



2026 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 my doctor wants me to keep taking my excluded medication?

You, your authorized representative, or your doctor can start a request for coverage by calling the number on your member ID card. Your doctor will need to submit information for the review. If approved, you may keep filling your prescription for the excluded medication, but you may pay a higher cost. If not approved, you may pay the full cost of the prescription.



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.



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. Call the number on the back of your member ID card to learn more about where you can fill your specialty prescriptions.



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	\$ Lower-cost generics and some brand name	Use tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand name	Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Higher-cost 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	⊗ Excluded	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	Prior authorization – Your doctor is required to give Optum Rx more information to determine coverage.
QL	Quantity limit – Medication may be limited to a certain quantity.
SP	Specialty medication – Medication is designated as specialty.
ST	Step therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered
3P	Tier 3 preferred
++	Benefit design options – Coverage is determined by your prescription medication benefit plan.

Premium Standard Formulary

Table of Contents

Analgesics - Drugs for Pain	7
Analgesics - Drugs for Pain and Inflammation	7
Anesthetics	8
Anti-Addiction / Substance Abuse Treatment Agents	8
Antibacterials	8
Anticoagulants	9
Anticonvulsants - Drugs for Seizures	10
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia	11
Antidepressants	11
Antiemetics - Drugs for Nausea and Vomiting	12
Antifungals	12
Antigout Agents	13
Antimigraine Agents	13
Antimyasthenic Agents	13
Antineoplastics - Drugs for Cancer	13
Antiparasitics	15
Antiparkinson Agents	16
Antiplatelets	16
Antipsychotics - Drugs for Mood Disorders	16
Antivirals	16
Anxiolytics - Drugs for Anxiety	17
Bipolar Agents - Drugs for Mood Disorders	17
Blood Products and Modifiers - Drugs for Blood Disorders	17
Cardiovascular Agents - Drugs for Heart and Circulation Conditions	18
Central Nervous System Agents - Drugs for Attention Deficit Disorder	21
Central Nervous System Agents - Drugs for Multiple Sclerosis	22
Central Nervous System Agents - Miscellaneous	22
Dental and Oral Agents - Drugs for Mouth and Throat Conditions	23
Dermatological Agents - Drugs for Skin Conditions	23
Diabetes - Antidiabetic Agents	25
Diabetes - Glucose Monitoring	26
Diabetes - Glycemic Agents	28
Diabetes - Insulins	28
Electrolytes / Minerals / Metals / Vitamins	30
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer	30
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions	31
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment	31
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions	32
Genitourinary Agents - Drugs for Prostate Conditions	33
Hormonal Agents - Adrenal	33
Hormonal Agents - Men's Health	33
Hormonal Agents - Pituitary	33
Hormonal Agents - Selective Estrogen Receptor Modifying Agents	34
Hormonal Agents - Sex Hormones and Birth Control	34
Hormonal Agents - Thyroid	37
Immunological Agents - Drugs for Immune System Stimulation or Suppression	38
Inflammatory Bowel Disease Agents	41
Metabolic Bone Disease Agents	41
Metabolic Bone Disease Agents - Drugs for Osteoporosis	41
Metabolic Bone Disease Agents - Other	41

Miscellaneous Therapeutic Agents.....	41
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation.....	43
Ophthalmic Agents - Drugs for Glaucoma.....	44
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....	44
Otic Agents - Drugs for Ear Conditions.....	45
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold.....	45
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions.....	45
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.....	47
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....	47
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	48
Sleep Disorder Agents.....	48

Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	1	QL
BELBUCA	2	PA; QL
butalbital-apap-caffeine	1	
BUTRANS	E	
CONZIP	E	
DILAUDID ORAL	E	
endocet	1	QL
FIORICET	E	
hydrocodone-acetaminophen	1	QL
hydromorphone hcl oral tablet	1	QL
HYSINGLA ER	2	PA; QL
JOURNAVX	3	QL
morphine sulfate er oral tablet extended release	1	PA; QL
MS CONTIN	E	
NUCYNTA	E	
NUCYNTA ER	E	
OXYCODONE HCL	E	
oxycodone hcl oral tablet	1	QL
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT	E	M
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	

Drug Name	Drug Tier	Notes
ROXICODONE	E	
ROXYBOND	E	
TAPENTADOL HCL ER	E	M
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	M
TRAMADOL HCL ORAL SOLUTION	E	M
tramadol hcl oral tablet	1	QL
XTAMPZA ER	2	PA; QL
Analgesics - Drugs for Pain and Inflammation		
ARTHROTEC	E	
CELEBREX	E	
celecoxib oral	1	QL
COMBOGESIC ORAL	E	
COXANTO	E	
DICLOFENAC PATCH 1.3%	E	M
diclofenac potassium oral tablet	1	
diclofenac sodium external gel 1 %	1	QL
diclofenac sodium oral	1	
ELYXYB	E	
FENOPRON	E	
FLECTOR	E	
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	1	
ibuprofen oral tablet 300 mg, 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine	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
indomethacin oral capsule	1	
ketorolac tromethamine injection solution 15 mg/ml	1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
ketorolac tromethamine oral	1	QL
ketorolac tromethamine solution 30 mg/ml injection	1	
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	3	
LICART	E	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPRELAN	3	
naproxen oral tablet	1	
OXAPROZIN ORAL CAPSULE	E	M
RELAFEN DS	E	
SPRIX	E	
TOLECTIN 600	E	
ZIPSOR	E	
Anesthetics		
EXPAREL	3	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	
LIDODERM	E	

Drug Name	Drug Tier	Notes
TRIDACAINE II	E	
TRIDACAINE III	E	
ZTLIDO	E	
Anti-Addiction / Substance Abuse Treatment Agents		
BRIXADI	3	SP
BRIXADI (WEEKLY)	3	SP
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl	1	
bupropion hcl er (smoking det)	1	++; QL
KLOXXADO	2	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
OPVEE	2	
REXTOVY	2	
SUBLOCADE	3	SP
SUBOXONE	E	
varenicline tartrate	1	++; QL
VIVITROL	3	SP
ZUBSOLV	2	
ZURNAI	E	
Antibacterials		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate	1	
azithromycin oral	1	
BLUJEPA	E	
cefadroxil 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
cefdinir	1	
cefepodoxime proxetil oral tablet	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
CLEOCIN VAGINAL	E	
clindamycin hcl oral	1	
CLINDESSE	3	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	
DIFICID ORAL TABLET	E	
DORYX MPC	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	
levofloxacin oral tablet	1	
LIKMEZ	E	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
moxifloxacin hcl oral	1	
mupirocin cream	1	
mupirocin ointment	1	

Drug Name	Drug Tier	Notes
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	E	
NUVESSA	E	
NUZYRA ORAL	3	QL
ORLYNVAH	E	
penicillin v potassium	1	
SEYSARA	3	ST
SILVADENE	E	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
XACIATO	3	
XIFAXAN ORAL TABLET 200 MG	E	
Anticoagulants		
ELIQUIS	2	QL
ELIQUIS (1.5 MG PACK)	2	QL
ELIQUIS (2 MG PACK)	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	
jantoven	1	
warfarin sodium oral	1	
XARELTO	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
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	E	
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST
CARBATROL	E	
DEPAKOTE	E	
DEPAKOTE ER	E	
DEPAKOTE SPRINKLES	E	
DILANTIN INFATABS	E	
DILANTIN ORAL CAPSULE 100 MG	E	
DILANTIN-125	E	
divalproex sodium er	1	
divalproex sodium oral	1	
ELEPSIA XR	E	
EPIDIOLEX	3	PA; SP
EPRONTIA	E	
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE	E	
KEPPRA ORAL	E	
KEPPRA XR	E	
lacosamide intravenous	1	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
lacosamide oral tablet	1	

Drug Name	Drug Tier	Notes
LAMICTAL	E	
LAMICTAL ODT	E	
LAMICTAL STARTER	E	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
lamotrigine er	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
levetiracetam intravenous	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE	E	Made by Prasco; M
MOTPOLY XR	3	ST
NAYZILAM	3	QL
NEURONTIN	E	
ONFI	E	
oxcarbazepine	1	
OXTELLAR XR	E	
roweepra	1	
SABRIL	E	SP
SPRITAM	E	
subvenite oral tablet	1	
SYMPAZAN	3	PA
TEGRETOL	E	
TEGRETOL-XR	E	
TOPAMAX	E	
TOPAMAX SPRINKLE	E	
topiramate oral capsule sprinkle	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
topiramate oral tablet	1	
TRILEPTAL	E	
TROKENDI XR	E	
VALTOCO 10 MG DOSE	3	QL
VALTOCO 15 MG DOSE	3	QL
VALTOCO 20 MG DOSE	3	QL
VALTOCO 5 MG DOSE	3	QL
VIGADRONE	E	SP
VIMPAT	E	
XCOPRI	3	ST
ZONEGRAN	E	
ZONISADE	E	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
KISUNLA	E	SP
LEQEMBI	E	SP
LEQEMBI IQLIK	E	SP
memantine hcl oral tablet	1	
NAMZARIC	E	
ZUNVEYL	E	
Antidepressants		
amitriptyline hcl oral	1	
AUVELITY	E	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL

Drug Name	Drug Tier	Notes
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	M
bupropion hcl oral	1	
CELEXA	E	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	E	
citalopram hydrobromide oral tablet	1	
DESVENLAFAXINE ER	3	ST; QL
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	QL
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl oral tablet	1	
PAXIL	E	
PAXIL CR	E	
PRISTIQ	E	
sertraline hcl oral concentrate	1	
sertraline hcl 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
SPRAVATO (56 MG DOSE)	3	PA; SP
SPRAVATO (84 MG DOSE)	3	PA; SP
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
VENLAFAXINE BESYLATE ER	E	
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	QL
venlafaxine hcl er oral tablet extended release 24 hour	1	
vilazodone hcl	1	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	3	PA; QL
Antiemetics - Drugs for Nausea and Vomiting		
GIMOTI	E	
meclizine hcl oral tablet	1	++
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl injection	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	

Drug Name	Drug Tier	Notes
SANCUSO	E	
scopolamine	1	
VARUBI (180 MG DOSE)	3	QL
Antifungals		
ciclodan	1	++
ciclopirox external solution	1	++
clotrimazole external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone	1	
CRESEMBA INTRAVENOUS	3	
CRESEMBA ORAL	3	PA
ECONAZOLE NITRATE EXTERNAL FOAM	E	M
fluconazole oral	1	
GYNAZOLE-1	3	
JUBLIA	E	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystop	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
TOLSURA	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
VIVJOA	E	
Antigout Agents		
allopurinol oral	1	
colchicine oral	1	
GLOPERBA	E	
MITIGARE	E	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO- INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY	E	
BREKIYA	E	
CAMBIA	E	
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
IMITREX	E	
IMITREX STATDOSE REFILL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
MAXALT-MLT	E	
naratriptan hcl	1	QL
NURTEC	2	PA; QL
ONZETRA XSAIL	E	
QULIPTA	2	PA; QL
RELPAK	E	
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
SYMBRAVO	E	

Drug Name	Drug Tier	Notes
TOSYMRA	E	
TREXIMET	E	
TRUDHESA	E	
UBRELVY	2	PA; QL
ZAVZPRET	3	PA; QL
ZEMBRACE SYMTOUCH	E	
ZOMIG ORAL	E	
Antimyasthenic Agents		
VYVGART	3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
Antineoplastics - Drugs for Cancer		
abiraterone acetate	1	PA; SP
abirtega	1	PA; SP
AFINITOR	E	SP
AFINITOR DISPERZ	E	SP
AKEEGA	E	SP
ALECENSA	2	PA; SP
ALUNBRIG	2	PA; SP; QL
ALYMSYS	E	SP
anastrozole oral	1	
ANKTIVA	3	PA; SP
ARIMIDEX	E	
AUGTYRO	3	PA; SP
AVGEMSI	E	SP
BELRAPZO	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
BENDAMUSTINE HCL SOLUTION 100 MG/4ML INTRAVENOUS	E	Made by Apotex; SP
BENDAMUSTINE HCL SOLUTION 100 MG/4ML INTRAVENOUS	E	Made by Baxter; SP
BESREMI	3	PA; SP
CABOMETYX ORAL TABLET 20 MG	2	PA; SP; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	2	PA; SP
CALQUENCE	3	PA; SP
capecitabine	1	SP
COSELA	E	SP
COTELLIC	3	PA; SP
DANZITEN	3	PA; SP
DARZALEX FASPRO	E	SP
ENSACOVE	2	PA; SP
ERIVEDGE	3	PA; SP
ERLEADA	3	PA; SP
FOTIVDA	E	SP
GAVRETO	3	PA; SP
GLEEVEC	E	SP
HERCESSI	E	SP
HERZUMA	E	SP
IBTROZI	E	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

Drug Name	Drug Tier	Notes
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	SP
IMKELDI	3	PA; SP
INLEXZO	E	SP
INQOVI	E	SP
IVRA	E	SP
JOBEVNE	E	SP
KANJINTI	2	PA; SP
KISQALI (200 MG DOSE)	3	PA; SP
KISQALI (400 MG DOSE)	3	PA; SP
KISQALI (600 MG DOSE)	3	PA; SP
KOSELUGO	3	PA; SP
KYXATA	E	SP
lenalidomide	1	PA; SP
letrozole oral	1	
LUMAKRAS	3	PA; SP
LYNPARZA	2	PA; SP
MEKINIST	3	PA; SP
MVASI	2	PA; SP
NIKTIMVO	E	SP
NILOTINIB D-TARTRATE	E	M; SP
NUBEQA	3	PA; SP
ODOMZO	3	PA; SP
OGIVRI	E	SP
OJJAARA	E	SP
ONTRUZANT	E	SP
ORGOVYX	3	PA; SP
PANRETIN	3	
PEMAZYRE	E	SP
PHESGO	2	PA; SP
PHYRAGO	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
PIQRAY	3	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG	3	PA; SP; QL
POMALYST ORAL CAPSULE 3 MG, 4 MG	3	PA; SP
RETEVMO ORAL TABLET 120 MG, 160 MG	3	PA; SP
RETEVMO ORAL TABLET 40 MG, 80 MG	3	PA; SP; QL
REVLIMID	2	PA; SP
REZLIDHIA	E	SP
RIABNI	E	SP
ROZLYTREK	3	PA; SP
RUBRACA	E	SP
RUXIENCE	2	PA; SP
RYDAPT	3	PA; SP
RYLAZE	E	SP
SCEMBLIX ORAL TABLET 100 MG	3	PA; SP
SCEMBLIX ORAL TABLET 20 MG, 40 MG	3	PA; SP; QL
SPRYCEL	E	SP
STIVARGA	2	PA; SP
SUTENT	E	SP
TABRECTA	3	PA; SP
TAFINLAR	3	PA; SP
TAGRISSO ORAL TABLET 40 MG	3	PA; SP; QL
TAGRISSO ORAL TABLET 80 MG	3	PA; SP
TALZENNA	E	SP
tamoxifen citrate oral	1	
TARGRETIN ORAL	E	SP
TASIGNA	E	SP

Drug Name	Drug Tier	Notes
TAZVERIK ORAL TABLET 200 MG	E	SP
TEPADINA	E	SP
TEPMETKO	3	PA; SP
TEPYLUTE	E	SP
TRAZIMERA	2	PA; SP
TREANDA	E	SP
TRUQAP	3	PA; SP
TRUXIMA	E	SP
UNLOXCYT	E	SP
VEGZELMA	E	SP
VERZENIO	3	PA; SP
VITRAKVI	3	PA; SP
VIVIMUSTA	E	SP
XALKORI	E	SP
XTANDI	3	PA; SP
YONSA	E	SP
ZEJULA ORAL TABLET 100 MG	2	PA; SP; QL
ZEJULA ORAL TABLET 200 MG, 300 MG	2	PA; SP
ZELBORAF	3	PA; SP
ZIRABEV	2	PA; SP
ZYTIGA	E	SP
Antiparasitics		
ARAKODA	3	
EMVERM	2	QL
hydroxychloroquine sulfate oral	1	
NATROBA	E	
PLAQUENIL	E	
PRURADIK	E	
SOVUNA	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
Antiparkinson Agents		
CARBIDOPA- LEVODOPA ER ORAL CAPSULE EXTENDED RELEASE	E	M
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
DHIVY	E	
GOCOVRI	E	
INBRIJA	3	PA; SP
NEUPRO	3	
ONGENTYS	3	ST
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	E	
Antiplatelets		
BRILINTA	E	
clopidogrel bisulfate oral	1	
PLAVIX	E	
prasugrel hcl	1	
ticagrelor	1	
YOSPRALA	E	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
ABILIFY ASIMTUFII	3	++
ABILIFY MAINTENA	3	++
aripiprazole oral solution	1	QL
aripiprazole oral tablet	1	QL
ARISTADA	3	++
ARISTADA INITIO	3	++

Drug Name	Drug Tier	Notes
CAPLYTA	3	ST; QL
ERZOFRI	3	++
INVEGA HAFYERA	3	ST; ++
INVEGA SUSTENNA	3	++
INVEGA TRINZA	3	++
LATUDA	E	
lurasidone hcl	1	QL
LYBALVI	3	ST; QL
olanzapine oral tablet	1	QL
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
RISPERDAL	E	
risperidone oral solution	1	QL
risperidone oral tablet	1	QL
RYKINDO	3	++
SAPHRIS	E	
SECUADO	E	
SEROQUEL	E	
SEROQUEL XR	E	
UZEDY	3	++
VRAYLAR	3	QL
ZYPREXA	E	
Antivirals		
acyclovir external ointment	1	QL
acyclovir oral	1	
APRETUDE	2	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	
CABENUVA	2	
CIMDUO	2	
DELSTRIGO	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
DESCOVY ORAL TABLET 120-15 MG	3	
DESCOVY ORAL TABLET 200-25 MG	3	PA
DOVATO	2	
emtricitabine-tenofovir df	1	
EPCLUSA	2	PA; SP; QL
HARVONI	2	PA; SP; QL
JULUCA	2	
LEDIPASVIR-SOFOSBUVIR	E	M; SP
MAVYRET	2	PA; SP; QL
oseltamivir phosphate oral	1	QL
PAPZIMEOS	E	SP
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100 & 150/100)	2	QL
PAXLOVID (300/100)	2	QL
PIFELTRO	2	
PREZCOBIX	2	
SOFOSBUVIR-VELPATASVIR	E	M; SP
SYMTUZA	3	
TAMIFLU	E	
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

Drug Name	Drug Tier	Notes
XOFLUZA (80 MG DOSE)	3	QL
YEZTUGO	E	
ZOVIRAX	E	
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	QL
ATIVAN ORAL	E	
BUCAPSOL	E	
buspirone hcl oral	1	
clonazepam oral tablet	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral syrup 10 mg/5ml	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	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
Blood Products and Modifiers - Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	SP
AFSTYLA	3	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
ALHEMO	3	SP
ALPROLIX	3	SP
ALTUVIIIIO	3	SP
ARANESP (ALBUMIN FREE)	2	PA; SP
BENEFIX	2	SP
DOPTELET	3	PA; SP
DOPTELET SPRINKLE	3	PA; SP; QL
ELOCTATE	3	SP
EMPAVELI	3	PA; SP
EPOGEN	E	SP
ESPEROCT	3	SP
FABHALTA	3	PA; SP; QL
FULPHILA	E	SP
FYLNETRA	E	SP
GRANIX	E	SP
HYMPAVZI	3	SP
IDELVION	3	SP
JIVI	3	SP
KOATE	2	SP
KOVALTRY	2	SP
NEULASTA ONPRO	3	PA; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
NEUPOGEN	E	SP
NIVESTYM	2	PA; SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
NYPOZI	E	SP
NYVEPRIA	E	SP
PIASKY	E	SP
PROCRIT	2	PA; SP
PROMACTA	E	SP

Drug Name	Drug Tier	Notes
REBINYN	3	SP
RECOMBINATE	2	SP
RELEUKO	E	SP
RETACRIT	2	PA; SP
ROLVEDON	E	SP
RYZNEUTA	E	SP
SEVENFACT	E	SP
SOLIRIS	E	SP
STIMUFEND	E	SP
TAVALISSE	3	PA; SP
tranexamic acid oral	1	
UDENYCA	3	PA; SP
UDENYCA ONBODY	3	PA; SP
ULTOMIRIS	3	PA; SP
VAFSEO	E	
VOYDEYA	3	PA; SP; QL
WAYRILZ	E	SP
WILATE	2	SP
XYNTHA	2	SP
XYNTHA SOLOFUSE	2	SP
ZARXIO	2	PA; SP
ZIEXTENZO	E	SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ARBLI	3	PA
ATACAND	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
atenolol oral	1	
ATORVALIQ	E	
atorvastatin calcium oral	1	
ATTRUBY	E	SP
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	E	
CAMZYOS	E	SP
candesartan cilexetil	1	
CARDIZEM LA	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	
colestipol hcl oral tablet	1	
CONJUPRI	E	
COREG	E	
COREG CR	E	
COZAAR	E	
CRESTOR	E	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	

Drug Name	Drug Tier	Notes
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl er oral tablet extended release 24 hour	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBYCLOR	3	ST
enalapril maleate oral tablet	1	
ENTRESTO ORAL CAPSULE SPRINKLE	2	QL
ENTRESTO ORAL TABLET	E	
EXFORGE	E	
EXFORGE HCT	E	
ezetimibe	1	
fenofibrate micronized	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
flecainide acetate	1	
FUROSCIX	E	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	PA
HEMICLOR	E	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	1	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
INDERAL LA	E	
INDERAL XL	E	
INNOPRAN XL	E	
INPEFA	E	
INZIRQO	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	
LODOCO	E	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTREL	E	
lovastatin oral	1	
LOVAZA	E	
matzim la	1	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
MICARDIS	E	

