



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

## Drug list information

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

|           |   |
|-----------|---|
| <b>M</b>  | Authorized generic or cobranded product   |
| <b>PA</b> | <b>Prior authorization</b> - Your doctor is required to give Optum Rx more information to determine coverage. |
| <b>QL</b> | <b>Quantity limit</b> - Medication may be limited to a certain quantity.                                      |
| <b>SP</b> | <b>Specialty medication</b> - Medication is designated as specialty.  |
| <b>ST</b> | <b>Step therapy</b> - Must try lower-cost medication(s) before a higher-cost medication can be covered        |
| <b>3P</b> | Tier 3 preferred  |
| <b>++</b> | <b>Benefit design options</b> - 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  |
|--|-----------|--------|
| <b>Analgesics - Drugs for Pain</b>               |           |        |
| 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 |
| <b>Analgesics - Drugs for Pain and Inflammation</b>                             |           |        |
| 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         |       |
| <b>Anesthetics</b>                                |           |       |
| 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  |
|--|-----------|--------|
| <b>Anti-Addiction / Substance Abuse Treatment Agents</b> |           |        |
| 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         |        |
| <b>Antibacterials</b>                                    |           |        |
| 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         |       |
| <b>Anticoagulants</b>                                  |           |       |
| 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    |
| <b>Anticonvulsants - Drugs for Seizures</b>            |           |       |
| 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 |
|---|-----------|-------|
| <b>Antidementia Agents<br/>- Drugs for<br/>Alzheimer's Disease<br/>and Dementia</b> |           |       |
| ADLARITY  | E         |       |
| donepezil hcl oral tablet   | 1         |       |
| KISUNLA   | E         | SP    |
| LEQEMBI   | E         | SP    |
| memantine hcl oral tablet   | 1         |       |
| NAMZARIC  | E         |       |
| <b>Antidepressants</b>  |           |       |
| 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 |
| <b>Antiemetics - Drugs for Nausea and Vomiting</b> |           |        |
| GIMOTI   | E         |        |
| meclizine hcl oral tablet                          | 1         | ++     |
| metoclopramide hcl oral tablet                     | 1         |        |
| ondansetron hcl +rfid                              | 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     |
| <b>Antifungals</b>                                 |           |        |
| 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         |       |
| <b>Antigout Agents</b>                    |           |       |
| 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  |
|--|-----------|--------|
| <b>Antimigraine Agents</b>   |           |        |
| AIMOVIG<br>SUBCUTANEOUS<br>SOLUTION AUTO-<br>INJECTOR 140<br>MG/ML, 70 MG/ML | 2         | PA; QL |
| AJOVY  | E         |        |
| CAMBIA   | E         |        |
| eletriptan hydrobromide  | 1         | QL     |
| EMGALITY   | 2         | PA; QL |
| IMITREX  | E         |        |
| IMITREX STATDOSE<br>REFILL   | E         |        |
| IMITREX STATDOSE<br>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<br>oral  | 1         | QL     |
| sumatriptan succinate<br>subcutaneous solution<br>auto-injector              | 1         | QL     |
| TOSYMRA  | E         |        |
| TREXIMET   | E         |        |
| TRUDHESA   | E         |        |
| UBRELVY  | 2         | PA; QL |
| ZAVZPRET   | 3         | PA; QL |
| ZEMBRACE<br>SYMTOUCH   | E         |        |
| ZOMIG ORAL   | E         |        |

