



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	9
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia	11
Antidepressants	11
Antiemetics - Drugs for Nausea and Vomiting	12
Antifungals	12
Antigout Agents	12
Antimigraine Agents	13
Antimyasthenic Agents	13
Antineoplastics - Drugs for Cancer	13
Antiparasitics	15
Antiparkinson Agents	15
Antiplatelets	15
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	20
Central Nervous System Agents - Drugs for Multiple Sclerosis	21
Central Nervous System Agents - Miscellaneous	22
Dental and Oral Agents - Drugs for Mouth and Throat Conditions	22
Dermatological Agents - Drugs for Skin Conditions	22
Diabetes - Antidiabetic Agents	25
Diabetes - Glucose Monitoring	26
Diabetes - Glycemic Agents	27
Diabetes - Insulins	27
Electrolytes / Minerals / Metals / Vitamins	29
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer	30
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions	30
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	32
Hormonal Agents - Adrenal	32
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	37
Inflammatory Bowel Disease Agents	40
Metabolic Bone Disease Agents - Drugs for Osteoporosis	40
Metabolic Bone Disease Agents - Other	41
Miscellaneous Therapeutic Agents	41

Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation.....	42
Ophthalmic Agents - Drugs for Glaucoma.....	43
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....	43
Otic Agents - Drugs for Ear Conditions.....	43
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold.....	44
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions.....	44
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.....	46
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....	46
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	47
Sleep Disorder Agents.....	47

Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
APADAZ	E	
apap-caff-dihydrocodeine	1	QL
bac (butalbital-acetamin-caff)	1	
BELBUCA	2	PA; QL
BENZHYDROCODON E-ACETAMINOPHEN	E	
butalbital-apap-caffeine oral capsule	1	
butalbital-apap-caffeine oral tablet	1	
BUTRANS	E	
CONZIP	E	
DILAUDID ORAL	E	
endocet	1	QL
FIORICET	E	
FIORICET/CODEINE	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 solution	1	QL

Drug Name	Drug Tier	Notes
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	
ROXICODONE	E	
ROXYBOND	E	
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
COXANTO	E	
DICLOFENAC PATCH 1.3%	E	M
diclofenac potassium oral tablet	1	
diclofenac sodium oral	1	
DUEXIS ORAL TABLET 800-26.6 MG	E	
ELYXYB	E	
FENOPRON	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
FLECTOR	E	
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine	E	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	QL
LICART	E	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPRELAN	3	
naproxen oral tablet	1	
OXAPROZIN ORAL CAPSULE	E	M
PENNSAID	E	
RELAFEN DS	E	
SPRIX	E	
TOLECTIN 600	E	
VIMOVO	E	
ZIPSOR	E	
Anesthetics		
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	
LIDODERM	E	
TRIDACAINE II	E	
TRIDACAINE III	E	
ZTLIDO	E	

Drug Name	Drug Tier	Notes
Anti-Addiction / Substance Abuse Treatment Agents		
BRIXADI	3	SP
BRIXADI (WEEKLY)	3	SP
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl	1	
KLOXXADO	2	
naltrexone hcl oral	1	
OPVEE	2	
REXTOVY	2	
SUBLOCADE	3	SP
SUBOXONE	E	
varenicline tartrate	1	++; QL
ZIMHI	3	
ZUBSOLV	2	
Antibacterials		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate	1	
azithromycin oral	1	
cefadroxil oral capsule	1	
cefdinir	1	
cefpodoxime proxetil oral tablet	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
clarithromycin 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
CLEOCIN VAGINAL	E	
clindamycin hcl oral	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
DIFICID	3	
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 ointment	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	E	
NUVESSA	E	

Drug Name	Drug Tier	Notes
NUZYRA ORAL	3	QL
penicillin v potassium oral tablet	1	
SEYSARA	3	ST
SILVADENE	E	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
XACIATO	3	
XIFAXAN ORAL TABLET 200 MG	E	
Anticoagulants		
ELIQUIS	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
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTOM	E	
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST
CARBATROL	E	
DEPAKOTE	E	
DEPAKOTE ER	E	
DEPAKOTE SPRINKLES	E	
DILANTIN INFATABS	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
DILANTIN ORAL CAPSULE 100 MG	E	
DILANTIN-125	E	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	E	
EPIDIOLEX	3	PA; SP
EPRONTIA	E	
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE	E	
KEPPRA ORAL	E	
KEPPRA XR	E	
lacosamide oral tablet	1	
LAMICTAL	E	
LAMICTAL ODT	E	
LAMICTAL STARTER	E	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
lamotrigine er	1	
lamotrigine oral tablet	1	
levetiracetam er	1	
levetiracetam intravenous	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE	E	Made by Prasco.; M

Drug Name	Drug Tier	Notes
MOTPOLY XR	3	ST
NAYZILAM	3	QL
NEURONTIN	E	
ONFI	E	
oxcarbazepine	1	
OXTELLAR XR	E	
primidone oral	1	
roweepra	1	
SABRIL	E	SP
SPRITAM	E	
subvenite	1	
SYMPAZAN	3	PA
TEGRETOL	E	
TEGRETOL-XR	E	
TOPAMAX	E	
TOPAMAX SPRINKLE	E	
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	

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
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ADLARITY	E	
donepezil hcl oral tablet	1	
KISUNLA	E	SP
LEQEMBI	E	SP
memantine hcl oral tablet	1	
NAMZARIC	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
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 succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	QL
EFFEXOR XR	E	

Drug Name	Drug Tier	Notes
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	E	
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl oral tablet	1	
PAXIL	E	
PAXIL CR	E	
PRISTIQ	E	
PROZAC	E	
SERTRALINE HCL ORAL CAPSULE	E	
sertraline hcl oral tablet	1	
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	

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
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 +rfd	1	
ondansetron hcl injection solution	1	
ondansetron hcl oral solution	1	QL
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl injection	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
SANCUSO	E	
scopolamine	1	
VARUBI (180 MG DOSE)	3	QL
Antifungals		
BREXAFEMME	E	
ciclodan	1	++

Drug Name	Drug Tier	Notes
ciclopirox external solution	1	++
clotrimazole external cream	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone external cream	1	
CRESEMBA INTRAVENOUS	3	
CRESEMBA ORAL	3	PA
fluconazole oral tablet	1	
GYNAZOLE-1	3	
JUBLIA	E	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
klayesta	1	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
TOLSURA	E	
VIVJOA	E	
Antigout Agents		
allopurinol oral	1	
colchicine oral tablet	1	
GLOPERBA	E	
MITIGARE	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
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO- INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY	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
RELPAX	E	
REYVOW	E	
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
TOSYMRA	E	
TREXIMET	E	
TRUDHESA	E	
UBRELVY	2	PA; QL
ZAVZPRET	3	PA; QL
ZEMBRACE SYMTOUCH	E	
ZOMIG ORAL	E	

Drug Name	Drug Tier	Notes
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
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
BELRAPZO	E	SP
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

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
CALQUENCE	3	PA; SP
capecitabine	1	SP
COSELA	E	SP
COTELLIC	3	PA; SP
DANZITEN	3	PA; SP
DARZALEX FASPRO	E	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
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
IMBRUVICA ORAL CAPSULE	3	PA; SP; QL
IMBRUVICA ORAL SUSPENSION	3	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	SP
IMBRUVICA ORAL TABLET 420 MG	3	PA; SP; QL
IMKELDI	3	PA; SP
INQOVI	E	SP
KANJINTI	2	PA; SP
KISQALI (200 MG DOSE)	3	PA; SP
KISQALI (400 MG DOSE)	3	PA; SP

Drug Name	Drug Tier	Notes
KISQALI (600 MG DOSE)	3	PA; SP
KOSELUGO	3	PA; 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
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
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

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
RYDAPT	3	PA; SP
RYLAZE	E	SP
SCSEMBLIX ORAL TABLET 100 MG	3	PA; SP
SCSEMBLIX 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
TAGRISSE ORAL TABLET 40 MG	3	PA; SP; QL
TAGRISSE ORAL TABLET 80 MG	3	PA; SP
TALZENNA	E	SP
tamoxifen citrate oral	1	
TARGRETIN ORAL	E	SP
TASIGNA	3	PA; SP
TAZVERIK	E	SP
TEPMETKO	E	SP
TRAZIMERA	2	PA; SP
TREANDA	E	SP
TRUQAP	3	PA; SP
TRUXIMA	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

Drug Name	Drug Tier	Notes
ZEJULA ORAL TABLET 200 MG, 300 MG	2	PA; SP
ZELBORAF	3	PA; SP
ZIRABEV	2	PA; SP
ZYTIGA	E	SP
Antiparasitics		
ARAKODA	3	
atovaquone-proguanil hcl	1	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
NATROBA	E	
PLAQUENIL	E	
SOVUNA	E	
Antiparkinson Agents		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
DHIVY	E	
GOCOVRI	E	
NEUPRO	3	
ONGENTYS	3	ST
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST
Antiplatelets		
BRILINTA	E	
clopidogrel bisulfate oral	1	
PLAVIX	E	
prasugrel hcl	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
TAVALISSE	3	PA; SP
YOSPRALA	E	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
ABILIFY ASIMTUFII	3	++
ABILIFY MAINTENA	3	++
aripiprazole oral tablet	1	QL
ARISTADA	3	++
ARISTADA INITIO	3	++
ERZOFRI	3	++
INVEGA HAFYERA	3	ST; ++
INVEGA SUSTENNA	3	++
INVEGA TRINZA	3	++
LATUDA	E	
lurasidone hcl	1	QL
LYBALVI	E	
olanzapine oral tablet	1	QL
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
RISPERDAL	E	
risperidone oral tablet	1	QL
RYKINDO	3	++
SAPHRIS	E	
SECUADO	E	
SEROQUEL	E	
SEROQUEL XR	E	
UZEDY	3	++
VRAYLAR	3	QL
ziprasidone hcl	1	QL
ZYPREXA	E	

Drug Name	Drug Tier	Notes
Antivirals		
acyclovir external ointment	1	QL
acyclovir oral capsule	1	
acyclovir oral tablet	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	
CABENUVA	2	
CIMDUO	2	
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
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100 & 150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREZCOBIX ORAL TABLET 800-150 MG	2	
SOFOSBUVIR-VELPATASVIR	E	M; SP
SYMFI	2	
SYMTUZA	3	
TAMIFLU	E	
TRIUMEQ	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
TRUVADA	E	
valacyclovir hcl oral	1	QL
VALTREX	E	
VEMLIDY	E	
VOCABRIA	E	
VOSEVI	2	PA; SP; QL
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZOVIRAX	E	
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	QL
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral	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	

Drug Name	Drug Tier	Notes
Blood Products and Modifiers - Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	SP
AFSTYLA	3	SP
ALPROLIX	3	SP
ALTUVIIIIO	3	SP
ARANESP (ALBUMIN FREE)	2	PA; SP
BENEFIX	2	SP
DOPTelet	3	PA; SP
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
IDELVION	3	SP
JIVI	3	SP
KOATE	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	3	PA; SP
NEULASTA ONPRO	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

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
PROMACTA	3	PA; SP
REBINYN	3	SP
RECOMBINATE	2	SP
RELEUKO	E	SP
RETACRIT	2	PA; SP
ROLVEDON	E	SP
SEVENFACT	E	SP
SOLIRIS	3	PA; SP
STIMUFEND	E	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
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		
ALTACE ORAL CAPSULE 2.5 MG	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ASPRUZYO SPRINKLE	E	

Drug Name	Drug Tier	Notes
ATACAND	E	
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 coated beads	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
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	3	ST
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
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	1	PA
INDERAL LA	E	
INDERAL XL	E	
INNOPRAN XL	E	
INPEFA	E	
irbesartan	1	

Drug Name	Drug Tier	Notes
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	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MICARDIS HCT	E	
midodrine hcl	1	
minoxidil oral	1	
MULTAQ	3	
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	PA; QL
NEXLIZET	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
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	ST; QL
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	2	ST; QL
REPATHA SURECLICK	2	ST; QL
rosuvastatin calcium oral	1	
simvastatin oral	1	
SOAANZ	E	

Drug Name	Drug Tier	Notes
spironolactone oral tablet	1	
TEKTURNA	2	
telmisartan	1	
TENORMIN	E	
TIKOSYN	E	
TOPROL XL	E	
torsemide	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
VALSARTAN ORAL SOLUTION	E	M
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
VYNDAQEL	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	
ADZENYS XR-ODT	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
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
dextroamphetamine sulfate oral tablet	1	QL
DYANAVEL XR	E	
EVEKEO	E	
FOCALIN	E	
FOCALIN XR	E	
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	ST; QL
lisdexamfetamine 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

Drug Name	Drug Tier	Notes
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl oral tablet	1	QL
MYDAYIS	E	
QELBREE	E	
QUILLICHEW ER	E	
QUILLIVANT XR	E	
RELEXXII	3	ST; QL
RITALIN	E	
RITALIN LA	E	
VYVANSE ORAL CAPSULE	3	ST; QL
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

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
PLEGRIDY STARTER PACK	E	SP
PONVORY	E	SP
PONVORY STARTER PACK	E	SP
REBIF	E	SP
REBIF REBIDOSE	E	SP
REBIF REBIDOSE TITRATION PACK	E	SP
REBIF TITRATION PACK	E	SP
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		
ADIPEX-P	E	
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
HORIZANT	3	PA; QL
IMCIVREE	E	SP
INGREZZA	3	PA; SP; QL
LYRICA	E	
LYRICA CR	E	
phentermine hcl oral capsule	1	++

Drug Name	Drug Tier	Notes
phentermine hcl oral tablet 37.5 mg	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
TEGLUTIK	2	PA; QL
VYLEESI	3	PA; ++; QL
WAINUA	3	PA; SP; QL
WEGOVY	2	PA; ++; QL
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	
accutane	1	
ACZONE	E	
ADBRY	2	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
AKLIEF	3	PA
ALA SCALP	E	
ala-cort	1	
amneesteem	1	
AMZEEQ	3	
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	

Drug Name	Drug Tier	Notes
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	E	M
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
CLOBEX	E	
CLOBEX SPRAY	E	
clodan	1	
CLODERM	E	
CORDRAN	E	
desonide external cream	1	
desonide external ointment	1	
DIFFERIN EXTERNAL CREAM	E	
DIFFERIN EXTERNAL GEL 0.3 %	E	
DIFFERIN EXTERNAL LOTION	E	
doxycycline	E	
DUOBRII	E	
DUPIXENT	2	PA; SP; QL
EBGLYSS	2	PA; SP; QL
ELIDEL	E	
EMROSI	E	
ENSTILAR	3	QL
EPIDUO	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
EPIDUO FORTE	3	
EPSOLAY	E	
EUCRISA	2	ST
FABIOR	E	
FINACEA EXTERNAL FOAM	3	
finasteride oral tablet 1 mg	1	
fluocinonide external cream	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
fluorouracil external cream 5 %	1	
HALOG	E	
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
LEXETTE	E	
LITFULO	3	PA; SP; QL
METROGEL	E	

Drug Name	Drug Tier	Notes
metronidazole external cream	1	
metronidazole external gel	1	
MICORT HC	E	
MIRVASO	2	
mometasone furoate external	1	
NEMLUVIO	2	PA; SP; QL
NORITATE	E	
ONEXTON	1	
OPZELURA	2	ST; QL
ORACEA	E	
pimecrolimus	1	ST; QL
PROPECIA	E	
QBREXZA	3	QL
RETIN-A	E	
RETIN-A MICRO GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	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	

