



# 2023 Premium Standard Formulary

**For the most current list of covered medications or if you have questions:**



Call the number on your member ID card.



Visit your plan's website on your member ID card or log on to the Optum Rx app to:

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

# Understanding your formulary

## What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

To create the list, Optum Rx® is guided by the Pharmacy and Therapeutics Committee. This group of doctors and pharmacists reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

## How do I use my formulary?

You and your doctor can use the formulary to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. If your medication is not listed here, please visit your plan's website or call the number on your member ID card.

## What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor.

## When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

If a medication changes tiers, you may have to pay a different amount for that medication.

## Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or is similar to another prescription or over-the-counter (OTC) medication.

## What if I don't agree with a decision about an excluded medication?

You, your authorized representative, or your doctor can ask for a coverage request by calling the number on your member ID card.

## Medication tips

### What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (offer the same effect) as brand-name medications, but they often cost less. In some situations, brand-name medications could be lower in cost.

### What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a lower-cost option could be right for you.

### What if I am taking a specialty medication?

Specialty medications are used to treat complex conditions and are generally higher in cost. Please note, not all specialty medications are listed in the formulary. Our specialty pharmacy can provide most of your specialty medications along with helpful programs and services. Call **1-855-427-4682** and ask how you can have your prescriptions delivered right to your home or doctor's office.



### About this formulary

Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.



### Over-the-counter medications (OTC)

Talk to your doctor about OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

# Reading your formulary

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

## Tier information

Using lower tier or preferred medications can help you lower your 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 1    | \$       | <b>Lower-cost</b> generics and some brand name  | Use tier 1 drugs for the lowest out-of-pocket costs.                                                  |
| Tier 2    | \$\$     | <b>Mid-range cost</b> preferred brand name      | Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.                           |
| Tier 3    | \$\$\$   | <b>Higher-cost</b> brand name and some generics | Many tier 3 drugs have lower-cost options in tier 1 or 2. Ask your doctor if they could work for you. |
| Tier E    | ⊗        | <b>Excluded</b>                                 | May not be covered or need prior authorization. Lower-cost options are available and covered.         |

## 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 decides how these medications may be covered.

|    |                                                                                                               |
|----|---------------------------------------------------------------------------------------------------------------|
| M  | Authorized generic or cobranded product                                                                       |
| PA | <b>Prior authorization</b> – Your doctor is required to give Optum Rx more information to determine coverage. |
| QL | <b>Quantity limit</b> – Medication may be limited to a certain quantity.                                      |
| SP | <b>Specialty medication</b> – Medication is designated as specialty.                                          |
| ST | <b>Step therapy</b> – Must try lower-cost medication(s) before a higher-cost medication can be covered        |
| 3P | Tier 3 preferred                                                                                              |
| ++ | <b>Benefit design options</b> – Coverage is determined by your prescription medication benefit plan.          |

## Premium Standard Formulary

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| Drug Name                                        | Drug Tier | Notes  |
|--------------------------------------------------|-----------|--------|
| <b>Analgesics - Drugs for Pain</b>               |           |        |
| acetaminophen-codeine #2                         | 1         | QL     |
| acetaminophen-codeine #3                         | 1         | QL     |
| acetaminophen-codeine #4                         | 1         | QL     |
| acetaminophen-codeine oral tablet                | 1         | QL     |
| APADAZ                                           | E         |        |
| apap-caff-dihydrocodeine                         | 1         | QL     |
| bac                                              | 1         |        |
| BELBUCA                                          | 2         | PA; QL |
| BENZHYDROCODON E-ACETAMINOPHEN                   | E         |        |
| butalbital-apap-caffeine                         | 1         |        |
| BUTRANS                                          | E         |        |
| CONZIP                                           | E         |        |
| DILAUDID ORAL                                    | E         |        |
| endocet                                          | 1         | QL     |
| fentanyl                                         | 1         | PA; QL |
| FENTANYL CITRATE BUCCAL TABLET                   | E         | M      |
| FENTORA                                          | E         |        |
| FIORICET                                         | E         |        |
| FIORICET/CODEINE                                 | E         |        |
| hydrocodone-acetaminophen oral tablet            | 1         | QL     |
| hydromorphone hcl oral tablet                    | 1         | QL     |
| HYSINGLA ER                                      | 2         | PA; QL |
| LAZANDA                                          | E         |        |
| morphine sulfate er oral tablet extended release | 1         | PA; QL |

| Drug Name                                                                       | Drug Tier | Notes  |
|---------------------------------------------------------------------------------|-----------|--------|
| MS CONTIN                                                                       | E         |        |
| NUCYNTA                                                                         | E         |        |
| NUCYNTA ER                                                                      | E         |        |
| OXYCODONE HCL                                                                   | E         |        |
| OXYCODONE HCL ER                                                                | E         | M      |
| oxycodone hcl oral tablet                                                       | 1         | QL     |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1         | QL     |
| OXYCONTIN                                                                       | 2         | PA; QL |
| PERCOCET                                                                        | E         |        |
| QDOLO                                                                           | E         |        |
| ROXICODONE                                                                      | E         |        |
| SEGLENTIS                                                                       | E         |        |
| SUBSYS                                                                          | E         |        |
| TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR                           | E         | M      |
| TRAMADOL HCL ORAL SOLUTION                                                      | E         | M      |
| tramadol hcl oral tablet                                                        | 1         | QL     |
| TREZIX                                                                          | 3         | QL     |
| ULTRACET                                                                        | E         |        |
| ULTRAM                                                                          | E         |        |
| XTAMPZA ER                                                                      | 2         | PA; QL |
| <b>Analgesics - Drugs for Pain and Inflammation</b>                             |           |        |
| ARTHROTEC                                                                       | E         |        |
| CELEBREX                                                                        | E         |        |
| celecoxib oral                                                                  | 1         | QL     |
| DICLOFENAC CAP 35MG                                                             | E         | M      |

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 |
|--------------------------------------------------------------|-----------|-------|
| DICLOFENAC PATCH 1.3%                                        | E         | M     |
| diclofenac sodium external gel 1 %                           | 1         | QL    |
| diclofenac sodium oral                                       | 1         |       |
| DUEXIS                                                       | E         |       |
| ELYXYB                                                       | E         |       |
| etodolac oral tablet                                         | 1         |       |
| FLECTOR                                                      | E         |       |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg                 | 1         |       |
| ibuprofen-famotidine                                         | E         |       |
| indomethacin oral capsule 25 mg, 50 mg                       | 1         |       |
| KETOROLAC TROMETHAMINE NASAL                                 | E         | M     |
| ketorolac tromethamine oral                                  | 1         | QL    |
| LICART                                                       | E         |       |
| meloxicam oral tablet                                        | 1         |       |
| nabumetone oral                                              | 1         |       |
| NALFON                                                       | E         |       |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG | 3         |       |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG         | 3         | PA    |
| naproxen oral tablet                                         | 1         |       |
| PENNSAID                                                     | E         |       |
| RELAFEN                                                      | E         |       |
| RELAFEN DS                                                   | E         |       |
| SPRIX                                                        | E         |       |
| VIMOVO                                                       | E         |       |

| Drug Name                                                       | Drug Tier | Notes  |
|-----------------------------------------------------------------|-----------|--------|
| ZIPSOR                                                          | E         |        |
| ZORVOLEX                                                        | E         |        |
| <b>Anesthetics</b>                                              |           |        |
| lidocaine external patch 5 %                                    | 1         |        |
| lidocaine-prilocaine external cream                             | 1         |        |
| LIDODERM                                                        | E         |        |
| ZTLIDO                                                          | E         |        |
| <b>Anti-Addiction / Substance Abuse Treatment Agents</b>        |           |        |
| buprenorphine hcl sublingual                                    | 1         | QL     |
| buprenorphine hcl-naloxone hcl                                  | 1         | QL     |
| KLOXXADO                                                        | 2         |        |
| naloxone hcl nasal                                              | 1         |        |
| naltrexone hcl oral                                             | 1         |        |
| NARCAN                                                          | 2         |        |
| SUBLOCADE                                                       | 3         | SP     |
| SUBOXONE                                                        | E         |        |
| varenicline tartrate oral tablet                                | 1         | ++; QL |
| ZIMHI                                                           | 3         |        |
| ZUBSOLV                                                         | 2         | QL     |
| <b>Antibacterials</b>                                           |           |        |
| ACTICLATE                                                       | E         |        |
| amoxicillin oral capsule                                        | 1         |        |
| amoxicillin oral suspension reconstituted                       | 1         |        |
| amoxicillin oral tablet                                         | 1         |        |
| amoxicillin-potassium clavulanate oral suspension reconstituted | 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 |
|-------------------------------------------------------|-----------|-------|
| amoxicillin-potassium clavulanate oral tablet         | 1         |       |
| avidoxy                                               | 1         |       |
| azithromycin oral suspension reconstituted            | 1         |       |
| azithromycin oral tablet                              | 1         |       |
| cefadroxil oral capsule                               | 1         |       |
| cefdinir                                              | 1         |       |
| cefuroxime axetil                                     | 1         |       |
| cephalexin oral capsule                               | 1         |       |
| cephalexin oral suspension reconstituted              | 1         |       |
| ciprofloxacin hcl oral                                | 1         |       |
| clarithromycin oral tablet                            | 1         |       |
| CLEOCIN VAGINAL                                       | E         |       |
| clindamycin hcl oral                                  | 1         |       |
| CLINDESSE                                             | 3         |       |
| DIFICID                                               | 3         |       |
| DORYX                                                 | E         |       |
| DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG          | E         |       |
| doxycycline hyclate oral capsule                      | 1         |       |
| doxycycline hyclate oral tablet                       | 1         |       |
| DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG | E         |       |
| doxycycline monohydrate oral capsule                  | 1         |       |
| doxycycline monohydrate oral tablet                   | 1         |       |

| Drug Name                                 | Drug Tier | Notes |
|-------------------------------------------|-----------|-------|
| levofloxacin oral tablet                  | 1         |       |
| LYMEPAK                                   | E         |       |
| metronidazole oral tablet                 | 1         |       |
| metronidazole vaginal                     | 1         |       |
| minocycline hcl oral capsule              | 1         |       |
| MINOLIRA                                  | E         |       |
| mondoxyne nl                              | 1         |       |
| mupirocin external                        | 1         |       |
| nitrofurantoin macrocrystal               | 1         |       |
| nitrofurantoin monohydrate macrocrystals  | 1         |       |
| NUVESSA                                   | E         |       |
| NUZYRA ORAL                               | 3         |       |
| penicillin v potassium oral tablet        | 1         |       |
| SEYSARA                                   | 3         | ST    |
| SILVADENE                                 | E         |       |
| SOLODYN                                   | E         |       |
| sulfamethoxazole-trimethoprim oral tablet | 1         |       |
| TARGADOX                                  | E         |       |
| vandazole                                 | 1         |       |
| XENLETA                                   | 3         |       |
| XEPI                                      | 3         |       |
| XIFAXAN ORAL TABLET 200 MG                | E         |       |
| XIMINO                                    | 3         |       |
| <b>Anticoagulants</b>                     |           |       |
| ELIQUIS                                   | 2         | QL    |
| ELIQUIS DVT/PE STARTER PACK               | 2         | 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  |
|--------------------------------------------------------|-----------|--------|
| enoxaparin sodium injection solution prefilled syringe | 1         | QL     |
| jantoven                                               | 1         |        |
| PRADAXA                                                | 2         | QL     |
| warfarin sodium oral                                   | 1         |        |
| XARELTO                                                | 2         | QL     |
| XARELTO STARTER PACK                                   | 2         | QL     |
| <b>Anticonvulsants -<br/>Drugs for Seizures</b>        |           |        |
| APTIOM                                                 | 3         |        |
| BRIVIACT INTRAVENOUS                                   | 3         |        |
| BRIVIACT ORAL                                          | 3         | ST     |
| carbamazepine oral tablet                              | 1         |        |
| CARBATROL                                              | E         |        |
| DEPAKOTE                                               | E         |        |
| DEPAKOTE ER                                            | E         |        |
| DEPAKOTE SPRINKLES                                     | E         |        |
| DILANTIN INFATABS                                      | E         |        |
| DILANTIN ORAL CAPSULE 100 MG                           | E         |        |
| DILANTIN ORAL SUSPENSION                               | E         |        |
| divalproex sodium er                                   | 1         |        |
| divalproex sodium oral tablet delayed release          | 1         |        |
| ELEPSIA XR                                             | E         |        |
| EPIDIOLEX                                              | 3         | PA; SP |
| epitol                                                 | 1         |        |
| EPRONTIA                                               | E         |        |
| FYCOMPA                                                | 3         |        |
| gabapentin oral capsule                                | 1         |        |

| Drug Name                                        | Drug Tier | Notes |
|--------------------------------------------------|-----------|-------|
| gabapentin oral tablet 600 mg, 800 mg            | 1         |       |
| KEPPRA ORAL                                      | E         |       |
| KEPPRA XR                                        | E         |       |
| LAMICTAL                                         | E         |       |
| LAMICTAL ODT                                     | E         |       |
| LAMICTAL STARTER                                 | E         |       |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR | E         |       |
| lamotrigine er                                   | 1         |       |
| lamotrigine oral tablet                          | 1         |       |
| levetiracetam oral tablet                        | 1         |       |
| NAYZILAM                                         | 3         | QL    |
| NEURONTIN                                        | E         |       |
| ONFI                                             | E         |       |
| oxcarbazepine oral tablet                        | 1         |       |
| OXTELLAR XR                                      | E         |       |
| QUDEXY XR                                        | E         |       |
| roweepra                                         | 1         |       |
| SABRIL                                           | E         | SP    |
| subvenite                                        | 1         |       |
| SYMPAZAN                                         | 3         | PA    |
| TEGRETOL                                         | E         |       |
| TEGRETOL-XR                                      | E         |       |
| TOPAMAX                                          | E         |       |
| TOPAMAX SPRINKLE                                 | E         |       |
| topiramate oral tablet                           | 1         |       |
| TRILEPTAL                                        | E         |       |
| TROKENDI XR                                      | 3         | ST    |
| VALTOCO                                          | 3         | QL    |
| VIMPAT                                           | E         |       |
| XCOPRI                                           | 3         | ST    |