| Drug Name  | Drug Tier | Notes                 |
|--|-----------|-----------------------|
| <b>Antimyasthenic Agents</b>                                     |           |                       |
| VYVGART  | 3         | PA; SP                |
| VYVGART HYTRULO<br>SUBCUTANEOUS<br>SOLUTION                      | 3         | PA; SP                |
| VYVGART HYTRULO<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE | 3         | PA; SP; QL            |
| <b>Antineoplastics -<br/>Drugs for Cancer</b>                    |           |                       |
| 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<br>SOLUTION 100<br>MG/4ML<br>INTRAVENOUS        | E         | Made by<br>Apotex; SP |
| BENDAMUSTINE HCL<br>SOLUTION 100<br>MG/4ML<br>INTRAVENOUS        | E         | Made by<br>Baxter; SP |
| BESREMI  | 3         | PA; SP                |
| CABOMETYX ORAL<br>TABLET 20 MG                                   | 2         | PA; SP; QL            |
| CABOMETYX ORAL<br>TABLET 40 MG, 60<br>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<br>TABLET 10 MG, 15<br>MG     | 3         | PA; SP; QL |
| ICLUSIG ORAL<br>TABLET 30 MG, 45<br>MG     | 3         | PA; SP     |
| IDHIFA                                     | 3         | PA; SP; QL |
| IMBRUVICA ORAL<br>CAPSULE                  | 3         | PA; SP; QL |
| IMBRUVICA ORAL<br>SUSPENSION               | 3         | PA; SP     |
| IMBRUVICA ORAL<br>TABLET 140 MG, 280<br>MG | E         | SP         |
| IMBRUVICA ORAL<br>TABLET 420 MG            | 3         | PA; SP; QL |
| IMKELDI                                    | 3         | PA; SP     |
| INQOVI                                     | E         | SP         |
| KANJINTI                                   | 2         | PA; SP     |
| KISQALI (200 MG<br>DOSE)                   | 3         | PA; SP     |
| KISQALI (400 MG<br>DOSE)                   | 3         | PA; SP     |

| Drug Name                                | Drug Tier | Notes      |
|--|-----------|------------|
| KISQALI (600 MG<br>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<br>CAPSULE 1 MG, 2 MG      | 3         | PA; SP; QL |
| POMALYST ORAL<br>CAPSULE 3 MG, 4 MG      | 3         | PA; SP     |
| RETEVMO ORAL<br>TABLET 120 MG, 160<br>MG | 3         | PA; SP     |
| RETEVMO ORAL<br>TABLET 40 MG, 80<br>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     |
| <b>Antiparasitics</b>             |           |        |
| ARAKODA                           | 3         |        |
| atovaquone-proguanil hcl          | 1         |        |
| EMVERM                            | 2         |        |
| hydroxychloroquine sulfate oral   | 1         |        |
| NATROBA                           | E         |        |
| PLAQUENIL                         | E         |        |
| SOVUNA                            | E         |        |
| <b>Antiparkinson Agents</b>       |           |        |
| 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     |
| <b>Antiplatelets</b>              |           |        |
| 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         |        |
| <b>Antipsychotics -<br/>Drugs for Mood<br/>Disorders</b> |           |        |
| 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      |
|----------------------------------|-----------|------------|
| <b>Antivirals</b>                |           |            |
| 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         |            |
| <b>Anxiolytics - Drugs for Anxiety</b>           |           |            |
| alprazolam oral tablet                           | 1         | QL         |
| ATIVAN ORAL                                      | E         |            |
| bupirone 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         |            |
| <b>Bipolar Agents - Drugs for Mood Disorders</b> |           |            |
| lithium carbonate er                             | 1         |            |
| lithium carbonate oral                           | 1         |            |

| Drug Name   | Drug Tier | Notes      |
|---|-----------|------------|
| <b>Blood Products and Modifiers - Drugs for Blood Disorders</b> |           |            |
| 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         |
| <b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b> |           |            |
| 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         |            |
| toremide  | 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         |            |
| <b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b> |           |            |
| 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     |
| DYANAVAL 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         |            |
| <b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b> |           |            |
| 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 |
| <b>Central Nervous System Agents - Miscellaneous</b> |           |            |
| 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 |
| WEGOVI  | 2         | PA; ++; QL |
| ZEPBOUND SUBCUTANEOUS SOLUTION  | E         |            |
| ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR                          | 2         | PA; ++; QL |
| <b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b> |           |            |
| chlorhexidine gluconate mouth/throat                                  | 1         |            |
| lidocaine hcl mouth/throat  | 1         |            |
| lidocaine viscous hcl   | 1         |            |
| perigard  | 1         |            |
| <b>Dermatological Agents - Drugs for Skin Conditions</b>              |           |            |
| ABSORICA  | E         |            |
| ABSORICA LD   | 3         | PA         |
| ACANYA  | E         |            |
| acutane   | 1         |            |
| ACZONE  | E         |            |
| ADBRY   | 2         | PA; SP; QL |

