



Scott & White
HEALTH PLAN



INSURANCE COMPANY OF
Scott & White



Scott & White
CARE PLANS

Part of
Baylor Scott & White HEALTH

SWHP Group Value Formulary

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Table of Contents

What is my prescription drug coverage?.....	3
What is the Scott & White Health Plan Group Value Formulary?.....	3
How was the formulary created and how are new medications reviewed?	3
Does the formulary ever change?	3
How am I notified of changes to the formulary?	4
What are brand-name and generic drugs?	4
What is generic substitution?.....	4
What are Specialty drugs?.....	4
What are pharmaceutical management procedures?.....	5
Are there any restrictions on my coverage?.....	5
How do I request an exception to the SWHP formulary?.....	5
What drugs are not covered by my prescription drug benefit?.....	5
How much medication does my copayment cover and does my plan cover maintenance medications?	6
How can I save money on prescriptions?	6
Contraceptive Coverage	6
Preventive Care Medications & Medications Covered Under Health Care Reform	6
Smoking Cessation Medication Coverage	7
Diabetic Supplies	7
Oral Oncology Program	7

What is my prescription drug coverage?

As part of your Scott and White Health Plan (SWHP) coverage, you may have a prescription drug benefit. This document will help you understand your prescription drug benefit and the SWHP formulary.

Not every prescription drug benefit is the same. The best way to figure out your prescription drug coverage is to review your *Plan Documents* or call the SWHP Customer Service department.

What is the Scott & White Health Plan Group Value Formulary?

A formulary is a list of covered drugs selected by SWHP in consultation with a team of health care providers. The list represents the prescription drugs believed to be a necessary part of a quality treatment program. SWHP will generally cover the drugs listed on the formulary as long as the drug is medically necessary and plan rules are followed. The list contains both brand-name and generic medications and is updated regularly.

The SWHP Group Value formulary is a tiered formulary, meaning there are different copayments for different levels of drugs. The formulary includes preferred drugs that are covered under your prescription benefit. Drugs not listed on the formulary are not covered. Non-formulary drugs require prior authorization or may be subject to clinical edits. Formularies continually change to reflect the most recent advances in drug therapy due to, review of new medical information regarding current drugs listed as well as new drugs recently approved by the FDA. This list is not inclusive and does not guarantee coverage.

How was the formulary created and how are new medications reviewed?

The SWHP Pharmacy and Therapeutics (P&T) Committee meets regularly to review new drugs approved by the FDA and new information regarding drugs that are already on the formulary. The Committee is primarily made up of physicians, pharmacists, and nurses. It reviews information and scientific evidence concerning safety, effectiveness, and current use in therapy.

Does the formulary ever change?

Since the P&T Committee meets regularly and reviews new information, the formulary may change. Below are some possible reasons the formulary could change:

- Generic forms of the brand drug become available. The brand-name medication may no longer be covered when a generic is available. The generic medication may be covered at the lower copayment.
- The P&T Committee may add new drugs.

- The FDA may withdraw a drug from the market.
- A drug becomes available without a prescription (becomes over-the-counter), then the drug may be removed from the formulary. Often, drugs available over-the-counter are not covered under the prescription benefit.

How am I notified of changes to the formulary?

You can find the SWHP formularies on our website at swhp.org, which are updated quarterly. To view the changes that have been made to the formularies, refer to the monthly *Formulary Changes* document posted on the website. If you have any questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact SWHP Pharmacy Help Desk at 1-800-728-7947.

What are brand-name and generic drugs?

SWHP covers both brand-name and generic drugs. A brand-name drug is one that is produced under the original manufacturer's brand-name. A generic drug is one approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs and the quality and effectiveness is the same. Generic drugs may differ from the brand-name drug in color, shape, flavor, or inactive ingredients. Some brand-name drugs have a generic equivalent and others do not. If a generic form of a brand-name drug becomes available, the brand-name medication may no longer be covered. The generic medication may be covered at the lower copayment.

What is generic substitution?

Generic substitution occurs when a pharmacist dispenses an FDA approved generic drug in place of a brand-name drug. Generic substitution will automatically occur at SWHP Provider Pharmacies. Prescribers may choose to use a brand-name product and not allow generic substitution by indicating on the prescription "brand necessary" or "brand medically necessary." Per state law, these statements must be handwritten by the prescriber.

What are Specialty drugs?

Specialty drugs are those drugs used to treat complex or chronic conditions, and which usually require close monitoring, such as multiple sclerosis, hepatitis, rheumatoid arthritis, cancer, and other conditions that are difficult to treat with traditional therapies. Specialty drugs may be self-administered in the home by injection (under the skin or into a muscle), by inhalation, by mouth, or on the skin. These drugs may also require special handling, special manufacturing processes, and may have limited prescribing or limited pharmacy availability.

What are pharmaceutical management procedures?

Pharmaceutical management procedures are processes that help manage the drug formulary in order to provide the most cost-effective therapy options. As part of such processes, restrictions (described in the following section) may be applied to certain drugs on the formulary.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include quantity limits, prior authorization, step therapy, age limits, and others. Please refer to the legend for a complete listing of requirements.

How do I request an exception to the SWHP formulary?

You, a representative, or a prescriber can submit a request to SWHP to make an exception to the formulary. For example, if there are clinically significant reasons why you cannot take a drug in accordance with the coverage requirements (e.g. step therapy, age limits, quantity limits), an exception request can be submitted for review. Additionally, if you 1) have tried the formulary alternatives, or there are clinically significant reasons why the alternatives would not be appropriate for your specific condition, and 2) the requested drug is medically necessary, and 3) the drug is not excluded from coverage, an exception request to cover a drug not listed on formulary can be submitted for review.

To request an exception, you, a representative, or a prescriber can submit a coverage exception request to SWHP via swhp.org, fax, mail, or phone. You and your prescriber will be notified of the determination in writing. If approved, the drug will be covered at the applicable copayment. If the request is denied, you may still purchase the medication for the full price. For questions regarding this process, contact SWHP pharmacy customer service at 1-800-728-7947.

What drugs are not covered by my prescription drug benefit?

Please refer to your *Plan Documents* for complete plan coverage, limitations, and exclusions specific to your prescription drug benefit.

Often, over-the-counter medications and herbal products are not covered under SWHP benefit plans.

How much medication does my copayment cover and does my plan cover maintenance medications?

You can get up to a 30-day supply of medication for a single copayment. Note that medications with a quantity limit, restrict the amount of drug you can get per prescription or per copayment. Drug categories that are used for a short amount of time, for example antibiotics, antivirals, and most topical medications are available in 30-day supplies.

Maintenance medications are used to treat chronic medical conditions. Most medications that are usually taken chronically or long term are allowed a three-month supply with exception of some drug categories such as opioids, testosterone, sleep agents, benzodiazepines, specialty drugs, and drugs with quantity limits. The prescription for the drug must be written for a three-month supply of medication.

How can I save money on prescriptions?

Medications on the SWHP formulary generally cost less than medications not listed. A generic medication will usually be the lowest copayment option. Ask the provider or pharmacist whether generic medications are appropriate.

Be sure to take this formulary with you to each visit so that the provider knows what medication is covered.

Contraceptive Coverage

As specified by health care reform, women must have access to a full range of FDA-approved contraceptive methods and plans must cover without cost sharing at least one form of contraception in each of the FDA identified methods. However, plans can use reasonable medical management within each category to determine what birth control products are available at \$0 cost-share.

- Please refer to the formulary to determine which contraceptives are available at \$0 cost-share. These are noted as preventive drugs (PV).
- Certain over-the-counter (OTC) contraceptives for women may also be covered at a \$0 cost-share. These must be filled at a network pharmacy with a prescription prescribed by a health care professional.

Coverage may vary according to your plan. Please refer to applicable plan documents.

Preventive Care Medications & Medications Covered Under Health Care Reform

Preventive care medications as well as other medications covered under Health Care Reform are covered according to your plan benefits. These medications are noted as preventive drugs (PV). Please note this list is subject to change.

In order to obtain this benefit, you must fill at a network pharmacy with a prescription prescribed by a health care professional (includes prescription and over-the-counter medications).

Smoking Cessation Medication Coverage

All FDA approved tobacco cessation medications, including prescription and over-the-counter medications, are allowed at \$0 cost-share per the Patient Protection and Affordable Care Act (PPACA). These medications are noted as preventive drugs (PV). You are limited to two smoking cessation attempts per year, up to 180 days total. Please note some drugs may be subject to step therapy.

In order to obtain this benefit, you must fill at a network pharmacy with a prescription prescribed by a health care professional (includes prescription and over-the-counter medications).

Diabetic Supplies

The preferred diabetic testing supplies include all Accu-Chek® (Roche Diagnostics) Products and OneTouch® (LifeScan) products.

Oral Oncology Program

Prescriptions for drugs included in the oral oncology program will be restricted to a 2-week supply for the first 2 months of therapy.

Reading your formulary

The formulary gives you choices so you and your doctor can determine your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, TOPAMAX) and generic medications in lowercase (for example, topiramate).

Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high deductible plan, the tier cost levels will apply once you meet your deductible.

Drug Tier	Includes	Helpful Tips
Tier 0	Preventive	Tier 0 drugs may be available at a \$0 cost share based on Health Care Reform regulations. Please refer to the Notes column in this drug list for more information.
Tier 1	Preferred Generics	Use Tier 1 drugs instead of brand-name drugs, to help reduce your out-of-pocket costs.
Tier 2	Preferred Brand	Tier 2 drugs will generally have lower co-payments than non-preferred brand-name drugs.
Tier 3	Non-preferred Brands and Generics	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
Tier SP1	Specialty Preferred Generics	Specialty drugs are sometimes used to treat complex and chronic conditions and may require special monitoring and handling. Use preferred options in SP1 and SP2 when available.
Tier SP2	Specialty Preferred Brands	
Tier SP3	Specialty Non-preferred Brands	

Drug list information

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

AL	Age limits – Medications may only be covered if you meet the minimum or maximum age limit.
PA	Prior Authorization – Your doctor is required to provide additional information to determine coverage.
PV	Preventive drugs – Zero cost share preventive medications covered under Health Care Reform according to your plan benefits. Please note: this list is subject to change.
SF	Split Fill – Oral Oncology medications restricted to a two week supply for the first two months of therapy.
QL	Quantity Limit – Medication may be limited to a certain quantity.
ST	Step Therapy – Trial of lower-cost medication(s) is required before a higher-cost medication can be covered.

Table of Contents

Analgesics - Drugs for Pain.....	10	Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions.....	36
Analgesics - Drugs for Pain and Inflammation	11	Genitourinary Agents - Drugs for Prostate Conditions.....	37
Anesthetics.....	11	Hormonal Agents - Adrenal.....	37
Anti-Addiction / Substance Abuse Treatment Agents.....	12	Hormonal Agents - Men's Health.....	38
Antibacterials.....	12	Hormonal Agents - Osteoporosis.....	39
Anticoagulants.....	14	Hormonal Agents - Parathyroid.....	39
Anticonvulsants - Drugs for Seizures.....	14	Hormonal Agents - Pituitary.....	39
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia.....	15	Hormonal Agents - Sex Hormones and Birth Control.....	39
Antidepressants.....	15	Hormonal Agents - Thyroid.....	42
Antiemetics - Drugs for Nausea and Vomiting	16	Immunological Agents - Drugs for Immune System Stimulation or Suppression.....	43
Antifungals.....	16	Immunological Agents - Drugs for Vaccination.....	44
Antigout Agents.....	17	Inflammatory Bowel Disease Agents.....	45
Antimigraine Agents.....	17	Metabolic Bone Disease Agents - Drugs for Osteoporosis.....	45
Antimyasthenic Agents.....	17	Miscellaneous Therapeutic Agents.....	46
Antimycobacterials.....	17	Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation.....	47
Antineoplastics - Drugs for Cancer.....	18	Ophthalmic Agents - Drugs for Glaucoma.....	48
Antiparasitics.....	20	Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....	48
Antiparkinson Agents.....	20	Otic Agents - Drugs for Ear Conditions.....	49
Antiplatelets.....	20	Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold.....	49
Antipsychotics - Drugs for Mood Disorders....	20	Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions.....	50
Antivirals.....	21	Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.....	51
Anxiolytics - Drugs for Anxiety.....	22	Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....	51
Bipolar Agents - Drugs for Mood Disorders....	22	Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	51
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders...23	23	Sleep Disorder Agents.....	51
Cardiovascular Agents - Drugs for Heart and Circulation Conditions.....	23	Index of Drugs.....	53
Central Nervous System Agents - Drugs for Attention Deficit Disorder.....	26		
Central Nervous System Agents - Drugs for Multiple Sclerosis.....	27		
Central Nervous System Agents - Miscellaneous.....	27		
Dental and Oral Agents - Drugs for Mouth and Throat Conditions.....	27		
Dermatological Agents - Drugs for Skin Conditions.....	27		
Diabetes - Antidiabetic Agents.....	29		
Diabetes - Glucose Monitoring.....	30		
Diabetes - Glycemic Agents.....	32		
Diabetes - Insulins.....	32		
Electrolytes / Minerals / Metals / Vitamins.....	34		
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer.....	35		
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions.....	35		
Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment.....	36		

Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	QL
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
ascomp-codeine	1	
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr	3	PA; QL
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 7.5 MCG/HR	3	PA; QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap	1	
butalbital-apap-caff-cod	1	
butalbital-apap-caffeine	1	
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	QL
carisoprodol-aspirin-codeine	1	
codeine sulfate	1	QL
endocet	1	QL
esgic oral capsule	1	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL

Drug Name	Drug Tier	Notes
hydrocodone-acetaminophen oral tablet	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral	1	QL
hydromorphone hcl rectal	1	QL
lorcet	1	QL
lorcet hd	1	QL
lorcet plus	1	QL
LORTAB	2	QL
methadone hcl intensol	1	
methadone hcl oral concentrate	1	
methadone hcl oral solution	1	
methadone hcl oral tablet	1	PA
methadone hcl oral tablet soluble	1	
methadose oral concentrate 10 mg/ml	1	
methadose oral tablet soluble	1	
methadose sugar-free	1	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
morphine sulfate er oral tablet extended release	1	PA; QL
morphine sulfate oral	1	QL
morphine sulfate rectal	1	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA; QL
OXYCODONE HCL ER	1	PA; QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral concentrate 100 mg/5ml	1	QL
oxycodone hcl oral solution	1	QL

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

Drug Name	Drug Tier	Notes
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen	1	QL
oxycodone-aspirin	1	QL
OXYCONTIN	2	PA; QL
pentazocine-naloxone hcl	1	QL
phrenilin forte	1	
tencon	1	
tramadol hcl er (biphasic)	1	QL
tramadol hcl er oral tablet extended release 24 hour	1	QL
tramadol hcl ir	1	QL
tramadol-acetaminophen	1	QL
vicodin	1	QL
vicodin es	1	QL
vicodin hp	1	QL
zebutal	1	
Analgesics - Drugs for Pain and Inflammation		
aspirin adult	0	PV
aspirin childrens	0	PV
aspirin ec low dose	0	PV
aspirin low dose oral tablet chewable	0	PV
aspirin oral tablet	0	PV
aspirin oral tablet delayed release 325 mg	0	PV
bayer aspirin ec low dose	0	PV
bayer aspirin oral tablet	0	PV
celecoxib oral	1	QL
choline-mag trisalicylate	1	
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL
diclofenac sodium transdermal solution	3	PA

Drug Name	Drug Tier	Notes
diclofenac-misoprostol	3	
diflunisal oral	1	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
fenoprofen calcium oral capsule 400 mg	1	
fenoprofen calcium oral tablet	1	
flurbiprofen oral	1	
ibu oral tablet 600 mg, 800 mg	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	2	
indomethacin er	1	
indomethacin oral	1	
ketoprofen er	1	
ketoprofen oral	1	
ketorolac tromethamine oral	1	QL
meclofenamate sodium oral	1	
medique aspirin	0	PV
mefenamic acid oral	3	
meloxicam oral	1	
nabumetone oral	1	
naproxen dr	1	
naproxen oral	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin	1	
piroxicam oral	1	
salsalate oral	1	
sulindac oral	1	
tolmetin sodium	1	
Anesthetics		
glydo	1	

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

Drug Name	Drug Tier	Notes
lidocaine external ointment	1	
lidocaine external patch	1	
lidocaine hcl external gel 2 %	1	
lidocaine hcl external solution	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	3	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	0	PV; QL; AL (Min 18 Years)
CHANTIX	0	ST; PV; QL; AL (Min 18 Years)
CHANTIX CONTINUING MONTH PAK	0	ST; PV; QL; AL (Min 18 Years)
CHANTIX STARTING MONTH PAK	0	ST; PV; QL; AL (Min 18 Years)
disulfiram oral	1	
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	3	
NICORETTE MOUTH/THROAT GUM 2 MG	0	PV; QL; AL (Min 18 Years)

Drug Name	Drug Tier	Notes
nicotine polacrilex mouth/throat gum	0	PV; QL; AL (Min 18 Years)
nicotine polacrilex mouth/throat lozenge 2 mg	0	PV; QL; AL (Min 18 Years)
nicotine step 1	0	PV; QL; AL (Min 18 Years)
nicotine step 2	0	PV; QL; AL (Min 18 Years)
nicotine step 3	0	PV; QL; AL (Min 18 Years)
NICOTROL	0	ST; PV; QL; AL (Min 18 Years)
NICOTROL NS	0	ST; PV; QL; AL (Min 18 Years)
SUBOXONE	3	QL
Antibacterials		
amoxicillin	1	
amoxicillin-potassium clavulanate er	1	
amoxicillin-potassium clavulanate oral	1	
ampicillin	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	2	
avidoxy	1	
azithromycin oral	1	
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	

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

Drug Name	Drug Tier	Notes
cefepodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
ciprofloxacin oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
demeclocycline hcl	3	
dicloxacillin sodium	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
e.e.s. 400	1	
ERYPED 400	2	
ERY-TAB	2	
erythromycin base	1	
erythromycin ethylsuccinate oral	1	
gentamicin sulfate external	1	
levofloxacin oral	1	
linezolid oral	3	QL
methenamine hippurate	1	

Drug Name	Drug Tier	Notes
methenamine mandelate oral	1	
metronidazole oral	1	
metronidazole vaginal	1	
minocycline hcl oral	1	
mondoxyne nl oral capsule 100 mg, 50 mg	1	
MONUROL	3	
morgidox oral	1	
moxifloxacin hcl oral	1	
mupirocin calcium	3	
mupirocin external	1	
neomycin sulfate oral	1	
nitrofurantoin	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
paromomycin sulfate oral	3	
penicillin v potassium	1	
silver sulfadiazine external	1	
ssd	1	
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
SUPRAX ORAL CAPSULE	2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	2	
SUPRAX ORAL TABLET CHEWABLE	2	
tetracycline hcl oral	1	
tinidazole oral	1	
trimethoprim oral	1	

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

Drug Name	Drug Tier	Notes
vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg	3	
vancomycin hcl oral	3	
vandazole	1	
VIBRAMYCIN ORAL SYRUP	2	
XIFAXAN	3	PA
Anticoagulants		
ARIXTRA	SP3	QL
COUMADIN	2	
ELIQUIS	2	QL
ELIQUIS STARTER PACK	2	QL
enoxaparin sodium subcutaneous	1	QL
fondaparinux sodium	SP1	QL
FRAGMIN	SP3	QL
heparin sodium (porcine)	1	
heparin sodium (porcine) pf	1	
jantoven	1	
LOVENOX	SP3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	
BANZEL	SP2	
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	2	
CELONTIN	2	
clobazam	3	PA
DEPAKENE	2	
DEPAKOTE	2	
DEPAKOTE ER	2	

