



An Introduction to Independent Health's 2017 Essential Plan Formulary

Check your summary of benefits to ensure this formulary (Essential Plan Formulary) is associated with your plan prior to using your prescription drug benefit.

Note: If you are reading a printed version of this drug formulary, content may have been updated since it was last printed. For the most up-to-date information, please visit independenthealth.com.

Independent Health members benefit when their health care providers use the formulary because all medications included are selected due to their effectiveness and safety. Use of a formulary also ensures that premiums are kept to a minimum. The cost of each medication on the formulary is balanced with its effectiveness, which means that medications are not included on the formulary just because they are inexpensive; effectiveness is more important than the price of the medication. If a medication is not capable of achieving the desired effect, then the price of treating an illness or condition increases because other therapies must be used. Likewise, there are expensive medications that have not been proven to be any more effective than less costly alternatives.

Since 1996, all prescriptions for Independent Health members have been written from the formulary in order to qualify for coverage. When health care providers write a prescription for Independent Health members, they consult the formulary and select the medication needed. Occasionally, members need a medication that is not on the formulary. In cases when it is medically necessary for a patient to have a medication that is not included on the formulary, health care providers are encouraged to request a medical exception from Independent Health's Medical Director. The health care provider will need to complete a medical exception form and fax it to Independent Health's Prior Authorization Department, who will review the details of the case.

Independent Health's three-tiered formulary lets you decide among preferred generic, preferred brand-name and non-preferred brand/generic medications with three different copayment/coinsurance levels:

- The lowest copayment is charged in Tier 1. This tier contains preferred generic medications, certain over-the-counter (OTC) medications and select brand-name medications.
- A higher copayment/coinsurance is charged for those medications in Tier 2. This tier contains non-preferred generic medications and preferred brand-name medications.
- The highest copayment/coinsurance is charged for those medications in Tier 3. This tier contains non-preferred brand-name medications and certain specified medications.
- Brand-name medications with a generic equivalent are considered non-formulary (not covered). To obtain a medication that is non-formulary your health care provider is encouraged to submit a prior authorization request for coverage through the exceptions process. If the request is approved, that particular medication will be covered at your Tier 3 copayment/coinsurance level.

All medications listed on the formulary will be available to you and you will be responsible for payment of the copayment/coinsurance as referenced in this document. You will note on the list that a medication's copayment/coinsurance is assigned to a tier. How this affects your copayment/coinsurance depends upon what prescription plan you have. Independent Health reserves the right to modify the copay/tier of a particular medication as necessary. For example, when a generic equivalent becomes available for a covered brand-name medication, the brand-name medication becomes non-formulary (not covered) and will be covered only if approved through the medical exception process. Independent Health

reserves the right to change the duration of an approved prior authorization through the medical exception process, including but not limited to the termination of a previously approved authorization. Approval of a prior authorization request does not itself guarantee payment; payment is made based on plan/benefit design. The generic equivalent medication will be covered in Tier 1 or Tier 2. Because of this, the actual copayment/coinsurance paid may not match the copayment/coinsurance tier levels as published in this document. To determine which prescription plan you have, please refer to your contract. If you have further questions, you may contact Independent Health's Member Services Department.

Because there are thousands of medications in the marketplace, not all Tier 3 non-preferred medications can be listed here. Independent Health makes every attempt to provide you with as accurate a listing of medications as possible, however the list of medications and availability of generics can change frequently. Since this list was created, some medications may have been added, while others may have been deleted. For an updated version of the formulary please visit our website at independenthealth.com.

Prior-Authorization

Independent Health requires you to get prior authorization for certain medications. To obtain coverage for a medication requiring prior authorization, a prior authorization request for medical exception must be submitted by your health care provider and approved by Independent Health's Medical Director. Medications that require prior authorization are listed with a "PA" in the formulary.

Step Therapy

In some cases, Independent Health requires you to first try certain medications to treat your medical condition before we cover another medication for that condition. Step therapy is a way to help you get the best quality and value from your prescription medication benefit. This usually means that an equally effective generic medication is prescribed before a more expensive brand-name medication. Step therapy may also ensure that two

medications are used together if they are more effective. Medications that require step therapy are listed with a "ST" in the formulary.

Quantity Limitations

Quantity limitations may apply to certain medications. Some medications are covered up to a specific quantity per 30 or 90 days. Some examples of medications with a quantity limitation are: sumatriptan (generic Imitrex®) and zolpidem tartrate (generic Ambien®). Medications with quantity limitations are listed with a "QL" in the formulary.

Specialty Medications

In order to add value and accessibility in your pharmacy benefits, we offer a specialized prescription medication program for certain specialty medications through Reliance Rx® Specialty Pharmacy. Specialty medications include those that are either self-injectable, require special distribution, handling and/or are at limited supply and certain oral oncology medications. These medications are restricted to designated pharmacies such as Reliance Rx. Reliance Rx specializes in providing high-quality service for complex chronic conditions such as hepatitis, multiple sclerosis, cancer and rheumatoid arthritis.

Along with providing these specialized medications, Reliance Rx also provides a convenient way for you to receive the medication, by arranging delivery at no charge directly to your home. They can also provide you with education on the medication you're taking, refill reminders and even the necessary supplies, if applicable. Specialty medications are listed with an "SP" on the formulary. Reliance Rx can be reached at 1-800-809-4763.

Age Restriction

Some prescription medications are restricted by age due to safety reasons or Food and Medication Administration (FDA) recommended labeling. Medications with an age limit are listed with an "AL" in the formulary.

Maximum Daily Dose (MDD)

Certain medications are dose limited by a maximum daily dose (MDD) as recommended by the Food and Medication Administration (FDA) for safety reasons. Limits may be set by the number of tablets/capsules per day or the total daily dose.

Over-the-Counter (OTC) Medications

Certain medications listed in the formulary are available over the counter. A prescription is required for coverage of the OTC products. OTC medications are a covered benefit for Essential Benefit Plans #3 and #4 only. Copayment will be based on plan benefit.

Sedative/Hypnotic Medications

Sedative/hypnotic medications are limited for all prescribers except sleep specialists to 14 tablets/capsules per month with a maximum of 3 fills per year (3 fills/365 days).

Tablet Splitting

Tablet splitting is the act of physically cutting a higher strength tablet in half to achieve your prescribed dosage. This provides an identical dose while increasing the number of total doses available. For example, by splitting pills in two, 30 tablets can be transformed into a 60-day supply for the same copayment/coinsurance. Not all medications are good candidates for tablet splitting. We recommend that you speak with your health care provider or pharmacist to see if your medication meets splitting requirements. Please note this is a voluntary program. Tablet splitting is not mandated by your plan. Medications eligible for tablet splitting are listed with an "HT" on the formulary.

Compounded Prescription Medications

Compounded prescriptions (medications that are not commercially manufactured) must be prepared by a participating pharmacy and contain at least one prescription component. The dispensing pharmacy is required to submit for prior approval and when covered the compounded prescription will be available at a Tier 2 copayment/coinsurance. Coverage is provided in accordance with our Compounding Medication Products

Policy. Bulk products and powders are excluded from coverage because they are not prescription medication products that are approved under sections 505, 505(j) or 507 of the Federal Food Medication and Cosmetic Act.

Diabetic Supplies/Medications

Products listed in this section are a covered benefit based on your plan. Products not listed require prior authorization. Copayments vary by plan.

OneTouch glucose meters, lancets, test strips, and supplies are our preferred diabetic supplies and do not require prior authorization.

One Touch will provide a glucose meter to you with no copayment. Quantities are limited to one meter per member. You can obtain a meter by calling LifeScan, Inc. at 1-888-377-5227, offer code 289IHA001. Please have your ID number available when you call.

Diabetic test strips are limited to a maximum of 100 per fill/30 days.

Antibiotic Medications

Antibiotics are generally limited to a 10-day supply with one refill within 15 days after the original fill.

Affordable Care Act (ACA) Preventive Services

Medications listed on the formulary that are covered as preventive services under the Affordable Care Act may be covered. Certain restrictions may apply.

Lost/Stolen/Damaged Medications

Replacement of any lost, stolen or damaged medications is the responsibility of the member.

Emergency Room Prescriptions

Emergency Room prescriptions are limited to a 10-day supply.

Dental Formulary

Drugs covered on our Dental Formulary are available when prescribed by a dental provider. Unless otherwise specified, all products are limited to a 10-day supply with one refill. Drugs included in our Dental Formulary are listed with a "DF" on the

formulary. Drugs without a “DF” will not be covered when written by a dental provider.

Additional Formulary Information

- Appetite suppressants/weight-loss medications are excluded from coverage.
- Medications used for cosmetic purposes are excluded from coverage.
- Medical devices (which may or may not require a prescription) are excluded from coverage.
- Medical foods other than PKU supplements (which may or may not require a prescription) are excluded from coverage.
- Drugs used for the treatment of impotence (ED Drugs) are limited to male patients only. Duplicate therapy with other ED medications is not allowed.
- Prenatal vitamins classified as medical foods are not covered. Multivitamins are NOT included in the Formulary as various OTC products are available.
- Contraceptives (for members with contraceptive coverage): All tier 1 generic drugs are covered at a \$0 copayment. Brand-name drugs without a generic equivalent are covered at a \$0 copayment. Brand-name drugs with a generic equivalent are covered at the copayment based on your plan design. Cervical caps, diaphragms, female condoms, and spermicides are covered at a \$0 copayment. Both prescription and over-the-counter (OTC) products are covered only when prescribed by a licensed health care provider and require a valid prescription.
- Medications listed on the drug formulary as covered without restriction may require prior authorization or may not be covered if it is determined that they are being used in conjunction with a procedure or treatment not covered under the members Health Contract.
- Medications not recognized by the FDA without a National Drug Code (NDC) are excluded from coverage.

- Generic substitution is used only as required by state pharmacy laws. Therapeutic interchange is not utilized.

Key

AL – Age Limit

DF – Dental Formulary

HT – Tablet Splitting

OTC – Over-The-Counter (Plans #3 and #4 only)

PA – Prior Authorization Required

QL – Quantity Limits Apply

RF – Restricted to Females

RM – Restricted to Males

SP – Specialty Pharmacy

ST – Step Therapy

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant			etodolac oral	1	
amphetamine-dextroamphetamine	1	AL	fenoprofen calcium oral capsule 400 mg	2	
amphetamine-dextroamphetamine	1	AL	fenoprofen calcium oral tablet	2	
APTENSIO XR	3		flurbiprofen oral	1	
armodafinil	2	PA	HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	3	PA; SP; AL
atomoxetine hcl	2	AL	HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	3	PA; SP; AL
clonidine hcl er	1	AL	HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	3	PA; SP; AL
DAYTRANA	3	AL	HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	3	PA; SP
dexamethylphenidate hcl	1	AL	HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	3	PA; SP; AL
dexamethylphenidate hcl er	1	AL	HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	3	PA; SP
dextroamphetamine sulfate er	1	AL	HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	3	PA; SP; AL
dextroamphetamine sulfate oral solution	1	AL	HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	3	PA; SP; AL
dextroamphetamine sulfate oral tablet	1	AL	HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML	1	PA; SP; AL
guanfacine hcl er	2		ibuprofen oral suspension	OTC	
methamphetamine hcl	1	AL	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	DF
methylphenidate hcl er (cd)	1	AL	INDOCIN ORAL	2	
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg	1	AL	indomethacin er	1	
methylphenidate hcl er oral tablet extended release	1	AL	indomethacin oral	1	
methylphenidate hcl oral solution	2	AL	ketoprofen er	2	
methylphenidate hcl oral tablet	1	AL	ketoprofen oral	1	
methylphenidate hcl oral tablet chewable	1	AL	ketorolac tromethamine oral	1	
modafinil	2	PA; AL	KEVZARA	3	PA; SP
QUILLICHEW ER	3	ST; AL	KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
QUILLIVANT XR	2	ST; AL	leflunomide oral	2	PA
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	3		meloxicam oral tablet	1	
VYVANSE	2	AL	nabumetone oral	1	
ZENZEDI ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	3	AL	NALFON ORAL CAPSULE 400 MG	3	
Aminoglycosides			naproxen dr	1	DF
BETHKIS	3	PA; QL	naproxen oral tablet	1	DF
KITABIS PAK	3	PA; SP; QL	naproxen sodium er	3	
neomycin sulfate oral	1		ORENCIA CLICKJECT	3	PA; SP
paromomycin sulfate oral	2		ORENCIA INTRAVENOUS	3	PA
TOBI PODHALER	2	PA; QL			
tobramycin inhalation	1	PA; SP; QL			
Analgesics - Anti-Inflammatory					
ACTEMRA SUBCUTANEOUS	3	PA; SP			
ARCALYST	2	PA; SP; Accredited Pharmacy			
celecoxib oral	1				
diclofenac potassium	1				
diclofenac sodium er	1				
diclofenac sodium oral	1				
diclofenac-misoprostol oral tablet delayed release	2				
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP			
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP			