Drug Name	Drug Tier	Notes
MICARDIS HCT	E	
midodrine hcl	1	
minoxidil oral	1	
MULTAQ	3	
nebivolol hcl	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	E	
NORLIQVA	3	PA
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	
ranolazine er	1	
REPATHA	2	QL
REPATHA SURECLICK	2	QL
rosuvastatin calcium oral	1	
sacubitril-valsartan	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
simvastatin oral	1	
SOAANZ	E	
spironolactone oral tablet	1	
TEKTURNA	2	
telmisartan	1	
TENORMIN	E	
THALITONE	E	
tiadylt er	1	
TIKOSYN	E	
TOPROL XL	E	
torse mide	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
TRYNGOLZA	3	PA; SP; QL
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	PA
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA; QL
VYNDAMAX	3	PA; SP; QL
VYTORIN	E	
WELCHOL	E	
ZESTRIL	E	
ZETIA	E	
ZOCOR	E	
ZYPITAMAG	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	

Drug Name	Drug Tier	Notes
ADZENYS XR-ODT	E	
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
atomoxetine hcl	1	QL
AZSTARYS	2	ST; QL
clonidine hcl er	1	
COTEMPLA XR-ODT	E	
DAYTRANA	E	
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
DYANAVEL XR	E	
EVEKEO	E	
FOCALIN	E	
FOCALIN XR	E	
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	ST; QL
lisdexamphetamine dimesylate	1	QL
METADATE CD	E	
methylphenidate hcl er	1	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	1	QL
methylphenidate hcl er (xr)	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
methamphetamine hcl oral	1	QL
MYDAYIS	E	
QELBREE	E	
QUILLICHEW ER	E	
QUILLIVANT XR	E	
RELEXXII	3	ST; QL
RITALIN	E	
RITALIN LA	E	
XELSTRYM	E	
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	SP
AUBAGIO	E	SP
AVONEX PEN	2	PA; SP; QL
AVONEX PREFILLED	2	PA; SP; QL
BAFIERTAM	2	PA; SP; QL
BETASERON	2	PA; SP; QL
COPAXONE	E	SP
dalfampridine er	1	PA; SP; QL
dimethyl fumarate oral	1	PA; SP; QL
GILENYA ORAL CAPSULE 0.5 MG	E	SP
KESIMPTA	2	PA; SP; QL
MAVENCLAD	3	PA; SP; QL
MAYZENT	3	PA; SP; QL
MAYZENT STARTER PACK	3	PA; SP; QL
PLEGRIDY	E	SP
PLEGRIDY STARTER PACK	E	SP
PONVORY	E	SP

Drug Name	Drug Tier	Notes
PONVORY STARTER PACK	E	SP
REBIF	E	SP
REBIF REBIDOSE	E	SP
REBIF REBIDOSE TITRATION PACK	E	SP
REBIF TITRATION PACK	E	SP
TASCENSO ODT	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
Central Nervous System Agents - Miscellaneous		
AUSTEDO	3	PA; SP; QL
AUSTEDO XR	3	PA; SP; QL
AUSTEDO XR PATIENT TITRATION	3	PA; SP; QL
CONTRACE	E	
DAYBUE	E	SP
GRALISE	3	ST; QL
INGREZZA	3	PA; SP; QL
LYRICA	E	
LYRICA CR	E	
phentermine hcl oral	1	++
pregabalin oral capsule	1	QL
QSYMIA	2	PA; ++
RADICAVA ORS	2	PA; SP
RADICAVA ORS STARTER KIT	2	PA; SP
SAXENDA	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
TEGLUTIK	2	ST; QL
VYLEESI	3	PA; ++; QL
WAINUA	3	PA; SP; QL
WEGOVY	2	PA; ++; QL
ZEPBOUND KWIKPEN	E	
ZEPBOUND SUBCUTANEOUS SOLUTION	E	
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; ++; QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
periogard	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	
ABSORICA LD	3	PA
ACANYA	E	
acutane	1	
ACZONE	E	
ADBRY	2	PA; SP; QL
AKLIEF	3	PA
ALA SCALP	E	
ala-cort	1	
amnestem	1	
AMZEEQ	3	
ANZUPGO	E	

Drug Name	Drug Tier	Notes
ARAZLO	E	
azelaic acid external	1	
BENZAMYCIN	E	
betamethasone dipropionate external	1	
CABTREO	E	
CALCIPOTRIENE EXTERNAL FOAM	E	M
CIBINQO	2	PA; SP; QL
claravis	1	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	
clindamycin phos (once-daily)	1	
clindamycin phos (twice-daily)	1	
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	E	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	E	M
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	

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

Drug Name	Drug Tier	Notes
clobetasol propionate external gel	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
CLOBEX	E	
CLOBEX SPRAY	E	
clodan	1	
CORDRAN	E	
diclofenac sodium external gel 3 %	1	QL
DIFFERIN EXTERNAL CREAM	E	
DIFFERIN EXTERNAL GEL 0.3 %	E	
doxycycline	E	
DUOBRII	E	
DUPIXENT	2	PA; SP; QL
EBGLYSS	2	PA; SP; QL
EMROSI	E	
ENSTILAR	3	QL
EPIDUO	E	
EPIDUO FORTE	3	
EPSOLAY	E	
EUCRISA	2	ST
FABIOR EXTERNAL FOAM 0.1 %	E	
FINACEA EXTERNAL FOAM	3	
finasteride oral tablet 1 mg	1	
fluocinonide external cream	1	

Drug Name	Drug Tier	Notes
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
HALOG EXTERNAL CREAM	E	
HYDROCORTISONE ACETATE EXTERNAL CREAM 2.5 %	E	M
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
HYDROCORTISONE EXTERNAL SOLUTION	E	M
HYFTOR	E	
imiquimod external cream 3.75 %	1	ST
imiquimod external cream 5 %	1	
imiquimod pump	1	ST
IMPOYZ	E	
isotretinoin oral	1	
KLISYRI (250 MG)	3	ST
KLISYRI (350 MG)	3	ST
LEQSELVI	3	PA; SP; QL
LEXETTE	E	
LITFULO	3	PA; SP; QL
METROGEL	E	
metronidazole external	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
MICORT HC	E	
MIRVASO	2	
mometasone furoate external	1	
NEMLUVIO	2	PA; SP; QL
NORITATE	E	
ONEXTON	1	
OPZELURA	2	ST; QL
ORACEA	E	
PROPECIA	E	
QBREXZA	3	QL
RETIN-A	E	
RETIN-A MICRO PUMP	3	PA; ++
RHOFADE	E	
SANTYL	3	QL
SOFDRA	3	QL
SOOLANTRA	3	
SORILUX	E	
TACLONEX	3	QL
tacrolimus external	1	QL
TAZAROTENE EXTERNAL FOAM	E	
TAZORAC	E	
TOPICORT SPRAY	E	
tretinoin external	1	++
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
triamcinolone in absorbbase	1	
triderm	1	
TWYNEO	E	
ULTRAVATE	E	
VECTICAL	E	

Drug Name	Drug Tier	Notes
VTAMA	2	ST
VYJUVEK	3	PA; SP; QL
WINLEVI	E	
WYNZORA	3	QL
YCANTH	3	PA
ZELSUVMI	3	PA
zenatane	1	
ZEVASKYN BATCH UP TO 12 SHEETS	E	SP
ZIANA	E	
ZILXI	3	ST
ZORYVE EXTERNAL CREAM 0.15 %, 0.3 %	2	ST
ZORYVE EXTERNAL FOAM	2	ST
ZYCLARA EXTERNAL CREAM 3.75 %	E	
ZYCLARA PUMP	E	
Diabetes - Antidiabetic Agents		
ALOGLIPTIN BENZOATE	E	
ALOGLIPTIN-METFORMIN HCL	E	
ALOGLIPTIN-PIOGLITAZONE	E	
BEXAGLIFLOZIN	E	M
BRENZAVVY	E	
BRYNOVIN	E	
DAPAGLIFLOZIN PRO-METFORMIN ER	E	M
DAPAGLIFLOZIN PROPANEDIOL	E	M
EXENATIDE	E	
FARXIGA	2	
glimepiride	1	
glipizide 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
glipizide ir	1	
GLYXAMBI	2	
INVOKAMET	E	
INVOKAMET XR	E	
INVOKANA	E	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral tablet 1000 mg, 500 mg, 750 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA; QL
ONGLYZA	E	
OZEMPIC	2	PA; QL
pioglitazone hcl	1	
RYBELSUS	2	PA; QL
SEGLUROMET	E	
SITAGLIPT BASE-METFORM HCL ER	E	
SITAGLIPTIN	E	M
SITAGLIPTIN BASE-METFORMIN HCL	E	
SOLIQUA	2	
STEGLATRO	E	
STEGLUJAN	E	
SYNJARDY	2	
SYNJARDY XR	2	

Drug Name	Drug Tier	Notes
TRADJENTA	2	
TRIJARDY XR	2	
TRULICITY	2	PA; QL
TZIELD	E	
VICTOZA	E	
XIGDUO XR	2	
ZITUVIMET	E	
ZITUVIMET XR	E	
ZITUVIO	E	
Diabetes - Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	2	++
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	++
CEQUR SIMPLICITY 2U 10PK	2	++
CONTOUR NEXT EZ KIT W/DEVICE	2	++
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	2	++
CONTOUR NEXT MONITOR KIT W/DEVICE	2	++
CONTOUR NEXT ONE KIT	2	++
CONTOUR NEXT GEN TEST STRIPS	2	++; QL
CONTOUR PLUS BLUE KIT W/DEVICE	2	++
CONTOUR PLUS TEST STRIP	2	++; QL
CONTOUR TEST STRIPS	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
DEXCOM G6 RECEIVER	2	PA; ++
DEXCOM G6 SENSOR	2	PA; ++
DEXCOM G6 TRANSMITTER	2	PA; ++
DEXCOM G7 15 DAY SENSOR	2	PA; ++
DEXCOM G7 RECEIVER	2	PA; ++
DEXCOM G7 SENSOR	2	PA; ++
ENLITE GLUCOSE SENSOR	3	PA; ++
EVERSENSE 365 SENSOR/HOLDER	E	
EVERSENSE 365 SMART TRANSMIT	E	
EVERSENSE SENSOR/HOLDER	E	
EVERSENSE SMART TRANSMITTER	E	
FREESTYLE LIBRE 14 DAY READER	E	
FREESTYLE LIBRE 14 DAY SENSOR	E	
FREESTYLE LIBRE 2 PLUS SENSOR	E	
FREESTYLE LIBRE 2 READER	E	
FREESTYLE LIBRE 2 SENSOR	E	
FREESTYLE LIBRE 3 PLUS SENSOR	E	
FREESTYLE LIBRE 3 READER	E	
FREESTYLE LIBRE 3 SENSOR	E	
GUARDIAN 4 GLUCOSE SENSOR	3	PA; ++

Drug Name	Drug Tier	Notes
GUARDIAN 4 TRANSMITTER	3	PA; ++
GUARDIAN LINK 3 TRANSMITTER	3	PA; ++
GUARDIAN REAL-TIME CHARGER	3	++
GUARDIAN REAL-TIME TEST PLUG	3	++
GUARDIAN SENSOR 3	3	PA; ++
INPEN 100-BLUE-LILLY-HUMALOG	3	++
INPEN 100-BLUE-NOVOLOG-FIASP	3	++
INPEN 100-GREY-LILLY-HUMALOG	3	++
INPEN 100-GREY-NOVOLOG-FIASP	3	++
INPEN 100-PINK-LILLY-HUMALOG	3	++
INPEN 100-PINK-NOVOLOG-FIASP	3	++
MINIMED INSTINCT GLUC SENSOR	3	PA; ++
ONETOUCH ULTRA TEST STRIPS	E	
ONETOUCH ULTRA 2 KIT W/DEVICE	E	
ONETOUCH ULTRA BLUE TEST	E	
ONETOUCH ULTRA TEST STRIPS	E	
ONETOUCH VERIO KIT W/DEVICE	E	
ONETOUCH VERIO FLEX SYSTEM	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	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
SIMPLERA SENSOR	3	PA; ++
SIMPLERA SYNC SENSOR	3	PA; ++
SIMPLERA SYSTEM	3	PA; ++
TEMPO SMART BUTTON	E	
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	++
BAQSIMI TWO PACK	2	++
GLUCAGON EMERGENCY KIT	2	Made by Fresenius Kabi; ++
GVOKE HYPOPEN 1-PACK	2	++
GVOKE HYPOPEN 2-PACK	2	++
GVOKE KIT	2	++
GVOKE PFS	2	++
Diabetes - Insulins		
ADMELOG	1	++
ADMELOG SOLOSTAR	1	++
APIDRA SOLOSTAR	1	++
APIDRA VIAL	1	++
BASAGLAR KWIKPEN	1	++
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	E	

Drug Name	Drug Tier	Notes
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 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	++
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	2	++
FIASP	1	++
FIASP FLEXTOUCH	1	++
FIASP PENFILL	1	++
FIASP PUMPCART	1	++
HUMALOG	1	++
HUMALOG KWIKPEN	1	++
HUMALOG MIX 50/50 KWIKPEN	1	++
HUMALOG MIX 75/25 KWIKPEN	1	++
HUMALOG MIX 75/25 VIAL	1	++
HUMALOG TEMPO PEN	E	
HUMALOG U-100 JUNIOR KWIKPEN	1	++
HUMULIN 70/30 KWIKPEN	1	++
HUMULIN 70/30 VIAL	1	++
HUMULIN N KWIKPEN	1	++
HUMULIN N VIAL	1	++
HUMULIN R U-500 KWIKPEN	1	++
HUMULIN R VIAL	1	++
INSULIN ASP PROT & ASP FLEXPEN	E	
INSULIN ASPART	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
INSULIN ASPART FLEXPEN	E	
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	E	
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	E	
INSULIN DEGLUDEC FLEXTOUCH	E	
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	E	
INSULIN GLARGINE MAX SOLOSTAR	E	
INSULIN GLARGINE SOLOSTAR	E	
INSULIN GLARGINE- YFGN	E	
INSULIN LISPRO	1	++
INSULIN LISPRO (1 UNIT DIAL)	1	++
INSULIN LISPRO JUNIOR KWIKPEN	1	++
INSULIN LISPRO PROT & LISPRO	1	++
LANTUS SOLOSTAR	1	++
LANTUS U-100 VIAL	1	++
LYUMJEV KWIKPEN	1	++
LYUMJEV TEMPO PEN	E	
LYUMJEV VIAL	1	++
MERILOG	1	++

Drug Name	Drug Tier	Notes
MERILOG SOLOSTAR	1	++
NOVOLIN 70/30 FLEXPEN	1	++
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	1	++
NOVOLIN N FLEXPEN	1	++
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	1	++
NOVOLIN R FLEXPEN	1	++
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	1	++
NOVOLOG 70/30 FLEXPEN RELION	E	
NOVOLOG FLEXPEN	1	++
NOVOLOG FLEXPEN RELION	E	
NOVOLOG MIX 70/30 FLEXPEN	1	++
NOVOLOG MIX 70/30 RELION	E	
NOVOLOG MIX 70/30 VIAL	1	++
NOVOLOG PENFILL	1	++
NOVOLOG RELION	E	
NOVOLOG U-100 VIAL	1	++
REZVOGLAR KWIKPEN	1	++
SEMGLEE (YFGN)	E	
TOUJEO MAX SOLOSTAR	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
TOUJEO SOLOSTAR	1	++
TRESIBA	E	
TRESIBA FLEXTOUCH	E	
Electrolytes / Minerals / Metals / Vitamins		
ACCRUFER	E	
CARNITOR ORAL	E	
CARNITOR SF	E	
CUVRIOR	E	SP
cyanocobalamin injection solution 1000 mcg/ml	1	++
cyanocobalamin nasal	1	++
ergocalciferol oral capsule	1	++
folic acid oral tablet 1 mg	1	++
JYNARQUE	1	PA; SP; QL
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
LOKELMA	3	
NASCOBAL	3	++
POKONZA	E	
potassium chloride crystals	1	
potassium chloride er	1	
potassium citrate er	1	
SYPRINE	E	SP
tolvaptan	E	Made by Lupin; SP
tolvaptan (hyponatremia)	1	PA; SP; QL

Drug Name	Drug Tier	Notes
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	++
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	
CARAFATE	E	
DEXILANT	E	
esomeprazole magnesium	1	++; QL
famotidine oral suspension reconstituted	1	++
famotidine oral tablet 20 mg, 40 mg	1	++
KONVOMEF	E	
lansoprazole oral capsule delayed release	1	++; QL
misoprostol oral	1	
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	

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
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	M
sucralfate oral	1	
VOQUEZNA	E	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	E	
CLENPIQ	3	
constulose	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
gavilyte-c	1	
gavilyte-g	1	
generlac	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
GOLYTELY	E	
IBSRELA	E	
IQIRVO	3	PA; SP; QL
lactulose encephalopathy	1	
lactulose oral solution	1	
LINZESS	2	ST; QL
LIVDELZI	3	PA; SP; QL
loperamide hcl oral capsule	1	
lubiprostone	1	QL
MOTOFEN	E	
MOVANTIK	E	

Drug Name	Drug Tier	Notes
MOVIPREP	E	
na sulfate-k sulfate-mg sulf	1	
peg-3350/electrolytes	1	
PLENVU	E	
PYLERA	2	
REBYOTA	3	PA; SP
RELISTOR	E	
RELTONE	E	
REZDIFFRA	E	
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	3	
SYMPROIC	2	ST; QL
TALICIA	2	
TRULANCE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	M
VIBERZI	3	PA; QL
VOQUEZNA DUAL PAK	2	
VOQUEZNA TRIPLE PAK	2	
VOWST	E	SP
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
AMONDYS 45	E	SP
BUPHENYL	E	SP
CERDELGA	3	PA; SP
CREON	2	
DUVYZAT	E	SP
ELEVIDYS	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
ELFABRIO	E	SP
EXONDYS 51	E	SP
FABRAZYME	2	PA; SP
HARLIKU	E	SP
IMCIVREE	E	SP
JAVYGTOR	E	SP
KUVAN	E	SP
OLPRUVA (2 GM DOSE)	E	SP
OLPRUVA (3 GM DOSE)	E	SP
OLPRUVA (4 GM DOSE)	E	SP
OLPRUVA (5 GM DOSE)	E	SP
OLPRUVA (6 GM DOSE)	E	SP
OLPRUVA (6.67 GM DOSE)	E	SP
ORFADIN	3	PA; SP
PALYNZIQ	E	SP
PANCREAZE	E	
PERTZYE	E	
PHEBURANE	3	PA; SP
RAVICTI	E	SP
SEPHIENCE	E	SP
STRENSIQ	2	PA; SP
VILTEPSO	E	SP
VIOKACE	E	
VYONDYS 53	E	SP
ZENPEP	2	
ZOLGENSMA	3	PA; SP

Drug Name	Drug Tier	Notes
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	E	
CIALIS	E	
CUPRIMINE	E	SP
ELMIRON	E	
FERRIC CITRATE	E	M
FILSPARI	3	PA; SP; QL
GEMTESA	E	
mirabegron er	1	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	E	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
OXLUMO	3	PA; SP
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
penicillamine oral capsule	E	SP
PYRIDIUM	3	
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
TOVIAZ	E	
VANRAFIA	3	PA; SP; QL
VELPHORO	E	
VENXXIVA	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
VESICARE	E	
VIAGRA	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
JALYN	E	
tamsulosin hcl	1	
TEZRULY	E	
Hormonal Agents - Adrenal		
ALKINDI SPRINKLE	E	
CORTEF	E	
CORTISONE ACETATE ORAL	E	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
EMFLAZA	E	SP
fludrocortisone acetate oral	1	
HEMADY	E	
hydrocortisone oral	1	
KENALOG-10	E	
KENALOG-40	E	
KHINDIVI	E	
methylprednisolone oral	1	
prednisolone oral solution	1	

Drug Name	Drug Tier	Notes
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
PREDNISONE ORAL TABLET DELAYED RELEASE	E	M
prednisone oral tablet therapy pack	1	
ZILRETTA	3	
Hormonal Agents - Men's Health		
ANDROGEL PUMP	E	
AVEED	E	
AZMIRO	E	
DEPO-TESTOSTERONE	E	
JATENZO	E	
KYZATREX	3	PA; QL
NATESTO	E	
TESTIM	E	
TESTOPEL	E	
testosterone cypionate intramuscular	1	PA; QL
testosterone transdermal gel	1	PA; QL
TLANDO	E	
VOGELXO	E	
VOGELXO PUMP	E	
XYOSTED	E	
Hormonal Agents - Pituitary		
ACTHAR	2	PA; SP
ACTHAR GEL	2	PA; SP
BYNFEZIA PEN	E	SP
cabergoline	1	
CETROTIDE	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
CORTROPHIN	2	PA; SP
CORTROPHIN GEL	2	PA; SP
desmopressin acetate oral	1	
FOLLISTIM AQ	2	PA; ++; SP
ganirelix acetate	1	PA; Made by Organon; ++; SP
GENOTROPIN	E	SP
GENOTROPIN MINIQUICK	E	SP
GONAL-F	E	SP
GONAL-F RFF REDIJECT	E	SP
HUMATROPE	E	SP
ISTURISA	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
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
LUPRON DEPOT-PED (1-MONTH)	2	PA; SP; QL
LUPRON DEPOT-PED (3-MONTH)	2	PA; SP; QL
LUPRON DEPOT-PED (6-MONTH)	2	PA; SP; QL
LUTRATE DEPOT	E	SP