Drug Name	Drug Tier	Notes
DEPAKOTE SPRINKLES	2	
DIASTAT ACUDIAL	2	QL
DIASTAT PEDIATRIC	2	QL
diazepam rectal	1	QL
DILANTIN	2	
DILANTIN INFATABS	2	
divalproex sodium er	1	
divalproex sodium oral	1	
EPIDIOLEX	SP2	PA
epitol	1	
ethosuximide oral	1	
felbamate	1	
FELBATOL	2	
FYCOMPA	3	
gabapentin oral	1	
GABITRIL	2	
KEPPRA ORAL	2	
KEPPRA XR	2	
LAMICTAL	2	
LAMICTAL STARTER	2	
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral	1	
MYSOLINE	2	
NEURONTIN	2	
oxcarbazepine	1	
OXTELLAR XR	3	

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

Drug Name	Drug Tier	Notes
phenobarbital oral	1	
PHENYTEK	2	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended	1	
primidone oral	1	
roweepra	1	
roweepra xr	1	
SABRIL	SP3	PA
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	2	
TEGRETOL-XR	2	
tiagabine hcl	1	
TOPAMAX	2	
TOPAMAX SPRINKLE	2	
topiramate oral	1	
TRILEPTAL	2	
valproate sodium oral solution 250 mg/5ml	1	
valproic acid oral	1	
vigabatrin	SP1	PA
vigadrone	SP1	PA
VIMPAT ORAL	3	
ZARONTIN	2	
ZONEGRAN	2	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl	1	
galantamine hydrobromide er	1	

Drug Name	Drug Tier	Notes
galantamine hydrobromide oral tablet	1	
memantine hcl er	1	QL
memantine hcl oral	1	
NAMENDA XR TITRATION PACK	2	QL
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants		
amitriptyline hcl oral	1	
amoxapine	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
chlordiazepoxide-amitriptyline	1	
citalopram hydrobromide	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
escitalopram oxalate	1	
FETZIMA	3	QL
FETZIMA TITRATION	3	QL
fluoxetine hcl (pmdd)	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	

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

Drug Name	Drug Tier	Notes
fluvoxamine maleate er	3	QL
imipramine hcl oral	1	
imipramine pamoate	3	
maprotiline hcl	1	
mirtazapine oral	1	
nefazodone hcl	1	
nortriptyline hcl oral	1	
paroxetine hcl	1	
paroxetine hcl er	1	
PAXIL ORAL SUSPENSION	2	
phenelzine sulfate oral	1	
protriptyline hcl	1	
sertraline hcl oral	1	
tranylcypromine sulfate	1	
trazodone hcl oral	1	
trimipramine maleate oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg	1	
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	QL
Antiemetics - Drugs for Nausea and Vomiting		
aprepitant	3	QL
BONJESTA	3	PA; QL
compro	1	
DICLEGIS	3	PA; QL
dronabinol	3	PA; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL

Drug Name	Drug Tier	Notes
granisetron hcl oral	3	QL
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	QL
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine edisylate injection solution 10 mg/2ml, 5 mg/ml	1	
prochlorperazine maleate oral	1	
trimethobenzamide hcl oral	1	
Antifungals		
AVC VAGINAL	2	
bio-statin oral powder	1	
ciclodan	1	
ciclopirox	1	
ciclopirox olamine external	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	SP3	
econazole nitrate external	1	
EXELDERM	2	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicronsize	1	

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

Drug Name	Drug Tier	Notes
itraconazole oral	1	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
naftifine hcl	1	
NAFTIN EXTERNAL GEL	2	
NOXAFIL ORAL	2	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole nitrate	1	
OXISTAT EXTERNAL LOTION	2	
terbinafine hcl oral	1	QL
terconazole	1	
voriconazole oral tablet	3	
Antigout Agents		
allopurinol oral	1	
COLCHICINE ORAL	1	
colchicine-probenecid	1	
probenecid	1	
ULORIC	3	ST
Antimigraine Agents		
AIMOVIG	2	PA; QL
almotriptan malate	3	QL
dihydroergotamine mesylate injection	1	
dihydroergotamine mesylate nasal	1	QL
eletriptan hydrobromide	3	QL

Drug Name	Drug Tier	Notes
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	2	PA; QL
ergotamine-caffeine	1	
frovatriptan succinate	3	QL
MIGERGOT	2	
MIGRANAL	2	QL
naratriptan hcl	1	QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous solution	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
zolmitriptan oral	3	QL
Antimyasthenic Agents		
GUANIDINE HCL	1	
MESTINON ORAL SYRUP	2	
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
pyrazinamide oral	1	

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

Drug Name	Drug Tier	Notes
rifabutin	3	
rifampin oral	1	
SIRTURO	SP3	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	SP1	PA; SF
AFINITOR	SP2	PA; QL
AFINITOR DISPERZ	SP2	PA
ALECENSA	SP2	PA
ALUNBRIG	SP2	PA; QL
anastrozole oral	1	
BALVERSA	SP2	SF
bexarotene	SP1	PA; SF
bicalutamide	1	
BOSULIF	SP2	PA; SF
BRAFTOVI	SP2	PA
CABOMETYX	SP2	PA; SF
CALQUENCE	SP2	PA; SF
capecitabine	SP1	PA
CAPRELSA ORAL TABLET 100 MG	SP2	PA; QL
CAPRELSA ORAL TABLET 300 MG	SP2	PA
COMETRIQ (100 MG DAILY DOSE)	SP2	PA
COMETRIQ (140 MG DAILY DOSE)	SP2	PA
COMETRIQ (60 MG DAILY DOSE)	SP2	PA
COPIKTRA	SP2	PA; SF
COTELLIC	SP2	PA
cyclophosphamide oral	1	
DAURISMO	SP2	PA; SF
DROXIA	3	
ERIVEDGE	SP2	PA; SF
ERLEADA	SP2	PA
erlotinib hcl oral tablet 100 mg, 150 mg	SP1	PA; SF

Drug Name	Drug Tier	Notes
erlotinib hcl oral tablet 25 mg	SP1	PA; SF; QL
etoposide oral	SP1	
exemestane	1	
FARESTON	SP2	
FARYDAK	SP2	PA
flutamide	1	
GILOTRIF	SP2	PA; QL
GLEEVEC	SP2	PA
GLEOSTINE	SP2	
HYCAMTIN ORAL	SP2	
hydroxyurea oral	1	
IBRANCE	SP2	PA
ICLUSIG ORAL TABLET 15 MG	SP2	PA; QL
ICLUSIG ORAL TABLET 45 MG	SP2	PA
IDHIFA	SP2	PA; QL
imatinib mesylate	SP1	PA
IMBRUVICA	SP2	PA
INLYTA	SP2	PA; SF
IRESSA	SP2	PA
JAKAFI ORAL TABLET 10 MG	SP2	PA; SF; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	SP2	PA; SF
KISQALI 200 DOSE ORAL TABLET 200 MG	SP2	PA
KISQALI 400 DOSE ORAL TABLET 200 MG	SP2	PA
KISQALI 600 DOSE ORAL TABLET 200 MG	SP2	PA
LENVIMA 10 MG DAILY DOSE	SP2	PA
LENVIMA 12 MG DAILY DOSE	SP2	PA
LENVIMA 14 MG DAILY DOSE	SP2	PA

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
LENVIMA 18 MG DAILY DOSE	SP2	PA	RYDAPT	SP2	PA
LENVIMA 20 MG DAILY DOSE	SP2	PA	SPRYCEL	SP2	PA; SF
LENVIMA 24 MG DAILY DOSE	SP2	PA	STIVARGA	SP2	PA
LENVIMA 4 MG DAILY DOSE	SP2	PA	SUTENT	SP2	PA
LENVIMA 8 MG DAILY DOSE	SP2	PA	SYLATRON	SP3	PA
letrozole oral	1		SYNRIBO	SP2	PA
leucovorin calcium oral	1		TAFINLAR	SP2	PA; SF
LEUKERAN	2		TAGRISSE ORAL TABLET 40 MG	SP2	PA; QL
LONSURF	SP2	PA	TAGRISSE ORAL TABLET 80 MG	SP2	PA
LORBRENA	SP2	PA; SF	TALZENNA	SP2	PA; SF
LYNPARZA	SP2	PA	tamoxifen citrate oral tablet 10 mg	1	
LYSODREN	SP2		tamoxifen citrate oral tablet 20 mg	1	PV
MATULANE	SP2		TARCEVA ORAL TABLET 100 MG, 150 MG	SP2	PA; SF
MEKINIST	SP2	PA	TARCEVA ORAL TABLET 25 MG	SP2	PA; SF; QL
MEKTOVI	SP2	PA	TARGRETIN EXTERNAL	SP2	PA
melphalan	1		TARGRETIN ORAL	SP2	PA; SF
mercaptopurine oral	1		TASIGNA	SP2	PA
MYLERAN	2		TEMODAR ORAL	SP2	PA
NERLYNX	SP2	PA; SF; QL	temozolomide	SP1	PA
NEXAVAR	SP2	PA; SF	THALOMID	SP2	PA
NILANDRON	SP2		TIBSOVO	SP2	PA; SF
nilutamide	SP1		toremifene citrate	SP1	
NINLARO	SP2	PA	tretinoin oral	SP1	
ODOMZO	SP2	PA	TYKERB	SP2	PA
PIQRAY 200MG DAILY DOSE	SP2		VALCHLOR	SP3	PA
PIQRAY 250MG DAILY DOSE	SP2		VENCLEXTA	SP2	PA
PIQRAY 300MG DAILY DOSE	SP2		VENCLEXTA STARTING PACK	SP2	PA
POMALYST	SP2	PA	VERZENIO	SP2	PA; SF
PURIXAN	SP2		VITRAKVI ORAL CAPSULE	SP2	PA; SF
REVLIMID	SP2	PA			
RUBRACA	SP2	PA; SF			

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

Drug Name	Drug Tier	Notes
VITRAKVI ORAL SOLUTION	SP2	PA
VIZIMPRO	SP2	PA; SF
VOTRIENT	SP2	PA; SF
XALKORI	SP2	PA; SF
XELODA	SP2	PA
XOSPATA	SP2	PA
XTANDI	SP2	PA; SF
YONSA	SP2	PA; SF
ZEJULA	SP2	PA; SF
ZELBORAF	SP2	PA
ZOLINZA	SP2	PA; SF
ZYDELIG	SP2	PA
ZYKADIA	SP2	PA; SF
ZYTIGA	SP2	PA; SF
Antiparasitics		
albendazole oral	1	PA
atovaquone oral	3	
atovaquone-proguanil hcl	1	
chloroquine phosphate oral	1	
crotan	1	
DARAPRIM	2	PA
EURAX EXTERNAL CREAM	2	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	SP3	
ivermectin oral	1	
lindane	1	
malathion	3	
mefloquine hcl	1	
NEBUPENT	2	
permethrin external	1	
praziquantel oral	3	
primaquine phosphate	1	
quinine sulfate oral	1	PA
spinosad	3	

Drug Name	Drug Tier	Notes
Antiparkinson Agents		
amantadine hcl oral	1	
APOKYN	SP3	PA; QL
benztropine mesylate oral	1	
bromocriptine mesylate oral	1	
carbidopa oral	3	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet dispersible	3	
entacapone	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
ropinirole hcl er	3	
selegiline hcl oral	1	
tolcapone	3	
trihexyphenidyl hcl	1	
Antiplatelets		
aspirin-dipyridamole er	1	
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
prasugrel hcl	1	
Antipsychotics - Drugs for Mood Disorders		
aripiprazole	1	QL
chlorpromazine hcl oral	1	
clozapine oral tablet	1	QL
clozapine oral tablet dispersible	3	QL
FANAPT	3	QL
FANAPT TITRATION PACK	3	QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
fluphenazine hcl oral	1		DELSTRIGO	SP2	
haloperidol lactate oral	1		DESCOVY	SP2	
haloperidol oral	1		didanosine	SP1	
LATUDA	3	QL	EDURANT	SP2	
loxapine succinate	1		efavirenz	SP1	
olanzapine oral	1	QL	EMTRIVA	SP2	
paliperidone er	3	QL	entecavir	SP1	QL
pimozide	1		EPCLUSA	SP2	PA; QL
quetiapine fumarate	1	QL	EPIVIR	SP3	
quetiapine fumarate er	1	QL	EPIVIR HBV ORAL SOLUTION	2	
risperidone	1	QL	EPZICOM	SP3	
SAPHRIS	3	QL	EVOTAZ	SP2	
thioridazine hcl oral	1		famciclovir	1	
thiothixene	1		fosamprenavir calcium	SP1	
trifluoperazine hcl	1		FUZEON	SP2	QL
VRAYLAR	3	QL	GENVOYA	SP2	
ziprasidone hcl	1	QL	HARVONI	SP2	PA; QL
Antivirals			HEPSERA	SP3	
abacavir sulfate	SP1		INTELENCE	SP2	
abacavir sulfate-lamivudine	SP1		INTRON A	SP3	PA
abacavir-lamivudine-zidovudine	SP1		INVIRASE	SP2	
acyclovir external	1		ISENTRESS	SP2	
acyclovir oral	1		ISENTRESS HD	SP2	
adefovir dipivoxil	SP1		JULUCA	SP2	
APTIVUS	SP2		KALETRA	SP2	
atazanavir sulfate	SP1		lamivudine oral solution	SP1	
ATRIPLA	SP2		lamivudine oral tablet 100 mg	1	
BARACLUDE ORAL SOLUTION	SP2	QL	lamivudine oral tablet 150 mg, 300 mg	SP1	
BARACLUDE ORAL TABLET	SP3	QL	lamivudine-zidovudine	SP1	
BIKTARVY	SP2		LEXIVA	SP2	
CIMDUO	SP2		lopinavir-ritonavir	SP1	
COMBIVIR	SP3		MAVYRET	SP2	PA; QL
COMPLERA	SP2		nevirapine	SP1	
CRIXIVAN	SP2		nevirapine er	SP1	

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

Drug Name	Drug Tier	Notes
NORVIR	SP2	
ODEFSEY	SP2	
oseltamivir phosphate oral	1	QL
PEGASYS	SP2	PA
PEGASYS PROCLICK	SP2	PA
PEGINTRON	SP2	PA
PIFELTRO	SP2	
PREZCOBIX	SP2	
PREZISTA	SP2	
RESCRIPTOR	SP2	
RETROVIR INTRAVENOUS	SP2	
RETROVIR ORAL	SP3	
REYATAZ	SP2	
ribasphere oral capsule	SP1	
ribasphere oral tablet 200 mg	SP1	
ribavirin oral	SP1	
rimantadine hcl	1	
ritonavir	1	
SELZENTRY	SP2	PA
stavudine	SP1	
STRIBILD	SP2	
SUSTIVA	SP3	
SYMFI	SP2	
SYMFI LO	SP2	
SYMTUZA	SP2	
tenofovir disoproxil fumarate	SP1	
TIVICAY	SP2	
TRIUMEQ	SP2	
TRIZIVIR	SP3	
TRUVADA	SP2	
TYBOST	SP2	
valacyclovir hcl oral	3	QL
valganciclovir hcl	SP1	
VEMLIDY	SP2	

Drug Name	Drug Tier	Notes
VIDEX	SP2	
VIDEX EC	SP3	
VIRACEPT	SP2	
VIRAMUNE	SP3	
VIRAMUNE XR	SP3	
VIREAD	SP2	
XOFLUZA	3	QL
ZIAGEN ORAL SOLUTION	SP2	
ZIAGEN ORAL TABLET	SP3	
zidovudine	SP1	
ZOVIRAX EXTERNAL CREAM	2	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	QL
alprazolam oral tablet	1	QL
alprazolam xr	1	QL
bupirone hcl oral	1	
chlordiazepoxide hcl	1	QL
clonazepam oral	1	QL
clorazepate dipotassium	1	QL
diazepam intensol	1	
diazepam oral	1	
estazolam	1	QL
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	2	QL
lorazepam intensol	1	QL
lorazepam oral	1	QL
meprobamate	1	
oxazepam	1	QL
triazolam	1	QL
Bipolar Agents - Drugs for Mood Disorders		
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	

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

Drug Name	Drug Tier	Notes
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders		
anagrelide hcl	1	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	SP2	PA
NEULASTA	SP3	PA
NEULASTA ONPRO	SP3	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	SP3	PA
PROMACTA	SP3	PA
tranexamic acid oral	1	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTAZIDE ORAL TABLET 50-50 MG	2	
aliskiren fumarate	3	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-atorvastatin	3	
amlodipine-olmesartan	1	
amlodipine-valsartan-hctz	1	
atenolol oral	1	
atenolol-chlorthalidone	1	

Drug Name	Drug Tier	Notes
	1	PV; AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 10 mg, 20 mg	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
betaxolol hcl oral	1	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	3	
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
captopril-hydrochlorothiazide	1	
CAROSPIR	3	
cartia xt	1	
carvedilol	1	
chlorothiazide	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
choline fenofibrate	1	
clonidine	1	
clonidine hcl oral	1	
colesevelam hcl oral tablet	3	
COLESTID FLAVORED ORAL PACKET	2	
COLESTID ORAL PACKET	2	
colestipol hcl	1	
CORLANOR	3	PA; QL

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

Drug Name	Drug Tier	Notes
digitek	1	
digox	1	
digoxin oral	1	
DILATRATE-SR	2	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg	1	
diltiazem hcl oral	1	
dilt-xr	1	
disopyramide phosphate	1	
DIURIL	2	
dofetilide	3	
doxazosin mesylate oral	1	
enalapril maleate oral	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO	3	QL
EPANED	3	
eplerenone	1	
ezetimibe	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	1	
ezetimibe-simvastatin oral tablet 10-80 mg	1	PA
felodipine er	1	
fenofibrate micronized	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid	1	

Drug Name	Drug Tier	Notes
flecainide acetate	1	
	1	PV; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium	1	
	1	PV; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium er	1	
fosinopril sodium	1	
fosinopril sodium-hctz	1	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
indapamide	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
ISORDIL TITRADOSE ORAL TABLET 40 MG	2	
isosorbide dinitrate	1	
isosorbide dinitrate er	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
isradipine	1	
JUXTAPID	SP3	PA; QL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	2	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
losartan potassium	1	
losartan potassium-hctz	1	

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

Drug Name	Drug Tier	Notes
	1	PV; AL (Min 40 Years and Max 75 Years)
lovastatin		
matzim la	1	
methyldopa	1	
methyldopa-hydrochlorothiazide	1	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
midodrine hcl	1	
minitran	1	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	2	
nadolol oral	1	
niacin er (antihyperlipidemic)	1	
nicardipine hcl oral	3	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nimodipine oral	1	
NITRO-BID	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
nitroglycerin er	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	1	
nitro-time	1	

Drug Name	Drug Tier	Notes
NORPACE CR	2	
NORTHERA	SP3	PA
NYMALIZE	SP3	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	3	
pacerone	1	
pentoxifylline er	1	
perindopril erbumine	1	
phenoxybenzamine hcl oral	1	
pindolol	1	
PRALUENT	SP3	PA; QL
	1	PV; AL (Min 40 Years and Max 75 Years)
pravastatin sodium		
prazosin hcl oral	1	
prevalite	1	
propafenone hcl	1	
propafenone hcl er	3	
propranolol hcl er	1	
propranolol hcl oral	1	
propranolol-hctz	1	
QBRELIS	3	
quinapril hcl	1	
quinapril-hydrochlorothiazide	1	
quinidine gluconate er	1	
quinidine sulfate	1	
ramipril	1	
RANEXA	3	
ranolazine er	3	