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| 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         |       |
| <b>Diabetes - Antidiabetic Agents</b>     |           |       |
| 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         |        |
| <b>Diabetes - Glucose Monitoring</b>  |           |        |
| 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         |                       |
| <b>Diabetes - Glycemic Agents</b>                       |           |                       |
| 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         | ++                    |
| <b>Diabetes - Insulins</b>                              |           |                       |
| 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         |                    |
| <b>Electrolytes / Minerals / Metals / Vitamins</b> |           |                    |
| 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         | ++                 |
| <b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>       |           |                    |
| 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 |
| sucralfate oral  | 1         |        |
| VOQUEZNA   | E         |        |
| <b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b> |           |        |
| 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     |
| <b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b> |           |        |
| 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     |

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| Drug Name  | Drug Tier | Notes  |
|--|-----------|--------|
| STRENSIQ   | 2         | PA; SP |
| VILTEPSO   | E         | SP     |
| VIOKACE  | E         |        |
| VYONDYS 53   | E         | SP     |
| ZENPEP   | 2         |        |
| ZOLGENSMA  | 3         | PA; SP |
| <b>Genitourinary Agents<br/>- Drugs for Bladder,<br/>Genital and Kidney<br/>Conditions</b> |           |        |
| AURYXIA  | 3         |        |
| CIALIS   | E         |        |
| CUPRIMINE  | E         | SP     |
| ELMIRON  | E         |        |
| GEMTESA  | E         |        |
| mirabegron er  | 1         |        |
| MYRBETRIQ ORAL<br>SUSPENSION<br>RECONSTITUTED ER   | E         |        |
| MYRBETRIQ ORAL<br>TABLET EXTENDED<br>RELEASE 24 HOUR                                       | 2         |        |
| OXLUMO   | 3         | PA; SP |
| oxybutynin chloride er   | 1         |        |
| oxybutynin chloride oral<br>tablet   | 1         |        |
| penicillamine oral<br>capsule  | E         | SP     |
| phenazopyridine hcl<br>oral tablet 100 mg, 200<br>mg                                       | 1         |        |
| sildenafil citrate oral<br>tablet 100 mg, 25 mg,<br>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<br>SUSPENSION 5<br>MG/5ML                          | E         |            |
| VIAGRA  | E         |            |
| <b>Genitourinary Agents<br/>- Drugs for Prostate<br/>Conditions</b> |           |            |
| alfuzosin hcl er  | 1         |            |
| AVODART   | E         |            |
| dutasteride oral  | 1         |            |
| finasteride oral tablet 5<br>mg                                     | 1         |            |
| tamsulosin hcl  | 1         |            |
| <b>Hormonal Agents -<br/>Adrenal</b>                                |           |            |
| ALKINDI SPRINKLE  | E         |            |
| CORTEF  | E         |            |
| CORTISONE<br>ACETATE ORAL   | E         |            |
| dexamethasone oral<br>tablet  | 1         |            |
| EMFLAZA   | E         | SP         |
| fludrocortisone acetate<br>oral                                     | 1         |            |
| HEMADY  | E         |            |
| hydrocortisone oral   | 1         |            |
| KENALOG-40  | E         |            |
| methylprednisolone<br>oral  | 1         |            |