Drug Name	Drug Tier	Notes
MYCAPSSA	E	SP
NGENLA	3	PA; ++; SP
NORDITROPIN FLEXPPO	2	PA; ++; SP
NUTROPIN AQ NUSPIN 10	3	PA; ++; SP
NUTROPIN AQ NUSPIN 20	3	PA; ++; SP
NUTROPIN AQ NUSPIN 5	3	PA; ++; SP
OMNITROPE	2	PA; ++; SP
ORILISSA	2	PA; QL
OVIDREL	3	PA; ++; SP
RECORLEV	E	SP
SANDOSTATIN	E	SP
SIGNIFOR	E	SP
SKYTROFA	3	PA; ++; SP
SOGROYA	3	PA; ++; SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	3	PA; SP
TRIPTODUR	2	PA; SP; QL
VABRINTY SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG	E	SP
ZOMACTON	E	SP
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	
Hormonal Agents - Sex Hormones and Birth Control		
afirmelle	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
altavera	1	++
ANNOVERA	3	++; QL
apri	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	++
AVERI	3	++
aviane	1	++
ayuna	1	++
BALCOLTRA	3	++
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	++
blisovi fe 1.5/30	1	++
blisovi fe 1/20	1	++
camila	1	++
chateal eq	1	++
CLIMARA	E	
CLIMARA PRO	2	
cryselle	1	++
cyred eq	1	++
deblitane	1	++
DELESTROGEN	E	
delyla	1	++
DIVIGEL	3	
dotti	1	
drospirenone-ethinyl estradiol	1	++
DUAVEE	2	
ELESTRIN	3	
elinest	1	++

Drug Name	Drug Tier	Notes
eluryng	1	++
emzahh	1	++
ENDOMETRIN	2	++
enilloring	1	++
enskyce	1	++
errin	1	++
estarylla	1	++
ESTRACE	E	
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
ESTROGEL	E	
etonogestrel-ethinyl estradiol	1	++
EVAMIST	3	
falmina	1	++
feirza 1.5/30	1	++
feirza 1/20	1	++
fyavolv	1	
gallifrey	1	
hailey 1.5/30	1	++
hailey 24 fe	1	++
hailey fe 1.5/30	1	++
hailey fe 1/20	1	++
haloette vaginal ring 0.12-0.015 mg/24hr	1	++
heather	1	++
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
incassia	1	++
isibloom	1	++
jasmiel	1	++
jencycla	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
jinteli	1	
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	++
KYLEENA	3	++
larin 1.5/30	1	++
larin 1/20	1	++
larin 24 fe	1	++
larin fe 1.5/30	1	++
larin fe 1/20	1	++
lessina	1	++
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	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	
loryna	1	++
low-ogestrel	1	++
lo-zumandimine	1	++
luizza 1.5/30	1	++
luizza 1/20	1	++
luteria	1	++
lyleq	1	++
lyllana	1	
lyza	1	++
marlissa	1	++

Drug Name	Drug Tier	Notes
medroxyprogesterone acetate intramuscular	1	++; QL
medroxyprogesterone acetate oral	1	
meleya	1	++
microgestin 1.5/30	1	++
microgestin 1/20	1	++
microgestin fe 1.5/30	1	++
microgestin fe 1/20	1	++
mili	1	++
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	3	++
mono-lynyah	1	++
MYFEMBREE	2	PA; QL
NATAZIA	2	++
NEXTSTELLIS	E	
nikki	1	++
nora-be	1	++
norelgestromin-eth estradiol	1	++
norethin ace-eth estrad-fe oral tablet	1	++
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	++
norethindrone oral	1	++
norethindrone-eth estradiol	1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	++
norgestimate-ethinyl estradiol triphasic	1	++
norlyroc	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
NUVARING	E	
ORIAHNN	2	PA; QL
orquidea	1	++
portia-28	1	++
PREMARIN ORAL	E	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
PROMETRIUM	E	
reclipsen	1	++
SAFYRAL	E	
sharobel	1	++
SKYLA	3	++
SLYND	E	
sprintec 28	1	++
syeda	1	++
tarina 24 fe	1	++
tarina fe 1/20 eq	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-sprintec	1	++
tri-vylibra	1	++
tri-vylibra lo	1	++
turqoz	1	++
TWIRLA	E	
VAGIFEM	E	

Drug Name	Drug Tier	Notes
vestura	1	++
vienva	1	++
VIVELLE-DOT	E	
vylibra	1	++
xulane	1	++
YASMIN 28	E	
YAZ	E	
yuvaferm	1	
zafemy	1	++
zumandimine	1	++
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
CYTOMEL	E	
EVEXITHROID	3	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	M
levothyroxine sodium oral tablet	1	
levoxyl	1	
liomny	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
RENTHYROID	E	
SYNTHROID	E	
THYQUIDITY	E	
TIROSINT	E	
TIROSINT-SOL	E	
unithroid	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
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN)	E	SP
ABRILADA (2 PEN)	E	SP
ABRILADA (2 SYRINGE)	E	SP
ACTEMRA ACTPEN	3	PA; 3P; SP; QL
ACTEMRA INTRAVENOUS	3	PA; 3P; SP
ACTEMRA SUBCUTANEOUS	3	PA; 3P; SP; QL
ADALIMUMAB-AACF (2 PEN)	E	SP
ADALIMUMAB-AACF (2 SYRINGE)	E	SP
ADALIMUMAB-AACF(CD/UC/HS STRT)	E	SP
ADALIMUMAB-AACF(PS/UV STARTER)	E	SP
ADALIMUMAB-AATY (1 PEN)	E	SP
ADALIMUMAB-AATY (2 PEN)	E	SP
ADALIMUMAB-AATY (2 SYRINGE)	E	SP
ADALIMUMAB-AATY CD/UC/HS START	E	SP
ADALIMUMAB-ADAZ	E	SP
ADALIMUMAB-ADBM (2 PEN)	E	SP
ADALIMUMAB-ADBM (2 SYRINGE)	E	SP
ADALIMUMAB-BWWD	E	SP

Drug Name	Drug Tier	Notes
ADALIMUMAB-FKJP (2 PEN)	E	SP
ADALIMUMAB-FKJP (2 SYRINGE)	E	SP
ADALIMUMAB-RYVK (1 PEN)	E	SP
ADALIMUMAB-RYVK (2 PEN)	E	SP
ADALIMUMAB-RYVK (2 SYRINGE)	E	SP
ALYGLO	E	SP
AMJEVITA	2	PA; SP; QL
ANDEMBRY	3	PA; SP; QL
ASCENIV	E	SP
AVSOLA	2	PA; SP
AVTOZMA INTRAVENOUS	3	PA; 3P; SP
AVTOZMA SUBCUTANEOUS	3	PA; 3P; SP; QL
azathioprine oral	1	
BENLYSTA	3	PA; SP
BIMZELX	3	PA; 3P; SP; QL
BIVIGAM	3	PA; SP
CIMZIA	2	PA; SP; QL
CIMZIA (1 SYRINGE)	2	PA; SP; QL
CIMZIA (2 SYRINGE)	2	PA; SP; QL
CIMZIA-STARTER	2	PA; SP; QL
CINRYZE	E	SP
COSENTYX (300 MG DOSE)	E	SP
COSENTYX 150 MG/ML	E	SP
COSENTYX SENSOREADY (300 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
COSENTYX SENSOREADY PEN	E	SP
COSENTYX UNOREADY	E	SP
CUTAQUIG	3	PA; SP
CYLTEZO (2 PEN)	E	SP
CYLTEZO (2 SYRINGE)	E	SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	SP
DAWNZERA	3	PA; SP; QL
EKTERLY	E	SP
ENBREL	2	PA; SP; QL
ENBREL MINI	2	PA; SP; QL
ENBREL SURECLICK	2	PA; SP; QL
ENTYVIO PEN	3	PA; SP; QL
FIRAZYR	E	SP
HADLIMA	E	SP
HADLIMA PUSHTOUCH	E	SP
HAEGARDA	3	PA; SP; QL
HIZENTRA	3	PA; SP
HULIO (2 PEN)	E	SP
HULIO (2 SYRINGE)	E	SP
HUMIRA (1 PEN)	E	SP
HUMIRA (2 PEN)	E	SP
HUMIRA (2 SYRINGE)	E	SP
HUMIRA-CD/UC/HS STARTER	E	SP

Drug Name	Drug Tier	Notes
HUMIRA-PSORIASIS/UEIT STARTER	E	SP
HYRIMOZ	E	SP
HYRIMOZ-CROHNS/UC STARTER	E	SP
HYRIMOZ-PED<40KG CROHN STARTER	E	SP
HYRIMOZ-PED>=40KG CROHN START	E	SP
HYRIMOZ-PLAQ PSOR/UEIT START	E	SP
HYRIMOZ-PLAQUE PSORIASIS START	E	SP
IMAAVY	E	SP
IMULDOSA	E	SP
INFLECTRA	2	PA; SP
INFLIXIMAB	E	SP
JOENJA	E	SP
JYLAMVO	3	PA
leflunomide oral	1	
LUPKYNIS	E	SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	1	
mycophenolic acid	1	
MYHIBBIN	3	
OLUMIANT	3	PA; SP; 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
OMVOH	2	PA; SP; QL
OMVOH (300 MG DOSE)	2	PA; SP; QL
ORENCIA CLICKJECT	3	PA; 3P; SP; QL
ORENCIA INTRAVENOUS	3	PA; 3P; SP
ORENCIA SUBCUTANEOUS	3	PA; 3P; SP; QL
ORLADEYO ORAL CAPSULE	3	PA; SP; QL
OTEZLA	2	PA; SP; QL
OTEZLA XR	2	PA; SP; QL
OTEZLA/OTEZLA XR INITIATION PK	2	PA; SP; QL
OTULFI	E	SP
PANZYGA	3	PA; SP
PRIVIGEN	3	PA; SP
PYZCHIVA	E	SP
RASUVO	2	PA; QL
REMICADE	E	SP
RENFLEXIS	E	SP
REZUROCK	E	SP
RHAPSIDO	2	PA; SP; QL
RINVOQ	2	PA; SP; QL
RINVOQ LQ	2	PA; SP; QL
RUCONEST	3	PA; SP; QL
SAJAZIR	E	SP
SELARSDI	E	SP
SIMLANDI (1 PEN)	E	SP
SIMLANDI (2 PEN)	E	SP
SIMLANDI (2 SYRINGE)	E	SP
SIMPONI	2	PA; SP; QL
SIMPONI ARIA	2	PA; SP

Drug Name	Drug Tier	Notes
SKYRIZI INTRAVENOUS	2	PA; SP
SKYRIZI PEN	2	PA; SP; QL
SKYRIZI SUBCUTANEOUS	2	PA; SP; QL
SOTYKTU	2	PA; SP; QL
STELARA	E	SP
STEQEYMA	E	SP
tacrolimus oral	1	
TAKHZYRO	3	PA; SP; QL
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	3	PA; SP; QL
TALTZ	2	PA; SP; QL
TOFIDENCE	E	SP
TREMFYA INTRAVENOUS	2	PA; SP
TREMFYA SUBCUTANEOUS	2	PA; SP; QL
TREXALL	3	
TYENNE	E	SP
USTEKINUMAB	E	SP
USTEKINUMAB-AAUZ	E	SP
USTEKINUMAB-AEKN	E	SP
USTEKINUMAB-TTWE	E	SP
VELSIPITY	2	PA; SP; QL
WEZLANA INTRAVENOUS	2	PA; SP
WEZLANA SUBCUTANEOUS	2	PA; SP; QL
XELJANZ	2	PA; SP; QL
XELJANZ XR	2	PA; SP; QL
XEMBIFY	3	PA; SP
YESINTEK INTRAVENOUS	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
YESINTEK SUBCUTANEOUS	2	PA; SP; QL
YUFLYMA (1 PEN)	E	SP
YUFLYMA (2 PEN)	E	SP
YUFLYMA (2 SYRINGE)	E	SP
YUFLYMA-CD/UC/HS STARTER	E	SP
YUSIMRY	E	SP
ZYMFENTRA (1 PEN)	E	SP
ZYMFENTRA (2 PEN)	E	SP
ZYMFENTRA (2 SYRINGE)	E	SP
Inflammatory Bowel Disease Agents		
APRISO	1	
budesonide oral	1	
CANASA	E	
CORTIFOAM	3	
DIPENTUM	E	
hydrocortisone (perianal)	1	
LIALDA	E	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral	1	
PENTASA	E	
PROCTOFOAM HC	2	
procto-med hc	1	
TARPEYO	E	SP
UCERIS ORAL	E	
UCERIS RECTAL	3	
Metabolic Bone Disease Agents		
BOMYNTRA	E	SP
OSENVLT	2	PA; SP

Drug Name	Drug Tier	Notes
WYOST	E	SP
XGEVA	E	SP
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BONSITY	2	PA; SP
CONEXXENCE	E	SP
FORTEO	E	SP
JUBBONTI	E	SP
PROLIA	E	SP
STOBOCLO	2	PA; SP; QL
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	1	PA; SP
TERIPARATIDE SOLUTION PEN- INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	2	PA; Made by Alvogen; SP
TYMLOS	2	PA; SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
RAYALDEE	3	
SENSIPAR	E	
Miscellaneous Therapeutic Agents		
BD PEN NEEDLE MICRO ULTRAFINE	2	++
BD PEN NEEDLE MINI ULTRAFINE	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
BD PEN NEEDLE NANO ULTRAFINE	2	++
BD PEN NEEDLE ORIG ULTRAFINE	2	++
BD PEN NEEDLE SHORT ULTRAFINE	2	++
BD ULTRA-FINE PEN NEEDLES	2	++
BYLVAY	3	PA; SP
BYLVAY (PELLETS)	3	PA; SP
DOJOLVI	E	
DUROLANE	2	PA; ++; QL
DYSPORT	2	PA
ENDARI	3	PA
EUFLEXXA	2	PA; ++; QL
FIRDAPSE	E	SP
GEL-ONE	E	
GELSYN-3	2	PA; ++; QL
GENVISC 850	E	
GIVLAARI	3	PA; SP
HYALGAN	E	
HYMOVIS	E	
HYMOVIS ONE	E	
ILET CONTACT DETACH 23" 6MM	3	++
ILET INFUSION-INSET 23" 6MM	3	++
ILET INFUSION-INSET 32" 6MM	3	++
ILET INSULIN PUMP	3	++
ILET STARTER - CONTACT DETACH	3	++
ILET STARTER KIT - INSET 23"	3	++
ILET STARTER KIT - INSET 32"	3	++

Drug Name	Drug Tier	Notes
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	++
KERENDIA	3	PA; QL
LIVMARLI	E	SP
MONOVISC	E	
MYOBLOC	2	PA
NOVOFINE PEN NEEDLE	2	++
NOVOFINE PLUS PEN NEEDLE	2	++
OMNIPOD 5 DEXCOM INTRO KIT	2	++
OMNIPOD 5 DEXCOM PODS	2	++
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	2	++
OMNIPOD 5 LIBRE PODS	2	++
OMNIPOD DASH INTRO KIT	2	++
OMNIPOD DASH PODS	2	++
ORTHOVISC	E	
PALFORZIA	E	
PALFORZIA (1 MG DAILY DOSE)	E	
PALFORZIA INITIAL DOSE 1-3YRS	E	
PALFORZIA INITIAL DOSE 4-17YRS	E	
PHEXX	E	
SUPARTZ FX	E	
SYNOJOYNT	E	
SYNVISC	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
SYNVISC ONE	E	
T:SLIM X2 3ML CARTRIDGE	3	++
T:SLIM X2 BASAL-IQ PUMP DEVICE	3	++
T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVICE	3	++
T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVICE	3	++
T:SLIM X2 INSULIN PMP BASAL6.4 DEVICE	3	++
T:SLIM X2 INSULIN PUMP	3	++
T:SLIM X2/BASAL-IQ/ACC/INSTR	3	++
T:SLIM X2/CONTROL-IQ/ACC/INSTR	3	++
TANDEM MOBI AUTOSOFT 30 KIT	3	++
TANDEM MOBI AUTOSOFT XC KIT	3	++
TANDEM MOBI AUTOSOFT30 14PK23"	3	++
TANDEM MOBI AUTOSOFTXC 14PK23"	3	++
TANDEM MOBI AUTOSOFTXC 14PK5"	3	++
TANDEM MOBI TRUSTEEL SUPP KIT	3	++
TANDEM T:SLIM ASFT 30 PK10 23"	3	++
TANDEM T:SLIM ASFT 30 PK14 23"	3	++
TANDEM T:SLIM ASFT XC PK10 23"	3	++

Drug Name	Drug Tier	Notes
TANDEM T:SLIM ASFT XC PK14 23"	3	++
TANDEM T:SLIM TRUSTL PK10 23"	3	++
TAVNEOS	E	SP
TRILURON	E	
TRIVISC	E	
TWIIST REFILL KIT	2	++
TWIIST REFILL KIT/INFUSION SET	2	++
TWIIST STARTER KIT	2	++
VEOZAH	E	
VISCO-3	E	
XEOMIN	2	PA
XPHOZAH	E	
YORVIPATH	3	PA; SP; QL
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
azelastine hcl ophthalmic	1	
BEPREVE	E	
BESIVANCE	3	
BROMSITE	E	
ciprofloxacin hcl ophthalmic	1	
diclofenac sodium ophthalmic	1	
erythromycin ophthalmic	1	
EYSUVIS	3	PA; QL
FLAREX	3	
ILEVRO	E	
INVELTYS	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
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	
NEVANAC	E	
ofloxacin ophthalmic	1	
PRED FORTE	E	
prednisolone acetate ophthalmic	1	
PROLENSA	E	
TOBRADEX ST	3	
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMVIY	E	
ZERVATE	E	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P	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	
IYUZEH	E	

Drug Name	Drug Tier	Notes
latanoprost ophthalmic	1	
LUMIGAN	2	QL
QLOSI	E	
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 OCUDOSE	E	
TRAVATAN Z	E	
VUITY	E	
VYZULTA	E	
XALATAN	E	
ZIOPTAN	E	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
BEOVU	E	SP
BYOOVIZ	E	SP
CEQUA	3	PA; QL
cyclosporine ophthalmic emulsion 0.05 %	E	
ENCCELTO	E	SP
LATISSE	E	
LUCENTIS	E	SP
MIEBO	2	PA; QL
polymyxin b-trimethoprim	1	
RESTASIS	1	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
RESTASIS MULTIDOSE	2	PA; QL
TRYPTYR	2	PA; QL
TYRVAYA	3	PA; QL
VERKAZIA	E	
VEVYE	E	
VIZZ	E	
XIIDRA	2	PA; QL
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
azelastine-fluticasone	1	QL
benzonatate	1	
cetirizine hcl oral solution	1	++
CLARINEX	E	
CLARINEX-D 12 HOUR	E	
cyproheptadine hcl oral	1	
DYMISTA	E	
fluticasone propionate nasal	1	++
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	++

Drug Name	Drug Tier	Notes
mometasone furoate nasal	1	++; QL
OMNARIS	3	++; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
QNASL	3	++; QL
QNASL CHILDRENS	3	++; QL
XHANCE	E	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	E	
ADVAIR HFA	1	QL
AIRSUPRA	2	QL
albuterol sulfate hfa	1	QL
albuterol sulfate inhalation	1	QL
ALVESCO	E	
ANORO ELLIPTA	2	QL
ARNUITY ELLIPTA	2	QL
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	3	
BEVESPI AEROSPHERE	E	
BREO ELLIPTA	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
breyna	E	
BREZTRI AEROSPHERE	2	QL
BRINSUPRI	E	SP
budesonide inhalation	1	QL
budesonide-formoterol fumarate	E	
COMBIVENT RESPIMAT	2	QL
DUAKLIR PRESSAIR	E	
DULERA	E	
epinephrine injection solution auto-injector	1	
EPIPEN JR 2-PAK	E	
ESBRIET	E	SP
FASENRA	2	PA; SP; QL
FASENRA PEN	2	PA; SP; QL
FLUTICASONE FUROATE ELLIPTA	E	M
FLUTICASONE FUROATE- VILANTEROL	E	M
FLUTICASONE PROPIONATE DISKUS	E	M
FLUTICASONE PROPIONATE HFA	E	M
FLUTICASONE- SALMETEROL INHALATION AEROSOL 45-21 MCG/ACT, 115-21 MCG/ACT, 230-21 MCG/ACT	E	M

Drug Name	Drug Tier	Notes
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	ST; QL
FLUTICASONE- SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232- 14 MCG/ACT, 55-14 MCG/ACT	E	M
INCRUSE ELLIPTA	E	
ipratropium bromide inhalation	1	QL
ipratropium-albuterol	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
montelukast sodium oral	1	
NEFFY	3	
NUCALA	2	PA; SP; QL
OFEV	3	PA; SP; QL
OHTUVAYRE	E	
PERFOROMIST	3	QL
PROAIR RESPICLICK	E	
PULMICORT FLEXHALER	E	
PULMICORT SUSPENSION	E	
QVAR REDHALER	2	QL
SEREVENT DISKUS	2	QL
SINGULAIR	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
SPIRIVA HANDIHALER	E	
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
TEZSPIRE	2	PA; SP; QL
tiotropium bromide	1	QL
TRELEGY ELLIPTA	2	QL
TUDORZA PRESSAIR	E	
UMECLIDINIUM-VILANTEROL	E	M
VENTOLIN HFA	E	
wixela inhub	1	ST; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; SP
XOPENEX HFA	E	
YUPELRI INHALATION SOLUTION 175 MCG/3ML	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	SP
BRONCHITOL	E	SP
CAYSTON	E	SP