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

Drug Name	Drug Tier	Notes
REPATHA	SP3	PA; QL
REPATHA PUSHTRONEX SYSTEM	SP3	PA; QL
REPATHA SURECLICK	SP3	PA; QL
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	PV; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	PV; AL (Min 40 Years and Max 75 Years)
simvastatin oral tablet 80 mg	1	PA; PV; AL (Min 40 Years and Max 75 Years)
sorine	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral	1	
spironolactone-hctz	1	
taztia xt	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	1	
telmisartan-hctz	1	
timolol maleate oral	1	
toremide	1	
trandolapril	1	
trandolapril-verapamil hcl er	3	
triamterene-hctz	1	
valsartan	1	
valsartan- hydrochlorothiazide	1	
VASCEPA	3	

Drug Name	Drug Tier	Notes
VECAMYL	3	
verapamil hcl er	1	
verapamil hcl oral	1	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphetamine- dextroamphetamine	1	QL
amphetamine- dextroamphetamine er	1	QL
atomoxetine hcl	1	QL
clonidine hcl er	1	
DAYTRANA	2	QL
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	3	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral tablet	1	QL
guanfacine hcl er	1	
metadate er	1	QL
methamphetamine hcl	3	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	1	QL
methylphenidate hcl er oral tablet extended release 24 hour	1	QL
methylphenidate hcl oral	1	QL
QUILLICHEW ER	3	QL
QUILLIVANT XR	3	QL
VYVANSE	2	QL
zenzedi oral tablet 10 mg, 5 mg	1	QL

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

Drug Name	Drug Tier	Notes
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	SP3	PA; QL
AUBAGIO	SP3	PA; QL
AVONEX PEN	SP2	PA; QL
AVONEX PREFILLED	SP2	PA; QL
AVONEX VIAL INTRAMUSCULAR KIT	SP2	PA; QL
COPAXONE	SP2	PA; QL
dalfampridine er	SP1	PA; QL
EXTAVIA	SP2	PA; QL
GILENYA	SP2	PA; QL
glatiramer acetate	SP1	PA; QL
glatopa	SP1	PA; QL
PLEGRIDY	SP2	PA; QL
PLEGRIDY STARTER PACK	SP2	PA; QL
TECFIDERA	SP2	PA; QL
Central Nervous System Agents - Miscellaneous		
caffeine citrate oral	3	
LYRICA	3	QL
riluzole	3	PA; QL
SAVELLA	3	QL
SAVELLA TITRATION PACK	3	QL
tetrabenazine	SP1	PA
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest	1	
cevimeline hcl	3	
chlorhexidine gluconate mouth/throat	1	
clinpro 5000	1	
denta 5000 plus	1	
dentagel	1	
fluoridex	1	
fluoridex enhanced whitening	1	

Drug Name	Drug Tier	Notes
fluoridex sensitivity relief	1	
lidocaine viscous mouth/throat solution 2 %	1	
neutral sodium fluoride	1	
oralone	1	
paroex	1	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	2	
PREVIDENT 5000 DRY MOUTH	2	
PREVIDENT 5000 ENAMEL PROTECT	2	
PREVIDENT 5000 ORTHO DEFENSE	2	
PREVIDENT 5000 PLUS	2	
PREVIDENT 5000 SENSITIVE	2	
PREVIDENT DENTAL	2	
prevident mouth/throat	1	
sf	1	
sf 5000 plus	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
acitretin	3	
adapalene external gel 0.3 %	1	
AKTIPAK	2	
amnesteem	1	PA
avar cleanser	1	
avita	1	AL (Max 40 Years)
azelaic acid external	3	
AZELEX	2	
benzoyl peroxide-erythromycin	1	

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

Drug Name	Drug Tier	Notes
calcipotriene	3	
calcipotriene-betameth diprop	3	QL
calcitrene	3	
calcitriol external	3	
claravis	1	PA
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phosph-benzoyl perox external gel 1-5 %, 1.2-5 %	1	
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clotrimazole-betamethasone	1	
CONDYLOX	2	
dermazene	1	
diclofenac sodium transdermal gel 3 %	3	QL
DRYSOL	2	
DUPIXENT	SP2	PA; QL
ELIDEL	2	ST
EPIFOAM	2	
ery	1	
erythromycin external	1	
EUCRISA	2	ST
FINACEA EXTERNAL FOAM	3	ST
FLUOROPLEX	2	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	

Drug Name	Drug Tier	Notes
gordons urea external cream	1	
hydrocortisone ace-pramoxine external	1	
hydrocortisone-iodoquinol	1	
imiquimod external	1	
isotretinoin oral	1	PA
methoxsalen oral	3	
methoxsalen rapid	3	
metronidazole external	1	
myorisan	1	PA
neuac external gel	1	
PICATO	3	ST
pimecrolimus	1	
podocon	1	
podofilox external	1	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL LOTION	2	
PRAMOSONE EXTERNAL OINTMENT	2	
REGRANEX	2	PA
rosadan external cream	1	
rosadan external gel	1	
SANTYL	2	
selenium sulfide external lotion	1	
selenium sulfide external shampoo 2.25 %	1	
sodium sulfacetamide wash liquid 10 % external	1	
SODIUM SULFACETAMIDE WASH LIQUID 10 % EXTERNAL	2	
sss 10-5 external foam	1	

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

Drug Name	Drug Tier	Notes
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external liquid	1	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide-sulfur in urea	3	
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external	1	
tazarotene external	1	AL (Max 40 Years)
TAZORAC EXTERNAL CREAM 0.05 %	2	AL (Max 40 Years)
TAZORAC EXTERNAL GEL	2	AL (Max 40 Years)
tretinoin external cream	1	AL (Max 40 Years)
tretinoin external gel 0.01 %, 0.025 %	1	AL (Max 40 Years)
tretinoin external gel 0.05 %	3	AL (Max 40 Years)
tretinoin microsphere	1	AL (Max 40 Years)
tretinoin microsphere pump	1	AL (Max 40 Years)
urea external cream 40 %	1	
uremez-40	1	
zenatane	1	PA
Diabetes - Antidiabetic Agents		
acarbose oral	1	

Drug Name	Drug Tier	Notes
BYDUREON	2	QL
BYDUREON BCISE AUTOINJECTOR	2	QL
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG	2	QL
BYETTA 10 MCG PEN	2	QL
BYETTA 5 MCG PEN	2	QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glipizide-metformin hcl	1	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
INVOKAMET	2	
INVOKANA	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
metformin hcl er	1	
metformin hcl oral tablet	1	
miglitol	3	
nateglinide	1	
OZEMPIC	2	QL
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	3	
pioglitazone hcl-metformin hcl	3	
repaglinide	1	
SYMLINPEN 120	3	PA

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
SYMLINPEN 60	3	PA	ACCU-CHEK SMARTVIEW CONTROL	1	
SYNJARDY	2		ACCU-CHEK SMARTVIEW TEST STRIPS	1	QL
tolbutamide	1		ACCU-CHEK SOFT TOUCH LANCETS	1	
TRADJENTA	2		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
TRULICITY	2	QL	ACCU-CHEK SOFTCLIX LANCETS	1	
VICTOZA	2	QL	BAYER CONTOUR IN VITRO LIQUID HIGH , LOW , NORMAL	2	
Diabetes - Glucose Monitoring			BAYER CONTOUR MONITOR KIT W/DEVICE	2	
ACCU-CHEK AVIVA DEVICE	1		BAYER CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL	2	
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	1		BAYER CONTOUR NEXT MONITOR KIT W/DEVICE	2	
ACCU-CHEK AVIVA PLUS	1		BAYER CONTOUR NEXT TEST IN VITRO STRIP	2	QL
ACCU-CHEK AVIVA PLUS TEST STRIPS	1	QL	BAYER CONTOUR TEST IN VITRO STRIP	2	QL
ACCU-CHEK COMPACT PLUS CARE KIT	1		BIOTEL CARE BLOOD GLUCOSE SYST	2	
ACCU-CHEK COMPACT PLUS CONTROL	1		CARETOUCH LANCING/EJECTOR	2	
ACCU-CHEK COMPACT PLUS TEST STRIPS	1	QL	CHEMSTRIP UGK	1	
ACCU-CHEK FASTCLIX LANCET KIT	1		DIATHRIVE BLOOD GLUCOSE METER	2	
ACCU-CHEK FASTCLIX LANCETS	1		DIATHRIVE BLOOD GLUCOSE TEST	2	QL
ACCU-CHEK GUIDE	1		DIATHRIVE GLUCOSE CONTROL SOLN	2	
ACCU-CHEK GUIDE CONTROL	1		DIATHRIVE GLUCOSE TEST	2	QL
ACCU-CHEK GUIDE TEST STRIPS	1	QL			
ACCU-CHEK GUIDE ME	1				
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	1				
ACCU-CHEK MULTICLIX LANCETS	1				
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	1				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
DIATHRIVE LANCING DEVICE	2		GLUCOCARD VITAL TEST	2	QL
EASYMAX CONTROL	2		HW EMBRACE PRO GLUCOSE METER	2	
EASYPLUS BLOOD GLUCOSE TEST	2	QL	HW EMBRACE PRO GLUCOSE TEST	2	QL
EMBRACE TALK BLOOD GLUCOSE	2		HW EMBRACE TALK BLOOD GLUCOSE	2	
EMBRACE TALK GLUCOSE CONTROL	2		HW EMBRACE TALK GLUCOSE TEST	2	QL
EMBRACE TALK GLUCOSE TEST	2	QL	INPEN 100-BLUE-LILLY	2	
EMBRACE TALK MONITORING SYSTEM	2		INPEN 100-BLUE-NOVO	2	
FORA GTEL BLOOD GLUCOSE SYSTEM	2		INPEN 100-GRAY-LILLY	2	
FORA GTEL BLOOD GLUCOSE TEST	2	QL	INPEN 100-GREY-NOVO	2	
FORTISCARE CONTROL	2		INPEN 100-PINK-LILLY	2	
FREESTYLE FREEDOM LITE	2		INPEN 100-PINK-NOVO	2	
FREESTYLE INSULINX SYSTEM	2		KETOCARE	2	
FREESTYLE INSULINX TEST	2	QL	KETOSTIX	2	
FREESTYLE LITE TEST	2	QL	LANCETS	1	
FREESTYLE PRECISION NEO TEST	2	QL	LANCETS	2	
FREESTYLE TEST	2	QL	MICROLET NEXT LANCING DEVICE	2	
GENTEEL LANCING KIT (BLUE)	2		MULTI-LANCET DEVICE 2	2	
GLUCOCARD 01 SENSOR PLUS	2	QL	NOVOPEN ECHO	2	
GLUCOCARD EXPRESSION TEST	2	QL	ONE DROP BLOOD GLUCOSE MONITOR	2	
GLUCOCARD SHINE CONNEX	2		ONE DROP TEST	2	QL
GLUCOCARD SHINE EXPRESS	2		ONETOUCH DELICA LANCING DEV	1	
GLUCOCARD SHINE TEST	2	QL	ONETOUCH DELICA PLUS LANCING	1	
			ONETOUCH ULTRA 2	1	
			ONETOUCH ULTRA BLUE TEST STRIPS	1	QL
			ONETOUCH ULTRA MINI	1	
			ONE TOUCH VERIO KIT W/DEVICE	1	

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

Drug Name	Drug Tier	Notes
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO IN VITRO SOLUTION HIGH	1	
ONETOUCH VERIO TEST STRIPS	1	QL
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1	
PRECISION LINK	2	
PRECISION PCX PLUS TEST	2	QL
PRECISION QID MONITOR	2	
PRECISION QID TEST	2	QL
PRECISION SOF-TACT MONITOR	2	
PRECISION SOF-TACT TEST	2	QL
PRECISION XTRA BLOOD GLUCOSE	2	QL
PRECISION XTRA DEVICE	2	
PRECISION XTRA KIT	2	
PRECISION XTRA MONITOR	2	
RELION BLOOD GLUCOSE TEST	2	QL
RELION ULTIMA TEST	2	QL
SURESTEP PRO HIGH GLUCOSE	1	
SURESTEP PRO LOW GLUCOSE	1	
SURESTEP PRO NORMAL GLUCOSE	1	
TRUE FOCUS BLOOD GLUCOSE METER	2	
TRUE METRIX BLOOD GLUCOSE TEST	2	QL

Drug Name	Drug Tier	Notes
TRUE METRIX LEVEL 1	2	
TRUE METRIX LEVEL 2	2	
TRUE METRIX LEVEL 3	2	
TRUETRACK TEST	2	QL
UNISTRIP CONTROL IN VITRO SOLUTION LOW	2	
V-GO 20	2	
Diabetes - Glycemic Agents		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY	2	
PROGLYCEM	2	
Diabetes - Insulins		
APIDRA SOLOSTAR	3	
APIDRA VIAL	3	
BD INTEGRA NEEDLE 25G X 5/8"	1	
BD PEN NEEDLE NANO 2ND GEN	1	
BD SAFETYGLIDE SYRINGE/NEEDLE 21G X 1-1/2"	1	
COMFORT EZ MICRO PEN NEEDLES	1	
COMFORT EZ SHORT PEN NEEDLES	1	
EASY TOUCH SAFETY PEN NEEDLES	1	
FIASP	2	
FIASP FLEXTOUCH	2	
GOODSENSE CLICKFINE PEN NEEDLE	1	
GOODSENSE PEN NEEDLE PENFINE	1	
HEALTHWISE INSULIN SYR/NEEDLE	1	
HEALTHWISE MICRON PEN NEEDLES	1	
HUMALOG KWIKPEN	2	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HUMALOG MIX 50/50 KWIKPEN	2		LANTUS U-100 VIAL	2	
HUMALOG MIX 50/50 VIAL	2		LEVEMIR U-100 FLEXTOUCH	2	
HUMALOG MIX 75/25 KWIKPEN	2		LEVEMIR U-100 VIAL	2	
HUMALOG MIX 75/25 VIAL	2		MAXICOMFORT II PEN NEEDLE	1	
HUMALOG U-100 JUNIOR KWIKPEN	2		MAXI-COMFORT SAFETY PEN NEEDLE	1	
HUMALOG U-100 VIAL AND CARTRIDGE	2		MAXICOMFORT SYR 27G X 1/2"	1	
HUMULIN 70/30 KWIKPEN	2		MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	1	
HUMULIN 70/30 VIAL	2		NOVOFINE AUTOCOVER PEN NEEDLE	1	
HUMULIN N KWIKPEN	2		NOVOFINE PEN NEEDLE	1	
HUMULIN N VIAL	2		NOVOFINE PLUS PEN NEEDLE	1	
HUMULIN R U-500 KWIKPEN	2		NOVOLIN 70/30 RELION	2	
HUMULIN R U-500 VIAL (CONCENTRATED)	2		NOVOLIN 70/30 VIAL	2	
HUMULIN R VIAL	2		NOVOLIN N RELION	2	
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM	1		NOVOLIN N VIAL	2	
INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G 0.3 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	1		NOVOLIN R RELION	2	
LANTUS SOLOSTAR	2		NOVOLIN R VIAL	2	
			NOVOLOG FLEXPEN	2	
			NOVOLOG MIX 70/30 FLEXPEN	2	
			NOVOLOG MIX 70/30 VIAL	2	
			NOVOLOG PENFILL	2	
			NOVOLOG U-100 VIAL	2	
			NOVOTWIST PEN NEEDLE	1	
			PREVENT SAFETY PEN NEEDLES	1	
			TOUJEO MAX SOLOSTAR	2	
			TOUJEO SOLOSTAR	2	

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

Drug Name	Drug Tier	Notes
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	1	
ULTRACARE PEN NEEDLES	1	
Electrolytes / Minerals / Metals / Vitamins		
CARBAGLU	SP3	
CARNITOR INTRAVENOUS	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
cyanocobalamin injection solution 1000 mcg/ml	1	
cytra k crystals	1	
deferasirox	SP1	PA
effer-k oral tablet effervescent 25 meq	1	
ergocalciferol oral capsule	1	
EXJADE	SP3	PA
ferocon	1	
ferottrinsic	1	
FERRALET 90	3	
FERRIPROX	SP3	PA
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	0	PV
FOLIVANE-F	2	
FOLIVANE-PLUS	2	
foltrin	1	
GALZIN	2	
gnp folic acid	0	PV
INTEGRA F	2	
INTEGRA PLUS	2	
kionex	1	
klor-con	1	

Drug Name	Drug Tier	Notes
klor-con 10	1	
klor-con m10	1	
KLOR-CON M15	2	
klor-con m20	1	
klor-con sprinkle	1	
klor-con/ef	1	
K-PHOS	2	
K-PHOS NO 2	2	
k-prime	1	
levocarnitine oral solution	3	
levocarnitine oral tablet	3	
M-NATAL PLUS	1	
multi prenatal	0	PV
multivitamin/fluoride oral tablet chewable 1 mg	1	
mvc-fluoride oral tablet chewable 1 mg	1	
NASCOBAL	2	
ONE-A-DAY WOMENS PRENATAL 1	0	PV
ORACIT	2	
phospha 250 neutral	1	
phosphorous	1	
phospho-trin 250 neutral	1	
phytonadione oral	1	
pnv prenatal plus multivit+dha	1	
pot bicarb-pot chloride	1	
potassium bicarbonate oral	1	
potassium chloride cryser	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
prenatal multi +dha	0	PV

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

Drug Name	Drug Tier	Notes
prenatal oral tablet 27-0.8 mg	0	PV
prenatal oral tablet 27-1 mg	1	
prenatal plus iron	1	
PROFERRIN-FORTE	2	
quflora pediatric oral tablet chewable 1 mg	1	
sod citrate-citric acid	1	
sodium fluoride oral	0	PV
sodium polystyrene sulfonate	1	
sps	1	
SYPRINE	SP3	PA
taron-crystals	1	
tl icon	1	
TRICARE PRENATAL DHA ONE	3	
tricitrates	1	
tricon	1	
trientine hcl	SP1	PA
VIRT-FEFA PLUS	2	
virt-phos 250 neutral	1	
vitamin d (ergocalciferol) oral capsule 50000 unit	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
CARAFATE ORAL SUSPENSION	2	
esomeprazole magnesium oral capsule delayed release 40 mg	3	QL
lansoprazole oral capsule delayed release 30 mg	3	QL
lansoprazole oral tablet dispersible	3	QL; AL (Max 12 Years)
misoprostol oral	1	

Drug Name	Drug Tier	Notes
NEXIUM ORAL PACKET	3	QL; AL (Max 12 Years)
omeprazole oral capsule delayed release 10 mg, 40 mg	3	QL
pantoprazole sodium oral	3	QL
PREVACID SOLUTAB	3	QL; AL (Max 12 Years)
rabeprazole sodium	3	QL
ranitidine hcl oral syrup	3	
sucalfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	3	PA
AMITIZA	3	QL
ANASPAZ	2	
bisacodyl ec	0	PV; QL
chlordiazepoxide-clidinium	1	
CHOLBAM	SP3	PA
clearlax	0	PV; QL
constulose	1	
cromolyn sodium oral	3	
CUVPOSA	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
enulose	1	
ex-lax ultra	0	PV; QL
GATTEX	SP3	PA
gavilax oral powder	0	PV; QL
gavilyte-c	1	PV; QL
gavilyte-g	1	PV; QL
gavilyte-n with flavor pack	1	PV; QL
generlac	1	
gentle laxative oral	0	PV; QL

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

Drug Name	Drug Tier	Notes
glycolax	0	PV; QL
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
lactulose encephalopathy	1	
lactulose oral solution	1	
LINZESS	3	QL
magnesium citrate oral solution	0	PV; QL
methscopolamine bromide oral	1	
MOVANTIK	3	QL
MOVIPREP	3	
nulev	1	
oscimin	1	
oscimin sr	1	
OSMOPREP	3	
pb-hyoscy-atropine- scopolamine	1	
peg 3350/electrolytes	1	PV; QL
peg 3350-kcl-na bicarb- nacl	1	PV; QL
peg-3350/electrolytes	1	PV; QL
phenobarbital-belladonna alk	1	
phenohydro	1	
polyethylene glycol 3350 oral powder	0	PV; QL
PREPOPIK	3	
propantheline bromide oral	1	
RELISTOR SUBCUTANEOUS	SP3	PA; QL

