

HEALTH | CHOICE
ARIZONA



2019
FORMULARY
FORMULARIO

What is the Steward Health Choice Arizona Formulary/Preferred Drug List (PDL)?

A Formulary / Preferred Drug List (PDL) is a list of drugs chosen by Steward Health Choice Arizona and a team of doctors and pharmacists. Health Choice will cover the drugs listed in our PDL as long as they are medically necessary and appropriate. All Health Choice member prescriptions must be filled at a Steward Health Choice Arizona network pharmacy, and other plan rules must be followed.

The Steward Health Choice Complete formulary contains drugs used to treat physical conditions and behavioral health conditions.

What if a drug is not on the Formulary/ PDL?

If a drug you want to prescribe for your patient is not on this Formulary / PDL, the prescriber can:

- Prescribe a similar drug that is Formulary / PDL covered, or
- Ask Steward Health Choice Arizona to make an exception and cover the medically necessary, non-formulary drug through the prior authorization process.

Can the Formulary / PDF change?

Yes, Health Choice may add or take off drugs during the year. To get the latest information about covered drugs, go to our website at www.StewardHealthChoiceAZ.com or call Steward Health Choice Member Services at 480-968-6866 or 1-800-322-8670 (outside Maricopa County).

Product Selection Criteria

The Steward Health Choice Arizona Pharmacy & Therapeutics Committee will consider and advise Health Choice on all new-to-market drugs and will continually review and evaluate existing market drugs for formulary/PDL inclusion. The committee's evaluation includes a current literature review. Expert external opinion may also be sought. Formal reviews are prepared that typically address the following information:

- Safety & Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications, warnings and precautions
- Pharmacokinetics
- Cost-effectiveness
- Patient administration and compliance considerations

The Pharmacy & Therapeutics Committee reviews all AHCCCS drug coverage requirements as noted on the AHCCCS PDL lists and honors all requirements for preferred drug coverage.

When a new drug is considered for formulary inclusion, an attempt will be made to examine the drug relative to similar drugs currently on formulary. In addition, entire therapeutic classes are periodically reviewed. The class review process may result in deletion of one or more drugs in a particular

therapeutic class in an effort to continually promote the most clinically useful and cost effective agents. Drug coverage within therapy classes is consistent with AHCCCS requirements for drug coverage.

The entire formulary / PDL is reviewed and approved annually.

Prior authorization (PA) is required for two groups of medications and for two clinical formulary/ PDL override conditions:

1. Medication Groups

- Medications noted with a PA in the formulary / PDL. Steward Health Choice may require prior authorization for certain drugs on the Preferred Drug List. This means that your doctor will need to get approval from us before you can fill some of your prescriptions. If approval isn't given, Steward Health Choice will not cover the drug.
- All unlisted medications.

2. Clinical Override Conditions

- To override a Step Therapy (ST) edit. In some cases, Steward Health Choice requires you to try certain drugs first to treat your medical condition before we will cover another drug for that same condition. For example, if Drug A and Drug B both treat your medical condition, Steward Health Choice may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- To override a Quantity Limit (QL) edit. For certain drugs, Steward Health Choice limits the amount of the drug it will cover. For example, we provide <XX> pills in <XX> days per prescription for <drug name>.

Health Choice anticipates that requests for an unlisted medication will be infrequent and providers will be able to prescribe a formulary / PDL medication for the vast majority of therapeutic needs. Providers are encouraged to use this formulary / PDL when prescribing medications for Steward Health Choice Arizona members to avoid unnecessary delays in therapy.

The AHCCCS Minimum Required Prescription Drug List is included in the Steward Health Choice Arizona Formulary. All AHCCCS Preferred drug are included in our formulary exactly as noted by AHCCCS.

Off label drugs may be prior authorized when the use of the drug has proven to be the community standard.

Steward Health Choice Arizona uses a four (4) day override process to ensure that members can access immediately needed, non-formulary or prior authorization required drugs. The Steward Health Choice network pharmacy can override the prior authorization requirement to provide the member with the immediately needed drug, such as an antibiotic or other emergent drug by calling us.

Health Choice providers may formally request the Steward Health Choice Pharmacy & Therapeutics Committee consider a medication be considered for addition to the formulary / PDL. The instructions and required submission form(s) which indicate how to submit a formulary / PDL medication consideration request are detailed in the Health Choice Provider Manual. The instructions and materials are also available on the Health Choice website.

