	18	<i>levofloxacin</i>	25, 104
JANUMET XR.....	55	<i>kp folic acid</i>	102	Levonest.....	64
JANUVIA.....	55	K-Prime.....	100	<i>levonorgest-eth est & eth est</i>	64
JARDIANCE.....	58	<i>kroger lancets</i>	75	<i>levonorgest-eth estrad 91-day</i> ...	64
Jasmiel.....	63	<i>kroger lancets super thin</i>	75	<i>levonorgestrel</i>	64
Jencycla.....	63	<i>kroger lancets thin</i>	75	<i>levonorgestrel-ethinyl estrad</i>	64
Jinteli.....	81	K-Tan Plus.....	102	<i>levonorg-eth estrad triphasic</i>	64
JIVI.....	93	Kurvelo.....	64	Levora 0.15/30 (28).....	64
Jolessa.....	63	KYLEENA.....	64	<i>levorphanol tartrate</i>	16
Juleber.....	63	KYNMOBI.....	45	Levo-T.....	85
Junel 1.5/30.....	63	<i>labetalol hcl</i>	36	<i>levothyroxine sodium</i>	85
Junel 1/20.....	63	<i>lactated ringers</i>	106	Levoxyl.....	85

<i>lidocaine</i>	116	<i>mafenide acetate</i>	112	<i>metformin hcl er</i>	55
<i>lidocaine hcl</i>	116, 118	<i>malathion</i>	117	<i>methadone hcl</i>	16
<i>lidocaine hcl urethrallmucosal</i>	116	<i>marlissa</i>	65	Methadone Hcl Intensol.....	16
<i>lidocaine viscous hcl</i>	118	MATULANE.....	27	Methadose.....	16
<i>lidocaine-prilocaine</i>	116	Matzim La.....	37	<i>methamphetamine hcl</i>	48
<i>lidocanna</i>	116	MAYZENT.....	50	<i>methazolamide</i>	38
LIFESCAN UNISTIK 2.....	75	MAYZENT STARTER		<i>methenamine hippurate</i>	26
LIFESCAN UNISTIK II		PACK.....	50	<i>methenamine mandelate</i>	26
LANCETS.....	75	<i>meclizine hcl</i>	86	Methergine.....	84
LILETTA (52 MG).....	65	<i>meclofenamate sodium</i>	15	<i>methimazole</i>	85
<i>lindane</i>	117	<i>medichoice safety lancet norm</i> ..	75	<i>methocarbamol</i>	51
<i>linezolid</i>	26	MEDLANCE PLUS EXTRA		<i>methotrexate sodium</i>	28, 98
LINZESS.....	88	21G.....	75	<i>methotrexate sodium (pf)</i>	28
<i>liothyronine sodium</i>	85	MEDLANCE PLUS		<i>methoxsalen rapid</i>	114
<i>lisinopril</i>	32	LANCETS.....	75	<i>methscopolamine bromide</i>	86
<i>lisinopril-hydrochlorothiazide</i> ...	32	MEDLANCE PLUS LITE		<i>methylergonovine maleate</i>	84
<i>lite touch lancets</i>	75	25G.....	75	<i>methylphenidate hcl</i>	48
LITETOUCH LANCETS.....	75	MEDLANCE PLUS		<i>methylphenidate hcl er</i>	48
<i>lithium carbonate</i>	49	SPECIAL 0.8MM.....	75	<i>methylphenidate hcl er (cd)</i>	48
<i>lithium carbonate er</i>	49	MEDLANCE PLUS		<i>methylphenidate hcl er (la)</i>	48
<i>live better lancet ultra thin</i>	75	SUPERLITE 30G.....	75	<i>methylphenidate hcl er (osm)</i> ...	48
LO LOESTRIN FE.....	65	MEDLANCE PLUS		<i>methylprednisolone</i>	82
Loestrin 1.5/30 (21).....	65	UNIVERSAL 21G.....	76	<i>methyltestosterone</i>	54
Loestrin 1/20 (21).....	65	MEDROL.....	82	<i>metoclopramide hcl</i>	86
Loestrin Fe 1.5/30.....	65	<i>medroxyprogesterone acetate</i>		<i>metolazone</i>	38
Loestrin Fe 1/20.....	65		65, 84	<i>metoprolol succinate er</i>	36
Lofena.....	15	<i>mefloquine hcl</i>	20	<i>metoprolol tartrate</i>	36
Lojaimiess.....	65	<i>megestrol acetate</i>	29, 84	<i>metoprolol-hydrochlorothiazide</i>	35
<i>longs lancets standard</i>	75	MEIJER LANCETS THIN....	76	<i>metronidazole</i>	26, 91, 117
<i>longs lancets thin</i>	75	MEIJER LANCETS		<i>mexiletine hcl</i>	33
<i>longs lancets ultra thin</i>	75	UNIVERSAL 21G.....	76	<i>miconazole 3</i>	91