Drug Name	Tier	Notes	Drug Name	Tier	Notes
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP	hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	DF
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	DF
oxaprozin	1		hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	DF
piroxicam oral	2		hydromorphone hcl er	2	ST
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	3	PA	hydromorphone hcl oral	1	
RIDAURA	2		HYSINGLA ER	2	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP	KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 40 MG	3	ST
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	3	PA; SP	LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	3	PA
SPRIX	3	QL	LAZANDA NASAL SOLUTION 300 MCG/ACT	3	PA; ST
sulindac oral	1		methadone hcl oral	1	
tolmetin sodium	2		MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG	3	ST
XELJANZ	3	PA; SP	MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG, 30 MG, 60 MG	3	
XELJANZ XR	3	PA; SP	morphine sulfate (concentrate) oral solution 100 mg/5ml	1	ST
Analgesics - Nonnarcotic			morphine sulfate er beads	3	ST
butalbital-acetaminophen oral tablet 50-325 mg	1	AL	morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 50 mg, 60 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	AL	morphine sulfate er oral capsule extended release 24 hour 100 mg, 80 mg	1	ST
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	AL	morphine sulfate er oral tablet extended release 100 mg, 200 mg	1	ST
diflunisal oral	2		morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	1	
Analgesics - Opioid			morphine sulfate oral	1	
ABSTRAL	3	PA; AL	NUCYNTA	2	
acetaminophen-codeine #2	1	DF	NUCYNTA ER	2	
acetaminophen-codeine #3	1	DF	OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	ST
acetaminophen-codeine #4	1	DF	oxycodone hcl oral tablet	1	
acetaminophen-codeine oral solution	1	DF	oxycodone-acetaminophen oral solution	1	
ASCOMP-CODEINE	1		oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
aspirin-caff-dihydrocodeine	1		oxycodone-ibuprofen	1	
buprenorphine	1		OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	2	
butalbital-apap-caff-cod	1	AL	OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG	2	ST
butalbital-asa-caff-codeine	1	AL			
butorphanol tartrate nasal	1	PA			
BUTRANS	2				
codeine sulfate oral tablet	2				
fentanyl citrate buccal	2	PA; PA except Oncology			
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	ST			
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; ST			

Drug Name	Tier	Notes	Drug Name	Tier	Notes
oxymorphone hcl	2	PA; PA except Pain Medicine	isosorbide dinitrate er	1	
oxymorphone hcl er	2	ST	isosorbide dinitrate oral	1	
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG	3	PA	isosorbide mononitrate	1	
tramadol hcl er (biphasic)	1	ST	isosorbide mononitrate er	1	
tramadol hcl er oral capsule extended release 24 hour	2	ST	NITRO-BID	2	
tramadol hcl er oral tablet extended release 24 hour	1	ST	NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	
tramadol hcl oral	1		nitroglycerin sublingual	1	
tramadol-acetaminophen	1	PA except Pain Medicine	nitroglycerin transdermal patch 24 hour	1	
XTAMPZA ER	3		nitroglycerin translingual solution	2	
ZUBSOLV	2		RANEXA	2	
Androgens-Anabolic			*Antianxiety Agents*		
ANADROL-50	3		alprazolam er	1	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA	alprazolam oral tablet	1	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	2	PA	alprazolam oral tablet dispersible	1	PA
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	2	PA	buspirone hcl oral	1	
danazol oral	2		clorazepate dipotassium	1	
methitest	3	PA	diazepam oral tablet	1	AL
methyltestosterone oral	1	PA	hydroxyzine hcl oral syrup	1	AL
NATESTO	3	PA	hydroxyzine hcl oral tablet	1	AL
oxandrolone oral	2		hydroxyzine pamoate oral	1	AL
STRIANT	3	PA	lorazepam oral tablet 0.5 mg	1	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA	meprobamate	1	AL
testosterone enanthate intramuscular solution	1	PA	oxazepam	1	
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 50 mg/5gm (1%)	3	PA	*Antiarrhythmics*		
testosterone transdermal gel 25 mg/2.5gm (1%)	1	PA	amiodarone hcl oral	2	
testosterone transdermal solution	2	PA	disopyramide phosphate oral	1	
Anorectal Agents			dofetilide	2	
COLOCORT	1		flecainide acetate	2	
hydrocortisone rectal enema	1		mexiletine hcl oral	2	
PROCTOSOL HC	1		MULTAQ	2	
PROCTOZONE-HC RECTAL	1		NORPACE CR	2	
RECTIV	3		PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	2	
Anthelmintics			propafenone hcl	1	
ALBENZA	3		propafenone hcl er	1	
BILTRICIDE	2		quinidine gluconate er	2	
EMVERM	3		quinidine sulfate oral	2	
ivermectin oral	1		TIKOSYN	3	
Antianginal Agents			*Antiasthmatic And Bronchodilator Agents*		
DILATRATE-SR	2		ADVAIR DISKUS	2	
ISORDIL TITRADOSE ORAL TABLET 40 MG	2		ADVAIR HFA	2	
			albuterol sulfate er	1	
			albuterol sulfate inhalation	1	
			albuterol sulfate oral	1	
			ANORO ELLIPTA	2	
			ARCAPTA NEOHALER	2	
			ARNUITY ELLIPTA	2	
			ASMANEX 120 METERED DOSES	2	
			ASMANEX 14 METERED DOSES	2	
			ASMANEX 30 METERED DOSES	2	
			ASMANEX 60 METERED DOSES	2	

Drug Name	Tier	Notes	Drug Name	Tier	Notes
ASMANEX 7 METERED DOSES	2		enoxaparin sodium subcutaneous	2	PA; PA required for duration of greater than 14 days except when written by Oncology; QL
ASMANEX HFA	2		fondaparinux sodium	2	PA; PA required for duration of greater than 14 days except when written by Oncology; QL
ATROVENT HFA	2		FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	3	PA; PA required for duration of greater than 14 days except when written by Oncology
BREO ELLIPTA	2		heparin sodium (porcine) injection solution 5000 unit/ml	2	
BROVANA	2	PA	JANTOVEN	1	
budesonide inhalation	2	AL	PRADAXA ORAL CAPSULE 150 MG, 75 MG	2	
COMBIVENT RESPIMAT	2		SAVAYSA	3	
cromolyn sodium inhalation	1		warfarin sodium oral	1	
DALIRESP	2	PA; PA except Pulmonology	XARELTO	2	
ELIXOPHYLLIN	2		XARELTO STARTER PACK	2	
FLOVENT DISKUS	2		*Anticonvulsants*		
FLOVENT HFA	2		APTIOM	3	
fluticasone-salmeterol	1		BANZEL	3	
ipratropium bromide inhalation	1		BRIVIACT ORAL	3	PA
ipratropium-albuterol	1		carbamazepine er	1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	2	PA	carbamazepine oral	1	
levalbuterol tartrate	1		CELONTIN	2	
metaproterenol sulfate oral	2		clonazepam oral tablet	1	
montelukast sodium oral packet	1	AL	clonazepam oral tablet dispersible	1	ST
montelukast sodium oral tablet	1	AL	DILANTIN ORAL CAPSULE 30 MG	2	
montelukast sodium oral tablet chewable 4 mg, 5 mg	1	AL	divalproex sodium er oral tablet extended release 24 hour	1	
PERFORMOMIST	2	PA	divalproex sodium oral tablet delayed release	1	
PROAIR HFA	2		EPITOL	1	
PROAIR RESPICLICK	2		ethosuximide oral	1	
PULMICORT FLEXHALER	2		felbamate	2	
QVAR INHALATION AEROSOL SOLUTION	2		FYCOMPA	3	AL
SEREVENT DISKUS	2	ST	gabapentin oral capsule	1	
SPIRIVA HANDIHALER	2		gabapentin oral solution 250 mg/5ml	1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	AL	gabapentin oral tablet	1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	2		GABITRIL ORAL TABLET 12 MG, 16 MG	3	
STIOLTO RESPIMAT	2		lamotrigine er	2	AL
STRIVERDI RESPIMAT	2		lamotrigine oral kit 25 & 50 & 100 mg, 25 (21)-50 (7) mg, 50 (42)-100(14) mg	2	
SYMBICORT	2		lamotrigine oral tablet	1	
terbutaline sulfate oral	1		lamotrigine oral tablet chewable	1	
THEO-24	2		lamotrigine oral tablet dispersible	2	PA
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	1				
theophylline	1				
theophylline er	1				
VENTOLIN HFA	2				
zafirlukast	1				
zileuton er	2	PA			
ZYFLO	3	PA			
Anticoagulants					
ELIQUIS	2				

Drug Name	Tier	Notes	Drug Name	Tier	Notes
lamotrigine starter kit-blue	2		fluvoxamine maleate	1	
lamotrigine starter kit-green	2		FORFIVO XL	3	
lamotrigine starter kit-orange	2		imipramine hcl oral	1	
levetiracetam er	1		imipramine pamoate	2	
levetiracetam oral solution	1	MO	maprotiline hcl	2	PA; PA except Psychiatry
levetiracetam oral tablet	1				
LYRICA	3		MARPLAN	2	
ONFI ORAL SUSPENSION	2	PA	mirtazapine oral	1	
ONFI ORAL TABLET 10 MG, 20 MG	2	PA	nefazodone hcl	2	
oxcarbazepine	1		nortriptyline hcl oral	1	AL
OXTELLAR XR	3	ST	paroxetine hcl er	1	ST
PEGANONE	2		paroxetine hcl oral tablet 10 mg, 30 mg	1	
phenytoin oral suspension 125 mg/5ml	1		paroxetine hcl oral tablet 20 mg, 40 mg	1	HT
phenytoin oral tablet chewable	1		PAXIL ORAL SUSPENSION	2	
phenytoin sodium extended	1		PEXEVA	2	
primidone oral	1		phenelzine sulfate oral	1	
SABRIL ORAL TABLET	3	PA; SP	protriptyline hcl	2	
tiagabine hcl	2		sertraline hcl oral concentrate	1	
topiramate oral capsule sprinkle	2	PA	sertraline hcl oral tablet 100 mg, 50 mg	1	HT
topiramate oral tablet	1		sertraline hcl oral tablet 25 mg	1	
TROKENDI XR	3	PA	tranlycypromine sulfate	2	
valproic acid oral capsule	1		trazodone hcl oral	1	
vigabatrin	2	PA; SP	trimipramine maleate oral	1	AL
VIMPAT ORAL	3		TRINTELLIX	3	ST
zonisamide oral	1		venlafaxine hcl	1	
*Antidementia Agent Combinations***			venlafaxine hcl er	1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG	3	ST	VIIBRYD ORAL TABLET	2	
Antidepressants			VIIBRYD STARTER PACK	2	QL
amitriptyline hcl oral	1		*Antidiabetics*		
amoxapine	1		acarbose	1	
bupropion hcl er (sr)	1		AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 (30) & 8 (60) UNIT, 4 (60) & 8 (30) UNIT, 4 (90) & 8 (90) UNIT, 4 UNIT, 8 (60)& 12 (30) UNIT, 8 UNIT	3	PA
bupropion hcl er (xl)	1		APIDRA	3	PA
bupropion hcl oral	1		APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION	3	PA
citalopram hydrobromide oral solution	1		PEN-INJECTOR		
citalopram hydrobromide oral tablet 10 mg	1		AVANDIA ORAL TABLET 2 MG, 4 MG	3	PA
citalopram hydrobromide oral tablet 20 mg, 40 mg	1	HT	BYDUREON SUBCUTANEOUS PEN-INJECTOR	3	ST
clomipramine hcl oral	1		BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION	3	ST
desipramine hcl oral	1		PEN-INJECTOR		
desvenlafaxine er	2	ST	chlorpropamide	2	PA
desvenlafaxine succinate er	2	ST	CYCLOSET	3	
doxepin hcl oral	1	AL	glimepiride	1	
duloxetine hcl oral	1		glipizide er	1	
EMSAM	3	PA	glipizide oral	1	
escitalopram oxalate oral solution	1		glipizide-metformin hcl	1	
escitalopram oxalate oral tablet 10 mg, 5 mg	1		GLUCAGEN HYPOKIT	2	
escitalopram oxalate oral tablet 20 mg	1	HT	GLUCAGON EMERGENCY	2	
FETZIMA	3	ST	glyburide micronized	1	
fluoxetine hcl oral capsule	1		glyburide oral	1	
fluoxetine hcl oral capsule delayed release	1		glyburide-metformin	1	
fluoxetine hcl oral solution	1				