Drug Name	Drug Tier	Notes
KITABIS PAK (W/ NEBULIZER)	E	SP
PULMOZYME	2	PA; SP
TOBI NEBULIZER	E	SP
TOBI PODHALER	3	SP; QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	M; SP
TRIKAFTA	3	PA; SP; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	SP
ADEMPAS	2	PA; SP; QL
LETAIRIS	E	SP
OPSUMIT	2	PA; SP; QL
OPSYNVI	E	SP
ORENITRAM	3	PA; SP
ORENITRAM MONTH 1	3	PA; SP; QL
ORENITRAM MONTH 2	3	PA; SP; QL
ORENITRAM MONTH 3	3	PA; SP; QL
REMODULIN	E	SP
REVATIO	E	SP
sildenafil citrate oral suspension reconstituted	1	PA; SP; QL
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TADLIQ	E	SP
TRACLEER	E	SP
treprostinil solution 100 mg/20ml injection	1	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
treprostinil solution 100 mg/20ml injection	1	PA; Made by Sandoz; SP
treprostinil solution 20 mg/20ml injection	1	PA; SP
treprostinil solution 20 mg/20ml injection	1	PA; Made by Sandoz; SP
treprostinil solution 200 mg/20ml injection	1	PA; SP
treprostinil solution 200 mg/20ml injection	1	PA; Made by Sandoz; SP
treprostinil solution 50 mg/20ml injection	1	PA; SP
treprostinil solution 50 mg/20ml injection	1	PA; Made by Sandoz; SP
TYVASO	3	PA; SP; QL
TYVASO DPI INSTITUTIONAL KIT	3	PA; SP; QL
TYVASO DPI MAINTENANCE KIT	3	PA; SP; QL
TYVASO DPI TITRATION KIT	3	PA; SP; QL
TYVASO REFILL KIT	3	PA; SP; QL
TYVASO STARTER KIT	3	PA; SP; QL
YUTREPIA	3	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
baclofen oral tablet	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
FLEQSUVY	E	
methocarbamol oral	1	
NORGESIC	E	
NORGESIC FORTE	E	

Drug Name	Drug Tier	Notes
ORPHENGESIC FORTE	E	M
OZOBAX DS	E	
SOMA	E	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine hcl oral tablet	1	
ZANAFLEX	E	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	PA; QL
BELSOMRA	3	QL
DAYVIGO	E	
doxepin hcl oral tablet	1	QL
eszopiclone	1	QL
HETLIOZ	E	SP
HETLIOZ LQ	E	SP
LUMRYZ	E	SP
LUMRYZ STARTER PACK	E	SP
LUNESTA	E	
modafinil oral	1	PA; QL
NUVIGIL	E	
PROVIGIL	E	
QUVIVIQ	E	
RESTORIL	E	
sodium oxybate	1	PA; Made by Hikma; SP; QL
SUNOSI	2	PA; QL
temazepam	1	QL
WAKIX	3	PA; SP; QL
XYREM	E	SP
XYWAV	3	PA; SP; 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
zolpidem tartrate er	1	QL
ZOLPIDEM TARTRATE ORAL CAPSULE	E	
zolpidem tartrate 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.

Index of Drugs

ABILIFY.....	16	ADDERALL XR.....	21	AMONDYS 45.....	31
ABILIFY ASIMTUFII.....	16	ADEMPAS.....	47	amoxicillin.....	8
ABILIFY MAINTENA.....	16	ADMELOG.....	28	amoxicillin-potassium	
abiraterone acetate.....	13	ADMELOG SOLOSTAR.....	28	clavulanate.....	8
abirtega.....	13	ADVAIR DISKUS.....	45	amphetamine-	
ABRILADA (1 PEN).....	38	ADVAIR HFA.....	45	dextroamphetamine.....	21
ABRILADA (2 PEN).....	38	ADVATE.....	17	amphetamine-	
ABRILADA (2 SYRINGE).....	38	ADYNOVATE.....	17	dextroamphetamine er.....	21
ABSORICA.....	23	ADZENYS XR-ODT.....	21	amphet-dextroamphet 3-bead	
ABSORICA LD.....	23	AFINITOR.....	13	er.....	21
ACANYA.....	23	AFINITOR DISPERZ.....	13	AMPYRA.....	22
ACCRUFER.....	30	afirmelle.....	34	AMRIX.....	48
ACCU-CHEK FASTCLIX		AFSTYLA.....	17	AMZEEQ.....	23
LANCET KIT.....	26	AIMOVIG.....	13	anastrozole.....	13
ACCU-CHEK SOFTCLIX		AIRSUPRA.....	45	ANDEMBRY.....	38
LANCET DEVICE KIT.....	26	AJOVY.....	13	ANDROGEL PUMP.....	33
accutane.....	23	AKEEGA.....	13	ANKTIVA.....	13
acetaminophen-codeine.....	7	AKLIEF.....	23	ANNOVERA.....	35
ACIPHEX.....	30	ALA SCALP.....	23	ANORO ELLIPTA.....	45
ACTEMRA.....	38	ala-cort.....	23	ANZUPGO.....	23
ACTEMRA ACTPEN.....	38	albuterol sulfate.....	45	apap-caff-dihydrocodeine.....	7
ACTHAR.....	33	albuterol sulfate hfa.....	45	APIDRA SOLOSTAR.....	28
ACTHAR GEL.....	33	ALECENSA.....	13	APIDRA VIAL.....	28
acyclovir.....	16	alendronate sodium.....	41	APRETUDE.....	16
ACZONE.....	23	alfuzosin hcl er.....	33	apri.....	35
ADALIMUMAB-AACF (2 PEN).....	38	ALHEMO.....	18	APRISO.....	41
ADALIMUMAB-AACF (2		ALKINDI SPRINKLE.....	33	APTIOM.....	10
SYRINGE).....	38	allopurinol.....	13	ARAKODA.....	15
ADALIMUMAB-		ALOGLIPTIN BENZOATE.....	25	ARANESP (ALBUMIN FREE).....	18
AACF(CD/UC/HS STRT).....	38	ALOGLIPTIN-METFORMIN		ARAZLO.....	23
ADALIMUMAB-AACF(PS/UV		HCL.....	25	ARBLI.....	18
STARTER).....	38	ALOGLIPTIN-PIOGLITAZONE.....	25	ARIMIDEX.....	13
ADALIMUMAB-AATY (1 PEN).....	38	ALPHAGAN P.....	44	aripiprazole.....	16
ADALIMUMAB-AATY (2 PEN).....	38	alprazolam.....	17	ARISTADA.....	16
ADALIMUMAB-AATY (2		ALPROLIX.....	18	ARISTADA INITIO.....	16
SYRINGE).....	38	altavera.....	35	armodafinil.....	48
ADALIMUMAB-AATY		ALTUVIIIO.....	18	ARMOUR THYROID.....	37
CD/UC/HS START.....	38	ALUNBRIG.....	13	ARNUITY ELLIPTA.....	45
ADALIMUMAB-ADAZ.....	38	ALVESCO.....	45	ARTHROTEC.....	7
ADALIMUMAB-ADBIM (2 PEN).....	38	ALYGLO.....	38	ASCENIV.....	38
ADALIMUMAB-ADBIM (2		ALYMSYS.....	13	ASMANEX (120 METERED	
SYRINGE).....	38	AMBIEN.....	48	DOSES).....	45
ADALIMUMAB-BWWD.....	38	AMBIEN CR.....	48	ASMANEX (14 METERED	
ADALIMUMAB-FKJP (2 PEN).....	38	amiodarone hcl.....	18	DOSES).....	45
ADALIMUMAB-FKJP (2		AMITIZA.....	31	ASMANEX (30 METERED	
SYRINGE).....	38	amitriptyline hcl.....	11	DOSES).....	45
ADALIMUMAB-RYVK (1 PEN).....	38	AMJEVITA.....	38	ASMANEX (60 METERED	
ADALIMUMAB-RYVK (2 PEN).....	38	amlodipine besylate.....	18	DOSES).....	45
ADALIMUMAB-RYVK (2		amlodipine besylate-benazepril		ASMANEX HFA.....	45
SYRINGE).....	38	hcl.....	18	ATACAND.....	18
ADBRY.....	23	amlodipine besylate-valsartan.....	18	atenolol.....	19
ADCIRCA.....	47	amlodipine-olmesartan.....	18	ATIVAN.....	17
ADDERALL.....	21	amnestem.....	23	atomoxetine hcl.....	21

ATORVALIQ.....	19	BD PEN NEEDLE NANO		BRINSUPRI.....	46
atorvastatin calcium.....	19	ULTRAFINE.....	42	BRIVIACT.....	10
ATROVENT HFA.....	45	BD PEN NEEDLE ORIG		BRIXADI.....	8
ATTRUBY.....	19	ULTRAFINE.....	42	BRIXADI (WEEKLY).....	8
AUBAGIO.....	22	BD PEN NEEDLE SHORT		BROMSITE.....	43
aubra eq.....	35	ULTRAFINE.....	42	BRONCHITOL.....	47
AUGTYRO.....	13	BD ULTRA-FINE INSULIN		BRYNOVIN.....	25
aurovela 1.5/30.....	35	SYRINGES.....	28	BUCAPSOL.....	17
aurovela 1/20.....	35	BD ULTRA-FINE PEN		budesonide.....	41, 46
aurovela 24 fe.....	35	NEEDLES.....	42	budesonide-formoterol	
aurovela fe 1.5/30.....	35	BD VEO INSULIN SYR		fumarate.....	46
aurovela fe 1/20.....	35	ULTRAFINE.....	28	bumetanide.....	19
AURYXIA.....	32	BELBUCA.....	7	BUPHENYL.....	31
AUSTEDO.....	22	BELRAPZO.....	13	buprenorphine hcl.....	8
AUSTEDO XR.....	22	BELSOMRA.....	48	buprenorphine hcl-naloxone	
AUSTEDO XR PATIENT		benazepril hcl.....	19	hcl.....	8
TITRATION.....	22	BENDAMUSTINE HCL.....	14	bupropion hcl.....	11
AUVELITY.....	11	BENEFIX.....	18	bupropion hcl er (smoking det)...	8
AUVI-Q.....	45	BENICAR.....	19	bupropion hcl er (sr).....	11
AVAPRO.....	19	BENICAR HCT.....	19	bupropion hcl er (xl).....	11
AVEED.....	33	BENLYSTA.....	38	BUPROPION HCL ER (XL).....	11
AVERI.....	35	BENZAMYCIN.....	23	buspirone hcl.....	17
AVGEMSI.....	13	benzonatate.....	45	butalbital-apap-caffeine.....	7
aviane.....	35	BEOVU.....	44	BUTRANS.....	7
AVODART.....	33	BEPREVE.....	43	BYLVAY.....	42
AVONEX PEN.....	22	BESIVANCE.....	43	BYLVAY (PELLETS).....	42
AVONEX PREFILLED.....	22	BESREMI.....	14	BYNFEZIA PEN.....	33
AVSOLA.....	38	betamethasone dipropionate....	23	BYOOVIZ.....	44
AVTOZMA.....	38	BETASERON.....	22	BYSTOLIC.....	19
ayuna.....	35	BETHKIS.....	47	CABENUVA.....	16
AZASITE.....	43	BETIMOL.....	44	cabergoline.....	33
azathioprine.....	38	BEVESPI AEROSPHERE.....	45	CABOMETYX.....	14
azelaic acid.....	23	BEXAGLIFLOZIN.....	25	CABTREO.....	23
azelastine hcl.....	43, 45	BEYAZ.....	35	CALCIPOTRIENE.....	23
azelastine-fluticasone.....	45	BIJUVA.....	35	calcitriol.....	41
azithromycin.....	8	BIKTARVY.....	16	CALQUENCE.....	14
AZMIRO.....	33	BIMZELX.....	38	CAMBIA.....	13
AZOPT.....	44	bisoprolol fumarate.....	19	camila.....	35
AZOR.....	19	bisoprolol-hydrochlorothiazide..	19	CAMZYOS.....	19
AZSTARYS.....	21	BIVIGAM.....	38	CANASA.....	41
baclofen.....	48	blisovi 24 fe.....	35	candesartan cilexetil.....	19
BAFIERTAM.....	22	blisovi fe 1.5/30.....	35	capecitabine.....	14
BALCOLTRA.....	35	blisovi fe 1/20.....	35	CAPLYTA.....	16
BAQSIMI ONE PACK.....	28	BLUJEPa.....	8	CARAFATE.....	30
BAQSIMI TWO PACK.....	28	BOMYNTRA.....	41	CARBATROL.....	10
BARACLUDE.....	16	BONSITY.....	41	carbidopa-levodopa.....	16
BASAGLAR KWIKPEN.....	28	BREKIYA.....	13	CARBIDOPA-LEVODOPA ER..	16
BASAGLAR TEMPO PEN.....	28	BRENZAVVY.....	25	CARDIZEM LA.....	19
BD PEN NEEDLE MICRO		BREO ELLIPTA.....	45	carisoprodol.....	48
ULTRAFINE.....	41	brey-na.....	46	CARNITOR.....	30
BD PEN NEEDLE MINI		BREZTRI AEROSPHERE.....	46	CARNITOR SF.....	30
ULTRAFINE.....	41	BRILINTA.....	16	cartia xt.....	19
		brimonidine tartrate.....	44	carvedilol.....	19

CATAPRES-TTS-1	19	clobetasol propionate	23, 24	COSOPT PF	44
CATAPRES-TTS-2	19	CLOBEX	24	COTELLIC	14
CATAPRES-TTS-3	19	CLOBEX SPRAY	24	COTEMPLA XR-ODT	21
CAYSTON	47	clodan	24	COXANTO	7
cefadroxil	8	clonazepam	17	COZAAR	19
cefdinir	9	clonidine hcl	19	CREON	31
cefpodoxime proxetil	9	clonidine hcl er	21	CRESEMBA	12
cefuroxime axetil	9	clopidogrel bisulfate	16	CRESTOR	19
CELEBREX	7	clotrimazole	12	CREXONT	16
celecoxib	7	clotrimazole-betamethasone	12	cryselle	35
CELEXA	11	colchicine	13	CUPRIMINE	32
cephalexin	9	COLESTID	19	CUTAQUIG	39
CEQUA	44	colestipol hcl	19	CUVRIOR	30
CEQUR SIMPLICITY 2U 10PK	26	COMBIGAN	44	cyanocobalamin	30
CERDELGA	31	COMBIVENT RESPIMAT	46	cyclobenzaprine hcl	48
cetirizine hcl	45	COMBOGESIC	7	cyclosporine	44
CETROTIDE	33	CONEXXENCE	41	CYLTEZO (2 PEN)	39
chateal eq	35	CONJUPRI	19	CYLTEZO (2 SYRINGE)	39
chlorhexidine gluconate	23	constulose	31	CYLTEZO-CD/UC/HS	
chlorthalidone	19	CONTOUR NEXT EZ KIT		STARTER	39
CIALIS	32	W/DEVICE	26	CYLTEZO-PSORIASIS/UV	
CIBINQO	23	CONTOUR NEXT GEN		STARTER	39
ciclodan	12	MONITOR KIT W/DEVICE	26	cyproheptadine hcl	45
ciclopirox	12	CONTOUR NEXT GEN TEST		cyred eq	35
CIMDUO	16	STRIPS	26	CYTOMEL	37
CIMZIA	38	CONTOUR NEXT MONITOR		dalfampridine er	22
CIMZIA (1 SYRINGE)	38	KIT W/DEVICE	26	DANZITEN	14
CIMZIA (2 SYRINGE)	38	CONTOUR NEXT ONE KIT	26	DAPAGLIFLOZIN PRO-	
CIMZIA-STARTER	38	CONTOUR PLUS BLUE KIT		METFORMIN ER	25
CINRYZE	38	W/DEVICE	26	DAPAGLIFLOZIN	
ciprofloxacin hcl	9, 43	CONTOUR PLUS TEST		PROPANEDIOL	25
ciprofloxacin-dexamethasone	45	STRIP	26	DARZALEX FASPRO	14
CITALOPRAM		CONTOUR TEST STRIPS	26	DAWNZERA	39
HYDROBROMIDE	11	CONTRAVE	22	DAYBUE	22
citalopram hydrobromide	11	CONZIP	7	DAYTRANA	21
claravis	23	COPAXONE	22	DAYVIGO	48
CLARINEX	45	CORDRAN	24	deblitane	35
CLARINEX-D 12 HOUR	45	COREG	19	DELESTROGEN	35
CLENPIQ	31	COREG CR	19	DELSTRIGO	16
CLEOCIN	9	CORTEF	33	delyla	35
CLIMARA	35	CORTIFOAM	41	DEPAKOTE	10
CLIMARA PRO	35	CORTISONE ACETATE	33	DEPAKOTE ER	10
clindacin etz	23	CORTROPHIN	34	DEPAKOTE SPRINKLES	10
clindacin-p	23	CORTROPHIN GEL	34	DEPO-TESTOSTERONE	33
CLINDAGEL	23	COSELA	14	DESCOVY	17
clindamycin hcl	9	COSENTYX (300 MG DOSE)	38	desmopressin acetate	34
clindamycin phos (once-daily)	23	COSENTYX 150 MG/ML	38	DESVENLAFAXINE ER	11
clindamycin phos (twice-daily)	23	COSENTYX SENSOREADY		desvenlafaxine succinate er	11
clindamycin phosphate	23	(300 MG)	38	dexamethasone	33
clindamycin phosphate-		COSENTYX SENSOREADY		DEXCOM G6 RECEIVER	27
benzoyl peroxide	23	PEN	39	DEXCOM G6 SENSOR	27
CLINDESSE	9	COSENTYX UNOREADY	39	DEXCOM G6 TRANSMITTER	27
CLOBETASOL PROPIONATE	23	COSOPT	44		

DEXCOM G7 15 DAY		dutasteride.....	33	epinephrine.....	46
SENSOR.....	27	DUVYZAT.....	31	EPIPEN JR 2-PAK.....	46
DEXCOM G7 RECEIVER.....	27	DYANAVEL XR.....	21	EPOGEN.....	18
DEXCOM G7 SENSOR.....	27	DYMISTA.....	45	EPRONTIA.....	10
DEXILANT.....	30	DYSPORT.....	42	EPSOLAY.....	24
dexmethylphenidate hcl.....	21	EBGLYSS.....	24	ergocalciferol.....	30
dexmethylphenidate hcl er.....	21	ECONAZOLE NITRATE.....	12	ERIVEDGE.....	14
DHIVY.....	16	EDARBYCLOR.....	19	ERLEADA.....	14
diazepam.....	17	EFFEXOR XR.....	11	errin.....	35
DICLOFENAC PATCH 1.3%.....	7	EKTERLY.....	39	erythromycin.....	43
diclofenac potassium.....	7	ELEPSIA XR.....	10	ERZOFRI.....	16
diclofenac sodium.....	7, 24, 43	ELESTRIN.....	35	ESBRIET.....	46
dicyclomine hcl.....	31	eletriptan hydrobromide.....	13	escitalopram oxalate.....	11
DIFFERIN.....	24	ELEVIDYS.....	31	esomeprazole magnesium.....	30
DIFICID.....	9	ELFABRIO.....	32	ESPEROCT.....	18
DILANTIN.....	10	elinst.....	35	estarylla.....	35
DILANTIN INFATABS.....	10	ELIQUIS.....	9	ESTRACE.....	35
DILANTIN-125.....	10	ELIQUIS (1.5 MG PACK).....	9	estradiol.....	35
DILAUDID.....	7	ELIQUIS (2 MG PACK).....	9	ESTROGEL.....	35
diltiazem hcl er.....	19	ELIQUIS DVT/PE STARTER		eszopiclone.....	48
diltiazem hcl er beads.....	19	PACK.....	9	etonogestrel-ethinyl estradiol....	35
diltiazem hcl er coated beads...	19	ELMIRON.....	32	EUCRISA.....	24
dilt-xr.....	19	ELOCTATE.....	18	EUFLEXXA.....	42
dimethyl fumarate.....	22	eluryng.....	35	EVAMIST.....	35
DIOVAN.....	19	ELYXYB.....	7	EVEKEO.....	21
DIOVAN HCT.....	19	EMFLAZA.....	33	EVERSENSE 365	
DIPENTUM.....	41	EMGALITY.....	13	SENSOR/HOLDER.....	27
diphenoxylate-atropine.....	31	EMPAVELI.....	18	EVERSENSE 365 SMART	
divalproex sodium.....	10	EMROSI.....	24	TRANSMIT.....	27
divalproex sodium er.....	10	emtricitabine-tenofovir df.....	17	EVERSENSE	
DIVIGEL.....	35	EMVERM.....	15	SENSOR/HOLDER.....	27
DOJOLVI.....	42	emzahn.....	35	EVERSENSE SMART	
DOPTelet.....	18	enalapril maleate.....	19	TRANSMITTER.....	27
DOPTelet SPRINKLE.....	18	ENBREL.....	39	EVEXITHROID.....	37
DORYX MPC.....	9	ENBREL MINI.....	39	EXENATIDE.....	25
dorzolamide hcl-timolol mal.....	44	ENBREL SURECLICK.....	39	EXFORGE.....	19
dorzolamide hcl-timolol mal pf..	44	ENCCELTO.....	44	EXFORGE HCT.....	19
dotti.....	35	ENDARI.....	42	EXONDYS 51.....	32
DOVATO.....	17	endocet.....	7	EXPAREL.....	8
doxazosin mesylate.....	19	ENDOMETRIN.....	35	EYSUVIS.....	43
doxepin hcl.....	11, 48	enilloring.....	35	ezetimibe.....	19
doxycycline.....	24	ENLITE GLUCOSE SENSOR...27		FABHALTA.....	18
doxycycline hyclate.....	9	enoxaparin sodium.....	9	FABIOR.....	24
DOXYCYCLINE HYCLATE.....	9	ENSACOVE.....	14	FABRAZYME.....	32
doxycycline monohydrate.....	9	enskyce.....	35	falmina.....	35
drospirenone-ethinyl estradiol...	35	ENSTILAR.....	24	famotidine.....	30
DUAKLIR PRESSAIR.....	46	ENTRESTO.....	19	FARXIGA.....	25
DUAVEE.....	35	ENTYVIO PEN.....	39	FASENRA.....	46
DULERA.....	46	enulose.....	31	FASENRA PEN.....	46
duloxetine hcl.....	11	EPCLUSA.....	17	feirza 1.5/30.....	35
DUOBRII.....	24	EPIDIOLEX.....	10	feirza 1/20.....	35
DUPIXENT.....	24	EPIDUO.....	24	fenofibrate.....	19
DUROLANE.....	42	EPIDUO FORTE.....	24	fenofibrate micronized.....	19