LONSURF.....	28	MEIJER LANCETS		<i>miconazole-zinc oxide-petrolat</i>	113
<i>loperamide hcl</i>	86	UNIVERSAL 30G.....	76	MICOTRIN AC.....	113
<i>lopinavir-ritonavir</i>	22	MEIJER LANCETS		MICOTRIN AL.....	113
<i>lorazepam</i>	41	UNIVERSAL 33G.....	76	Microgestin 1.5/30.....	65
Loryna.....	65	MEIJER SUPER THIN		Microgestin 1/20.....	65
<i>losartan potassium</i>	33	LANCETS.....	76	Microgestin 24 Fe.....	65
<i>losartan potassium-hctz</i>	33	<i>meloxicam</i>	15	Microgestin Fe 1.5/30.....	66
<i>loteprednol etabonate</i>	105	<i>melphalan</i>	27	Microgestin Fe 1/20.....	66
<i>lovastatin</i>	35	<i>memantine hcl</i>	43	MICROLET LANCETS.....	76
Low-Ogestrel.....	65	<i>memantine hcl er</i>	43	<i>midazolam hcl</i>	48
<i>loxapine succinate</i>	47	<i>meperidine hcl</i>	16	<i>midodrine hcl</i>	39
Lo-Zumandimine.....	65	<i>meprobamate</i>	41	<i>miglitol</i>	55
LUCENTIS.....	106	<i>mercaptopurine</i>	28	<i>miglustat</i>	80
Lutera.....	65	Merzee.....	65	Mili.....	66
Lyleq.....	65	<i>mesalamine</i>	87	Mimvey.....	81
LYNPARZA.....	31	<i>mesalamine-cleanser</i>	87	<i>minocycline hcl</i>	27
Lysiplex Plus.....	102	MESNEX.....	31	<i>minoxidil</i>	39
LYSODREN.....	29	<i>metaxalone</i>	51	MIRENA (52 MG).....	66
Lyza.....	65	<i>metformin hcl</i>	55	<i>mirtazapine</i>	44

<i>misoprostol</i>	88	NATAZIA.....	66	NORDIPEN 5 INJECTION	
MITIGARE.....	14	<i>nateglinide</i>	58	DEVICE.....	83
<i>modafinil</i>	52	Necon 0.5/35 (28).....	66	NORDIPEN DELIVERY	
<i>moexipril hcl</i>	32	Necon 1/35 (28).....	66	SYSTEM.....	83
<i>mometasone furoate</i>	109, 116	<i>nefazodone hcl</i>	44	NORDITROPIN FLEXPRO.	83
Mondoxylene NI.....	27	<i>neomycin sulfate</i>	19	<i>norethin ace-eth estrad-fe</i>	66
MONOLET LANCETS.....	76	<i>neomycin-bacitracin zn-</i>		<i>norethindrone</i>	66
MONOLET OPD LANCETS.	76	<i>polymyx</i>	104	<i>norethindrone acetate</i>	84
MONOLETTOR SAFETY		<i>neomycin-polymyxin-dexameth</i>		<i>norethindrone acet-ethinyl est</i> ...	66
LANCETS.....	76		104	<i>norethindrone-eth estradiol</i>	81
Mono-Linyah.....	66	<i>neomycin-polymyxin-</i>		<i>norethin-eth estradiol-fe</i>	66
<i>montelukast sodium</i>	109	<i>gramicidin</i>	105	Norgesic.....	51
<i>morphine sulfate</i>	17	<i>neomycin-polymyxin-hc.</i> ..	104, 118	<i>norgestimate-eth estradiol</i>	66
<i>morphine sulfate (concentrate)</i> ..	16	Neo-Polycin.....	105	<i>norgestim-eth estrad triphasic</i> ...	67
<i>morphine sulfate er</i>	17	Neo-Polycin Hc.....	104	Norlyda.....	67
<i>morphine sulfate er beads</i>	17	Nephronex.....	102	Norlyroc.....	67
MOVANTIK.....	88	Neuac.....	112	NORPACE CR.....	33
<i>moxifloxacin hcl</i>	25, 104	<i>nevirapine</i>	21	Nortrel 0.5/35 (28).....	67
<i>mpd safety lancet 21g</i>	76	<i>nevirapine er</i>	21	Nortrel 1/35 (21).....	67
<i>mpd safety lancet 23g</i>	76	NEW DAY.....	66	Nortrel 1/35 (28).....	67
<i>mpd safety lancet 28g</i>	76	NEXPLANON.....	66	Nortrel 7/7/7.....	67
<i>mpd safety lancet 30g</i>	76	NEXTSTELLIS.....	66	<i>nortriptyline hcl</i>	44
MULPLETA.....	92	<i>niacin er (antihyperlipidemic)</i> ..	35	NORVIR.....	21
<i>multi-vit/iron/fluoride</i>	102	NIACOR.....	35	NOVA SAFETY LANCETS	
<i>multivitamin/fluoride</i>	102	NICORELIEF.....	53	23G.....	76
<i>multi-vitamin/fluoride</i>	102	<i>nicotine</i>	53	NOVA SAFETY LANCETS	