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
tretinoin external	1	++
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
triamcinolone in absorbbase	1	
triderm	1	
TWYNEO	3	
ULTRAVATE	E	
VECTICAL	E	
VTAMA	2	ST
WINLEVI	E	
WYNZORA	3	QL
YCANTH	3	PA
zenatane	1	
ZIANA	E	
ZILXI	3	ST
ZORYVE EXTERNAL CREAM	2	ST
ZORYVE EXTERNAL FOAM	E	
ZYCLARA	E	
ZYCLARA PUMP	E	
Diabetes - Antidiabetic Agents		
ALOGLIPTIN BENZOATE	E	
ALOGLIPTIN-METFORMIN HCL	E	
ALOGLIPTIN-PIOGLITAZONE	E	
BEXAGLIFLOZIN	E	M
BRENZAVVY	E	

Drug Name	Drug Tier	Notes
DAPAGLIFLOZIN PRO-METFORMIN ER	E	M
DAPAGLIFLOZIN PROPANEDIOL	E	M
FARXIGA	2	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glyburide oral	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

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
SITAGLIPTIN BASE-METFORMIN HCL	E	
SOLIQUA	2	
STEGLATRO	E	
STEGLUJAN	E	
SYNJARDY	2	
SYNJARDY XR	2	
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	++
BIGFOOT UNITY PROGRAM	E	
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	++

Drug Name	Drug Tier	Notes
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
DEXCOM G6 RECEIVER	2	PA; ++
DEXCOM G6 SENSOR	2	PA; ++
DEXCOM G6 TRANSMITTER	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 INSULINX TEST STRIPS	E	
FREESTYLE LIBRE 14 DAY READER	E	
FREESTYLE LIBRE 14 DAY SENSOR	E	
FREESTYLE LIBRE 2 READER	E	
FREESTYLE LIBRE 2 SENSOR	E	
FREESTYLE LIBRE 3 READER	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
FREESTYLE LIBRE 3 SENSOR	E	
FREESTYLE LITE TEST STRIPS	E	
FREESTYLE TEST STRIPS	E	
GUARDIAN 4 GLUCOSE SENSOR	3	PA; ++
GUARDIAN 4 TRANSMITTER	3	PA; ++
GUARDIAN LINK 3 TRANSMITTER	3	PA; ++
GUARDIAN REAL-TIME CHARGER	3	++
GUARDIAN REAL-TIME REPLACE PED	3	PA; ++
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	++
ONETOUCH ULTRA TEST STRIPS	E	
ONETOUCH ULTRA 2 KIT W/DEVICE	E	
ONETOUCH ULTRA BLUE TEST	E	

Drug Name	Drug Tier	Notes
ONETOUCH ULTRA TEST STRIPS	E	
ONETOUCH VERIO FLEX SYSTEM	E	
ONETOUCH VERIO TEST STRIPS	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	E	
PRECISION XTRA BLOOD GLUCOSE STRIPS	E	
SIMPLERA SENSOR	3	PA; ++
SIMPLERA SYNC SENSOR	3	PA; ++
SIMPLERA SYSTEM	3	PA; ++
TEMPO REFILL	E	
TEMPO SMART BUTTON	E	
TEMPO WELCOME	E	
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	++
BAQSIMI TWO PACK	2	++
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	Made by Fresenius; ++
GVOKE HYPOPEN 1-PACK	E	
GVOKE HYPOPEN 2-PACK	E	
GVOKE KIT	E	
GVOKE PFS	E	
ZEGALOGUE	2	++
Diabetes - Insulins		
ADMELOG	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
ADMELOG SOLOSTAR	1	++
APIDRA SOLOSTAR	1	++
APIDRA VIAL	1	++
BASAGLAR KWIKPEN	1	++
BASAGLAR TEMPO PEN	E	
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 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	++

Drug Name	Drug Tier	Notes
HUMULIN N VIAL	1	++
HUMULIN R U-500 KWIKPEN	1	++
HUMULIN R U-500 VIAL	1	++
HUMULIN R VIAL	1	++
INSULIN ASP PROT & ASP FLEXPEN	E	
INSULIN ASPART	E	
INSULIN ASPART FLEXPEN	E	
INSULIN ASPART PENFILL	E	
INSULIN ASPART PROT & ASPART	E	
INSULIN DEGLUDEC	E	
INSULIN DEGLUDEC FLEXTOUCH	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	++

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
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	++
TOUJEO SOLOSTAR	1	++

Drug Name	Drug Tier	Notes
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 crys er	1	
potassium chloride er	1	
potassium citrate er	1	
SYPRINE	E	SP
tolvaptan oral tablet therapy pack	E	Made by Lupin.; SP
tolvaptan tablet 15 mg oral	1	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
tolvaptan tablet 15 mg oral	E	Made by Lupin.; SP
tolvaptan tablet 30 mg oral	1	PA; SP; QL
tolvaptan tablet 30 mg oral	E	Made by Lupin.; SP
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	++
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	
CARAFATE ORAL TABLET	E	
DEXILANT	E	
dexlansoprazole	1	++; QL
esomeprazole magnesium oral capsule delayed release	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

Drug Name	Drug Tier	Notes
omeprazole-sodium bicarbonate	E	
pantoprazole sodium oral tablet delayed release	1	QL
PREVACID	E	
PREVACID SOLUTAB	E	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	M
rabeprazole sodium oral tablet delayed release	1	++; QL
sucalfate 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 20 mg	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-c	1	
gavilyte-g	1	
gavilyte-n with flavor pack	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
GOLYTELY	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
IBSRELA	E	
IQIRVO	3	PA; SP; QL
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	
MOVIPREP	E	
na sulfate-k sulfate-mg sulf	1	
peg 3350-kcl-na bicarb-nacl	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	

Drug Name	Drug Tier	Notes
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
ELFABRIO	E	SP
EXONDYS 51	E	SP
FABRAZYME	2	PA; 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

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
STRENSIQ	2	PA; SP
VILTEPSO	E	SP
VIOKACE	E	
VYONDYS 53	E	SP
ZENPEP	2	
ZOLGENSMA	3	PA; SP
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
CIALIS	E	
CUPRIMINE	E	SP
ELMIRON	E	
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
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	++; QL
solifenacin succinate	1	
STENDRA	E	
tadalafil oral	1	++; QL

Drug Name	Drug Tier	Notes
THIOLA	3	SP
THIOLA EC	3	SP
tolterodine tartrate er	1	
TOVIAZ	E	
VANRAFIA	3	PA; SP; QL
VELPHORO	E	
VENXXIVA	E	SP
VESICARE	E	
VESICARE LS ORAL SUSPENSION 5 MG/5ML	E	
VIAGRA	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
tamsulosin hcl	1	
Hormonal Agents - Adrenal		
ALKINDI SPRINKLE	E	
CORTEF	E	
CORTISONE ACETATE ORAL	E	
dexamethasone oral tablet	1	
EMFLAZA	E	SP
fludrocortisone acetate oral	1	
HEMADY	E	
hydrocortisone oral	1	
KENALOG-40	E	
methylprednisolone oral	1	

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

Drug Name	Drug Tier	Notes
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS	E	
Hormonal Agents - Men's Health		
ANDROGEL PUMP	E	
AVEED	E	
AZMIRO	E	
DEPO-TESTOSTERONE	E	
JATENZO	E	
NATESTO	E	
TESTIM	E	
TESTOPEL	E	
testosterone cypionate intramuscular	1	PA; QL
testosterone transdermal gel	1	PA; QL
TLANDO	E	
UNDECATREX	E	M
VOGELXO	E	
VOGELXO PUMP	E	
XYOSTED	E	
Hormonal Agents - Pituitary		
ACTHAR	2	PA; SP
ACTHAR GEL	2	PA; SP
cabergoline	1	
CETROTIDE	E	SP
CORTROPHIN	2	PA; SP
CORTROPHIN GEL	2	PA; SP

Drug Name	Drug Tier	Notes
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 SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNT/1.44ML	E	SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	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

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
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
MENOPUR	3	PA; ++; SP
MYCAPSSA	E	SP
NGENLA	3	PA; ++; SP
NORDITROPIN FLEXPOR	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	E	SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	3	PA; SP
TRIPTODUR	2	PA; SP; QL
ZOMACTON	E	SP
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	

Drug Name	Drug Tier	Notes
Hormonal Agents - Sex Hormones and Birth Control		
afirmelle	1	++
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	++
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	
cyred eq	1	++
deblitane	1	++
DELESTROGEN	E	
delyla	1	++
DIVIGEL	3	
dotti	1	
drospirenone-ethinyl estradiol	1	++
DUAVEE	2	
ELESTRIN	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
eluryng	1	++
emzahh	1	++
ENDOMETRIN	2	++
enilloring	1	++
enskyce	1	++
errin	1	++
estarylla	1	++
ESTRACE	E	
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
estradiol-norethindrone acet	1	
ESTROGEL	E	
etonogestrel-ethinyl estradiol	1	++
EVAMIST	3	
falmina	1	++
feirza 1.5/30	1	++
feirza 1/20	1	++
gallifrey	1	
hailey 1.5/30	1	++
hailey 24 fe	1	++
hailey fe 1.5/30	1	++
hailey fe 1/20	1	++
haloette	1	++
heather	1	++
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
incassia	1	++
isibloom	1	++

Drug Name	Drug Tier	Notes
jasmiel	1	++
jencycla	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 estradiol oral tablet 0.1-20 mg-mcg, 0.15-30 mg- mcg	1	++
levora 0.15/30 (28)	1	++
LO LOESTRIN FE	E	
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
loryna	1	++
lo-zumandimine	1	++
luteria	1	++
lyleq	1	++
lyllana	1	
lyza	1	++
marlissa	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
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	++
mimvey	1	
MIRENA (52 MG)	3	++
mono-linyah	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	++
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	++
norgestimate-ethinyl estradiol triphasic	1	++
norlyroc	1	++
ocella	1	++
ORIAHNN	2	PA; QL
portia-28	1	++

Drug Name	Drug Tier	Notes
PREMARIN ORAL	2	
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	++
sronyx	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	++
TWIRLA	E	
VAGIFEM	E	
vestura	1	++
vienva	1	++
VIVELLE-DOT	E	
vylibra	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
xulane	1	++
YASMIN 28	E	
YAZ	E	
yuvaferm	1	
zafemy	1	++
zumandimine	1	++
Hormonal Agents - Thyroid		
ADTHYZA	3	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	E	
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	M
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
RENTHYROID	3	
SYNTHROID	E	
THYQUIDITY	E	
TIROSINT	E	
TIROSINT-SOL	E	
unithroid	1	

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

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
ADALIMUMAB-ADBM(CD/UC/HS STRT)	E	SP
ADALIMUMAB-ADBM(PS/UV STARTER)	E	SP
ADALIMUMAB-FKJP (2 PEN)	E	SP
ADALIMUMAB-FKJP (2 SYRINGE)	E	SP
ADALIMUMAB-RYVK (2 PEN)	E	SP
ADALIMUMAB-RYVK (2 SYRINGE)	E	SP
ALYGLO	E	SP
AMJEVITA	2	PA; SP; QL
ASCENIV	E	SP
AVSOLA	2	PA; SP
azathioprine oral	1	
BENLYSTA	3	PA; SP
BIMZELX	3	PA; SP; QL
BIVIGAM	3	PA; SP
CIMZIA	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
COSENTYX SENSOREADY PEN	E	SP
COSENTYX UNOREADY	E	SP
CUTAQUIG	3	PA; SP

Drug Name	Drug Tier	Notes
CYLTEZO (2 PEN)	E	SP
CYLTEZO (2 SYRINGE)	E	SP
CYLTEZO-CD/UC/HS STARTER	E	SP
CYLTEZO-PSORIASIS/UV STARTER	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
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

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
HYRIMOZ-PLAQ PSOR/UVEIT START	E	SP
HYRIMOZ-PLAQUE PSORIASIS START	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
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	3	PA; SP; QL
OTEZLA	2	PA; SP; QL

Drug Name	Drug Tier	Notes
OTREXUP SUBCUTANEOUS SOLUTION AUTO- INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	E	
OTULFI	E	SP
PANZYGA	3	PA; SP
PRIVIGEN	3	PA; SP
PYZCHIVA INTRAVENOUS	E	SP
PYZCHIVA SUBCUTANEOUS SOLUTION	E	SP
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	SP
RASUVO	2	PA; QL
REMICADE	E	SP
RENFLEXIS	E	SP
REZUROCK	E	SP
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 (1 SYRINGE)	E	SP
SIMLANDI (2 PEN)	E	SP
SIMLANDI (2 SYRINGE)	E	SP
SIMPONI	2	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
SIMPONI ARIA	2	PA; SP
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
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-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
YESINTEK SUBCUTANEOUS	2	PA; SP; QL
YUFLYMA (1 PEN)	E	SP
YUFLYMA (2 PEN)	E	SP

Drug Name	Drug Tier	Notes
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 tablet delayed release	1	
PENTASA	E	
PROCTOFOAM HC	2	
procto-med hc	1	
sulfasalazine oral	1	
TARPEYO	E	SP
UCERIS ORAL	E	
UCERIS RECTAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg	1	

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

Drug Name	Drug Tier	Notes
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BONSITY	2	PA; SP
FORTEO	E	SP
PROLIA	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	++
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	

Drug Name	Drug Tier	Notes
DUROLANE	2	PA; ++
DYSPORT	2	PA
ENDARI	3	PA
EUFLEXXA	2	PA; ++
FIRDAPSE	E	SP
GEL-ONE	E	
GELSYN-3	2	PA; ++
GENVISC 850	E	
GIVLAARI	3	PA; SP
HYALGAN	E	
HYMOVIS	E	
ILET CONTACT DETACH 23" 6MM	3	++
ILET INFUSION-INSET 23" 6MM	3	++
ILET INFUSION-INSET 32" 6MM	3	++
ILET STARTER - CONTACT DETACH	3	++
ILET STARTER KIT - INSET 23"	3	++
ILET STARTER KIT - INSET 32"	3	++
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL
LIVMARLI ORAL SOLUTION	E	SP
MONOVISC	E	
MYOBLOC	2	PA
NOVOFINE PEN NEEDLE	2	++
NOVOFINE PLUS PEN NEEDLE	2	++
OMNIPOD 5 DEXCOM INTRO KIT	2	++

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

Drug Name	Drug Tier	Notes
OMNIPOD 5 DEXCOM PODS	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	
PHEXXI	E	
SUPARTZ FX	E	
SYNOJOYNT	E	
SYNVISC	E	
SYNVISC ONE	E	
TAVNEOS	E	SP
TRILURON	E	
TRIVISC	E	
TWIST REFILL KIT	2	++
TWIST REFILL KIT/INFUSION SET	2	++
TWIST STARTER KIT	2	++
VEOZAH	E	
VISCO-3	E	
XEOMIN	2	PA
XPHOZAH	E	
YORVIPATH	3	PA; SP; QL

Drug Name	Drug Tier	Notes
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	
erythromycin ophthalmic	1	
EYSUVIS	3	PA; QL
FLAREX	3	
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC 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 ophthalmic	1	