FENOPRON.....	7	FREESTYLE LIBRE 3		GUARDIAN REAL-TIME TEST	
FERRIC CITRATE.....	32	READER.....	27	PLUG.....	27
FIASP.....	28	FREESTYLE LIBRE 3		GUARDIAN SENSOR 3.....	27
FIASP FLEXTOUCH.....	28	SENSOR.....	27	GVOKE HYPOPEN 1-PACK.....	28
FIASP PENFILL.....	28	FULPHILA.....	18	GVOKE HYPOPEN 2-PACK.....	28
FIASP PUMPCART.....	28	FUROSCIX.....	19	GVOKE KIT.....	28
FILSPARI.....	32	furosemide.....	19	GVOKE PFS.....	28
FINACEA.....	24	fyavolv.....	35	GYNAZOLE-1.....	12
finasteride.....	24, 33	FYCOMPA.....	10	HADLIMA.....	39
FIORICET.....	7	FYLNETRA.....	18	HADLIMA PUSHTOUCH.....	39
FIRAZYR.....	39	gabapentin.....	10	HAEGARDA.....	39
FIRDAPSE.....	42	GABARONE.....	10	hailey 1.5/30.....	35
FLAREX.....	43	gallifrey.....	35	hailey 24 fe.....	35
flecainide acetate.....	19	ganirelix acetate.....	34	hailey fe 1.5/30.....	35
FLECTOR.....	7	gavilyte-c.....	31	hailey fe 1/20.....	35
FLEQSUVY.....	48	gavilyte-g.....	31	haloette.....	35
fluconazole.....	12	GAVRETO.....	14	HALOG.....	24
fludrocortisone acetate.....	33	GEL-ONE.....	42	HARLIKU.....	32
fluocinonide.....	24	GELSYN-3.....	42	HARVONI.....	17
FLUOROURACIL.....	24	gemfibrozil.....	19	heather.....	35
fluorouracil.....	24	GEMTESA.....	32	HEMADY.....	33
fluoxetine hcl.....	11	generlac.....	31	HEMANGEOL.....	19
FLUTICASONE FUROATE		GENOTROPIN.....	34	HEMICLOR.....	19
ELLIPTA.....	46	GENOTROPIN MINIQUICK.....	34	HERCESSI.....	14
FLUTICASONE FUROATE-		GENVISC 850.....	42	HERZUMA.....	14
VILANTEROL.....	46	GILENYA.....	22	HETLIOZ.....	48
fluticasone propionate.....	24, 45	GIMOTI.....	12	HETLIOZ LQ.....	48
FLUTICASONE PROPIONATE		GIVLAARI.....	42	HIZENTRA.....	39
DISKUS.....	46	GLEEVEC.....	14	HULIO (2 PEN).....	39
FLUTICASONE PROPIONATE		glimepiride.....	25	HULIO (2 SYRINGE).....	39
HFA.....	46	glipizide er.....	25	HUMALOG.....	28
FLUTICASONE-		glipizide ir.....	26	HUMALOG KWIKPEN.....	28
SALMETEROL.....	46	GLOPERBA.....	13	HUMALOG MIX 50/50	
fluticasone-salmeterol.....	46	GLUCAGON EMERGENCY		KWIKPEN.....	28
fluvoxamine maleate.....	11	KIT.....	28	HUMALOG MIX 75/25	
FOCALIN.....	21	glycopyrrolate.....	31	KWIKPEN.....	28
FOCALIN XR.....	21	GLYXAMBI.....	26	HUMALOG MIX 75/25 VIAL.....	28
folic acid.....	30	GOCOVRI.....	16	HUMALOG TEMPO PEN.....	28
FOLLISTIM AQ.....	34	GOLYTELY.....	31	HUMALOG U-100 JUNIOR	
FORTEO.....	41	GONAL-F.....	34	KWIKPEN.....	28
FOTIVDA.....	14	GONAL-F RFF REDIJECT.....	34	HUMATROPE.....	34
FREESTYLE LIBRE 14 DAY		GRALISE.....	22	HUMIRA (1 PEN).....	39
READER.....	27	GRANIX.....	18	HUMIRA (2 PEN).....	39
FREESTYLE LIBRE 14 DAY		guanfacine hcl.....	19	HUMIRA (2 SYRINGE).....	39
SENSOR.....	27	guanfacine hcl er.....	21	HUMIRA-CD/UC/HS	
FREESTYLE LIBRE 2 PLUS		GUARDIAN 4 GLUCOSE		STARTER.....	39
SENSOR.....	27	SENSOR.....	27	HUMIRA-PSORIASIS/VEIT	
FREESTYLE LIBRE 2		GUARDIAN 4 TRANSMITTER.....	27	STARTER.....	39
READER.....	27	GUARDIAN LINK 3		HUMULIN 70/30 KWIKPEN.....	28
FREESTYLE LIBRE 2		TRANSMITTER.....	27	HUMULIN 70/30 VIAL.....	28
SENSOR.....	27	GUARDIAN REAL-TIME		HUMULIN N KWIKPEN.....	28
FREESTYLE LIBRE 3 PLUS		CHARGER.....	27	HUMULIN N VIAL.....	28
SENSOR.....	27			HUMULIN R U-500 KWIKPEN.....	28

HUMULIN R VIAL.....	28	IMAAVY.....	39	INSULIN GLARGINE	
HYALGAN.....	42	IMBRUVICA.....	14	SOLOSTAR.....	29
hydralazine hcl.....	19	IMCIVREE.....	32	INSULIN GLARGINE-YFGN.....	29
hydrochlorothiazide.....	19	imiquimod.....	24	INSULIN LISPRO.....	29
hydrocodone-acetaminophen.....	7	imiquimod pump.....	24	INSULIN LISPRO (1 UNIT	
hydrocortisone.....	24, 33	IMITREX.....	13	DIAL).....	29
HYDROCORTISONE.....	24	IMITREX STATDOSE REFILL..	13	INSULIN LISPRO JUNIOR	
hydrocortisone (perianal).....	41	IMITREX STATDOSE		KWIKPEN.....	29
HYDROCORTISONE		SYSTEM.....	13	INSULIN LISPRO PROT &	
ACETATE.....	24	IMKELDI.....	14	LISPRO.....	29
hydromorphone hcl.....	7	IMPOYZ.....	24	INSULIN PEN NEEDLES.....	42
hydroxychloroquine sulfate.....	15	IMULDOSA.....	39	INTUNIV.....	21
hydroxyzine hcl.....	17	IMVEXXY MAINTENANCE		INVEGA HAFYERA.....	16
hydroxyzine pamoate.....	17	PACK.....	35	INVEGA SUSTENNA.....	16
HYFTOR.....	24	IMVEXXY STARTER PACK.....	35	INVEGA TRINZA.....	16
HYMOVIS.....	42	INBRIJA.....	16	INVELTYS.....	43
HYMOVIS ONE.....	42	incassia.....	35	INVOKAMET.....	26
HYMPAVZI.....	18	INCRUSE ELLIPTA.....	46	INVOKAMET XR.....	26
HYRIMOZ.....	39	INDERAL LA.....	20	INVOKANA.....	26
HYRIMOZ-CROHNS/UC		INDERAL XL.....	20	INZIRQO.....	20
STARTER.....	39	indomethacin.....	8	ipratropium bromide.....	45, 46
HYRIMOZ-PED<40KG		INFLECTRA.....	39	ipratropium-albuterol.....	46
CROHN STARTER.....	39	INFLIXIMAB.....	39	IQIRVO.....	31
HYRIMOZ-PED>/=40KG		INGREZZA.....	22	irbesartan.....	20
CROHN START.....	39	INLEXZO.....	14	irbesartan-hydrochlorothiazide..	20
HYRIMOZ-PLAQ		INNOPRAN XL.....	20	isibloom.....	35
PSOR/UEVIT START.....	39	INPEFA.....	20	isosorbide mononitrate er.....	20
HYRIMOZ-PLAQUE		INPEN 100-BLUE-LILLY-		isotretinoin.....	24
PSORIASIS START.....	39	HUMALOG.....	27	ISTURISA.....	34
HYSINGLA ER.....	7	INPEN 100-BLUE-NOVOLOG-		IVRA.....	14
HYZAAR.....	19	FIASP.....	27	IYUZEH.....	44
IBSRELA.....	31	INPEN 100-GREY-LILLY-		JALYN.....	33
IBTROZI.....	14	HUMALOG.....	27	jantoven.....	9
ibuprofen.....	7	INPEN 100-GREY-		JANUMET.....	26
ibuprofen-famotidine.....	7	NOVOLOG-FIASP.....	27	JANUMET XR.....	26
ICLUSIG.....	14	INPEN 100-PINK-LILLY-		JANUVIA.....	26
icosapent ethyl.....	19	HUMALOG.....	27	JARDIANCE.....	26
IDELVION.....	18	INPEN 100-PINK-NOVOLOG-		jasmiel.....	35
IDHIFA.....	14	FIASP.....	27	JATENZO.....	33
ILET CONTACT DETACH 23"		INQOVI.....	14	JAVYGTOR.....	32
6MM.....	42	INSULIN ASP PROT & ASP		jencycla.....	35
ILET INFUSION-INSET 23"		FLEXPEN.....	28	JENTADUETO.....	26
6MM.....	42	INSULIN ASPART.....	28	JENTADUETO XR.....	26
ILET INFUSION-INSET 32"		INSULIN ASPART FLEXPEN...	29	jinteli.....	36
6MM.....	42	INSULIN ASPART PENFILL.....	29	JIVI.....	18
ILET INSULIN PUMP.....	42	INSULIN ASPART PROT &		JOBEVNE.....	14
ILET STARTER - CONTACT		ASPART.....	29	JOENJA.....	39
DETACH.....	42	INSULIN DEGLUDEC.....	29	JORNAY PM.....	21
ILET STARTER KIT - INSET		INSULIN DEGLUDEC		JOURNAVX.....	7
23".....	42	FLEXTOUCH.....	29	JUBBONTI.....	41
ILET STARTER KIT - INSET		INSULIN GLARGINE MAX		JUBLIA.....	12
32".....	42	SOLOSTAR.....	29	juleber.....	36
ILEVRO.....	43			JULUCA.....	17

june1 1.5/30.....	36	LAMICTAL STARTER.....	10	lisdexamfetamine dimesylate....	21
june1 1/20.....	36	LAMICTAL XR.....	10	lisinopril.....	20
june1 fe 1.5/30.....	36	lamotrigine.....	10	lisinopril-hydrochlorothiazide....	20
june1 fe 1/20.....	36	lamotrigine er.....	10	LITFULO.....	24
june1 fe 24.....	36	lansoprazole.....	30	lithium carbonate.....	17
JYLAMVO.....	39	LANTUS SOLOSTAR.....	29	lithium carbonate er.....	17
JYNARQUE.....	30	LANTUS U-100 VIAL.....	29	LIVALO.....	20
kalliga.....	36	larin 1.5/30.....	36	LIVDELZI.....	31
KANJINTI.....	14	larin 1/20.....	36	LIVMARLI.....	42
KAPSPARGO SPRINKLE.....	20	larin 24 fe.....	36	LO LOESTRIN FE.....	36
KATERZIA.....	20	larin fe 1.5/30.....	36	LODOCO.....	20
KENALOG-10.....	33	larin fe 1/20.....	36	LOESTRIN 1.5/30 (21).....	36
KENALOG-40.....	33	LASIX.....	20	LOESTRIN 1/20 (21).....	36
KEPPRA.....	10	latanoprost.....	44	LOESTRIN FE 1.5/30.....	36
KEPPRA XR.....	10	LATISSE.....	44	LOESTRIN FE 1/20.....	36
KERENDIA.....	42	LATUDA.....	16	LOKELMA.....	30
KESIMPTA.....	22	LEDIPASVIR-SOFOSBUVIR....	17	loperamide hcl.....	31
ketoconazole.....	12	leflunomide.....	39	lorazepam.....	17
ketorolac tromethamine.....	8, 44	lenalidomide.....	14	LOREEV XR.....	17
KETOROLAC		LEQEMBI.....	11	loryna.....	36
TROMETHAMINE.....	8	LEQEMBI IQLIK.....	11	losartan potassium.....	20
KHINDIVI.....	33	LEQSEVI.....	24	losartan potassium-hctz.....	20
KISQALI (200 MG DOSE).....	14	LEQVIO.....	20	LOTEMAX.....	44
KISQALI (400 MG DOSE).....	14	LESCOL XL.....	20	LOTEMAX SM.....	44
KISQALI (600 MG DOSE).....	14	lessina.....	36	LOTREL.....	20
KISUNLA.....	11	LETAIRIS.....	47	lovastatin.....	20
KITABIS PAK (W/		letrozole.....	14	LOVAZA.....	20
NEBULIZER).....	47	LEVALBUTEROL HFA.....	46	low-ogestrel.....	36
klayesta.....	12	LEVAMLODIPINE MALEATE...	20	lo-zumandimine.....	36
KLISYRI (250 MG).....	24	levetiracetam.....	10	lubiprostone.....	31
KLISYRI (350 MG).....	24	LEVETIRACETAM.....	10	LUCENTIS.....	44
KLONOPIN.....	17	levocetirizine dihydrochloride....	45	luizza 1.5/30.....	36
klor-con.....	30	levofloxacin.....	9	luizza 1/20.....	36
klor-con 10.....	30	levonorgestrel-ethinyl estrad....	36	LUMAKRAS.....	14
klor-con m10.....	30	levo-t.....	37	LUMIGAN.....	44
klor-con m15.....	30	LEVOTHYROXINE SODIUM....	37	LUMRYZ.....	48
klor-con m20.....	30	levothyroxine sodium.....	37	LUMRYZ STARTER PACK.....	48
KLOXXADO.....	8	levoxyl.....	37	LUNESTA.....	48
KOATE.....	18	LEXAPRO.....	11	LUPKYNIS.....	39
KONVOMEPI.....	30	LEXETTE.....	24	LUPRON DEPOT (1-MONTH)..	34
KOSELUGO.....	14	LIALDA.....	41	LUPRON DEPOT (3-MONTH)..	34
KOVALTRY.....	18	LICART.....	8	LUPRON DEPOT (4-MONTH)	
kurvelo.....	36	lidocaine.....	8	INTRAMUSCULAR KIT 30MG..	34
KUVAN.....	32	lidocaine hcl.....	23	LUPRON DEPOT (6-MONTH)	
KYLEENA.....	36	lidocaine viscous hcl.....	23	INTRAMUSCULAR KIT 45MG..	34
KYXATA.....	14	lidocaine-prilocaine.....	8	LUPRON DEPOT-PED (1-	
KYZATREX.....	33	LIDOCAN.....	8	MONTH).....	34
labetalol hcl.....	20	LIDODERM.....	8	LUPRON DEPOT-PED (3-	
lacosamide.....	10	LIKMEZ.....	9	MONTH).....	34
lactulose.....	31	LINZESS.....	31	LUPRON DEPOT-PED (6-	
lactulose encephalopathy.....	31	liomny.....	37	MONTH).....	34
LAMICTAL.....	10	liothyronine sodium.....	37	lurasidone hcl.....	16
LAMICTAL ODT.....	10	LIPITOR.....	20	lutra.....	36

LUTRATE DEPOT.....	34	MICORT HC.....	25	NATAZIA.....	36
LYBALVI.....	16	microgestin 1.5/30.....	36	NATESTO.....	33
lyleq.....	36	microgestin 1/20.....	36	NATROBA.....	15
lyllana.....	36	microgestin fe 1.5/30.....	36	NAYZILAM.....	10
LYNPARZA.....	14	microgestin fe 1/20.....	36	nebivolol hcl.....	20
LYRICA.....	22	midodrine hcl.....	20	NEFFY.....	46
LYRICA CR.....	22	MIEBO.....	44	NEMLUVIO.....	25
LYUMJEV KWIKPEN.....	29	mili.....	36	neomycin-polymyxin-dexameth.....	44
LYUMJEV TEMPO PEN.....	29	MINIMED INSTINCT GLUC		neomycin-polymyxin-hc.....	45
LYUMJEV VIAL.....	29	SENSOR.....	27	NEULASTA.....	18
lyza.....	36	minocycline hcl.....	9	NEULASTA ONPRO.....	18
marlissa.....	36	minoxidil.....	20	NEUPOGEN.....	18
matzim la.....	20	mirabegron er.....	32	NEUPRO.....	16
MAVENCLAD.....	22	MIRENA (52 MG).....	36	NEURONTIN.....	10
MAVYRET.....	17	mirtazapine.....	11	NEVANAC.....	44
MAXALT.....	13	MIRVASO.....	25	NEXIUM.....	30
MAXALT-MLT.....	13	misoprostol.....	30	NEXLETOL.....	20
MAYZENT.....	22	MITIGARE.....	13	NEXLIZET.....	20
MAYZENT STARTER PACK.....	22	modafinil.....	48	NEXTSTELLIS.....	36
meclizine hcl.....	12	mometasone furoate.....	25, 45	NGENLA.....	34
medroxyprogesterone acetate..	36	mono-lynyah.....	36	nifedipine er.....	20
MEKINIST.....	14	MONOVISC.....	42	nifedipine er osmotic release....	20
meleya.....	36	montelukast sodium.....	46	nikki.....	36
meloxicam.....	8	morphine sulfate er.....	7	NIKTIMVO.....	14
memantine hcl.....	11	MOTOFEN.....	31	NILOTINIB D-TARTRATE.....	14
MERILOG.....	29	MOTPOLY XR.....	10	NITROFURANTOIN.....	9
MERILOG SOLOSTAR.....	29	MOUNJARO.....	26	nitrofurantoin macrocrystal.....	9
mesalamine.....	41	MOVANTIK.....	31	nitrofurantoin monohydrate	
mesalamine er oral capsule		MOVIPREP.....	31	macrocrystals.....	9
0.375 gm.....	41	moxifloxacin hcl.....	9, 44	nitroglycerin.....	20
METADATE CD.....	21	MS CONTIN.....	7	NITROSTAT.....	20
metformin hcl er.....	26	MULTAQ.....	20	NIVA THYROID.....	37
metformin hcl er (mod).....	26	mupirocin.....	9	NIVESTYM.....	18
metformin hcl er (osm).....	26	mupirocin cream.....	9	nora-be.....	36
metformin hcl ir.....	26	MVASI.....	14	NORDITROPIN FLEXPRO.....	34
methimazole.....	37	MYCAPSSA.....	34	norelgestromin-eth estradiol.....	36
methocarbamol.....	48	mycophenolate mofetil.....	39	norethin ace-eth estrad-fe.....	36
methotrexate sodium.....	39	mycophenolate sodium.....	39	norethindrone.....	36
methotrexate sodium (pf).....	39	mycophenolic acid.....	39	norethindrone acetate.....	36
methylphenidate hcl.....	22	MYDAYIS.....	22	norethindrone acet-ethinyl est...36	
methylphenidate hcl er.....	21	MYFEMBREE.....	36	norethindrone-eth estradiol.....	36
methylphenidate hcl er (cd).....	21	MYHIBBIN.....	39	NORGESIC.....	48
methylphenidate hcl er (la).....	21	MYOBLOC.....	42	NORGESIC FORTE.....	48
methylphenidate hcl er (osm)....	21	MYRBETRIQ.....	32	norgestimate-eth estradiol.....	36
methylphenidate hcl er (xr).....	21	na sulfate-k sulfate-mg sulf.....	31	norgestimate-ethinyl estradiol	
methyprednisolone.....	33	nabumetone.....	8	triphasic.....	36
metoclopramide hcl.....	12	naloxone hcl.....	8	NORITATE.....	25
metoprolol succinate er.....	20	naltrexone hcl.....	8	NORLIQVA.....	20
metoprolol tartrate.....	20	NAMZARIC.....	11	norlyroc.....	36
METROGEL.....	24	NAPRELAN.....	8	nortriptyline hcl.....	11
metronidazole.....	9, 24	naproxen.....	8	NORVASC.....	20
MICARDIS.....	20	naratriptan hcl.....	13	NOVOEIGHT.....	18
MICARDIS HCT.....	20	NASCOBAL.....	30	NOVOFINE PEN NEEDLE.....	42