<i>multi-vitamin/fluoride/iron</i>	102	<i>nicotine mini</i>	53	28G.....	76
<i>mupirocin</i>	112	<i>nicotine polacrilex</i>	53	NOVA SUREFLEX	
MY CHOICE.....	66	<i>nicotine step 1</i>	53	LANCETS.....	76
MY WAY.....	66	<i>nicotine step 3</i>	53	NOVOEIGHT.....	93
<i>mycophenolate mofetil</i>	99	NICOTROL.....	53	NOVOLIN 70/30.....	57
<i>mycophenolate sodium</i>	99	NICOTROL NS.....	54	NOVOLIN 70/30 FLEXPEN..	57
MYFEMBREE.....	81	<i>nifedipine</i>	37	NOVOLIN N.....	57
MYGLUCOHEALTH		<i>nifedipine er</i>	37	NOVOLIN N FLEXPEN.....	57
LANCETS 30G.....	76	<i>nifedipine er osmotic release</i>	37	NOVOLIN R.....	57
MYLERAN.....	27	Nikki.....	66	NOVOLIN R FLEXPEN.....	57
Myorisan.....	112	<i>nilutamide</i>	29	NOVOLOG.....	57
<i>na sulfate-k sulfate-mg sulf</i>	88	<i>nimodipine</i>	37	NOVOLOG FLEXPEN.....	57
<i>nabumetone</i>	15	NINJACOF-XG.....	108	NOVOLOG MIX 70/30	
<i>nadolol</i>	36	NINLARO.....	31	FLEXPEN.....	57
Nafrinse.....	100	<i>nisoldipine er</i>	37	NOVOLOG PENFILL.....	57
Nafrinse Drops.....	100	<i>nitisinone</i>	80	Np Thyroid.....	85
<i>naftifine hcl</i>	113	NITRO-DUR.....	39	NUBEQA.....	29
<i>naloxone hcl</i>	52	<i>nitrofurantoin macrocrystal</i>	26	NUCALA.....	110
<i>naltrexone hcl</i>	52	<i>nitrofurantoin monohyd macro.</i>	26	Nufol.....	102
<i>naproxen</i>	15	<i>nitroglycerin</i>	39	Nulev.....	86
<i>naproxen sodium</i>	15	NIVESTYM.....	92	Nutrifac Zx.....	102
<i>naratriptan hcl</i>	49	<i>nizatidine</i>	87	NUVARING.....	67
NARCAN.....	52	Nora-Be.....	66	NUWIQ.....	93
NATACYN.....	104			Nyamyc.....	113

Nylia 7/7/7.....	67	OPTIONS GYNOL II		<i>pentoxifylline er</i>	94
Nymyo.....	67	CONTRACEPTIVE.....	90	PERFECT LANCETS 28G....	77
<i>nystatin</i>	20, 113, 118	ORACEA.....	117	PERFECT LANCETS 30G....	77
<i>nystatin-triamcinolone</i>	113	ORALAIR.....	94	PERFOROMIST.....	108
Nystop.....	113	ORALAIR ADULT		<i>perindopril erbumine</i>	32
Ocella.....	67	STARTER PACK.....	94	Periogard.....	118
<i>octreotide acetate</i>	54	Oralone.....	118	PERJETA.....	30
ODEFSEY.....	22	ORENCIA.....	96	<i>permethrin</i>	117
ODOMZO.....	31	ORENCIA CLICKJECT.....	96	<i>perphenazine</i>	47
OFEV.....	109	ORENITRAM.....	40	<i>perphenazine-amitriptyline</i>	52
<i>ofloxacin</i>	25, 105, 118	ORFADIN.....	80	PHARMACIST CHOICE	
<i>olanzapine</i>	47	<i>orphenadrine citrate er</i>	51	LANCETS.....	77
<i>olanzapine-fluoxetine hcl</i>	52	<i>orphenadrine-aspirin-caffeine</i> ...	51	PHARMACY COUNTER	
<i>olmesartan medoxomil</i>	33	Orsythia.....	67	LANCETS.....	77
<i>olmesartan medoxomil-hctz</i>	33	<i>oscimin</i>	86	Phenazo.....	90
<i>olmesartan-amlodipine-hctz</i>	33	<i>oseltamivir phosphate</i>	23	<i>phenelzine sulfate</i>	45
<i>olopatadine hcl</i>	103, 108	OTEZLA.....	96	<i>phenobarbital</i>	42
<i>omega-3-acid ethyl esters</i>	35	OVIDREL.....	82	<i>phenoxybenzamine hcl</i>	39
<i>omeprazole</i>	89	<i>oxandrolone</i>	54	<i>phenylephrine hcl</i>	106
OMNIFLEX DIAPHRAGM.....	67	<i>oxaprozin</i>	15	<i>phenytoin</i>	42
<i>ondansetron</i>	86	<i>oxazepam</i>	41	<i>phenytoin sodium extended</i>	42
<i>ondansetron hcl</i>	86	<i>oxcarbazepine</i>	42	PHEXXI.....	90
ONETOUCH CLUB		<i>oxybutynin chloride</i>	91	Philith.....	67
LANCETS FINE PT.....	76	<i>oxybutynin chloride er</i>	91	Phospha 250 Neutral.....	100