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 |
|-------------------------------------------------------------------------------------|-----------|-------|
| ZONEGRAN                                                                            | E         |       |
| zonisamide oral                                                                     | 1         |       |
| <b>Antidementia Agents<br/>- Drugs for<br/>Alzheimer's Disease<br/>and Dementia</b> |           |       |
| ADUHELM                                                                             | E         | SP    |
| donepezil hcl oral tablet                                                           | 1         |       |
| memantine hcl oral tablet                                                           | 1         |       |
| NAMZARIC                                                                            | 2         | QL    |
| <b>Antidepressants</b>                                                              |           |       |
| amitriptyline hcl oral                                                              | 1         |       |
| bupropion hcl er (sr)                                                               | 1         | QL    |
| bupropion hcl er (xl)<br>oral tablet extended<br>release 24 hour 150<br>mg, 300 mg  | 1         | QL    |
| BUPROPION HCL ER<br>(XL) ORAL TABLET<br>EXTENDED RELEASE<br>24 HOUR 450 MG          | E         | M     |
| bupropion hcl oral                                                                  | 1         |       |
| CELEXA                                                                              | E         |       |
| citalopram<br>hydrobromide oral<br>tablet                                           | 1         |       |
| CYMBALTA                                                                            | E         |       |
| desvenlafaxine<br>succinate er                                                      | 1         | QL    |
| doxepin hcl oral<br>capsule                                                         | 1         |       |
| duloxetine hcl oral                                                                 | 1         | QL    |
| EFFEXOR XR                                                                          | E         |       |
| escitalopram oxalate<br>oral tablet                                                 | 1         |       |
| fluoxetine hcl oral<br>capsule                                                      | 1         |       |

| Drug Name                                                  | Drug Tier | Notes  |
|------------------------------------------------------------|-----------|--------|
| fluoxetine hcl oral tablet                                 | 1         |        |
| fluvoxamine maleate                                        | 1         |        |
| FORFIVO XL                                                 | E         |        |
| LEXAPRO                                                    | E         |        |
| LYBALVI                                                    | E         |        |
| mirtazapine oral tablet                                    | 1         |        |
| nortriptyline hcl oral<br>capsule                          | 1         |        |
| paroxetine hcl oral<br>tablet                              | 1         |        |
| PAXIL CR                                                   | E         |        |
| PAXIL ORAL TABLET                                          | E         |        |
| PRISTIQ                                                    | E         |        |
| PROZAC                                                     | E         |        |
| SERTRALINE HCL<br>ORAL CAPSULE                             | E         |        |
| sertraline hcl oral tablet                                 | 1         |        |
| SPRAVATO (56 MG<br>DOSE)                                   | 3         | PA; SP |
| SPRAVATO (84 MG<br>DOSE)                                   | 3         | PA; SP |
| trazodone hcl oral                                         | 1         |        |
| TRINTELLIX                                                 | 3         | ST; QL |
| venlafaxine hcl                                            | 1         |        |
| venlafaxine hcl er                                         | 1         |        |
| VIIBRYD                                                    | 3         | ST; QL |
| WELLBUTRIN SR                                              | E         |        |
| WELLBUTRIN XL                                              | E         |        |
| ZOLOFT                                                     | E         |        |
| <b>Antiemetics - Drugs<br/>for Nausea and<br/>Vomiting</b> |           |        |
| GIMOTI                                                     | E         |        |
| meclizine hcl oral tablet                                  | 1         | ++     |
| metoclopramide hcl<br>oral tablet                          | 1         |        |

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

| Drug Name                                 | Drug Tier | Notes |
|-------------------------------------------|-----------|-------|
| ondansetron hcl oral tablet 24 mg         | 1         | QL    |
| ondansetron hcl oral tablet 4 mg, 8 mg    | 1         |       |
| ondansetron odt                           | 1         |       |
| prochlorperazine maleate oral             | 1         |       |
| SANCUSO                                   | E         |       |
| scopolamine                               | 1         |       |
| VARUBI (180 MG DOSE)                      | 3         | QL    |
| <b>Antifungals</b>                        |           |       |
| BREXAFEMME                                | E         |       |
| ciclodan                                  | 1         | ++    |
| ciclopirox external solution              | 1         | ++    |
| clotrimazole external cream               | 1         |       |
| clotrimazole-betamethasone external cream | 1         |       |
| CRESEMBA ORAL                             | 3         | PA    |
| fluconazole oral tablet                   | 1         |       |
| GYNAZOLE-1                                | 3         |       |
| JUBLIA                                    | E         |       |
| ketoconazole external cream               | 1         |       |
| ketoconazole external shampoo             | 1         |       |
| nystatin external cream                   | 1         |       |
| nystatin external ointment                | 1         |       |
| nystatin mouth/throat                     | 1         |       |
| terbinafine hcl oral                      | 1         | QL    |
| terconazole vaginal cream                 | 1         |       |
| TOLSURA                                   | E         |       |

| Drug Name                                                       | Drug Tier | Notes       |
|-----------------------------------------------------------------|-----------|-------------|
| <b>Antigout Agents</b>                                          |           |             |
| allopurinol oral                                                | 1         |             |
| COLCHICINE ORAL CAPSULE                                         | E         | M           |
| colchicine tablet 0.6 mg oral                                   | 1         |             |
| colchicine tablet 0.6 mg oral                                   | 1         | Made by Par |
| COLCRYS                                                         | E         |             |
| GLOPERBA ORAL SOLUTION 0.6 MG/5ML                               | E         |             |
| MITIGARE                                                        | E         |             |
| <b>Antimigraine Agents</b>                                      |           |             |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML | 2         | PA; QL      |
| AJOVY                                                           | 2         | PA; QL      |
| CAMBIA                                                          | E         |             |
| eletriptan hydrobromide                                         | 1         | QL          |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML          | E         |             |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML      | 2         | PA; QL      |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML      | E         |             |
| IMITREX                                                         | E         |             |
| IMITREX STATDOSE REFILL                                         | E         |             |

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      |
|-------------------------------------------|-----------|------------|
| IMITREX STATDOSE SYSTEM                   | E         |            |
| MAXALT                                    | E         |            |
| MAXALT-MLT                                | E         |            |
| NURTEC                                    | 2         | PA; QL     |
| ONZETRA XSAIL                             | E         |            |
| QULIPTA                                   | 2         | PA; QL     |
| RELPAX                                    | E         |            |
| REYVOW                                    | E         |            |
| rizatriptan benzoate                      | 1         | QL         |
| sumatriptan succinate oral                | 1         | QL         |
| TOSYMRA                                   | E         |            |
| TREXIMET                                  | E         |            |
| TRUDHESA                                  | E         |            |
| UBRELVY                                   | 2         | PA; QL     |
| ZEMBRACE SYMTOUCH                         | E         |            |
| ZOMIG ORAL                                | E         |            |
| <b>Antineoplastics - Drugs for Cancer</b> |           |            |
| abiraterone acetate                       | 1         | PA; SP     |
| AFINITOR                                  | E         | SP         |
| AFINITOR DISPERZ                          | E         | SP         |
| ALECENSA                                  | 2         | PA; SP     |
| ALUNBRIG                                  | 2         | PA; SP; QL |
| anastrozole oral                          | 1         |            |
| ARIMIDEX                                  | E         |            |
| BELRAPZO                                  | E         | SP         |
| BESREMI                                   | E         | SP         |
| CABOMETYX                                 | 2         | PA; SP     |
| CALQUENCE ORAL CAPSULE                    | 3         | PA; SP     |
| capecitabine                              | 1         | PA; SP     |
| COSELA                                    | E         | SP         |

| Drug Name                               | Drug Tier | Notes      |
|-----------------------------------------|-----------|------------|
| DARZALEX FASPRO                         | E         | SP         |
| ERIVEDGE                                | 3         | PA; SP     |
| ERLEADA                                 | 3         | PA; SP     |
| EXKIVITY                                | 3         | PA; SP     |
| FOTIVDA                                 | E         | SP         |
| GAVRETO                                 | 3         | PA; SP     |
| GLEEVEC                                 | E         | SP         |
| HERZUMA                                 | E         | SP         |
| IBRANCE ORAL TABLET                     | 3         | PA; SP     |
| ICLUSIG ORAL TABLET 10 MG, 15 MG        | 3         | PA; SP; QL |
| ICLUSIG ORAL TABLET 30 MG, 45 MG        | 3         | PA; SP     |
| IDHIFA                                  | 3         | PA; SP; QL |
| imatinib mesylate                       | 1         | PA; SP     |
| IMBRUVICA                               | 3         | PA; SP; QL |
| INQOVI                                  | E         | SP         |
| KANJINTI                                | 2         | PA; SP     |
| KISQALI FEMARA                          | 3         | PA; SP     |
| KISQALI ORAL TABLET THERAPY PACK 200 MG | 3         | PA; SP     |
| KOSELUGO                                | 3         | PA; SP     |
| letrozole oral                          | 1         |            |
| LUMAKRAS                                | 3         | PA; SP     |
| LYNPARZA                                | 2         | PA; SP     |
| MVASI                                   | 2         | PA; SP     |
| NUBEQA                                  | 3         | PA; SP     |
| ODOMZO                                  | 3         | PA; SP     |
| OGIVRI                                  | E         | SP         |
| ONTRUZANT                               | E         | SP         |
| ORGOVYX                                 | 3         | PA; SP     |
| PANRETIN                                | 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      |
|-------------------------------|-----------|------------|
| PEMAZYRE                      | E         | SP         |
| PHESGO                        | 2         | PA; SP     |
| POMALYST                      | 3         | PA; SP     |
| RETEVMO                       | 3         | PA; SP     |
| REVLIMID                      | 2         | PA; SP     |
| RIABNI                        | E         | SP         |
| ROZLYTREK                     | 3         | PA; SP     |
| RUBRACA                       | E         | SP         |
| RUXIENCE                      | 2         | PA; SP     |
| RYLAZE                        | E         | SP         |
| SPRYCEL                       | 2         | PA; SP     |
| STIVARGA                      | 3         | PA; SP     |
| SUTENT                        | E         | SP         |
| TABRECTA                      | 3         | PA; SP     |
| TAGRISSE ORAL<br>TABLET 40 MG | 3         | PA; SP; QL |
| TAGRISSE ORAL<br>TABLET 80 MG | 3         | PA; SP     |
| TALZENNA                      | E         | SP         |
| tamoxifen citrate oral        | 1         |            |
| TARGRETIN ORAL                | E         | SP         |
| TAZVERIK                      | E         | SP         |
| temozolomide                  | 1         | PA; SP     |
| TEPMETKO                      | E         | SP         |
| TRAZIMERA                     | 2         | PA; SP     |
| TREANDA                       | E         | SP         |
| TRUXIMA                       | E         | SP         |
| VITRAKVI                      | 3         | PA; SP     |
| XTANDI                        | 3         | PA; SP     |
| YONSA                         | E         | SP         |
| ZEJULA                        | 2         | PA; SP     |
| ZIRABEV                       | 2         | PA; SP     |
| ZYTIGA                        | E         | SP         |
| <b>Antiparasitics</b>         |           |            |
| ARAKODA                       | 3         |            |

| Drug Name                                                | Drug Tier | Notes      |
|----------------------------------------------------------|-----------|------------|
| EMVERM                                                   | 2         |            |
| hydroxychloroquine<br>sulfate oral                       | 1         |            |
| NATROBA                                                  | E         |            |
| PLAQUENIL                                                | E         |            |
| <b>Antiparkinson Agents</b>                              |           |            |
| benztropine mesylate<br>oral                             | 1         |            |
| carbidopa-levodopa<br>oral tablet                        | 1         |            |
| DHIVY                                                    | E         |            |
| GOCOVRI                                                  | E         |            |
| INBRIJA                                                  | 3         | PA; SP     |
| KYNMOBI                                                  | 3         | PA; SP; QL |
| KYNMOBI TITRATION<br>KIT                                 | 3         | PA; SP; QL |
| NEUPRO                                                   | 3         | ST         |
| NOURIANZ                                                 | 3         | PA         |
| ONGENTYS                                                 | 3         | ST         |
| OSMOLEX ER                                               | E         |            |
| pramipexole<br>dihydrochloride                           | 1         |            |
| ropinirole hcl                                           | 1         |            |
| RYTARY                                                   | 3         | ST         |
| <b>Antiplatelets</b>                                     |           |            |
| BRILINTA                                                 | 2         |            |
| clopidogrel bisulfate<br>oral                            | 1         |            |
| PLAVIX                                                   | E         |            |
| prasugrel hcl                                            | 1         |            |
| YOSPRALA                                                 | E         |            |
| <b>Antipsychotics -<br/>Drugs for Mood<br/>Disorders</b> |           |            |
| ABILIFY                                                  | E         |            |
| ABILIFY MAINTENA                                         | 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  |
|------------------------------------------------------------------------------|-----------|--------|
| aripiprazole oral tablet                                                     | 1         | QL     |
| ARISTADA                                                                     | 3         | ++     |
| ARISTADA INITIO                                                              | 3         | ++     |
| INVEGA HAFYERA                                                               | 3         | ST; ++ |
| INVEGA SUSTENNA                                                              | 3         | ++     |
| INVEGA TRINZA                                                                | 3         | ++     |
| LATUDA                                                                       | 3         | QL     |
| olanzapine oral tablet                                                       | 1         | QL     |
| PERSERIS                                                                     | 3         | ++     |
| quetiapine fumarate er                                                       | 1         | QL     |
| quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg | 1         | QL     |
| REXULTI                                                                      | 3         | QL     |
| RISPERDAL                                                                    | E         |        |
| risperidone oral tablet                                                      | 1         | QL     |
| SAPHRIS                                                                      | E         |        |
| SECUADO                                                                      | E         |        |
| SEROQUEL                                                                     | E         |        |
| SEROQUEL XR                                                                  | E         |        |
| VRAYLAR                                                                      | 3         | QL     |
| ziprasidone hcl                                                              | 1         | QL     |
| ZYPREXA                                                                      | E         |        |
| <b>Antivirals</b>                                                            |           |        |
| acyclovir oral tablet                                                        | 1         |        |
| APRETUDE                                                                     | E         |        |
| BARACLUDE ORAL TABLET                                                        | E         |        |
| BIKTARVY                                                                     | 3         |        |
| CABENUVA                                                                     | E         |        |
| CIMDUO                                                                       | 2         |        |
| DESCOVY                                                                      | E         |        |
| DOVATO                                                                       | 2         |        |

| Drug Name                  | Drug Tier | Notes      |
|----------------------------|-----------|------------|
| emtricitabine-tenofovir df | 1         |            |
| entecavir                  | 1         | QL         |
| EPCLUSA                    | 2         | PA; SP; QL |
| GENVOYA                    | 3         |            |
| HARVONI                    | 2         | PA; SP; QL |
| JULUCA                     | 2         |            |
| LEDIPASVIR-SOFOSBUVIR      | E         | M; SP      |
| MAVYRET                    | 2         | PA; SP; QL |
| ODEFSEY                    | 3         |            |
| oseltamivir phosphate oral | 1         | QL         |
| PREZCOBIX                  | 2         |            |
| RUKOBIA                    | 2         |            |
| SOFOSBUVIR-VELPATASVIR     | E         | M; SP      |
| SYMFI                      | 2         |            |
| SYMFI LO                   | 2         |            |
| SYMTUZA                    | 3         |            |
| TAMIFLU                    | E         |            |
| TIVICAY                    | 2         |            |
| TRIUMEQ                    | 2         |            |
| TRUVADA                    | E         |            |
| valacyclovir hcl oral      | 1         | QL         |
| VALTREX                    | E         |            |
| VEMLIDY                    | E         |            |
| VOCABRIA                   | E         |            |
| VOSEVI                     | 2         | PA; SP; QL |
| XOFLUZA (40 MG DOSE)       | 3         | QL         |
| XOFLUZA (80 MG DOSE)       | 3         | QL         |
| ZOVIRAX                    | E         |            |