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

Drug Name	Drug Tier	Notes
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMZY	E	
ZERVATE	E	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide oral	1	
ALPHAGAN P	E	
AZOPT	E	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
brimonidine tartrate- timolol	1	
COMBIGAN	E	
COSOPT	E	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IYUZEH	E	
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	

Drug Name	Drug Tier	Notes
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	E	
LATISSE	E	
LUCENTIS	E	SP
MIEBO	2	PA; QL
polymyxin b- trimethoprim	1	
RESTASIS	1	PA; QL
RESTASIS MULTIDOSE	2	PA; QL
TYRVAYA	3	PA; QL
VERKAZIA	E	
VEVYE	E	
XIIDRA	2	PA; QL
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
ciprofloxacin- dexamethasone	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	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
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
azelastine-fluticasone	1	QL
benzonatate	1	
bromphen-pseudoeph-dm	1	
cetirizine hcl oral solution	1	++
CLARINEX	E	
CLARINEX-D 12 HOUR	E	
cyproheptadine hcl oral tablet	1	
DYMISTA	E	
fluticasone propionate nasal	1	++
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	++
mometasone furoate nasal	1	++; QL
OMNARIS	3	++; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
QNASL	3	++; QL
QNASL CHILDRENS	3	++; QL
RYALTRIS	3	QL
XHANCE	E	

Drug Name	Drug Tier	Notes
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
breyna	E	
BREZTRI AEROSPHERE	2	QL
BROVANA	E	
budesonide inhalation	1	QL
budesonide-formoterol fumarate	E	
COMBIVENT RESPIMAT	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
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
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	

Drug Name	Drug Tier	Notes
ipratropium-albuterol	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NEFFY	3	
NUCALA	2	PA; SP; QL
OFEV	3	PA; SP
OHTUVAYRE	E	
PERFOROMIST	3	QL
PROAIR RESPICLICK	E	
PULMICORT FLEXHALER	E	
PULMICORT SUSPENSION	E	
QVAR REDIHALER	2	QL
SEREVENT DISKUS	2	QL
SINGULAIR	E	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
TEZSPIRE	2	PA; SP; QL
tiotropium bromide monohydrate	E	
TRELEGY ELLIPTA	2	QL
TUDORZA PRESSAIR	E	
UMECLIDINIUM- VILANTEROL	E	M
VENTOLIN HFA	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
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	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	SP
BRONCHITOL	E	SP
CAYSTON	E	SP
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

Drug Name	Drug Tier	Notes
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 INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	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 62.5 MG, 125 MG	E	SP
treprostinil solution 100 mg/20ml injection	1	PA; SP
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

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 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
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	
ORPHENGESIC FORTE	E	M
OZOBAX DS	E	
SOMA	E	
tizanidine hcl oral	1	
ZANAFLEX	E	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	PA; QL
BELSOMRA	3	QL

Drug Name	Drug Tier	Notes
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 SOLUTION 500 MG/ML ORAL	3	PA; Made by Hikma; M; SP; QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	Made by Amneal; M; SP
SUNOSI	2	PA; QL
temazepam	1	QL
WAKIX	3	PA; SP; QL
XYREM	E	SP
XYWAV	3	PA; SP; QL
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	ADCIRCA.....	46	amlodipine besylate-benazepril	
ABILIFY ASIMTUFII.....	16	ADDERALL.....	20	hcl.....	18
ABILIFY MAINTENA.....	16	ADDERALL XR.....	20	amlodipine besylate-valsartan..	18
abiraterone acetate.....	13	ADEMPAS.....	46	amlodipine-olmesartan.....	18
ABRILADA (1 PEN).....	37	ADIPEX-P.....	22	amnestem.....	23
ABRILADA (2 PEN).....	37	ADLARITY.....	11	AMONDYS 45.....	31
ABRILADA (2 SYRINGE).....	37	ADMELOG.....	27	amoxicillin.....	8
ABSORICA.....	22	ADMELOG SOLOSTAR.....	28	amoxicillin-potassium	
ABSORICA LD.....	22	ADTHYZA.....	37	clavulanate.....	8
ACANYA.....	22	ADVAIR DISKUS.....	44	amphetamine-	
ACCRUFER.....	29	ADVAIR HFA.....	44	dextroamphetamine.....	21
ACCU-CHEK FASTCLIX		ADVATE.....	17	amphetamine-	
LANCET KIT.....	26	ADYNOVATE.....	17	dextroamphetamine er.....	21
ACCU-CHEK SOFTCLIX		ADZENYS XR-ODT.....	20	amphet-dextroamphet 3-bead	
LANCET DEVICE KIT.....	26	AFINITOR.....	13	er.....	21
accutane.....	22	AFINITOR DISPERZ.....	13	AMPYRA.....	21
acetaminophen-codeine.....	7	afirmelle.....	34	AMRIX.....	47
acetazolamide.....	43	AFSTYLA.....	17	AMZEEQ.....	23
ACIPHEX.....	30	AIMOVIG.....	13	anastrozole.....	13
ACTEMRA.....	37	AIRSUPRA.....	44	ANDROGEL PUMP.....	33
ACTEMRA ACTPEN.....	37	AJOVY.....	13	ANKTIVA.....	13
ACTHAR.....	33	AKEEGA.....	13	ANNOVERA.....	34
ACTHAR GEL.....	33	AKLIEF.....	23	ANORO ELLIPTA.....	44
acyclovir.....	16	ALA SCALP.....	23	APADAZ.....	7
ACZONE.....	22	ala-cort.....	23	apap-caff-dihydrocodeine.....	7
ADALIMUMAB-AACF (2 PEN).....	37	albuterol sulfate.....	44	APIDRA SOLOSTAR.....	28
ADALIMUMAB-AACF (2		albuterol sulfate hfa.....	44	APIDRA VIAL.....	28
SYRINGE).....	37	ALECENSA.....	13	apri.....	34
ADALIMUMAB-		alendronate sodium.....	40, 41	APRISO.....	40
AACF(CD/UC/HS STRT).....	37	alfuzosin hcl er.....	32	APTIOM.....	9
ADALIMUMAB-AACF(PS/UV		ALKINDI SPRINKLE.....	32	ARAKODA.....	15
STARTER).....	37	allopurinol.....	12	ARANESP (ALBUMIN FREE)...	17
ADALIMUMAB-AATY (1 PEN).....	37	ALOGLIPTIN BENZOATE.....	25	ARAZLO.....	23
ADALIMUMAB-AATY (2 PEN).....	37	ALOGLIPTIN-METFORMIN		ARIMIDEX.....	13
ADALIMUMAB-AATY (2		HCL.....	25	aripiprazole.....	16
SYRINGE).....	37	ALOGLIPTIN-PIOGLITAZONE.....	25	ARISTADA.....	16
ADALIMUMAB-AATY		ALPHAGAN P.....	43	ARISTADA INITIO.....	16
CD/UC/HS START.....	37	alprazolam.....	17	armodafinil.....	47
ADALIMUMAB-ADAZ.....	37	ALPROLIX.....	17	ARMOUR THYROID.....	37
ADALIMUMAB-ADBM (2 PEN).....	37	ALTACE.....	18	ARNUITY ELLIPTA.....	44
ADALIMUMAB-ADBM (2		altavera.....	34	ARTHROTEC.....	7
SYRINGE).....	37	ALTUVIIIIO.....	17	ASCENIV.....	38
ADALIMUMAB-		ALUNBRIG.....	13	ASMANEX (120 METERED	
ADBM(CD/UC/HS STRT).....	38	ALVESCO.....	44	DOSES).....	44
ADALIMUMAB-ADBM(PS/UV		ALYGLO.....	38	ASMANEX (14 METERED	
STARTER).....	38	ALYMSYS.....	13	DOSES).....	44
ADALIMUMAB-FKJP (2 PEN).....	38	AMBIEN.....	47	ASMANEX (30 METERED	
ADALIMUMAB-FKJP (2		AMBIEN CR.....	47	DOSES).....	44
SYRINGE).....	38	amiodarone hcl.....	18	ASMANEX (60 METERED	
ADALIMUMAB-RYVK (2 PEN).....	38	AMITIZA.....	30	DOSES).....	44
ADALIMUMAB-RYVK (2		amitriptyline hcl.....	11	ASMANEX HFA.....	44
SYRINGE).....	38	AMJEVITA.....	38	ASPRUZYO SPRINKLE.....	18
ADBRY.....	22	amlodipine besylate.....	18	ATACAND.....	18

atenolol.....	18	BD PEN NEEDLE MINI		breyana.....	44
ATIVAN.....	17	ULTRAFINE.....	41	BREZTRI AEROSPHERE.....	44
atomoxetine hcl.....	21	BD PEN NEEDLE NANO		BRILINTA.....	15
ATORVALIQ.....	18	ULTRAFINE.....	41	brimonidine tartrate.....	43
atorvastatin calcium.....	18	BD PEN NEEDLE ORIG		brimonidine tartrate-timolol.....	43
atovaquone-proguanil hcl.....	15	ULTRAFINE.....	41	BRIVIACT.....	9
ATROVENT HFA.....	44	BD PEN NEEDLE SHORT		BRIXADI.....	8
ATTRUBY.....	18	ULTRAFINE.....	41	BRIXADI (WEEKLY).....	8
AUBAGIO.....	21	BD ULTRA-FINE INSULIN		bromphen-pseudoeph-dm.....	44
aubra eq.....	34	SYRINGES.....	28	BROMSITE.....	42
AUGTYRO.....	13	BD ULTRA-FINE PEN		BRONCHITOL.....	46
aurovela 1.5/30.....	34	NEEDLES.....	41	BROVANA.....	44
aurovela 1/20.....	34	BD VEO INSULIN SYR		budesonide.....	40, 44
aurovela 24 fe.....	34	ULTRAFINE.....	28	budesonide-formoterol	
aurovela fe 1.5/30.....	34	BELBUCA.....	7	fumarate.....	44
aurovela fe 1/20.....	34	BELRAPZO.....	13	bumetanide.....	18
AURYXIA.....	32	BELSOMRA.....	47	BUPHENYL.....	31
AUSTEDO.....	22	benazepril hcl.....	18	buprenorphine hcl.....	8
AUSTEDO XR.....	22	BENDAMUSTINE HCL.....	13	buprenorphine hcl-naloxone	
AUSTEDO XR PATIENT		BENEFIX.....	17	hcl.....	8
TITRATION.....	22	BENICAR.....	18	bupropion hcl.....	11
AUVELITY.....	11	BENICAR HCT.....	18	bupropion hcl er (sr).....	11
AUVI-Q.....	44	BENLYSTA.....	38	bupropion hcl er (xl).....	11
AVAPRO.....	18	BENZAMYCIN.....	23	BUPROPION HCL ER (XL).....	11
AVEED.....	33	BENZHYDROCODONE-		buspirone hcl.....	17
aviane.....	34	ACETAMINOPHEN.....	7	butalbital-apap-caffeine.....	7
AVODART.....	32	benzonatate.....	44	BUTRANS.....	7
AVONEX PEN.....	21	benztropine mesylate.....	15	BYLVAY.....	41
AVONEX PREFILLED.....	21	BEOVU.....	43	BYLVAY (PELLETS).....	41
AVSOLA.....	38	BEPREVE.....	42	BYOOVIZ.....	43
ayuna.....	34	BESIVANCE.....	42	BYSTOLIC.....	18
AZASITE.....	42	BESREMI.....	13	CABENUVA.....	16
azathioprine.....	38	betamethasone dipropionate....	23	cabergoline.....	33
azelaic acid.....	23	BETASERON.....	21	CABOMETYX.....	13
azelastine hcl.....	42, 44	BETHKIS.....	46	CABTREO.....	23
azelastine-fluticasone.....	44	BETIMOL.....	43	CALCIPOTRIENE.....	23
azithromycin.....	8	BEVESPI AEROSPHERE.....	44	calcitriol.....	41
AZMIRO.....	33	BEXAGLIFLOZIN.....	25	CALQUENCE.....	14
AZOPT.....	43	BEYAZ.....	34	CAMBIA.....	13
AZOR.....	18	BIGFOOT UNITY PROGRAM..	26	camila.....	34
AZSTARYS.....	21	BIJUVA.....	34	CAMZYOS.....	18
bac (butalbital-acetamin-caff).....	7	BIKTARVY.....	16	CANASA.....	40
baclofen.....	47	BIMZELX.....	38	candesartan cilexetil.....	18
BAFIERTAM.....	21	bisoprolol fumarate.....	18	capecitabine.....	14
BALCOLTRA.....	34	bisoprolol-hydrochlorothiazide..	18	CARAFATE.....	30
BAQSIMI ONE PACK.....	27	BIVIGAM.....	38	CARBATROL.....	9
BAQSIMI TWO PACK.....	27	blisovi 24 fe.....	34	carbidopa-levodopa.....	15
BARACLUDE.....	16	blisovi fe 1.5/30.....	34	CARDIZEM LA.....	18
BASAGLAR KWIKPEN.....	28	blisovi fe 1/20.....	34	carisoprodol.....	47
BASAGLAR TEMPO PEN.....	28	BONSITY.....	41	CARNITOR.....	29
BD PEN NEEDLE MICRO		BRENZAVVY.....	25	CARNITOR SF.....	29
ULTRAFINE.....	41	BREO ELLIPTA.....	44	cartia xt.....	18
		BREXAFEMME.....	12	carvedilol.....	18