ONETOUCH DELICA		<i>oxycodone hcl</i>	17	<i>phosphorous</i>	100
LANCETS 30G.....	76	<i>oxycodone hcl er</i>	17	Phospho-Trin 250 Neutral....	100
ONETOUCH DELICA		<i>oxycodone-acetaminophen</i>	17	Physiolyte.....	106
LANCETS 33G.....	76	<i>oxymorphone hcl</i>	17	Physiosol Irrigation.....	106
ONETOUCH DELICA		OZEMPIC (0.25 OR 0.5		<i>phytonadione</i>	102
PLUS LANCET30G.....	76	MG/DOSE).....	56	<i>pilocarpine hcl</i>	104, 118
ONETOUCH DELICA		OZEMPIC (1 MG/DOSE).....	56	<i>pimecrolimus</i>	117
PLUS LANCET33G.....	76	OZEMPIC (2 MG/DOSE).....	56	<i>pimozide</i>	52
ONETOUCH SOLUTIONS		Pacerone.....	33	Pimtrea.....	67
STARTER KIT.....	76	<i>paliperidone er</i>	47	<i>pindolol</i>	36
ONETOUCH ULTRA.....	76	<i>pantoprazole sodium</i>	89	<i>pioglitazone hcl</i>	57
ONETOUCH ULTRA 2.....	76	PARAGARD		<i>pioglitazone hcl-glimepiride</i>	58
ONETOUCH ULTRA MINI.....	76	INTRAUTERINE COPPER..	67	<i>pioglitazone hcl-metformin hcl</i> ..	57
ONETOUCH ULTRASOFT		<i>paricalcitol</i>	102	<i>pip lancets 28g</i>	77
LANCETS.....	76	<i>paromomycin sulfate</i>	19	<i>pip lancets 30g</i>	77
ONETOUCH VERIO.....	76, 77	<i>paroxetine hcl</i>	45	Pirmella 1/35.....	67
ONETOUCH VERIO FLEX		<i>paroxetine hcl er</i>	45	Pirmella 7/7/7.....	67
SYSTEM.....	76	<i>pc lancets super thin 30g</i>	77	<i>piroxicam</i>	15
ONETOUCH VERIO IQ		<i>peg 3350-kcl-na bicarb-nacl</i>	88	PLENVU.....	88
SYSTEM.....	77	<i>peg-3350/electrolytes</i>	88	<i>pnv-dha</i>	101
ONETOUCH VERIO		<i>peg-3350/electrolytes/ascorbat</i> ..	88	<i>pnv-select</i>	101
REFLECT.....	77	<i>peg-kcl-nacl-nasulf-na asc-c</i>	88	<i>podofilox</i>	117
OPCICON ONE-STEP.....	67	PEG-PREP.....	88	Polycin.....	105
<i>opium</i>	86	<i>penicillamine</i>	59	<i>poly-iron 150 forte</i>	102
OPSUMIT.....	40	<i>penicillin v potassium</i>	26, 27	<i>polymyxin b-trimethoprim</i>	105
OPTION 2.....	67	<i>pentazocine-naloxone hcl</i>	18	<i>polysaccharide iron forte</i>	102

POLY-VI-FLOR.....	102	<i>promethazine hcl</i>	87	<i>ra mini nicotine</i>	54
Portia-28.....	68	<i>promethazine-codeine</i>	108	<i>ra nicotine</i>	54
<i>pot & sod cit-cit ac</i>	90	<i>promethazine-dm</i>	108	<i>rabeprazole sodium</i>	89
<i>potassium chloride</i>	100, 101	<i>promethazine-phenyleph-</i>		<i>raloxifene hcl</i>	84
<i>potassium chloride crys er</i>	100	<i>codeine</i>	108	<i>ramelteon</i>	48
<i>potassium chloride er</i>	100	<i>promethazine-phenylephrine ...</i>	108	<i>ramipril</i>	32
<i>potassium citrate er</i>	90	Promethegan.....	87	<i>ranolazine er</i>	39
<i>potassium citrate-citric acid</i>	90	PROMETHEGAN.....	87	<i>rasagiline mesylate</i>	46
Pr Benzoyl Peroxide Wash.....	112	<i>propafenone hcl</i>	33	RASUVO.....	98
PRALUENT.....	35	<i>propafenone hcl er</i>	33	REACT.....	68
<i>pramipexole dihydrochloride</i>	46	<i>proparacaine hcl</i>	106	READYLANCE SAFETY	
<i>pramipexole dihydrochloride er</i>	46	<i>propranolol hcl</i>	36	LANCETS.....	77
PRAMOX.....	116	<i>propranolol hcl er</i>	36	<i>reality lancets</i>	77
<i>prasugrel hcl</i>	94	<i>propylthiouracil</i>	85	<i>reality trigger lancets</i>	77
<i>pravastatin sodium</i>	35	<i>protriptyline hcl</i>	45	REBIF.....	51
<i>praziquantel</i>	19	<i>pseudoeph-bromphen-dm</i>	109	REBIF REBIDOSE.....	51