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  |
|-----------------------------------------------------------------|-----------|--------|
| <b>Anxiolytics - Drugs for Anxiety</b>                          |           |        |
| alprazolam oral tablet                                          | 1         | QL     |
| ATIVAN ORAL                                                     | E         |        |
| buspirone hcl oral                                              | 1         |        |
| clonazepam oral tablet                                          | 1         | QL     |
| diazepam oral tablet                                            | 1         |        |
| hydroxyzine hcl oral tablet                                     | 1         |        |
| hydroxyzine pamoate oral                                        | 1         |        |
| KLONOPIN                                                        | E         |        |
| lorazepam oral tablet                                           | 1         | QL     |
| LOREEV XR                                                       | E         |        |
| triazolam                                                       | 1         | QL     |
| VALIUM                                                          | E         |        |
| XANAX                                                           | E         |        |
| XANAX XR                                                        | E         |        |
| <b>Bipolar Agents - Drugs for Mood Disorders</b>                |           |        |
| lithium carbonate er                                            | 1         |        |
| lithium carbonate oral capsule                                  | 1         |        |
| <b>Blood Products and Modifiers - Drugs for Blood Disorders</b> |           |        |
| ADVATE                                                          | 2         | SP     |
| ADYNOVATE                                                       | 3         | SP     |
| AFSTYLA                                                         | 3         | SP     |
| ARANESP (ALBUMIN FREE)                                          | 2         | PA; SP |
| DOPTLET                                                         | 3         | PA; SP |
| ELOCTATE                                                        | 3         | SP     |
| EMPAVELI                                                        | 3         | PA; SP |
| EPOGEN                                                          | E         | SP     |

| Drug Name                                                                 | Drug Tier | Notes  |
|---------------------------------------------------------------------------|-----------|--------|
| ESPEROCT                                                                  | E         | SP     |
| FULPHILA                                                                  | E         | SP     |
| GRANIX                                                                    | E         | SP     |
| JIVI                                                                      | 3         | SP     |
| KOATE                                                                     | 2         | SP     |
| MULPLETA                                                                  | 2         | PA; SP |
| NEULASTA                                                                  | 3         | PA; SP |
| NEULASTA ONPRO                                                            | 3         | PA; SP |
| NEUPOGEN                                                                  | E         | SP     |
| NIVESTYM                                                                  | 2         | PA; SP |
| NOVOEIGHT                                                                 | 2         | SP     |
| NUWIQ                                                                     | 2         | SP     |
| NYVEPRIA                                                                  | E         | SP     |
| PROCRT                                                                    | 2         | PA; SP |
| RECOMBINATE                                                               | 2         | SP     |
| RETACRIT                                                                  | 2         | PA; SP |
| SEVENFACT                                                                 | E         | SP     |
| SOLIRIS                                                                   | 3         | PA; SP |
| TAVALISSE                                                                 | 3         | PA; SP |
| UDENYCA                                                                   | E         | SP     |
| ULTOMIRIS                                                                 | 3         | PA; SP |
| WILATE                                                                    | 2         | SP     |
| XYNTHA                                                                    | 2         | SP     |
| XYNTHA SOLOFUSE                                                           | 2         | SP     |
| ZARXIO                                                                    | 2         | PA; SP |
| ZIEXTENZO                                                                 | 3         | PA; SP |
| <b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b> |           |        |
| ALTACE                                                                    | E         |        |
| amiodarone hcl oral                                                       | 1         |        |
| amlodipine besylate 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 |
|-----------------------------------------------------------------------------------------------------|-----------|-------|
| amlodipine besylate-benazepril hcl                                                                  | 1         |       |
| amlodipine besylate-valsartan                                                                       | 1         |       |
| amlodipine-olmesartan                                                                               | 1         |       |
| ATACAND                                                                                             | E         |       |
| atenolol oral                                                                                       | 1         |       |
| atenolol-chlorthalidone                                                                             | 1         |       |
| atorvastatin calcium oral                                                                           | 1         |       |
| AVAPRO                                                                                              | E         |       |
| AZOR                                                                                                | E         |       |
| benazepril hcl oral                                                                                 | 1         |       |
| BENICAR                                                                                             | E         |       |
| BENICAR HCT                                                                                         | E         |       |
| BIDIL                                                                                               | 3         |       |
| bisoprolol fumarate oral                                                                            | 1         |       |
| bisoprolol-hydrochlorothiazide                                                                      | 1         |       |
| bumetanide oral                                                                                     | 1         |       |
| BYSTOLIC                                                                                            | E         |       |
| candesartan cilexetil                                                                               | 1         |       |
| CARDIZEM LA ORAL<br>TABLET EXTENDED<br>RELEASE 24 HOUR<br>180 MG, 240 MG, 300<br>MG, 360 MG, 420 MG | E         |       |
| cartia xt                                                                                           | 1         |       |
| carvedilol                                                                                          | 1         |       |
| CATAPRES-TTS-1                                                                                      | E         |       |
| CATAPRES-TTS-2                                                                                      | E         |       |
| CATAPRES-TTS-3                                                                                      | E         |       |
| chlorthalidone                                                                                      | 1         |       |
| clonidine hcl oral                                                                                  | 1         |       |
| COLESTID                                                                                            | E         |       |

| Drug Name                                                                    | Drug Tier | Notes  |
|------------------------------------------------------------------------------|-----------|--------|
| COLESTID<br>FLAVORED                                                         | E         |        |
| CONJUPRI                                                                     | E         |        |
| CONSENSI ORAL<br>TABLET 10-200 MG,<br>2.5-200 MG, 5-200 MG                   | E         |        |
| COREG                                                                        | E         |        |
| COREG CR                                                                     | E         |        |
| CORLANOR                                                                     | 3         | PA; QL |
| COZAAR                                                                       | E         |        |
| CRESTOR                                                                      | E         |        |
| digitek                                                                      | 1         |        |
| digox                                                                        | 1         |        |
| digoxin oral tablet                                                          | 1         |        |
| diltiazem hcl er coated<br>beads oral capsule<br>extended release 24<br>hour | 1         |        |
| DIOVAN                                                                       | E         |        |
| DIOVAN HCT                                                                   | E         |        |
| doxazosin mesylate<br>oral                                                   | 1         |        |
| EDARBI                                                                       | 3         | ST     |
| EDARBYCLOR                                                                   | 3         | ST     |
| enalapril maleate oral<br>tablet                                             | 1         |        |
| ENTRESTO                                                                     | 2         | QL     |
| EXFORGE                                                                      | E         |        |
| EXFORGE HCT                                                                  | E         |        |
| ezetimibe                                                                    | 1         |        |
| EZETIMIBE-<br>ROSUVASTATIN                                                   | E         | M      |
| fenofibrate oral tablet                                                      | 1         |        |
| flecainide acetate                                                           | 1         |        |
| furosemide oral tablet                                                       | 1         |        |
| gemfibrozil 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 |
|--------------------------------|-----------|-------|
| guanfacine hcl                 | 1         |       |
| HEMANGEOL                      | 3         |       |
| hydralazine hcl oral           | 1         |       |
| hydrochlorothiazide oral       | 1         |       |
| HYZAAR                         | E         |       |
| icosapent ethyl                | 1         | PA    |
| INDERAL LA                     | E         |       |
| INDERAL XL                     | E         |       |
| INNOPRAN XL                    | E         |       |
| irbesartan                     | 1         |       |
| irbesartan-hydrochlorothiazide | 1         |       |
| isosorbide mononitrate er      | 1         |       |
| KAPSPARGO SPRINKLE             | E         |       |
| KATERZIA                       | E         |       |
| labetalol hcl oral             | 1         |       |
| LASIX                          | E         |       |
| LEQVIO                         | E         |       |
| LESCOL XL                      | E         |       |
| LEVAMLODIPINE MALEATE          | E         | M     |
| LIPITOR                        | E         |       |
| lisinopril oral                | 1         |       |
| lisinopril-hydrochlorothiazide | 1         |       |
| LIVALO                         | E         |       |
| losartan potassium oral        | 1         |       |
| losartan potassium-hctz        | 1         |       |
| LOTREL                         | E         |       |
| lovastatin oral                | 1         |       |
| LOVAZA                         | E         |       |
| metoprolol succinate er        | 1         |       |
| metoprolol tartrate oral       | 1         |       |

| Drug Name                     | Drug Tier | Notes  |
|-------------------------------|-----------|--------|
| MICARDIS                      | E         |        |
| MICARDIS HCT                  | E         |        |
| MULTAQ                        | 3         |        |
| nadolol oral                  | 1         |        |
| nebivolol hcl                 | 1         |        |
| NEXLETOL                      | 2         | PA; QL |
| NEXLIZET                      | 2         | PA; QL |
| NIASPAN                       | E         |        |
| nifedipine er                 | 1         |        |
| nifedipine er osmotic release | 1         |        |
| nitroglycerin sublingual      | 1         |        |
| NITROSTAT                     | E         |        |
| NORVASC                       | E         |        |
| olmesartan medoxomil oral     | 1         |        |
| olmesartan medoxomil-hctz     | 1         |        |
| omega-3-acid ethyl esters     | 1         |        |
| PRALUENT                      | E         |        |
| pravastatin sodium            | 1         |        |
| prazosin hcl oral             | 1         |        |
| propranolol hcl er            | 1         |        |
| propranolol hcl oral tablet   | 1         |        |
| QUESTRAN                      | E         |        |
| QUESTRAN LIGHT                | E         |        |
| ramipril                      | 1         |        |
| RANEXA                        | E         |        |
| ranolazine er                 | 1         |        |
| REPATHA                       | 2         | PA; QL |
| REPATHA PUSHTRONEX SYSTEM     | 2         | 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  |
|-----------------------------------------------------------------------------|-----------|--------|
| REPATHA SURECLICK                                                           | 2         | PA; QL |
| rosuvastatin calcium                                                        | 1         |        |
| ROSZET                                                                      | E         |        |
| simvastatin oral                                                            | 1         |        |
| SOAANZ                                                                      | E         |        |
| spironolactone oral                                                         | 1         |        |
| TEKTURNA                                                                    | 2         |        |
| TEKTURNA HCT                                                                | 2         | ST     |
| telmisartan                                                                 | 1         |        |
| telmisartan-hctz                                                            | 1         |        |
| TENORMIN                                                                    | E         |        |
| TIKOSYN                                                                     | E         |        |
| TOPROL XL                                                                   | E         |        |
| torse mide                                                                  | 1         |        |
| triamterene-hctz                                                            | 1         |        |
| TRIBENZOR                                                                   | E         |        |
| TRICOR                                                                      | E         |        |
| valsartan oral tablet                                                       | 1         |        |
| valsartan-hydrochlorothiazide                                               | 1         |        |
| VASCEPA                                                                     | 2         | PA     |
| verapamil hcl er oral tablet extended release                               | 1         |        |
| VERQUVO                                                                     | 3         | PA; QL |
| VYTORIN                                                                     | E         |        |
| WELCHOL                                                                     | E         |        |
| ZESTRIL                                                                     | E         |        |
| ZETIA                                                                       | E         |        |
| ZOCOR                                                                       | E         |        |
| ZYPITAMAG                                                                   | E         |        |
| <b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b> |           |        |
| ADDERALL                                                                    | E         |        |

| Drug Name                                           | Drug Tier | Notes  |
|-----------------------------------------------------|-----------|--------|
| ADDERALL XR                                         | 1         | QL     |
| ADHANSIA XR                                         | E         |        |
| ADZENYS XR-ODT                                      | E         |        |
| amphetamine-dextroamphetamine                       | 1         | QL     |
| amphetamine-dextroamphetamine er                    | E         |        |
| atomoxetine hcl                                     | 1         | QL     |
| AZSTARYS                                            | 3         | ST; QL |
| CONCERTA                                            | E         |        |
| COTEMPLA XR-ODT                                     | E         |        |
| DAYTRANA                                            | E         |        |
| dexmethylphenidate hcl                              | 1         | QL     |
| dexmethylphenidate hcl er                           | 1         | QL     |
| DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE        | E         |        |
| EVEKEO                                              | E         |        |
| FOCALIN                                             | E         |        |
| FOCALIN XR                                          | E         |        |
| guanfacine hcl er                                   | 1         |        |
| INTUNIV                                             | E         |        |
| JORNAY PM                                           | 3         | ST; QL |
| methylphenidate hcl er (cd)                         | 1         | QL     |
| methylphenidate hcl er (la)                         | 1         | QL     |
| methylphenidate hcl er (osm)                        | 1         | QL     |
| methylphenidate hcl er (xr)                         | 1         | QL     |
| methylphenidate hcl er oral tablet extended release | 1         | QL     |
| methylphenidate hcl oral tablet                     | 1         | QL     |