Drug Name	Drug Tier	Notes
SUPREP BOWEL PREP KIT	3	
SYMAX DUOTAB	2	
symax-sl	1	
symax-sr	1	
trilyte	1	PV; QL
ursodiol oral	1	
VIBERZI	3	PA; QL
XERMELO	SP3	PA; QL
Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment		
CERDELGA	SP3	PA
CREON	2	
GALAFOLD	SP3	PA; QL
OICALIVA	SP3	PA; QL
ORFADIN	SP3	PA
PANCREAZE	2	
PROCYSBI	SP3	PA
RAVICTI	SP3	PA
sodium phenylbutyrate oral powder	SP1	
STRENSIQ	SP3	PA
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
darifenacin hydrobromide er	3	
DEPEN TITRATABS	SP2	PA
D-PENAMINE	SP2	PA
ELMIRON	2	
flavoxate hcl	1	
INTRAROSA	3	
LITHOSTAT	2	
MYRBETRIQ	2	
oxybutynin chloride er	1	

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

Drug Name	Drug Tier	Notes
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENAGEL	3	
sevelamer carbonate	3	
sevelamer hcl	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	3	QL
solifenacin succinate	1	
tadalafil oral tablet 2.5 mg, 5 mg	3	QL
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	3	
uribel	1	
uro-mp	1	
VESICARE	2	
vilamit mb	1	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
tamsulosin hcl	1	
terazosin hcl	1	
Hormonal Agents - Adrenal		
ala-cort external cream 2.5 %	1	
alclometasone dipropionate	1	
amcinonide external cream	3	

Drug Name	Drug Tier	Notes
amcinonide external lotion	3	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
CAPEX	2	
clobetasol prop emollient base	1	
clobetasol propionate e	1	
clobetasol propionate emulsion	3	
clobetasol propionate external cream	1	
clobetasol propionate external foam	3	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	3	
clobetasol propionate external solution	1	
clodan external shampoo	3	
cortisone acetate oral	1	
deltasone	1	
desonide external	1	
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	1	
desoximetasone external ointment 0.25 %	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
DEXAMETHASONE INTENSOL	2		hydrocortisone butyrate external ointment	1	
dexamethasone oral elixir	1		hydrocortisone butyrate external solution	1	
dexamethasone oral solution	1		hydrocortisone external cream 2.5 %	1	
dexamethasone oral tablet	1		hydrocortisone external lotion 2.5 %	1	
diflorasone diacetate external cream	3		hydrocortisone external ointment 2.5 %	1	
diflorasone diacetate external ointment	1		hydrocortisone oral	1	
fludrocortisone acetate oral	1		hydrocortisone valerate	1	
flucinolone acetonide body	1		MEDROL ORAL TABLET 2 MG	2	
flucinolone acetonide external	1		methylprednisolone oral	1	
flucinolone acetonide scalp	1		mometasone furoate external	1	
flucinsonide emulsified base	1		prednicarbate	1	
flucinsonide external cream 0.05 %	1		prednisolone oral	1	
flucinsonide external cream 0.1 %	3		prednisolone sodium phosphate oral	1	
flucinsonide external gel	1		PREDNISONE INTENSOL	2	
flucinsonide external ointment	1		prednisone oral	1	
flucinsonide external solution	1		PSORCON	2	
fluticasone propionate external cream	1		synalar external cream	1	
fluticasone propionate external ointment	1		synalar external ointment	1	
halobetasol propionate external cream	1		TEXACORT	2	
halobetasol propionate external ointment	1		triamcinolone acetonide external aerosol solution	3	
hydrocortisone butyrate external cream	1		triamcinolone acetonide external cream	1	
			triamcinolone acetonide external lotion	1	
			triamcinolone acetonide external ointment	1	
			triderm	1	
			Hormonal Agents - Men's Health		
			ANDRODERM	2	PA
			danazol oral	3	

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

Drug Name	Drug Tier	Notes
DEPO-TESTOSTERONE	2	PA
testosterone cypionate intramuscular	1	PA
testosterone enanthate intramuscular	1	PA
testosterone transdermal	3	PA
Hormonal Agents - Osteoporosis		
OSPHENA	3	
raloxifene hcl	1	PV
Hormonal Agents - Parathyroid		
cinacalcet hcl	SP1	PA
SENSIPAR	SP3	PA
Hormonal Agents - Pituitary		
cabergoline	1	
DDAVP RHINAL TUBE	2	
desmopressin ace spray refrig	1	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
NORDITROPIN FLEXPRO	SP2	PA
NUTROPIN AQ NUSPIN 10	SP2	PA
NUTROPIN AQ NUSPIN 20	SP2	PA
NUTROPIN AQ NUSPIN 5	SP2	PA
octreotide acetate	SP1	PA
OMNITROPE	SP2	PA
ORLISSA	3	PA; QL
SIGNIFOR	SP3	PA; QL
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP3	PA

Drug Name	Drug Tier	Notes
STIMATE	2	
Hormonal Agents - Sex Hormones and Birth Control		
altavera	0	PV
alyacen 1/35	0	PV
alyacen 7/7/7	0	PV
amabelz	1	
amethia	0	PV; QL
amethia lo	0	PV; QL
ANGELIQ	2	
apri	0	PV
aranelle	0	PV
ashlyna	0	PV; QL
aubra	0	PV
aubra eq	0	PV
aurovela 1.5/30	0	PV
aurovela 1/20	0	PV
aurovela 24 fe	0	PV
aurovela fe 1.5/30	0	PV
aurovela fe 1/20	0	PV
aviane	0	PV
azurette	0	PV
BALCOLTRA	3	
balziva	0	PV
bekyree	0	PV
blisovi 24 fe	0	PV
blisovi fe 1.5/30	0	PV
blisovi fe 1/20 oral tablet 1-20 mg-mcg	0	PV
briellyn	0	PV
camila	0	PV
camrese	0	PV; QL
camrese lo	0	PV; QL
caziant	0	PV
chateal	0	PV
chateal eq	0	PV
CLIMARA PRO	3	

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

Drug Name	Drug Tier	Notes
COMBIPATCH	3	
covaryx	1	
covaryx hs	1	
cryselle-28	0	PV
cyclafem 1/35	0	PV
cyclafem 7/7/7	0	PV
cyred	0	PV
cyred eq	0	PV
dasetta 1/35	0	PV
dasetta 7/7/7	0	PV
daysee	0	PV; QL
deblitane	0	PV
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	2	
delyla	0	PV
DEPO-ESTRADIOL	2	
desogestrel-ethinyl estradiol	0	PV
DIVIGEL	3	
drosipren-eth estrad- levomefol	0	PV
drosiprenone-ethinyl estradiol	0	PV
DUAVEE	2	
eemt	1	
eemt hs	1	
ELESTRIN	3	
elinest	0	PV
ELLA	0	PV
emoquette	0	PV
enpresse-28	0	PV
enskyce	0	PV
errin	0	PV
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	

Drug Name	Drug Tier	Notes
est estrogens-methyltest hs	1	
estarylla	0	PV
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
ESTRING	3	QL
ESTROGEL	3	
ethynodiol diac-eth estradiol	0	PV
EVAMIST	3	
falmina	0	PV
fayosim	0	PV; QL
femynor	0	PV
fyavolv	1	
gianvi	0	PV
hailey 24 fe	0	PV
heather	0	PV
incassia	0	PV
introvale	0	PV; QL
isibloom	0	PV
jasmiel	0	PV
jencycla	0	PV
jinteli	1	
jolessa	0	PV; QL
jolivette	0	PV
juleber	0	PV
junel 1.5/30	0	PV
junel 1/20	0	PV
junel fe 1.5/30	0	PV
junel fe 1/20	0	PV
junel fe 24	0	PV
kaitlib fe	0	PV
kariva	0	PV

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

Drug Name	Drug Tier	Notes
kelnor 1/35	0	PV
kelnor 1/50	0	PV
kurvelo	0	PV
KYLEENA	0	PV
larin 1.5/30	0	PV
larin 1/20	0	PV
larin 24 fe	0	PV
larin fe 1.5/30	0	PV
larin fe 1/20	0	PV
larissia	0	PV
layolis fe	0	PV
leena	0	PV
lessina	0	PV
levonest	0	PV
levonorgest-eth est & eth est	0	PV; QL
levonorgest-eth estrad 91-day	0	PV; QL
levonorgestrel	0	PV
levonorgestrel-ethinyl estrad	0	PV
levonorg-eth estrad triphasic	0	PV
levora 0.15/30 (28)	0	PV
LILETTA (52 MG)	0	PV
lillow	0	PV
LO LOESTRIN FE	3	
lopreeza	1	
loryna	0	PV
low-ogestrel	0	PV
lutra	0	PV
lyza	0	PV
marlissa	0	PV
medroxyprogesterone acetate intramuscular	0	PV; QL
medroxyprogesterone acetate oral	1	

Drug Name	Drug Tier	Notes
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	1	
megestrol acetate oral tablet	1	
melodetta 24 fe	0	PV
MENEST	2	
mibelas 24 fe	0	PV
microgestin 1.5/30	0	PV
microgestin 1/20	0	PV
microgestin fe 1.5/30	0	PV
microgestin fe 1/20	0	PV
mili	0	PV
mimvey	1	
mimvey lo	1	
MIRENA (52 MG)	0	PV
mono-linyah	0	PV
mononessa	0	PV
NATAZIA	0	PV
necon 0.5/35 (28)	0	PV
NEXPLANON	0	PV
nikki	0	PV
nora-be	0	PV
norethin ace-eth estrad-fe	0	PV
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	0	PV
norethindrone oral	0	PV
norethindrone-eth estradiol	1	
norethin-eth estradiol-fe	0	PV
norgestimate-eth estradiol	0	PV
norgestimate-ethinyl estradiol triphasic	0	PV
norlyda	0	PV
norlyroc	0	PV

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
nortrel 0.5/35 (28)	0	PV	TAYTULLA	3	
nortrel 1/35 (21)	0	PV	tilia fe	0	PV
nortrel 1/35 (28)	0	PV	tri femynor	0	PV
nortrel 7/7/7	0	PV	tri-estarylla	0	PV
NUVARING	0	PV	tri-legest fe	0	PV
ocella	0	PV	tri-linyah	0	PV
ogestrel	0	PV	tri-lo-estarylla	0	PV
orsythia	0	PV	tri-lo-marzia	0	PV
PARAGARD INTRAUTERINE COPPER	0	PV	tri-lo-mili	0	PV
philith	0	PV	tri-lo-sprintec	0	PV
pimtrea	0	PV	tri-mili	0	PV
pirmella 1/35	0	PV	trinessa (28)	0	PV
pirmella 7/7/7	0	PV	tri-previfem	0	PV
portia-28	0	PV	tri-sprintec	0	PV
PREMARIN ORAL	2		trivora (28)	0	PV
PREMARIN VAGINAL	2		tri-vylibra	0	PV
PREMPHASE	2		tri-vylibra lo	0	PV
PREMPRO	2		tulana	0	PV
preventeza	0	PV	tydemy	0	PV
previfem	0	PV	velivet	0	PV
progesterone intramuscular	1		vienva	0	PV
progesterone micronized oral	1		viorele	0	PV
reclipsen	0	PV	vyfemla	0	PV
rivelsa	0	PV; QL	vylibra	0	PV
setlakin	0	PV; QL	wera	0	PV
sharobel	0	PV	wymzya fe	0	PV
simliya	0	PV	xulane	0	PV
SKYLA	0	PV	yuvafem	1	
sprintec 28	0	PV	zarah	0	PV
sronyx	0	PV	zovia 1/35e (28)	0	PV
syeda	0	PV	Hormonal Agents - Thyroid		
tarina 24 fe	0	PV	ARMOUR THYROID	2	
tarina fe 1/20	0	PV	euthyrox	1	
tarina fe 1/20 eq	0	PV	levo-t	1	
			levothyroxine sodium oral	1	
			levothyroxine-liothyronine	1	
			levoxyl	1	

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

Drug Name	Drug Tier	Notes
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID ORAL TABLET 113.75 MG, 146.25 MG, 162.5 MG, 260 MG, 325 MG, 48.75 MG, 81.25 MG, 97.5 MG	2	
nature-throid oral tablet 130 mg, 16.25 mg, 195 mg, 32.5 mg, 65 mg	1	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	2	
THYROLAR-1	2	
THYROLAR-1/2	2	
THYROLAR-1/4	2	
THYROLAR-2	2	
THYROLAR-3	2	
unithroid	1	
westhroid oral tablet 130 mg, 32.5 mg, 65 mg	1	
WESTHROID ORAL TABLET 195 MG, 97.5 MG	2	
WP THYROID	2	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	SP3	PA
ACTEMRA SUBCUTANEOUS	SP3	PA
ACTIMMUNE	SP2	
azathioprine oral	1	
BERINERT	SP2	PA
CELLCEPT	SP3	
CIMZIA	SP3	PA
CIMZIA PREFILLED KIT	SP3	PA
CIMZIA STARTER KIT	SP3	PA
COSENTYX 150 MG/ML	SP3	PA
COSENTYX 300 DOSE	SP3	PA

Drug Name	Drug Tier	Notes
COSENTYX SENSOREADY 300 DOSE	SP3	PA
COSENTYX SENSOREADY PEN	SP3	PA
cyclosporine modified	1	
cyclosporine oral	1	
ENBREL	SP2	PA
ENBREL MINI	SP2	PA
ENBREL SURECLICK	SP2	PA
ENVARUSUS XR	SP2	
FIRAZYR	SP3	PA
gengraf	1	
HAEGARDA	SP2	PA
HUMIRA	SP2	PA
HUMIRA PEDIATRIC CROHNS START	SP2	PA
HUMIRA PEN	SP2	PA
HUMIRA PEN-CD/UC/HS STARTER	SP2	PA
HUMIRA PEN-PS/UV/ADOL HS START	SP2	PA
IMURAN	2	
KINERET	SP3	PA
leflunomide oral	1	
methotrexate oral	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil	1	
mycophenolate sodium	1	
MYFORTIC	SP3	
NEORAL	SP3	
ORENCIA CLICKJECT	SP3	PA
ORENCIA SUBCUTANEOUS	SP3	PA
PROGRAF ORAL CAPSULE	SP3	
PROGRAF ORAL PACKET	SP2	

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

Drug Name	Drug Tier	Notes
RAPAMUNE ORAL SOLUTION	SP2	
RAPAMUNE ORAL TABLET	SP3	
RIDAURA	2	
SANDIMMUNE ORAL CAPSULE	SP3	
SANDIMMUNE ORAL SOLUTION	SP2	
SIMPONI	SP3	PA
sirolimus oral solution	SP1	
sirolimus oral tablet	1	
STELARA SUBCUTANEOUS	SP3	PA
tacrolimus oral	1	
TREMFYA	SP2	PA
XATMEP	SP2	
ZORTRESS	SP3	PA
Immunological Agents - Drugs for Vaccination		
	0	PV; AL (Max 6 Years)
ACTHIB	0	PV
ADACEL	0	PV
AFLURIA	0	PV
AFLURIA PRESERVATIVE FREE	0	PV
AFLURIA QUADRIVALENT	0	PV
BCG VACCINE	3	
BEXSERO	0	PV
BOOSTRIX	0	PV
DAPTACEL	0	PV
DIPHThERIA-TETANUS TOXOIDS DT	0	PV
ENGERIX-B	0	PV
EZ FLU SHOT-FLUCELVAX QUAD	0	PV
FLUAD	0	PV

Drug Name	Drug Tier	Notes
FLUARIX QUADRIVALENT	0	PV
FLUBLOK QUADRIVALENT	0	PV
FLUCELVAX QUADRIVALENT	0	PV
FLULAVAL QUADRIVALENT	0	PV
	0	PV; AL (Min 2 Years and Max 49 Years)
FLUMIST QUADRIVALENT	0	
FLUZONE HIGH-DOSE	0	PV
FLUZONE QUADRIVALENT	0	PV
	0	PV; AL (Min 9 Years and Max 26 Years)
GARDASIL 9		
HAVRIX	0	PV
	0	PV; AL (Min 18 Years)
HEPLISAV-B		
	0	PV; AL (Max 6 Years)
HIBERIX		
IMOVAX RABIES	3	
INFANRIX	0	PV
	0	PV; AL (Max 17 Years)
IPOL		
KINRIX	0	PV
MENACTRA	0	PV
MENVEO	0	PV
M-M-R II	0	PV
PEDIARIX	0	PV
	0	PV; AL (Max 6 Years)
PEDVAX HIB		
PENTACEL	0	PV

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

Drug Name	Drug Tier	Notes
pneumovax 23 injectable 25 mcg/0.5ml injection	0	PV
PNEUMOVAX 23 INJECTABLE 25 MCG/0.5ML INJECTION	0	PV
PREVNAR 13	0	PV
PROQUAD	0	PV
QUADRACEL	0	PV
RECOMBIVAX HB	0	PV
ROTARIX	0	PV; AL (Max 8 Months)
ROTATEQ	0	PV; AL (Max 8 Months)
SHINGRIX	0	PV; AL (Min 50 Years)
STAMARIL	3	
TDVAX	0	PV
TENIVAC	0	PV
TRUMENBA	0	PV
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	0	PV
TYPHIM VI	3	
VAQTA	0	PV
VARIVAX	0	PV
VAXCHORA	3	
VIVOTIF	2	
yf-vax injectable subcutaneous	3	
YF-VAX INJECTABLE SUBCUTANEOUS	3	
ZOSTAVAX	0	PV; AL (Min 60 Years)
Inflammatory Bowel Disease Agents		
ANALPRAM-HC RECTAL LOTION	2	
anucort-hc	1	

Drug Name	Drug Tier	Notes
anusal-hc rectal suppository	1	
balsalazide disodium	1	
budesonide oral	3	
CANASA	2	
colocort	1	
DELZICOL	2	
DIPENTUM	2	
hemmorex-hc	1	
hydrocortisone ace-pramoxine rectal	1	
hydrocortisone acetate rectal suppository 25 mg	1	
hydrocortisone acetate rectal suppository 30 mg	3	
hydrocortisone rectal	1	
mesalamine oral capsule delayed release	1	
mesalamine oral tablet delayed release 1.2 gm	3	
mesalamine oral tablet delayed release 800 mg	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
PENTASA	2	
pramcort	1	
PROCTOFOAM HC	2	
procto-med hc	1	
procto-pak	1	
proctosol hc	1	
proctozone-hc	1	
sulfasalazine oral	1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral solution	1	
alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
alendronate sodium oral tablet 35 mg, 70 mg	1	QL	FORA D40D GLUCOSE/PRESSURE DEVICE	2	
calcitonin (salmon)	1	QL	GLYTACTIN BETTERMILK 15	2	
calcitriol oral	1		GLYTACTIN BETTERMILK DE-LITE	2	
etidronate disodium	1		GLYTACTIN BUILD 10PE	2	
FORTEO	SP2	PA	GLYTACTIN BUILD 20/20 PKU	2	
ibandronate sodium oral	1	QL	GLYTACTIN COMPLETE 10PE	2	
paricalcitol oral	1		GLYTACTIN RESTORE 10	2	
risedronate sodium oral tablet 150 mg, 35 mg	1	QL	GLYTACTIN RESTORE 5	2	
risedronate sodium oral tablet 30 mg, 5 mg	1		GLYTACTIN RESTORE LITE 10	2	
risedronate sodium oral tablet delayed release	3	QL	GLYTACTIN RESTORE LITE 10PE	2	
TYMLOS	SP2	PA	GLYTACTIN RTD 10	2	
Miscellaneous Therapeutic Agents			GLYTACTIN RTD 15	2	
BD SYRINGE LUER-LOK 30 ML	1		GLYTACTIN RTD LITE 15	2	
BREATHE EASE LARGE	2		heparin lock flush	1	
BREATHE EASE MEDIUM	2		heparin sodium flush	1	
BREATHE EASE SMALL	2		heparin sodium lock flush	1	
BREATHERITE	2		HUMATROPEN FOR 12MG	1	
CAMINO PRO COMPLETE/GLYTACTIN	2		HUMATROPEN FOR 24MG	1	
CAMINO PRO PKU	2		HUMATROPEN FOR 6MG	1	
CAYA	0	PV; QL	INSPIREASE RESERVOIR BAGS	2	
EASIVENT	2		J-TIP KIT W/VIAL ADAPTERS	1	
EASY GLIDE LUER LOCK SYRINGE	1		MASK VORTEX	2	
ergoloid mesylates oral	1		methergine	3	
FEMCAP	0	PV; QL	MYALEPT	SP3	PA
filter needle	1				
FLEXICHAMBER ADULT MASK/SMALL	2				
FLEXICHAMBER CHILD MASK/LARGE	2				
FLEXICHAMBER CHILD MASK/SMALL	2				