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| 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         |        |
| <b>Hormonal Agents - Men's Health</b>       |           |        |
| 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         |        |
| <b>Hormonal Agents - Pituitary</b>          |           |        |
| 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 FLEXPPO   | 2         | PA; ++; SP |
| NUTROPIN AQ NUSPIN 10   | 3         | PA; ++; SP |
| NUTROPIN AQ NUSPIN 20   | 3         | PA; ++; SP |
| NUTROPIN AQ NUSPIN 5  | 3         | PA; ++; SP |
| OMNITROPE   | 2         | PA; ++; SP |
| ORLISSA   | 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         |
| <b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b> |           |            |
| OSPHENA   | 3         |            |

| Drug Name   | Drug Tier | Notes  |
|---|-----------|--------|
| <b>Hormonal Agents - Sex Hormones and Birth Control</b> |           |        |
| 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         |        |

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| Drug Name                                    | Drug Tier | Notes |
|--|-----------|-------|
| eluryng                                      | 1         | ++    |
| emzahn                                       | 1         | ++    |
| ENDOMETRIN                                   | 2         | ++    |
| enilloring                                   | 1         | ++    |
| enskyce                                      | 1         | ++    |
| errin  | 1         | ++    |
| estarylla                                    | 1         | ++    |
| ESTRACE                                      | E         |       |
| ESTRACE ORAL<br>TABLET 0.5 MG, 1<br>MG, 2 MG | E         |       |
| estradiol oral                               | 1         |       |
| estradiol transdermal                        | 1         |       |
| estradiol vaginal                            | 1         |       |
| estradiol-norethindrone<br>acet              | 1         |       |
| ESTROGEL                                     | E         |       |
| etonogestrel-ethinyl<br>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<br>MAINTENANCE PACK                  | 2         |       |
| IMVEXXY STARTER<br>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<br>estradiol oral tablet 0.1-20<br>mg-mcg, 0.15-30 mg-<br>mcg | 1         | ++    |
| levora 0.15/30 (28)  | 1         | ++    |
| LO LOESTRIN FE   | E         |       |
| LOESTRIN 1.5/30 (21)   | E         |       |
| LOESTRIN 1/20 (21)   | E         |       |
| LOESTRIN FE 1.5/30   | E         |       |
| LOESTRIN FE 1/20   | E         |       |
| 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         | ++    |
| <b>Hormonal Agents - Thyroid</b>   |           |       |
| 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          |
|--|-----------|----------------|
| <b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b> |           |                |
| 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-ADB(M/UC/HS STRT)    | E         | SP         |
| ADALIMUMAB-ADB(M/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<br>PSOR/UEVEIT START         | E         | SP                |
| HYRIMOZ-PLAQUE<br>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<br>(pf)               | 1         |                   |
| methotrexate sodium<br>injection solution | 1         |                   |
| methotrexate sodium<br>oral               | 1         |                   |
| mycophenolate mofetil<br>oral capsule     | 1         |                   |
| mycophenolate mofetil<br>oral tablet      | 1         |                   |
| mycophenolate sodium                      | 1         |                   |
| mycophenolic acid                         | 1         |                   |
| MYHIBBIN                                  | 3         |                   |
| OLUMIANT                                  | 3         | PA; SP; QL        |
| OMVOH                                     | 2         | PA; SP; QL        |
| OMVOH (300 MG<br>DOSE)                    | 2         | PA; SP; QL        |
| ORENCIA CLICKJECT                         | 3         | PA; 3P; SP;<br>QL |
| ORENCIA<br>INTRAVENOUS                    | 3         | PA; 3P; SP        |
| ORENCIA<br>SUBCUTANEOUS                   | 3         | PA; 3P; SP;<br>QL |
| ORLADEYO                                  | 3         | PA; SP; QL        |
| OTEZLA                                    | 2         | PA; SP; QL        |