CATAPRES-TTS-1	18	clobetasol propionate	23	COTELLIC	14
CATAPRES-TTS-2	18	CLOBEX	23	COTEMPLA XR-ODT	21
CATAPRES-TTS-3	18	CLOBEX SPRAY	23	COXANTO	7
CAYSTON	46	clodan	23	COZAAR	18
cefadroxil	8	CLODERM	23	CREON	31
cefdinir	8	clonazepam	17	CRESEMBA	12
cefpodoxime proxetil	8	clonidine hcl	18	CRESTOR	18
cefuroxime axetil	8	clonidine hcl er	21	CREXONT	15
CELEBREX	7	clopidogrel bisulfate	15	CUPRIMINE	32
celecoxib	7	clotrimazole	12	CUTAQUIG	38
CELEXA	11	clotrimazole-betamethasone	12	CUVRIOR	29
cephalexin	8	colchicine	12	cyanocobalamin	29
CEQUA	43	COLESTID	18	cyclobenzaprine hcl	47
CEQUR SIMPLICITY 2U 10PK	26	colestipol hcl	18	cyclosporine	43
CERDELGA	31	COMBIGAN	43	CYLTEZO (2 PEN)	38
cetirizine hcl	44	COMBIVENT RESPIMAT	44	CYLTEZO (2 SYRINGE)	38
CETROTIDE	33	CONJUPRI	18	CYLTEZO-CD/UC/HS	
chateal eq	34	constulose	30	STARTER	38
chlorhexidine gluconate	22	CONTOUR NEXT EZ KIT		CYLTEZO-PSORIASIS/UV	
chlorthalidone	18	W/DEVICE	26	STARTER	38
CIALIS	32	CONTOUR NEXT GEN		cyproheptadine hcl	44
CIBINQO	23	MONITOR KIT W/DEVICE	26	cyred eq	34
ciclodan	12	CONTOUR NEXT GEN TEST		CYTOMEL	37
ciclopirox	12	STRIPS	26	dalfampridine er	21
CIMDUO	16	CONTOUR NEXT MONITOR		DANZITEN	14
CIMZIA	38	KIT W/DEVICE	26	DAPAGLIFLOZIN PRO-	
CIMZIA (2 SYRINGE)	38	CONTOUR NEXT ONE KIT	26	METFORMIN ER	25
CIMZIA-STARTER	38	CONTOUR PLUS BLUE KIT		DAPAGLIFLOZIN	
CINRYZE	38	W/DEVICE	26	PROPANEDIOL	25
ciprofloxacin hcl	8, 42	CONTOUR PLUS TEST		DARZALEX FASPRO	14
ciprofloxacin-dexamethasone	43	STRIP	26	DAYBUE	22
CITALOPRAM		CONTOUR TEST STRIPS	26	DAYTRANA	21
HYDROBROMIDE	11	CONTRAVE	22	DAYVIGO	47
citalopram hydrobromide	11	CONZIP	7	deblitane	34
claravis	23	COPAXONE	21	DELESTROGEN	34
CLARINEX	44	CORDRAN	23	delyla	34
CLARINEX-D 12 HOUR	44	COREG	18	DEPAKOTE	9
clarithromycin	8	COREG CR	18	DEPAKOTE ER	9
CLENPIQ	30	CORTEF	32	DEPAKOTE SPRINKLES	9
CLEOCIN	9	CORTIFOAM	40	DEPO-TESTOSTERONE	33
CLIMARA	34	CORTISONE ACETATE	32	DESCOVY	16
CLIMARA PRO	34	CORTROPHIN	33	desmopressin acetate	33
clindacin etz	23	CORTROPHIN GEL	33	desonide	23
clindacin-p	23	COSELA	14	desvenlafaxine succinate er	11
CLINDAGEL	23	COSENTYX (300 MG DOSE)	38	dexamethasone	32
clindamycin hcl	9	COSENTYX 150 MG/ML	38	DEXCOM G6 RECEIVER	26
clindamycin phos (once-daily)	23	COSENTYX SENSOREADY		DEXCOM G6 SENSOR	26
clindamycin phos (twice-daily)	23	(300 MG)	38	DEXCOM G6 TRANSMITTER	26
clindamycin phosphate	9, 23	COSENTYX SENSOREADY		DEXCOM G7 RECEIVER	26
clindamycin phosphate-		PEN	38	DEXCOM G7 SENSOR	26
benzoyl peroxide	23	COSENTYX UNOREADY	38	DEXILANT	30
CLINDESSE	9	COSOPT	43	dexlansoprazole	30
CLOBETASOL PROPIONATE	23	COSOPT PF	43	dexmethylphenidate hcl	21

dexmethylphenidate hcl er.....	21	EDARBYCLOR.....	19	escitalopram oxalate.....	11
dextroamphetamine sulfate.....	21	EFFEXOR XR.....	11	esomeprazole magnesium.....	30
DHIVY.....	15	ELEPSIA XR.....	10	ESPEROCT.....	17
diazepam.....	17	ELESTRIN.....	34	estarylla.....	35
DICLOFENAC PATCH 1.3%.....	7	eletriptan hydrobromide.....	13	ESTRACE.....	35
diclofenac potassium.....	7	ELEVIDYS.....	31	estradiol.....	35
diclofenac sodium.....	7	ELFABRIO.....	31	estradiol-norethindrone acet.....	35
dicyclomine hcl.....	30	ELIDEL.....	23	ESTROGEL.....	35
DIFFERIN.....	23	ELIQUIS.....	9	eszopiclone.....	47
DIFICID.....	9	ELIQUIS DVT/PE STARTER		etonogestrel-ethinyl estradiol....	35
DILANTIN.....	10	PACK.....	9	EUCRISA.....	24
DILANTIN INFATABS.....	9	ELMIRON.....	32	EUFLEXXA.....	41
DILANTIN-125.....	10	ELOCTATE.....	17	euthyrox.....	37
DILAUDID.....	7	eluryng.....	35	EVAMIST.....	35
diltiazem hcl er coated beads...	18	ELYXYB.....	7	EVEKEO.....	21
dimethyl fumarate.....	21	EMFLAZA.....	32	EVERSENSE 365	
DIOVAN.....	19	EMGALITY.....	13	SENSOR/HOLDER.....	26
DIOVAN HCT.....	19	EMPAVELI.....	17	EVERSENSE 365 SMART	
DIPENTUM.....	40	EMROSI.....	23	TRANSMIT.....	26
diphenoxylate-atropine.....	30	emtricitabine-tenofovir df.....	16	EVERSENSE	
divalproex sodium.....	10	EMVERM.....	15	SENSOR/HOLDER.....	26
divalproex sodium er.....	10	emzahn.....	35	EVERSENSE SMART	
DIVIGEL.....	34	enalapril maleate.....	19	TRANSMITTER.....	26
DOJOLVI.....	41	ENBREL.....	38	EXFORGE.....	19
donepezil hcl.....	11	ENBREL MINI.....	38	EXFORGE HCT.....	19
DOPTelet.....	17	ENBREL SURECLICK.....	38	EXONDYS 51.....	31
DORYX MPC.....	9	ENDARI.....	41	EYSUVIS.....	42
dorzolamide hcl-timolol mal.....	43	endocet.....	7	ezetimibe.....	19
dorzolamide hcl-timolol mal pf..	43	ENDOMETRIN.....	35	FABHALTA.....	17
dotti.....	34	enilloring.....	35	FABIOR.....	24
DOVATO.....	16	ENLITE GLUCOSE SENSOR...	26	FABRAZYME.....	31
doxazosin mesylate.....	19	enoxaparin sodium.....	9	falmina.....	35
doxepin hcl.....	11, 47	enskyce.....	35	famotidine.....	30
doxycycline.....	23	ENSTILAR.....	23	FARXIGA.....	25
doxycycline hyclate.....	9	ENTRESTO.....	19	FASENRA.....	45
DOXYCYCLINE HYCLATE.....	9	ENTYVIO PEN.....	38	FASENRA PEN.....	45
doxycycline monohydrate.....	9	EPCLUSA.....	16	feirza 1.5/30.....	35
drospirenone-ethinyl estradiol...	34	EPIDIOLEX.....	10	feirza 1/20.....	35
DUAKLIR PRESSAIR.....	45	EPIDUO.....	23	fenofibrate.....	19
DUAVEE.....	34	EPIDUO FORTE.....	24	fenofibrate micronized.....	19
DUEXIS.....	7	epinephrine.....	45	FENOPRON.....	7
DULERA.....	45	EPIPEN JR 2-PAK.....	45	FIASP.....	28
duloxetine hcl.....	11	EPOGEN.....	17	FIASP FLEXTOUCH.....	28
DUOBRII.....	23	EPRONTIA.....	10	FIASP PENFILL.....	28
DUPIXENT.....	23	EPSOLAY.....	24	FIASP PUMPCART.....	28
DUROLANE.....	41	ergocalciferol.....	29	FINACEA.....	24
dutasteride.....	32	ERIVEDGE.....	14	finasteride.....	24, 32
DUVYZAT.....	31	ERLEADA.....	14	FIORICET.....	7
DYANAVEL XR.....	21	ERMEZA.....	37	FIORICET/CODEINE.....	7
DYMISTA.....	44	errin.....	35	FIRAZYR.....	38
DYSPORT.....	41	erythromycin.....	42	FIRDAPSE.....	41
EBGLYSS.....	23	ERZOFRI.....	16	FLAREX.....	42
EDARBI.....	19	ESBRIET.....	45	flecainide acetate.....	19

FLECTOR.....	8	gavilyte-c.....	30	hailey 1.5/30.....	35
FLEQSUVY.....	47	gavilyte-g.....	30	hailey 24 fe.....	35
fluconazole.....	12	gavilyte-n with flavor pack.....	30	hailey fe 1.5/30.....	35
fludrocortisone acetate.....	32	GAVRETO.....	14	hailey fe 1/20.....	35
fluocinonide.....	24	GEL-ONE.....	41	haloette.....	35
fluorouracil.....	24	GELSYN-3.....	41	HALOG.....	24
fluoxetine hcl.....	11	gemfibrozil.....	19	HARVONI.....	16
FLUTICASONE FUROATE		GEMTESA.....	32	heather.....	35
ELLIPTA.....	45	GENOTROPIN.....	33	HEMADY.....	32
FLUTICASONE FUROATE-		GENOTROPIN MINQUICK.....	33	HEMANGEOL.....	19
VILANTEROL.....	45	GENVISC 850.....	41	HERCESSI.....	14
fluticasone propionate.....	44	GILENYA.....	21	HERZUMA.....	14
FLUTICASONE PROPIONATE		GIMOTI.....	12	HETLIOZ.....	47
DISKUS.....	45	GIVLAARI.....	41	HETLIOZ LQ.....	47
FLUTICASONE PROPIONATE		GLEEVEC.....	14	HIZENTRA.....	38
HFA.....	45	glimepiride.....	25	HORIZANT.....	22
FLUTICASONE-		glipizide er.....	25	HULIO (2 PEN).....	38
SALMETEROL.....	45	glipizide ir.....	25	HULIO (2 SYRINGE).....	38
fluticasone-salmeterol.....	45	GLOPERBA.....	12	HUMALOG.....	28
fluvoxamine maleate.....	11	GLUCAGON EMERGENCY		HUMALOG KWIKPEN.....	28
FOCALIN.....	21	KIT.....	27	HUMALOG MIX 50/50	
FOCALIN XR.....	21	glyburide.....	25	KWIKPEN.....	28
folic acid.....	29	glycopyrrolate.....	30	HUMALOG MIX 75/25	
FOLLISTIM AQ.....	33	GLYXAMBI.....	25	KWIKPEN.....	28
FORFIVO XL.....	11	GOCOVRI.....	15	HUMALOG MIX 75/25 VIAL.....	28
FORTEO.....	41	GOLYTELY.....	30	HUMALOG TEMPO PEN.....	28
FOTIVDA.....	14	GONAL-F.....	33	HUMALOG U-100 JUNIOR	
FREESTYLE INSULINX TEST		GONAL-F RFF.....	33	KWIKPEN.....	28
STRIPS.....	26	GONAL-F RFF REDIRECT.....	33	HUMATROPE.....	33
FREESTYLE LIBRE 14 DAY		GRALISE.....	22	HUMIRA (1 PEN).....	38
READER.....	26	GRANIX.....	17	HUMIRA (2 PEN).....	38
FREESTYLE LIBRE 14 DAY		guanfacine hcl.....	19	HUMIRA (2 SYRINGE).....	38
SENSOR.....	26	guanfacine hcl er.....	21	HUMIRA-CD/UC/HS	
FREESTYLE LIBRE 2		GUARDIAN 4 GLUCOSE		STARTER.....	38
READER.....	26	SENSOR.....	27	HUMIRA-PSORIASIS/UEIT	
FREESTYLE LIBRE 2		GUARDIAN 4 TRANSMITTER.....	27	STARTER.....	38
SENSOR.....	26	GUARDIAN LINK 3		HUMULIN 70/30 KWIKPEN.....	28
FREESTYLE LIBRE 3		TRANSMITTER.....	27	HUMULIN 70/30 VIAL.....	28
READER.....	26	GUARDIAN REAL-TIME		HUMULIN N KWIKPEN.....	28
FREESTYLE LIBRE 3		CHARGER.....	27	HUMULIN N VIAL.....	28
SENSOR.....	27	GUARDIAN REAL-TIME		HUMULIN R U-500 KWIKPEN.....	28
FREESTYLE LITE TEST		REPLACE PED.....	27	HUMULIN R U-500 VIAL.....	28
STRIPS.....	27	GUARDIAN REAL-TIME TEST		HUMULIN R VIAL.....	28
FREESTYLE TEST STRIPS.....	27	PLUG.....	27	HYALGAN.....	41
FULPHILA.....	17	GUARDIAN SENSOR 3.....	27	hydralazine hcl.....	19
FUROSCIX.....	19	GVOKE HYPOPEN 1-PACK.....	27	hydrochlorothiazide.....	19
furosemide.....	19	GVOKE HYPOPEN 2-PACK.....	27	hydrocodone-acetaminophen.....	7
FYCOMPA.....	10	GVOKE KIT.....	27	hydrocortisone.....	24, 32
FYLNETRA.....	17	GVOKE PFS.....	27	HYDROCORTISONE.....	24
gabapentin.....	10	GYNAZOLE-1.....	12	hydrocortisone (perianal).....	40
GABARONE.....	10	HADLIMA.....	38	hydromorphone hcl.....	7
gallifrey.....	35	HADLIMA PUSHTOUCH.....	38	hydroxychloroquine sulfate.....	15
ganirelix acetate.....	33	HAEGARDA.....	38	hydroxyzine hcl.....	17

hydroxyzine pamoate.....	17	INDERAL XL.....	19	irbesartan.....	19
HYFTOR.....	24	indomethacin.....	8	irbesartan-hydrochlorothiazide..	19
HYMOVIS.....	41	INFLECTRA.....	39	isibloom.....	35
HYRIMOZ.....	38	INFLIXIMAB.....	39	isosorbide mononitrate er.....	19
HYRIMOZ-CROHNS/UC		INGREZZA.....	22	isotretinoin.....	24
STARTER.....	38	INNOPRAN XL.....	19	ISTURISA.....	33
HYRIMOZ-PED<40KG		INPEFA.....	19	IYUZEH.....	43
CROHN STARTER.....	38	INPEN 100-BLUE-LILLY-		jantoven.....	9
HYRIMOZ-PED>/=40KG		HUMALOG.....	27	JANUMET.....	25
CROHN START.....	38	INPEN 100-BLUE-NOVOLOG-		JANUMET XR.....	25
HYRIMOZ-PLAQ		FIASP.....	27	JANUVIA.....	25
PSOR/UEVIT START.....	39	INPEN 100-GREY-LILLY-		JARDIANCE.....	25
HYRIMOZ-PLAQUE		HUMALOG.....	27	jasmiel.....	35
PSORIASIS START.....	39	INPEN 100-GREY-		JATENZO.....	33
HYSINGLA ER.....	7	NOVOLOG-FIASP.....	27	JAVYGTOR.....	31
HYZAAR.....	19	INPEN 100-PINK-LILLY-		jencycla.....	35
IBSRELA.....	31	HUMALOG.....	27	JENTADUETO.....	25
ibuprofen.....	8	INPEN 100-PINK-NOVOLOG-		JENTADUETO XR.....	25
ibuprofen-famotidine.....	8	FIASP.....	27	JIVI.....	17
ICLUSIG.....	14	INQOVI.....	14	JOENJA.....	39
icosapent ethyl.....	19	INSULIN ASP PROT & ASP		JORNAY PM.....	21
IDELVION.....	17	FLEXPEN.....	28	JOURNAVX.....	7
IDHIFA.....	14	INSULIN ASPART.....	28	JUBLIA.....	12
ILET CONTACT DETACH 23"		INSULIN ASPART FLEXPEN... 28		juleber.....	35
6MM.....	41	INSULIN ASPART PENFILL.... 28		JULUCA.....	16
ILET INFUSION-INSET 23"		INSULIN ASPART PROT &		junel 1.5/30.....	35
6MM.....	41	ASPART.....	28	junel 1/20.....	35
ILET INFUSION-INSET 32"		INSULIN DEGLUDEC.....	28	junel fe 1.5/30.....	35
6MM.....	41	INSULIN DEGLUDEC		junel fe 1/20.....	35
ILET STARTER - CONTACT		FLEXTOUCH.....	28	junel fe 24.....	35
DETACH.....	41	INSULIN GLARGINE MAX		JYLAMVO.....	39
ILET STARTER KIT - INSET		SOLOSTAR.....	28	JYNARQUE.....	29
23".....	41	INSULIN GLARGINE		kalliga.....	35
ILET STARTER KIT - INSET		SOLOSTAR.....	28	KANJINTI.....	14
32".....	41	INSULIN GLARGINE-YFGN.... 28		KAPSPARGO SPRINKLE.....	19
ILEVRO.....	42	INSULIN LISPRO.....	28	KATERZIA.....	19
IMBRUVICA.....	14	INSULIN LISPRO (1 UNIT		KENALOG-40.....	32
IMCIVREE.....	22	DIAL).....	28	KEPPRA.....	10
imiquimod.....	24	INSULIN LISPRO JUNIOR		KEPPRA XR.....	10
imiquimod pump.....	24	KWIKPEN.....	28	KERENDIA.....	41
IMITREX.....	13	INSULIN LISPRO PROT &		KESIMPTA.....	21
IMITREX STATDOSE REFILL.. 13		LISPRO.....	28	ketoconazole.....	12
IMITREX STATDOSE		INTUNIV.....	21	ketorolac tromethamine..... 8, 42	
SYSTEM.....	13	INVEGA HAFYERA.....	16	KISQALI (200 MG DOSE).....	14
IMKELDI.....	14	INVEGA SUSTENNA.....	16	KISQALI (400 MG DOSE).....	14
IMPOYZ.....	24	INVEGA TRINZA.....	16	KISQALI (600 MG DOSE).....	14
IMULDOSA.....	39	INVELTYS.....	42	KISUNLA.....	11
IMVEXXY MAINTENANCE		INVOKAMET.....	25	KITABIS PAK (W/	
PACK.....	35	INVOKAMET XR.....	25	NEBULIZER).....	46
IMVEXXY STARTER PACK.....	35	INVOKANA.....	25	klayesta.....	12
incassia.....	35	ipratropium bromide.....	44	KLISYRI (250 MG).....	24
INCRUSE ELLIPTA.....	45	ipratropium-albuterol.....	45	KLISYRI (350 MG).....	24
INDERAL LA.....	19	IQIRVO.....	31	KLONOPIN.....	17