NOVOFINE PLUS PEN		OJJAARA.....	14	ORENCIA CLICKJECT.....	40
NEEDLE.....	42	olanzapine.....	16	ORENITRAM.....	47
NOVOLIN 70/30 FLEXPEN.....	29	olmesartan medoxomil.....	20	ORENITRAM MONTH 1.....	47
NOVOLIN 70/30 FLEXPEN		olmesartan medoxomil-hctz.....	20	ORENITRAM MONTH 2.....	47
RELION.....	29	OLPRUVA (2 GM DOSE).....	32	ORENITRAM MONTH 3.....	47
NOVOLIN 70/30 RELION.....	29	OLPRUVA (3 GM DOSE).....	32	ORFADIN.....	32
NOVOLIN 70/30 VIAL.....	29	OLPRUVA (4 GM DOSE).....	32	ORGOVYX.....	14
NOVOLIN N FLEXPEN.....	29	OLPRUVA (5 GM DOSE).....	32	ORIAHNN.....	37
NOVOLIN N FLEXPEN		OLPRUVA (6 GM DOSE).....	32	ORILISSA.....	34
RELION.....	29	OLPRUVA (6.67 GM DOSE)....	32	ORLADEYO.....	40
NOVOLIN N RELION.....	29	OLUMIANT.....	39	ORLYNVAH.....	9
NOVOLIN N VIAL.....	29	omega-3-acid ethyl esters.....	20	ORPHENGESIC FORTE.....	48
NOVOLIN R FLEXPEN.....	29	omeprazole.....	30	orquidea.....	37
NOVOLIN R FLEXPEN		omeprazole-sodium		ORTHOVISC.....	42
RELION.....	29	bicarbonate.....	30	oseltamivir phosphate.....	17
NOVOLIN R RELION.....	29	OMNARIS.....	45	OSENVELT.....	41
NOVOLIN R VIAL.....	29	OMNIPOD 5 DEXCOM INTRO		OSPHENA.....	34
NOVOLOG 70/30 FLEXPEN		KIT.....	42	OTEZLA.....	40
RELION.....	29	OMNIPOD 5 DEXCOM PODS....	42	OTEZLA XR.....	40
NOVOLOG FLEXPEN.....	29	OMNIPOD 5 LIBRE PODS.....	42	OTEZLA/OTEZLA XR	
NOVOLOG FLEXPEN		OMNIPOD 5 LIBRE2 G6		INITIATION PK.....	40
RELION.....	29	INTRO GEN5.....	42	OTULFI.....	40
NOVOLOG MIX 70/30		OMNIPOD DASH INTRO KIT...	42	OVIDREL.....	34
FLEXPEN.....	29	OMNIPOD DASH PODS.....	42	OXAPROZIN.....	8
NOVOLOG MIX 70/30		OMNITROPE.....	34	oxcarbazepine.....	10
RELION.....	29	OMVOH.....	40	OXLUMO.....	32
NOVOLOG MIX 70/30 VIAL.....	29	OMVOH (300 MG DOSE).....	40	OXTELLAR XR.....	10
NOVOLOG PENFILL.....	29	ondansetron hcl.....	12	oxybutynin chloride.....	32
NOVOLOG RELION.....	29	ondansetron odt.....	12	oxybutynin chloride er.....	32
NOVOLOG U-100 VIAL.....	29	ONETOUCH ULTRA 2 KIT		OXYCODONE HCL.....	7
NUBEQA.....	14	W/DEVICE.....	27	oxycodone hcl.....	7
NUCALA.....	46	ONETOUCH ULTRA BLUE		oxycodone-acetaminophen.....	7
NUCYNTA.....	7	TEST.....	27	OXYCONTIN.....	7
NUCYNTA ER.....	7	ONETOUCH ULTRA TEST		OZEMPIC.....	26
NURTEC.....	13	STRIPS.....	27	OZOBAX DS.....	48
NUTROPIN AQ NUSPIN 10.....	34	ONETOUCH VERIO FLEX		PALFORZIA.....	42
NUTROPIN AQ NUSPIN 20.....	34	SYSTEM.....	27	PALFORZIA (1 MG DAILY	
NUTROPIN AQ NUSPIN 5.....	34	ONETOUCH VERIO KIT		DOSE).....	42
NUVARING.....	37	W/DEVICE.....	27	PALFORZIA INITIAL DOSE 1-	
NUVESSA.....	9	ONETOUCH VERIO		3YRS.....	42
NUVIGIL.....	48	REFLECT KIT W/DEVICE.....	27	PALFORZIA INITIAL DOSE 4-	
NUWIQ.....	18	ONEXTON.....	25	17YRS.....	42
NUZYRA.....	9	ONFI.....	10	PALYNZIQ.....	32
nyamyc.....	12	ONGENTYS.....	16	PANCREAZE.....	32
NYPOZI.....	18	ONGLYZA.....	26	PANRETIN.....	14
nystatin.....	12	ONTRUZANT.....	14	pantoprazole sodium.....	30
nystop.....	12	ONZETRA XSAIL.....	13	PANZYGA.....	40
NYVEPRIA.....	18	OPSUMIT.....	47	PAPZIMEOS.....	17
ODOMZO.....	14	OPSYNVI.....	47	paroxetine hcl.....	11
OFEV.....	46	OPVEE.....	8	PAXIL.....	11
ofloxacin.....	44, 45	OPZELURA.....	25	PAXIL CR.....	11
OGIVRI.....	14	ORACEA.....	25	PAXLOVID (150/100).....	17
OHTUVAYRE.....	46	ORENCIA.....	40		

PAXLOVID (300/100 & 150/100).....	17	PREZCOBIX.....	17	REBIF.....	22
PAXLOVID (300/100).....	17	PRISTIQ.....	11	REBIF REBIDOSE.....	22
peg-3350/electrolytes.....	31	PRIVIGEN.....	40	REBIF REBIDOSE TITRATION PACK.....	22
PEMAZYRE.....	14	PROAIR RESPIClick.....	46	REBIF TITRATION PACK.....	22
penicillamine.....	32	prochlorperazine maleate.....	12	REBINYN.....	18
penicillin v potassium.....	9	PROCrit.....	18	REBYOTA.....	31
PENTASA.....	41	PROCTOFOAM HC.....	41	reclipsen.....	37
PERCOCET.....	7	procto-med hc.....	41	RECOMBinate.....	18
PERFOROMIST.....	46	progesterone.....	37	RECORLEV.....	34
periogard.....	23	PROLENSA.....	44	RELAFEN DS.....	8
PERTZYE.....	32	PROLIA.....	41	RELEUKO.....	18
PHEBURANE.....	32	PROMACTA.....	18	RELEXxII.....	22
phentermine hcl.....	22	promethazine hcl.....	12	RELISTOR.....	31
PHESGO.....	14	promethazine-dm.....	45	RELPAx.....	13
PHEXX.....	42	PROMETRIUM.....	37	RELTONe.....	31
PHYRAGO.....	14	PROPECIA.....	25	REMICADE.....	40
PIASKY.....	18	propranolol hcl.....	20	REMODULIN.....	47
PIFELTRO.....	17	propranolol hcl er.....	20	RENFlexIS.....	40
pioglitazone hcl.....	26	PROTONIX.....	30	RENTHYROID.....	37
PIQRAY.....	15	PROVIGIL.....	48	REPATHA.....	20
PLAQUENIL.....	15	PRURADIK.....	15	REPATHA SUREClick.....	20
PLAVIX.....	16	pseudoephedrine-bromphen-dm.....	45	RESTASIS.....	44
PLEGRIDY.....	22	PULMICORT FLEXHALER.....	46	RESTASIS MULTIDOSE.....	45
PLEGRIDY STARTER PACK...	22	PULMICORT SUSPENSION...	46	RESTORIL.....	48
PLENVU.....	31	PULMOZYME.....	47	RETACRIT.....	18
POKONZA.....	30	PYLERa.....	31	RETEVMO.....	15
polymyxin b-trimethoprim.....	44	PYRIDIUM.....	32	RETIN-A.....	25
POMALYST.....	15	PYZCHIVA.....	40	RETIN-A MICRO PUMP.....	25
PONVORY.....	22	QBREXZA.....	25	REVATIO.....	47
PONVORY STARTER PACK...	22	QELBREE.....	22	REVLIMID.....	15
portia-28.....	37	QLOSI.....	44	REXTOVY.....	8
potassium chloride crys er.....	30	QNASL.....	45	REXULTI.....	16
potassium chloride er.....	30	QNASL CHILDRENS.....	45	REZDIFFRA.....	31
potassium citrate er.....	30	QSYMIA.....	22	REZLIDHIA.....	15
PRALUENT.....	20	QUESTRAN.....	20	REZUROCK.....	40
pramipexole dihydrochloride.....	16	QUESTRAN LIGHT.....	20	REZVOGLAR KWIKPEN.....	29
prasugrel hcl.....	16	quetiapine fumarate.....	16	RHAPSIDO.....	40
pravastatin sodium.....	20	quetiapine fumarate er.....	16	RHOFADE.....	25
prazosin hcl.....	20	QUILLICHEW ER.....	22	RHOPRESSA.....	44
PRED FORTE.....	44	QUILLIVANT XR.....	22	RIABNI.....	15
prednisolone.....	33	QULIPTA.....	13	RINVOQ.....	40
prednisolone acetate.....	44	QUVIVIQ.....	48	RINVOQ LQ.....	40
prednisolone sodium.....		QVAR REDIHAlER.....	46	RISPERDAL.....	16
phosphate.....	33	RABEPRAZOLE SODIUM.....	31	risperidone.....	16
prednisone.....	33	RADICAVA ORS.....	22	RITALIN.....	22
PREDNISONE.....	33	RADICAVA ORS STARTER KIT.....	22	RITALIN LA.....	22
pregabalin.....	22	ramipril.....	20	rizatriptan benzoate.....	13
PREMARIN.....	37	ranolazine er.....	20	ROCKLATAN.....	44
PREMPHASE.....	37	RASUVO.....	40	ROLVEDON.....	18
PREMPRO.....	37	RAVICTI.....	32	ropinirole hcl.....	16
PREVACID.....	30	RAYALDEE.....	41	rosuvastatin calcium.....	20
PREVACID SOLUTAB.....	30			roweepra.....	10

ROXICODONE.....	7	SITAGLIPTIN.....	26	SUPREP BOWEL PREP KIT	31
ROXYBOND.....	7	SITAGLIPTIN BASE-		SUTAB.....	31
ROZLYTREK.....	15	METFORMIN HCL.....	26	SUTENT.....	15
RUBRACA.....	15	SKYLA.....	37	syeda.....	37
RUCONEST.....	40	SKYRIZI.....	40	SYMBICORT.....	47
RUXIENCE.....	15	SKYRIZI PEN.....	40	SYMBRAVO.....	13
RYBELSUS.....	26	SKYTROFA.....	34	SYMPAZAN.....	10
RYDAPT.....	15	SLYND.....	37	SYMPROIC.....	31
RYKINDO.....	16	SOAANZ.....	21	SYMTUZA.....	17
RYLAZE.....	15	sodium oxybate.....	48	SYNJARDY.....	26
RYTARY.....	16	SOFDRA.....	25	SYNJARDY XR.....	26
RYZNEUTA.....	18	SOFOSBUVIR-VELPATASVIR..	17	SYNOJOYNT.....	42
SABRIL.....	10	SOGROYA.....	34	SYNTHROID.....	37
sacubitril-valsartan.....	20	solifenacin succinate.....	32	SYNVISC.....	42
SAFYRAL.....	37	SOLQUA.....	26	SYNVISC ONE.....	43
SAJAZIR.....	40	SOLIRIS.....	18	SYPRINE.....	30
SANCUSO.....	12	SOMA.....	48	T/SLIM X2 3ML CARTRIDGE...	43
SANDOSTATIN.....	34	SOMATULINE DEPOT.....	34	T/SLIM X2 BASAL-IQ PUMP....	43
SANTYL.....	25	SOOLANTRA.....	25	T/SLIM X2 CONTROL-IQ 7.7	
SAPHRIS.....	16	SORILUX.....	25	PUMP.....	43
SAXENDA.....	22	SOTYKTU.....	40	T/SLIM X2 CONTROL-IQ 7.8	
SCEMBLIX.....	15	SOVUNA.....	15	PUMP.....	43
scopolamine.....	12	SPIRIVA HANDIHALER.....	47	T/SLIM X2 INSULIN PMP	
SECUADO.....	16	SPIRIVA RESPIMAT.....	47	BASAL6.4.....	43
SEGLUROMET.....	26	spironolactone.....	21	T/SLIM X2 INSULIN PUMP.....	43
SELARSDI.....	40	SPRAVATO (56 MG DOSE).....	12	T/SLIM X2/BASAL-	
SEMGLEE (YFGN).....	29	SPRAVATO (84 MG DOSE).....	12	IQ/ACC/INSTR.....	43
SENSIPAR.....	41	sprintec 28.....	37	T/SLIM X2/CONTROL-	
SEPHIENCE.....	32	SPRITAM.....	10	IQ/ACC/INSTR.....	43
SEREVENT DISKUS.....	46	SPRIX.....	8	TABRECTA.....	15
SEROQUEL.....	16	SPRYCEL.....	15	TACLONEX.....	25
SEROQUEL XR.....	16	ssd.....	9	tacrolimus.....	25, 40
sertraline hcl.....	11	STEGLATRO.....	26	tadalafil.....	32
SEVENFACT.....	18	STEGLUJAN.....	26	TADLIQ.....	47
SEYSARA.....	9	STELARA.....	40	TAFINLAR.....	15
sharobel.....	37	STENDRA.....	32	TAGRISSE.....	15
SIGNIFOR.....	34	STEQEYMA.....	40	TAKHZYRO.....	40
sildenafil citrate.....	32, 47	STIMUFEND.....	18	TALICIA.....	31
SILVADENE.....	9	STIOLTO RESPIMAT.....	47	TALTZ.....	40
silver sulfadiazine.....	9	STIVARGA.....	15	TALZENNA.....	15
SIMBRINZA.....	44	STOBOCLO.....	41	TAMIFLU.....	17
SIMLANDI (1 PEN).....	40	STRENSIQ.....	32	tamoxifen citrate.....	15
SIMLANDI (2 PEN).....	40	STRIVERDI RESPIMAT.....	47	tamsulosin hcl.....	33
SIMLANDI (2 SYRINGE).....	40	SUBLOCADE.....	8	TANDEM MOBI AUTOSOFT	
SIMPLERA SENSOR.....	28	SUBOXONE.....	8	30 KIT.....	43
SIMPLERA SYNC SENSOR.....	28	subvenite.....	10	TANDEM MOBI AUTOSOFT	
SIMPLERA SYSTEM.....	28	sucrafate.....	31	XC KIT.....	43
SIMPONI.....	40	SUFLAVE.....	31	TANDEM MOBI	
SIMPONI ARIA.....	40	sulfamethoxazole-trimethoprim...	9	AUTOSOFT30 14PK23".....	43
simvastatin.....	21	sulfatrim pediatric.....	9	TANDEM MOBI	
SINGULAIR.....	46	sumatriptan succinate.....	13	AUTOSOFTXC 14PK23".....	43
SITAGLIPT BASE-METFORM		SUNOSI.....	48	TANDEM MOBI	
HCL ER.....	26	SUPARTZ FX.....	42	AUTOSOFTXC 14PK5".....	43

TANDEM MOBI TRUSTEEL		TIKOSYN.....	21	triazolam.....	17
SUPP KIT.....	43	timolol maleate.....	44	TRIBENZOR.....	21
TANDEM T/SLIM ASFT 30		timolol maleate (once-daily).....	44	TRICOR.....	21
PK10 23".....	43	timolol maleate ocudose.....	44	TRIDACAINE II.....	8
TANDEM T/SLIM ASFT 30		timolol maleate pf.....	44	TRIDACAINE III.....	8
PK14 23".....	43	TIMOPTIC OCUDOSE.....	44	triderm.....	25
TANDEM T/SLIM ASFT XC		tiotropium bromide.....	47	tri-estarylla.....	37
PK10 23".....	43	TIROSINT.....	37	TRIJARDY XR.....	26
TANDEM T/SLIM ASFT XC		TIROSINT-SOL.....	37	TRIKAFTA.....	47
PK14 23".....	43	tizanidine hcl.....	48	TRILEPTAL.....	11
TANDEM T/SLIM TRUSTL		TLANDO.....	33	tri-linyah.....	37
PK10 23".....	43	TOBI NEBULIZER.....	47	tri-lo-estarylla.....	37
TAPENTADOL HCL ER.....	7	TOBI PODHALER.....	47	tri-lo-marzia.....	37
TARGADOX.....	9	TOBRADEX ST.....	44	tri-lo-mili.....	37
TARGRETIN.....	15	TOBRAMYCIN.....	47	tri-lo-sprintec.....	37
tarina 24 fe.....	37	tobramycin-dexamethasone.....	44	TRILURON.....	43
tarina fe 1/20 eq.....	37	TOFIDENCE.....	40	tri-mili.....	37
TARPEYO.....	41	TOLECTIN 600.....	8	TRINTELLIX.....	12
TASCENSO ODT.....	22	TOLSURA.....	12	TRIPTODUR.....	34
TASIGNA.....	15	tolvaptan.....	30	tri-sprintec.....	37
TAVALISSE.....	18	tolvaptan (hyponatremia).....	30	TRIUMEQ.....	17
TAVNEOS.....	43	TOPAMAX.....	10	TRIVISC.....	43
TAZAROTENE.....	25	TOPAMAX SPRINKLE.....	10	tri-vylibra.....	37
TAZORAC.....	25	TOPICORT SPRAY.....	25	tri-vylibra lo.....	37
TAZVERIK.....	15	topiramate.....	10, 11	TROKENDI XR.....	11
TECFIDERA.....	22	TOPROL XL.....	21	TRUDHESA.....	13
TEGLUTIK.....	23	torsemide.....	21	TRULANCE.....	31
TEGRETOL.....	10	TOSYMRA.....	13	TRULICITY.....	26
TEGRETOL-XR.....	10	TOUJEO MAX SOLOSTAR.....	29	TRUQAP.....	15
TEKTURNA.....	21	TOUJEO SOLOSTAR.....	30	TRUVADA.....	17
telmisartan.....	21	TOVIAZ.....	32	TRUXIMA.....	15
temazepam.....	48	TRACLEER.....	47	TRYNGOLZA.....	21
TEMPO SMART BUTTON.....	28	TRADJENTA.....	26	TRYPTYR.....	45
TENORMIN.....	21	TRAMADOL HCL (ER		TUDORZA PRESSAIR.....	47
TEPADINA.....	15	BIPHASIC).....	7	turqoz.....	37
TEPMETKO.....	15	TRAMADOL HCL IR.....	7	TWIIST REFILL KIT.....	43
TEPYLUTE.....	15	tramadol hcl ir.....	7	TWIIST REFILL	
terbinafine hcl.....	12	tranexamic acid.....	18	KIT/INFUSION SET.....	43
terconazole.....	12	TRAVATAN Z.....	44	TWIIST STARTER KIT.....	43
teriparatide.....	41	TRAZIMERA.....	15	TWIRLA.....	37
TERIPARATIDE.....	41	trazodone hcl.....	12	TWYNEO.....	25
TESTIM.....	33	TREANDA.....	15	TYENNE.....	40
TESTOPEL.....	33	TRELEGY ELLIPTA.....	47	TYMLOS.....	41
testosterone.....	33	TREMFYA.....	40	TYRVAYA.....	45
testosterone cypionate.....	33	treprostinil.....	47, 48	TYVASO.....	48
TEZRULY.....	33	TRESIBA.....	30	TYVASO DPI INSTITUTIONAL	
TEZSPIRE.....	47	TRESIBA FLEXTOUCH.....	30	KIT.....	48
THALITONE.....	21	tretinoin.....	25	TYVASO DPI MAINTENANCE	
THIOLA.....	32	TREXALL.....	40	KIT.....	48
THIOLA EC.....	32	TREXIMET.....	13	TYVASO DPI TITRATION KIT..	48
THYQUIDITY.....	37	triamcinolone acetonide.....	25	TYVASO REFILL KIT.....	48
tiadylt er.....	21	triamcinolone in absorbbase.....	25	TYVASO STARTER KIT.....	48
ticagrelor.....	16	triamterene-hctz.....	21	TZIELD.....	26