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

Drug Name	Drug Tier	Notes
NORDIPEN 5 INJECTION DEVICE	1	
NORM-JECT LUER SLIP SYRINGE	1	
OPTIONS CONCEPTROL	0	PV; QL
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PEDIATRIC PANDA MASK	2	
PHENACTIN AA PLUS	2	
PHENYLADE DRINK MIX	2	
PKU EASY MICROTABS	2	
pocket spacer	2	
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
sash kit	1	
syringe luer lock 30 ml	1	
syringe luer slip 1 ml	1	
vcf vaginal contraceptive vaginal gel	0	PV; QL
WIDE-SEAL DIAPHRAGM 60	0	PV; QL
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALOCRIAL	2	
ALOMIDE	2	
ALREX	2	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	QL
CILOXAN OPHTHALMIC OINTMENT	2	

Drug Name	Drug Tier	Notes
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
DUREZOL	3	
epinastine hcl	1	
erythromycin ophthalmic	1	
FLAREX	2	
fluorometholone	1	
flurbiprofen sodium	1	
FML	2	
FML FORTE	2	
gatifloxacin ophthalmic	1	
gentak	1	
gentamicin sulfate ophthalmic	1	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic	1	
LOTEMAX OPHTHALMIC GEL	2	QL
LOTEMAX OPHTHALMIC OINTMENT	2	QL
LOTEMAX OPHTHALMIC SUSPENSION	2	
loteprednol etabonate	1	
MAXIDEX	2	
moxifloxacin hcl ophthalmic	1	
NATACYN	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PAZEO	3	

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

Drug Name	Drug Tier	Notes
prednisolone acetate ophthalmic	1	
prednisolone acetate p-f	1	
prednisolone sodium phosphate ophthalmic	1	
sulfacetamide sodium ophthalmic	1	
tobramycin ophthalmic	1	
TOBREX OPHTHALMIC OINTMENT	2	
trifluridine	1	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
apraclonidine hcl	1	
AZOPT	2	
betaxolol hcl ophthalmic	1	
BETIMOL	2	
BETOPTIC-S	2	
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic	1	
carteolol hcl	1	
COMBIGAN	2	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	3	
IOPIDINE	2	
latanoprost ophthalmic	1	QL
levobunolol hcl	1	
LUMIGAN	2	QL
methazolamide oral	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic	1	

Drug Name	Drug Tier	Notes
SIMBRINZA	3	
timolol maleate ophthalmic	1	
TIMOPTIC OCUDOSE	2	
TRAVATAN Z	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
altacaine	1	
altafrin	1	
atropine sulfate ophthalmic	1	
bacitracin-polymyxin b ophthalmic	1	
bacitra-neomycin-polymyxin-hc	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
cyclopentolate hcl ophthalmic	1	
homatropaire	1	
homatropine hbr	1	
ISOPTO ATROPINE	1	
LACRISERT	2	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin	1	
neomycin-polymyxin-hc ophthalmic	1	
neo-polycin	1	
neo-polycin hc	1	
phenylephrine hcl ophthalmic	1	

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

Drug Name	Drug Tier	Notes
polycin	1	
polymyxin b-trimethoprim	1	
PRED-G	2	
PRED-G S.O.P.	2	
proparacaine hcl ophthalmic	1	
RESTASIS	3	PA
RESTASIS MULTIDOSE	3	PA
sulfacetamide-prednisolone ophthalmic solution	1	
tetcaine	1	
tetracaine hcl ophthalmic	1	
tetravisc	1	
tetravisc forte	1	
TOBRADEX OPHTHALMIC OINTMENT	2	
tobramycin-dexamethasone	1	
tropicamide ophthalmic	1	
XIIDRA	3	PA
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CIPRO HC	2	
CIPRODEX	2	
ciprofloxacin hcl otic	1	
COLY-MYCIN S	2	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	2	

Drug Name	Drug Tier	Notes
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
benzonatate oral capsule 100 mg, 200 mg	1	
bromfed dm	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	1	
	1	PA; QL; AL (Min 18 Years)
guaiaitussin ac	1	PA; QL; AL (Min 18 Years)
	1	PA; QL; AL (Min 18 Years)
guaifenesin ac	1	PA; QL; AL (Min 18 Years)
hydrocodone polst-cpm polst er	1	PA; QL; AL (Min 18 Years)
	1	PA; QL; AL (Min 18 Years)
hydrocodone-homatropine	1	PA; QL; AL (Min 18 Years)
	1	PA; QL; AL (Min 18 Years)
hydromet	1	PA; QL; AL (Min 18 Years)
ipratropium bromide nasal	1	
nebusal inhalation nebulization solution 3 %	1	
phenadoz	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
	1	PA; QL; AL (Min 18 Years)
promethazine-codeine	1	
promethazine-dm oral syrup	1	
	1	PA; QL; AL (Min 18 Years)
promethazine-phenyleph-codeine	1	PA; QL; AL (Min 18 Years)
promethazine-phenylephrine	1	
promethegan	1	

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

Drug Name	Drug Tier	Notes
pseudoephedrine-bromphen-dm	1	
pulmosal	1	
sodium chloride inhalation	1	
SSKI	2	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
acetylcysteine inhalation	1	
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL
albuterol sulfate er	1	
albuterol sulfate inhalation	1	QL
albuterol sulfate oral	1	
ANORO ELLIPTA	2	QL
ARCAPTA NEOHALER	2	QL
ASMANEX 120 METERED DOSES	2	QL
ASMANEX 14 METERED DOSES	2	QL
ASMANEX 30 METERED DOSES	2	QL
ASMANEX 60 METERED DOSES	2	QL
ASMANEX 7 METERED DOSES	2	QL
ASMANEX HFA	2	QL
ATROVENT HFA	2	QL
BREO ELLIPTA	2	QL
budesonide inhalation	1	QL; AL (Max 9 Years)
COMBIVENT RESPIMAT	2	QL
cromolyn sodium inhalation	1	
DALIRESP	3	PA

Drug Name	Drug Tier	Notes
EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML	1	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	1	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	2	
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	2	
ESBRIET	SP3	PA
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
INCRUSE ELLIPTA	2	QL
ipratropium bromide inhalation	1	QL
ipratropium-albuterol	1	QL
levalbuterol hcl inhalation	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	1	QL
metaproterenol sulfate oral	1	
montelukast sodium oral	1	

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

Drug Name	Drug Tier	Notes
OFEV	SP3	PA
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PROVENTIL HFA	2	QL
PULMICORT FLEXHALER	2	QL
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT	2	QL
QVAR REDHALER	2	QL
SEREVENT DISKUS	2	QL
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	3	QL
terbutaline sulfate oral	1	
THEO-24	2	
theochron	1	
theophylline	1	
theophylline er	1	
TRELEGY ELLIPTA	2	QL
VENTOLIN HFA	1	QL
wixela inhub	1	QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
CAYSTON	SP3	PA
KALYDECO	SP3	PA
ORKAMBI	SP3	PA; QL
PULMOZYME	SP2	PA
TOBI NEBULIZER	SP3	
TOBI PODHALER	SP2	QL
tobramycin inhalation	SP1	
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	SP3	PA; QL
ambrisentan	SP1	PA; QL

Drug Name	Drug Tier	Notes
bosentan	SP1	PA; QL
LETAIRIS	SP2	PA; QL
OPSUMIT	SP2	PA; QL
sildenafil citrate oral tablet 20 mg	SP1	PA; QL
TRACLEER	SP2	PA; QL
TYVASO	SP2	PA; QL
TYVASO REFILL	SP2	PA; QL
TYVASO STARTER	SP2	PA; QL
UPTRAVI	SP3	PA; QL
VENTAVIS	SP2	PA; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral	1	
carisoprodol oral tablet 350 mg	1	
carisoprodol-aspirin	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
dantrolene sodium oral	1	
metaxall	1	
metaxalone	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
armodafinil	1	PA; QL
eszopiclone	1	QL
flurazepam hcl	1	PA; QL
modafinil	3	PA; QL
ROZEREM	3	QL
SILENOR	3	QL
temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL

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Drug Name	Drug Tier	Notes
zaleplon	1	QL
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL

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

Index of Drugs

abacavir sulfate.....	21	acitretin.....	27	amethia lo.....	39
abacavir sulfate-lamivudine	21	ACTEMRA.....	43	amiloride hcl.....	23
abacavir-lamivudine-		ACTEMRA ACTPEN.....	43	amiloride-	
zidovudine.....	21	ACTHIB.....	44	hydrochlorothiazide.....	23
abiraterone acetate.....	18	ACTIMMUNE.....	43	amiodarone hcl.....	23
acamprosate calcium.....	12	acyclovir.....	21	AMITIZA.....	35
acarbose.....	29	ADACEL.....	44	amitriptyline hcl.....	15
ACCU-CHEK AVIVA		adapalene.....	27	amlodipine besylate.....	23
CONNECT KIT W/DEVICE	30	adefovir dipivoxil.....	21	amlodipine besylate-	
ACCU-CHEK AVIVA		ADEMPAS.....	51	benazepril hcl.....	23
DEVICE.....	30	ADVAIR DISKUS.....	50	amlodipine besylate-	
ACCU-CHEK AVIVA PLUS	30	ADVAIR HFA.....	50	valsartan.....	23
ACCU-CHEK COMPACT		AFINITOR.....	18	amlodipine-atorvastatin.....	23
PLUS CARE KIT.....	30	AFINITOR DISPERZ.....	18	amlodipine-olmesartan.....	23
ACCU-CHEK COMPACT		AFLURIA.....	44	amlodipine-valsartan-hctz...	23
PLUS CONTROL.....	30	AFLURIA		amnesteam.....	27
ACCU-CHEK COMPACT		PRESERVATIVE FREE.....	44	amoxapine.....	15
PLUS TEST STRIPS.....	30	AFLURIA		amoxicillin.....	12
ACCU-CHEK FASTCLIX		QUADRIVALENT.....	44	amoxicillin-potassium	
LANCET KIT.....	30	AIMOVIG.....	17	clavulanate.....	12
ACCU-CHEK FASTCLIX		AKTIPAK.....	27	amoxicillin-potassium	
LANCETS.....	30	ala-cort.....	37	clavulanate er.....	12
ACCU-CHEK GUIDE.....	30	albendazole.....	20	amphetamine-	
ACCU-CHEK GUIDE		albuterol sulfate.....	50	dextroamphetamine.....	26
CONTROL.....	30	albuterol sulfate er.....	50	amphetamine-	
ACCU-CHEK GUIDE ME...	30	alclometasone		dextroamphetamine er.....	26
ACCU-CHEK MULTICLIX		dipropionate.....	37	ampicillin.....	12
LANCET DEVICE KIT.....	30	ALDACTAZIDE.....	23	AMPYRA.....	27
ACCU-CHEK MULTICLIX		ALECENSA.....	18	anagrelide hcl.....	23
LANCETS.....	30	alendronate sodium.....	45, 46	ANALPRAM-HC.....	45
ACCU-CHEK NANO		alfuzosin hcl er.....	37	ANASPAZ.....	35
SMARTVIEW KIT		aliskiren fumarate.....	23	anastrozole.....	18
W/DEVICE.....	30	allopurinol.....	17	ANDRODERM.....	38
ACCU-CHEK		almotriptan malate.....	17	ANGELIQ.....	39
SMARTVIEW CONTROL...	30	ALOCRILO.....	47	ANORO ELLIPTA.....	50
ACCU-CHEK		ALOMIDE.....	47	anucort-hc.....	45
SMARTVIEW TEST		alosetron hcl.....	35	anusol-hc.....	45
STRIPS.....	30	ALPHAGAN P.....	48	APIDRA SOLOSTAR.....	32
ACCU-CHEK SOFT		alprazolam.....	22	APIDRA VIAL.....	32
TOUCH LANCETS.....	30	alprazolam er.....	22	APOKYN.....	20
ACCU-CHEK SOFTCLIX		alprazolam xr.....	22	apraclonidine hcl.....	48
LANCET DEVICE KIT.....	30	ALREX.....	47	aprepitant.....	16
ACCU-CHEK SOFTCLIX		altacaine.....	48	apri.....	39
LANCETS.....	30	altafrin.....	48	APTIOM.....	14
acebutolol hcl.....	23	altavera.....	39	APTIVUS.....	21
acetaminophen-codeine.....	10	ALUNBRIG.....	18	aranelle.....	39
acetaminophen-codeine #2	10	alyacen 1/35.....	39	ARANESP (ALBUMIN	
acetaminophen-codeine #3	10	alyacen 7/7/7.....	39	FREE).....	23
acetaminophen-codeine #4	10	amabelz.....	39	ARCAPTA NEOHALER.....	50
acetazolamide.....	23	amantadine hcl.....	20	aripiprazole.....	20
acetazolamide er.....	23	ambrisentan.....	51	ARIXTRA.....	14
acetic acid.....	49	amcinonide.....	37	armodafinil.....	51
acetylcysteine.....	50	amethia.....	39	ARMOUR THYROID.....	42

ascomp-codeine.....	10	AZOPT.....	48	bicalutamide.....	18
ashlyna.....	39	azurette.....	39	BIKTARVY.....	21
ASMANEX 120 METERED		bacitracin.....	47	bimatoprost.....	48
DOSES.....	50	bacitracin-polymyxin b.....	48	bio-statin.....	16
ASMANEX 14 METERED		bacitra-neomycin-		BIOTEL CARE BLOOD	
DOSES.....	50	polymyxin-hc.....	48	GLUCOSE SYST.....	30
ASMANEX 30 METERED		baclofen.....	51	bisacodyl ec.....	35
DOSES.....	50	BALCOLTRA.....	39	bisoprolol fumarate.....	23
ASMANEX 60 METERED		balsalazide disodium.....	45	bisoprolol-	
DOSES.....	50	BALVERSA.....	18	hydrochlorothiazide.....	23
ASMANEX 7 METERED		balziva.....	39	BLEPHAMIDE.....	48
DOSES.....	50	BANZEL.....	14	BLEPHAMIDE S.O.P.....	48
ASMANEX HFA.....	50	BARACLUDGE.....	21	blisovi 24 fe.....	39
aspirin.....	11	bayer aspirin.....	11	blisovi fe 1.5/30.....	39
aspirin adult.....	11	bayer aspirin ec low dose... 11		blisovi fe 1/20.....	39
aspirin childrens.....	11	BAYER CONTOUR.....	30	BONJESTA.....	16
aspirin ec low dose.....	11	BAYER CONTOUR		BOOSTRIX.....	44
aspirin low dose.....	11	MONITOR.....	30	bosentan.....	51
aspirin-dipyridamole er.....	20	BAYER CONTOUR NEXT		BOSULIF.....	18
atazanavir sulfate.....	21	CONTROL.....	30	BRAFTOVI.....	18
atenolol.....	23	BAYER CONTOUR NEXT		BREATHE EASE LARGE... 46	
atenolol-chlorthalidone.....	23	MONITOR.....	30	BREATHE EASE MEDIUM.46	
atomoxetine hcl.....	26	BAYER CONTOUR NEXT		BREATHE EASE SMALL... 46	
atorvastatin calcium.....	23	TEST.....	30	BREATHERITE.....	46
atovaquone.....	20	BAYER CONTOUR TEST.. 30		BREO ELLIPTA.....	50
atovaquone-proguanil hcl... 20		BCG VACCINE.....	44	briellyn.....	39
ATRIPLA.....	21	BD INTEGRA NEEDLE.....	32	BRILINTA.....	20
atropine sulfate.....	48	BD PEN NEEDLE NANO		brimonidine tartrate.....	48
ATROVENT HFA.....	50	2ND GEN.....	32	bromfed dm.....	49
AUBAGIO.....	27	BD SAFETYGLIDE		bromfenac sodium (once-	
abra.....	39	SYRINGE/NEEDLE.....	32	daily).....	47
abra eq.....	39	BD SYRINGE LUER-LOK...46		bromocriptine mesylate.....	20
AUGMENTIN.....	12	bekyree.....	39	budesonide.....	45, 50
aurovela 1.5/30.....	39	benazepril hcl.....	23	bumetanide.....	23
aurovela 1/20.....	39	benazepril-		buprenorphine.....	10
aurovela 24 fe.....	39	hydrochlorothiazide.....	23	BUPRENORPHINE.....	10
aurovela fe 1.5/30.....	39	benzonatate.....	49	buprenorphine hcl.....	12
aurovela fe 1/20.....	39	benzoyl peroxide-		buprenorphine hcl-	
avar cleanser.....	27	erythromycin.....	27	naloxone hcl.....	12
AVC VAGINAL.....	16	benztropine mesylate.....	20	bupropion hcl.....	15
aviane.....	39	BERINERT.....	43	bupropion hcl er (smoking	
avidoxy.....	12	BESIVANCE.....	47	det).....	12
avita.....	27	betamethasone		bupropion hcl er (sr).....	15
AVONEX PEN.....	27	dipropionate.....	37	bupropion hcl er (xl).....	15
AVONEX PREFILLED.....	27	betamethasone		buspirone hcl.....	22
AVONEX VIAL		dipropionate aug.....	37	butalbital-acetaminophen...10	
INTRAMUSCULAR KIT.....	27	betamethasone valerate.....	37	butalbital-apap.....	10
AZASITE.....	47	betaxolol hcl.....	23, 48	butalbital-apap-caff-cod.....	10
azathioprine.....	43	bethanechol chloride.....	36	butalbital-apap-caffeine.....	10
azelaic acid.....	27	BETIMOL.....	48	butalbital-asa-caff-codeine..10	
azelastine hcl.....	47, 49	BETOPTIC-S.....	48	butalbital-aspirin-caffeine....	10
AZELEX.....	27	bexarotene.....	18	butorphanol tartrate.....	10
azithromycin.....	12	BEXSERO.....	44	BYDUREON.....	29