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

| Drug Name                                                           | Drug Tier | Notes      |
|---------------------------------------------------------------------|-----------|------------|
| MYDAYIS                                                             | E         |            |
| QELBREE                                                             | E         |            |
| QUILLICHEW ER                                                       | E         |            |
| QUILLIVANT XR                                                       | E         |            |
| RELEXXII                                                            | 3         | ST; QL     |
| RITALIN                                                             | E         |            |
| RITALIN LA                                                          | E         |            |
| STRATTERA                                                           | E         |            |
| VYVANSE                                                             | 2         | QL         |
| ZENZEDI                                                             | E         |            |
| <b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b> |           |            |
| AMPYRA                                                              | 3         | PA; SP; QL |
| AUBAGIO                                                             | 3         | PA; SP; QL |
| AVONEX PEN                                                          | 2         | PA; SP; QL |
| AVONEX PREFILLED                                                    | 2         | PA; SP; QL |
| BAFIERTAM                                                           | 2         | PA; SP; QL |
| BETASERON                                                           | 2         | PA; SP; QL |
| COPAXONE                                                            | 2         | PA; SP; QL |
| dimethyl fumarate oral                                              | 1         | PA; SP; QL |
| EXTAVIA                                                             | E         | SP         |
| GILENYA                                                             | 3         | PA; SP; QL |
| glatiramer acetate                                                  | 1         | PA; SP; QL |
| glatopa                                                             | 1         | PA; SP; QL |
| KESIMPTA                                                            | 2         | PA; SP; QL |
| MAVENCLAD                                                           | 3         | PA; SP     |
| MAYZENT                                                             | 3         | PA; SP; QL |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG               | 3         | PA; SP; QL |
| PLEGRIDY                                                            | E         | SP         |
| PLEGRIDY STARTER PACK                                               | E         | SP         |

| Drug Name                                            | Drug Tier | Notes      |
|------------------------------------------------------|-----------|------------|
| PONVORY                                              | E         | SP         |
| PONVORY STARTER PACK                                 | E         | SP         |
| REBIF                                                | E         | SP         |
| REBIF REBIDOSE                                       | E         | SP         |
| REBIF REBIDOSE TITRATION PACK                        | E         | SP         |
| REBIF TITRATION PACK                                 | E         | SP         |
| TECFIDERA                                            | E         | SP         |
| VUMERITY                                             | 2         | PA; SP; QL |
| ZEPOSIA                                              | 3         | PA; SP; QL |
| ZEPOSIA 7-DAY STARTER PACK                           | 3         | PA; SP; QL |
| ZEPOSIA STARTER KIT                                  | 3         | PA; SP; QL |
| <b>Central Nervous System Agents - Miscellaneous</b> |           |            |
| ADDYI                                                | 3         | PA; ++; QL |
| ADIPEX-P                                             | E         |            |
| AUSTEDO                                              | 3         | PA; SP; QL |
| CONTRACE                                             | E         |            |
| EXSERVAN                                             | E         |            |
| GRALISE                                              | 3         | ST; QL     |
| HORIZANT                                             | 3         | PA; QL     |
| IMCIVREE                                             | E         | SP         |
| INGREZZA                                             | 3         | PA; SP; QL |
| LYRICA                                               | E         |            |
| LYRICA CR                                            | E         |            |
| phentermine hcl oral tablet                          | 1         | PA; ++     |
| pregabalin oral capsule                              | 1         | QL         |
| QSYMIA                                               | 3         | PA; ++     |
| SAXENDA                                              | 3         | PA; ++; QL |
| TEGSEDI                                              | 3         | PA; SP     |

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      |
|-----------------------------------------------------------------------|-----------|------------|
| TIGLUTIK                                                              | 3         | PA; QL     |
| VYLEESI                                                               | 3         | PA; ++; QL |
| WEGOVY                                                                | 3         | PA; ++; QL |
| <b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b> |           |            |
| chlorhexidine gluconate mouth/throat                                  | 1         |            |
| lidocaine hcl mouth/throat                                            | 1         |            |
| lidocaine viscous hcl                                                 | 1         |            |
| periogard                                                             | 1         |            |
| <b>Dermatological Agents - Drugs for Skin Conditions</b>              |           |            |
| ABSORICA                                                              | E         |            |
| ABSORICA LD                                                           | 3         | PA         |
| ACANYA                                                                | E         |            |
| accutane                                                              | 1         | PA         |
| ACZONE                                                                | E         |            |
| adapalene-benzoyl peroxide external gel                               | 1         |            |
| ADBRY                                                                 | 2         | PA; SP; QL |
| AKLIEF                                                                | E         |            |
| ALA SCALP                                                             | E         |            |
| ala-cort                                                              | 1         |            |
| amnesteem                                                             | 1         | PA         |
| AMZEEQ                                                                | 3         |            |
| APEXICON E                                                            | E         |            |
| ARAZLO                                                                | E         |            |
| AVITA                                                                 | E         |            |
| azelaic acid external                                                 | 1         |            |
| BENZAMYCIN                                                            | E         |            |
| betamethasone dipropionate external cream                             | 1         |            |

| Drug Name                                                    | Drug Tier | Notes  |
|--------------------------------------------------------------|-----------|--------|
| CALCIPOTRIENE EXTERNAL FOAM                                  | E         | M      |
| CAPEX                                                        | E         |        |
| CIBINQO                                                      | 2         | PA; SP |
| claravis                                                     | 1         | PA     |
| clindacin etz external swab                                  | 1         |        |
| clindacin-p                                                  | 1         |        |
| CLINDAGEL                                                    | E         |        |
| clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 % | 1         |        |
| clindamycin phosphate external gel                           | 1         |        |
| clindamycin phosphate external lotion                        | 1         |        |
| clindamycin phosphate external solution                      | 1         |        |
| clindamycin phosphate external swab                          | 1         |        |
| clobetasol propionate external cream                         | 1         |        |
| clobetasol propionate external ointment                      | 1         |        |
| clobetasol propionate external solution                      | 1         |        |
| CLOBEX                                                       | E         |        |
| CLOBEX SPRAY                                                 | E         |        |
| CLODERM                                                      | E         |        |
| CORDRAN EXTERNAL TAPE                                        | E         |        |
| DIFFERIN EXTERNAL CREAM                                      | E         |        |
| DIFFERIN EXTERNAL GEL 0.3 %                                  | E         |        |
| DIFFERIN EXTERNAL LOTION                                     | E         |        |
| DUOBRII                                                      | E         |        |

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      |
|---------------------------------------------|-----------|------------|
| DUPIXENT                                    | 2         | PA; SP; QL |
| ELIDEL                                      | E         |            |
| ENSTILAR                                    | 3         | QL         |
| EPIDUO                                      | E         |            |
| EPIDUO FORTE                                | 3         |            |
| EUCRISA                                     | 2         | ST         |
| FABIOR                                      | E         |            |
| FINACEA EXTERNAL FOAM                       | 3         |            |
| FINACEA EXTERNAL GEL                        | 3         | ST         |
| fluocinonide external solution              | 1         |            |
| fluorouracil external cream 5 %             | 1         |            |
| HALOBETASOL PROPIONATE EXTERNAL FOAM        | E         | M          |
| HALOG EXTERNAL CREAM                        | E         |            |
| HALOG EXTERNAL OINTMENT                     | E         |            |
| hydrocortisone external cream 1 %, 2.5 %    | 1         |            |
| hydrocortisone external ointment 1 %, 2.5 % | 1         |            |
| imiquimod external cream 3.75 %             | 1         | ST         |
| imiquimod external cream 5 %                | 1         |            |
| imiquimod pump                              | 1         | ST         |
| IMPEKLO                                     | E         |            |
| IMPOYZ                                      | E         |            |
| isotretinoin oral                           | 1         | PA         |
| KENALOG EXTERNAL                            | E         |            |
| KLISYRI                                     | 3         | ST         |
| LEXETTE                                     | E         |            |

| Drug Name                                      | Drug Tier | Notes  |
|------------------------------------------------|-----------|--------|
| METROGEL                                       | E         |        |
| metronidazole external cream                   | 1         |        |
| metronidazole external gel                     | 1         |        |
| MIRVASO                                        | 3         |        |
| mometasone furoate external cream              | 1         |        |
| myorisan                                       | 1         | PA     |
| NORITATE                                       | E         |        |
| ONEXTON                                        | 3         |        |
| OPZELURA                                       | E         |        |
| ORACEA                                         | E         |        |
| PANDEL                                         | E         |        |
| PROPECIA                                       | E         |        |
| QBREXZA                                        | 3         | QL     |
| RETIN-A                                        | E         |        |
| RETIN-A MICRO GEL 0.04 %, 0.1 %                | E         |        |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %  | E         |        |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % | 2         | PA; ++ |
| RHOFADE                                        | 3         |        |
| rosadan external cream                         | 1         |        |
| rosadan external gel                           | 1         |        |
| SANTYL                                         | 3         | QL     |
| SOOLANTRA                                      | 3         |        |
| SORILUX                                        | E         |        |
| TACLONEX EXTERNAL OINTMENT                     | E         |        |
| TACLONEX EXTERNAL SUSPENSION                   | 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  |
|-------------------------------------------|-----------|--------|
| tacrolimus external                       | 1         | QL     |
| TAZAROTENE EXTERNAL FOAM                  | E         |        |
| TAZORAC                                   | E         |        |
| TOPICORT SPRAY                            | E         |        |
| tretinoin external cream                  | 1         | PA; ++ |
| triamcinolone acetonide external cream    | 1         |        |
| triamcinolone acetonide external ointment | 1         |        |
| triamcinolone in absorbbase               | 1         |        |
| TRIANEX                                   | E         |        |
| triderm                                   | 1         |        |
| tritocin                                  | 1         |        |
| ULTRAVATE                                 | E         |        |
| VECTICAL                                  | E         |        |
| VELTIN                                    | E         |        |
| VERDESO                                   | E         |        |
| WINLEVI                                   | E         |        |
| WYNZORA                                   | E         |        |
| zenatane                                  | 1         | PA     |
| ZIANA                                     | E         |        |
| ZILXI                                     | 3         | ST     |
| ZYCLARA                                   | E         |        |
| ZYCLARA PUMP                              | E         |        |
| <b>Diabetes - Antidiabetic Agents</b>     |           |        |
| ADLYXIN                                   | E         |        |
| ADLYXIN STARTER PACK                      | E         |        |
| ALOGLIPTIN BENZOATE                       | E         | M      |
| ALOGLIPTIN-METFORMIN HCL                  | E         | M      |

| Drug Name                                         | Drug Tier | Notes  |
|---------------------------------------------------|-----------|--------|
| ALOGLIPTIN-PIOGLITAZONE                           | E         | M      |
| BYDUREON BCISE AUTOINJECTOR                       | 2         | PA; QL |
| BYETTA 10 MCG PEN                                 | 2         | PA; QL |
| BYETTA 5 MCG PEN                                  | 2         | PA; QL |
| FARXIGA                                           | 2         | ST     |
| glimepiride                                       | 1         |        |
| glipizide er                                      | 1         |        |
| glipizide ir                                      | 1         |        |
| glipizide xl                                      | 1         |        |
| GLUMETZA                                          | E         |        |
| glyburide oral                                    | 1         |        |
| GLYXAMBI                                          | 2         | ST     |
| INVOKAMET                                         | E         |        |
| INVOKAMET XR                                      | E         |        |
| INVOKANA                                          | E         |        |
| JANUMET                                           | 2         | ST     |
| JANUMET XR                                        | 2         | ST     |
| JANUVIA                                           | 2         | ST     |
| JARDIANCE                                         | 2         | ST     |
| JENTADUETO                                        | 2         | ST     |
| JENTADUETO XR                                     | 2         | ST     |
| KAZANO                                            | E         |        |
| KOMBIGLYZE XR                                     | E         |        |
| metformin hcl er                                  | 1         |        |
| metformin hcl er (mod)                            | E         |        |
| metformin hcl er (osm)                            | E         |        |
| metformin hcl oral tablet 1000 mg, 500 mg, 850 mg | 1         |        |
| metformin hcl oral tablet 625 mg                  | 1         | PA     |
| NESINA                                            | E         |        |
| ONGLYZA                                           | E         |        |

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  |
|--------------------------------------|-----------|--------|
| OSENI                                | E         |        |
| OZEMPIC                              | 2         | PA; QL |
| pioglitazone hcl                     | 1         |        |
| QTERN                                | E         |        |
| RYBELSUS                             | 2         | PA; QL |
| SEGLUROMET                           | E         |        |
| SOLIQUA                              | 2         | ST; QL |
| STEGLATRO                            | E         |        |
| STEGLUJAN                            | E         |        |
| SYMLINPEN 120                        | 3         | PA     |
| SYMLINPEN 60                         | 3         | PA     |
| SYNJARDY                             | 2         | ST     |
| SYNJARDY XR                          | 2         | ST     |
| TRADJENTA                            | 2         | ST     |
| TRIJARDY XR                          | 2         | ST     |
| TRULICITY                            | 2         | PA; QL |
| VICTOZA                              | 2         | PA; QL |
| XIGDUO XR                            | 2         | ST     |
| <b>Diabetes - Glucose Monitoring</b> |           |        |
| ACCU-CHEK FASTCLIX LANCET KIT        | 2         | ++     |
| ACCU-CHEK GUIDE TEST STRIPS          | E         |        |
| ACCU-CHEK GUIDE KIT W/DEVICE         | E         |        |
| ACCU-CHEK SOFTCLIX LANCET DEVICE KIT | 2         | ++     |
| CEQUR SIMPLICITY 2U KIT              | 2         | ++     |
| CEQUR SIMPLICITY STARTER KIT         | 2         | ++     |
| CONTOUR MONITOR KIT W/DEVICE         | 2         | ++     |

| Drug Name                         | Drug Tier | Notes  |
|-----------------------------------|-----------|--------|
| CONTOUR NEXT EZ KIT W/DEVICE      | 2         | ++     |
| CONTOUR NEXT GEN MONITOR          | 2         | ++     |
| CONTOUR NEXT LINK KIT W/DEVICE    | 2         | ++     |
| CONTOUR NEXT MONITOR KIT W/DEVICE | 2         | ++     |
| CONTOUR NEXT ONE KIT              | 2         | ++     |
| CONTOUR NEXT TEST STRIPS          | 2         | ++; QL |
| CONTOUR TEST STRIPS               | 2         | ++; QL |
| DEXCOM G6 RECEIVER                | 2         | PA; ++ |
| DEXCOM G6 SENSOR                  | 2         | PA; ++ |
| DEXCOM G6 TRANSMITTER             | 2         | PA; ++ |
| FREESTYLE LIBRE 14 DAY READER     | E         |        |
| FREESTYLE LIBRE 14 DAY SENSOR     | E         |        |
| FREESTYLE LIBRE 2 READER          | E         |        |
| FREESTYLE LIBRE 2 SENSOR          | E         |        |
| FREESTYLE LIBRE 3 SENSOR          | E         |        |
| GHT BLOOD GLUCOSE MONITOR         | E         |        |
| GUARDIAN CONNECT TRANSMITTER      | 3         | PA; ++ |
| GUARDIAN LINK 3 TRANSMITTER       | 3         | PA; ++ |
| GUARDIAN SENSOR (3)               | 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             |
|-------------------------------------|-----------|-------------------|
| GUARDIAN SENSOR 3                   | 3         | PA; ++            |
| ONETOUCH VERIO KIT W/DEVICE         | E         |                   |
| ONETOUCH VERIO FLEX SYSTEM          | E         |                   |
| ONETOUCH VERIO TEST STRIPS          | E         |                   |
| ONETOUCH VERIO IQ SYSTEM            | E         |                   |
| ONETOUCH VERIO REFLECT KIT W/DEVICE | E         |                   |
| TGT BLOOD GLUCOSE MONITORING        | E         |                   |
| <b>Diabetes - Glycemic Agents</b>   |           |                   |
| BAQSIMI ONE PACK                    | 2         |                   |
| BAQSIMI TWO PACK                    | 2         |                   |
| GLUCAGEN HYPOKIT                    | E         |                   |
| GLUCAGON EMERGENCY KIT              | E         | Made by Lilly     |
| GLUCAGON EMERGENCY KIT              | 2         | Made by Fresenius |
| GVOKE HYPOPEN 1-PACK                | E         |                   |
| GVOKE HYPOPEN 2-PACK                | E         |                   |
| GVOKE KIT                           | E         |                   |
| GVOKE PFS                           | E         |                   |
| ZEGALOGUE                           | 2         |                   |
| <b>Diabetes - Insulins</b>          |           |                   |
| ADMELOG                             | E         |                   |
| ADMELOG SOLOSTAR                    | E         |                   |
| APIDRA SOLOSTAR                     | E         |                   |
| APIDRA VIAL                         | E         |                   |