UBRELVY.....	13	VIBERZI.....	31	XACIATO.....	9
UCERIS.....	41	VICTOZA.....	26	XALATAN.....	44
UDENYCA.....	18	vienva.....	37	XALKORI.....	15
UDENYCA ONBODY.....	18	VIGADRONE.....	11	XANAX.....	17
ULTOMIRIS.....	18	VIGAMOX.....	44	XANAX XR.....	17
ULTRAVATE.....	25	vilazodone hcl.....	12	XARELTO.....	9
UMECLIDINIUM-		VILTEPSO.....	32	XARELTO STARTER PACK.....	10
VILANTEROL.....	47	VIMPAT.....	11	XCOPRI.....	11
unithroid.....	37	VIOKACE.....	32	XDEMVI.....	44
UNLOXCYT.....	15	VISCO-3.....	43	XELJANZ.....	40
URSODIOL.....	31	vitamin d (ergocalciferol).....	30	XELJANZ XR.....	40
USTEKINUMAB.....	40	VITRAKVI.....	15	XELSTRYM.....	22
USTEKINUMAB-AAUZ.....	40	VIVELLE-DOT.....	37	XEMBIFY.....	40
USTEKINUMAB-AEKN.....	40	VIVIMUSTA.....	15	XEOMIN.....	43
USTEKINUMAB-TTWE.....	40	VIVITROL.....	8	XGEVA.....	41
UZEDY.....	16	VIVJOA.....	13	XHANCE.....	45
VABRINTY.....	34	VIZZ.....	45	XIFAXAN.....	9
VAFSEO.....	18	VOCABRIA.....	17	XIGDUO XR.....	26
VAGIFEM.....	37	VOGELXO.....	33	XIIDRA.....	45
valacyclovir hcl.....	17	VOGELXO PUMP.....	33	XOFLUZA (40 MG DOSE).....	17
VALIUM.....	17	VOQUEZNA.....	31	XOFLUZA (80 MG DOSE).....	17
valsartan.....	21	VOQUEZNA DUAL PAK.....	31	XOLAIR.....	47
valsartan-hydrochlorothiazide.....	21	VOQUEZNA TRIPLE PAK.....	31	XOPENEX HFA.....	47
VALTOCO 10 MG DOSE.....	11	VOSEVI.....	17	XPHOZAH.....	43
VALTOCO 15 MG DOSE.....	11	VOWST.....	31	XTAMPZA ER.....	7
VALTOCO 20 MG DOSE.....	11	VOYDEYA.....	18	XTANDI.....	15
VALTOCO 5 MG DOSE.....	11	VRAYLAR.....	16	xulane.....	37
VALTREX.....	17	VTAMA.....	25	XYNTHA.....	18
VANRAFIA.....	32	VUITY.....	44	XYNTHA SOLOFUSE.....	18
varenicline tartrate.....	8	VUMERITY.....	22	XYOSTED.....	33
VARUBI (180 MG DOSE).....	12	VYJUVEK.....	25	XYREM.....	48
VASCEPA.....	21	VYLEESI.....	23	XYWAV.....	48
VECTICAL.....	25	vylibra.....	37	YASMIN 28.....	37
VEGZELMA.....	15	VYNDAMAX.....	21	YAZ.....	37
VELPHORO.....	32	VYONDYS 53.....	32	YCANTH.....	25
VELSIPITY.....	40	VYTORIN.....	21	YESINTEK.....	40, 41
VELTASSA.....	30	VYVGART.....	13	YEZTUGO.....	17
VEMLIDY.....	17	VYVGART HYTRULO.....	13	YONSA.....	15
VENLAFAXINE BESYLATE		VYZULTA.....	44	YORVIPATH.....	43
ER.....	12	WAINUA.....	23	YOSPRALA.....	16
venlafaxine hcl.....	12	WAKIX.....	48	YUFLYMA (1 PEN).....	41
venlafaxine hcl er.....	12	warfarin sodium.....	9	YUFLYMA (2 PEN).....	41
VENTOLIN HFA.....	47	WAYRILZ.....	18	YUFLYMA (2 SYRINGE).....	41
VENXXIVA.....	32	WEGOVY.....	23	YUFLYMA-CD/UC/HS	
VEOZAH.....	43	WELCHOL.....	21	STARTER.....	41
verapamil hcl er.....	21	WELLBUTRIN SR.....	12	YUPELRI.....	47
VERKAZIA.....	45	WELLBUTRIN XL.....	12	YUSIMRY.....	41
VERQUVO.....	21	WEZLANA.....	40	YUTREPIA.....	48
VERZENIO.....	15	WILATE.....	18	yuvafem.....	37
VESICARE.....	33	WINLEVI.....	25	zafemy.....	37
vestura.....	37	wixela inhub.....	47	ZANAFLEX.....	48
VEVYE.....	45	WYNZORA.....	25	ZARXIO.....	18
VIAGRA.....	33	WYOST.....	41	ZAVZPRET.....	13

ZEJULA.....	15	ZYPITAMAG.....	21
ZELBORAF.....	15	ZYPREXA.....	16
ZELSUVMI.....	25	ZYTIGA.....	15
ZEMBRACE SYMTOUCH.....	13		
zenatane.....	25		
ZENPEP.....	32		
ZENZEDI.....	22		
ZEPBOUND.....	23		
ZEPBOUND KWIKPEN.....	23		
ZEPOSIA.....	22		
ZEPOSIA 7-DAY STARTER PACK.....	22		
ZEPOSIA STARTER KIT.....	22		
ZERVIAE.....	44		
ZESTRIL.....	21		
ZETIA.....	21		
ZEVASKYN BATCH UP TO 12 SHEETS.....	25		
ZIANA.....	25		
ZIEXTENZO.....	18		
ZILRETTA.....	33		
ZILXI.....	25		
ZIOPTAN.....	44		
ZIPSOR.....	8		
ZIRABEV.....	15		
ZITUVIMET.....	26		
ZITUVIMET XR.....	26		
ZITUVIO.....	26		
ZOCOR.....	21		
ZOLGENSMA.....	32		
ZOLOFT.....	12		
ZOLPIDEM TARTRATE.....	49		
zolpidem tartrate.....	49		
zolpidem tartrate er.....	49		
ZOMACTON.....	34		
ZOMIG.....	13		
ZONEGRAN.....	11		
ZONISADE.....	11		
zonisamide.....	11		
ZORYVE.....	25		
ZOVIRAX.....	17		
ZTLIDO.....	8		
ZUBSOLV.....	8		
zumandimine.....	37		
ZUNVEYL.....	11		
ZURNAL.....	8		
ZURZUVAE.....	12		
ZYCLARA.....	25		
ZYCLARA PUMP.....	25		
ZYLET.....	45		
ZYMFENTRA (1 PEN).....	41		
ZYMFENTRA (2 PEN).....	41		
ZYMFENTRA (2 SYRINGE).....	41		

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND ALTERNATE FORMATS

ATTENTION: If you speak **English**, free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

ملاحظة: إذا كنت تتحدث اللغة العربية (**Arabic**)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាឥតគិតថ្លៃ និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខឥតគិតថ្លៃនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

请注意：如果您说中文 (**Chinese**)，我们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电您的会员身份卡上的免付费电话号码。

請注意：如果您說中文 (**Chinese**)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak komunikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzen und kostenlose Kommunikation in anderen Formaten, wie zum große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

Hindi: यदि आप हिंदी (**Hindi**) बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे की बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, cov kev pab cuam lus pub dawb thiab kev sib txuas lus dawb hauv lwm hom ntawv, xws li luam ntawv loj, muaj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

PANANGIKASO: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: Se parla **italiano (Italian)** può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項：日本語（**Japanese**）を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料コミュニケーションをご利用いただけます。[]にお電話ください。

알림사항: 한국어(**Korean**)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

BAA'ÁKONÍÍZIN: Diné (**Navajo**) saad bee yáníłti'go, t'áá jiik'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó bee ahił hane'í nááná łahgo át'éego bee hadadilyaa, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nitł'izí bee nééhoziní baah t'áá jiik'eh bee hane'í námboo bee hodílnih

توجه: اگر به زبان فارسی (**Farsi**) صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ: Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например, напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói Tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ nhận dạng thành viên của quý vị.



July 1, 2026 Premium Formulary Exclusions and Preferred Specialty Prior Authorization Requirements

Standard

Therapeutic category/ disease state	Excluded medications		Formulary alternative medications
Analgesics			
Non-steroidal anti-inflammatory agents	Oral	Coxanto, Fenopron 300mg, Oxaprozin 300mg (M), Relafen DS, Tolectin 600mg	celecoxib, diclofenac, diflunisal, etodolac, flurbiprofen, ibuprofen, indomethacin, ketorolac, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac
	Other	Sprix nasal spray	diclofenac, ibuprofen, meloxicam
	Topical	Diclofenac patch (M), Flector, Licart	Any preferred/generic oral non-steroidal anti-inflammatory agent (examples: diclofenac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, naproxen)
Opioid analgesics	Oral	Conzip, Tramadol ER cap (M)	generic tramadol ER tab
	Long-Acting	Nucynta ER	hydrocodone bitartrate ER 24HR, hydromorphone HCl ER, morphine sulfate ER, oxymorphone HCl ER, Hysingla ER, OxyContin
	Long-Acting	Tapentadol ER (M)	Xtampza ER
	Oral	Tramadol solution (M)	tramadol 50mg, 100mg tab
	Short-Acting	Oxycodone HCl (M), Roxybond	oxycodone HCl
Other		Combogesic tab	acetaminophen/ibuprofen, acetaminophen, ibuprofen
Skeletal muscle relaxants		Norgesic, Norgesic Forte,	orphenadrine tab, aspirin

(M) Co-branded product

¹Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

About this document: 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.

Therapeutic category/ disease state	Excluded medications	Formulary alternative medications
Antianxiety agents		
Antianxiety agents	Bucapsol	buspirone, hydroxyzine
	Loreev XR	clonazepam, diazepam, lorazepam, oxazepam, temazepam
Antibacterials		
Oral antibiotics	Doryx MPC, Doxycycline Hyclate DR 80mg, doxycycline monohydrate (Rosacea), Emrosi	doxycycline IR, minocycline IR
	Likmez susp	metronidazole 250mg tab
	Likmez susp	500mg tab
	Nitrofurantoin susp 50mg/5ml	nitrofurantoin cap, tab
	Xifaxan 200mg tab	Please talk to your provider about clinically appropriate options.
Urinary anti-infectives	Blujepa, Orlynvah	Please talk to your provider about clinically appropriate options.
Vaginal anti-infectives	Cleocin vaginal suppositories, Nuversa gel	clindamycin vaginal cream, metronidazole vaginal gel
	Cleocin vaginal suppositories, Nuversa gel	Clindesse cream, Xaciato
Anticonvulsants		
Seizure disorders	Elepsia XR ¹	levetiracetam ER
	Gabarone	gabapentin cap, tab
	Levetiracetam 250mg (made by Prasco), Spritam	generic levetiracetam tab
	Zonisade susp ¹	zonisamide cap
Antidepressants		
Antidepressants	Auvelity ¹	bupropion, citalopram tab, desvenlafaxine ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine ER/IR, sertraline tab/sol, venlafaxine ER/IR
	Bupropion XL (M) ¹	generic bupropion XL
	Citalopram cap 30mg ¹	generic citalopram tab
	Venlafaxine ER 112.5mg ¹	venlafaxine ER tab
Antifungals, oral		
Oral antifungals	Vivjoa	fluconazole tab
	Tolsura	itraconazole cap
Antimalarials		
Oral antimalarials	Sovuna	hydroxychloroquine

(M) Co-branded product

¹Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

About this document: 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.

Therapeutic category/ disease state	Excluded medications	Formulary alternative medications
Antimigraines		
CGRP antagonists	Ajovy	amitriptyline, atenolol, divalproex sodium, nadolol, propranolol, timolol, topiramate, venlafaxine, Aimovig, Emgality 120mg/ml
Ergotamine derivative	Brekiya	Nurtec, Ubrelvy, Zavzpret
	Trudhesa	dihydroergotamine
Non-steroidal anti-inflammatory agents/combinations	Elyxyb	eletriptan, frovatriptan, rizatriptan, sumatriptan, zolmitriptan
	Symbravo	meloxicam, rizatriptan
Serotonin receptor agonists	Imitrex injection, Onzetra Xsail, Tosymra, Zembrace Symtouch	rizatriptan ODT, sumatriptan tab, sumatriptan nasal spray, zolmitriptan ODT
Antiparkinson agents		
Parkinson's disease	Carbidopa/Levodopa ER (M), Rytary	generic carbidopa/levodopa ER
	Dhivy	carbidopa/levodopa IR, carbidopa/levodopa ODT
	Gocovri	amantadine
Antipsychotics		
Atypical antipsychotics	Secuado ¹	aripiprazole, asenapine, clozapine, olanzapine, paliperidone ER, quetiapine ER/IR, risperidone, ziprasidone
Antivirals		
Hepatitis B drugs	Vemlidy ¹	entecavir,
	Vemlidy ¹	tenofovir disoproxil fumarate
Hepatitis C drugs	Ledipasvir-Sofosbuvir (M)	Epclusa, Harvoni, Mavyret, Vosevi
	Sofosbuvir-Velpatasvir (M)	Epclusa, Harvoni, Mavyret, Vosevi
HIV drugs	Vocabria ¹	Please talk to your provider about clinically appropriate options.
	Yeztugo	emtricitabine-tenofovir disoproxil fumarate, Apretude
Autonomic & central nervous system		
Attention deficit disorder	Cotempla XR-ODT, Dyanavel XR chew tab/suspension, Quillichew ER, Quillivant XR, Xelstrym	amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine IR/ER, lisdexamfetamine, Azstarys
	Cotempla XR-ODT, Dyanavel XR chew tab/suspension, Quillichew ER, Quillivant XR, Xelstrym	Jornay PM
	Qelbree	amphetamine IR/ER, atomoxetine, clonidine ER, guanfacine ER, methylphenidate IR/ER

(M) Co-branded product

¹Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

About this document: 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.

Therapeutic category/ disease state	Excluded medications	Formulary alternative medications
Multiple sclerosis	Plegridy, Rebif, Rebif Rebidose	Avonex, Betaseron
	Ponvory	dimethyl fumarate DR, fingolimod, glatopa, glatiramer, teriflunomide, Avonex, Bafiertam, Betaseron, Kesimpta, Vumerity
	Tascenso ODT	fingolimod
Cholesterol-lowering agents	Atorvaliq	atorvastatin
	Leqvio, Praluent	Repatha
	Zypitamag	atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
Edema	Soaanz	bumetanide, furosemide, torsemide
Heart failure	Furoscix	furosemide
	Inpefa	Farxiga, Jardiance
Hypertension	Conjupri, Katerzia, Levamlodipine (M)	amlodipine
Cardiovascular		
Cardiovascular	Hemiclor, Thalitone	chlorthalidone
	Inderal XL, Innopran XL	propranolol ER
	Inzirqo	hydrochlorothiazide cap/tab
	Kapspargo	metoprolol ER
Hypertrophic cardiomyopathy (HCM)	Camzyos	Please talk to your provider about clinically appropriate options.
Transthyretin amyloid cardiomyopathy (ATTR-CM)	Attruby	Vyndamax, Vyndaqel
Chemotherapy agents		
Alkylating agents	Belrapzo, Bendamustine Sol (by Apotex), Bendamustine Sol (by Baxter), Vivimusta	generic bendamustine
	Ivra	melphalan
	Tepadina, Tepylute	thiotepa
Antiandrogens	Yonsa	Xtandi
Asparaginase enzyme therapy agents	Rylaze	Oncaspar
Combination agents	Inqovi	Please talk to your provider about clinically appropriate options.
Cytolytic antibodies	Riabni, Truxima	Ruxience
HER-2 inhibitors	Hercessi, Herzuma, Ogivri, Ontruzant	Kanjinti, Trazimera
Isocitrate dehydrogenase-1 inhibitors (IDH1)	Rezlidhia	Tibsovo

(M) Co-branded product

¹Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

About this document: 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.

Therapeutic category/ disease state	Excluded medications	Formulary alternative medications
Kinase inhibitors	Fotivda	Please talk to your provider about clinically appropriate options.
	Ibtrozi	Augtyro, Rozlytrek
	Imbruvica 140mg, 280mg tab	Calquence; Imbruvica 70mg cap, 140mg cap; Imbruvica 420mg tab, 560mg tab; Imbruvica susp
	Niktimvo, Rezurock	Imbruvica 70mg cap, 140mg cap; Imbruvica 420mg tab, 560mg tab; Imbruvica susp; Jakafi
	Nilotinib D-tartrate	generic nilotinib HCl
	Ojjaara	Jakafi
	Pemazyre	Please talk to your provider about clinically appropriate options.
	Phyrago	dasatinib
	Xalkori	Please talk to your provider about clinically appropriate options.
Methyltransferase inhibitors	Tazverik	Please talk to your provider about clinically appropriate options.
Miscellaneous	Darzalex Faspro	Please talk to your provider about clinically appropriate options.
Nucleoside metabolic inhibitors	Avgemsi	gemcitabine
	Inlexzo	gemcitabine, mitomycin
PARP inhibitors	Akeega, Talzena	Lynparza
	Rubraca	Lynparza, Zejula
PD-L1 blocking antibody	Unloxcyt	Please talk to your provider about clinically appropriate options.
Platinum-based agents	Kyxata	carboplatin
Vascular endothelial growth factor inhibitor	Alymsys, Jobevne, Vegzelma	Mvasi, Zirabev
Contraceptives		
Gel	Phexx	Please talk to your provider about clinically appropriate options.
Oral	Lo Loestrin FE	junel FE, larin FE, microgestin FE, tarina FE, Natazia
	Nextstellis	drospirenone/ethinyl estradiol, loryna, nikki
	Slynd	camila, incassia, nora-be, norethindrone, norlyda, norlyroc
Patch	Twirla	levonorgestrel/ethinyl estradiol combined generic oral contraceptive, xulane, zafemy

(M) Co-branded product

¹Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

About this document: 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.

Therapeutic category/ disease state	Excluded medications	Formulary alternative medications
Corticosteroids		
Oral steroids	Alkindi sprinkle, Cortisone tab 25mg	hydrocortisone
	Hemady	dexamethasone
	Khindivi	hydrocortisone
	Prednisone DR tablet (M)	generic prednisone
Dermatological agents		
Facial angiofibroma	Hyftor gel	Please talk to your provider about clinically appropriate options.
Topical acne treatment	Arazlo, Fabior, Tazarotene foam 0.1%	tazarotene cream, Akliief
	Cabtreo gel	adapalene, benzoyl peroxide, clindamycin topical, Epiduo Forte, Onexton
	clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	Onexton
	Twynéo	Epiduo Forte, Onexton, Retin-A micro gel 0.06%, 0.08%
	Winlevi	adapalene, clindamycin topical, dapsone topical, tazarotene cream, tretinoin cream
Topical anesthetics	ZTlido	lidocaine patch
Topical antifungals	Econazole Aerosol 1% (M)	econazole cream, miconazole cream
	Jublia	ciclopirox, terbinafine
Topical anti-infectives	Epsolay, Noritate	azelaic acid gel, ivermectin 1%, metronidazole cream/gel/lotion, Finacea foam, Soolantra, Zilxi
	Pruradik lotion	ivermectin lotion/tab
	Rhofade	brimonidine gel, Mirvaso
Topical antineoplastics	Fluorouracil cream (M)	generic fluorouracil cream
Topical chronic hand eczema (CHE)	Anzupgo	Please talk to your provider about clinically appropriate options.
Topical corticosteroids	Ala-Scalp lotion, Hydrocortisone acetate 2.5% cream (M), Hydrocortisone 2.5% solution (M), Micort HC	generic hydrocortisone cream, lotion
	Clobetasol cream 0.025% (M), Impoyz cream	generic clobetasol cream, lotion, ointment, spray
	Cordran tape	flurandrenolide
	Halog ointment	betamethasone, mometasone, triamcinolone
	Ultravate	clobetasol propionate, fluocinonide, halobetasol propionate
Topical immune response modifier	Zyclara 2.5%	imiquimod

(M) Co-branded product

¹Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

About this document: 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.

Therapeutic category/ disease state	Excluded medications	Formulary alternative medications
Topical plaque psoriasis	Calcipotriene foam 0.005% (M), Sorilux	calcipotriene cream, ointment, solution
	Duobrii lotion	clobetasol, fluocinonide, halobetasol, tazarotene, Enstilar, Taclonex suspension, Wyzora
Diabetes		
Blood glucose meters, test strips and control solutions	Examples: Abbott (FreeStyle, Precision), Arkray (Glucocard), Lifescan (Onetouch), Trividia (TRUEtest, TRUEtrack), Roche (Accu-Chek)	Ascencia (Contour, Contour Next, Contour Plus)
Continuous glucose monitoring (CGM)	Examples: Eversense, Freestyle Libre	Dexcom
Blood sugar regulators miscellaneous	metformin 625mg	metformin 500mg, 750mg, 850mg, 1000mg
	metformin HCl 24hr ER osmotic release, metformin HCl 24hr ER modified release	metformin ER
Dipeptidyl peptidase-4 (DPP4) inhibitors	Alogliptin, Sitagliptin (M), Zituvin	Januvia, Tradjenta
Single agent	Brynovin oral solution	Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR
Dipeptidyl peptidase-4 (DPP4) inhibitors- combination agents	Alogliptin-metformin, Alogliptin-pioglitazone, Sitagliptin-metformin, Sitagliptin-metformin ER, Zituvimet, Zituvimet XR	Janumet, Janumet XR, Jentadueto, Jentadueto XR
Glucagon-like peptide-1 (GLP-1) agonists	Exenatide	Bydureon Bcise, Byetta, Mounjaro, Ozempic, Rybelsus, Trulicity
Long-acting insulins (basal)	Insulin Degludec, Insulin Glargine, Insulin Glargine-YFGN, Semglee-YFGN, Tresiba	Basaglar Kwikpen, Lantus, Rezvoglar, Toujeo
Rapid-acting insulins	Insulin Aspart (M), Novolog Relion	Admelog, Apidra, Fiasp, Humalog, Insulin Lispro, Lyumjev, Merilog, Novolog
Short-acting insulins	Novolin Relion	Humulin, Novolin
Sodium-glucose co-transporter (SGLT2) inhibitors - single agent	Bexagliflozin (M), Brenzavvy, Dapagliflozin propanediol (M), Invokana, Steglatro	Farxiga, Jardiance
Sodium-glucose co-transporter (SGLT2) inhibitors - combination agents	Dapagliflozin/metformin HCl (M), Invokamet, Invokamet XR, Segluromet	Synjardy, Synjardy XR, Xigduo XR
SGLT2 and DPP-4 combinations	Steglujan	Glyxambi, Trijardy XR
Tempo products	Basaglar Tempo	Basaglar Kwikpen
	Humalog Tempo	Humalog Kwikpen
	Lyumjev Tempo	Lyumjev Kwikpen
	Smart button	Please talk to your provider about clinically appropriate options.
Type 1 diabetes	Tzield	Please talk to your provider about clinically appropriate options.