klor-con.....	29	levo-t.....	37	LUPKYNIS.....	39
klor-con 10.....	29	LEVOTHYROXINE SODIUM....	37	LUPRON DEPOT (1-MONTH).. <td>33</td>	33
klor-con m10.....	29	levothyroxine sodium.....	37	LUPRON DEPOT (3-MONTH).. <td>33</td>	33
klor-con m15.....	29	levoxyl.....	37	LUPRON DEPOT (4-MONTH)	
klor-con m20.....	29	LEXAPRO.....	11	INTRAMUSCULAR KIT 30MG.. <td>33</td>	33
KLOXXADO.....	8	LEXETTE.....	24	LUPRON DEPOT (6-MONTH)	
KOATE.....	17	LIALDA.....	40	INTRAMUSCULAR KIT 45MG.. <td>33</td>	33
KOGENATE FS.....	17	LICART.....	8	LUPRON DEPOT-PED (1-	
KONVOMEPI.....	30	lidocaine.....	8	MONTH).....	34
KOSELUGO.....	14	lidocaine hcl.....	22	LUPRON DEPOT-PED (3-	
KOVALTRY.....	17	lidocaine viscous hcl.....	22	MONTH).....	34
kurvelo.....	35	lidocaine-prilocaine.....	8	LUPRON DEPOT-PED (6-	
KUVAN.....	31	LIDOCAN.....	8	MONTH).....	34
KYLEENA.....	35	LIDODERM.....	8	lurasidone hcl.....	16
labetalol hcl.....	19	LIKMEZ.....	9	lutra.....	35
lacosamide.....	10	LINZESS.....	31	LYBALVI.....	16
lactulose.....	31	liothyronine sodium.....	37	lyleq.....	35
LAMICTAL.....	10	LIPITOR.....	19	lyllana.....	35
LAMICTAL ODT.....	10	lisdexamfetamine dimesylate....	21	LYNPARZA.....	14
LAMICTAL STARTER.....	10	lisinopril.....	19	LYRICA.....	22
LAMICTAL XR.....	10	lisinopril-hydrochlorothiazide....	19	LYRICA CR.....	22
lamotrigine.....	10	LITFULO.....	24	LYUMJEV KWIKPEN.....	28
lamotrigine er.....	10	lithium carbonate.....	17	LYUMJEV TEMPO PEN.....	28
lansoprazole.....	30	lithium carbonate er.....	17	LYUMJEV VIAL.....	28
LANTUS SOLOSTAR.....	28	LIVALO.....	19	lyza.....	35
LANTUS U-100 VIAL.....	28	LIVDELZI.....	31	marlissa.....	35
larin 1.5/30.....	35	LIVMARLI.....	41	MAVENCLAD.....	21
larin 1/20.....	35	LO LOESTRIN FE.....	35	MAVYRET.....	16
larin 24 fe.....	35	LODOCO.....	19	MAXALT.....	13
larin fe 1.5/30.....	35	LOESTRIN 1.5/30 (21).....	35	MAXALT-MLT.....	13
larin fe 1/20.....	35	LOESTRIN 1/20 (21).....	35	MAYZENT.....	21
LASIX.....	19	LOESTRIN FE 1.5/30.....	35	MAYZENT STARTER PACK....	21
latanoprost.....	43	LOESTRIN FE 1/20.....	35	meclizine hcl.....	12
LATISSE.....	43	LOKELMA.....	29	medroxyprogesterone acetate.. <td>36</td>	36
LATUDA.....	16	loperamide hcl.....	31	MEKINIST.....	14
LEDIPASVIR-SOFOSBUVIR....	16	lorazepam.....	17	meleya.....	36
leflunomide.....	39	LOREEV XR.....	17	meloxicam.....	8
lenalidomide.....	14	loryna.....	35	memantine hcl.....	11
LEQEMBI.....	11	losartan potassium.....	19	MENOPUR.....	34
LEQVIO.....	19	losartan potassium-hctz.....	19	mesalamine.....	40
LESCOL XL.....	19	LOTEMAX.....	42	mesalamine er oral capsule	
lessina.....	35	LOTEMAX SM.....	42	0.375 gm.....	40
LETAIRIS.....	46	LOTREL.....	19	METADATE CD.....	21
letrozole.....	14	lovastatin.....	19	metformin hcl er.....	25
LEVAlBUTEROL HFA.....	45	LOVAZA.....	19	metformin hcl er (mod).....	25
LEVAMLODIPINE MALEATE... <td>19</td> <td>lo-zumandimine.....</td> <td>35</td> <td>metformin hcl er (osm).....</td> <td>25</td>	19	lo-zumandimine.....	35	metformin hcl er (osm).....	25
levetiracetam.....	10	lubiprostone.....	31	metformin hcl ir.....	25
LEVETIRACETAM.....	10	LUCENTIS.....	43	methimazole.....	37
levetiracetam er.....	10	LUMAKRAS.....	14	methocarbamol.....	47
levocetirizine dihydrochloride....	44	LUMIGAN.....	43	methotrexate sodium.....	39
levofloxacin.....	9	LUMRYZ.....	47	methotrexate sodium (pf).....	39
levonorgestrel-ethinyl estrad....	35	LUMRYZ STARTER PACK.....	47	methylphenidate hcl.....	21
levora 0.15/30 (28).....	35	LUNESTA.....	47	methylphenidate hcl er.....	21

methylphenidate hcl er (cd).....	21	MYRBETRIQ.....	32	norgestimate-ethinyl estradiol	
methylphenidate hcl er (la).....	21	na sulfate-k sulfate-mg sulf.....	31	triphasic.....	36
methylphenidate hcl er (osm)....	21	nabumetone.....	8	NORITATE.....	24
methylphenidate hcl er (xr).....	21	nadolol.....	19	NORLIQVA.....	20
methylprednisolone.....	32	naltrexone hcl.....	8	norlyroc.....	36
metoclopramide hcl.....	12	NAMZARIC.....	11	nortriptyline hcl.....	11
metoprolol succinate er.....	19	NAPRELAN.....	8	NORVASC.....	20
metoprolol tartrate.....	19	naproxen.....	8	NOVOEIGHT.....	17
METROGEL.....	24	naratriptan hcl.....	13	NOVOFINE PEN NEEDLE.....	41
metronidazole.....	9, 24	NASCOBAL.....	29	NOVOFINE PLUS PEN	
MICARDIS.....	19	NATAZIA.....	36	NEEDLE.....	41
MICARDIS HCT.....	19	NATESTO.....	33	NOVOLIN 70/30 FLEXPEN.....	29
MICORT HC.....	24	NATROBA.....	15	NOVOLIN 70/30 FLEXPEN	
microgestin 1.5/30.....	36	NAYZILAM.....	10	RELION.....	29
microgestin 1/20.....	36	nebivolol hcl.....	19	NOVOLIN 70/30 RELION.....	29
microgestin fe 1.5/30.....	36	NEFFY.....	45	NOVOLIN 70/30 VIAL.....	29
microgestin fe 1/20.....	36	NEMLUVIO.....	24	NOVOLIN N FLEXPEN.....	29
midodrine hcl.....	19	neomycin-polymyxin-dexameth	42	NOVOLIN N FLEXPEN	
MIEBO.....	43	neomycin-polymyxin-hc.....	43	RELION.....	29
mili.....	36	NEULASTA.....	17	NOVOLIN N RELION.....	29
mimvey.....	36	NEULASTA ONPRO.....	17	NOVOLIN N VIAL.....	29
minocycline hcl.....	9	NEUPOGEN.....	17	NOVOLIN R FLEXPEN.....	29
minoxidil.....	19	NEUPRO.....	15	NOVOLIN R FLEXPEN	
mirabegron er.....	32	NEURONTIN.....	10	RELION.....	29
MIRENA (52 MG).....	36	NEVANAC.....	42	NOVOLIN R RELION.....	29
mirtazapine.....	11	NEXIUM.....	30	NOVOLIN R VIAL.....	29
MIRVASO.....	24	NEXLETOL.....	19	NOVOLOG 70/30 FLEXPEN	
misoprostol.....	30	NEXLIZET.....	19	RELION.....	29
MITIGARE.....	12	NEXTSTELLIS.....	36	NOVOLOG FLEXPEN.....	29
modafinil.....	47	NGENLA.....	34	NOVOLOG FLEXPEN	
mometasone furoate.....	24, 44	nifedipine er.....	20	RELION.....	29
mono-lynyah.....	36	nifedipine er osmotic release....	20	NOVOLOG MIX 70/30	
MONOVISC.....	41	nikki.....	36	FLEXPEN.....	29
montelukast sodium.....	45	NIKTIMVO.....	14	NOVOLOG MIX 70/30	
morphine sulfate er.....	7	NITROFURANTOIN.....	9	RELION.....	29
MOTOFEN.....	31	nitrofurantoin macrocrystal.....	9	NOVOLOG MIX 70/30 VIAL.....	29
MOTPOLY XR.....	10	nitrofurantoin monohydrate		NOVOLOG PENFILL.....	29
MOUNJARO.....	25	macrocrystals.....	9	NOVOLOG RELION.....	29
MOVANTIK.....	31	nitroglycerin.....	20	NOVOLOG U-100 VIAL.....	29
MOVIPREP.....	31	NITROSTAT.....	20	NUBEQA.....	14
moxifloxacin hcl.....	9, 42	NIVA THYROID.....	37	NUCALA.....	45
MS CONTIN.....	7	NIVESTYM.....	17	NUCYNTA.....	7
MULTAQ.....	19	nora-be.....	36	NUCYNTA ER.....	7
mupirocin.....	9	NORDITROPIN FLEXPRO.....	34	NURTEC.....	13
MVASI.....	14	norelgestromin-eth estradiol.....	36	NUTROPIN AQ NUSPIN 10.....	34
MYCAPSSA.....	34	norethin ace-eth estrad-fe.....	36	NUTROPIN AQ NUSPIN 20.....	34
mycophenolate mofetil.....	39	norethindrone.....	36	NUTROPIN AQ NUSPIN 5.....	34
mycophenolate sodium.....	39	norethindrone acetate.....	36	NUVESSA.....	9
mycophenolic acid.....	39	norethindrone acet-ethinyl est...36		NUVIGIL.....	47
MYDAYIS.....	21	NORGESIC.....	47	NUWIQ.....	17
MYFEMBREE.....	36	NORGESIC FORTE.....	47	NUZYRA.....	9
MYHIBBIN.....	39	norgestimate-eth estradiol.....	36	nyamyc.....	12
MYOBLOC.....	41			NYPOZI.....	17

nystatin.....	12	ONTRUZANT.....	14	PAXLOVID (150/100).....	16
nystop.....	12	ONZETRA XSAIL.....	13	PAXLOVID (300/100 & 150/100).....	16
NYVEPRIA.....	17	OPSUMIT.....	46	PAXLOVID (300/100).....	16
ocella.....	36	OPSYNVI.....	46	peg 3350-kcl-na bicarb-nacl.....	31
ODOMZO.....	14	OPVEE.....	8	peg-3350/electrolytes.....	31
OFEV.....	45	OPZELURA.....	24	PEMAZYRE.....	14
ofloxacin.....	42, 43	ORACEA.....	24	penicillamine.....	32
OGIVRI.....	14	ORENCIA.....	39	penicillin v potassium.....	9
OHTUVAYRE.....	45	ORENCIA CLICKJECT.....	39	PENNSAID.....	8
OJJAARA.....	14	ORENITRAM.....	46	PENTASA.....	40
olanzapine.....	16	ORENITRAM MONTH 1.....	46	PERCOCET.....	7
olmesartan medoxomil.....	20	ORENITRAM MONTH 2.....	46	PERFOROMIST.....	45
olmesartan medoxomil-hctz.....	20	ORENITRAM MONTH 3.....	46	periogard.....	22
OLPRUVA (2 GM DOSE).....	31	ORFADIN.....	31	PERTZYE.....	31
OLPRUVA (3 GM DOSE).....	31	ORGOVYX.....	14	PHEBURANE.....	31
OLPRUVA (4 GM DOSE).....	31	ORIAHNN.....	36	phenazopyridine hcl.....	32
OLPRUVA (5 GM DOSE).....	31	ORLISSA.....	34	phentermine hcl.....	22
OLPRUVA (6 GM DOSE).....	31	ORLADEYO.....	39	PHESGO.....	14
OLPRUVA (6.67 GM DOSE)....	31	ORPHENGESIC FORTE.....	47	PHEXXI.....	42
OLUMIANT.....	39	ORTHOVISC.....	42	PIASKY.....	17
omega-3-acid ethyl esters.....	20	oseltamivir phosphate.....	16	pimecrolimus.....	24
omeprazole.....	30	OSPHENA.....	34	pioglitazone hcl.....	25
omeprazole-sodium		OTEZLA.....	39	PIQRAY.....	14
bicarbonate.....	30	OTREXUP.....	39	PLAQUENIL.....	15
OMNARIS.....	44	OTULFI.....	39	PLAVIX.....	15
OMNIPOD 5 DEXCOM INTRO		OVIDREL.....	34	PLEGRIDY.....	21
KIT.....	41	OXAPROZIN.....	8	PLEGRIDY STARTER PACK...	22
OMNIPOD 5 DEXCOM PODS...	42	oxcarbazepine.....	10	PLENVU.....	31
OMNIPOD 5 LIBRE PODS.....	42	OXLUMO.....	32	POKONZA.....	29
OMNIPOD DASH INTRO KIT...	42	OXTELLAR XR.....	10	polymyxin b-trimethoprim.....	43
OMNIPOD DASH PODS.....	42	oxybutynin chloride.....	32	POMALYST.....	14
OMNITROPE.....	34	oxybutynin chloride er.....	32	PONVORY.....	22
OMVOH.....	39	OXYCODONE HCL.....	7	PONVORY STARTER PACK...	22
OMVOH (300 MG DOSE).....	39	oxycodone hcl.....	7	portia-28.....	36
ondansetron hcl.....	12	oxycodone-acetaminophen.....	7	potassium chloride crys er.....	29
ondansetron hcl +rfid.....	12	OXYCONTIN.....	7	potassium chloride er.....	29
ondansetron odt.....	12	OZEMPIC.....	25	potassium citrate er.....	29
ONETOUCH ULTRA 2 KIT		OZOBAX DS.....	47	PRALUENT.....	20
W/DEVICE.....	27	PALFORZIA.....	42	pramipexole dihydrochloride.....	15
ONETOUCH ULTRA BLUE		PALFORZIA (1 MG DAILY		prasugrel hcl.....	15
TEST.....	27	DOSE).....	42	pravastatin sodium.....	20
ONETOUCH ULTRA TEST		PALFORZIA INITIAL DOSE 1-		prazosin hcl.....	20
STRIPS.....	27	3YRS.....	42	PRECISION XTRA BLOOD	
ONETOUCH VERIO FLEX		PALFORZIA INITIAL DOSE 4-		GLUCOSE STRIPS.....	27
SYSTEM.....	27	17YRS.....	42	PRED FORTE.....	42
ONETOUCH VERIO KIT		PALYNZIQ.....	31	prednisolone.....	33
W/DEVICE.....	27	PANCREAZE.....	31	prednisolone acetate.....	42
ONETOUCH VERIO		PANRETIN.....	14	prednisolone sodium	
REFLECT KIT W/DEVICE.....	27	pantoprazole sodium.....	30	phosphate.....	33
ONEXTON.....	24	PANZYGA.....	39	prednisone.....	33
ONFI.....	10	paroxetine hcl.....	11	pregabalin.....	22
ONGENTYS.....	15	PAXIL.....	11	PREMARIN.....	36
ONGLYZA.....	25	PAXIL CR.....	11		