| Drug Name                                                                                                                                                         | Drug Tier | Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| BASAGLAR KWIKPEN                                                                                                                                                  | E         |       |
| BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2         | ++    |
| FIASP                                                                                                                                                             | E         |       |
| FIASP FLEXTOUCH                                                                                                                                                   | E         |       |
| FIASP PENFILL                                                                                                                                                     | E         |       |
| HUMALOG                                                                                                                                                           | 2         | ++    |
| HUMALOG KWIKPEN                                                                                                                                                   | 2         | ++    |
| HUMALOG MIX 50/50 KWIKPEN                                                                                                                                         | 2         | ++    |
| HUMALOG MIX 50/50 VIAL                                                                                                                                            | 2         | ++    |
| HUMALOG MIX 75/25 KWIKPEN                                                                                                                                         | 2         | ++    |
| HUMALOG MIX 75/25 VIAL                                                                                                                                            | 2         | ++    |
| HUMALOG U-100 JUNIOR KWIKPEN                                                                                                                                      | 2         | ++    |
| HUMULIN 70/30 KWIKPEN                                                                                                                                             | 2         | ++    |
| HUMULIN 70/30 VIAL                                                                                                                                                | 2         | ++    |
| HUMULIN N KWIKPEN                                                                                                                                                 | 2         | ++    |
| HUMULIN N VIAL                                                                                                                                                    | 2         | ++    |
| HUMULIN R U-500 KWIKPEN                                                                                                                                           | 2         | ++    |
| HUMULIN R U-500 VIAL                                                                                                                                              | 2         | ++    |
| HUMULIN R VIAL                                                                                                                                                    | 2         | ++    |
| INSULIN ASP PROT & ASP FLEXPEN                                                                                                                                    | E         | M     |
| INSULIN ASPART                                                                                                                                                    | E         | M     |

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 |
|-------------------------------|-----------|-------|
| INSULIN ASPART FLEXPEN        | E         | M     |
| INSULIN ASPART PENFILL        | E         | M     |
| INSULIN ASPART PROT & ASPART  | E         | M     |
| INSULIN GLARGINE              | E         |       |
| INSULIN GLARGINE SOLOSTAR     | E         |       |
| INSULIN GLARGINE-YFGN         | E         |       |
| INSULIN LISPRO                | E         | M     |
| INSULIN LISPRO (1 UNIT DIAL)  | E         | M     |
| INSULIN LISPRO JUNIOR KWIKPEN | E         | M     |
| INSULIN LISPRO PROT & LISPRO  | E         | M     |
| LANTUS SOLOSTAR               | 2         | ++    |
| LANTUS U-100 VIAL             | 2         | ++    |
| LEVEMIR U-100 FLEXTOUCH       | E         |       |
| LEVEMIR U-100 VIAL            | E         |       |
| LYUMJEV KWIKPEN               | 2         | ++    |
| LYUMJEV VIAL                  | 2         | ++    |
| NOVOLIN 70/30 FLEXPEN         | E         |       |
| NOVOLIN 70/30 FLEXPEN RELION  | E         |       |
| NOVOLIN 70/30 RELION          | E         |       |
| NOVOLIN 70/30 VIAL            | E         |       |
| NOVOLIN N FLEXPEN             | E         |       |
| NOVOLIN N FLEXPEN RELION      | E         |       |
| NOVOLIN N RELION              | E         |       |
| NOVOLIN N VIAL                | E         |       |

| Drug Name                                          | Drug Tier | Notes |
|----------------------------------------------------|-----------|-------|
| NOVOLIN R FLEXPEN                                  | E         |       |
| NOVOLIN R FLEXPEN RELION                           | E         |       |
| NOVOLIN R RELION                                   | E         |       |
| NOVOLIN R VIAL                                     | E         |       |
| NOVOLOG 70/30 FLEXPEN RELION                       | E         |       |
| NOVOLOG FLEXPEN                                    | E         |       |
| NOVOLOG FLEXPEN RELION                             | E         |       |
| NOVOLOG MIX 70/30 FLEXPEN                          | E         |       |
| NOVOLOG MIX 70/30 RELION                           | E         |       |
| NOVOLOG MIX 70/30 VIAL                             | E         |       |
| NOVOLOG PENFILL                                    | E         |       |
| NOVOLOG RELION                                     | E         |       |
| NOVOLOG U-100 VIAL                                 | E         |       |
| SEMGLEE (YFGN)                                     | E         |       |
| TOUJEO MAX SOLOSTAR                                | 2         | ++    |
| TOUJEO SOLOSTAR                                    | 2         | ++    |
| TRESIBA                                            | E         |       |
| TRESIBA FLEXTOUCH                                  | E         |       |
| <b>Electrolytes / Minerals / Metals / Vitamins</b> |           |       |
| ACCRUFER                                           | E         |       |
| CARNITOR ORAL                                      | E         |       |
| CARNITOR SF                                        | E         |       |
| cyanocobalamin injection solution 1000 mcg/ml      | 1         | ++    |
| ergocalciferol oral capsule                        | 1         | ++    |

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

| Drug Name                                                              | Drug Tier | Notes  |
|------------------------------------------------------------------------|-----------|--------|
| folic acid oral tablet 1 mg                                            | 1         | ++     |
| JYNARQUE                                                               | E         | SP     |
| klor-con 10                                                            | 1         |        |
| klor-con m10                                                           | 1         |        |
| klor-con m15                                                           | 1         |        |
| klor-con m20                                                           | 1         |        |
| klor-con oral tablet extended release                                  | 1         |        |
| K-TAB                                                                  | E         |        |
| LOKELMA                                                                | 3         |        |
| NASCOBAL                                                               | 3         | ++     |
| potassium chloride crystal                                             | 1         |        |
| potassium chloride er                                                  | 1         |        |
| potassium citrate er                                                   | 1         |        |
| VELTASSA                                                               | 3         |        |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | 1         | ++     |
| <b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>       |           |        |
| ACIPHEX                                                                | E         |        |
| CARAFATE ORAL TABLET                                                   | E         |        |
| DEXILANT                                                               | 2         | ++; QL |
| DEXLANSOPRAZOLE                                                        | E         | M      |
| famotidine oral suspension reconstituted                               | 1         | ++     |
| famotidine oral tablet 20 mg, 40 mg                                    | 1         | ++     |
| lansoprazole oral capsule delayed release                              | 1         | ++; QL |
| misoprostol oral                                                       | 1         |        |

| Drug Name                                                                          | Drug Tier | Notes  |
|------------------------------------------------------------------------------------|-----------|--------|
| NEXIUM ORAL CAPSULE DELAYED RELEASE                                                | E         |        |
| omeprazole oral capsule delayed release                                            | 1         | QL     |
| omeprazole-sodium bicarbonate                                                      | E         |        |
| pantoprazole sodium oral tablet delayed release                                    | 1         | QL     |
| PREVACID                                                                           | E         |        |
| PREVACID SOLUTAB                                                                   | E         |        |
| PROTONIX ORAL TABLET DELAYED RELEASE                                               | E         |        |
| RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE                                           | E         | M      |
| rabeprazole sodium oral tablet delayed release                                     | 1         | ++; QL |
| sucralfate oral                                                                    | 1         |        |
| ZEGERID                                                                            | E         |        |
| <b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b> |           |        |
| AMITIZA                                                                            | E         |        |
| CLENPIQ                                                                            | 3         |        |
| constulose                                                                         | 1         |        |
| DARTISLA ODT                                                                       | E         |        |
| dicyclomine hcl oral capsule                                                       | 1         |        |
| dicyclomine hcl oral tablet                                                        | 1         |        |
| diphenoxylate-atropine oral tablet                                                 | 1         |        |
| gavilyte-g                                                                         | 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  |
|----------------------------------------------------------------|-----------|--------|
| gavilyte-n with flavor pack oral solution reconstituted 420 gm | 1         |        |
| glycopyrrolate oral tablet 1 mg, 2 mg                          | 1         | QL     |
| GOLYTELY                                                       | E         |        |
| hyoscyamine sulfate sl                                         | 1         |        |
| hyoscyamine sulfate sublingual                                 | 1         |        |
| lactulose oral solution                                        | 1         |        |
| LINZESS                                                        | 2         | ST; QL |
| LUBIPROSTONE                                                   | E         | M      |
| MOTEGRITY                                                      | 3         | ST; QL |
| MOTOFEN                                                        | E         |        |
| MOVANTIK                                                       | E         |        |
| MOVIPREP                                                       | E         |        |
| OMECLAMOX-PAK                                                  | 2         |        |
| OSMOPREP                                                       | E         |        |
| peg 3350-kcl-na bicarb-nacl                                    | 1         |        |
| peg-3350/electrolytes                                          | 1         |        |
| PLENVU                                                         | E         |        |
| PYLERA                                                         | 2         |        |
| RELISTOR                                                       | E         |        |
| RELTONE                                                        | E         |        |
| SUPREP BOWEL PREP KIT                                          | 3         |        |
| SUTAB                                                          | 3         |        |
| SYMPROIC                                                       | 2         | ST; QL |
| TALICIA                                                        | 3         |        |
| TRULANCE                                                       | E         |        |
| URSODIOL ORAL CAPSULE 200 MG, 400 MG                           | E         | M      |
| VIBERZI                                                        | 3         | PA; QL |

| Drug Name                                                                          | Drug Tier | Notes  |
|------------------------------------------------------------------------------------|-----------|--------|
| <b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b> |           |        |
| AMONDYS 45                                                                         | E         | SP     |
| CERDELGA                                                                           | 3         | PA; SP |
| CREON                                                                              | 2         |        |
| EXONDYS 51                                                                         | E         | SP     |
| KUVAN                                                                              | E         | SP     |
| NITYR                                                                              | 3         | PA; SP |
| ORFADIN                                                                            | 3         | PA; SP |
| PANCREAZE                                                                          | E         |        |
| PERTZYE                                                                            | E         |        |
| STRENSIQ                                                                           | 2         | PA; SP |
| VIOKACE                                                                            | E         |        |
| VYONDYS 53                                                                         | E         | SP     |
| ZENPEP                                                                             | 2         |        |
| ZOLGENSMA                                                                          | 3         | PA; SP |
| <b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>     |           |        |
| AURYXIA                                                                            | E         |        |
| CIALIS                                                                             | E         |        |
| CUPRIMINE                                                                          | E         | SP     |
| DEPEN TITRATABS                                                                    | 2         | SP     |
| ELMIRON                                                                            | E         |        |
| GEMTESA                                                                            | E         |        |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER                                         | E         |        |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR                                     | 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 tablet                             | 1         |        |
| penicillamine oral capsule                                  | E         | SP     |
| phenazo oral tablet 200 mg                                  | 1         |        |
| phenazopyridine hcl oral tablet 100 mg, 200 mg              | 1         |        |
| RENAGEL                                                     | E         |        |
| sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg         | 1         | ++; QL |
| solifenacin succinate                                       | 1         |        |
| STENDRA                                                     | E         |        |
| tadalafil oral                                              | 1         | ++; QL |
| THIOLA                                                      | 3         | SP     |
| THIOLA EC                                                   | 3         | SP     |
| tolterodine tartrate er                                     | 1         |        |
| TOVIAZ                                                      | E         |        |
| VELPHORO                                                    | 3         |        |
| VESICARE                                                    | E         |        |
| VESICARE LS                                                 | E         |        |
| VIAGRA                                                      | E         |        |
| <b>Genitourinary Agents - Drugs for Prostate Conditions</b> |           |        |
| alfuzosin hcl er                                            | 1         |        |
| AVODART                                                     | E         |        |
| dutasteride oral                                            | 1         |        |
| finasteride oral tablet 5 mg                                | 1         |        |
| FLOMAX                                                      | E         |        |
| tamsulosin hcl                                              | 1         |        |
| <b>Hormonal Agents - Adrenal</b>                            |           |        |
| ALKINDI SPRINKLE                                            | E         |        |

| Drug Name                                   | Drug Tier | Notes |
|---------------------------------------------|-----------|-------|
| CORTEF                                      | E         |       |
| dexamethasone oral tablet                   | 1         |       |
| fludrocortisone acetate oral                | 1         |       |
| HEMADY                                      | E         |       |
| hydrocortisone oral                         | 1         |       |
| KENALOG INJECTION SUSPENSION 40 MG/ML       | E         |       |
| methylprednisolone oral                     | 1         |       |
| prednisolone oral                           | 1         |       |
| prednisolone sodium phosphate oral solution | 1         |       |
| prednisone oral tablet                      | 1         |       |
| prednisone oral tablet therapy pack         | 1         |       |
| RAYOS                                       | E         |       |
| <b>Hormonal Agents - Men's Health</b>       |           |       |
| ANDRODERM                                   | 2         | PA    |
| ANDROGEL                                    | E         |       |
| ANDROGEL PUMP                               | E         |       |
| AVEED                                       | E         |       |
| DEPO-TESTOSTERONE                           | E         |       |
| FORTESTA                                    | E         |       |
| JATENZO                                     | E         |       |
| NATESTO                                     | E         |       |
| TESTIM                                      | E         |       |
| TESTOPEL                                    | E         |       |
| testosterone cypionate intramuscular        | 1         | PA    |
| testosterone transdermal gel                | 1         | PA    |
| VOGELXO                                     | E         |       |