Drug Name	Tier	Notes	Drug Name	Tier	Notes
HUMALOG	2		tolbutamide	2	
HUMALOG KWIKPEN	2		TOUJEO SOLOSTAR	2	
SUBCUTANEOUS SOLUTION			TRADJENTA	2	
PEN-INJECTOR 100 UNIT/ML,			TRESIBA FLEXTOUCH	2	
200 UNIT/ML			TRULICITY	2	ST
HUMALOG MIX 50/50	2		VICTOZA SUBCUTANEOUS	2	ST
HUMALOG MIX 50/50	2		SOLUTION PEN-INJECTOR		
KWIKPEN SUBCUTANEOUS			*Antidiarrheals*		
SUSPENSION PEN-INJECTOR			diphenoxylate-atropine	1	
HUMALOG MIX 75/25	2		MYTESI	3	PA; SP
HUMALOG MIX 75/25	2		*Antidotes And Specific Antagonists*		
KWIKPEN SUBCUTANEOUS			VISTOGARD	2	QL
SUSPENSION PEN-INJECTOR			*Antidotes*		
HUMULIN R U-500	2		CHEMET	3	
(CONCENTRATED)			EXJADE	3	PA; SP; Walgreens
HUMULIN R U-500 KWIKPEN	2				Specialty
SUBCUTANEOUS SOLUTION					Pharmacy
PEN-INJECTOR			FERRIPROX ORAL TABLET	3	PA; SP; Centric
INVOKANA	2				Specialty
JANUMET	2				Pharmacy
JANUMET XR	2		JADENU	3	PA; SP; AL
JANUVIA	2		JADENU SPRINKLE	3	PA; SP; AL
JARDIANCE	2		naloxone hcl injection solution	1	QL
JENTADUETO	2		0.4 mg/ml		
JENTADUETO XR	2		naloxone hcl injection solution	1	QL
KORLYM	3	PA; SP	cartridge		
LANTUS	2		naloxone hcl injection solution	1	QL
LANTUS SOLOSTAR	2		prefilled syringe		
SUBCUTANEOUS SOLUTION			naltrexone hcl oral	2	
PEN-INJECTOR			NARCAN	2	QL
LEVEMIR	2		VISTOGARD	2	QL
LEVEMIR FLEXTOUCH	2		*Antiemetics*		
metformin hcl er	1		AKYNZEO	3	ST; QL
metformin hcl oral	1		ANZEMET ORAL	3	ST; QL
miglitol	1	PA	aprepitant oral capsule 125 mg,	1	ST; ST except
nateglinide	1	PA	80 & 125 mg, 80 mg		Hematology and
NOVOLOG	2				Oncology; QL
NOVOLOG FLEXPEN	2		aprepitant oral capsule 40 mg	1	QL
SUBCUTANEOUS SOLUTION			CESAMET	3	
PEN-INJECTOR			DICLEGIS	2	QL
NOVOLOG MIX 70/30	2		dimenhydrinate oral	OTC	
FLEXPEN SUBCUTANEOUS			dronabinol	2	PA
SUSPENSION PEN-INJECTOR			EMEND ORAL SUSPENSION	2	ST; QL
NOVOLOG PENFILL	2		RECONSTITUTED		
SUBCUTANEOUS SOLUTION			granisetron hcl oral	2	ST; QL
CARTRIDGE			meclizine hcl oral tablet 12.5 mg	OTC	
ONGLYZA	3		meclizine hcl oral tablet 25 mg	1	
pioglitazone hcl	2		ondansetron	1	QL
pioglitazone hcl-glimepiride	2		ondansetron hcl oral solution	1	QL
pioglitazone hcl-metformin hcl	2		ondansetron hcl oral tablet	1	QL
PROGLYCEM	2	PA; PA except	SANCUSO	3	ST; QL
		Endocrinology	scopolamine	2	QL
repaglinide	2		SYNDROS	3	PA
RIOMET	3		trimethobenzamide hcl oral	1	PA
SYMLINPEN 120	2	PA; PA except	VARUBI	3	PA; QL
SUBCUTANEOUS SOLUTION		Endocrinology	ZUPLENZ	3	ST; QL
PEN-INJECTOR			*Antifungals*		
SYMLINPEN 60	2	PA; PA except	fluconazole oral suspension	1	
SUBCUTANEOUS SOLUTION		Endocrinology	reconstituted		
PEN-INJECTOR					
TANZEUM	3	ST			
tolazamide	2				

Drug Name	Tier	Notes	Drug Name	Tier	Notes
fluconazole oral tablet 100 mg, 200 mg, 50 mg	1		pravastatin sodium oral tablet 20 mg, 40 mg, 80 mg	1	HT
fluconazole oral tablet 150 mg	1	QL	rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg	2	HT
flucytosine oral	2		rosuvastatin calcium oral tablet 5 mg	2	
griseofulvin microsize oral	1		simvastatin oral tablet 10 mg, 20 mg, 40 mg	1	HT
griseofulvin ultramicrosize	1		simvastatin oral tablet 5 mg	1	
itraconazole oral	2	PA	simvastatin oral tablet 80 mg	1	PA; HT
ketoconazole oral	1	PA	VASCEPA CAPSULE 1 GM ORAL	2	
NOXAFIL ORAL	3	PA	VASCEPA ORAL CAPSULE 1 GM	2	
nystatin oral tablet	1		WELCHOL	2	
SPORANOX ORAL SOLUTION	3	PA			
terbinafine hcl oral	2	PA			
voriconazole oral	2	PA; PA except Infectious Disease			
Antihistamines			*Antihypertensives*		
carbinoxamine maleate oral solution	1	AL	amlodipine besy-benazepril hcl	1	
carbinoxamine maleate oral tablet	1	AL	amlodipine-olmesartan	2	ST
CLARINEX ORAL SYRUP	3	PA	atenolol-chlorthalidone	1	
clemastine fumarate oral tablet 2.68 mg	1		benazepril hcl oral	1	
cyproheptadine hcl oral	1	AL	benazepril-hydrochlorothiazide	1	
desloratadine oral tablet	2	PA	bisoprolol-hydrochlorothiazide	1	MO
desloratadine oral tablet dispersible	2	PA; AL	candesartan cilexetil	1	ST
diphenhydramine hcl oral capsule 25 mg	OTC		candesartan cilexetil-hctz	1	ST
diphenhydramine hcl oral capsule 50 mg	1		captopril oral	1	
diphenhydramine hcl oral elixir	OTC		captopril-hydrochlorothiazide	1	
levocetirizine dihydrochloride oral	2	PA	clonidine hcl oral	1	
promethazine hcl oral	1	AL	clonidine hcl transdermal	1	
promethazine hcl rectal	1	AL	DEMSEER	3	
Antihyperlipidemics			doxazosin mesylate	1	
atorvastatin calcium oral	1	HT	DUTOPROL	2	
cholestyramine light	1		EDARBI	3	ST
cholestyramine oral	1		enalapril maleate oral tablet 10 mg, 20 mg, 5 mg	1	HT
colestipol hcl	1		enalapril maleate oral tablet 2.5 mg	1	
ezetimibe	2		enalapril-hydrochlorothiazide	1	HT
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	2	ST	EPANED ORAL SOLUTION	3	PA
ezetimibe-simvastatin oral tablet 10-80 mg	2	PA; ST	eplerenone	1	PA
fenofibrate oral tablet 160 mg, 54 mg	1		eprosartan mesylate	1	ST
fluvastatin sodium	2		fosinopril sodium oral tablet 10 mg	1	
gemfibrozil oral	1		fosinopril sodium oral tablet 20 mg, 40 mg	1	HT
JUXTAPID	3	PA; SP	guanfacine hcl oral	1	
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL	hydralazine hcl oral	1	
LIVALO	3		irbesartan oral tablet 150 mg, 300 mg	1	HT
lovastatin oral tablet 10 mg	1		irbesartan oral tablet 75 mg	1	
lovastatin oral tablet 20 mg, 40 mg	1	HT	irbesartan-hydrochlorothiazide	1	
niacin er (antihyperlipidemic)	1		lisinopril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	HT
NIACOR	2		lisinopril oral tablet 2.5 mg, 30 mg	1	
pravastatin sodium oral tablet 10 mg	1		lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	
			lisinopril-hydrochlorothiazide oral tablet 20-25 mg	1	HT
			losartan potassium	1	
			losartan potassium-hctz	1	

Drug Name	Tier	Notes	Drug Name	Tier	Notes
ALUNBRIG	3	PA; SP	leuprolide acetate injection	2	PA
anastrozole oral	2	PA; SP; PA except Oncology, Oncology Surgery, and Breast Surgery	LONSURF	3	PA; SP
bexarotene	2	PA; SP	LYSODREN	2	SP
bicalutamide	1	SP	MATULANE	3	SP; Accredo Pharmacy
BOSULIF	3	PA; SP	megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	1	SP
CABOMETYX	3	PA; SP	megestrol acetate oral tablet	1	SP
capecitabine	2	PA	MEKINIST	3	
CAPRELSA	3	PA; SP; Biologics, Inc.	melphalan	2	SP
COMETRIQ (100 MG DAILY DOSE)	3	PA; PA except Pulmonology	mercaptapurine oral	1	
COMETRIQ (140 MG DAILY DOSE)	3	PA; PA except Pulmonology	MESNEX ORAL	3	PA; SP
COMETRIQ (60 MG DAILY DOSE)	3	PA; PA except Pulmonology	methotrexate oral	1	
COTELLIC	3	PA; SP	methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	PA; PA except Rheumatology and Dermatology
cyclophosphamide oral capsule	2	SP	methotrexate sodium injection solution 50 mg/2ml	1	
EMCYT	2	SP	NEXAVAR	3	PA; SP; Walgreens Specialty Pharmacy
ERIVEDGE	3	PA; SP; Walgreens Specialty Pharmacy	nilutamide	2	PA
etoposide oral	2	SP	NINLARO	3	PA; SP
exemestane	2	PA; SP; PA except Oncology, Oncology Surgery, and Breast Surgery	ODOMZO	3	PA
FARESTON	3	SP	POMALYST	3	PA; SP
FARYDAK	3	PA; SP	RYDAPT	3	PA; SP
flutamide	2	SP	SPRYCEL	2	ST; SP
GILOTRIF	3	PA; SP; Obtained through Specialty Pharmacy	STIVARGA	3	PA; SP; Walgreens Specialty Pharmacy
GLEOSTINE	3		SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG	3	PA; SP
HEXALEN	2	SP	SYNRIBO	3	PA
HYCAMTIN ORAL	3	PA	TABLOID	2	
hydroxyurea oral	1	SP	TAFINLAR	3	PA
ICLUSIG	3	PA; SP	TAGRISSO	3	PA; SP
imatinib mesylate	2	PA; SP	tamoxifen citrate oral	1	
IMBRUVICA	3	PA; SP	TARCEVA	2	PA; SP
INTRON A INJECTION SOLUTION	2	PA; SP	TASIGNA	2	ST; SP
JAKAFI	3	PA; SP; Walgreens Specialty Pharmacy	temozolomide	2	SP
KISQALI FEMARA 200 DOSE	3	PA; SP	tretinoin oral	1	
KISQALI FEMARA 400 DOSE	3	PA; SP	TREXALL	2	
KISQALI FEMARA 600 DOSE	3	PA; SP	TYKERB	2	PA; SP
LENVIMA 10 MG DAILY DOSE	3	PA; SP	VOTRIENT	3	PA; SP
LENVIMA 14 MG DAILY DOSE	3	PA; SP	XALKORI	3	PA; SP; Walgreens Specialty Pharmacy
LENVIMA 18 MG DAILY DOSE	3	PA; SP	XATMEP	3	PA
LENVIMA 20 MG DAILY DOSE	3	PA; SP	ZOLINZA	3	PA; SP
LENVIMA 24 MG DAILY DOSE	3	PA; SP	ZYKADIA	3	PA; SP
LENVIMA 8 MG DAILY DOSE	3	PA; SP	ZYTIGA	2	PA; SP
letrozole oral	2	PA; SP; PA except Oncology and Fertility Specialists; QL	*Antiparkinson Agents*		
leucovorin calcium oral	1		amantadine hcl oral	1	
LEUKERAN	2		APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; SP; PA except Neurology
			benztropine mesylate oral	1	
			bromocriptine mesylate oral	1	
			carbidopa oral	2	