All the information in the Steward Health Choice Arizona formulary is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

Formulary Product Descriptions

To assist in understanding which specific strengths and dosage forms are on the formulary, examples are noted below. The general principles shown in the examples can then usually be extended to other entries in the book. Any exceptions are noted in the drug list. There may also be a statement associated with a drug list that gives additional information about which specific products or dosage forms are on formulary.

Generic drugs are identified in lower case type, whereas brand drugs are identified in all caps

allopurinol is a generic drug

ULORIC is a brand drug

The brand name products shown are for reference only; a different brand or a generic version may be dispensed.

simvastatin

ZOCOR

Extended-release and delayed-release products require their own entry. Identified below, both propranolol and propranolol SR are on the formulary.

propranolol

INDERAL

propranolol SR

INDERAL LA

Dose forms on formulary will be consistent with the category and use where listed. Identified below from Otic group, the otic solution and ophthalmic ointment are on the formulary, and the ophthalmic products and topical cream cannot be assumed to be on formulary unless there are entries for these products in the OPTHALMIC and DERMATOLOGY sections of the formulary.

neomycin/polymyxin B/hydrocortisone

CORTISPORIN

Generic Substitution

AHCCCS health plans are required to utilize a mandatory generic drug substitution policy. Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand name product. An important consideration for generic substitution is the knowledge that all approvals of generic drugs by the FDA since 1984, and many generic approvals prior to 1984, have a showing of bioequivalence between the generic versions and the reference brand name product.

To gain FDA approval:

1. The generic drug must contain the same active ingredient(s), be the same strength and the same dosage form as the brand name product.
2. The FDA has given the generic an "A" rating compared to the brand name product indicating bioequivalence, and has determined the generic is therapeutically equivalent to the reference brand name product. The ratings of generic drugs are available by referring to the FDA reference, *Approved Drug Products with Therapeutic Equivalence Evaluations* (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product. Drug products that have a narrow therapeutic index (NTI) can also be guided by these principles. It is not necessary for the healthcare practitioner to approach any one therapeutic class of drug products (e.g., NTI drugs) differently from any other class, when there has been a determination of therapeutic equivalence by the FDA for the drug products under consideration. Also, additional clinical tests or examinations by the practitioner are not needed when a therapeutically equivalent generic drug product is substituted for the brand name product.

It is recommended that generic substitution not be exercised by the pharmacist with multisource products that appear in the Orange Book and carry a "B" rating, indicating that these products cannot be considered therapeutically equivalent to other products in the group. It is also recommended that generic substitution not be undertaken for any unrated multisource products that might be considered narrow therapeutic index, or maintenance drugs where it is known that unrated products from different labelers are not bioequivalent. State law or regulations may dictate the ability to practice generic substitution for selected products or categories of drugs.

Plan Exclusions

The following drug categories are excluded from coverage under the outpatient pharmacy benefit and are not part of the formulary/PDL

- Anti-obesity agents
- Experimental / research drugs
- Cosmetic drugs
- Cosmetic drugs for hair growth
- Nutritional / diet supplements
- Blood and blood plasma products
- Products to promote fertility
- Erectile dysfunction drugs
- Drugs from manufacturers that do not participate in the FFS Medicaid Drug Rebate Program □
- Diagnostic products
- Medical supplies except:
 - Syringes
 - Needles
 - Lancets
 - Alcohol Swabs
 - Spacers
 - Blood glucose meters and test strips
- Intrauterine Devices

Pharmacy Benefit Manager (PBM)

Health Choice Arizona uses Optum Rx to process our prescription drug claims

LEGEND

Boldface	Indicates generic availability
OTC	Over-the-Counter
PA	Prior Authorization Required
QL	Quantity Level Limit
ST	Step Therapy through prerequisite drug required
PREFERED	AHCCCS Preferred Agent

Contact Steward Health Choice Arizona

Your comments and suggestions regarding the Steward Health Choice Arizona Formulary are encouraged. Your input is vital to this clinical formulary's continued success. All responses will be reviewed and considered. Please send comments to:

Pharmacy Services Department
Health Choice Arizona
410 N 44th Street, Suite 405
Phoenix, AZ 85008