BYDUREON BCISE	CAYA.....	46	ciprofloxacin hcl.....	13, 47, 49
AUTOINJECTOR.....	CAYSTON.....	51	citalopram hydrobromide....	15
BYETTA 10 MCG PEN.....	caziant.....	39	claravis.....	28
BYETTA 5 MCG PEN.....	cefaclor.....	12	clarithromycin.....	13
BYSTOLIC.....	cefaclor er.....	12	clarithromycin er.....	13
cabergoline.....	cefadroxil.....	12	clearlax.....	35
CABOMETYX.....	cefdinir.....	12	CLEOCIN.....	13
caffeine citrate.....	cefixime.....	12	CLIMARA PRO.....	39
calcipotriene.....	cefepodoxime proxetil.....	13	clindacin etz.....	28
calcipotriene-betameth	cefprozil.....	13	clindacin-p.....	28
diprop.....	cefuroxime axetil.....	13	clindamycin hcl.....	13
calcitonin (salmon).....	celecoxib.....	11	clindamycin palmitate hcl....	13
calcitrene.....	CELLCEPT.....	43	clindamycin phosphate. 13, 28	
calcitriol.....	CELONTIN.....	14	clindamycin phosphate-	
calcium acetate (phos	cephalexin.....	13	benzoyl peroxide.....	28
binder).....	CERDELGA.....	36	CLINDESSE.....	13
CALQUENCE.....	cevimeline hcl.....	27	clinpro 5000.....	27
camila.....	CHANTIX.....	12	clobazam.....	14
CAMINO PRO	CHANTIX CONTINUING		clobetasol prop emollient	
COMPLETE/GLYTACTIN... 46	MONTH PAK.....	12	base.....	37
CAMINO PRO PKU.....	CHANTIX STARTING		clobetasol propionate.....	37
camrese.....	MONTH PAK.....	12	clobetasol propionate e.....	37
camrese lo.....	chateal.....	39	clobetasol propionate	
CANASA.....	chateal eq.....	39	emulsion.....	37
candesartan cilexetil.....	CHEMSTRIP UGK.....	30	clodan.....	37
candesartan cilexetil-hctz... 23	chlordiazepoxide hcl.....	22	clomipramine hcl.....	15
capecitabine.....	chlordiazepoxide-		clonazepam.....	22
CAPEX.....	amitriptyline.....	15	clonidine.....	23
CAPRELSA.....	chlordiazepoxide-clidinium..	35	clonidine hcl.....	23
captopril.....	chlorhexidine gluconate.....	27	clonidine hcl er.....	26
captopril-	chloroquine phosphate.....	20	clopidogrel bisulfate.....	20
hydrochlorothiazide.....	chlorothiazide.....	23	clorazepate dipotassium....	22
CARAFATE.....	chlormpromazine hcl.....	20	clotrimazole.....	16
CARBAGLU.....	chlorthalidone.....	23	clotrimazole-	
carbamazepine.....	chlorzoxazone.....	51	betamethasone.....	28
carbamazepine er.....	CHOLBAM.....	35	clozapine.....	20
CARBATROL.....	cholestyramine.....	23	codeine sulfate.....	10
carbidopa.....	cholestyramine light.....	23	COLCHICINE.....	17
carbidopa-levodopa.....	choline fenofibrate.....	23	colchicine-probenecid.....	17
carbidopa-levodopa er.....	choline-mag trisalicylate....	11	colesevelam hcl.....	23
CARETOUCH	ciclodan.....	16	COLESTID.....	23
LANCING/EJECTOR.....	ciclopirox.....	16	COLESTID FLAVORED....	23
carisoprodol.....	ciclopirox olamine.....	16	colestipol hcl.....	23
carisoprodol-aspirin.....	cilostazol.....	20	colocort.....	45
carisoprodol-aspirin-	CILOXAN.....	47	COLY-MYCIN S.....	49
codeine.....	CIMDUO.....	21	COMBIGAN.....	48
CARNITOR.....	CIMZIA.....	43	COMBIPATCH.....	40
CARNITOR SF.....	CIMZIA PREFILLED KIT ...	43	COMBIVENT RESPIMAT... 50	
CAROSPIR.....	CIMZIA STARTER KIT.....	43	COMBIVIR.....	21
carteolol hcl.....	cinacalcet hcl.....	39	COMETRIQ (100 MG	
cartia xt.....	CIPRO HC.....	49	DAILY DOSE).....	18
carvedilol.....	CIPRODEX.....	49	COMETRIQ (140 MG	
cavarest.....	ciprofloxacin.....	13	DAILY DOSE).....	18

COMETRIQ (60 MG DAILY DOSE).....	18	dasetta 7/7/7.....	40	DIATHRIVE GLUCOSE CONTROL SOLN.....	30
COMFORT EZ MICRO PEN NEEDLES.....	32	DAURISMO.....	18	DIATHRIVE GLUCOSE TEST.....	30
COMFORT EZ SHORT PEN NEEDLES.....	32	daysee.....	40	DIATHRIVE LANCING DEVICE.....	31
COMPLERA.....	21	DAYTRANA.....	26	diazepam.....	14, 22
compro.....	16	DDAVP RHINAL TUBE.....	39	diazepam intensol.....	22
CONDYLOX.....	28	deblitane.....	40	DICLEGIS.....	16
constulose.....	35	deferasirox.....	34	diclofenac potassium.....	11
COPAXONE.....	27	DELESTROGEN.....	40	diclofenac sodium... ..	11, 28, 47
COPIKTRA.....	18	DELSTRIGO.....	21	diclofenac sodium er.....	11
CORLANOR.....	23	deltasone.....	37	diclofenac-misoprostol.....	11
cortisone acetate.....	37	delyla.....	40	dicloxacillin sodium.....	13
COSENTYX 150 MG/ML....	43	DELZICOL.....	45	dicyclomine hcl.....	35
COSENTYX 300 DOSE.....	43	demeclocycline hcl.....	13	didanosine.....	21
COSENTYX SENSOREADY 300 DOSE.....	43	denta 5000 plus.....	27	diflorasone diacetate.....	38
COSENTYX SENSOREADY PEN.....	43	dentagel.....	27	diflunisal.....	11
COTELLIC.....	18	DEPAKENE.....	14	digitek.....	24
COUMADIN.....	14	DEPAKOTE.....	14	digox.....	24
covaryx.....	40	DEPAKOTE ER.....	14	digoxin.....	24
covaryx hs.....	40	DEPAKOTE SPRINKLES... ..	14	dihydroergotamine mesylate.....	17
CREON.....	36	DEPEN TITRATABS.....	36	DILANTIN.....	14
CRESEMBA.....	16	DEPO-ESTRADIOL.....	40	DILANTIN INFATABS.....	14
CRIXIVAN.....	21	DEPO-TESTOSTERONE... ..	39	DILATRATE-SR.....	24
cromolyn sodium.....	35, 47, 50	dermazene.....	28	diltiazem hcl.....	24
crotan.....	20	DESCOVY.....	21	diltiazem hcl er.....	24
cryselle-28.....	40	desipramine hcl.....	15	diltiazem hcl er beads.....	24
CUVPOSA.....	35	desmopressin ace spray refrig.....	39	diltiazem hcl er coated beads.....	24
cyanocobalamin.....	34	desmopressin acetate.....	39	dilt-xr.....	24
cyclafem 1/35.....	40	desmopressin acetate spray.....	39	DIPENTUM.....	45
cyclafem 7/7/7.....	40	desogestrel-ethinyl estradiol.....	40	diphenoxylate-atropine.....	35
cyclobenzaprine hcl.....	51	desonide.....	37	DIPHThERIA-TETANUS TOXOIDS DT.....	44
cyclopentolate hcl.....	48	desoximetasone.....	37	dipyridamole.....	20
cyclophosphamide.....	18	desvenlafaxine succinate er.....	15	disopyramide phosphate.....	24
cyclosporine.....	43	dexamethasone.....	38	disulfiram.....	12
cyclosporine modified.....	43	DEXAMETHASONE INTENSOL.....	38	DIURIL.....	24
cyproheptadine hcl.....	49	dexamethasone sodium phosphate.....	47	divalproex sodium.....	14
cyred.....	40	dexamethasone sodium phosphate.....	47	divalproex sodium er.....	14
cyred eq.....	40	dexmethylphenidate hcl.....	26	DIVIGEL.....	40
cytra k crystals.....	34	dexmethylphenidate hcl er.....	26	dofetilide.....	24
dalfampridine er.....	27	dextroamphetamine sulfate.....	26	donepezil hcl.....	15
DALIRESP.....	50	dextroamphetamine sulfate er.....	26	dorzolamide hcl.....	48
danazol.....	38	DIASTAT ACUDIAL.....	14	dorzolamide hcl-timolol mal.....	48
dantrolene sodium.....	51	DIASTAT PEDIATRIC.....	14	dorzolamide hcl-timolol mal pf.....	48
dapsone.....	17	DIATHRIVE BLOOD GLUCOSE METER.....	30	doxazosin mesylate.....	24
DAPTACEL.....	44	DIATHRIVE BLOOD GLUCOSE TEST.....	30	doxepin hcl.....	15
DARAPRIM.....	20			doxycycline hyclate.....	13
darifenacin hydrobromide er.....	36			doxycycline monohydrate... ..	13
dasetta 1/35.....	40				

D-PENAMINE.....	36	enalapril-		estradiol-norethindrone	
dronabinol.....	16	hydrochlorothiazide.....	24	acet.....	40
drosipren-eth estrad-		ENBREL.....	43	ESTRING.....	40
levomefol.....	40	ENBREL MINI.....	43	ESTROGEL.....	40
drosiprenone-ethinyl		ENBREL SURECLICK.....	43	eszopiclone.....	51
estradiol.....	40	endocet.....	10	ethambutol hcl.....	17
DROXIA.....	18	ENGERIX-B.....	44	ethosuximide.....	14
DRYSOL.....	28	enoxaparin sodium.....	14	ethynodiol diac-eth	
DUAVEE.....	40	enpresse-28.....	40	estradiol.....	40
duloxetine hcl.....	15	enskyce.....	40	etidronate disodium.....	46
DUPIXENT.....	28	entacapone.....	20	etodolac.....	11
DUREZOL.....	47	entecavir.....	21	etodolac er.....	11
dutasteride.....	37	ENTRESTO.....	24	etoposide.....	18
dutasteride-tamsulosin hcl..	37	enulose.....	35	EUCRISA.....	28
e.e.s. 400.....	13	ENVARBUS XR.....	43	EURAX.....	20
EASIVENT.....	46	EPANED.....	24	euthyrox.....	42
EASY GLIDE LUER LOCK		EPCLUSA.....	21	EVAMIST.....	40
SYRINGE.....	46	EPIDIOLEX.....	14	EVOTAZ.....	21
EASY TOUCH SAFETY		EPIFOAM.....	28	EXELDERM.....	16
PEN NEEDLES.....	32	epinastine hcl.....	47	exemestane.....	18
EASYMAX CONTROL.....	31	EPINEPHRINE.....	50	EXJADE.....	34
EASYPLUS BLOOD		epitol.....	14	ex-lax ultra.....	35
GLUCOSE TEST.....	31	EPIVIR.....	21	EXTAVIA.....	27
ec-naproxen.....	11	EPIVIR HBV.....	21	EZ FLU SHOT-	
econazole nitrate.....	16	eplerenone.....	24	FLUCELVAX QUAD.....	44
ed-spaz.....	35	EPZICOM.....	21	ezetimibe.....	24
EDURANT.....	21	ergocalciferol.....	34	ezetimibe-simvastatin.....	24
eemt.....	40	ergoloid mesylates.....	46	falmina.....	40
eemt hs.....	40	ergotamine-caffeine.....	17	famciclovir.....	21
efavirenz.....	21	ERIVEDGE.....	18	FANAPT.....	20
effe-k.....	34	ERLEADA.....	18	FANAPT TITRATION	
ELESTRIN.....	40	erlotinib hcl.....	18	PACK.....	20
eletriptan hydrobromide.....	17	errin.....	40	FARESTON.....	18
ELIDEL.....	28	ery.....	28	FARYDAK.....	18
elinest.....	40	ERYPED 400.....	13	fayosim.....	40
ELIQUIS.....	14	ERY-TAB.....	13	felbamate.....	14
ELIQUIS STARTER PACK..	14	erythromycin.....	28, 47	FELBATOL.....	14
ELLA.....	40	erythromycin base.....	13	felodipine er.....	24
ELMIRON.....	36	erythromycin		FEMCAP.....	46
EMBRACE TALK BLOOD		ethylsuccinate.....	13	femynor.....	40
GLUCOSE.....	31	ESBRIET.....	50	fenofibrate.....	24
EMBRACE TALK		escitalopram oxalate.....	15	fenofibrate micronized.....	24
GLUCOSE CONTROL.....	31	esgic.....	10	fenofibric acid.....	24
EMBRACE TALK		esomeprazole magnesium..	35	fenoprofen calcium.....	11
GLUCOSE TEST.....	31	est estrogens-methyltest....	40	fentanyl.....	10
EMBRACE TALK		est estrogens-methyltest		ferocon.....	34
MONITORING SYSTEM.....	31	ds.....	40	ferottrinsic.....	34
EMEND.....	16	est estrogens-methyltest		FERRALET 90.....	34
EMGALITY.....	17	hs.....	40	FERRIPROX.....	34
emoquette.....	40	estarylla.....	40	FETZIMA.....	15
EMTRIVA.....	21	estazolam.....	22	FETZIMA TITRATION.....	15
enalapril maleate.....	24	estradiol.....	40	FIASP.....	32
		estradiol valerate.....	40	FIASP FLEXTOUCH.....	32

filter needle.....	46	FLUTICASONE-		gavilax.....	35
FINACEA.....	28	SALMETEROL.....	50	gavilyte-c.....	35
finasteride.....	37	fluvastatin sodium.....	24	gavilyte-g.....	35
FIRAZYR.....	43	fluvastatin sodium er.....	24	gavilyte-n with flavor pack...35	
flac.....	49	fluvoxamine maleate.....	15	gemfibrozil.....	24
FLAREX.....	47	fluvoxamine maleate er.....	16	generlac.....	35
flavoxate hcl.....	36	FLUZONE HIGH-DOSE.....	44	gengraf.....	43
flecainide acetate.....	24	FLUZONE		gentak.....	47
FLEXICHAMBER ADULT		QUADRIVALENT.....	44	gentamicin sulfate.....	13, 47
MASK/SMALL.....	46	FML.....	47	GENTEEL LANCING KIT	
FLEXICHAMBER CHILD		FML FORTE.....	47	(BLUE).....	31
MASK/LARGE.....	46	folic acid.....	34	gentle laxative.....	35
FLEXICHAMBER CHILD		FOLIVANE-F.....	34	GENVOYA.....	21
MASK/SMALL.....	46	FOLIVANE-PLUS.....	34	gianvi.....	40
FLOVENT DISKUS.....	50	foltrin.....	34	GILENYA.....	27
FLOVENT HFA.....	50	fondaparinux sodium.....	14	GILOTRIF.....	18
FLUAD.....	44	FORA D40D		glatiramer acetate.....	27
FLUARIX		GLUCOSE/PRESSURE.....	46	glatopa.....	27
QUADRIVALENT.....	44	FORA GTEL BLOOD		GLEEVEC.....	18
FLUBLOK		GLUCOSE SYSTEM.....	31	GLEOSTINE.....	18
QUADRIVALENT.....	44	FORA GTEL BLOOD		glimepiride.....	29
FLUCELVAX		GLUCOSE TEST.....	31	glipizide er.....	29
QUADRIVALENT.....	44	FORTEO.....	46	glipizide ir.....	29
fluconazole.....	16	FORTISCARE CONTROL..	31	glipizide xl.....	29
fludrocortisone acetate.....	38	fosamprenavir calcium.....	21	glipizide-metformin hcl.....	29
FLULAVAL		fosinopril sodium.....	24	GLUCAGEN HYPOKIT.....	32
QUADRIVALENT.....	44	fosinopril sodium-hctz.....	24	GLUCAGON	
FLUMIST		FRAGMIN.....	14	EMERGENCY.....	32
QUADRIVALENT.....	44	FREESTYLE FREEDOM		GLUCOCARD 01	
fluocinolone acetonide..	38, 49	LITE.....	31	SENSOR PLUS.....	31
fluocinolone acetonide		FREESTYLE INSULINX		GLUCOCARD	
body.....	38	SYSTEM.....	31	EXPRESSION TEST.....	31
fluocinolone acetonide		FREESTYLE INSULINX		GLUCOCARD SHINE	
scalp.....	38	TEST.....	31	CONNEX.....	31
fluocinonide.....	38	FREESTYLE LITE TEST...31		GLUCOCARD SHINE	
fluocinonide emulsified		FREESTYLE PRECISION		EXPRESS.....	31
base.....	38	NEO TEST.....	31	GLUCOCARD SHINE	
fluoridex.....	27	FREESTYLE TEST.....	31	TEST.....	31
fluoridex enhanced		frovatriptan succinate.....	17	GLUCOCARD VITAL	
whitening.....	27	furosemide.....	24	TEST.....	31
fluoridex sensitivity relief.....	27	FUZEON.....	21	glyburide.....	29
fluorometholone.....	47	fyavolv.....	40	glyburide micronized.....	29
FLUOROPLEX.....	28	FYCOMPA.....	14	glyburide-metformin.....	29
fluorouracil.....	28	gabapentin.....	14	glycolax.....	36
fluoxetine hcl.....	15	GABITRIL.....	14	glycopyrrolate.....	36
fluoxetine hcl (pmdd).....	15	GALAFOLD.....	36	glydo.....	11
fluphenazine hcl.....	21	galantamine hydrobromide..	15	GLYTACTIN	
flurazepam hcl.....	51	galantamine hydrobromide		BETTERMILK 15.....	46
flurbiprofen.....	11	er.....	15	GLYTACTIN	
flurbiprofen sodium.....	47	GALZIN.....	34	BETTERMILK DE-LITE.....	46
flutamide.....	18	GARDASIL 9.....	44	GLYTACTIN BUILD 10PE..	46
fluticasone propionate...38, 49		gatifloxacin.....	47	GLYTACTIN BUILD 20/20	
fluticasone-salmeterol.....	50	GATTEX.....	35	PKU.....	46