Drug Name	Tier	Notes	Drug Name	Tier	Notes
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1		thioridazine hcl oral	1	
carbidopa-levodopa oral tablet	1		thiothixene oral	1	
carbidopa-levodopa oral tablet dispersible	1	ST	trifluoperazine hcl oral	1	
carbidopa-levodopa-entacapone DUOPA ENTERAL	3	PA; SP; QL	VRAYLAR	3	PA
entacapone	2	ST	ziprasidone hcl	2	
NEUPRO	3	PA	*Antiretrovirals Adjuvants***		
pramipexole dihydrochloride	2	PA	TYBOST	2	ST
pramipexole dihydrochloride er	2	PA	*Antiseptics & Disinfectants*		
rasagiline mesylate oral	2	PA; PA except Neurology	chlorhexidine gluconate solution 20 %	OTC	
ropinirole hcl	2	PA	IODOSORB	OTC	
ropinirole hcl er	2	PA	*Antivirals*		
selegiline hcl oral	1		abacavir sulfate	1	
tolcapone	3	ST	abacavir sulfate-lamivudine	2	
trihexyphenidyl hcl	1		abacavir-lamivudine-zidovudine	2	PA
XADAGO	3	PA	acyclovir oral	1	
ZELAPAR	3	PA	adefovir dipivoxil	2	PA; PA except Gastroenterology or Infectious Disease
Antipsychotics/Antimanic Agents			APTIVUS	2	
aripiprazole oral tablet	2	PA; PA except Psychiatry	ATRIPLA	2	
chlorpromazine hcl oral	1		BARACLUDE ORAL SOLUTION	3	PA; PA except Gastroenterology and Infectious Disease
clozapine oral tablet	1	PA; PA except Psychiatry; QL	COMPLERA	2	
clozapine oral tablet dispersible	2	PA; ST; PA except Psychiatry; QL	CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	
EQUETRO	3		DESCOVY	2	
FANAPT	3	PA; PA except Psychiatry	didanosine	1	
FANAPT TITRATION PACK	3	PA; PA except Psychiatry	EDURANT	3	
fluphenazine decanoate injection	2		EMTRIVA	2	
fluphenazine hcl oral	1		entecavir	1	PA; PA except Gastroenterology and Infectious Disease
haloperidol lactate oral	1		EPIVIR HBV ORAL SOLUTION	3	
haloperidol oral	1		EVOTAZ	3	
LATUDA	2	AL	famciclovir oral	2	
lithium	1		fosamprenavir calcium	2	
lithium carbonate er	1		FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; SP
lithium carbonate oral	1		GENVOYA	2	AL
loxapine succinate oral	1		INTELENCE	2	
NUPLAZID	3	PA	INVIRASE	2	
olanzapine oral tablet	1		ISENTRESS	2	
olanzapine oral tablet dispersible	2	PA	ISENTRESS HD	2	
paliperidone er	2	PA	KALETRA ORAL TABLET	2	
perphenazine oral	1		lamivudine	1	
prochlorperazine	1		lamivudine-zidovudine	1	
prochlorperazine maleate oral	1	AL	LEXIVA ORAL SUSPENSION	2	
quetiapine fumarate	2		lopinavir-ritonavir	2	
quetiapine fumarate er	2	ST	MODERIBA 1200 DOSE PACK	3	PA
REXULTI	3	PA	MODERIBA 800 DOSE PACK	3	PA
RISPERIDONE M-TAB	1	PA	MODERIBA ORAL TABLET 200 MG	3	PA
risperidone oral solution	1	AL	nevirapine er	2	
risperidone oral tablet	1		nevirapine oral tablet	1	
risperidone oral tablet dispersible	1	PA	NORVIR	2	
SAPHRIS	3		ODEFSEY	2	

Drug Name	Tier	Notes	Drug Name	Tier	Notes
oseltamivir phosphate	1	QL	PHYSIOLYTE	2	
PEGASYS PROCLICK	3	PA; SP	PHYSIOSOL IRRIGATION	1	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	3	PA; SP	RAPAMUNE ORAL SOLUTION	2	PA; PA except renal transplant and nephrology
PREZCOBIX	3		REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG	2	PA; SP; Walgreens Specialty Pharmacy
PREZISTA ORAL SUSPENSION	2	ST	SANDIMMUNE ORAL SOLUTION	3	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG	2	ST	sirolimus oral	2	PA; PA except Renal Transplant Surgeons and Nephrology
REBETOL ORAL SOLUTION	3	PA; SP	sodium polystyrene sulfonate oral	1	
RELENZA DISKHALER	2	QL	sodium polystyrene sulfonate rectal	1	
RESCRIPTOR	2		SYPRINE	3	PA
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	2		tacrolimus oral	1	
REYATAZ ORAL PACKET	2		THALOMID	3	SP
ribavirin oral capsule	1	PA; SP	VELTASSA	2	SP
ribavirin oral tablet 200 mg	1	PA; SP	ZORTRESS	2	PA
rimantadine hcl	3				
SELZENTRY	3				
SOVALDI	2	PA; SP			
stavudine oral capsule	1				
STRIBILD	2				
SUSTIVA	2				
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	2	QL			
TIVICAY	2				
TRIUMEQ	2	PA			
TRUVADA	2				
valacyclovir hcl oral tablet 1 gm, 500 mg	1	QL			
valganciclovir hcl	1	PA			
VEMLIDY	2	PA; PA except Infectious disease and Gastroenterology			
VIDEX	2				
VIRACEPT ORAL TABLET	2				
VIREAD	3				
ZIAGEN ORAL SOLUTION	2				
zidovudine	1				
Assorted Classes			*Atopic Dermatitis - Monoclonal Antibodies***		
ASTAGRAF XL	3	PA	DUPIXENT	3	PA; SP
AZASAN	2		*Beta Blocker & Angiotensin II Receptor Antagonist Comb***		
azathioprine oral	1		BYVALSON	3	
BENLYSTA SUBCUTANEOUS	3	PA; SP	*Beta Blockers*		
CUPRIMINE ORAL CAPSULE 250 MG	3	PA	acebutolol hcl oral	1	
cyclosporine modified	1		atenolol oral	1	
cyclosporine oral capsule	1		betaxolol hcl oral	1	
DEPEN TITRATABS	2		bisoprolol fumarate oral tablet 10 mg	1	HT
ENVARUSUS XR	3	ST	bisoprolol fumarate oral tablet 5 mg	1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1		BYSTOLIC	2	
GENGRAF ORAL SOLUTION	1		carvedilol	1	
KIONEX	1		COREG CR	3	
mycophenolate mofetil oral capsule	1		HEMANGEOL	3	PA
mycophenolate mofetil oral suspension reconstituted	2	QL	labetalol hcl oral	1	
mycophenolate mofetil oral tablet	1		metoprolol succinate er	1	
			metoprolol tartrate oral	1	
			nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
			pindolol	3	
			propranolol hcl er	1	
			propranolol hcl oral	1	
			SORINE	1	
			sotalol hcl (af)	1	
			sotalol hcl oral	1	
			SOTYLIZE	3	QL
			timolol maleate oral	1	
			*Bile Acid Synthesis Disorder Agents***		
			CHOLBAM	3	PA; SP
			Biologicals Misc		
			GRASTEK	3	PA; SP
			RAGWITEK	3	PA; SP
			Calcium Channel Blockers		
			AFEDITAB CR	1	
			amlodipine besylate oral	1	

Drug Name	Tier	Notes	Drug Name	Tier	Notes
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	2		cefadroxil	1	
CARTIA XT	1		cefazolin sodium injection	2	
diltiazem cd	1		cefazolin sodium intravenous solution reconstituted	2	
diltiazem hcl er beads	1		cefdinir	1	
diltiazem hcl er coated beads	1		cefditoren pivoxil	3	AL
oral capsule extended release 24 hour			cefixime	2	
diltiazem hcl er oral capsule extended release 12 hour	1		cefpodoxime proxetil	2	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1		cefprozil oral suspension reconstituted	1	
diltiazem hcl oral	1		cefprozil oral tablet	2	
dilt-xr	1		ceftibuten oral capsule	3	
felodipine er	1		CEFTIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML	2	
isradipine	1		cefuroxime axetil oral tablet	2	
MATZIM LA	2		cephalexin oral capsule 250 mg, 500 mg	1	DF
nicardipine hcl oral	1		cephalexin oral suspension reconstituted	1	DF
NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	1		*Contraceptives*		
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	1		ALTAVERA	1	
nifedipine er	1		alyacen 1/35	1	
nifedipine er osmotic release	1		alyacen 7/7/7	1	
nifedipine oral	1		AMETHIA	1	
nimodipine oral	2	PA	AMETHIA LO	1	
nisoldipine er	2		APRI	1	
NYMALIZE ORAL SOLUTION 60 MG/20ML	3	PA; QL	ARANELLE	1	
TAZTIA XT	1		AUBRA	1	
verapamil hcl er oral capsule extended release 24 hour	1		AVIANE	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1		AZURETTE	1	
verapamil hcl oral	1		briellyn	1	
Cardiotonics			CAMRESE	1	
DIGOX	3		CAMRESE LO	1	
digoxin oral	1		CAZIAN	1	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	3		CESIA	1	
Cardiovascular Agents - Misc.			CHATEAL	1	
ADCIRCA	3	PA	CRYSELLE-28	1	
ADEMPAS	3	PA; SP	DAYSEE	1	
amlodipine-atorvastatin	2		drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	1	
BIDIL	3		ELINEST	1	
LETAIRIS	3	PA; SP	ELLA	2	QL
OPSUMIT	3	PA; SP	EMOQUETTE	1	
ORENITRAM	3	PA; SP	ENPRESSE-28	1	
REVATIO ORAL SUSPENSION RECONSTITUTED	3	PA; AL	ENSKYCE	1	
sildenafil citrate oral	2	PA	ESTARYLLA	1	
TRACLEER	3	PA; SP	FALMINA	1	
VENTAVIS	3	PA; SP	FAYOSIM	1	
VIAGRA	3	QL	GIANVI	1	
Cephalosporins			GILDESS FE 1.5/30	1	
cefaclor	1		INTROVALE	1	
			JOLESSA	1	
			JUNEL 1.5/30	1	
			JUNEL FE 1.5/30	1	
			KARIVA	1	
			KELNOR 1/35	1	
			KURVELO	1	
			LARIN FE 1.5/30	1	
			LEENA	1	
			LESSINA	1	