PREMPHASE.....	36	ramipril.....	20	RISPERDAL.....	16
PREMPRO.....	36	ranolazine er.....	20	risperidone.....	16
PREVACID.....	30	RASUVO.....	39	RITALIN.....	21
PREVACID SOLUTAB.....	30	RAVICTI.....	31	RITALIN LA.....	21
PREZCOBIX.....	16	RAYALDEE.....	41	rizatriptan benzoate.....	13
primidone.....	10	RAYOS.....	33	ROCKLATAN.....	43
PRISTIQ.....	11	REBIF.....	22	ROLVEDON.....	18
PRIVIGEN.....	39	REBIF REBIDOSE.....	22	ropinirole hcl.....	15
PROAIR RESPICLICK.....	45	REBIF REBIDOSE.....		rosuvastatin calcium.....	20
prochlorperazine maleate.....	12	TITRATION PACK.....	22	roweepra.....	10
PROCRIT.....	17	REBIF TITRATION PACK.....	22	ROXICODONE.....	7
PROCTOFOAM HC.....	40	REBINYN.....	18	ROXYBOND.....	7
procto-med hc.....	40	REBYOTA.....	31	ROZLYTREK.....	14
progesterone.....	36	reclipsen.....	36	RUBRACA.....	14
PROLENSA.....	42	RECOMBINATE.....	18	RUCONEST.....	39
PROLIA.....	41	RECORLEV.....	34	RUXIENCE.....	14
PROMACTA.....	18	RELAFEN DS.....	8	RYALTRIS.....	44
promethazine hcl.....	12	RELEUKO.....	18	RYBELSUS.....	25
promethazine-dm.....	44	RELEXXII.....	21	RYDAPT.....	15
PROMETRIUM.....	36	RELISTOR.....	31	RYKINDO.....	16
PROPECIA.....	24	RELPAK.....	13	RYLAZE.....	15
propranolol hcl.....	20	RELTONE.....	31	RYTARY.....	15
propranolol hcl er.....	20	REMICADE.....	39	SABRIL.....	10
PROTONIX.....	30	REMODULIN.....	46	SAFYRAL.....	36
PROVIGIL.....	47	RENFLEXIS.....	39	SAJAZIR.....	39
PROZAC.....	11	RENTHYROID.....	37	SANCUSO.....	12
pseudoephedrine-bromphen- dm.....	44	REPATHA.....	20	SANDOSTATIN.....	34
PULMICORT FLEXHALER.....	45	REPATHA PUSHTRONEX SYSTEM.....	20	SANTYL.....	24
PULMICORT SUSPENSION.....	45	REPATHA SURECLICK.....	20	SAPHRIS.....	16
PULMOZYME.....	46	RESTASIS.....	43	SAXENDA.....	22
PYLERA.....	31	RESTASIS MULTIDOSE.....	43	SCEMBLIX.....	15
PYZCHIVA.....	39	RESTORIL.....	47	scopolamine.....	12
QBREXZA.....	24	RETACRIT.....	18	SECUADO.....	16
QELBREE.....	21	RETEVMO.....	14	SEGLUROMET.....	25
QLOSI.....	43	RETIN-A.....	24	SELARSDI.....	39
QNASL.....	44	RETIN-A MICRO GEL 0.04 %, 0.1 %.....	24	SEMGLEE (YFGN).....	29
QNASL CHILDRENS.....	44	RETIN-A MICRO PUMP.....	24	SENSIPAR.....	41
QSYMIA.....	22	REVATIO.....	46	SEREVENT DISKUS.....	45
QUESTRAN.....	20	REVLIMID.....	14	SEROQUEL.....	16
QUESTRAN LIGHT.....	20	REXTOVY.....	8	SEROQUEL XR.....	16
quetiapine fumarate.....	16	REXULTI.....	16	SERTRALINE HCL.....	11
quetiapine fumarate er.....	16	REYVOW.....	13	sertraline hcl.....	11
QUILLICHEW ER.....	21	REZDIFFRA.....	31	SEVENFACT.....	18
QUILLIVANT XR.....	21	REZLIDHIA.....	14	SEYSARA.....	9
QULIPTA.....	13	REZUROCK.....	39	sharobel.....	36
QUVIVIQ.....	47	REZVOGLAR KWIKPEN.....	29	SIGNIFOR.....	34
QVAR REDIHALER.....	45	RHOFADE.....	24	sildenafil citrate.....	32, 46
RABEPRAZOLE SODIUM.....	30	RHOPRESSA.....	43	SILVADENE.....	9
rabeprazole sodium.....	30	RIABNI.....	14	SIMBRINZA.....	43
RADICAVA ORS.....	22	RINVOQ.....	39	SIMLANDI (1 PEN).....	39
RADICAVA ORS STARTER KIT.....	22	RINVOQ LQ.....	39	SIMLANDI (1 SYRINGE).....	39
				SIMLANDI (2 PEN).....	39
				SIMLANDI (2 SYRINGE).....	39

SIMPLERA SENSOR.....	27	subvenite.....	10	TEGRETOL.....	10
SIMPLERA SYNC SENSOR.....	27	sucralfate.....	30	TEGRETOL-XR.....	10
SIMPLERA SYSTEM.....	27	SUFLAVE.....	31	TEKURNA.....	20
SIMPONI.....	39	sulfamethoxazole-trimethoprim... 9		telmisartan.....	20
SIMPONI ARIA.....	40	sulfasalazine.....	40	temazepam.....	47
simvastatin.....	20	sulfatrim pediatric.....	9	TEMPO REFILL.....	27
SINGULAIR.....	45	sumatriptan succinate.....	13	TEMPO SMART BUTTON.....	27
SITAGLIPT BASE-METFORM		SUNOSI.....	47	TEMPO WELCOME.....	27
HCL ER.....	25	SUPARTZ FX.....	42	TENORMIN.....	20
SITAGLIPTIN.....	25	SUPREP BOWEL PREP KIT....	31	TEPMETKO.....	15
SITAGLIPTIN BASE-		SUTAB.....	31	terbinafine hcl.....	12
METFORMIN HCL.....	26	SUTENT.....	15	terconazole.....	12
SKYLA.....	36	syeda.....	36	teriparatide.....	41
SKYRIZI.....	40	SYMBICORT.....	45	TERIPARATIDE.....	41
SKYRIZI PEN.....	40	SYMFI.....	16	TESTIM.....	33
SKYTROFA.....	34	SYMPAZAN.....	10	TESTOPEL.....	33
SLYND.....	36	SYMPROIC.....	31	testosterone.....	33
SOAAZ.....	20	SYMTUZA.....	16	testosterone cypionate.....	33
SODIUM OXYBATE.....	47	SYNJARDY.....	26	TEZSPIRE.....	45
SOFDRA.....	24	SYNJARDY XR.....	26	THIOLA.....	32
SOFOSBUVIR-VELPATASVIR.16		SYNOJOYNT.....	42	THIOLA EC.....	32
SOGROYA.....	34	SYNTHROID.....	37	THYQUIDITY.....	37
solifenacin succinate.....	32	SYNVISC.....	42	TIKOSYN.....	20
SOLIQUA.....	26	SYNVISC ONE.....	42	timolol maleate.....	43
SOLIRIS.....	18	SYPRINE.....	29	timolol maleate (once-daily).....	43
SOMA.....	47	TABRECTA.....	15	timolol maleate ocudose.....	43
SOMATULINE DEPOT.....	34	TACLONEX.....	24	timolol maleate pf.....	43
SOOLANTRA.....	24	tacrolimus.....	24, 40	TIMOPTIC OCUDOSE.....	43
SORILUX.....	24	tadalafil.....	32	tiotropium bromide	
SOTYKTU.....	40	TADLIQ.....	46	monohydrate.....	45
SOVUNA.....	15	TAFINLAR.....	15	TIROSINT.....	37
SPIRIVA HANDIHALER.....	45	TAGRISSO.....	15	TIROSINT-SOL.....	37
SPIRIVA RESPIMAT.....	45	TAKHZYRO.....	40	tizanidine hcl.....	47
spironolactone.....	20	TALICIA.....	31	TLANDO.....	33
SPRAVATO (56 MG DOSE).....	11	TALTZ.....	40	TOBI NEBULIZER.....	46
SPRAVATO (84 MG DOSE).....	11	TALZENNA.....	15	TOBI PODHALER.....	46
sprintec 28.....	36	TAMIFLU.....	16	TOBRADEX ST.....	42
SPRITAM.....	10	tamoxifen citrate.....	15	tobramycin.....	42
SPRIX.....	8	tamsulosin hcl.....	32	TOBRAMYCIN.....	46
SPRYCEL.....	15	TARGADOX.....	9	tobramycin-dexamethasone.....	43
sronyx.....	36	TARGRETIN.....	15	TOFIDENCE.....	40
STEGLATRO.....	26	tarina 24 fe.....	36	TOLECTIN 600.....	8
STEGLUJAN.....	26	tarina fe 1/20 eq.....	36	TOLSURA.....	12
STELARA.....	40	TARPEYO.....	40	tolterodine tartrate er.....	32
STENDRA.....	32	TASCENSO ODT.....	22	tolvaptan.....	29, 30
STEQEYMA.....	40	TASIGNA.....	15	TOPAMAX.....	10
STIMUFEND.....	18	TAVALISSE.....	16	TOPAMAX SPRINKLE.....	10
STIOLTO RESPIMAT.....	45	TAVNEOS.....	42	TOPICORT SPRAY.....	24
STIVARGA.....	15	TAZAROTENE.....	24	topiramate.....	10
STRENSIQ.....	32	TAZORAC.....	24	TOPROL XL.....	20
STRIVERDI RESPIMAT.....	45	TAZVERIK.....	15	torsemide.....	20
SUBLOCADE.....	8	TECFIDERA.....	22	TOSYMRA.....	13
SUBOXONE.....	8	TEGLUTIK.....	22	TOUJEO MAX SOLOSTAR.....	29

TOUJEO SOLOSTAR.....	29	TRUVADA.....	17	VEGZELMA.....	15
TOVIAZ.....	32	TRUXIMA.....	15	VELPHORO.....	32
TRACLEER.....	46	TUDORZA PRESSAIR.....	45	VELSIPITY.....	40
TRADJENTA.....	26	TWIIST REFILL KIT.....	42	VELTASSA.....	30
TRAMADOL HCL (ER		TWIIST REFILL		VEMLIDY.....	17
BIPHASIC).....	7	KIT/INFUSION SET.....	42	VENLAFAXINE BESYLATE	
TRAMADOL HCL IR.....	7	TWIIST STARTER KIT.....	42	ER.....	11
tramadol hcl ir.....	7	TWIRLA.....	36	venlafaxine hcl.....	11
tranexamic acid.....	18	TWYNEO.....	25	venlafaxine hcl er.....	11
TRAVATAN Z.....	43	TYENNE.....	40	VENTOLIN HFA.....	45
TRAZIMERA.....	15	TYMLOS.....	41	VENXXIVA.....	32
trazodone hcl.....	11	TYRVAYA.....	43	VEOZAH.....	42
TREANDA.....	15	TYVASO.....	47	verapamil hcl er.....	20
TRELEGY ELLIPTA.....	45	TYVASO DPI INSTITUTIONAL		VERKAZIA.....	43
TREMFYA.....	40	KIT.....	47	VERQUVO.....	20
treprostinil.....	46, 47	TYVASO DPI MAINTENANCE		VERZENIO.....	15
TRESIBA.....	29	KIT.....	47	VESICARE.....	32
TRESIBA FLEXTOUCH.....	29	TYVASO DPI TITRATION KIT..	47	VESICARE LS.....	32
tretinoin.....	25	TYVASO REFILL KIT.....	47	vestura.....	36
TREXALL.....	40	TYVASO STARTER KIT.....	47	VEVYE.....	43
TREXIMET.....	13	TZIELD.....	26	VIAGRA.....	32
triamcinolone acetonide.....	25	UBRELVY.....	13	VIBERZI.....	31
triamcinolone in absorbbase.....	25	UCERIS.....	40	VICTOZA.....	26
triamterene-hctz.....	20	UDENYCA.....	18	vienva.....	36
triazolam.....	17	UDENYCA ONBODY.....	18	VIGADRONE.....	10
TRIBENZOR.....	20	ULTOMIRIS.....	18	VIGAMOX.....	43
TRICOR.....	20	ULTRAVATE.....	25	vilazodone hcl.....	12
TRIDACAINE II.....	8	UMECLIDINIUM-		VILTEPSO.....	32
TRIDACAINE III.....	8	VILANTEROL.....	45	VIMOVO.....	8
triderm.....	25	UNDECATREX.....	33	VIMPAT.....	10
tri-estarylla.....	36	unithroid.....	37	VIOKACE.....	32
TRIJARDY XR.....	26	URSODIOL.....	31	VISCO-3.....	42
TRIKAFTA.....	46	USTEKINUMAB.....	40	vitamin d (ergocalciferol).....	30
TRILEPTAL.....	10	USTEKINUMAB-AEKN.....	40	VITRAKVI.....	15
tri-linyah.....	36	USTEKINUMAB-TTWE.....	40	VIVELLE-DOT.....	36
tri-lo-estarylla.....	36	UZEDY.....	16	VIVIMUSTA.....	15
tri-lo-marzia.....	36	VAFSEO.....	18	VIVJOA.....	12
tri-lo-mili.....	36	VAGIFEM.....	36	VOCABRIA.....	17
tri-lo-sprintec.....	36	valacyclovir hcl.....	17	VOGELXO.....	33
TRILURON.....	42	VALIUM.....	17	VOGELXO PUMP.....	33
tri-mili.....	36	VALSARTAN.....	20	VOQUEZNA.....	30
TRINTELLIX.....	11	valsartan.....	20	VOQUEZNA DUAL PAK.....	31
TRIPTODUR.....	34	valsartan-hydrochlorothiazide...	20	VOQUEZNA TRIPLE PAK.....	31
tri-sprintec.....	36	VALTOCO 10 MG DOSE.....	10	VOSEVI.....	17
TRIUMEQ.....	16	VALTOCO 15 MG DOSE.....	10	VOWST.....	31
TRIVISC.....	42	VALTOCO 20 MG DOSE.....	10	VOYDEYA.....	18
tri-vylibra.....	36	VALTOCO 5 MG DOSE.....	10	VRAYLAR.....	16
tri-vylibra lo.....	36	VALTREX.....	17	VTAMA.....	25
TROKENDI XR.....	10	VANRAFIA.....	32	VUITY.....	43
TRUDHESA.....	13	varenicline tartrate.....	8	VUMERITY.....	22
TRULANCE.....	31	VARUBI (180 MG DOSE).....	12	VYLEESI.....	22
TRULICITY.....	26	VASCEPA.....	20	vylibra.....	36
TRUQAP.....	15	VECTICAL.....	25	VYNDAMAX.....	20