| Drug Name  | Drug Tier | Notes      |
|--|-----------|------------|
| OTREXUP<br>SUBCUTANEOUS<br>SOLUTION AUTO-<br>INJECTOR 10<br>MG/0.4ML, 12.5<br>MG/0.4ML, 15<br>MG/0.4ML, 17.5<br>MG/0.4ML, 20<br>MG/0.4ML, 22.5<br>MG/0.4ML, 25<br>MG/0.4ML | E         |            |
| OTULFI   | E         | SP         |
| PANZYGA  | 3         | PA; SP     |
| PRIVIGEN   | 3         | PA; SP     |
| PYZCHIVA<br>INTRAVENOUS  | E         | SP         |
| PYZCHIVA<br>SUBCUTANEOUS<br>SOLUTION   | E         | SP         |
| PYZCHIVA<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE  | E         | SP         |
| RASUVO   | 2         | PA; QL     |
| REMICADE   | E         | SP         |
| RENFLXIS   | 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<br>SYRINGE)  | E         | SP         |
| SIMLANDI (2 PEN)   | E         | SP         |
| SIMLANDI (2<br>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    |
| <b>Inflammatory Bowel Disease Agents</b>                      |           |       |
| 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         |       |
| <b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b> |           |       |
| 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                  |
| <b>Metabolic Bone Disease Agents - Other</b>                   |           |                         |
| calcitriol oral capsule  | 1         |                         |
| RAYALDEE   | 3         |                         |
| SENSIPAR   | E         |                         |
| <b>Miscellaneous Therapeutic Agents</b>                        |           |                         |
| 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         |            |
| TWIIST REFILL KIT              | 2         | ++         |
| TWIIST REFILL KIT/INFUSION SET | 2         | ++         |
| TWIIST STARTER KIT             | 2         | ++         |
| VEOZAH                         | E         |            |
| VISCO-3                        | E         |            |
| XEOMIN                         | 2         | PA         |
| XPHOZAH                        | E         |            |
| YORVIPATH                      | 3         | PA; SP; QL |

| Drug Name  | Drug Tier | Notes  |
|--|-----------|--------|
| <b>Ophthalmic Agents -<br/>Drugs for Eye Allergy,<br/>Infection and<br/>Inflammation</b> |           |        |
| 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 OPTHALMIC SUSPENSION   | E         |        |
| LOTEMAX SM   | 3         |        |
| moxifloxacin hcl ophthalmic  | 1         |        |
| neomycin-polymyxin-dexameth  | 1         |        |
| NEVANAC  | E         |        |
| ofloxacin ophthalmic   | 1         |        |
| PRED FORTE   | E         |        |
| prednisolone acetate ophthalmic  | 1         |        |
| PROLENSA   | E         |        |
| TOBRADEX ST  | 3         |        |
| tobramycin 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         |       |
| XDEMVIY                                       | E         |       |
| ZERVIATE                                      | E         |       |
| <b>Ophthalmic Agents - Drugs for Glaucoma</b> |           |       |
| 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         |        |
| <b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b> |           |        |
| 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         |        |
| <b>Otic Agents - Drugs for Ear Conditions</b>                     |           |        |
| 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  |
|--|-----------|--------|
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b> |           |        |
| 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 |
|--|-----------|-------|
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b> |           |       |
| 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    |
| brey-na  | 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<br>SUBCUTANEOUS<br>SOLUTION AUTO-<br>INJECTOR                                       | 2         | PA; SP; QL |
| XOLAIR<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE                                    | 2         | PA; SP; QL |
| XOLAIR<br>SUBCUTANEOUS<br>SOLUTION<br>RECONSTITUTED  | 2         | PA; SP     |
| XOPENEX HFA  | E         |            |
| YUPELRI  | 3         | QL         |
| <b>Respiratory Tract /<br/>Pulmonary Agents -<br/>Drugs for Cystic<br/>Fibrosis</b>        |           |            |
| BETHKIS  | E         | SP         |
| BRONCHITOL   | E         | SP         |
| CAYSTON  | E         | SP         |
| KITABIS PAK (W/<br>NEBULIZER)  | E         | SP         |
| PULMOZYME  | 2         | PA; SP     |
| TOBI NEBULIZER   | E         | SP         |
| TOBI PODHALER  | 3         | SP; QL     |
| TOBRAMYCIN<br>NEBULIZATION<br>SOLUTION 300<br>MG/5ML INHALATION                            | E         | M; SP      |
| TRIKAFTA   | 3         | PA; SP; QL |
| <b>Respiratory Tract /<br/>Pulmonary Agents -<br/>Drugs for Pulmonary<br/>Hypertension</b> |           |            |
| ADCIRCA  | E         | SP         |
| ADEMPAS  | 2         | PA; SP; QL |
| LETAIRIS   | E         | SP         |