Drug Name	Tier	Notes	Drug Name	Tier	Notes
LEVONEST	1		WYMZYA FE	1	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg	1		XULANE	1	
levonorgestrel oral tablet 1.5 mg	1	QL	ZARAH	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1		ZENCHENT FE	1	
LEVORA 0.15/30 (28)	1		ZOVIA 1/35E (28)	1	
LO LOESTRIN FE	2		ZOVIA 1/50E (28)	2	
LORYNA	1		*Corticosteroids*		
LOW-OGESTREL	1		budesonide oral	2	PA; PA except Colorectal Surgery/Gastroenterology
LUTERA	1		cortisone acetate oral	2	
marlissa	1		dexamethasone oral	1	DF
MIBELAS 24 FE	1		EMFLAZA	3	PA; SP
MICROGESTIN 1.5/30	1		fludrocortisone acetate oral	1	
MICROGESTIN FE 1.5/30	1		hydrocortisone oral	1	
MONO-LINYAH	1		methylprednisolone oral tablet	1	DF
MONONESSA	1		MILLIPRED ORAL TABLET	3	QL
MYZILRA	1		prednisolone oral solution	1	
NATAZIA	2		prednisolone oral syrup 15 mg/5ml	1	
NECON 0.5/35 (28)	1		prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
NECON 1/50 (28)	2		prednisolone sodium phosphate oral tablet dispersible	3	
norethin ace-eth estrad-fe oral tablet	1		prednisone oral solution	1	DF
norethindrone acet-ethinyl est oral tablet	1		prednisone oral tablet	1	DF
norethindrone oral	1		RAYOS	3	ST
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1		UCERIS ORAL	3	PA
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1		*Cough/Cold/Allergy*		
NORTREL 0.5/35 (28)	1		acetylcysteine inhalation	1	
NUVARING	2	QL	benzonatate oral capsule 100 mg, 200 mg	1	
OCELLA	1		guaifenesin er oral tablet extended release 12 hour 600 mg	OTC	
OGESTREL	2		promethazine vc/codeine	1	AL
ORSYTHIA	1		promethazine-codeine	1	AL
PIMTREA	1		sodium chloride inhalation nebulization solution 0.9 %	OTC	
PORTIA-28	1		*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
PREVIFEM	1		IBRANCE	3	PA; SP
QUASENSE	1		KISQALI 200 DOSE	3	PA; SP
RECLIPSEN	1		KISQALI 400 DOSE	3	PA; SP
RIVELSA	1		KISQALI 600 DOSE	3	PA; SP
SAFYRAL	2		*Cystic Fibrosis Agent - Combinations***		
SOLIA	1		ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	3	PA; SP; AL
SPRINTEC 28	1		*Dermatologicals*		
SRONYX	1		ABSORICA	3	PA; ST
SYEDA	1		acitretin	2	PA
TAYTULLA	3		acyclovir external	2	
TILIA FE	1		ACZONE EXTERNAL GEL 5 %	3	PA
TRI-ESTARYLLA	1		adapalene external gel 0.3 %	1	
TRI-LEGEST FE	1		alclometasone dipropionate	1	
TRI-LINYAH	1		ALTABAX	3	ST
TRINESSA (28)	1		amcinonide external lotion	1	
TRI-PREVIFEM	1		AZELEX	3	
TRI-SPRINTEC	1				
TRIVORA (28)	1				
VELIVET	1				
VESTURA	1				
viorele	1				
WERA	1				

Drug Name	Tier	Notes	Drug Name	Tier	Notes
benzoyl peroxide cleanser external lotion 6 %	OTC		diclofenac sodium transdermal gel 3 %	2	PA
benzoyl peroxide external gel 10 %, 5 %	1		diflorasone diacetate external ointment	2	
betamethasone dipropionate aug	1		doxycycline	2	PA
betamethasone dipropionate external	1		econazole nitrate external ELIDEL	1 3	PA; PA except Dermatology and Allergy PA
betamethasone valerate external cream	1		EPIDUO FORTE	3	
betamethasone valerate external lotion	1		ERTACZO	3	
betamethasone valerate external ointment	1		erythromycin external	1	
calcipotriene external	2	PA; PA except Dermatology	EURAX	2	
calcipotriene-betameth diprop	3	PA; PA except Dermatology	EXELDERM	3	
CALCITRENE	2	PA; PA except Dermatology	FABIOR	3	ST; QL
calcitriol external	3		FINACEA	3	
CAPEX	3		fluocinolone acetonide body	1	
ciclopirox	1		fluocinolone acetonide external	1	
ciclopirox olamine external	1		fluocinolone acetonide scalp	1	
CLARAVIS	2	PA; PA except Dermatology	fluocinonide external cream 0.05 %	1	
clindamycin phos-benzoyl perox	1		fluocinonide external gel	1	
clindamycin phosphate external gel	1		fluocinonide external ointment	1	
clindamycin phosphate external lotion	1		fluocinonide external solution	1	
clindamycin phosphate external solution	1		FLUOROPLEX	3	
clindamycin phosphate external swab	1		fluorouracil external cream 0.5 %	3	ST
clobetasol propionate external cream	1		fluorouracil external cream 5 %	1	
clobetasol propionate external lotion	1		fluorouracil external solution	1	
clobetasol propionate external ointment	1		flurandrenolide external cream	2	
clobetasol propionate external shampoo	1		flurandrenolide external lotion	2	
clobetasol propionate external solution	1		fluticasone propionate external cream	1	
clotrimazole external cream	OTC		fluticasone propionate external ointment	1	
clotrimazole-betamethasone	1		gentamicin sulfate external	1	
CONDYLOX EXTERNAL GEL	3		halobetasol propionate	1	
CORDRAN EXTERNAL TAPE	3		hydrocortisone butyrate external ointment	1	
CORTISPORIN EXTERNAL	3		hydrocortisone butyrate external solution	1	
COSENTYX	3	PA; SP	hydrocortisone external cream 2.5 %	1	
COSENTYX SENSOREADY	3	PA; SP	hydrocortisone external lotion 2.5 %	1	
PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML			hydrocortisone external ointment 1 %	OTC	
desonide external ointment	1	ST	hydrocortisone external ointment 2.5 %	1	
desoximetasone external cream	1		hydrocortisone valerate	1	ST
desoximetasone external gel	1		imiquimod external	1	PA; PA except Dermatology, Urology, OBGYN, and Colorectal Surgery
desoximetasone external ointment 0.25 %	1		iodoquinol-hydrocortisone-aloe	2	
diclofenac sodium transdermal gel 1 %	1	QL	JUBLIA	3	PA
			ketoconazole external cream	1	
			ketoconazole external foam	3	
			ketoconazole external shampoo	1	
			lidocaine external ointment	1	
			lidocaine external patch 5 %	2	

Drug Name	Tier	Notes	Drug Name	Tier	Notes
lidocaine hcl external gel 2 %	1		THERMAZENE	1	
lidocaine hcl external solution	1		TOLAK	3	
lidocaine-prilocaine	1		tretinoin external	1	
lindane external shampoo	1		triamcinolone acetonide external aerosol solution	2	
malathion external	1		triamcinolone acetonide external cream	1	
MENTAX	3		triamcinolone acetonide external lotion	1	
methoxsalen rapid	2		triamcinolone acetonide external ointment	1	
metronidazole external	1		TRIANEX	3	
MIRVASO	2	PA	ULESFIA	3	QL
mometasone furoate external cream	1		VALCHLOR	3	PA; SP
mometasone furoate external ointment	1		XOLEGEL	3	
mupirocin calcium	1		*Digestive Aids*		
mupirocin external	1		CREON	2	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 40 MG	2	PA; PA except Dermatology	PERTZYE	2	
MYORISAN ORAL CAPSULE 30 MG	2	PA	SUCRAID	3	PA; SP; Accredo Pharmacy
naftifine hcl	2		ZENPEP	2	
NAFTIN EXTERNAL GEL 1 %	3		*Direct-Acting P2y12 Inhibitors***		
NATROBA	3	ST; QL	BRILINTA	2	
NORITATE	3		*Diuretics*		
nystatin external	1		acetazolamide er	1	
nystatin-triamcinolone	1		acetazolamide oral	1	
oxiconazole nitrate	2		ALDACTAZIDE ORAL TABLET 50-50 MG	2	
OXISTAT EXTERNAL LOTION	3		amiloride hcl oral	1	
PANRETIN	3	PA	amiloride-hydrochlorothiazide	1	
permethrin external cream	1		bumetanide oral	1	
PICATO	3		chlorthiazide oral	1	
podofilox external	1		chlorthalidone oral tablet 25 mg, 50 mg	1	
prednicarbate	1		DIURIL	2	
REGRANEX	3	PA	ethacrynic acid oral	2	
salicylic acid external cream	1		furosemide oral solution 10 mg/ml, 8 mg/ml	1	
SANTYL	3		furosemide oral tablet	1	
selenium sulfide external lotion	1		hydrochlorothiazide oral	1	
selenium sulf-pyrrithione-urea	1		indapamide oral	1	
SILIQ	3	PA; SP	KEVEYIS	3	PA; SP
silver sulfadiazine external	1		methazolamide oral	1	
SKLICE	2	ST; QL	methyclothiazide oral	2	
SOOLANTRA	3	PA; PA except Dermatology	metolazone	1	
spinosad	2	ST; QL	spironolactone oral	1	
sulfacetamide sodium (acne)	1		spironolactone-hctz	1	
sulfacetamide sodium external gel	1		toremide oral	1	
sulfacetamide sodium external liquid	1		triamterene-hctz oral capsule 37.5-25 mg	1	
sulfacetamide sodium external suspension	1		triamterene-hctz oral tablet	1	
sulfacetamide sodium-sulfur external liquid 9.8-4.8 %	1		*Endocrine And Metabolic Agents - Misc.*		
SULFAMYLON EXTERNAL CREAM	3		alendronate sodium oral tablet	1	
TACLONEX EXTERNAL SUSPENSION	3	PA; PA except Dermatology	BRAVELLE	2	PA
tacrolimus external	2	PA	cabergoline	2	PA
TALTZ	3	PA; SP	calcitonin (salmon)	1	
tazarotene external	1	ST	calcitriol oral	1	
TAZORAC EXTERNAL CREAM 0.05 %	3	ST	CARBAGLU	3	PA
TAZORAC EXTERNAL GEL	3	ST	chorionic gonadotropin intramuscular	2	PA; ST