<i>prazosin hcl</i>	32	PSS SELECT GP LANCETS.....	77	REBIF REBIDOSE	
<i>prednicarbate</i>	116	PSS SELECT SAFETY		TITRATION PACK.....	51
<i>prednisolone</i>	82	LANCETS.....	77	REBIF TITRATION PACK..	51
<i>prednisolone acetate</i>	105	<i>px aspirin</i>	18	REBINYN.....	94
<i>prednisolone sodium phosphate</i>		<i>px enteric aspirin</i>	18	Reclipsen.....	68
.....	82, 105	<i>px lancets ultra thin</i>	77	RELION LANCETS	
<i>prednisone</i>	82, 83	<i>pyrazinamide</i>	23	MICRO-THIN 33G.....	77
<i>preferred plus lancets colored</i>	77	<i>pyridostigmine bromide</i>	50	RELION LANCETS THIN	
<i>preferred plus lancets thin</i>	77	<i>pyridostigmine bromide er</i>	50	26G.....	78
<i>pregabalin</i>	42, 43	<i>pyridoxine hcl</i>	103	RELION LANCETS	
PRENATABS RX.....	101	<i>qc childrens aspirin</i>	18	ULTRA-THIN 30G.....	78
<i>prenatal 19</i>	101	<i>qc lancets super thin 30g</i>	77	RELION ULTRA THIN	
Prevalite.....	34	<i>qc lancets ultra thin</i>	77	LANCETS 30G.....	78
PREZCOBIX.....	22	<i>qc unilet lancets 28g</i>	77	RELION ULTRA THIN	
PREZISTA.....	21	<i>qc unilet lancets micro thin</i>	77	PLUS LANCETS.....	78
PRIFTIN.....	23	<i>quetiapine fumarate</i>	47	REMICADE.....	94
<i>primaquine phosphate</i>	20	<i>quetiapine fumarate er</i>	47	<i>reno caps</i>	103
<i>primidone</i>	43	QUFLORA PEDIATRIC.....	103	<i>repaglinide</i>	58
<i>pro comfort lancets 30g</i>	77	<i>quinapril hcl</i>	32	<i>resorcinol-sulfur</i>	112
<i>pro comfort lancets 31g</i>	77	<i>quinapril-hydrochlorothiazide ...</i>	32	RESTASIS.....	105
<i>probenecid</i>	14	<i>quinidine gluconate er</i>	33	RESTASIS MULTIDOSE....	105
<i>prochlorperazine</i>	87	<i>quinine sulfate</i>	20	RETACRIT.....	92
<i>prochlorperazine edisylate</i>	86	QVAR REDIHALER.....	110	REVLIMID.....	28
<i>prochlorperazine maleate</i>	86	<i>ra aspirin adult low dose</i>	18	REYVOW.....	49
Procto-Med Hc.....	89	<i>ra aspirin childrens</i>	18	<i>ribavirin</i>	23, 25
Procto-Pak.....	89	<i>ra aspirin ec adult low st</i>	18	<i>rifabutin</i>	23
Proctozone-Hc.....	89	RA E-ZJECT LANCETS		<i>rifampin</i>	23
PRODIGY LANCETS 28G...	77	28G.....	77	RIGHTEST GL300	
PRODIGY SAFETY		RA E-ZJECT LANCETS		LANCETS.....	78
LANCETS 26G.....	77	THIN 26G.....	77	<i>riluzole</i>	50
<i>progesterone</i>	84, 85	RA E-ZJECT LANCETS		<i>rimantadine hcl</i>	23
PROLASTIN-C.....	106	THIN 28G.....	77	<i>ringers irrigation</i>	106
PROLATE.....	17	RA E-ZJECT LANCETS		RINVOQ.....	96, 97
PROLIA.....	84	ULTRA THIN.....	77	<i>risedronate sodium</i>	59

<i>risperidone</i>	47	SINGLE-LET	78	STELARA.....	95, 97
<i>ritonavir</i>	21	<i>sirolimus</i>	99	STERILANCE TL.....	78
<i>rivastigmine</i>	43	SKYLA.....	68	<i>sterile water for irrigation</i>	106
<i>rivastigmine tartrate</i>	43	SKYRIZI.....	95, 97	STRIVERDI RESPIMAT....	108
Rivelsa.....	68	SKYRIZI (150 MG DOSE)....	97	Subvenite.....	43
<i>rizatriptan benzoate</i>	49	SKYRIZI PEN.....	97	Subvenite Starter Kit-Blue.....	43
<i>ropinirole hcl</i>	46	SLYND.....	68	Subvenite Starter Kit-Green....	43
<i>ropinirole hcl er</i>	46	<i>sm aspirin adult low strength</i>	19	Subvenite Starter Kit-Orange..	43
Rosadan.....	117	<i>sm childrens aspirin</i>	19	<i>sucralfate</i>	89
<i>rosuvastatin calcium</i>	35	<i>sm folic acid</i>	103	<i>sulfacetamide sodium</i>	105