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                              |
|--------------------------------------------------|-----------|------------------------------------|
| VOGELXO PUMP                                     | E         |                                    |
| XYOSTED                                          | 3         | PA                                 |
| <b>Hormonal Agents - Pituitary</b>               |           |                                    |
| ACTHAR                                           | 2         | PA; SP                             |
| cabergoline                                      | 1         |                                    |
| CETROTIDE                                        | E         | SP                                 |
| clomiphene citrate oral                          | 1         | ++                                 |
| CORTROPHIN                                       | 2         | PA; SP                             |
| FOLLISTIM AQ                                     | 2         | PA; ++; SP                         |
| ganirelix acetate                                | 1         | PA; Made by Organon/Merc k; ++; SP |
| GENOTROPIN                                       | E         | SP                                 |
| GENOTROPIN MINIQUEL                              | E         | SP                                 |
| GONAL-F                                          | E         | SP                                 |
| GONAL-F RFF                                      | E         | SP                                 |
| GONAL-F RFF REDIRECT                             | E         | SP                                 |
| HUMATROPE                                        | E         | SP                                 |
| ISTURISA                                         | E         | SP                                 |
| LANREOTIDE ACETATE                               | E         | SP                                 |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG  | 2         | PA; SP                             |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG | 2         | PA; SP                             |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG    | 2         | PA; SP                             |

| Drug Name                                                             | Drug Tier | Notes      |
|-----------------------------------------------------------------------|-----------|------------|
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG                         | 2         | PA; SP     |
| MYCAPSSA                                                              | E         | SP         |
| NOC DURNA                                                             | 3         |            |
| NORDITROPIN FLEXP                                                     | 2         | PA; ++; SP |
| NUTROPIN AQ NUSPIN 10                                                 | 2         | PA; ++; SP |
| NUTROPIN AQ NUSPIN 20                                                 | 2         | PA; ++; SP |
| NUTROPIN AQ NUSPIN 5                                                  | 2         | PA; ++; SP |
| OMNITROPE                                                             | E         | SP         |
| ORILISSA                                                              | 2         | PA; QL     |
| OVIDREL                                                               | 3         | PA; ++; SP |
| RECORLEV                                                              | E         | SP         |
| SAIZEN                                                                | E         | SP         |
| SAIZENPREP                                                            | E         | SP         |
| SANDOSTATIN                                                           | E         | SP         |
| SIGNIFOR                                                              | E         | SP         |
| SKYTROFA                                                              | E         | SP         |
| SOMATULINE DEPOT                                                      | 3         | PA; SP     |
| SUPPRELIN LA                                                          | 2         | PA; SP; QL |
| TRIPTODUR                                                             | 3         | PA; SP; QL |
| ZOMACTON                                                              | E         | SP         |
| <b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b> |           |            |
| OSPHEA                                                                | 3         |            |
| <b>Hormonal Agents - Sex Hormones and Birth Control</b>               |           |            |
| afirmelle                                                             | 1         | ++         |
| altavera                                                              | 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  |
|--------------------|-----------|--------|
| alyacen 1/35       | 1         | ++     |
| amabelz            | 1         |        |
| amethia            | 1         | ++; QL |
| ANNOVERA           | 3         | ++; QL |
| apri               | 1         | ++     |
| ashlyna            | 1         | ++; QL |
| aubra              | 1         | ++     |
| aubra eq           | 1         | ++     |
| aurovela 1.5/30    | 1         | ++     |
| aurovela 1/20      | 1         | ++     |
| aurovela 24 fe     | 1         | ++     |
| aurovela fe 1.5/30 | 1         | ++     |
| aurovela fe 1/20   | 1         | ++     |
| aviane             | 1         | ++     |
| ayuna              | 1         | ++     |
| BALCOLTRA          | 3         | ++     |
| balziva            | 1         | ++     |
| BEYAZ              | E         |        |
| BIJUVA             | 3         |        |
| blisovi 24 fe      | 1         | ++     |
| blisovi fe 1.5/30  | 1         | ++     |
| blisovi fe 1/20    | 1         | ++     |
| briellyn           | 1         | ++     |
| camila             | 1         | ++     |
| camrese            | 1         | ++; QL |
| camrese lo         | 1         | ++; QL |
| chateal            | 1         | ++     |
| chateal eq         | 1         | ++     |
| CLIMARA            | E         |        |
| CLIMARA PRO        | 2         |        |
| cryselle-28        | 1         | ++     |
| cyred              | 1         | ++     |
| cyred eq           | 1         | ++     |
| dasetta 1/35       | 1         | ++     |

| Drug Name                                                      | Drug Tier | Notes  |
|----------------------------------------------------------------|-----------|--------|
| daysee                                                         | 1         | ++; QL |
| deblitane                                                      | 1         | ++     |
| DELESTROGEN<br>INTRAMUSCULAR OIL<br>20 MG/ML, 40 MG/ML         | E         |        |
| delyla                                                         | 1         | ++     |
| desogestrel-ethinyl<br>estradiol oral tablet<br>0.15-30 mg-mcg | 1         | ++     |
| DIVIGEL                                                        | 3         |        |
| dotti                                                          | 1         |        |
| drospirenone-ethinyl<br>estradiol                              | 1         | ++     |
| DUAVEE                                                         | 2         |        |
| ELESTRIN                                                       | 3         |        |
| elinest                                                        | 1         | ++     |
| eluryng                                                        | 1         | ++     |
| emoquette                                                      | 1         | ++     |
| ENDOMETRIN                                                     | 2         | ++     |
| enskyce                                                        | 1         | ++     |
| errin                                                          | 1         | ++     |
| estarylla                                                      | 1         | ++     |
| ESTRACE                                                        | E         |        |
| estradiol oral                                                 | 1         |        |
| estradiol transdermal                                          | 1         |        |
| estradiol vaginal                                              | 1         |        |
| estradiol-norethindrone<br>acet                                | 1         |        |
| ESTROGEL                                                       | 3         |        |
| etonogestrel-ethinyl<br>estradiol                              | 1         | ++     |
| EVAMIST                                                        | 3         |        |
| falmina                                                        | 1         | ++     |
| fayosim                                                        | 1         | ++; QL |
| femynor                                                        | 1         | ++     |
| GENERESS FE                                                    | E         |        |

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  |
|----------------------------------------|-----------|--------|
| hailey 1.5/30                          | 1         | ++     |
| hailey 24 fe                           | 1         | ++     |
| hailey fe 1.5/30                       | 1         | ++     |
| hailey fe 1/20                         | 1         | ++     |
| heather                                | 1         | ++     |
| iclevia                                | 1         | ++; QL |
| IMVEXXY<br>MAINTENANCE PACK            | 2         |        |
| IMVEXXY STARTER<br>PACK                | 2         |        |
| incassia                               | 1         | ++     |
| introvale                              | 1         | ++; QL |
| isibloom                               | 1         | ++     |
| jaimiess                               | 1         | ++; QL |
| jasmiel                                | 1         | ++     |
| jencycla                               | 1         | ++     |
| jolessa                                | 1         | ++; QL |
| juleber                                | 1         | ++     |
| junel 1.5/30                           | 1         | ++     |
| junel 1/20                             | 1         | ++     |
| junel fe 1.5/30                        | 1         | ++     |
| junel fe 1/20                          | 1         | ++     |
| junel fe 24                            | 1         | ++     |
| kalliga                                | 1         | ++     |
| kurvelo                                | 1         | ++     |
| larin 1.5/30                           | 1         | ++     |
| larin 1/20                             | 1         | ++     |
| larin 24 fe                            | 1         | ++     |
| larin fe 1.5/30                        | 1         | ++     |
| larin fe 1/20                          | 1         | ++     |
| larissia oral tablet 0.1-<br>20 mg-mcg | 1         | ++     |
| lessina                                | 1         | ++     |
| levonorgest-eth est &<br>eth est       | 1         | ++; QL |

| Drug Name                                                                            | Drug Tier | Notes  |
|--------------------------------------------------------------------------------------|-----------|--------|
| levonorgest-eth estrad<br>91-day                                                     | 1         | ++; QL |
| levonorgestrel-ethinyl<br>estradiol oral tablet 0.1-20<br>mg-mcg, 0.15-30 mg-<br>mcg | 1         | ++     |
| levora 0.15/30 (28)                                                                  | 1         | ++     |
| LO LOESTRIN FE                                                                       | E         |        |
| LOESTRIN 1.5/30 (21)                                                                 | E         |        |
| LOESTRIN 1/20 (21)                                                                   | E         |        |
| LOESTRIN FE 1.5/30                                                                   | E         |        |
| LOESTRIN FE 1/20                                                                     | E         |        |
| lojaimiess                                                                           | 1         | ++; QL |
| loryna                                                                               | 1         | ++     |
| low-ogestrel                                                                         | 1         | ++     |
| lo-zumandimine                                                                       | 1         | ++     |
| luteria                                                                              | 1         | ++     |
| lyleq                                                                                | 1         | ++     |
| lyllana                                                                              | 1         |        |
| lyza                                                                                 | 1         | ++     |
| MAKENA                                                                               | 2         | PA; SP |
| marlissa                                                                             | 1         | ++     |
| medroxyprogesterone<br>acetate intramuscular                                         | 1         | ++; QL |
| medroxyprogesterone<br>acetate oral                                                  | 1         |        |
| microgestin 1.5/30                                                                   | 1         | ++     |
| microgestin 1/20                                                                     | 1         | ++     |
| microgestin 24 fe                                                                    | 1         | ++     |
| microgestin fe 1.5/30                                                                | 1         | ++     |
| microgestin fe 1/20                                                                  | 1         | ++     |
| mili                                                                                 | 1         | ++     |
| mimvey                                                                               | 1         |        |
| MINASTRIN 24 FE                                                                      | E         |        |
| MIRENA (52 MG)                                                                       | 3         | ++     |
| mono-lynyah                                                                          | 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  |
|---------------------------------------------|-----------|--------|
| MYFEMBREE                                   | 2         | PA; QL |
| NATAZIA                                     | 2         | ++     |
| necon 0.5/35 (28)                           | 1         | ++     |
| NEXTSTELLIS                                 | E         |        |
| nikki                                       | 1         | ++     |
| nora-be                                     | 1         | ++     |
| norethin ace-eth<br>estradiol oral tablet   | 1         | ++     |
| norethindrone acetate<br>oral               | 1         |        |
| norethindrone acet-<br>ethinyl est          | 1         | ++     |
| norethindrone oral                          | 1         | ++     |
| norgestimate-eth<br>estradiol               | 1         | ++     |
| norgestimate-ethinyl<br>estradiol triphasic | 1         | ++     |
| norlyroc                                    | 1         | ++     |
| nortrel 0.5/35 (28)                         | 1         | ++     |
| nortrel 1/35 (21)                           | 1         | ++     |
| nortrel 1/35 (28)                           | 1         | ++     |
| nylia 1/35                                  | 1         | ++     |
| nymyo                                       | 1         | ++     |
| ocella                                      | 1         | ++     |
| ORIAHNN                                     | 2         | PA; QL |
| philith                                     | 1         | ++     |
| pirmella 1/35                               | 1         | ++     |
| portia-28                                   | 1         | ++     |
| PREMARIN ORAL                               | 2         |        |
| PREMARIN VAGINAL                            | 2         |        |
| PREMPHASE                                   | 2         |        |
| PREMPRO                                     | 2         |        |
| progesterone oral                           | 1         |        |
| PROMETRIUM                                  | E         |        |
| reclipsen                                   | 1         | ++     |

| Drug Name         | Drug Tier | Notes  |
|-------------------|-----------|--------|
| rivelsa           | 1         | ++; QL |
| SAFYRAL           | E         |        |
| SEASONIQUE        | E         |        |
| setlakin          | 1         | ++; QL |
| sharobel          | 1         | ++     |
| simpesse          | 1         | ++; QL |
| SLYND             | E         |        |
| sprintec 28       | 1         | ++     |
| sronyx            | 1         | ++     |
| syeda             | 1         | ++     |
| tarina 24 fe      | 1         | ++     |
| tarina fe 1/20    | 1         | ++     |
| tarina fe 1/20 eq | 1         | ++     |
| tri femynor       | 1         | ++     |
| tri-estarylla     | 1         | ++     |
| tri-linyah        | 1         | ++     |
| tri-lo-estarylla  | 1         | ++     |
| tri-lo-marzia     | 1         | ++     |
| tri-lo-mili       | 1         | ++     |
| tri-lo-sprintec   | 1         | ++     |
| tri-mili          | 1         | ++     |
| tri-nymyo         | 1         | ++     |
| tri-sprintec      | 1         | ++     |
| tri-vylibra       | 1         | ++     |
| tri-vylibra lo    | 1         | ++     |
| TWIRLA            | E         |        |
| VAGIFEM           | E         |        |
| vestura           | 1         | ++     |
| vienva            | 1         | ++     |
| VIVELLE-DOT       | E         |        |
| vyfemla           | 1         | ++     |
| vylibra           | 1         | ++     |
| wera              | 1         | ++     |
| xulane            | 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      |
|----------------------------------------------------------------------------------|-----------|------------|
| YASMIN 28                                                                        | E         |            |
| YAZ                                                                              | E         |            |
| yuvaferm                                                                         | 1         |            |
| zafemy                                                                           | 1         | ++         |
| zumandimine                                                                      | 1         | ++         |
| <b>Hormonal Agents - Thyroid</b>                                                 |           |            |
| ARMOUR THYROID                                                                   | 3         | ST         |
| CYTOMEL                                                                          | E         |            |
| euthyrox                                                                         | 1         |            |
| levo-t                                                                           | 1         |            |
| LEVOTHYROXINE SODIUM ORAL CAPSULE                                                | E         | M          |
| levothyroxine sodium oral tablet                                                 | 1         |            |
| levoxyl                                                                          | 1         |            |
| liothyronine sodium oral                                                         | 1         |            |
| methimazole oral                                                                 | 1         |            |
| np thyroid                                                                       | 1         |            |
| SYNTHROID                                                                        | E         |            |
| THYQUIDITY                                                                       | E         |            |
| TIROSINT                                                                         | E         |            |
| TIROSINT-SOL                                                                     | E         |            |
| unithroid                                                                        | 1         |            |
| <b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b> |           |            |
| ACTEMRA ACTPEN                                                                   | 3         | PA; 3P; SP |
| ACTEMRA SUBCUTANEOUS                                                             | 3         | PA; 3P; SP |
| ASCENIV                                                                          | E         | SP         |
| AVSOLA                                                                           | 2         | PA; SP     |
| azathioprine oral                                                                | 1         |            |

| Drug Name                                    | Drug Tier | Notes  |
|----------------------------------------------|-----------|--------|
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3         | PA; SP |
| CIMZIA                                       | 2         | PA; SP |
| CIMZIA PREFILLED KIT                         | 2         | PA; SP |
| CIMZIA STARTER KIT                           | 2         | PA; SP |
| COSENTYX (300 MG DOSE)                       | E         | SP     |
| COSENTYX 150 MG/ML                           | E         | SP     |
| COSENTYX SENSOREADY (300 MG)                 | E         | SP     |
| COSENTYX SENSOREADY PEN                      | E         | SP     |
| CUTAQUIG                                     | E         | SP     |
| cyclosporine modified oral capsule           | 1         |        |
| ENBREL                                       | 2         | PA; SP |
| ENBREL MINI                                  | 2         | PA; SP |
| ENBREL SURECLICK                             | 2         | PA; SP |
| ENVARUSUS XR                                 | 3         |        |
| FIRAZYR                                      | E         | SP     |
| gengraf oral capsule                         | 1         |        |
| HAEGARDA                                     | 3         | PA; SP |
| HUMIRA                                       | 2         | PA; SP |
| HUMIRA PEDIATRIC CROHNS START                | 2         | PA; SP |
| HUMIRA PEN                                   | 2         | PA; SP |
| HUMIRA PEN-CD/UC/HS STARTER                  | 2         | PA; SP |
| HUMIRA PEN-PEDIATRIC UC START                | 2         | PA; SP |