Drug Name	Tier	Notes	Drug Name	Tier	Notes
clomiphene citrate oral	2	QL	sodium phenylbutyrate oral	2	PA
CYSTADANE	3	PA; SP	tablet		
desmopressin ace rhinal tube	2		SOMATULINE DEPOT	3	PA
desmopressin ace spray refrig	2		SOMAVERT	3	PA; SP
desmopressin acetate oral	2		STIMATE	3	
desmopressin acetate spray	2		SYNAREL	3	PA
doxercalciferol	1	ST	TYMLOS	3	PA; SP
etidronate disodium	2		ZORBTIVE	3	PA; ST; SP
FOLLISTIM AQ INJECTION	3	PA			
SOLUTION 75 UNT/0.5ML			*Estrogens*		
FOLLISTIM AQ	3	PA	ANGELIQ	2	
SUBCUTANEOUS			COMBIPATCH	3	
FORTEO SUBCUTANEOUS	3	PA; SP; QL	COVARYX	1	
SOLUTION 600 MCG/2.4ML			COVARYX HS	1	
FOSAMAX PLUS D	3		ELESTRIN	3	AL
ganirelix acetate	3	PA	est estrogens-methyltest	1	
GENOTROPIN	3	PA; ST; SP	est estrogens-methyltest ds	1	
GENOTROPIN MINIQUICK	3	PA; ST; SP	est estrogens-methyltest hs	1	
GONAL-F	3	PA	estradiol oral	1	
GONAL-F RFF	3	PA	estradiol transdermal patch	1	
GONAL-F RFF REDIJECT	3	PA	twice weekly		
HUMATROPE	3	PA; SP	estradiol transdermal patch	1	AL
ibandronate sodium oral	2	QL	weekly		
INCRELEX	3	PA	ESTROGEL	3	
KUVAN ORAL TABLET	3	PA; SP; Walgreens	estropipate oral	1	
SOLUBLE		Specialty	EVAMIST	3	QL; AL
		Pharmacy; QL	JINTELI	1	
MENOPUR	3	PA	MENEST ORAL TABLET 0.3	2	AL
MIFEPREX	2		MG, 0.625 MG, 1.25 MG		
NATPARA	3	PA; SP	MENOSTAR	3	AL
NITYR	2	PA; SP	PREMARIN ORAL	2	
NORDITROPIN FLEXP	2	PA; SP	PREMPHASE	2	
NUTROPIN AQ NUSPIN 10	3	PA; ST; SP	PREMPRO	2	
NUTROPIN AQ NUSPIN 20	3	PA; ST; SP			
NUTROPIN AQ NUSPIN 5	3	PA; ST; SP	*Estrogen-Selective Estrogen Receptor Modulator Comb***		
octreotide acetate injection	2	PA	DUAVEE	3	
solution 100 mcg/ml, 1000					
mcg/ml, 200 mcg/ml, 50 mcg/ml,			*Farnesoid X Receptor (Fxr) Agonists***		
500 mcg/ml			OCALIVA	3	PA; SP
OMNITROPE	3	PA; ST; SP			
SUBCUTANEOUS SOLUTION			*Fluoroquinolones*		
RECONSTITUTED			ciprofloxacin hcl oral	1	
ORFADIN	2	PA; SP	ciprofloxacin oral	1	
OSPHENA	3		ciprofloxacin-ciproflo hcl er	2	
OVIDREL	3	PA; ST	FACTIVE	3	
paricalcitol oral	1	ST	levofloxacin oral	2	
raloxifene hcl	1		moxifloxacin hcl oral	1	
RAYALDEE	3	ST	ofloxacin oral tablet 400 mg	1	
risedronate sodium oral tablet	2				
150 mg, 30 mg, 35 mg, 5 mg			*Gastrointestinal Agents - Misc.*		
risedronate sodium oral tablet	2		alosetron hcl	2	PA
delayed release			AMITIZA	3	ST
SAIZEN	3	PA; ST; SP	APRISO	3	ST
SAIZEN CLICK.EASY	3	PA; ST; SP	ASACOL HD	3	
SAMSCA	3	PA	AURYXIA	3	
SENSIPAR	3		balsalazide disodium	1	AL
SEROSTIM SUBCUTANEOUS	3	PA; ST; SP	CANASA	2	
SOLUTION RECONSTITUTED			CHENODAL	3	PA; SP; Centric
4 MG, 5 MG, 6 MG					Specialty
SIGNIFOR	3	PA			Pharmacy
sodium phenylbutyrate oral	1	PA	CIMZIA PREFILLED	3	PA; SP
powder 3 gm/tsp			CIMZIA STARTER KIT	3	PA; SP
			CIMZIA SUBCUTANEOUS KIT	3	PA; SP
			2 X 200 MG		
			cromolyn sodium oral	1	

Drug Name	Tier	Notes	Drug Name	Tier	Notes
DELZICOL	2		ULORIC	3	ST
DIPENTUM	3		ZURAMPIC	3	PA
enulose	1		*Hematological Agents - Misc.*		
generlac	1		anagrelide hcl	1	PA
GIAZO	3	AL	aspirin-dipyridamole er	2	PA
lactulose encephalopathy	1		BRILINTA	2	
lanthanum carbonate oral tablet	1		cilostazol	1	
chewable 1000 mg, 500 mg,			clopidogrel bisulfate oral	1	
750 mg			dipyridamole oral	1	
lanthanum carbonate oral tablet	2		FIRAZYR	3	PA; SP
chewable 1000 mg, 500 mg,			pentoxifylline er	1	
750 mg			prasugrel hcl	1	AL
LINZESS	2	ST; ST except Gastroenterology and Colon-Rectal surgery	RUCONEST	3	PA; SP
			Hematopoietic Agents		
mesalamine oral tablet delayed	2		ARANESP (ALBUMIN FREE)	3	PA; SP
release 1.2 gm			INJECTION SOLUTION 100		
mesalamine oral tablet delayed	1		MCG/ML, 200 MCG/ML, 25		
release 800 mg			MCG/ML, 300 MCG/ML, 40		
mesalamine rectal	1		MCG/ML, 60 MCG/ML		
mesalamine-cleanser	1		ARANESP (ALBUMIN FREE)	3	PA; SP
metoclopramide hcl oral solution	1		INJECTION SOLUTION		
10 mg/10ml, 5 mg/5ml			PREFILLED SYRINGE 100		
metoclopramide hcl oral tablet	1		MCG/0.5ML, 150 MCG/0.3ML,		
dispersible 5 mg	2	PA	200 MCG/0.4ML, 25		
MOVANTIK	3	PA; ST	MCG/0.42ML, 300 MCG/0.6ML,		
PENTASA	2		40 MCG/0.4ML, 500 MCG/ML,		
PHOSLYRA	2		60 MCG/0.3ML		
RELISTOR ORAL	3		CERDELGA	3	PA; SP
RELISTOR SUBCUTANEOUS	3		cyanocobalamin injection	1	
SOLUTION 12 MG/0.6ML, 8			DROXIA	2	SP
MG/0.4ML			EPOGEN INJECTION	2	PA; SP
RENAGEL	2		SOLUTION 10000 UNIT/ML,		
sevelamer carbonate	2		2000 UNIT/ML, 20000 UNIT/ML,		
SFROWASA	2		3000 UNIT/ML, 4000 UNIT/ML		
sulfasalazine oral	1		FERRALET 90	3	
SULFAZINE	1		folic acid oral tablet 1 mg	1	
ursodiol oral	2		GRANIX	2	PA; SP
VELPHORO	3		HEMETAB	3	
Genitourinary Agents - Miscellaneous			LEUKINE INTRAVENOUS	2	PA; SP
alfuzosin hcl er	1		MOZOBIL	3	PA
CARDURA XL	3		MULTIGEN PLUS	3	
CYSTAGON	2	PA	NEULASTA SUBCUTANEOUS	3	PA; SP
dutasteride	1		SOLUTION PREFILLED		
ELMIRON	2	PA	SYRINGE		
finasteride oral tablet 5 mg	1		NEUPOGEN INJECTION	2	PA; SP
phenazopyridine hcl oral tablet	1		SOLUTION 300 MCG/ML, 480		
100 mg, 200 mg			MCG/1.6ML		
potassium citrate er	1		NEUPOGEN INJECTION	2	PA; SP
RAPAFLO	3		SOLUTION PREFILLED		
sodium chloride irrigation	1		SYRINGE		
solution 0.9 %			PROCRIT	2	PA; SP
tamsulosin hcl	1		PROMACTA ORAL TABLET	3	PA; SP; Walgreens Specialty Pharmacy
THIOLA	3	PA	12.5 MG		
Gout Agents			PROMACTA ORAL TABLET 25	3	PA; SP
allopurinol oral	1		MG, 50 MG, 75 MG		
colchicine oral	2		ZARXIO	2	PA; SP
colchicine-probenecid	1		*Hemostatics*		
probenecid oral	1		AMICAR ORAL TABLET	3	
			tranexamic acid oral	2	PA; QL; AL

Drug Name	Tier	Notes	Drug Name	Tier	Notes
*Hepatitis C Agent - Combinations***			erythromycin ethylsuccinate oral suspension reconstituted	2	
EPCLUSA	2	PA; SP	erythromycin ethylsuccinate oral tablet	1	DF
HARVONI	2	PA; SP	PCE	2	
*Hereditary Orotic Aciduria Treatment - Agents**			ZMAX	3	
XURIDEN	3	PA; SP	*Medical Devices*		
Hypnotics			E-Z SPACER	OTC	
EDLUAR	3	ST; QL; AL	FEMCAP	2	
estazolam	1	QL	V-GO 20	2	
eszopiclone	1	PA; PA except Sleep Specialists	V-GO 30	2	
flurazepam hcl	1	QL; AL	V-GO 40	2	
HETLIOZ	3	PA	WIDE-SEAL DIAPHRAGM 60	2	
midazolam hcl oral	1		WIDE-SEAL DIAPHRAGM 65	2	
phenobarbital oral elixir	1		WIDE-SEAL DIAPHRAGM 70	2	
phenobarbital oral solution	1		WIDE-SEAL DIAPHRAGM 75	2	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg	1		WIDE-SEAL DIAPHRAGM 80	2	
ROZEREM	3	QL	WIDE-SEAL DIAPHRAGM 85	2	
SILENOR	3	QL	WIDE-SEAL DIAPHRAGM 90	2	
zaleplon	2	QL; AL	WIDE-SEAL DIAPHRAGM 95	2	
zolpidem tartrate er	3	ST; QL; AL	*Migraine Products*		
zolpidem tartrate oral	1	QL; AL	almotriptan malate	2	QL
zolpidem tartrate sublingual	2	ST; QL; AL	CAMBIA	3	
*Hypophosphatasia (Hpp) Agents***			dihydroergotamine mesylate injection	2	
STRENSIQ	2	PA; SP	dihydroergotamine mesylate nasal	2	PA; QL
Laxatives			ERGOMAR	2	
constulose	1		frovatriptan succinate	2	QL
KRISTALOSE	2		naratriptan hcl	2	QL
lactulose oral	1		rizatriptan benzoate	2	QL
MOVIPREP	3		sumatriptan nasal	1	QL
OSMOPREP	3		sumatriptan succinate oral	1	QL
peg 3350/electrolytes	1		sumatriptan succinate refill	1	QL
PREPOPIK	3	PA	subcutaneous solution cartridge		
SUPREP BOWEL PREP KIT	3		sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL
*Leptin Analogues***			sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	QL
MYALEPT	3	PA; SP	SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR	3	QL
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***			zolmitriptan oral tablet	2	QL
XIIDRA	2	PA; PA except ophthalmology; QL	ZOMIG NASAL	3	QL
Macrolides			*Minerals & Electrolytes*		
azithromycin oral packet	1		calcium-folic acid plus d	OTC	
azithromycin oral suspension reconstituted	1		KLOR-CON 10	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1		KLOR-CON M10	1	
clarithromycin er	1		KLOR-CON M15	1	
clarithromycin oral suspension reconstituted	1		KLOR-CON M20	1	
clarithromycin oral tablet 250 mg	1		KLOR-CON ORAL TABLET EXTENDED RELEASE	1	
clarithromycin oral tablet 500 mg	1	DF	potassium chloride crys er	1	
DIFICID	3	PA	potassium chloride er	1	
E.E.S. 400 ORAL TABLET	2		potassium chloride oral packet	OTC	
ERY-TAB	1		*Mixed Allergenic Extracts***		
ERYTHROCIN STEARATE ORAL TABLET 250 MG	2		ORALAIR	3	PA; SP
erythromycin base oral tablet	1	DF			