Roweepra.....	43	<i>sm lancets 33g</i>	78	<i>sulfacetamide sodium (acne)</i> ..	112
RUBRACA.....	31	<i>sm nicotine</i>	54	<i>sulfacetamide sodium-sulfur</i>	112
RUCONEST.....	99	<i>sm nicotine polacrilex</i>	54	<i>sulfacetamide-prednisolone</i>	104
RUXIENCE.....	28	SMART SENSE COLOR		<i>sulfamethoxazole-trimethoprim</i>	19
RYBELSUS.....	56	LANCETS 33G.....	78	<i>sulfamez wash</i>	112
RYCLORA.....	108	SMART SENSE		<i>sulfasalazine</i>	87
RYDAPT.....	30	STANDARD LANCETS.....	78	Sulfatrim Pediatric.....	19
SAFE-T-LANCE.....	78	SMART SENSE SUPER		<i>sulindac</i>	15
SAFE-T-LANCE PLUS.....	78	THIN LANCETS.....	78	<i>sumatriptan</i>	49
<i>salsalate</i>	19	SMART SENSE THIN		<i>sumatriptan succinate</i>	49
<i>sapropterin dihydrochloride</i>	81	LANCETS 26G.....	78	<i>sumatriptan succinate refill</i>	49
<i>saps health twist top lancets</i>	78	SMARTEST LANCETS 28G.....	78	SUNOSI.....	52
<i>saps twist top lancets</i>	78	<i>sod citrate-citric acid</i>	90	SUPARTZ FX.....	19
<i>saps scare twist top lancets</i>	78	<i>sodium chloride</i>	101, 109, 117	SUPPRELIN LA.....	84
SAVELLA.....	48	<i>sodium fluoride</i>	101, 118	SUPREP BOWEL PREP KIT	88
SAVELLA TITRATION		<i>sodium phenylbutyrate</i>	81	<i>sure comfort lancets 18g</i>	78
PACK.....	48	<i>sodium polystyrene sulfonate</i>	59	<i>sure comfort lancets 21g</i>	78
<i>sb childrens aspirin</i>	19	<i>sodium sulfacetamide wash</i>	114	<i>sure comfort lancets 23g</i>	78
<i>sb lancets thin</i>	78	Solia.....	68	<i>sure comfort lancets 28g</i>	78
<i>sb lancets ultra thin</i>	78	<i>solifenacin succinate</i>	91	<i>sure comfort lancets 30g</i>	78
<i>scopolamine</i>	87	SOLQUA.....	56	SURELITE LANCETS.....	78
<i>selegiline hcl</i>	46	SOLUS V2 LANCETS 28G....	78	SUTAB.....	88
<i>selenium sulfide</i>	114	SOLUS V2 TWIST		SUTENT.....	30
SENSIPAR.....	59	LANCETS 30G.....	78	Syeda.....	68
<i>sertraline hcl</i>	45	SOMATULINE DEPOT.....	54	SYMBICORT.....	111
Setlakin.....	68	Sorine.....	34	SYMFI.....	22
<i>sevelamer carbonate</i>	84	<i>sotalol hcl</i>	34	SYMFI LO.....	22
<i>sevelamer hcl</i>	84	<i>sotalol hcl (af)</i>	34	SYMJEPI.....	107
<i>sf</i>	118	<i>spinosad</i>	117	SYMLINPEN 120.....	55
<i>sf 5000 plus</i>	118	SPIRIVA HANDIHALER..	107	SYMLINPEN 60.....	55
Sharobel.....	68	SPIRIVA RESPIMAT.....	107	SYMTUZA.....	22
SHUR-SEAL		<i>spironolactone</i>	38	SYNAREL.....	83
CONTRACEPTIVE.....	90	<i>spironolactone-hctz</i>	38	SYNJARDY.....	58
<i>sildenafil citrate</i>	40	Sprintec 28.....	68	SYNJARDY XR.....	58
<i>silodosin</i>	90	SPRYCEL.....	30	TABLOID.....	28
<i>silver sulfadiazine</i>	112	SPS.....	59	TACLONEX.....	116
Simliya.....	68	Sronyx.....	68	<i>tacrolimus</i>	99, 117
Simpesse.....	68	Ssd.....	112	<i>tadalafil (pah)</i>	40
SIMPONI ARIA.....	94	ST JOSEPH LOW DOSE.....	19	TAGRISSO.....	30
<i>simvastatin</i>	35	<i>stavudine</i>	21	TAKE ACTION.....	68

TAKHZYRO.....	99	TIVICAY PD.....	21	Tri-Linyah.....	69
TALTZ.....	97	<i>tizanidine hcl</i>	51, 52	Tri-Lo-Estarylla.....	69
<i>tamoxifen citrate</i>	29	<i>tobramycin</i>	105, 109	Tri-Lo-Marzia.....	69
<i>tamsulosin hcl</i>	90	<i>tobramycin-dexamethasone</i>	104	Tri-Lo-Mili.....	69
TAPERDEX 12-DAY.....	83	TOBREX.....	105	Tri-Lo-Sprintec.....	69