| Drug Name   | Drug Tier | Notes                     |
|---|-----------|---------------------------|
| OPSUMIT   | 2         | PA; SP; QL                |
| OPSYNVI   | E         | SP                        |
| ORENITRAM   | 3         | PA; SP                    |
| ORENITRAM MONTH<br>1  | 3         | PA; SP; QL                |
| ORENITRAM MONTH<br>2  | 3         | PA; SP; QL                |
| ORENITRAM MONTH<br>3  | 3         | PA; SP; QL                |
| REMODULIN<br>INJECTION<br>SOLUTION 100<br>MG/20ML, 20<br>MG/20ML, 200<br>MG/20ML, 50<br>MG/20ML | E         | SP                        |
| REVATIO   | E         | SP                        |
| sildenafil citrate oral<br>suspension<br>reconstituted  | 1         | PA; SP; QL                |
| sildenafil citrate oral<br>tablet 20 mg   | 1         | PA; SP; QL                |
| TADLIQ  | E         | SP                        |
| TRACLEER 62.5 MG,<br>125 MG   | E         | SP                        |
| treprostinil solution 100<br>mg/20ml injection  | 1         | PA; SP                    |
| treprostinil solution 100<br>mg/20ml injection  | 1         | PA; Made by<br>Sandoz; SP |
| treprostinil solution 20<br>mg/20ml injection   | 1         | PA; SP                    |
| treprostinil solution 20<br>mg/20ml injection   | 1         | PA; Made by<br>Sandoz; SP |
| treprostinil solution 200<br>mg/20ml injection  | 1         | PA; SP                    |
| treprostinil solution 200<br>mg/20ml injection  | 1         | PA; Made by<br>Sandoz; SP |
| treprostinil solution 50<br>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             |
| <b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b> |           |                        |
| 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         |                        |
| <b>Sleep Disorder Agents</b>                                       |           |                        |
| 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     | amnesteem.....                  | 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-ADBAM (2 PEN).. | 37 | ALTACE.....                | 18     | ARNUITY ELLIPTA.....            | 44 |
| ADALIMUMAB-ADBAM (2        |    | altavera.....              | 34     | ARTHROTEC.....                  | 7  |
| SYRINGE).....              | 37 | ALTUVIIIIO.....            | 17     | ASCENIV.....                    | 38 |
| ADALIMUMAB-                |    | ALUNBRIG.....              | 13     | ASMANEX (120 METERED            |    |
| ADBAM(CD/UC/HS STRT).....  | 38 | ALVESCO.....               | 44     | DOSES).....                     | 44 |
| ADALIMUMAB-ADBAM(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     |
| BARACLUDGE.....                     | 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     |
| drosiprenone-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 MINIQUICK.....        | 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 REDIJECT.....        | 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/UEVIT          |        |
| 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 |
| FYLNETHA.....                | 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/UEVEIT 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)..      | 33 |
| klor-con m10.....                  | 29 | levothyroxine sodium.....          | 37 | LUPRON DEPOT (3-MONTH)..      | 33 |
| klor-con m15.....                  | 29 | levoxyl.....                       | 37 | LUPRON DEPOT (4-MONTH)        |    |
| klor-con m20.....                  | 29 | LEXAPRO.....                       | 11 | INTRAMUSCULAR KIT 30MG..      | 33 |
| KLOXXADO.....                      | 8  | LEXETTE.....                       | 24 | LUPRON DEPOT (6-MONTH)        |    |