Drug Name	Tier	Notes	Drug Name	Tier	Notes
Mouth/Throat/Dental Agents			*Nepriylsin Inhib (Arni)-Angiotensin li Recept Antag Comb***		
cevimeline hcl	2		ENTRESTO	3	PA
chlorhexidine gluconate mouth/throat	1		*Neurogenic Orthostatic Hypotension (Noh) - Agents***		
clotrimazole mouth/throat	1	DF	NORTHERA	3	PA; SP
lidocaine hcl mouth/throat	1		*Neuromuscular Agents*		
lidocaine viscous	1	DF	riluzole	2	
nystatin mouth/throat	1	DF	*Ophthalmic Agents*		
pilocarpine hcl oral	1		ACUVAIL	3	PA
sf 5000 plus	1	DF	ALOCRIAL	3	ST
triamcinolone acetamide mouth/throat	1	DF	ALOMIDE	3	PA
Multivitamins			ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
DIALYVITE	1	PA; PA except Nephrology	ALREX	2	PA; PA except Ophthalmology or Allergy
NEPHRONEX ORAL TABLET	1	PA; PA except Nephrology	apraclonidine hcl	2	
pregnental 19 oral tablet 29-1 mg	1		AZASITE	3	PA
pregnental 19 oral tablet chewable	1		azelastine hcl ophthalmic	1	ST
pregnental oral tablet 27-1 mg	1		AZOPT	3	
pregnental plus	1		bacitra-neomycin-polymyxin-hc	1	
pregnental plus iron	1		BEPREVE	3	ST
PRENATAL-U	1		BESIVANCE	3	
rena-vite rx	1	PA; PA except Nephrology	betaxolol hcl ophthalmic	1	
tri-vitamin/fluoride oral solution 0.5 mg/ml	OTC		BETIMOL	3	
vol-care rx	1	PA; PA except Nephrology	BETOPTIC-S	3	
Musculoskeletal Therapy Agents			bimatoprost ophthalmic	2	
baclofen oral	1		BLEPHAMIDE	2	
carisoprodol oral tablet 350 mg	1	AL	brimonidine tartrate ophthalmic	1	
carisoprodol-aspirin-codeine	1	AL	bromfenac sodium ophthalmic	3	PA
chlorzoxazone oral tablet 500 mg	1	AL	BROMSITE	3	ST
cyclobenzaprine hcl oral	1	AL	carteolol hcl	1	
dantrolene sodium oral	1		CILOXAN OPHTHALMIC OINTMENT	3	
LORZONE	2	AL	ciprofloxacin hcl ophthalmic	1	
metaxalone	2	AL	COMBIGAN	3	
methocarbamol oral	1	AL	COSOPT PF	3	
orphenadrine citrate er	1		cromolyn sodium ophthalmic	1	
tizanidine hcl oral	1		CYSTARAN	3	PA; SP
Nasal Agents - Systemic And Topical			dexamethasone sodium phosphate ophthalmic	1	
azelastine hcl nasal solution 0.1 %	1		diclofenac sodium ophthalmic	1	PA
azelastine hcl nasal solution 0.15 %	1	ST	dorzolamide hcl	1	
BACTROBAN NASAL	3		dorzolamide hcl-timolol mal	1	
budesonide nasal	1		DUREZOL	3	
flunisolide nasal solution 25 mcg/act (0.025%)	1		EMADINE	3	
fluticasone propionate nasal	1		epinastine hcl	1	ST
ipratropium bromide nasal	1		erythromycin ophthalmic	1	
olopatadine hcl nasal	2	ST	FLAREX	2	
OMNARIS	3	ST	fluorometholone ophthalmic	1	
pseudoephedrine hcl oral tablet	OTC		flurbiprofen sodium	1	
triamcinolone acetamide nasal aerosol	2		FML	2	
ZETONNA	3	ST	FML FORTE	2	
			gentamicin sulfate ophthalmic solution	1	
			IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
			ISTALOL	3	
			ketorolac tromethamine ophthalmic	1	PA; PA except ophthalmology
			ketotifen fumarate ophthalmic	1	

Drug Name	Tier	Notes	Drug Name	Tier	Notes
LASTACFT	3	ST	CIPRODEX	2	PA; PA except ENT and Otolaryngology
latanoprost ophthalmic	1		ciprofloxacin hcl otic	1	PA
levobunolol hcl ophthalmic solution 0.5 %	1		fluocinolone acetonide otic	1	
levofloxacin ophthalmic	2		hydrocortisone-acetic acid	1	
LOTEMAX OPHTHALMIC OINTMENT	2		neomycin-polymyxin-hc otic solution 3.5-10000-1	1	
LOTEMAX OPHTHALMIC SUSPENSION	2		neomycin-polymyxin-hc otic suspension	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3		ofloxacin otic	1	
MAXIDEX	3		*Oxaborole-Related Antifungals - Topical***		
metipranolol	1		KERYDIN	3	PA
NATACYN	2	PA	*Pcsk9 Inhibitors***		
neomycin-polymyxin-dexameth ophthalmic ointment	1		PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; SP
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1		REPATHA	3	PA; SP
NEVANAC	3	PA; Maximum of 2 fills per year	REPATHA PUSHTRONEX SYSTEM	3	PA; SP
ofloxacin ophthalmic	1	QL	REPATHA SURECLICK	3	PA; SP
olopatadine hcl ophthalmic	2	ST	*Penicillins*		
PHOSPHOLINE IODIDE	2		amoxicillin oral capsule	1	DF
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1		amoxicillin oral suspension reconstituted	1	DF
polymyxin b-trimethoprim	1		amoxicillin oral tablet	1	DF
PRED MILD	2		amoxicillin oral tablet chewable 125 mg, 250 mg	1	DF
prednisolone acetate ophthalmic	1		amoxicillin-pot clavulanate er	1	DF
prednisolone sodium phosphate ophthalmic	1		amoxicillin-pot clavulanate oral	1	DF
PROLENSA	3	PA; ST; Maximum of 2 fills per year	ampicillin oral capsule 500 mg	1	
proparacaine hcl ophthalmic	1		AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	2	
RESCULA	2	PA; PA except Ophthalmology	dicloxacillin sodium	1	
RESTASIS	2	PA; PA except Ophthalmology; QL	penicillin v potassium oral solution reconstituted	1	
SIMBRINZA	2		penicillin v potassium oral tablet	1	DF
sulfacetamide sodium ophthalmic solution	1		*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
timolol maleate ophthalmic	1		ZYDELIG	3	PA; SP
TIMOPTIC OCUDOSE	3		*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***		
TOBRADEX OPHTHALMIC OINTMENT	3		EUCRISA	3	PA; AL
tobramycin ophthalmic	1		*Phosphodiesterase 4 (Pde4) Inhibitors***		
tobramycin-dexamethasone	1		OTEZLA ORAL TABLET	3	PA; SP; QL
TOBREX OPHTHALMIC OINTMENT	3		*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**		
TRAVATAN Z	3		LYNPARZA ORAL CAPSULE	3	PA; SP; QL
trifluridine ophthalmic	1		LYNPARZA ORAL TABLET	3	PA; SP
tropicamide ophthalmic	1		RUBRACA	3	PA; SP
ZIOPTAN	3		ZEJULA	3	PA; SP
ZIRGAN	3		*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
*Orexin Receptor Antagonists***			LYNPARZA ORAL CAPSULE	3	PA; SP; QL
BELSOMRA	3	ST; QL	LYNPARZA ORAL TABLET	3	PA; SP
Otic Agents			RUBRACA	3	PA; SP
ACETASOL HC	1		ZEJULA	3	PA; SP
acetic acid otic	1		*Potassium Removing Agents***		
CIPRO HC	3	PA; PA except ENT and Otolaryngology	KIONEX	1	
			sodium polystyrene sulfonate oral	1	

Drug Name	Tier	Notes	Drug Name	Tier	Notes
sodium polystyrene sulfonate rectal	1		NICOTROL	2	QL
VELTASSA	2	SP	NICOTROL NS	2	QL
Progestins			NUDEXTA	2	PA; SP
medroxyprogesterone acetate oral	1		olanzapine-fluoxetine hcl	2	PA
megestrol acetate oral suspension 625 mg/5ml	2	SP; QL	paroxetine mesylate	2	
norethindrone acetate oral	2		pimozide	2	AL
progesterone micronized oral	1		PLEGRIDY	3	PA; SP
*Protease-Activated Receptor-1 (Par-1) Antagonists***			PLEGRIDY STARTER PACK	3	PA; SP
ZONTIVITY	3	PA	REBIF REBIDOSE	3	PA; SP
Psychotherapeutic And Neurological Agents - Misc.			SUBCUTANEOUS SOLUTION AUTO-INJECTOR		
acamprosate calcium	1	PA	REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP
AMPYRA	2	PA; SP; Walgreens Specialty Pharmacy	REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
AUBAGIO	3	PA; SP; PA except Neurology	REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
AUSTEDO	3	PA; SP	rivastigmine	2	
AVONEX	3	PA; SP; PA except Neurology	rivastigmine tartrate	2	
AVONEX PEN	3	PA; SP	SAVELLA	2	
INTRAMUSCULAR AUTO-INJECTOR KIT			SAVELLA TITRATION PACK	2	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	3	PA; SP	TECFIDERA	3	PA; SP; PA except Neurology
bupropion hcl er (smoking det)	1	QL	tetrabenazine	2	PA; QL
CHANTIX	2	QL	XYREM	3	PA; SP; Express Scripts Pharmacy
CHANTIX CONTINUING MONTH PAK	2	QL	ZINBRYTA	3	PA
CHANTIX STARTING MONTH PAK	2	QL	*Pulmonary Fibrosis Agents - Kinase Inhibitors***		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	3	PA; SP; PA except Neurology	OFEV	3	PA; SP
disulfiram oral	1		*Pulmonary Fibrosis Agents***		
donepezil hcl oral tablet 10 mg, 5 mg	2		ESBRIET	3	PA; SP; QL
donepezil hcl oral tablet dispersible	2		*Pulmonary Hypertension - Prostacyclin Receptor Agonist***		
ergoloid mesylates oral	2		UPTRAVI	3	PA; SP
EXTAVIA SUBCUTANEOUS KIT	3	PA; SP; Obtained through Specialty Pharmacy	*Respiratory Agents - Misc.*		
fluoxetine hcl (pmdd)	2		KALYDECO ORAL PACKET	3	PA; AL
galantamine hydrobromide	2		KALYDECO ORAL TABLET	3	PA; SP
galantamine hydrobromide er	2		PULMOZYME	3	
GILENYA	3	PA; SP; PA except Neurology	*Serotonin Modulators***		
GLATOPA	2	PA; SP; PA except Neurology	nefazodone hcl	2	
GRALISE	3	ST	trazodone hcl oral	1	
INGREZZA	3	PA; SP	TRINTELLIX	3	ST
memantine hcl oral	2		VIIBRYD ORAL TABLET	2	
NAMENDA XR	2		VIIBRYD STARTER PACK	2	QL
NAMENDA XR TITRATION PACK	2		*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***		
nicotine transdermal patch 24 hour	OTC		GLYXAMBI	3	ST
			*Sinus Node Inhibitors**		
			CORLANOR	3	PA; AL
			*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
			INVOKAMET	2	
			INVOKAMET XR	2	
			SYNJARDY	2	
			SYNJARDY XR	2	
			Sulfonamides		
			sulfadiazine oral	2	