TAPERDEX 7-DAY.....	83	TODAY SPONGE.....	90	<i>trimethobenzamide hcl</i>	87
Tarina 24 Fe.....	68	<i>tolcapone</i>	46	Tri-Mili.....	69
Tarina Fe 1/20.....	68	<i>tolterodine tartrate</i>	91	<i>trimipramine maleate</i>	45
Tarina Fe 1/20 Eq.....	68	<i>tolterodine tartrate er</i>	91	TRINATE.....	101
Taysofy.....	68	<i>topcare lancets micro-thin 33g</i> ..	78	Trinessa (28).....	69
<i>tazarotene</i>	114	<i>topiramate</i>	43	Tri-Nymyo.....	69
Taztia Xt.....	37	<i>toremifene citrate</i>	29	TRIPTODUR.....	83
TECFIDERA.....	51	<i>torsemide</i>	38	Tri-Sprintec.....	69
TEGSEDI.....	84	<i>tramadol hcl</i>	17	TRIUMEQ.....	22
<i>telmisartan</i>	33	<i>tramadol hcl er</i>	17	TRIUMEQ PD.....	23
<i>telmisartan-amlodipine</i>	33	<i>tramadol hcl er (biphasic)</i>	17	<i>tri-vitelfluoride</i>	103
<i>telmisartan-hctz</i>	33	<i>tramadol-acetaminophen</i>	17	Trivora (28).....	69
<i>temazepam</i>	48	<i>trandolapril</i>	32	Tri-Vylibra.....	69
<i>temozolomide</i>	27	<i>tranexamic acid</i>	94	Tri-Vylibra Lo.....	69
TENCON.....	14	<i>tranylcypromine sulfate</i>	45	<i>tropicamide</i>	106
<i>tenofovir disoproxil fumarate</i>	21	<i>travel lancets</i>	79	<i>tropium chloride</i>	91
<i>terazosin hcl</i>	32	TRAVEL LANCETS		<i>tropium chloride er</i>	91
<i>terbinafine hcl</i>	20	ADVANCED 28G.....	79	<i>true comfort twist top lancets</i>	79
<i>terbutaline sulfate</i>	108	TRAZIMERA.....	30	TRUEPLUS LANCETS 26G.....	79
<i>terconazole</i>	91	<i>trazodone hcl</i>	45	TRUEPLUS LANCETS 28G.....	79
<i>testosterone</i>	54	TRECATOR.....	23	TRUEPLUS LANCETS 30G.....	79
<i>testosterone cypionate</i>	54	TREMFYA.....	97, 98	TRUEPLUS LANCETS 33G.....	79
<i>testosterone enanthate</i>	54	<i>treprostinil</i>	40	TRUEPLUS SAFETY	
<i>tetrabenazine</i>	50	TRESIBA.....	57	LANCETS 28G.....	79
<i>tetracaine hcl</i>	106	TRESIBA FLEXTOUCH.....	57	TRULICITY.....	56
<i>tetracycline hcl</i>	27	<i>tretinoin</i>	31, 112	TRUVADA.....	23
<i>tgt lancet micro thin 33g</i>	78	<i>tretinoin microsphere</i>	112	TUKYSA.....	30
<i>tgt lancet thin 26g</i>	78	<i>tretinoin microsphere pump</i>	112	TUSNEL C.....	109
<i>tgt lancet ultra thin 30g</i>	78	TREZIX.....	17	TWIRLA.....	69
THALOMID.....	28	Tri Femynor.....	68	TYBLUME.....	69
<i>theophylline</i>	111	<i>triamcinolone acetonide</i> ..	116, 118	Tydemy.....	69
<i>theophylline er</i>	111	<i>triamterene</i>	38	TYKERB.....	31
THINLETS GP LANCETS....	78	<i>triamterene-hctz</i>	38	TYMLOS.....	84
<i>thioridazine hcl</i>	47	<i>triazolam</i>	48	TYSABRI.....	51
<i>thiothixene</i>	47	<i>tricitrates</i>	90	ULTILET CLASSIC	
THRIVE.....	54	Tricon.....	103	LANCETS.....	79
Tiadylt Er.....	37	Triderm.....	116	ULTILET LANCETS.....	79
<i>tiagabine hcl</i>	43	<i>trientine hcl</i>	59	ULTILET SAFETY	
TICE BCG.....	28	Tri-Estarylla.....	69	LANCETS.....	79
Tilia Fe.....	68	<i>trifluoperazine hcl</i>	47	ULTILET SAFETY	
<i>timolol maleate</i>	36, 104	<i>trifluridine</i>	105	LANCETS 23G.....	79
<i>timolol maleate (once-daily)</i> ..	104	<i>trihexyphenidyl hcl</i>	46	<i>ultra thin lancets 31g</i>	79
<i>tinidazole</i>	19	TRIJARDY XR.....	56	<i>ultra-care lancets 30g</i>	79
Tis-U-Sol.....	106	TRIKAFTA.....	109	ULTRA-THIN II AUTO	
TIVICAY.....	21	Tri-Legest Fe.....	69	LANCET.....	79