| KOATE.....                         | 17 | LIALDA.....                        | 40 | INTRAMUSCULAR KIT 45MG..      | 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  | lutera.....                   | 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.. | 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... 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-linyah.....                 | 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 &<br>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 | perigard.....                        | 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-     |    | REPATHA.....              | 20 | SANDOSTATIN.....          | 34     |
| dm.....                       | 44 | REPATHA PUSHTRONEX        |    | SANTYL.....               | 24     |
| PULMICORT FLEXHALER.....      | 45 | SYSTEM.....               | 20 | SAPHRIS.....              | 16     |
| PULMICORT SUSPENSION.....     | 45 | REPATHA SURECLICK.....    | 20 | SAXENDA.....              | 22     |
| PULMOZYME.....                | 46 | RESTASIS.....             | 43 | SCEMBLIX.....             | 15     |
| PYLERA.....                   | 31 | RESTASIS MULTIDOSE.....   | 43 | scopolamine.....          | 12     |
| PYZCHIVA.....                 | 39 | RESTORIL.....             | 47 | SECUADO.....              | 16     |
| QBREXZA.....                  | 24 | RETACRIT.....             | 18 | SEGLUROMET.....           | 25     |
| QELBREE.....                  | 21 | RETEVMO.....              | 14 | SELARSDI.....             | 39     |
| QLOSI.....                    | 43 | RETIN-A.....              | 24 | SEMGLEE (YFGN).....       | 29     |
| QNASL.....                    | 44 | RETIN-A MICRO GEL 0.04 %, |    | SENSIPAR.....             | 41     |
| QNASL CHILDRENS.....          | 44 | 0.1 %.....                | 24 | SEREVENT DISKUS.....      | 45     |
| QSYMIA.....                   | 22 | RETIN-A MICRO PUMP.....   | 24 | SEROQUEL.....             | 16     |
| QUESTRAN.....                 | 20 | REVATIO.....              | 46 | SEROQUEL XR.....          | 16     |
| QUESTRAN LIGHT.....           | 20 | REVLIMID.....             | 14 | SERTRALINE HCL.....       | 11     |
| quetiapine fumarate.....      | 16 | REXTOVY.....              | 8  | sertraline hcl.....       | 11     |
| quetiapine fumarate er.....   | 16 | REXULTI.....              | 16 | SEVENFACT.....            | 18     |
| QUILLICHEW ER.....            | 21 | REYVOW.....               | 13 | SEYSARA.....              | 9      |
| QUILLIVANT XR.....            | 21 | REZDIFFRA.....            | 31 | sharobel.....             | 36     |
| QULIPTA.....                  | 13 | REZLIDHIA.....            | 14 | SIGNIFOR.....             | 34     |
| QUVIVIQ.....                  | 47 | REZUROCK.....             | 39 | sildenafil citrate.....   | 32, 46 |
| QVAR REDIHALER.....           | 45 | REZVOGLAR KWIKPEN.....    | 29 | SILVADENE.....            | 9      |
| RABEPRAZOLE SODIUM.....       | 30 | RHOFADE.....              | 24 | SIMBRINZA.....            | 43     |
| rabeprazole sodium.....       | 30 | RHOPRESSA.....            | 43 | SIMLANDI (1 PEN).....     | 39     |
| RADICAVA ORS.....             | 22 | RIABNI.....               | 14 | SIMLANDI (1 SYRINGE)..... | 39     |
| RADICAVA ORS STARTER          |    | RINVOQ.....               | 39 | SIMLANDI (2 PEN).....     | 39     |
| KIT.....                      | 22 | RINVOQ LQ.....            | 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 | vienna.....                     | 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     | VALTRESX.....                    | 17 | VTAMA.....                      | 25 |
| TROKENDI XR.....                 | 10     | VANRAFA.....                     | 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 |
| WEGOVI.....               | 22 | YUSIMRY.....              | 40 | ZYMFENTRA (2 PEN).....     | 40 |
| WELCHOL.....              | 20 | yuvafem.....              | 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 | ZERVIATE.....             | 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 |                            |    |

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**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.

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