Drug Name	Tier	Notes	Drug Name	Tier	Notes
Tetracyclines					
demeclocycline hcl oral	2		ranitidine hcl oral tablet 300 mg	1	
doxycycline hyclate oral capsule	1	DF	sucralfate oral tablet	1	
doxycycline hyclate oral tablet 20 mg	1	PA; DF	*Urinary Anti-Infectives*		
minocycline hcl oral capsule	2		methenamine hippurate	1	
tetracycline hcl oral	2		MONUROL	3	QL
VIBRAMYCIN ORAL SYRUP	2		nitrofurantoin macrocrystal oral	1	AL
Thyroid Agents			nitrofurantoin monohyd macro	1	AL
ARMOUR THYROID	2		nitrofurantoin oral suspension	1	AL
levothyroxine sodium oral	1		*Urinary Antispasmodics*		
liothyronine sodium oral	1		bethanechol chloride oral	1	
methimazole oral	1		darifenacin hydrobromide er	2	ST
propylthiouracil oral	1		flavoxate hcl	1	
SYNTHROID	2		GELNIQUE TRANSDERMAL GEL 10 %	3	ST
THYROLAR-1	3		MYRBETRIQ	3	ST
THYROLAR-1/2	3		oxybutynin chloride er	1	
THYROLAR-1/4	3		oxybutynin chloride oral	1	
THYROLAR-2	3		tolterodine tartrate	1	ST
THYROLAR-3	3		tolterodine tartrate er	1	ST
TIROSINT	3		TOVIAZ	2	ST
UNITHROID	1		tropium chloride	1	ST
*Tryptophan Hydroxylase Inhibitors***			tropium chloride er	1	ST
XERMELO	3	PA; SP	VESICARE	3	ST
Ulcer Drugs			*Vaginal Products*		
amoxicill-clarithro-lansopraz	1		CLEOCIN VAGINAL SUPPOSITORY	3	
CARAFATE ORAL SUSPENSION	2		clindamycin phosphate vaginal CRINONE	1	PA; PA except Reproductive Endocrinology; QL
cimetidine hcl oral	1			2	QL; AL
cimetidine oral tablet 200 mg	OTC		ENDOMETRIN	2	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1		ESTRACE VAGINAL	2	
CUVPOSA	3	PA; ST	ESTRING	2	
DEXILANT	3	ST	FEMRING	2	
dicyclomine hcl oral capsule	1		GYNAZOLE-1	3	
dicyclomine hcl oral solution	2		NUVESSA	3	
dicyclomine hcl oral tablet	1		PREMARIN VAGINAL	2	AL
DONNATAL	2		terconazole	1	
esomeprazole magnesium	2	ST	VANDAZOLE	1	
famotidine oral suspension reconstituted	1		YUVAFEM	2	
famotidine oral tablet 20 mg, 40 mg	1		*Vasopressors*		
glycopyrrolate oral tablet 1 mg, 2 mg	1	PA	epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	QL
hyoscyamine sulfate oral tablet	1	AL	midodrine hcl	2	
lansoprazole oral capsule delayed release 15 mg	OTC		*Vitamins*		
lansoprazole oral capsule delayed release 30 mg	1		biotin	OTC	
methscopolamine bromide oral	2		ergocalciferol oral capsule	1	
misoprostol oral	1		MEPHYTON	3	
nizatidine	1		vitamin d (ergocalciferol)	1	
omeprazole oral capsule delayed release	1				
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dextroamphetamine sulfate er	5	ELLA	16	EURAX	18
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diltiazem hcl	16	ENTRESTO	23	felbamate	8
diltiazem hcl er	16	enulose	21	felodipine er	16
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diltiazem hcl er coated beads	16	EPANED	11	FEMRING	26
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dimenhydrinate	10	EPIDUO FORTE	18	fenopropfen calcium	5
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diphenhydramine hcl	11	epinephrine	26	fentanyl citrate	6
diphenoxylate-atropine	10	EPITOL	8	FENTORA	6
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DUAVEE	20	est estrogens-methyltest ds	20	fluorometholone	23
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FOLLISTIM AQ	20	HEXALEN	13	isosorbide dinitrate	7
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FORFIVO XL	9	HUMALOG KWIKPEN	10	isosorbide mononitrate	7
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FYCOMPA	8	HUMIRA PEN-CROHNS STARTER	5	JANTOVEN	8
gabapentin	8	HUMIRA PEN-PSORIASIS STARTER	5	JANUMET	10
GABITRIL	8	HUMULIN R U-500 (CONCENTRATED)	10	JANUMET XR	10
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ganirelix acetate	20	hydralazine hcl	11	JENTADUETO	10
GELNIQUE	26	hydrochlorothiazide	19	JENTADUETO XR	10
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lithium.....	14	methyl dopa-hydrochlorothiazide.....	12	naltrexone hcl.....	10
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nicardipine hcl.....	16	omeprazole.....	26	phenelzine sulfate.....	9
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nitrofurantoin macrocrystal.....	26	orphenadrine citrate er.....	23	pioglitazone hcl-metformin hcl.....	10
nitrofurantoin monohyd macro.....	26	ORSYTHIA.....	17	piroxicam.....	6
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NORVIR.....	14	oxycodone hcl.....	6	pravastatin sodium.....	11
NOVOLOG.....	10	oxycodone-acetaminophen.....	6	prazosin hcl.....	12
NOVOLOG FLEXPEN.....	10	oxycodone-ibuprofen.....	6	PRED MILD.....	24
NOVOLOG MIX 70/30 FLEXPEN.....	10	OXYCONTIN.....	6	prednicarbate.....	19
NOVOLOG PENFILL.....	10	oxymorphone hcl.....	7	prednisolone.....	17
NOXAFIL.....	11	oxymorphone hcl er.....	7	prednisolone acetate.....	24

prednisolone sodium phosphate.....	17, 24	RAPAMUNE.....	15	scopolamine.....	10
prednisone.....	17	rasagiline mesylate.....	14	selegiline hcl.....	14
PREMARIN.....	20, 26	RASUVO.....	6	selenium sulfide.....	19
PREMPHASE.....	20	RAYALDEE.....	20	selenium sulf-pyrithione-urea.....	19
PREMPRO.....	20	RAYOS.....	17	SELZENTRY.....	15
prenatal.....	23	REBETOL.....	15	SENSIPAR.....	20
prenatal 19.....	23	REBIF.....	25	SEREVENT DISKUS.....	8
prenatal plus.....	23	REBIF REBIDOSE.....	25	SEROSTIM.....	20
prenatal plus iron.....	23	REBIF REBIDOSE TITRATION PACK.....	25	sertraline hcl.....	9
PRENATAL-U.....	23	REBIF TITRATION PACK.....	25	sevelamer carbonate.....	21
PREPOPIK.....	22	RECLIPSEN.....	17	sf 5000 plus.....	23
PREVIFEM.....	17	RECTIV.....	7	SFROWASA.....	21
PREZCOBIX.....	15	REGRANEX.....	19	SIGNIFOR.....	20
PREZISTA.....	15	RELENZA DISKHALER.....	15	sildenafil citrate.....	16
PRIFTIN.....	12	RELISTOR.....	21	SILENOR.....	22
primaquine phosphate.....	12	RENAGEL.....	21	SILIQ.....	19
primidone.....	9	rena-vite rx.....	23	silver sulfadiazine.....	19
PRIMSOL.....	12	repaglinide.....	10	SIMBRINZA.....	24
PROAIR HFA.....	8	REPATHA.....	24	SIMPONI.....	6
PROAIR RESPICLICK.....	8	REPATHA PUSHTRONEX SYSTEM.....	24	simvastatin.....	11
probenecid.....	21	REPATHA SURECLICK.....	24	sirolimus.....	15
prochlorperazine.....	14	RESCRIPTOR.....	15	SIRTURO.....	12
prochlorperazine maleate.....	14	RESCULA.....	24	SIVEXTRO.....	12
PROCRIPT.....	21	RESTASIS.....	24	SKLICE.....	19
PROCTOSOL HC.....	7	REVATIO.....	16	sodium chloride.....	17, 21
PROCTOZONE-HC.....	7	REVLIMID.....	15	sodium phenylbutyrate.....	20
progesterone micronized.....	25	REXULTI.....	14	sodium polystyrene sulfonate.....	15, 24, 25
PROGLYCEM.....	10	REYATAZ.....	15	SOLIA.....	17
PROLENSA.....	24	ribavirin.....	15	SOMATULINE DEPOT.....	20
PROMACTA.....	21	RIDAURA.....	6	SOMAVERT.....	20
promethazine hcl.....	11	rifabutin.....	12	SOOLANTRA.....	19
promethazine vc/codeine.....	17	RIFAMATE.....	12	SORINE.....	15
promethazine-codeine.....	17	rifampin.....	12	sotalol hcl.....	15
propafenone hcl.....	7	RIFATER.....	12	sotalol hcl (af).....	15
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propranolol hcl er.....	15	risedronate sodium.....	20	SPIRIVA HANDIHALER.....	8
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PULMICORT FLEXHALER.....	8	rivastigmine tartrate.....	25	SPRINTEC 28.....	17
PULMOZYME.....	25	RIVELSA.....	17	SPRIX.....	6
pyrazinamide.....	12	rizatriptan benzoate.....	22	SPRYCEL.....	13
pyridostigmine bromide.....	12	ropinirole hcl.....	14	SRONYX.....	17
pyridostigmine bromide er.....	12	ropinirole hcl er.....	14	stavudine.....	15
QUASENSE.....	17	rosuvastatin calcium.....	11	STIMATE.....	20
quetiapine fumarate.....	14	ROZEREM.....	22	STIOLTO RESPIMAT.....	8
quetiapine fumarate er.....	14	RUBRACA.....	24	STIVARGA.....	13
QUILLICHEW ER.....	5	RUCONEST.....	21	STRENSIQ.....	22
QUILLIVANT XR.....	5	RYDAPT.....	13	STRIANT.....	7
quinapril hcl.....	12	SABRIL.....	9	STRIBILD.....	15
quinapril-hydrochlorothiazide.....	12	SAFYRAL.....	17	STRIVERDI RESPIMAT.....	8
quinidine gluconate er.....	7	SAIZEN.....	20	SUBSYS.....	7
quinidine sulfate.....	7	SAIZEN CLICK.EASY.....	20	SUCRAID.....	19
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RAPAFLO.....	21	SAVELLA TITRATION PACK.....	25	SULFAZINE.....	21

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sumatriptan succinate refill.....	22	timolol maleate.....	15, 24	UCERIS.....	17
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SUSTIVA.....	15	TIROSINT.....	26	UNITHROID.....	26
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SYEDA.....	17	tizanidine hcl.....	23	ursodiol.....	21
SYMBICORT.....	8	TOBI PODHALER.....	5	valacyclovir hcl.....	15
SYMLINPEN 120.....	10	TOBRADEX.....	24	VALCHLOR.....	19
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SYNAREL.....	20	tobramycin-dexamethasone.....	24	valproic acid.....	9
SYNDROS.....	10	TOBRESX.....	24	valsartan.....	12
SYNJARDY.....	25	TOLAK.....	19	valsartan-hydrochlorothiazide.....	12
SYNJARDY XR.....	25	tolazamide.....	10	vancomycin hcl.....	12
SYNRIBO.....	13	tolbutamide.....	10	VANDAZOLE.....	26
SYNTHROID.....	26	tolcapone.....	14	VARUBI.....	10
SYPRINE.....	15	tolmetin sodium.....	6	VASCEPA.....	11
TABLOID.....	13	tolterodine tartrate.....	26	VELIVET.....	17
TACLONEX.....	19	tolterodine tartrate er.....	26	VELPHORO.....	21
tacrolimus.....	15, 19	topiramate.....	9	VELTASSA.....	15, 25
TAFINLAR.....	13	torsemide.....	19	VEMLIDY.....	15
TAGRISSO.....	13	TOUJEO SOLOSTAR.....	10	VENCLEXTA.....	12
TALTZ.....	19	TOVIAZ.....	26	VENCLEXTA STARTING PACK.....	12
TAMIFLU.....	15	TRACLEER.....	16	venlafaxine hcl.....	9
tamoxifen citrate.....	13	TRADJENTA.....	10	venlafaxine hcl er.....	9
tamsulosin hcl.....	21	tramadol hcl.....	7	VENTAVIS.....	16
TANZEUM.....	10	tramadol hcl er.....	7	VENTOLIN HFA.....	8
TARCEVA.....	13	tramadol hcl er (biphasic).....	7	verapamil hcl.....	16
TASIGNA.....	13	tramadol-acetaminophen.....	7	verapamil hcl er.....	16
TAYTULLA.....	17	trandolapril.....	12	VESICARE.....	26
tazarotene.....	19	tranexamic acid.....	21	VESTURA.....	17
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telmisartan-hctz.....	12	triamcinolone acetonide.....	19, 23	vigabatrin.....	9
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testosterone cypionate.....	7	TRI-LEGEST FE.....	17	VISTOGARD.....	10
testosterone enanthate.....	7	TRI-LINYAH.....	17	vitamin d (ergocalciferol).....	26
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tetracycline hcl.....	26	trimethoprim.....	12	voriconazole.....	11
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THIOLA.....	21	tri-vitamin/fluoride.....	23	WIDE-SEAL DIAPHRAGM 60.....	22
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THYROLAR-1.....	26	tropicamide.....	24	WIDE-SEAL DIAPHRAGM 75.....	22
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LANGUAGE ASSISTANCE

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-501-3439; TTY: 1-800-432-1110.	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-501-3439; TTY: 1-800-432-1110.	Spanish
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ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-501-3439 رقم هاتف الصم والبكم TTY: 1-800-432-1110	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-800-501-3439; TTY: 1-800-432-1110. 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-501-3439 (телетайп: TTY 1-800-432-1110).	Russian
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אויפֿמערקזאַם: אויב איר רעדט אידיש, זענען פארהאן פאר איך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-501-3439 TTY: 1-800-432-1110.	Yiddish
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 - Qualified sign language interpreters
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- Phone: 1-800-501-3439 (for TTY services, call 1-800-432-1110)
- Fax: 716-635-3504
- In person: 250 Essjay Road, Buffalo, NY 14221
- Email: memberservice@servicing.independenthealth.com

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- Web: Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