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Drug Name	Reference	Brand-Generic	Notes
Analgesics - Drugs for Pain			
acetaminophen childrens oral tablet chewable	Mapap Childrens	G	OTC
acetaminophen er	Midol	G	OTC
acetaminophen extra strength oral liquid	Chloraseptic Sore Throat	G	OTC
acetaminophen oral liquid	Little Remedies for Fever	G	OTC
acetaminophen oral solution		G	OTC
acetaminophen oral tablet	Pharbetol	G	OTC
acetaminophen rectal suppository 120 mg	Acephen	G	OTC
acetaminophen-codeine #2		G	
acetaminophen-codeine #3	Tylenol with Codeine #3	G	
acetaminophen-codeine #4	Tylenol with Codeine #4	G	
acetaminophen-codeine oral solution		G	
acetaminophen-codeine oral tablet		G	
alfentanil hcl		G	
apap	Medi-Tabs Childrens	G	OTC
ascomp-codeine	Ascomp-Codeine	G	
butalbital-acetaminophen oral tablet 50-325 mg	Tencon	G	
butalbital-apap	Tencon	G	
butalbital-apap-caff-cod		G	
butalbital-apap-caffeine	Esgic	G	
butalbital-asa-caff-codeine	Ascomp-Codeine	G	
butalbital-asa-caffeine	Fiorinal	G	
butalbital-aspirin-caffeine oral capsule	Fiorinal	G	
butorphanol tartrate injection		G	
BUTRANS		B	PA
capacet oral capsule 50-325-40 mg	Esgic	G	
childrens acetaminophen oral suspension 160 mg/5ml	Mapap Childrens	G	OTC
childrens acetaminophen oral tablet dispersible	Mapap Childrens	G	OTC
childrens apap	Childrens Medi-Tabs	G	OTC
childrens non-asa pain relief oral tablet chewable 80 mg	Childrens Medi-Tabs	G	OTC
childrens non-aspirin oral tablet chewable	Childrens Medi-Tabs	G	OTC
codeine sulfate oral tablet 30 mg, 60 mg		G	
duramorph		G	

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

Drug Name	Reference	Brand-Generic	Notes
EMBEDA		B	PA; Preferred Drug
endocet	Endocet	G	
esgic oral capsule	Esgic	G	
fentanyl transdermal patch 72 hour 100 mcg/hr	Duragesic-100	G	PA; Preferred Drug
fentanyl transdermal patch 72 hour 12 mcg/hr	Duragesic-12	G	PA; Preferred Drug
fentanyl transdermal patch 72 hour 25 mcg/hr	Duragesic-25	G	PA; Preferred Drug
fentanyl transdermal patch 72 hour 50 mcg/hr	Duragesic-50	G	PA; Preferred Drug
fentanyl transdermal patch 72 hour 75 mcg/hr	Duragesic-75	G	PA; Preferred Drug
headache relief	Bayer Migraine	G	OTC
hydrocodone-acetaminophen oral solution		G	
hydrocodone-acetaminophen oral tablet	Lorcet HD	G	
hydrocodone-ibuprofen		G	
hydromorphone hcl injection solution 2 mg/ml	Dilaudid	G	
hydromorphone hcl oral tablet	Dilaudid	G	
hydromorphone hcl pf		G	
ibudone oral tablet 5-200 mg	Ibudone	G	
infants pain reliever oral suspension 80 mg/0.8ml		G	OTC
lorcet	Lorcet	G	
lorcet hd	Lorcet HD	G	
lorcet plus	Lorcet Plus	G	
marten-tab oral tablet 50-325 mg	Tencon	G	
meperidine hcl oral tablet		G	
migraine relief	Bayer Migraine	G	OTC
mitigo		G	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml		G	
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml		G	
morphine sulfate (pf) intravenous		G	
morphine sulfate er oral tablet extended release	MS Contin	G	PA; Preferred Drug

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

Drug Name	Reference	Brand-Generic	Notes
morphine sulfate injection solution 10 mg/ml, 15 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml		G	
morphine sulfate intramuscular		G	
morphine sulfate intravenous solution 1 mg/ml, 150 mg/30ml, 25 mg/ml, 50 mg/ml		G	
morphine sulfate oral solution		G	
morphine sulfate oral tablet		G	
morphine sulfate rectal suppository 30 mg		G	
nalbuphine hcl injection		G	
oxycodone hcl oral capsule		G	
oxycodone hcl oral concentrate 100 mg/5ml		G	
oxycodone hcl oral solution		G	
oxycodone hcl oral tablet		G	
oxycodone-acetaminophen oral solution 5-325 mg/5ml		G	
oxycodone-acetaminophen oral tablet	Endocet	G	
oxycodone-aspirin		G	
oxymorphone hcl	Opana	G	
phrenilin forte	Fioricet	G	
ra acetaminophen rapid melts oral tablet dispersible 160 mg		G	OTC
sufentanil citrate intravenous		G	
tencon	Tencon	G	
tramadol hcl er oral tablet extended release 24 hour		G	PA; Preferred Drug
tramadol hcl ir	Ultram	G	
tramadol-acetaminophen	Ultracet	G	
verdrocet	Verdrocet	G	
vicodin	Vicodin	G	
vicodin es	Vicodin ES	G	
vicodin hp	Vicodin HP	G	
XTAMPZA ER		B	PA; Preferred Drug
xylon oral tablet 10-200 mg	Ibudone	G	
zebutal	Esgic	G	
Analgesics - Drugs for Pain and Inflammation			