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      |
|------------------------------------|-----------|------------|
| HUMIRA PEN-PS/UV/ADOL HS START     | 2         | PA; SP     |
| HUMIRA PEN-PSOR/UEIT STARTER       | 2         | PA; SP     |
| INFLECTRA                          | 2         | PA; SP     |
| INFLIXIMAB                         | E         | SP         |
| leflunomide oral                   | 1         |            |
| LUPKYNIS                           | E         | SP         |
| methotrexate oral                  | 1         |            |
| methotrexate sodium oral           | 1         |            |
| mycophenolate mofetil oral capsule | 1         |            |
| mycophenolate mofetil oral tablet  | 1         |            |
| mycophenolate sodium               | 1         |            |
| OLUMIANT                           | E         | SP         |
| ORENCIA                            | 3         | PA; 3P; SP |
| ORENCIA CLICKJECT                  | 3         | PA; 3P; SP |
| ORLADEYO                           | 3         | PA; SP; QL |
| OTEZLA                             | 2         | PA; SP     |
| OTREXUP                            | E         |            |
| PANZYGA                            | E         | SP         |
| RASUVO                             | 2         | PA; QL     |
| REDITREX                           | E         |            |
| REMICADE                           | E         | SP         |
| RENFLEXIS                          | E         | SP         |
| REZUROCK                           | E         | SP         |
| RINVOQ                             | 2         | PA; SP     |
| RUCONEST                           | 3         | PA; SP; QL |
| SIMPONI                            | 2         | PA; SP     |
| SIMPONI ARIA                       | 2         | PA; SP     |
| sirolimus oral tablet              | 1         |            |

| Drug Name                                       | Drug Tier | Notes      |
|-------------------------------------------------|-----------|------------|
| SKYRIZI (150 MG DOSE)                           | 2         | PA; SP     |
| SKYRIZI PEN                                     | 2         | PA; SP     |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2         | PA; SP     |
| STELARA INTRAVENOUS                             | 2         | PA; SP     |
| STELARA SUBCUTANEOUS                            | 2         | PA; SP; QL |
| tacrolimus oral                                 | 1         |            |
| TAKHZYRO SUBCUTANEOUS SOLUTION                  | 3         | PA; SP     |
| TALTZ                                           | 3         | PA; 3P; SP |
| TREMFYA                                         | 2         | PA; SP     |
| TREXALL                                         | 3         |            |
| XELJANZ                                         | 2         | PA; SP     |
| XELJANZ XR                                      | 2         | PA; SP     |
| XEMBIFY                                         | 3         | PA; SP     |
| <b>Inflammatory Bowel Disease Agents</b>        |           |            |
| APRISO                                          | 1         |            |
| ASACOL HD                                       | E         |            |
| CANASA                                          | E         |            |
| CORTIFOAM                                       | 3         |            |
| DELZICOL                                        | E         |            |
| DIPENTUM                                        | E         |            |
| hydrocortisone (perianal)                       | 1         |            |
| LIALDA                                          | 1         |            |
| mesalamine er oral capsule 0.375 gm             | E         |            |
| mesalamine oral tablet delayed release 1.2 gm   | E         |            |

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      |
|---------------------------------------------------------------|-----------|------------|
| mesalamine oral tablet delayed release 800 mg                 | 1         |            |
| ORTIKOS                                                       | E         |            |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG                  | 3         |            |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG                  | E         |            |
| PROCTOFOAM HC                                                 | 2         |            |
| procto-med hc                                                 | 1         |            |
| procto-pak                                                    | 1         |            |
| proctosol hc                                                  | 1         |            |
| proctozone-hc                                                 | 1         |            |
| sulfasalazine oral tablet                                     | 1         |            |
| TARPEYO                                                       | E         | SP         |
| UCERIS ORAL                                                   | E         |            |
| UCERIS RECTAL                                                 | 3         |            |
| <b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b> |           |            |
| alendronate sodium oral tablet 10 mg, 5 mg                    | 1         |            |
| alendronate sodium oral tablet 35 mg, 70 mg                   | 1         | QL         |
| FORTEO                                                        | E         | SP         |
| ibandronate sodium oral                                       | 1         | QL         |
| PROLIA                                                        | 2         | PA; SP; QL |
| TERIPARATIDE (RECOMBINANT)                                    | 2         | PA; SP     |
| TYMLOS                                                        | 2         | PA; SP     |

| Drug Name                                    | Drug Tier | Notes            |
|----------------------------------------------|-----------|------------------|
| <b>Metabolic Bone Disease Agents - Other</b> |           |                  |
| calcitriol oral capsule                      | 1         |                  |
| RAYALDEE                                     | 3         |                  |
| SENSIPAR                                     | E         |                  |
| <b>Miscellaneous Therapeutic Agents</b>      |           |                  |
| BD ULTRA-FINE PEN NEEDLES                    | 2         | ++               |
| BOTOX                                        | 2         | PA; Non-Cosmetic |
| DOJOLVI                                      | E         |                  |
| DUROLANE                                     | 2         | PA               |
| ENDARI                                       | 3         | PA               |
| EUFLEXXA                                     | 2         | PA               |
| FIRDAPSE                                     | E         | SP               |
| GEL-ONE                                      | E         |                  |
| GELSYN-3                                     | 2         | PA               |
| GENVISC 850                                  | E         |                  |
| HYALGAN                                      | E         |                  |
| HYMOVIS                                      | E         |                  |
| KERENDIA                                     | 3         | PA; QL           |
| LIVMARLI                                     | E         | SP               |
| MONOVISC                                     | E         |                  |
| NOVOFINE AUTOCOVER PEN NEEDLE                | 2         | ++               |
| NOVOFINE PEN NEEDLE                          | 2         | ++               |
| NOVOFINE PLUS PEN NEEDLE                     | 2         | ++               |
| OMNIPOD 5 G6 INTRO (GEN 5)                   | 2         | ++               |
| OMNIPOD 5 G6 POD (GEN 5)                     | 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  |
|------------------------------------------------------------------------------------------|-----------|--------|
| OMNIPOD CLASSIC PDM (GEN 3)                                                              | 2         | ++     |
| OMNIPOD CLASSIC PODS (GEN 3)                                                             | 2         | ++     |
| OMNIPOD DASH INTRO (GEN 4)                                                               | 2         | ++     |
| OMNIPOD DASH PDM (GEN 4)                                                                 | 2         | ++     |
| OMNIPOD DASH PODS (GEN 4)                                                                | 2         | ++     |
| ORTHOVISC                                                                                | E         |        |
| OXBRYTA                                                                                  | E         | SP     |
| PALFORZIA                                                                                | E         | SP     |
| PHEXXI                                                                                   | E         |        |
| SUPARTZ FX                                                                               | E         |        |
| SYNVISC                                                                                  | E         |        |
| SYNVISC ONE                                                                              | E         |        |
| TAVNEOS                                                                                  | E         | SP     |
| TRILURON                                                                                 | E         |        |
| TRIVISC                                                                                  | E         |        |
| V-GO 20                                                                                  | 2         | ++     |
| V-GO 30                                                                                  | 2         | ++     |
| V-GO 40                                                                                  | 2         | ++     |
| VILTESO                                                                                  | E         | SP     |
| VISCO-3                                                                                  | E         |        |
| VYVGART                                                                                  | 3         | PA; SP |
| <b>Ophthalmic Agents -<br/>Drugs for Eye Allergy,<br/>Infection and<br/>Inflammation</b> |           |        |
| AZASITE                                                                                  | 3         |        |
| BEPREVE                                                                                  | E         |        |
| BESIVANCE                                                                                | 3         |        |
| BROMSITE                                                                                 | E         |        |
| ciprofloxacin hcl ophthalmic                                                             | 1         |        |

| Drug Name                                                       | Drug Tier | Notes  |
|-----------------------------------------------------------------|-----------|--------|
| erythromycin ophthalmic                                         | 1         |        |
| EYSUVIS                                                         | 3         | PA     |
| FLAREX                                                          | 3         |        |
| ILEVRO                                                          | E         |        |
| INVELTYS                                                        | 3         |        |
| ketorolac tromethamine ophthalmic                               | 1         |        |
| LOTEMAX OPHTHALMIC SUSPENSION                                   | E         |        |
| LOTEMAX SM                                                      | 3         |        |
| moxifloxacin hcl ophthalmic solution                            | 1         |        |
| neomycin-polymyxin-dexameth ophthalmic ointment                 | 1         |        |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | 1         |        |
| NEVANAC                                                         | E         |        |
| ofloxacin ophthalmic                                            | 1         |        |
| olopatadine hcl ophthalmic                                      | 1         |        |
| PRED FORTE                                                      | E         |        |
| prednisolone acetate ophthalmic                                 | 1         |        |
| PROLENSA                                                        | 2         | QL     |
| TOBRADEX OPHTHALMIC SUSPENSION                                  | E         |        |
| TOBRADEX ST                                                     | 3         |        |
| tobramycin-dexamethasone                                        | 1         |        |
| TYRVAYA                                                         | 3         | PA; QL |
| VIGAMOX                                                         | E         |        |
| ZERVIAE                                                         | E         |        |

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 |
|-----------------------------------------------|-----------|-------|
| <b>Ophthalmic Agents - Drugs for Glaucoma</b> |           |       |
| ALPHAGAN P OPTHALMIC SOLUTION 0.1 %           | 2         |       |
| ALPHAGAN P OPTHALMIC SOLUTION 0.15 %          | E         |       |
| AZOPT                                         | E         |       |
| BETIMOL                                       | 3         |       |
| brimonidine tartrate ophthalmic               | 1         |       |
| COMBIGAN                                      | E         |       |
| COSOPT                                        | E         |       |
| COSOPT PF                                     | E         |       |
| dorzolamide hcl-timolol mal                   | 1         |       |
| dorzolamide hcl-timolol mal pf                | 1         |       |
| latanoprost ophthalmic                        | 1         |       |
| LUMIGAN                                       | 2         | QL    |
| RHOPRESSA                                     | 3         | QL    |
| ROCKLATAN                                     | 3         | QL    |
| SIMBRINZA                                     | 2         |       |
| timolol maleate (once-daily)                  | 1         |       |
| timolol maleate ocudose                       | 1         |       |
| timolol maleate ophthalmic solution           | 1         |       |
| timolol maleate pf                            | 1         |       |
| TIMOPTIC                                      | E         |       |
| TIMOPTIC OCUDOSE                              | E         |       |
| TIMOPTIC-XE                                   | E         |       |
| TRAVATAN Z                                    | E         |       |
| VUITY                                         | E         |       |
| VYZULTA                                       | E         |       |

| Drug Name                                                                      | Drug Tier | Notes |
|--------------------------------------------------------------------------------|-----------|-------|
| XALATAN                                                                        | E         |       |
| ZIOPTAN                                                                        | E         |       |
| <b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>              |           |       |
| BEOVU                                                                          | E         | SP    |
| CEQUA                                                                          | E         |       |
| cyclosporine ophthalmic                                                        | E         |       |
| LATISSE                                                                        | E         |       |
| polymyxin b-trimethoprim                                                       | 1         |       |
| POLYTRIM                                                                       | 3         |       |
| RESTASIS                                                                       | 1         | PA    |
| RESTASIS MULTIDOSE                                                             | 2         | PA    |
| XIIDRA                                                                         | 2         | PA    |
| ZYLET                                                                          | 3         |       |
| <b>Otic Agents - Drugs for Ear Conditions</b>                                  |           |       |
| CIPRODEX                                                                       | E         |       |
| ciprofloxacin-dexamethasone                                                    | 1         |       |
| neomycin-polymyxin-hc otic suspension                                          | 1         |       |
| ofloxacin otic                                                                 | 1         |       |
| OTOVEL                                                                         | 3         | PA    |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b> |           |       |
| azelastine hcl nasal                                                           | 1         | QL    |
| azelastine-fluticasone                                                         | 1         | QL    |
| benzonatate                                                                    | 1         |       |
| cetirizine hcl oral solution 1 mg/ml                                           | 1         | ++    |