GLYTACTIN COMPLETE 10PE.....	46	HUMALOG MIX 50/50 VIAL.....	33	hydrocortisone acetate.....	45
GLYTACTIN RESTORE 10	46	HUMALOG MIX 75/25 KWIKPEN.....	33	hydrocortisone butyrate.....	38
GLYTACTIN RESTORE 5..	46	HUMALOG MIX 75/25 VIAL.....	33	hydrocortisone valerate.....	38
GLYTACTIN RESTORE LITE 10.....	46	HUMALOG U-100 JUNIOR KWIKPEN.....	33	hydrocortisone-acetic acid..	49
GLYTACTIN RESTORE LITE 10PE.....	46	HUMALOG U-100 VIAL AND CARTRIDGE.....	33	hydrocortisone-iodoquinol...28	
GLYTACTIN RTD 10.....	46	HUMATROPEN FOR 12MG.....	46	hydromet.....	49
GLYTACTIN RTD 15.....	46	HUMATROPEN FOR 24MG.....	46	hydromorphone hcl.....	10
GLYTACTIN RTD LITE 15..	46	HUMATROPEN FOR 6MG.....	46	hydroxychloroquine sulfate..	20
gnp folic acid.....	34	HUMIRA.....	43	hydroxyurea.....	18
GOODSENSE CLICKFINE PEN NEEDLE.....	32	HUMIRA PEDIATRIC CROHNS START.....	43	hydroxyzine hcl.....	22
GOODSENSE PEN NEEDLE PENFINE.....	32	HUMIRA PEN.....	43	hydroxyzine pamoate.....	22
gordons urea.....	28	HUMIRA PEN-CD/UC/HS STARTER.....	43	hyoscyamine sulfate.....	36
granisetron hcl.....	16	HUMIRA PEN-PS/UV/ADOL HS START... 43		hyoscyamine sulfate er.....	36
griseofulvin microsize.....	16	HUMULIN 70/30 KWIKPEN.....	33	hyoscyamine sulfate sl.....	36
griseofulvin ultramicrosize..	16	HUMULIN 70/30 VIAL.....	33	hyosyne.....	36
guaiaatussin ac.....	49	HUMULIN N KWIKPEN.....	33	ibandronate sodium.....	46
guaifenesin ac.....	49	HUMULIN N VIAL.....	33	IBRANCE.....	18
guanfacine hcl.....	24	HUMULIN R U-500 KWIKPEN.....	33	ibu.....	11
guanfacine hcl er.....	26	HUMULIN R U-500 VIAL (CONCENTRATED).....	33	ibuprofen.....	11
GUANIDINE HCL.....	17	HUMULIN R VIAL.....	33	ICLUSIG.....	18
HAEGARDA.....	43	HW EMBRACE PRO GLUCOSE METER.....	31	IDHIFA.....	18
hailey 24 fe.....	40	HW EMBRACE PRO GLUCOSE TEST.....	31	imatinib mesylate.....	18
halobetasol propionate.....	38	HW EMBRACE TALK BLOOD GLUCOSE.....	31	IMBRUVICA.....	18
haloperidol.....	21	HW EMBRACE TALK GLUCOSE TEST.....	31	imipramine hcl.....	16
haloperidol lactate.....	21	HYCAMTIN.....	18	imipramine pamoate.....	16
HARVONI.....	21	hydralazine hcl.....	24	imiquimod.....	28
HAVRIX.....	44	hydrochlorothiazide.....	24	IMOVAZ RABIES.....	44
HEALTHWISE INSULIN SYR/NEEDLE.....	32	hydrocodone polst-cpm polst er.....	49	IMPAVIDO.....	20
HEALTHWISE MICRON PEN NEEDLES.....	32	hydrocodone- acetaminophen.....	10	IMURAN.....	43
heather.....	40	hydrocodone-homatropine..	49	incassia.....	40
hemmorex-hc.....	45	hydrocodone-ibuprofen.....	10	INCRUSE ELLIPTA.....	50
heparin lock flush.....	46	hydrocortisone.....	38, 45	indapamide.....	24
heparin sodium (porcine)....	14	hydrocortisone ace- pramoxine.....	28, 45	INDOCIN.....	11
heparin sodium (porcine) pf.....	14			indomethacin.....	11
heparin sodium flush.....	46			indomethacin er.....	11
heparin sodium lock flush... 46				INFANRIX.....	44
HEPLISAV-B.....	44			INLYTA.....	18
HEPSERA.....	21			INPEN 100-BLUE-LILLY....	31
HIBERIX.....	44			INPEN 100-BLUE-NOVO... 31	
homatropaire.....	48			INPEN 100-GRAY-LILLY... 31	
homatropine hbr.....	48			INPEN 100-GREY-NOVO... 31	
HUMALOG KWIKPEN.....	32			INPEN 100-PINK-LILLY.....	31
HUMALOG MIX 50/50 KWIKPEN.....	33			INPEN 100-PINK-NOVO... 31	
				INSPIREASE RESERVOIR BAGS.....	46
				INSULIN PEN NEEDLES... 33	
				INSULIN SYRINGES.....	33
				INTEGRA F.....	34
				INTEGRA PLUS.....	34
				INTELENCE.....	21
				INTRAROSA.....	36
				INTRON A.....	21
				introvale.....	40

INVIRASE.....	21	kelnor 1/50.....	41	larissia.....	41
INVOKAMET.....	29	KEPPRA.....	14	latanoprost.....	48
INVOKANA.....	29	KEPPRA XR.....	14	LATUDA.....	21
IOPIDINE.....	48	KETOCARE.....	31	layolis fe.....	41
IPOL.....	44	ketoconazole.....	17	leena.....	41
ipratropium bromide.....	49, 50	ketoprofen.....	11	leflunomide.....	43
ipratropium-albuterol.....	50	ketoprofen er.....	11	LENVIMA 10 MG DAILY	
irbesartan.....	24	ketorolac tromethamine 11, 47		DOSE.....	18
irbesartan-		KETOSTIX.....	31	LENVIMA 12 MG DAILY	
hydrochlorothiazide.....	24	KINERET.....	43	DOSE.....	18
IRESSA.....	18	KINRIX.....	44	LENVIMA 14 MG DAILY	
ISENTRESS.....	21	kionex.....	34	DOSE.....	18
ISENTRESS HD.....	21	KISQALI 200 DOSE.....	18	LENVIMA 18 MG DAILY	
isibloom.....	40	KISQALI 400 DOSE.....	18	DOSE.....	19
isoniazid.....	17	KISQALI 600 DOSE.....	18	LENVIMA 20 MG DAILY	
ISOPTO ATROPINE.....	48	KLONOPIN.....	22	DOSE.....	19
ISORDIL TITRADOSE.....	24	klor-con.....	34	LENVIMA 24 MG DAILY	
isosorbide dinitrate.....	24	klor-con 10.....	34	DOSE.....	19
isosorbide dinitrate er.....	24	klor-con m10.....	34	LENVIMA 4 MG DAILY	
isosorbide mononitrate.....	24	KLOR-CON M15.....	34	DOSE.....	19
isosorbide mononitrate er...	24	klor-con m20.....	34	LENVIMA 8 MG DAILY	
isotretinoin.....	28	klor-con sprinkle.....	34	DOSE.....	19
isradipine.....	24	klor-con/ef.....	34	lessina.....	41
itraconazole.....	17	K-PHOS.....	34	LETAIRIS.....	51
ivermectin.....	20	K-PHOS NO 2.....	34	letrozole.....	19
JAKAFI.....	18	k-prime.....	34	leucovorin calcium.....	19
jantoven.....	14	kurvelo.....	41	LEUKERAN.....	19
JANUMET.....	29	KYLEENA.....	41	levabuterol hcl.....	50
JANUMET XR.....	29	labetalol hcl.....	24	LEVALBUTEROL HFA.....	50
JANUVIA.....	29	LACRISERT.....	48	LEVEMIR U-100	
JARDIANCE.....	29	lactulose.....	36	FLEXTOUCH.....	33
jasmiel.....	40	lactulose encephalopathy...	36	LEVEMIR U-100 VIAL.....	33
jencycla.....	40	LAMICTAL.....	14	levetiracetam.....	14
JENTADUETO.....	29	LAMICTAL STARTER.....	14	levetiracetam er.....	14
JENTADUETO XR.....	29	lamivudine.....	21	levobunolol hcl.....	48
jinteli.....	40	lamivudine-zidovudine.....	21	levocarnitine.....	34
jolessa.....	40	lamotrigine.....	14	levofloxacin.....	13, 47
jolivette.....	40	lamotrigine er.....	14	levonest.....	41
J-TIP KIT W/VIAL		lamotrigine starter kit-blue..	14	levonorgest-eth est & eth	
ADAPTERS.....	46	lamotrigine starter kit-		est.....	41
juleber.....	40	green.....	14	levonorgest-eth estrad 91-	
JULUCA.....	21	lamotrigine starter kit-		day.....	41
junel 1.5/30.....	40	orange.....	14	levonorgestrel.....	41
junel 1/20.....	40	LANCETS.....	31	levonorgestrel-ethinyl	
junel fe 1.5/30.....	40	LANOXIN.....	24	estrad.....	41
junel fe 1/20.....	40	lansoprazole.....	35	levonorg-eth estrad	
junel fe 24.....	40	LANTUS SOLOSTAR.....	33	triphasic.....	41
JUXTAPID.....	24	LANTUS U-100 VIAL.....	33	levora 0.15/30 (28).....	41
kaitlib fe.....	40	larin 1.5/30.....	41	levo-t.....	42
KALETRA.....	21	larin 1/20.....	41	levothyroxine sodium.....	42
KALYDECO.....	51	larin 24 fe.....	41	levothyroxine-liothyronine...	42
kariva.....	40	larin fe 1.5/30.....	41	levoxyl.....	42
kelnor 1/35.....	41	larin fe 1/20.....	41	LEXIVA.....	21

lidocaine.....	12	MAXI-COMFORT SAFETY		methyl dopa-	
lidocaine hcl.....	12	PEN NEEDLE.....	33	hydrochlorothiazide.....	25
lidocaine viscous.....	27	MAXICOMFORT SYR 27G		methylphenidate hcl.....	26
lidocaine-prilocaine.....	12	X 1/2".....	33	methylphenidate hcl er.....	26
LILETTA (52 MG).....	41	MAXIDEX.....	47	methylphenidate hcl er (cd).....	26
lillow.....	41	meclofenamate sodium.....	11	methylphenidate hcl er (la).....	26
lindane.....	20	medique aspirin.....	11	methylprednisolone.....	38
linezolid.....	13	MEDROL.....	38	metoclopramide hcl.....	16
LINZESS.....	36	medroxyprogesterone		metolazone.....	25
liothyronine sodium.....	43	acetate.....	41	metoprolol succinate er.....	25
lisinopril.....	24	mefenamic acid.....	11	metoprolol tartrate.....	25
lisinopril-		mefloquine hcl.....	20	metoprolol-	
hydrochlorothiazide.....	24	megestrol acetate.....	41	hydrochlorothiazide.....	25
lithium.....	22	MEKINIST.....	19	metronidazole.....	13, 28
lithium carbonate.....	22	MEKTOVI.....	19	mexiletine hcl.....	25
lithium carbonate er.....	22	melodetta 24 fe.....	41	mibelas 24 fe.....	41
LITHOSTAT.....	36	meloxicam.....	11	microgestin 1.5/30.....	41
LO LOESTRIN FE.....	41	melphalan.....	19	microgestin 1/20.....	41
LONSURF.....	19	memantine hcl.....	15	microgestin fe 1.5/30.....	41
lopinavir-ritonavir.....	21	memantine hcl er.....	15	microgestin fe 1/20.....	41
lopreeza.....	41	MENACTRA.....	44	MICROLET NEXT	
lorazepam.....	22	MENEST.....	41	LANCING DEVICE.....	31
lorazepam intensol.....	22	MENVEO.....	44	midodrine hcl.....	25
LORBRENA.....	19	meprobamate.....	22	MIGERGOT.....	17
lorcet.....	10	mercaptopurine.....	19	miglitol.....	29
lorcet hd.....	10	mesalamine.....	45	MIGRANAL.....	17
lorcet plus.....	10	mesalamine-cleanser.....	45	mili.....	41
LORTAB.....	10	MESTINON.....	17	mimvey.....	41
loryna.....	41	metadate er.....	26	mimvey lo.....	41
losartan potassium.....	24	metaproterenol sulfate.....	50	minitran.....	25
losartan potassium-hctz.....	24	metaxall.....	51	minocycline hcl.....	13
LOTEMAX.....	47	metaxalone.....	51	minoxidil.....	25
loteprednol etabonate.....	47	metformin hcl er.....	29	MIRENA (52 MG).....	41
lovastatin.....	25	metformin hcl ir.....	29	mirtazapine.....	16
LOVENOX.....	14	methadone hcl.....	10	misoprostol.....	35
low-ogestrel.....	41	methadone hcl intensol.....	10	M-M-R II.....	44
loxapine succinate.....	21	methadose.....	10	M-NATAL PLUS.....	34
LUMIGAN.....	48	methadose sugar-free.....	10	modafinil.....	51
lutera.....	41	methamphetamine hcl.....	26	moexipril hcl.....	25
LYNPARZA.....	19	methazolamide.....	48	mometasone furoate.....	38
LYRICA.....	27	methenamine hippurate.....	13	mondoxylene nl.....	13
LYSODREN.....	19	methenamine mandelate.....	13	MONOJECT	
lyza.....	41	methergine.....	46	HYPODERMIC NEEDLE.....	33
magnesium citrate.....	36	methimazole.....	43	mono-lynyah.....	41
malathion.....	20	methocarbamol.....	51	mononessa.....	41
maprotiline hcl.....	16	methotrexate.....	43	montelukast sodium.....	50
marlissa.....	41	methotrexate sodium.....	43	MONUROL.....	13
MASK VORTEX.....	46	methotrexate sodium (pf).....	43	morgidox.....	13
MATULANE.....	19	methoxsalen.....	28	morphine sulfate.....	10
matzim la.....	25	methoxsalen rapid.....	28	morphine sulfate	
MAVYRET.....	21	methscopolamine bromide.....	36	(concentrate).....	10
MAXICOMFORT II PEN		methyl dopa.....	25	morphine sulfate er.....	10
NEEDLE.....	33			MOVANTIK.....	36

MOVIPREP	36	NEULASTA.....	23	norlyroc.....	41
moxifloxacin hcl.....	13, 47	NEULASTA ONPRO	23	NORM-JECT LUER SLIP	
MULTAQ.....	25	NEUPOGEN.....	23	SYRINGE.....	47
multi prenatal.....	34	NEURONTIN.....	14	NORPACE CR.....	25
MULTI-LANCET DEVICE 2	31	neutral sodium fluoride.....	27	NORTHERA.....	25
multivitamin/fluoride	34	nevirapine.....	21	nortrel 0.5/35 (28).....	42
mupirocin.....	13	nevirapine er.....	21	nortrel 1/35 (21).....	42
mupirocin calcium.....	13	NEXAVAR.....	19	nortrel 1/35 (28).....	42
mvc-fluoride.....	34	NEXIUM.....	35	nortrel 7/7/7	42
MYALEPT.....	46	NEXPLANON.....	41	nortriptyline hcl.....	16
mycophenolate mofetil.....	43	niacin er		NORVIR.....	22
mycophenolate sodium.....	43	(antihyperlipidemic).....	25	NOVOFINE AUTOCOVER	
MYFORTIC.....	43	nicardipine hcl.....	25	PEN NEEDLE.....	33
MYLERAN.....	19	NICORETTE.....	12	NOVOFINE PEN NEEDLE.	33
myorisan.....	28	nicotine polacrilex.....	12	NOVOFINE PLUS PEN	
MYRBETRIQ.....	36	nicotine step 1.....	12	NEEDLE.....	33
MYSOLINE.....	14	nicotine step 2.....	12	NOVOLIN 70/30 RELION...	33
nabumetone.....	11	nicotine step 3.....	12	NOVOLIN 70/30 VIAL.....	33
nadolol.....	25	NICOTROL.....	12	NOVOLIN N RELION.....	33
naftifine hcl.....	17	NICOTROL NS.....	12	NOVOLIN N VIAL.....	33
NAFTIN.....	17	nifedipine.....	25	NOVOLIN R RELION.....	33
naloxone hcl.....	12	nifedipine er.....	25	NOVOLIN R VIAL.....	33
naltrexone hcl.....	12	nifedipine er osmotic		NOVOLOG FLEXPEN.....	33
NAMENDA XR		release.....	25	NOVOLOG MIX 70/30	
TITRATION PACK.....	15	nikki.....	41	FLEXPEN.....	33
naproxen.....	11	NILANDRON.....	19	NOVOLOG MIX 70/30	
naproxen dr.....	11	nilutamide.....	19	VIAL.....	33
naproxen sodium.....	11	nimodipine.....	25	NOVOLOG PENFILL.....	33
naratriptan hcl.....	17	NINLARO.....	19	NOVOLOG U-100 VIAL.....	33
NARCAN.....	12	NITRO-BID.....	25	NOVOPEN ECHO.....	31
NASCOBAL.....	34	NITRO-DUR.....	25	NOVOTWIST PEN	
NATACYN.....	47	nitrofurantoin.....	13	NEEDLE.....	33
NATAZIA.....	41	nitrofurantoin macrocrystal.	13	NOXAFIL.....	17
nateglinide.....	29	nitrofurantoin monohydrate		np thyroid.....	43
NATURE-THROID.....	43	macrocrystals.....	13	NUCYNTA.....	10
nature-throid.....	43	nitroglycerin.....	25	NUCYNTA ER.....	10
NEBUPENT.....	20	nitroglycerin er.....	25	nulev.....	36
nebusal.....	49	nitro-time.....	25	NUTROPIN AQ NUSPIN	
necon 0.5/35 (28).....	41	nora-be.....	41	10.....	39
nefazodone hcl.....	16	NORDIPEN 5 INJECTION		NUTROPIN AQ NUSPIN	
neomycin sulfate.....	13	DEVICE.....	47	20.....	39
neomycin-bacitracin zn-		NORDITROPIN FLEXPRO.	39	NUTROPIN AQ NUSPIN 5.	39
polymyx.....	48	norethin ace-eth estrad-fe...	41	NUVARING.....	42
neomycin-polymyxin-		norethindrone.....	41	nyamyc.....	17
dexameth.....	48	norethindrone acetate.....	41	NYMALIZE.....	25
neomycin-polymyxin-		norethindrone acet-ethinyl		nystatin.....	17
gramicidin.....	48	est.....	41	nystatin-triamcinolone.....	17
neomycin-polymyxin-hc	48, 49	norethindrone-eth estradiol.	41	nystop.....	17
neo-polycin.....	48	norethin-eth estradiol-fe.....	41	OICALIVA.....	36
neo-polycin hc.....	48	norgestimate-eth estradiol..	41	ocella.....	42
NEORAL.....	43	norgestimate-ethinyl		octreotide acetate.....	39
NERLYNX.....	19	estradiol triphasic.....	41	ODEFSEY.....	22
neuac.....	28	norlyda.....	41	ODOMZO.....	19