VYNDAQEL.....	20	YESINTEK.....	40	ZORYVE.....	25
VYONDYS 53.....	32	YONSA.....	15	ZOVIRAX.....	17
VYTORIN.....	20	YORVIPATH.....	42	ZTLIDO.....	8
VYVANSE.....	21	YOSPRALA.....	16	ZUBSOLV.....	8
VYVGART.....	13	YUFLYMA (1 PEN).....	40	zumandimine.....	37
VYVGART HYTRULO.....	13	YUFLYMA (2 PEN).....	40	ZURZUVAE.....	12
VYZULTA.....	43	YUFLYMA (2 SYRINGE).....	40	ZYCLARA.....	25
WAINUA.....	22	YUFLYMA-CD/UC/HS		ZYCLARA PUMP.....	25
WAKIX.....	47	STARTER.....	40	ZYLET.....	43
warfarin sodium.....	9	YUPELRI.....	46	ZYMFENTRA (1 PEN).....	40
WEGOVY.....	22	YUSIMRY.....	40	ZYMFENTRA (2 PEN).....	40
WELCHOL.....	20	yuvaferm.....	37	ZYMFENTRA (2 SYRINGE).....	40
WELLBUTRIN SR.....	12	zafemy.....	37	ZYPITAMAG.....	20
WELLBUTRIN XL.....	12	ZANAFLEX.....	47	ZYPREXA.....	16
WEZLANA.....	40	ZARXIO.....	18	ZYTIGA.....	15
WILATE.....	18	ZAVZPRET.....	13		
WINLEVI.....	25	ZEGALOGUE.....	27		
wixela inhub.....	46	ZEJULA.....	15		
WYNZORA.....	25	ZELBORAF.....	15		
XACIATO.....	9	ZEMBRACE SYMTOUCH.....	13		
XALATAN.....	43	zenatane.....	25		
XALKORI.....	15	ZENPEP.....	32		
XANAX.....	17	ZENZEDI.....	21		
XANAX XR.....	17	ZEPBOUND.....	22		
XARELTO.....	9	ZEPOSIA.....	22		
XARELTO STARTER PACK.....	9	ZEPOSIA 7-DAY STARTER			
XCOPRI.....	10	PACK.....	22		
XDEMVI.....	43	ZEPOSIA STARTER KIT.....	22		
XELJANZ.....	40	ZERVIAE.....	43		
XELJANZ XR.....	40	ZESTRIL.....	20		
XELSTRYM.....	21	ZETIA.....	20		
XEMBIFY.....	40	ZIANA.....	25		
XEOMIN.....	42	ZIEXTENZO.....	18		
XHANCE.....	44	ZILXI.....	25		
XIFAXAN.....	9	ZIMHI.....	8		
XIGDUO XR.....	26	ZIOPTAN.....	43		
XIIDRA.....	43	ziprasidone hcl.....	16		
XOFLUZA (40 MG DOSE).....	17	ZIPSOR.....	8		
XOFLUZA (80 MG DOSE).....	17	ZIRABEV.....	15		
XOLAIR.....	46	ZITUVIMET.....	26		
XOPENEX HFA.....	46	ZITUVIMET XR.....	26		
XPHOZAH.....	42	ZITUVIO.....	26		
XTAMPZA ER.....	7	ZOCOR.....	20		
XTANDI.....	15	ZOLGENSMA.....	32		
xulane.....	37	ZOLOFT.....	12		
XYNTHA.....	18	ZOLPIDEM TARTRATE.....	47		
XYNTHA SOLOFUSE.....	18	zolpidem tartrate.....	47		
XYOSTED.....	33	zolpidem tartrate er.....	47		
XYREM.....	47	ZOMACTON.....	34		
XYWAV.....	47	ZOMIG.....	13		
YASMIN 28.....	37	ZONEGRAN.....	10		
YAZ.....	37	ZONISADE.....	10		
YCANTH.....	25	zonisamide.....	10		

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 jíik'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó bee ahíł hane'í nááná łahgo át'éego bee hadadilyaa, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nitł'izí bee nééhoziní ɓaɗɗ 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.



Jan. 1, 2026 Premium Formulary Exclusions & 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)	celecoxib, diclofenac, diflunisal, etodolac, flurbiprofen, ibuprofen, indomethacin, ketorolac, meclofenamate, nabumetone, naproxen, oxaprozin, piroxicam, sulindac
		Relafen DS	nabumetone
		Tolectin 600mg	celecoxib, diclofenac, indomethacin, meloxicam
	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	Combinations	Apadaz, Benzhydrocodone/acetaminophen	endocet, hydrocodone/acetaminophen, oxycodone/acetaminophen
	Oral Long-Acting	Conzip, Tramadol ER 100mg, 200mg, 300mg cap (M)	tramadol ER
		Nucynta ER	hydrocodone bitartrate ER 24HR, hydromorphone HCl ER, morphine sulfate ER, oxymorphone HCl ER, Hysingla ER, OxyContin, Xtampza ER

Therapeutic Category/ Disease State	Excluded Medications		Formulary Alternative Medications
ANALGESICS			
Opioid Analgesics	Oral Short-Acting	Nucynta	codeine sulfate, hydromorphone HCl, morphine sulfate, oxycodone HCl, oxymorphone HCl
		Tramadol solution (M)	tramadol 50mg, 100mg tab
		Oxycodone HCl (M), Roxybond	oxycodone HCl
Skeletal Muscle Relaxants	Norgesic, Norgesic Forte, Orphenesic Forte (M)		orphenadrine tab, aspirin
ANTI-ANXIETY AGENTS			
Antianxiety Agents	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, 500mg tab
	Nitrofurantoin susp 50mg/5ml		nitrofurantoin cap, tab
	Xifaxan 200mg tab		Please talk to your doctor about clinically appropriate options.
Vaginal Anti-Infectives	Cleocin vaginal suppositories, Nuversa gel		clindamycin vaginal cream, metronidazole vaginal gel, Clindesse cream, Xaciat
ANTI-CONVULSANTS			
Seizure Disorders	Elepsia XR ¹		levetiracetam ER
	Gabarone		gabapentin cap, tab
	Levetiracetam 250mg (made by Prasco) (M), Spritam		levetiracetam tab
	Zonisade susp ¹		zonisamide cap

(M) Co-branded product

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

Therapeutic Category/ Disease State	Excluded Medications	Formulary Alternative Medications
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 , Forfivo XL ¹	bupropion XL
	Citalopram cap 30mg ¹	citalopram tab
	Sertraline cap ¹	sertraline tab
	Venlafaxine ER 112.5mg ¹	venlafaxine ER 37.5mg, 75mg, 150mg, 225mg
ANTIFUNGALS, ORAL		
Oral Antifungals	Brexafemme, Vivjoa	fluconazole tab
	Tolsura	itraconazole cap
ANTIMALARIALS		
Oral Antimalarials	Sovuna	hydroxychloroquine
ANTIMIGRAINES		
CGRP Antagonists	Ajovy	amitriptyline, atenolol, divalproex sodium, nadolol, propranolol, timolol, topiramate, venlafaxine, Aimovig, Emgality 120mg/ml
Ergotamine Derivative (alpha)	Trudhesa	dihydroergotamine
Non-Steroidal Anti-Inflammatory Agents	Elyxyb	eletriptan, frovatriptan, rizatriptan, sumatriptan, zolmitriptan
Serotonin Receptor Agonists	Onzetra Xsail, Tosymra, Zembrace Symtouch	rizatriptan ODT, sumatriptan injection, sumatriptan nasal spray, zolmitriptan ODT
	Reyvow	Nurtec ODT, Ubrelvy, Zavzpret
ANTIPARKINSON AGENTS		
Parkinson's Disease	Dhivy	carbidopa/levodopa IR, carbidopa/levodopa ODT
	Gocovri	amantadine

(M) Co-branded product

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Therapeutic Category/ Disease State	Excluded Medications	Formulary Alternative Medications
ANTIPSYCHOTICS		
Atypical Antipsychotics	Lybalvi ¹ , Secuado ¹	aripiprazole, asenapine, clozapine, olanzapine, paliperidone ER, quetiapine ER/IR, risperidone, ziprasidone
ANTIVIRALS		
Hepatitis B Drugs	Vemlidy ¹	entecavir, tenofovir disoproxil fumarate
Hepatitis C Drugs	Ledipasvir-Sofosbuvir (M), Sofosbuvir-Velpatasvir (M)	Epclusa, Harvoni, Mavyret, Vosevi
HIV Drugs	Vocabria ¹	Please talk to your doctor about clinically appropriate options.
AUTONOMIC & CENTRAL NERVOUS SYSTEM		
Attention Deficit Disorder	Adzenys XR, 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, Jornay PM
	Qelbree	amphetamine IR/ER, atomoxetine, clonidine ER, guanfacine ER, methylphenidate IR/ER
Multiple Sclerosis	Extavia, Plegridy, Rebif, Rebif Rebidose	Avonex, Betaseron
	Ponvory	dimethyl fumarate DR, fingolimod, glatopa, glatiramer, teriflunomide, Avonex, Bafiertam, Betaseron, Kesimpta, Vumerity
	Tascenso ODT	fingolimod
CARDIOVASCULAR		
Angina	Aspruzyo sprinkle	ranolazine
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

(M) Co-branded product

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Therapeutic Category/ Disease State	Excluded Medications	Formulary Alternative Medications
CARDIOVASCULAR		
Hypertension	Inderal XL, Innopran XL	propranolol ER
	Kaspargo	metoprolol ER
Hypertrophic Cardiomyopathy (HCM)	Camzyos	Please talk to your doctor 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
Antiandrogens	Yonsa	Xtandi
Asparaginase Enzyme Therapy Agents	Rylaze	Oncaspar
Combination Agents	Inqovi	Please talk to your doctor 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
Kinase Inhibitors	Fotivda	Please talk to your doctor about clinically appropriate options.
	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
	Ojjaara	Jakafi
	Pemazyre	Please talk to your doctor about clinically appropriate options.
	Tepmetko	Tabrecta
	Xalkori	Please talk to your doctor about clinically appropriate options.
Methyltransferase Inhibitors	Tazverik	Please talk to your doctor about clinically appropriate options.

(M) Co-branded product
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Therapeutic Category/ Disease State	Excluded Medications	Formulary Alternative Medications
CHEMOTHERAPY AGENTS		
Miscellaneous	Darzalex Faspro	Please talk to your doctor about clinically appropriate options.
PARP Inhibitors	Akeega, Talzenna	Lynparza
	Rubraca	Lynparza, Zejula
Vascular Endothelial Growth Factor Inhibitor	Allymsys, Vegzelma	Mvasi, Zirabev
CONTRACEPTIVES		
Gel	Phexxi	Please talk to your doctor about clinically appropriate options.
Oral	Lo Loestrin FE	june FE, Iarin FE, microgestin FE, tarina FE, Natazia
	Nextstellis	drospirenone/ethinyl estradiol, Iorina, Nikki
	Slynd	camila, incassia, nora-be, norethindrone, norlyda, norlyroc
Patch	Twirla	levonorgestrel/ethinyl estradiol combined generic oral contraceptive, xulane, zafemy
CORTICOSTEROIDS		
Oral Steroids	Alkindi sprinkle, Cortisone tab 25mg	hydrocortisone
	Hemady	dexamethasone
	Rayos	prednisone
DERMATOLOGICAL AGENTS		
Anti-Seborrheic Agents	Zoryve foam	betamethasone, ciclopirox, clobetasol, ketoconazole
Facial Angiofibroma	Hyftor gel	Please talk to your doctor about clinically appropriate options.
Topical Acne Treatment	Arazlo, Fabior, Tazarotene foam 0.1%	tazarotene cream, Akief
	Cabtreeo gel	adapalene, benzoyl peroxide, clindamycin topical, Epiduo Forte, Onexton, Twynéo

(M) Co-branded product
 Existing utilizers of these medications will be allowed to continue on therapy. **Continuation of Therapy** will not be provided for any other excluded drugs.

Therapeutic Category/ Disease State	Excluded Medications	Formulary Alternative Medications
DERMATOLOGICAL AGENTS		
Topical Acne Treatment	clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	Onexton
	Differin lotion	adapalene, tretinoin cream/gel, Retin-A micro gel 0.06% and 0.08%
	Winlevi	adapalene, clindamycin topical, dapsone topical, tazarotene cream, tretinoin cream
Topical Anesthetics	ZTlido	lidocaine patch
Topical Antifungals	Jublia	ciclopirox, terbinafine
Topical Anti-Infectives	Epsolay, Noritate	azelaic acid gel, ivermectin 1%, metronidazole cream/gel/lotion, Finacea foam, Soolantra, Zilxi
	Rhofade	brimonidine gel, Mirvaso
Topical Corticosteroids	Ala-Scalp lotion, Hydrocortisone acetate 2.5% cream (M), Hydrocortisone 2.5% solution (M), Micort HC	hydrocortisone cream, lotion
	Clobetasol cream 0.025% (M), Impoyz cream	clobetasol 0.05% cream, lotion, ointment, spray
	Cordran tape	flurandrenolide
	Halog ointment	betamethasone, mometasone, triamcinolone
	Ultravate	clobetasol proprionate, fluocinonide, halobetasol proprionate
Topical Immune Response Modifier	Zyclara 2.5%	imiquimod
Topical Plaque Psoriasis	Calcipotriene foam 0.005% (M), Sorilux	calcipotriene cream, ointment, solution
	Duobrii lotion	clobetasol, fluocinonide, halobetasol, tazarotene, Enstilar, Taclonex suspension, Wyzora
DIABETES		
Anti-Hypoglycemic Agents	Glucagen Hypokit, Gvoke Hypopen, Gvoke Kit, Gvoke PFS	glucagon (generic), Baqsimi, Glucagon (made by Fresenius), Zegalogue
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)

(M) Co-branded product
 Existing utilizers of these medications will be allowed to continue on therapy. **Continuation of Therapy** will not be provided for any other excluded drugs.