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



| Drug Name                                                | Drug Tier | Notes      |
|----------------------------------------------------------|-----------|------------|
| CLARINEX                                                 | E         |            |
| CLARINEX-D 12 HOUR                                       | E         |            |
| cyproheptadine hcl oral tablet                           | 1         |            |
| DYMISTA                                                  | 2         | QL         |
| FASENRA                                                  | 2         | PA; SP     |
| FASENRA PEN                                              | 2         | PA; SP     |
| ipratropium bromide nasal                                | 1         |            |
| mometasone furoate nasal                                 | 1         | ++; QL     |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR               | 2         | PA; SP; QL |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 2         | PA; SP; QL |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED               | 2         | PA; SP; QL |
| OMNARIS                                                  | 3         | ++; QL     |
| promethazine hcl oral tablet                             | 1         |            |
| promethazine-codeine                                     | 1         | PA; QL     |
| promethazine-dm                                          | 1         |            |
| pseudoephedrine-bromphen-dm                              | 1         |            |
| QNASL                                                    | 3         | ++; QL     |
| QNASL CHILDRENS                                          | 3         | ++; QL     |
| TEZSPIRE                                                 | E         | SP         |
| XHANCE                                                   | E         |            |
| XOLAIR                                                   | 2         | PA; SP     |
| ZETONNA                                                  | 3         | ++; QL     |

| Drug Name                                                                                | Drug Tier | Notes             |
|------------------------------------------------------------------------------------------|-----------|-------------------|
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b> |           |                   |
| ADVAIR DISKUS                                                                            | 1         | QL                |
| ADVAIR HFA                                                                               | 2         | QL                |
| AIRDUO DIGIHALER                                                                         | E         |                   |
| AIRDUO RESPICLICK 113/14                                                                 | E         |                   |
| AIRDUO RESPICLICK 232/14                                                                 | E         |                   |
| AIRDUO RESPICLICK 55/14                                                                  | E         |                   |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation                  | 1         | QL                |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation                  | 1         | Made by Par; QL   |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation                  | 1         | Made by Teva; QL  |
| ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION                  | E         | Made by Prasco; M |
| albuterol sulfate inhalation                                                             | 1         | QL                |
| ALVESCO                                                                                  | E         |                   |
| ANORO ELLIPTA                                                                            | 2         | QL                |
| ARMONAIR DIGIHALER                                                                       | E         |                   |
| ARNUITY ELLIPTA                                                                          | 2         | 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 |
|----------------------------------------------------------------------------|-----------|-------|
| ASMANEX (120 METERED DOSES)                                                | E         |       |
| ASMANEX (14 METERED DOSES)                                                 | E         |       |
| ASMANEX (30 METERED DOSES)                                                 | E         |       |
| ASMANEX (60 METERED DOSES)                                                 | E         |       |
| ASMANEX HFA                                                                | E         |       |
| ATROVENT HFA                                                               | 3         | QL    |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML                       | 3         | QL    |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML       | E         |       |
| BEVESPI AEROSPHERE                                                         | E         |       |
| BREO ELLIPTA                                                               | 2         | QL    |
| BREZTRI AEROSPHERE                                                         | 2         | QL    |
| BROVANA                                                                    | E         |       |
| budesonide inhalation                                                      | 1         | QL    |
| BUDESONIDE-FORMOTEROL FUMARATE                                             | E         | M     |
| COMBIVENT RESPIMAT                                                         | 2         | QL    |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT | E         |       |
| DULERA                                                                     | E         |       |
| epinephrine injection solution auto-injector 0.15 mg/0.15ml                | 1         |       |

| Drug Name                                                                                                        | Drug Tier | Notes         |
|------------------------------------------------------------------------------------------------------------------|-----------|---------------|
| epinephrine solution auto-injector 0.15 mg/0.3ml injection                                                       | 1         | Made by Mylan |
| epinephrine solution auto-injector 0.15 mg/0.3ml injection                                                       | 1         |               |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection                                                        | 1         | Made by Mylan |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection                                                        | 1         |               |
| EPIPEN 2-PAK                                                                                                     | 3         | ST            |
| EPIPEN JR 2-PAK                                                                                                  | E         |               |
| ESBRIET ORAL CAPSULE                                                                                             | 3         | PA; SP        |
| ESBRIET ORAL TABLET                                                                                              | E         | SP            |
| FLOVENT DISKUS                                                                                                   | 2         | QL            |
| FLOVENT HFA                                                                                                      | 2         | QL            |
| FLUTICASONE FUROATE-VILANTEROL                                                                                   | E         | M             |
| FLUTICASONE PROPIONATE HFA                                                                                       | E         | M             |
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | E         |               |
| FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT  | E         | M             |
| INCRUSE ELLIPTA                                                                                                  | E         |               |

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  |
|---------------------------------------------------------|-----------|--------|
| ipratropium-albuterol                                   | 1         | QL     |
| LEVALBUTEROL HFA<br>INHALATION<br>AEROSOL 45<br>MCG/ACT | E         | M      |
| LONHALA MAGNAIR<br>REFILL KIT                           | 3         | QL     |
| LONHALA MAGNAIR<br>STARTER KIT                          | 3         | QL     |
| montelukast sodium<br>oral tablet                       | 1         |        |
| montelukast sodium<br>oral tablet chewable              | 1         |        |
| OFEV                                                    | 3         | PA; SP |
| PERFOROMIST                                             | 3         | QL     |
| PROAIR DIGIHALER                                        | E         |        |
| PROAIR HFA                                              | E         |        |
| PROAIR RESPICLICK                                       | E         |        |
| PROVENTIL HFA                                           | E         |        |
| PULMICORT<br>FLEXHALER                                  | 2         | QL     |
| PULMICORT<br>SUSPENSION                                 | E         |        |
| QVAR REDHALER                                           | E         |        |
| SEREVENT DISKUS                                         | 2         | QL     |
| SINGULAIR                                               | E         |        |
| SPIRIVA<br>HANDIHALER                                   | 2         | QL     |
| SPIRIVA RESPIMAT                                        | 2         | QL     |
| STIOLTO RESPIMAT                                        | 2         | QL     |
| STRIVERDI<br>RESPIMAT                                   | 2         | QL     |
| SYMBICORT                                               | 2         | QL     |
| SYMJEPI                                                 | 3         |        |
| TRELEGY ELLIPTA                                         | 2         | QL     |
| TUDORZA PRESSAIR                                        | E         |        |
| VENTOLIN HFA                                            | E         |        |

| Drug Name                                                                                  | Drug Tier | Notes      |
|--------------------------------------------------------------------------------------------|-----------|------------|
| wixela inhub                                                                               | E         |            |
| XOPENEX HFA                                                                                | E         |            |
| YUPELRI                                                                                    | 3         | QL         |
| <b>Respiratory Tract /<br/>Pulmonary Agents -<br/>Drugs for Cystic<br/>Fibrosis</b>        |           |            |
| BETHKIS                                                                                    | E         | SP         |
| BRONCHITOL                                                                                 | E         |            |
| BRONCHITOL<br>TOLERANCE TEST                                                               | E         |            |
| CAYSTON                                                                                    | E         | SP         |
| KITABIS PAK                                                                                | E         | SP         |
| PULMOZYME                                                                                  | 2         | PA; SP     |
| TOBI NEBULIZER                                                                             | E         | SP         |
| TOBI PODHALER                                                                              | 3         | SP; QL     |
| TOBRAMYCIN<br>NEBULIZATION<br>SOLUTION 300<br>MG/5ML INHALATION                            | E         | M; SP      |
| TRIKAFTA                                                                                   | 3         | PA; SP; QL |
| <b>Respiratory Tract /<br/>Pulmonary Agents -<br/>Drugs for Pulmonary<br/>Hypertension</b> |           |            |
| ADCIRCA                                                                                    | E         | SP         |
| ADEMPAS                                                                                    | 2         | PA; SP; QL |
| LETAIRIS                                                                                   | E         | SP         |
| OPSUMIT                                                                                    | 2         | PA; SP; QL |
| ORENITRAM                                                                                  | 3         | PA; SP     |
| REMODULIN                                                                                  | E         | SP         |
| sildenafil citrate oral<br>tablet 20 mg                                                    | 1         | PA; SP; QL |
| TRACLEER 62.5 MG,<br>125 MG                                                                | E         | SP         |

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  |
|--------------------------------------------------------------------|-----------|--------|
| <b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b> |           |        |
| AMRIX                                                              | E         |        |
| BACLOFEN ORAL SOLUTION                                             | E         |        |
| baclofen oral tablet                                               | 1         |        |
| carisoprodol oral                                                  | 1         |        |
| cyclobenzaprine hcl oral                                           | 1         |        |
| FLEQSUVY                                                           | E         |        |
| LORZONE                                                            | 3         |        |
| metaxalone                                                         | 1         |        |
| methocarbamol oral                                                 | 1         |        |
| NORGESIC                                                           | E         |        |
| NORGESIC FORTE                                                     | E         |        |
| ORPHENGESIC FORTE                                                  | E         | M      |
| OZOBAX                                                             | E         |        |
| SOMA                                                               | E         |        |
| tizanidine hcl oral                                                | 1         |        |
| VANADOM                                                            | E         |        |
| ZANAFLEX                                                           | E         |        |
| <b>Sleep Disorder Agents</b>                                       |           |        |
| AMBIEN                                                             | E         |        |
| AMBIEN CR                                                          | E         |        |
| armodafinil                                                        | 1         | PA; QL |
| BELSOMRA                                                           | 3         | ST; QL |
| DAYVIGO                                                            | 3         | ST; QL |
| eszopiclone                                                        | 1         | QL     |
| HETLIOZ                                                            | E         | SP     |
| HETLIOZ LQ                                                         | E         | SP     |
| LUNESTA                                                            | E         |        |
| modafinil                                                          | 1         | PA; QL |

| Drug Name              | Drug Tier | Notes      |
|------------------------|-----------|------------|
| NUVIGIL                | E         |            |
| PROVIGIL               | E         |            |
| RESTORIL               | E         |            |
| SUNOSI                 | 2         | PA; QL     |
| temazepam              | 1         | QL         |
| WAKIX                  | 3         | PA; SP; QL |
| XYREM                  | 3         | PA; SP; QL |
| XYWAV                  | 3         | PA; SP; QL |
| zolpidem tartrate er   | 1         | 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.

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| MONITOR.....                    | 23 | delyla.....                        | 30 | DOXYCYCLINE HYCLATE.....          | 8  |
| CONTOUR NEXT LINK KIT           |    | DELZICOL.....                      | 34 | doxycycline monohydrate.....      | 8  |
| W/DEVICE.....                   | 23 | DEPAKOTE.....                      | 9  | drospirenone-ethinyl estradiol... | 30 |
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| SKYRIZI PEN.....                   | 34     | SYMPROIC.....              | 27     | THIOLA.....                       | 28 |
| SKYTROFA.....                      | 29     | SYMTUZA.....               | 14     | THIOLA EC.....                    | 28 |
| SLYND.....                         | 32     | SYNJARDY.....              | 23     | THYQUIDITY.....                   | 33 |
| SOAAZ.....                         | 18     | SYNJARDY XR.....           | 23     | TIGLUTIK.....                     | 20 |
| SOFOSBUVIR-VELPATASVIR.....        | 14     | SYNTHROID.....             | 33     | TIKOSYN.....                      | 18 |
| solifenacin succinate.....         | 28     | SYNVISC.....               | 36     | timolol maleate.....              | 37 |
| SOLQUA.....                        | 23     | SYNVISC ONE.....           | 36     | timolol maleate (once-daily)..... | 37 |
| SOLIRIS.....                       | 15     | TABRECTA.....              | 13     | timolol maleate ocudose.....      | 37 |
| SOLODYN.....                       | 8      | TACLONEX.....              | 21     | timolol maleate pf.....           | 37 |
| SOMA.....                          | 41     | tacrolimus.....            | 22, 34 | TIMOPTIC.....                     | 37 |
| SOMATULINE DEPOT.....              | 29     | tadalafil.....             | 28     | TIMOPTIC OCUDOSE.....             | 37 |
| SOOLANTRA.....                     | 21     | TAGRISSE.....              | 13     | TIMOPTIC-XE.....                  | 37 |
| SORILUX.....                       | 21     | TAKHZYRO.....              | 34     | TIROSINT.....                     | 33 |
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| SPIRIVA RESPIMAT.....              | 40     | TALTZ.....                 | 34     | TIVICAY.....                      | 14 |
| spironolactone.....                | 18     | TALZENNA.....              | 13     | tizanidine hcl.....               | 41 |
| SPRAVATO (56 MG DOSE).....         | 10     | TAMIFLU.....               | 14     | TOBI NEBULIZER.....               | 40 |
| SPRAVATO (84 MG DOSE).....         | 10     | tamoxifen citrate.....     | 13     | TOBI PODHALER.....                | 40 |
| sprintec 28.....                   | 32     | tamsulosin hcl.....        | 28     | TOBRADEX.....                     | 36 |
| SPRIX.....                         | 7      | TARGADOX.....              | 8      | TOBRADEX ST.....                  | 36 |
| SPRYCEL.....                       | 13     | TARGRETIN.....             | 13     | TOBRAMYCIN.....                   | 40 |
| sronyx.....                        | 32     | tarina 24 fe.....          | 32     | tobramycin-dexamethasone.....     | 36 |
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| STEGLUJAN.....                     | 23     | tarina fe 1/20 eq.....     | 32     | tolterodine tartrate er.....      | 28 |
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| STENDRA.....                       | 28     | TAVALISSE.....             | 15     | TOPAMAX SPRINKLE.....             | 9  |
| STIOLTO RESPIMAT.....              | 40     | TAVNEOS.....               | 36     | TOPICORT SPRAY.....               | 22 |
| STIVARGA.....                      | 13     | TAZAROTENE.....            | 22     | topiramate.....                   | 9  |
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| SUBLOCADE.....                     | 7      | TEGRETOL.....              | 9      | TOUJEO MAX SOLOSTAR.....          | 25 |
| SUBOXONE.....                      | 7      | TEGRETOL-XR.....           | 9      | TOUJEO SOLOSTAR.....              | 25 |
| SUBSYS.....                        | 6      | TEGSEDI.....               | 19     | TOVIAZ.....                       | 28 |
| subvenite.....                     | 9      | TEKTURNA.....              | 18     | TRACLEER.....                     | 40 |
| sucrafate.....                     | 26     | TEKTURNA HCT.....          | 18     | TRADJENTA.....                    | 23 |
| sulfamethoxazole-trimethoprim..... | 8      | telmisartan.....           | 18     | TRAMADOL HCL ER.....              | 6  |
| sulfasalazine.....                 | 35     | telmisartan-hctz.....      | 18     | TRAMADOL HCL IR.....              | 6  |
| sumatriptan succinate.....         | 12     | temazepam.....             | 41     | tramadol hcl ir.....              | 6  |
| SUNOSI.....                        | 41     | temozolomide.....          | 13     | TRAVATAN Z.....                   | 37 |

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| trazodone hcl.....               | 10 | ULTRACET.....                    | 6  | VUITY.....                | 37 |
| TREANDA.....                     | 13 | ULTRAM.....                      | 6  | VUMERITY.....             | 19 |
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| triamterene-hctz.....            | 18 | vandazole.....                   | 8  | WELCHOL.....              | 18 |
| TRIANEX.....                     | 22 | varenicline tartrate.....        | 7  | WELLBUTRIN SR.....        | 10 |
| triazolam.....                   | 15 | VARUBI (180 MG DOSE).....        | 11 | WELLBUTRIN XL.....        | 10 |
| TRIBENZOR.....                   | 18 | VASCEPA.....                     | 18 | wera.....                 | 32 |
| TRICOR.....                      | 18 | VECTICAL.....                    | 22 | WILATE.....               | 15 |
| triderm.....                     | 22 | VELPHORO.....                    | 28 | WINLEVI.....              | 22 |
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| tri-linyah.....                  | 32 | venlafaxine hcl er.....          | 10 | XANAX XR.....             | 15 |
| tri-lo-estarylla.....            | 32 | VENTOLIN HFA.....                | 40 | XARELTO.....              | 9  |
| tri-lo-marzia.....               | 32 | verapamil hcl er.....            | 18 | XARELTO STARTER PACK..... | 9  |
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| tri-lo-sprintec.....             | 32 | VERQUVO.....                     | 18 | XELJANZ.....              | 34 |
| TRILURON.....                    | 36 | VESICARE.....                    | 28 | XELJANZ XR.....           | 34 |
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| tri-nymyo.....                   | 32 | V-GO 20.....                     | 36 | XEPI.....                 | 8  |
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| TRIVISC.....                     | 36 | VICTOZA.....                     | 23 | XIMINO.....               | 8  |
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| tri-vylibra lo.....              | 32 | VIGAMOX.....                     | 36 | XOFLUZA (80 MG DOSE)..... | 14 |
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