OFEV.....	51	OTOVEL.....	49	PHENACTIN AA PLUS.....	47
ofloxacin.....	47, 49	oxaprozin.....	11	phenadoz.....	49
ogestrel.....	42	oxazepam.....	22	phenazo.....	37
olanzapine.....	21	oxcarbazepine.....	14	phenazopyridine hcl.....	37
olmesartan medoxomil.....	25	oxiconazole nitrate.....	17	phenelzine sulfate.....	16
olmesartan medoxomil- hctz.....	25	OXISTAT.....	17	phenobarbital.....	15
olmesartan-amlodipine- hctz.....	25	OXTELLAR XR.....	14	phenobarbital-belladonna alk.....	36
olopatadine hcl.....	47	oxybutynin chloride.....	37	phenohydro.....	36
omega-3-acid ethyl esters..	25	oxybutynin chloride er.....	36	phenoxybenzamine hcl.....	25
omeprazole.....	35	oxycodone hcl.....	10, 11	PHENYLADE DRINK MIX..	47
OMNITROPE.....	39	OXYCODONE HCL ER.....	10	phenylephrine hcl.....	48
ondansetron hcl.....	16	oxycodone-acetaminophen..	11	PHENYTEK.....	15
ondansetron odt.....	16	oxycodone-aspirin.....	11	phenytoin.....	15
ONE DROP BLOOD GLUCOSE MONITOR.....	31	OXYCONTIN.....	11	phenytoin infatabs.....	15
ONE DROP TEST.....	31	OZEMPIC.....	29	phenytoin sodium extended.....	15
ONE TOUCH VERIO KIT W/DEVICE.....	31, 32	pacerone.....	25	philith.....	42
ONE-A-DAY WOMENS PRENATAL 1.....	34	paliperidone er.....	21	phospha 250 neutral.....	34
ONETOUCH DELICA LANCING DEV.....	31	PANCREAZE.....	36	PHOSPHOLINE IODIDE....	48
ONETOUCH DELICA PLUS LANCING.....	31	PANDA MASK LARGE.....	47	phosphorous.....	34
ONETOUCH ULTRA 2.....	31	PANDA MASK MEDIUM.....	47	phospho-trin 250 neutral....	34
ONETOUCH ULTRA BLUE TEST STRIPS.....	31	PANDA MASK SMALL.....	47	phrenilin forte.....	11
ONETOUCH ULTRA MINI..	31	pantoprazole sodium.....	35	phytonadione.....	34
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE....	32	PARAGARD INTRAUTERINE COPPER..	42	PICATO.....	28
ONETOUCH VERIO IQ SYSTEM.....	32	paricalcitol.....	46	PIFELTRO.....	22
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE.....	32	paroex.....	27	pilocarpine hcl.....	27, 48
OPSUMIT.....	51	paromomycin sulfate.....	13	pimecrolimus.....	28
OPTIONS CONCEPTROL..	47	paroxetine hcl.....	16	pimozide.....	21
ORACIT.....	34	paroxetine hcl er.....	16	pimtrea.....	42
oralone.....	27	PAXIL.....	16	pindolol.....	25
ORENCIA.....	43	PAZEO.....	47	pioglitazone hcl.....	29
ORENCIA CLICKJECT.....	43	pb-hyoscy-atropine- scopolamine.....	36	pioglitazone hcl-glimepiride	29
ORFADIN.....	36	PEDIARIX.....	44	pioglitazone hcl-metformin hcl.....	29
ORILISSA.....	39	PEDIATRIC PANDA MASK.....	47	PIQRAY 200MG DAILY DOSE.....	19
ORKAMBI.....	51	PEDVAX HIB.....	44	PIQRAY 250MG DAILY DOSE.....	19
orphenadrine citrate er.....	51	peg 3350/electrolytes.....	36	PIQRAY 300MG DAILY DOSE.....	19
orsythia.....	42	peg 3350-kcl-na bicarb- nacl.....	36	pirmella 1/35.....	42
oscimin.....	36	peg-3350/electrolytes.....	36	pirmella 7/7/7.....	42
oscimin sr.....	36	PEGASYS.....	22	piroxicam.....	11
oseltamivir phosphate.....	22	PEGASYS PROCLICK.....	22	PKU EASY MICROTABS...	47
OSMOPREP.....	36	PEGINTRON.....	22	PLEGRIDY.....	27
OSPHENA.....	39	PEGINTRON.....	22	PLEGRIDY STARTER PACK.....	27
		penicillin v potassium.....	13	pneumovax 23.....	45
		PENTACEL.....	44	PNEUMOVAX 23.....	45
		PENTASA.....	45	pnv prenatal plus multivit+dha.....	34
		pentazocine-naloxone hcl...	11	pocket spacer.....	47
		pentoxifylline er.....	25		
		perindopril erbumine.....	25		
		periogard.....	27		
		permethrin.....	20		
		perphenazine.....	16		

podocon.....	28	prenatal plus iron.....	35	promethazine-	
podofilox.....	28	PREPOPIK.....	36	phenylephrine.....	49
polycin.....	49	PREVACID SOLUTAB.....	35	promethegan.....	49
polyethylene glycol 3350....	36	prevalite.....	25	propafenone hcl.....	25
polymyxin b-trimethoprim....	49	PREVENT SAFETY PEN		propafenone hcl er.....	25
POMALYST.....	19	NEEDLES.....	33	propantheline bromide.....	36
portia-28.....	42	preventeza.....	42	proparacaine hcl.....	49
pot bicarb-pot chloride.....	34	PREVIDENT.....	27	propranolol hcl.....	25
potassium bicarbonate.....	34	prevident.....	27	propranolol hcl er.....	25
potassium chloride.....	34	PREVIDENT 5000		propranolol-hctz.....	25
potassium chloride crys er..	34	BOOSTER PLUS.....	27	propylthiouracil.....	43
potassium chloride er.....	34	PREVIDENT 5000 DRY		PROQUAD.....	45
potassium citrate er.....	34	MOUTH.....	27	protriptyline hcl.....	16
potassium citrate-citric acid	34	PREVIDENT 5000		PROVENTIL HFA.....	51
PRALUENT.....	25	ENAMEL PROTECT.....	27	pseudoephedrine-	
pramcort.....	45	PREVIDENT 5000 ORTHO		bromphen-dm.....	50
pramipexole		DEFENSE.....	27	PSORCON.....	38
dihydrochloride.....	20	PREVIDENT 5000 PLUS....	27	PULMICORT FLEXHALER.	51
PRAMOSONE.....	28	PREVIDENT 5000		pulmosal.....	50
prasugrel hcl.....	20	SENSITIVE.....	27	PULMOZYME.....	51
pravastatin sodium.....	25	previfem.....	42	PURIXAN.....	19
praziquantel.....	20	PREVNAR 13.....	45	pyrazinamide.....	17
prazosin hcl.....	25	PREZCOBIX.....	22	pyridostigmine bromide.....	17
PRECISION LINK.....	32	PREZISTA.....	22	pyridostigmine bromide er..	17
PRECISION PCX PLUS		primaquine phosphate.....	20	QBRELIS.....	25
TEST.....	32	primidone.....	15	QUADRACEL.....	45
PRECISION QID		PRO COMFORT SPACER		quetiapine fumarate.....	21
MONITOR.....	32	ADULT.....	47	quetiapine fumarate er.....	21
PRECISION QID TEST.....	32	PRO COMFORT SPACER		quflora pediatric.....	35
PRECISION SOF-TACT		CHILD.....	47	QUILLICHEW ER.....	26
MONITOR.....	32	PROAIR HFA.....	51	QUILLIVANT XR.....	26
PRECISION SOF-TACT		PROAIR RESPICLICK.....	51	quinapril hcl.....	25
TEST.....	32	probenecid.....	17	quinapril-	
PRECISION XTRA.....	32	prochlorperazine.....	16	hydrochlorothiazide.....	25
PRECISION XTRA		prochlorperazine edisylate..	16	quinidine gluconate er.....	25
BLOOD GLUCOSE.....	32	prochlorperazine maleate...	16	quinidine sulfate.....	25
PRECISION XTRA		PROCTOFOAM HC.....	45	quinine sulfate.....	20
MONITOR.....	32	procto-med hc.....	45	QVAR.....	51
PRED-G.....	49	procto-pak.....	45	QVAR REDIHALER.....	51
PRED-G S.O.P.....	49	proctosol hc.....	45	rabeprazole sodium.....	35
prednicarbate.....	38	proctozone-hc.....	45	raloxifene hcl.....	39
prednisolone.....	38	PROCYSBI.....	36	ramipril.....	25
prednisolone acetate.....	48	PROFERRIN-FORTE.....	35	RANEXA.....	25
prednisolone acetate p-f....	48	progesterone.....	42	ranitidine hcl.....	35
prednisolone sodium		progesterone micronized ...	42	ranolazine er.....	25
phosphate.....	38, 48	PROGLYCEM.....	32	RAPAMUNE.....	44
prednisone.....	38	PROGRAF.....	43	rasagiline mesylate.....	20
PREDNISONONE INTENSOL.	38	PROMACTA.....	23	RAVICTI.....	36
PREMARIN.....	42	promethazine hcl.....	49	reclipsen.....	42
PREMPHASE.....	42	promethazine-codeine.....	49	RECOMBIVAX HB.....	45
PREMPRO.....	42	promethazine-dm.....	49	REG GRANEX.....	28
prenatal.....	35	promethazine-phenyleph-		RELION BLOOD	
prenatal multi +dha.....	34	codeine.....	49	GLUCOSE TEST.....	32

RELION ULTIMA TEST.....	32	sertraline hcl.....	16	STRIBILD.....	22
RELISTOR.....	36	setlakin.....	42	SUBOXONE.....	12
RENAGEL.....	37	sevelamer carbonate.....	37	subvenite.....	15
repaglinide.....	29	sevelamer hcl.....	37	subvenite starter kit-blue.....	15
REPATHA.....	26	sf.....	27	subvenite starter kit-green..	15
REPATHA PUSHTRONEX		sf 5000 plus.....	27	subvenite starter kit-orange	15
SYSTEM.....	26	sharobel.....	42	sucralfate.....	35
REPATHA SURECLICK.....	26	SHINGRIX.....	45	sulfacetamide sodium... 29, 48	
RESCRIPTOR.....	22	SIGNIFOR.....	39	sulfacetamide sodium	
RESTASIS.....	49	sildenafil citrate.....	37, 51	(acne).....	29
RESTASIS MULTIDOSE... 49		SILENOR.....	51	sulfacetamide sodium-	
RETROVIR.....	22	silver sulfadiazine.....	13	sulfur.....	29
REVLIMID.....	19	SIMBRINZA.....	48	sulfacetamide-	
REYATAZ.....	22	simliya.....	42	prednisolone.....	49
ribasphere.....	22	SIMPONI.....	44	sulfacetamide-sulfur in	
ribavirin.....	22	simvastatin.....	26	urea.....	29
RIDAURA.....	44	sirolimus.....	44	sulfadiazine.....	13
rifabutin.....	18	SIRTURO.....	18	sulfamethoxazole-	
rifampin.....	18	SKYLA.....	42	trimethoprim.....	13
riluzole.....	27	sod citrate-citric acid.....	35	sulfasalazine.....	45
rimantadine hcl.....	22	sodium chloride.....	50	sulfatrim pediatric.....	13
risedronate sodium.....	46	sodium fluoride.....	35	sulindac.....	11
risperidone.....	21	sodium phenylbutyrate.....	36	sumatriptan.....	17
ritonavir.....	22	sodium polystyrene		sumatriptan succinate.....	17
rivastigmine.....	15	sulfonate.....	35	sumatriptan succinate refill.	17
rivastigmine tartrate.....	15	sodium sulfacetamide		SUPRAX.....	13
rivelsa.....	42	wash.....	28	SUPREP BOWEL PREP	
rizatriptan benzoate.....	17	SODIUM		KIT.....	36
ropinirole hcl.....	20	SULFACETAMIDE WASH..	28	SURESTEP PRO HIGH	
ropinirole hcl er.....	20	solifenacin succinate.....	37	GLUCOSE.....	32
rosadan.....	28	SOMAVERT.....	39	SURESTEP PRO LOW	
rosuvastatin calcium.....	26	sorine.....	26	GLUCOSE.....	32
ROTARIX.....	45	sotalol hcl.....	26	SURESTEP PRO	
ROTATEQ.....	45	sotalol hcl (af).....	26	NORMAL GLUCOSE.....	32
roweepra.....	15	spinosad.....	20	SUSTIVA.....	22
roweepra xr.....	15	SPIRIVA HANDIHALER.....	51	SUTENT.....	19
ROZEREM.....	51	SPIRIVA RESPIMAT.....	51	syeda.....	42
RUBRACA.....	19	spironolactone.....	26	SYLATRON.....	19
RYDAPT.....	19	spironolactone-hctz.....	26	SYMAX DUOTAB.....	36
SABRIL.....	15	sprintec 28.....	42	symax-sl.....	36
salsalate.....	11	SPRYCEL.....	19	symax-sr.....	36
SANDIMMUNE.....	44	sps.....	35	SYMBICORT.....	51
SANTYL.....	28	sronyx.....	42	SYMFI.....	22
SAPHRIS.....	21	ssd.....	13	SYMFI LO.....	22
sash kit.....	47	SSKI.....	50	SYMLINPEN 120.....	29
SAVELLA.....	27	sss 10-5.....	28	SYMLINPEN 60.....	30
SAVELLA TITRATION		STAMARIL.....	45	SYMTUZA.....	22
PACK.....	27	stavudine.....	22	synalar.....	38
selegiline hcl.....	20	STELARA.....	44	SYNJARDY.....	30
selenium sulfide.....	28	STIMATE.....	39	SYNRIBO.....	19
SELZENTRY.....	22	STIOLTO RESPIMAT.....	51	SYNTHROID.....	43
SENSIPAR.....	39	STIVARGA.....	19	SYPRINE.....	35
SEREVENT DISKUS.....	51	STRENSIQ.....	36	syringe luer lock.....	47

syringe luer slip.....	47	theophylline er.....	51	TRESIBA FLEXTOUCH.....	34
TACLONEX.....	29	thioridazine hcl.....	21	tretinoin.....	19, 29
tacrolimus.....	29, 44	thiothixene.....	21	tretinoin microsphere.....	29
tadalafil.....	37	THYROLAR-1.....	43	tretinoin microsphere pump	29
TAFINLAR.....	19	THYROLAR-1/2.....	43	tri femynor.....	42
TAGRISSE.....	19	THYROLAR-1/4.....	43	triamcinolone acetonide	27, 38
TALZENNA.....	19	THYROLAR-2.....	43	triamterene-hctz.....	26
tamoxifen citrate.....	19	THYROLAR-3.....	43	triazolam.....	22
tamsulosin hcl.....	37	tiagabine hcl.....	15	TRICARE PRENATAL	
TARCEVA.....	19	TIBSOVO.....	19	DHA ONE.....	35
TARGRETIN.....	19	tilia fe.....	42	tricitrates.....	35
tarina 24 fe.....	42	timolol maleate.....	26, 48	tricon.....	35
tarina fe 1/20.....	42	TIMOPTIC OCUDOSE.....	48	triderm.....	38
tarina fe 1/20 eq.....	42	tinidazole.....	13	trientine hcl.....	35
taron-crystals.....	35	TIVICAY.....	22	tri-estarylla.....	42
TASIGNA.....	19	tizanidine hcl.....	51	trifluoperazine hcl.....	21
TAYTULLA.....	42	tl icon.....	35	trifluridine.....	48
tazarotene.....	29	TOBI NEBULIZER.....	51	trihexyphenidyl hcl.....	20
TAZORAC.....	29	TOBI PODHALER.....	51	tri-legest fe.....	42
taztia xt.....	26	TOBRADEX.....	49	TRILEPTAL.....	15
TDVAX.....	45	tobramycin.....	48, 51	tri-lynyah.....	42
TECFIDERA.....	27	tobramycin-		tri-lo-estarylla.....	42
TEGRETOL.....	15	dexamethasone.....	49	tri-lo-marzia.....	42
TEGRETOL-XR.....	15	TOBREX.....	48	tri-lo-mili.....	42
TEKTURNA.....	26	tolbutamide.....	30	tri-lo-sprintec.....	42
TEKTURNA HCT.....	26	tolcapone.....	20	trilyte.....	36
telmisartan.....	26	tolmetin sodium.....	11	trimethobenzamide hcl.....	16
telmisartan-hctz.....	26	tolterodine tartrate.....	37	trimethoprim.....	13
temazepam.....	51	tolterodine tartrate er.....	37	tri-mili.....	42
TEMODAR.....	19	TOPAMAX.....	15	trimipramine maleate.....	16
temozolomide.....	19	TOPAMAX SPRINKLE.....	15	trinessa (28).....	42
tencon.....	11	topiramate.....	15	TRINTELLIX.....	16
TENIVAC.....	45	toremifene citrate.....	19	tri-previfem.....	42
tenofovir disoproxil		torseamide.....	26	tri-sprintec.....	42
fumarate.....	22	TOUJEO MAX		TRIUMEQ.....	22
terazosin hcl.....	37	SOLOSTAR.....	33	trivora (28).....	42
terbinafine hcl.....	17	TOUJEO SOLOSTAR.....	33	tri-vylibra.....	42
terbutaline sulfate.....	51	TRACLEER.....	51	tri-vylibra lo.....	42
terconazole.....	17	TRADJENTA.....	30	TRIZIVIR.....	22
testosterone.....	39	tramadol hcl er.....	11	tropicamide.....	49
testosterone cypionate.....	39	tramadol hcl er (biphasic)...	11	tropium chloride.....	37
testosterone enanthate.....	39	tramadol hcl ir.....	11	tropium chloride er.....	37
tetacaine.....	49	tramadol-acetaminophen....	11	TRUE FOCUS BLOOD	
tetrabenazine.....	27	trandolapril.....	26	GLUCOSE METER.....	32
tetracaine hcl.....	49	trandolapril-verapamil hcl		TRUE METRIX BLOOD	
tetracycline hcl.....	13	er.....	26	GLUCOSE TEST.....	32
tetravisc.....	49	tranexamic acid.....	23	TRUE METRIX LEVEL 1....	32
tetravisc forte.....	49	tranylcypramine sulfate.....	16	TRUE METRIX LEVEL 2....	32
TEXACORT.....	38	TRAVATAN Z.....	48	TRUE METRIX LEVEL 3....	32
THALOMID.....	19	trazodone hcl.....	16	TRUEPLUS 5-BEVEL PEN	
THEO-24.....	51	TRELEGY ELLIPTA.....	51	NEEDLES.....	34
theochron.....	51	TREMFYA.....	44	TRUETRACK TEST.....	32
theophylline.....	51	TRESIBA.....	34	TRULICITY.....	30

TRUMENBA.....	45	VIBERZI.....	36	xulane.....	42
TRUVADA.....	22	VIBRAMYCIN.....	14	yf-vax.....	45
tulana.....	42	vicodin.....	11	YF-VAX.....	45
TWINRIX.....	45	vicodin es.....	11	YONSA.....	20
TYBOST.....	22	vicodin hp.....	11	yuvafem.....	42
tydemy.....	42	VICTOZA.....	30	zafirlukast.....	51
TYKERB.....	19	VIDEX.....	22	zaleplon.....	52
TYMLOS.....	46	VIDEX EC.....	22	zarah.....	42
TYPHIM VI.....	45	vienna.....	42	ZARONTIN.....	15
TYVASO.....	51	vigabatrin.....	15	zebutal.....	11
TYVASO REFILL.....	51	vigadrone.....	15	ZEJULA.....	20
TYVASO STARTER.....	51	VIIBRYD.....	16	ZELBORAF.....	20
ULORIC.....	17	VIIBRYD STARTER PACK.....	16	zenatane.....	29
ULTRACARE PEN		vilamit mb.....	37	ZENPEP.....	36
NEEDLES.....	34	VIMPAT.....	15	zenzedi.....	26
UNISTRIP CONTROL.....	32	viorele.....	42	ZIAGEN.....	22
unithroid.....	43	VIRACEPT.....	22	zidovudine.....	22
UPTRAVI.....	51	VIRAMUNE.....	22	ziprasidone hcl.....	21
urea.....	29	VIRAMUNE XR.....	22	ZOLINZA.....	20
uremez-40.....	29	VIREAD.....	22	zolmitriptan.....	17
uribel.....	37	VIRT-FEFA PLUS.....	35	zolpidem tartrate.....	52
uro-mp.....	37	virt-phos 250 neutral.....	35	zolpidem tartrate er.....	52
ursodiol.....	36	vitamin d (ergocalciferol).....	35	ZONEGRAN.....	15
valacyclovir hcl.....	22	VITRAKVI.....	19, 20	zonisamide.....	15
VALCHLOR.....	19	VIVOTIF.....	45	ZORTRESS.....	44
valganciclovir hcl.....	22	VIZIMPRO.....	20	ZOSTAVAX.....	45
valproate sodium.....	15	voriconazole.....	17	zovia 1/35e (28).....	42
valproic acid.....	15	VOTRIENT.....	20	ZOVIRAX.....	22
valsartan.....	26	VRAYLAR.....	21	ZYDELIG.....	20
valsartan-		vyfemla.....	42	ZYKADIA.....	20
hydrochlorothiazide.....	26	vylibra.....	42	ZYLET.....	49
vancomycin hcl.....	14	VYVANSE.....	26	ZYTIGA.....	20
vandazole.....	14	warfarin sodium.....	14		
VAQTA.....	45	wera.....	42		
VARIVAX.....	45	westhroid.....	43		
VASCEPA.....	26	WESTHROID.....	43		
VAXCHORA.....	45	WIDE-SEAL DIAPHRAGM			
vcf vaginal contraceptive....	47	60.....	47		
VECAMYL.....	26	wixela inhub.....	51		
velivet.....	42	WP THYROID.....	43		
VEMLIDY.....	22	wymzya fe.....	42		
VENCLEXTA.....	19	XALKORI.....	20		
VENCLEXTA STARTING		XARELTO.....	14		
PACK.....	19	XARELTO STARTER			
venlafaxine hcl.....	16	PACK.....	14		
venlafaxine hcl er.....	16	XATMEP.....	44		
VENTAVIS.....	51	XELODA.....	20		
VENTOLIN HFA.....	51	XERMELO.....	36		
verapamil hcl.....	26	XIFAXAN.....	14		
verapamil hcl er.....	26	XIIDRA.....	49		
VERZENIO.....	19	XOFLUZA.....	22		
VESICARE.....	37	XOSPATA.....	20		
V-GO 20.....	32	XTANDI.....	20		