Therapeutic Category/ Disease State	Excluded Medications	Formulary Alternative Medications
DIABETES		
Continuous Glucose Monitoring (CGM)	Examples: Big Foot Unity Pens, 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- Single Agent	Alogliptin, Sitagliptin (M), Zituvio	Januvia, Tradjenta
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
Long-Acting Insulins (Basal)	Insulin Degludec, Insulin Glargine, Insulin Glargine-YFGN, Semglee, Semglee-YFGN, Tresiba	Basaglar Kwikpen, Lantus, Rezvoglar, Toujeo
Rapid-Acting Insulins	Insulin Aspart (M), Novolog Relion	Admelog, Apidra, Fiasp, Humalog, Insulin Lispro, Lyumjev, 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 DPP4 Combinations	Steglujan	Glyxambi, Trijardy XR
Tempo Products	Basaglar Tempo	Basaglar Kwikpen
	Humalog Tempo	Humalog Kwikpen
	Lyumjev Tempo	Lyumjev Kwikpen

Therapeutic Category/ Disease State	Excluded Medications	Formulary Alternative Medications
DIABETES		
Tempo Products	Refill kit, Smart button, Welcome kit	Please talk to your doctor about clinically appropriate options.
Type 1 Diabetes	Tziel	Please talk to your doctor about clinically appropriate options.
ENDOCRINE (OTHER)		
Cortisol Synthesis Inhibitors	Isturisa	ketoconazole tab, Korlym
Cushing's Syndrome	Recorlev	ketoconazole tab
Growth Hormones	Genotropin, Humatrope, Zomacton	Norditropin, Omnitrope
	Sogroya	Ngenla, Norditropin, Omnitrope, Skytrofa
Infertility	Gonal-F, Gonal-F RFF	Follistim AQ
Somatostatin Analog	Mycapssa	octreotide injection
	Signifor (SQ)	Signifor LAR
Testosterone Replacement	Aveed, Azmiro, Natesto, Testopel, Xyosted	testosterone cypionate, testosterone enanthate, testosterone gel
	Jatenzo, Tlando, Undecatrex 200mg (M)	testosterone gel
ENZYME DISORDERS		
Duchenne Muscular Dystrophy (DMD)	Amondys 45, Exondys 51, Viltepso, Vyondys 53	dexamethasone, methylprednisolone, prednisone
	Duvyzat, Elevidys	Please talk to your doctor about clinically appropriate options.
GASTROINTESTINAL		
Acid Blocker	Voquezna 10mg, 20mg tablet	dexlansoprazole, esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole, Voquezna dual pak, Voquezna triple pak
Anti-Diarrheal Agents	Motofen	diphenoxylate/atropine, loperamide

(M) Co-branded product
 † Existing utilizers of these medications will be allowed to continue on therapy. **Continuation of Therapy** will not be provided for any other excluded drugs.

Therapeutic Category/ Disease State	Excluded Medications	Formulary Alternative Medications
GASTROINTESTINAL		
Antiemetics	Sancuso patch	granisetron solution/tablet, ondansetron ODT
Anti-Inflammatory, Anti-Ulcer Agents	ibuprofen/famotidine	famotidine, ibuprofen
Bowel Prep	Plenvu	gavilyte, peg 3350, Clenpiq, Suflave, Suprep
Inflammatory Bowel Disease	Dipentum	balsalazide, mesalamine DR cap 400mg, Apriso
	mesalamine cap 0.375gm ER	Apriso
	Pentasa	mesalamine 400mg DR cap, mesalamine 1.2gm tab, 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
HEMATOLOGICAL		
Coagulation Factors	Sevenfact ¹	Novoseven
Cyclin-Dependent Kinase Inhibitor	Cosela	Nivestym, Zarxio
Erythropoiesis-Stimulating Agents	Epogen	Aranesp, Procrit, Retacrit
Long-Acting Granulocyte-Colony Stimulating Factor (G-CSFs)	Fulphila, Fylnetra, Nyvepria, Rolvedon, Stimufend, Ziextenzo	Neulasta, Udenyca
Short-Acting Granulocyte-Colony Stimulating Factor (G-CSFs)	Granix, Neupogen, Nypozi, Releuko	Nivestym, Zarxio

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Therapeutic Category/ Disease State	Excluded Medications	Formulary Alternative Medications
IMMUNOMODULATORS		
Calcineurin Inhibitor	Lupkynis	Benlysta
Folate Analog Metabolic Inhibitor	Otrexup	methotrexate, Rasuvo
Immune Globulin, Intravenous (IVIG)	Alyglo, Asceniv	Bivigam, Gammagard, Gammaplex, Gamunex-C, Panzyga, Privigen
Interleukin-6 (IL-6) Inhibitor	Tofidence, Tyenne	Actemra
Interleukin-12/23 (IL-12/23) Inhibitor	Imuldosa, Otulfi, Pyzchiva, Selarsdi, Stelara, Steqeyma, Ustekinumab, 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-fkjp, Adalimumab-ryvk, Cyltezo, Hadlima, Hulio, Humira, Hyrimoz, Idacio, Simlandi, Yuflyma, Yusimry	Amjevita for Amgen, Amjevita for Nuvaia
IMMUNOTHERAPY		
Allergy Immunotherapy	Palforzia	Please talk to your doctor 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 doctor about clinically appropriate options.
Dry Eye Disease	cyclosporine ophthalmic emulsion	Restasis
	Vevye	Cequa, Miebo, Restasis, Tryvaya, Xiidra
Macular Degeneration	Beovu, Byooviz, Lucentis	Compounded Bevacizumab inj

Therapeutic Category/ Disease State	Excluded Medications	Formulary Alternative Medications
OPHTHALMIC		
Non-Steroidal Anti-Inflammatory Agents	Ilevro, Nevanac	diclofenac ophthalmic solution, flurbiprofen sodium ophthalmic solution, ketorolac tromethamine ophthalmic solution
Presbyopia	Qlosi	Please talk to your doctor 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 doctor about clinically appropriate options.
Alzheimer's Disease	Adlarity	donepezil, galantamine, rivastigmine cap
	Leqembi	Please talk to your doctor about clinically appropriate options.
	Kisunla	Please talk to your doctor about clinically appropriate options.
	Namzaric	memantine-donepezil, memantine, donepezil
ANCA-Associated Vasculitis	Tavneos	Please talk to your doctor 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
Bile Acid Therapy	Livmarli	Bylvay
	Reltone, Ursodiol (M)	ursodiol
Cardiovascular Agents	Lodoco	colchicine tab
C-Difficile Infection	Vowst	Rebyota

(M) Co-branded product
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Therapeutic Category/ Disease State	Excluded Medications	Formulary Alternative Medications
OTHER		
Chelating Agents	Cuvrior	penicillamine tab, trientine
	penicillamine cap	penicillamine tab
Diabetic Gastroparesis	Gimoti	metoclopramide
Fabry Disease	Elfabrio	Fabrazyme
Hereditary Angioedema	Cinryze	Haegarda, Orladeyo, Takhzyro
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 doctor about clinically appropriate options.
Menopause	Veozah	Please talk to your doctor 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 doctor about clinically appropriate options.
	Zepbound vials	Saxenda, Wegovy, Zepbound single-dose pens

Therapeutic Category/ Disease State	Excluded Medications	Formulary Alternative Medications
OTHER		
Osteoarthritis/Hyaluronic Acid Injections	Gel-One, Genvisc, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz FX, Synjoynt, Synvisc, Synvisc-One, Triluron, Trivisc, Visco-3	Durolane, Euflexxa, Gelsyn-3
Paroxysmal Nocturnal Hemoglobinuria (PNH)	Piasky	Empaveli, Fabhalta, Soliris, Ultomiris
Phenylketonuria (PKU)	Palynziq	sapropterin
Phosphate Lowering Agents	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
	Tadliq	sildenafil susp, tadalafil tab
Rett Syndrome	Daybue	Please talk to your doctor about clinically appropriate options.
Sleep Disorder Agents	Hetlioz LQ	Please talk to your doctor about clinically appropriate options.
	Lumryz Pak, Sodium Oxybate (M) (made by Amneal), Xyrem	Sodium Oxybate (M) (made by Hikma), Sunosi, Wakix, Xywav
Thyroid Agents	Ermeza, Levothyroxine caps (M), Thyquidity, Tirosint caps, solution	levothyroxine tab, Armour Thyroid
Thyroid Hormone Receptor-beta (THR-beta) Agonist	Rezdiffra	Please talk to your doctor about clinically appropriate options.

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Therapeutic Category/ Disease State	Excluded Medications	Formulary Alternative Medications
RESPIRATORY		
Allergy: Nasal Steroids	Xhance	flunisolide spray, mometasone spray
COPD: Inhaled Anticholinergics	Incruse Ellipta, Tudorza	Spiriva
	tiotropium bromide cap	Spiriva Handihaler
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 doctor about clinically appropriate options.
Cystic Fibrosis	Cayston, Kitabis pak, Tobramycin neb 300mg/5ml (M)	tobramycin nebulizer soln, TOBI podhaler
Pulmonary Anti- Inflammatory Inhalers	Alvesco, Asmanex, Asmanex HFA, Fluticasone Furoate Aerosol (M), Fluticasone Propionate Aerosol (M), Fluticasone Propionate HFA (M), Pulmicort Flexhaler	Arnuity Ellipta, QVAR Redihaler
Pulmonary Anti- Inflammatory, Long- Acting Beta Agonist Combination Inhalers	Advair Diskus, Dulera, Fluticasone Furoate/Vilanterol (M), Fluticasone/Salmeterol 55mcg/14, 113mcg/14, 232mcg/14 (M), Fluticasone/Salmeterol 45-21mcg, 115- 21mcg, 230-21mcg (M)	Advair HFA, Breo Ellipta, Symbicort
Pulmonary Anti- Inflammatory, Long- Acting Beta Agonist Combination Inhalers	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 tablet
	Myrbetriq granules, Vesicare LS	oxybutynin ER/IR
Urea Cycle Disorder (UCD)	Olpruva, Ravicti	sodium phenylbutyrate powder, Pheburane

(M) Co-branded product
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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	Colestid	Javygator	Pristiq	Toviaz
Absorica	Combigan	Kenalog-40 Injection	Prolensa	Tracleer 62.5,125mg
Acanya	Copaxone	Keppra	Prometrium	Travatan-Z
Aciphex tablet	Coreg	Keppra XR	Propecia	Treanda
Aczone	Coreg CR	Klonopin	Protonix tab	Treximet
Adcirca	Cortef	Kuvan	Provigil	Tribenzor
Adderall	Cosopt solution	Lamictal chewable	Prozac	Tricor
Adderall XR	Cosopt PF solution	Lamictal starter kit	Pulmicort inhalation suspension	Tridacaine
Adipex-P	Cozaar	Lamictal ODT	Questran	Trileptal
Afinitor	Crestor	Lamictal tab	Questran Lite	Trokendi XR
Afinitor Disperz	Cuprimine	Lamictal XR	Relafen DS	Truvada
Alphagan P	Cymbalta	Lasix	Relpax	Uceris tab
Altace	Cytomel	Latisse	Remodulin injection	Vagifem
Ambien	Daytrana	Latuda	Restoril	Valium
Ambien CR	Delestrogen injection	Lescor XL	Retin-A	Valsartan oral solution
Amitiza	Depakote	Letairis	Retin-A micro gel 0.04%, 0.1%	Valtrex
Ampyra	Depakote ER	Lexapro	Revatio	Vectical
Amrix	Depakote sprinkle cap	Lexette	Risperdal solution, tablet	Ventolin HFA
Androgel	Depo-testosterone injection	Lialda	Ritalin	Venxxiva
Aptiom	Dexilant	Lidocan	Ritalin LA	Vesicare tab
Arimidex	Differin cream, gel	Lidoderm	Roxicodone	Viagra
Arthrotec	Dilantin cap 100mg	Lipitor	Sabril	Victoza
Atacand	Dilantin chewable	Livalo	Safyral	Vigadrone
Ativan	Dilantin suspension	Loestrin 21	Sajazir	Vigamox
Aubagio	Dilaudid	Loestrin FE	Sandostatin injection	Vimovo
Avapro	Diovan	Lotemax suspension	Saphris	Vimpat
Avodart	Diovan HCT	Lovaza	Sensipar	Vivelle-Dot
Azopt	Doryx tab 50, 200mg	Lunesta	Seroquel	Vuity
Azor	Duexis	Lyrica	Seroquel XR	Volgelxo
Baraclude	Dymista	Lyrica CR	Silvadene	Vytorin
Benicar	Effexor XR	Maxalt	Singular	Welchol
Benicar HCT	Elidel	Maxalt-MLT	Soma	Wellbutrin SR
Benzamycin	Emflaza	Metadate CD	Sprycel	Wellbutrin XL
Bepreve	Entresto tab	Metrogel	Stendra	Xalatan
Bethkis	Epiduo gel	Micardis	Suboxone	Xanax
Beyaz	EpiPen Jr 0.15mg	Micardis HCT	Sutent	Xanax XR
Brilinta	Eprontia	Mitigare	Synthroid	Yasmin 28
Bromsite	Esbriet	Moviprep	Syprine	Yaz
Brovana	Estrace	MS Contin	Tamiflu	Zanaflex
Buphenyl powder, tab	EstroGel 0.06%	Mydayis	Targadox	Zenzedi
Butrans	Evekeo	Natroba	Targretin	Zestril
Bystolic	Exforge	Neurontin	Tazorac cream	Zetia
Cambia	Exforge HCT	Nexium capsule	Tazorac gel	Ziana
Canasa	Fioricet	Nitrostat	Tecfidera	Zioptan
Carafate	Fioricet w/ codeine	Norvasc	Tegretol	Zipsor
Carbatrol	Firazyr	Nuvigil	Tegretol-XR	Zocor
Cardizem LA	Fleqsuvy	Onfi	Tenormin	Zolof
Carnitor solution, tablet	Focalin	Onglyza	Testim gel	Zomig tab
Catapres-TTS patch	Focalin XR	Oracea	Tikosyn	Zomig ZMT
Celebrex	Forteo	Oxtellar XR	Timoptic Ocudose	Zonegran
Celexa	Gilenya 0.5mg	Ozobax DS	TOBI nebulizer solution	Zovirax
Cetrotide	Gleevec	Paxil tab	Topamax	Zyclara 3.75%
Cialis	Golytely solution	Paxil CR	Timoptic	Zyprexa
Clarinet 5mg tab	Halog cream	Pennsaid	Topamax sprinkle cap	Zytiga
Cleocin vaginal cream	Hetlioz	Percocet	Toprol XL	
Climara patch	Hyzaar	Plaquenil		
Clindagel	Imitrex	Plavix		
Clobex	Inderal LA	Pred Forte		
Cloderm	Intuniv	Prevacid		

(M) Co-branded product

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

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, 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 excluded 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.



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