(M) Co-branded product

¹Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

About this document: 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.

Therapeutic category/ disease state	Excluded medications	Formulary alternative medications
Endocrine (other)		
Cortisol synthesis inhibitors	Isturisa	Ketoconazole tab, mifepristone
Cushing's syndrome	Recorlev	Ketoconazole tab
Gonadotropin-releasing hormone (GnRH) agonist	Lutrate Depot, Vabrinty	leuprolide, Lupron
Growth hormones	Genotropin, Humatrope, Zomacton	Norditropin, Omnitrope
Infertility	Gonal-F, Gonal-F RFF	Follistim AQ
Somatostatin analog	Bynfezia, Mycapssa	octreotide injection
	Signifor (SQ)	Signifor LAR
Testosterone replacement	Aveed, Azmiro, Natesto, Testopel, Xyosted	testosterone cypionate, testosterone enanthate, testosterone gel
	Jatenzo, Tlando	testosterone gel
Enzyme disorders		
Duchenne muscular dystrophy (DMD)	Amondys 45, Exondys 51, Viltepso, Vyondys 53	dexamethasone, methylprednisolone, prednisone
	Duvyzat, Elevidys	Please talk to your provider about clinically appropriate options.
Gastrointestinal		
Acid blocker	Voquezna 10mg, 20mg tablet	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole, Voquezna dual pak, Voquezna triple pak
Anti-diarrheal agents	Motofen	diphenoxylate/atropine, loperamide
Antiemetics	Sancuso patch	granisetron solution/tab, ondansetron ODT
Anti-inflammatory	ibuprofen/famotidine	famotidine, ibuprofen
Bowel prep	Plenvu	gavilyte, peg 3350, Clenpiq, Suflave, Suprep
Inflammatory bowel disease	Dipentum	balsalazide, mesalamine DR cap 400mg, mesalamine 500mg ER cap, mesalamine DR tab 800mg, mesalamine DR tab 1.2gm, Apriso
	mesalamine cap 0.375gm ER	Apriso
Irritable bowel syndrome with constipation/ chronic idiopathic constipation (IBS-C/CIC)	Ibsrela, Trulance	lubiprostone, Linzess
Opioid-induced constipation (OIC)	Movantik, Relistor	lubiprostone, Symproic
Pancreatic enzymes	Pancreaze, Pertzye, Viokace	Creon, Zenpep
Proton pump inhibitors	omeprazole with sodium bicarbonate (cap, powder pak), Konvomep, Rabeprazole sprinkle cap (M)	dexlansoprazole, esomeprazole magnesium delayed release, lansoprazole, omeprazole, pantoprazole, rabeprazole tab

(M) Co-branded product

¹Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

About this document: 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.

Therapeutic category/ disease state	Excluded medications	Formulary alternative medications
Hematological		
Coagulation factors	Sevenfact ¹	Novoseven
Erythropoiesis-stimulating agents	Epogen	Aranesp, Procrit, Retacrit
Kinase inhibitor	Cosela	Nivestym, Zarxio
	Wayrilz	eltrombopag, Doptelet, Tavalisse
Long-acting granulocyte-colony stimulating factor (G-CSFs)	Fulphila, Fylnetra, Nyvepria, Rolvedon, Ryzneuta, Stimufend, Ziextenzo	Neulasta, Udenyca
Short-acting granulocyte-colony stimulating factor (G-CSFs)	Granix, Neupogen, Nypozi, Releuko	Nivestym, Zarxio
Immunomodulators		
Calcineurin inhibitor	Lupkynis	Benlysta
Immune globulin, intravenous (IVIG)	Alyglo	Bivigam, Gammagard, Gammaplex, Gamunex-C, Panzyga, Privigen
	Asceniv	Please talk to your provider about clinically appropriate options
Interleukin-6 (IL-6) inhibitor	Tofidence, Tyenne	Actemra, Avtozma
Interleukin-12/23 (IL-12/23) inhibitor	Imuldosa, Otulfi, Pyzchiva, Selarsdi, Stelara, Steqeyma, Ustekinumab, Ustekinumab-aaaz, Ustekinumab-aekn, Ustekinumab-ttwe	Wezlana, Yesintek
Interleukin-17 (IL-17) inhibitor	Cosentyx	Bimzelx, Taltz
TNF inhibitor	Infliximab, Remicade, Renflexis, Zymfentra	Avsola, Inflectra
TNF inhibitors/ humira biosimilars	Abrilada, Adalimumab-aacf, Adalimumab-aayt, Adalimumab-adaz, Adalimumab-adbm, Adalimumab-bwwd, Adalimumab-fkjp, Adalimumab-ryvk, Cyltezo, Hadlima, Hulio, Humira, Hyrimoz, Simlandi, Yuflyma, Yusimry	Amjevita for Amgen, Amjevita for Nuvaia
Immunotherapy		
Allergy immunotherapy	Palforzia	Please talk to your provider about clinically appropriate options.
Non-replicating adenoviral vector-based immunotherapy	Papzimeos	Please talk to your provider about clinically appropriate options.
Ophthalmic		
Antiglaucoma drugs	Iyuzeh, Vyzulta	latanoprost ophthalmic solution, tafluprost ophthalmic solution, travoprost ophthalmic solution, Lumigan
Antihistamines	Zerviate	azelastine ophthalmic solution, olopatadine ophthalmic solution
Demodex blepharitis	Xdemvy	Please talk to your provider about clinically appropriate options.

(M) Co-branded product

¹Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

About this document: 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.

Therapeutic category/ disease state	Excluded medications	Formulary alternative medications
Dry eye disease	cyclosporine ophthalmic emulsion	Restasis
	Vevye	Cequa, Miebo, Restasis, Tyrvaya, Xiidra
Idiopathic macular telangiectasia type 2 (Mac Tel)	Encelto	Please talk to your provider about clinically appropriate options.
Macular degeneration	Beovu, Byooviz, Lucentis	Compounded Bevacizumab inj
Non-steroidal anti-inflammatory agents	Ilevro, Nevanac	diclofenac ophthalmic solution, flurbiprofen sodium ophthalmic solution, ketorolac tromethamine ophthalmic solution
Presbyopia	Qlosi, Vizz	Please talk to your provider about clinically appropriate options.
Vernal keratoconjunctivitis	Verkazia	olopatadine ophthalmic solution, azelastine ophthalmic solution, cromolyn ophthalmic solution, dexamethasone ophthalmic sol/susp, prednisolone ophthalmic sol/susp, fluorometholone ophthalmic suspension
Other		
Activated phosphoinositide 3-kinase delta syndrome (APDS)	Joenja	Please talk to your provider about clinically appropriate options.
Alkaptonuria (AKU)	Harliku	nitisinone
Alzheimer's disease	Leqembi, Leqembi Iqlik	Please talk to your provider about clinically appropriate options.
	Kisunla	Please talk to your provider about clinically appropriate options.
	Namzaric	memantine-donepezil, memantine, donepezil
	Zunveyl	donepezil, galantamine, rivastigmine
ANCA-Associated vasculitis	Tavneos	Please talk to your provider about clinically appropriate options.
Anemia of chronic kidney disease (CKD)	Vafseo	Aranesp, Procrit, Retacrit
Antigout agents	Gloperba	colchicine tab
Antihistamines and combinations	Clarinet-D	desloratadine, pseudoephedrine
Benign prostatic hypertrophy (BPH)	Jalyn	dutasteride/tamsulosin, dutasteride, tamsulosin
	Tezruly	terazosin cap
Bile acid therapy	Livmarli	Bylvay
	Reltone, Ursodiol (M)	ursodiol
Bone resorption inhibitor	Bomyntra, Wyost, Xgeva	Osenvelt
Cardiovascular agents	Lodoco	colchicine tab

(M) Co-branded product

¹Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

About this document: 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.

Therapeutic category/ disease state	Excluded medications	Formulary alternative medications
C-difficile infection	Vowst	Rebyota
Chelating agents	Cuvrior	penicillamine tab, trientine
	penicillamine cap	penicillamine tab
Diabetic gastroparesis	Gimoti	metoclopramide
Fabry disease	Elfabrio	Fabrazyme
Generalized myasthenia gravis (gMG)	Imaavy	Please talk to your provider about clinically appropriate options.
Hereditary angioedema	Cinryze	Haegarda, Orladeyo, Takhzyro
	Ekterly	icatibant
Hypokalemia	Pokonza	potassium chloride tab
Insomnia	Dayvigo, Quviviq	doxepin tab, eszopiclone, ramelteon, temazepam, triazolam, zaleplon, zolpidem ER/IR, Belsomra
	Zolpidem 7.5mg cap	zolpidem 5mg, 10mg tab
Iron replacement therapy	Accrufer	ferrous fumarate, ferrous gluconate, ferrous sulfate
Lambert-eaton myasthenic syndrome (LEMS)	Firdapse	Ruzurgi
Long-chain fatty acid oxidation disorders (LC-FAOD)	Dojolvi	Please talk to your provider about clinically appropriate options.
Menopause	Veozah	Please talk to your provider about clinically appropriate options.
Multivitamins	Examples: Folic-K, Genicin Vita-S, Hylavite, Loid, Tronvite, Xvite	Any preferred multivitamin
	Examples: Poly-Vi-Flor chewable, suspension; Poly-Vi-Flor w/Iron chewable, suspension	Any preferred multivitamin with fluoride
Nephropathy (IgA)	Tarpeyo	budesonide, methylprednisolone, prednisone
Obesity	Contrave	phentermine, Qsymia, Saxenda, Wegovy, Zepbound single-dose pens
	Imcivree	Please talk to your provider about clinically appropriate options.
	Zepbound Kwikpen, Zepbound vials	Saxenda, Wegovy, Zepbound single-dose pens
Opioid overdose rescue (opioid agonist)	Zurnai	Opvee
Osteoarthritis/	Gel-One, Genvisc, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz FX, Synjoyn, Synvisc, Synvisc-One, Triluron, Trivisc	Durolane, Euflexxa, Gelsyn-3
Hyaluronic acid injections	Visco-3	Durolane, Euflexxa, Gelsyn-3

(M) Co-branded product

¹Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

About this document: 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.

Therapeutic category/ disease state	Excluded medications	Formulary alternative medications
Osteoporosis	Conexence, Jubbonti, Prolia	Stoboclo
Paroxysmal nocturnal hemoglobinuria (PNH)	Piasky	Please talk to your provider about clinically appropriate options.
	Soliris	Epysqli
Phenylketonuria (PKU)	Palynziq, Sephience	sapropterin
Phosphate lowering agents	Auryxia, Ferric Citrate tab (M), Velphoro, Xphozah	calcium acetate, calcium carbonate, sevelamer carbonate, sevelamer hydrochloride
Platelet-modifying agent	Yosprala	aspirin, omeprazole
Polycystic kidney disease	tolvaptan tab, pak (made by Lupin)	Jynarque
Prenatal vitamins	Examples: Azesco, Pregenna, Prenate, Vitafof FE, Vitathely, Zalvit	Any preferred prenatal vitamin
Pulmonary arterial hypertension (PAH)	Opsynvi	ambrisentan & tadalafil; Opsumit & tadalafil
	Remodulin 0.4mg/ml	treprostinil
	Tadliq	sildenafil susp, tadalafil tab
Rett syndrome	Daybue	Please talk to your provider about clinically appropriate options.
Sleep disorder agents	Hetlioz LQ	Please talk to your provider about clinically appropriate options.
	Lumryz Pak	sodium oxybate (made by Hikma), Sunosi, Wakix, Xywav
Thyroid agents	Levothyroxine caps (M), RenThyroid, Thyquidity, Tirosint caps, solution	generic levothyroxine tab
Thyroid hormone receptor-beta (THR-beta) agonist	Rezdiffra	Please talk to your provider about clinically appropriate options.
Wound treatment	Zevaskyn	Filsuvez, Vyjuvek
Respiratory		
Allergy: nasal steroids	Xhance	flunisolide spray, mometasone spray
COPD: inhaled anticholinergics	Incruse Ellipta, Tudorza	Spiriva Respimat
COPD: long-acting beta agonist/long-acting muscarinic agonist combination inhalers	Bevespi, Duaklir, Umeclidinium/Vilanterol Ellipta (M)	Anoro Ellipta, Stiolto Respimat
COPD: PDE-3/PDE-4 combination agents	Ohtuvayre	Please talk to your provider about clinically appropriate options.
Cystic fibrosis	Cayston, Kitabis pak,	tobramycin nebulizer soln, TOBI podhaler
	Tobramycin neb 300mg/5ml (M)	tobramycin nebulizer soln, TOBI podhaler
Non-cystic fibrosis bronchiectasis	Brinsupri	Please talk to your provider about clinically appropriate options.

(M) Co-branded product

¹Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

About this document: 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.

Therapeutic category/ disease state	Excluded medications	Formulary alternative medications
Pulmonary anti-inflammatory inhalers	Alvesco, Asmanex, Asmanex HFA, Fluticasone Furoate Aerosol (M), Fluticasone Propionate Aerosol (M), Fluticasone Propionate HFA (M)	Arnuity Ellipta, QVAR Redihaler
	Pulmicort Flexhaler	Arnuity Ellipta, QVAR Redihaler
Pulmonary anti-inflammatory, long-acting beta agonist combination inhalers	Dulera, Fluticasone Furoate/Vilanterol (M), Fluticasone/Salmeterol 55/14mcg, 113/14mcg, 232/14mcg (M), Fluticasone/Salmeterol 45-21mcg, 115-21mcg, 230-21mcg (M)	Advair HFA, Breo Ellipta, Symbicort
	breyna, budesonide-formoterol	Symbicort
Short-acting beta-2 adrenergic inhalers	Levalbuterol HFA Inhaler (M), ProAir Respiclick, Xopenex HFA	albuterol HFA inhaler
Sugar alcohol inhalation therapy	Bronchitol	hypertonic saline, Pulmozyme
Urological		
Interstitial cystitis	Elmiron	amitriptyline, hydroxyzine
Overactive bladder (OAB)	Gemtesa	darifenacin ER, oxybutynin ER/IR, solifenacin, tolterodine ER/IR, trospium ER/IR, Myrbetriq tab
	Myrbetriq granules, Vesicare LS	oxybutynin ER/IR
Urea cycle disorder (UCD)	Olpruva	sodium phenylbutyrate powder, Pheburane

(M) Co-branded product

¹Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

About this document: 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.

Excluded brand-name medications with generic equivalents

The brand-name medications below are excluded on the formulary. These brand-name medications have been identified as having available generic equivalents covered at Tier 1 on the formulary. Speak with your pharmacist to have your excluded brand-name medication substituted with its generic equivalent.

A generic medication contains the same active ingredient(s) as a brand-name medication. An active ingredient is what makes the medication work. For example, Lipitor® and its generic both contain atorvastatin, which reduces the amount of bad cholesterol in the blood. Brand-name medications are often protected by a patent. When the patent ends, drug companies can apply to the U.S. Food and Drug Administration (FDA) to begin making generic versions of the medication.

Abilify	Benzamycin	Cosopt PF solution	Evekeo
Absorica	Bepreve	Cozaar	Exforge
Acanya	Bethkis	Crestor	Exforge HCT
Aciphex tablet	Beyaz	Cuprimine	Fioricet
Aczone	Brilinta	Cytomel	Firazyr
Adcirca	Bromsite	Daytrana	Fleqsuvy
Adderall	Buphenyl	Delestrogen injection	Focalin
Adderall XR	Butrans	Depakote	Focalin XR
Advair Diskus	Bystolic	Depakote ER	Forteo
Adzenys XR	Cambia	Depakote sprinkle capsule	Gilenya 0.5mg
Afinitor	Canasa	Depo-testosterone injection	Gleevec
Afinitor Disperz	Carafate	Dexilant	Golytely solution
Alphagan P	Carbatrol	Differin cream, gel	Halog cream
Ambien	Cardizem LA	Difacid	Hetlioz
Ambien CR	Carnitor solution, tablet	Dilantin capsule 100mg	Hyzaar
Amitiza	Catapres-TTS patch	Dilantin chewable	Inderal LA
Ampyra	Celebrex	Dilantin suspension	Intuniv
Amrix	Celexa	Dilaudid	Javygator
Androgel	Cetrotide	Diovan	Kenalog 10mg/ml, 40mg/ml
Aptiom	Cialis	Diovan HCT	Keppra
Arimidex	Clarinox 5mg tablet	Dymista	Keppra XR
Arthrotec	Cleocin vaginal cream	Effexor XR	Klonopin
Atacand	Climara patch	Emflaza	Kuvan
Ativan	Clindagel	Entresto tablet	Lamictal chewable
Aubagio	Clobex	Epiduo gel	Lamictal starter kit
Avapro	Colestid	EpiPen Jr 0.15mg	Lamictal ODT
Avodart	Combigan	Eprontia	Lamictal tablet
Azopt	Copaxone	Esbriet	Lamictal XR
Azor	Coreg	Estrace	Lasix
Baraclude	Coreg CR	Estrogel 0.06%	Latisse
Benicar	Cortef		Latuda
Benicar HCT	Cosopt solution		

About this document: 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.

Lescol XL	Percocet	Suboxone	Victoza
Letairis	Plaquenil	Sutent	Vigadrone
Lexapro	Plavix	Synthroid	Vigamox
Lexette	Pred Forte	Syprine	Vimpat
Lialda	Premarin tablet	Tamiflu	Vivelle-Dot
Lidocan	Prevacid	Targadox	Vuity
Lidoderm	Pristiq	Targretin	Volgelxo
Lipitor	Prolensa	Tasigna	Vytorin
Livalo	Promacta	Tazorac cream	Welchol
Loestrin 21	Prometrium	Tazorac gel	Wellbutrin SR
Loestrin FE	Propecia	Tecfidera	Wellbutrin XL
Lotemax suspension	Protonix tablet	Tegretol	Xalatan
Lotrel	Provigil	Tegretol-XR	Xanax
Lovaza	Pulmicort inhalation	Tenormin	Xanax XR
Lunesta	suspension	Testim gel	Xyrem
Lyrica	Questran	Tikosyn	Yasmin 28
Lyrica CR	Questran Lite	Timoptic	Yaz
Maxalt	Ravicti	Timoptic Ocudose	Zanaflex
Maxalt-MLT	Relafen DS	TOBI nebulizer solution	Zenzedi
Metadate CD	Relpax	Topamax	Zestril
Metrogel	Remodulin 1, 2.5, 5,	Topamax sprinkle capsule	Zetia
Micardis	10mg injection	Topicort spray	Ziana
Micardis HCT	Restoril	Toprol XL	Zioptan
Mitigare	Retin-A	Toviaz	Zipsor
Moviprep	Revatio	Tracleer	Zocor
MS Contin	Risperdal solution, tablet	Travatan-Z	Zolof
Mydayis	Ritalin	Treanda	Zomig tablet
Natroba	Ritalin LA	Treximet	Zomig ZMT
Neurontin	Roxicodone	Tribenzor	Zonegran
Nexium capsule	Sabril	Tricor	Zovirax
Nitrostat	Safyral	Tridacaine	Zyclara 3.75%
Norvasc	Sajazir	Trileptal	Zyprexa
Nucynta	Sandostatin injection	Trokendi XR	Zytiga
NuvaRing	Saphris	Truvada	
Nuvigil	Sensipar	Uceris tablet	
Onfi	Seroquel	Vagifem	
Onglyza	Seroquel XR	Valium	
Oracea	Silvadene	Valtrex	
Oxtellar XR	Singulair	Vectical	
Ozobax DS	Soma	Ventolin HFA	
Paxil tablet	Spiriva Handihaler	Venxxiva	
Paxil CR	Sprycel	Vesicare tablet	
Pentasa	Stendra	Viagra	

About this document: 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.

Required Prior Authorization⁺

Therapeutic class	Non-preferred medications	Preferred medications
Hepatitis C	All other brands non-preferred with prior authorization	Epclusa, Harvoni, Mavyret, Vosevi
Multiple Sclerosis	All other brands non-preferred with prior authorization	dalfampridine, dimethyl fumarate DR, fingolimod 0.5mg, glatopa, glatiramer, teriflunomide, Avonex, Bafiertam, Betaseron, Kesimpta, Vumerity
Immunomodulators	All other brands non-preferred with prior authorization	Amjevita for Amgen, Amjevita for Nuvaila, Avsola, Cimzia, Enbrel, Inflectra, Omvoh, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Simponi, Skyrizi, Sotyktu, Taltz, Tremfya, Velsipity, Wezlana, Xeljanz, Xeljanz XR, Yesintek

⁺ All of the products listed above are currently subject to prior authorization. Preferred medications are required prior to new requests for non-preferred medication(s). Existing utilizers of non-preferred medication(s) within the therapeutic categories of Hepatitis C, Immunomodulators and Multiple Sclerosis will be eligible to remain on current therapy if compliance and efficacy of therapy are demonstrated. Exceptions will be granted for specific indications where the preferred agents do not have FDA-approval for use.

About this document: 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.