ULTRA-THIN II LANCETS.....79	<i>vancomycin hcl</i>26	<i>walgreens lancets super thin</i>80
UNILET COMFORTOUCH	VANDAZOLE.....91	WALGREENS THIN
LANCET.....79	VASCEPA.....35	LANCETS.....80
UNILET EXCELITE.....79	<i>v-c forte</i>103	WALGREENS ULTRA
UNILET EXCELITE II.....79	VCF VAGINAL	THIN LANCETS.....80
UNILET G.P. LANCET.....79	CONTRACEPTIVE.....90	<i>warfarin sodium</i>92
UNILET G.P. SUPERLITE	VELCADE.....31	Wera.....70
LANCET.....79	VELIVET.....69	<i>westab max</i>103
UNILET GP 28 ULTRA	VEMLIDY.....23	<i>westab one</i>103
THIN.....79	VENCLEXTA.....28	WIDE-SEAL DIAPHRAGM
UNILET LANCET.....79	VENCLEXTA STARTING	60.....70
UNILET MICRO-THIN 33G.....79	PACK.....28	WIDE-SEAL DIAPHRAGM
UNILET SUPERLITE	<i>venlafaxine hcl</i>45	65.....70
LANCET.....79	<i>venlafaxine hcl er</i>45	WIDE-SEAL DIAPHRAGM
UNILET SUPER-THIN 30G.....79	<i>verapamil hcl</i>37	70.....70
UNILET ULTRA-THIN	<i>verapamil hcl er</i>37	WIDE-SEAL DIAPHRAGM
28G.....79	VERQUVO.....39	75.....70
UNISTIK 3 GENTLE.....79	Vestura.....69	WIDE-SEAL DIAPHRAGM
UNISTIK PRO SAFETY	VFEND.....20	80.....70
LANCET.....79	V-GO 20.....80	WIDE-SEAL DIAPHRAGM
UNISTIK SAFETY	V-GO 30.....80	85.....70
LANCETS 28G.....79	V-GO 40.....80	WIDE-SEAL DIAPHRAGM
UNISTIK SAFETY	Vic-Forte.....103	90.....70
LANCETS 30G.....79	VICTOZA.....56	WIDE-SEAL DIAPHRAGM
UNISTIK TOUCH SAFETY	Vienna.....70	95.....70
LANC 21G.....79	<i>vigabatrin</i>43	Wymzya Fe.....70
UNISTIK TOUCH SAFETY	Vigadrone.....43	XARELTO.....92
LANC 23G.....79	VIOKACE.....89	XARELTO STARTER
UNISTIK TOUCH SAFETY	<i>violele</i>70	PACK.....92
LANC 28G.....80	<i>virt-caps</i>103	XELJANZ.....98
UNISTIK TOUCH SAFETY	Virt-Gard.....103	XELJANZ XR.....98
LANC 30G.....80	VISTOGARD.....31	XIFAXAN.....26
Unithroid.....85	Vita S Forte.....103	XIGDUO XR.....58
UNIVERSAL 1 LANCETS	Vitacel.....103	XIIDRA.....105
THIN 26G.....80	<i>vita-min</i>103	XOLAIR.....110
UNIVERSAL 1 LANCETS	<i>vitamin d (ergocalciferol)</i>103	XOSPATA.....31
THIN 33G.....80	<i>vitamin k1</i>103	XTAMPZA ER.....17
UNIVERSAL 1 LANCETS	<i>vitamins acd-fluoride</i>103	XTANDI.....29
ULTRA THIN.....80	VIVAGUARD LANCETS.....80	Xulane.....70
UPTRAVI.....40	Volnea.....70	<i>yl folic acid</i>103
<i>ursodiol</i>89	<i>voriconazole</i>20	YONSA.....29
VAGIFEM.....81	VOSEVI.....25	YUPELRI.....107
<i>valacyclovir hcl</i>23	VOTRIENT.....31	Zafemy.....70
<i>valganciclovir hcl</i>23	<i>vp-vite rx</i>103	<i>zafirlukast</i>109
<i>valproic acid</i>43	VUMERITY.....51	<i>zaleplon</i>49
<i>valsartan</i>33	Vyfemla.....70	Zebutal.....14
<i>valsartan-hydrochlorothiazide</i> ...33	Vylibra.....70	ZEJULA.....31
<i>value plus lancet standard 21g</i> ...80	<i>walgreens adv travel lancets</i>80	Zenatane.....112
<i>value plus lancets super thin</i>80	WALGREENS LANCETS....80	ZENPEP.....89
<i>valumark lancet ultra thin 28g</i> ..80	<i>walgreens lancets micro thin</i>80	Zenzedi.....48

ZENZEDI.....	48
ZEPOSIA.....	51
ZEPOSIA 7-DAY STARTER PACK.....	51
ZEPOSIA STARTER KIT.....	51
<i>zidovudine</i>	21
ZIEXTENZO.....	92
<i>zionodil 100</i>	116
<i>ziprasidone hcl</i>	47
ZIRABEV.....	31
<i>zoledronic acid</i>	59
ZOLINZA.....	31
<i>zolmitriptan</i>	49
<i>zolpidem tartrate</i>	49
<i>zolpidem tartrate er</i>	49
<i>zonisamide</i>	43
Zovia 1/35 (28).....	70
Zumandimine.....	70