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

Drug Name	Reference	Brand-Generic	Notes
advil junior strength		G	OTC
aspirin childrens	Bayer Low Dose	G	OTC
aspirin ec low dose	Aspir-Low	G	OTC
aspirin low dose oral tablet chewable	Bayer Low Dose	G	OTC
aspirin oral tablet	Bayer Advanced Aspirin Reg St	G	OTC
aspirin oral tablet delayed release 325 mg	Bayer Aspirin Regimen	G	OTC
aspirin rectal		G	OTC
bayer aspirin	Bayer Advanced Aspirin Reg St	G	OTC
bayer aspirin ec low dose	Aspir-Low	G	OTC
buffered aspirin oral tablet 325 mg	Bufferin	G	OTC
celecoxib oral	CeleBREX	G	PA
childrens ibuprofen oral suspension 40 mg/ml	Infants Advil	G	OTC
choline-mag trisalicylate		G	
diclofenac potassium		G	
diclofenac sodium er		G	
diclofenac sodium oral		G	
diclofenac sodium transdermal gel 1 %	Voltaren	G	PA
diflunisal		G	
etodolac		G	
etodolac er		G	
fenopropfen calcium oral tablet	Nalfon	G	
flurbiprofen oral		G	
gnp all day pain relief	Aleve	G	OTC
ibuprofen junior strength	Advil Junior Strength	G	OTC
ibuprofen oral capsule	Advil	G	OTC
ibuprofen oral suspension	Childrens Advil	G	
ibuprofen oral tablet 200 mg	Advil	G	OTC
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	IBU	G	
INDOCIN		B	
indomethacin er		G	
indomethacin oral		G	
indomethacin sodium		G	
ketoprofen oral capsule 50 mg, 75 mg		G	
ketorolac tromethamine injection		G	

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

Drug Name	Reference	Brand-Generic	Notes
ketorolac tromethamine intramuscular		G	
ketorolac tromethamine oral		G	QL (20 EA per 30 days)
meloxicam oral	Mobic	G	
nabumetone oral		G	
naproxen dr	EC-Naprosyn	G	
naproxen oral	Naprosyn	G	
naproxen sodium oral tablet 220 mg	Aleve	G	OTC
naproxen sodium oral tablet 275 mg		G	
naproxen sodium oral tablet 550 mg	Anaprox DS	G	
oxaprozin	Daypro	G	
piroxicam oral	Feldene	G	
profeno	Nalfon	G	
salsalate oral		G	
sulindac oral		G	
tri-buffered aspirin	Bufferin	G	OTC
Anesthetics			
glydo	7T Lido	G	QL (2 ML per 1 day)
lidocaine external cream 4 %	AneCream	G	OTC; QL (9.27 GM per 1 day)
lidocaine external ointment		G	PA; QL (50 GM per 30 days)
lidocaine external patch	Lidoderm	G	QL (60 EA per 30 days)
lidocaine hcl external gel	7T Lido	G	QL (2 ML per 1 day)
lidocaine hcl external solution		G	
lidocaine pak		G	PA; QL (50 GM per 30 days)
lidocaine-prilocaine external cream		G	QL (1 GM per 1 day)
premium lidocaine		G	PA; QL (50 GM per 30 days)
regeneCare ha external gel	7T Lido	G	OTC; QL (2 GM per 1 day)
Anti-Addiction / Substance Abuse Treatment Agents			
acamprosate calcium		G	
bupropion hcl er (smoking det)	Zyban	G	QL (84 EA per 180 days)

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

Drug Name	Reference	Brand-Generic	Notes
CHANTIX		B	QL (84 EA per 180 days)
CHANTIX CONTINUING MONTH PAK		B	QL (84 EA per 180 days)
CHANTIX STARTING MONTH PAK		B	QL (84 EA per 180 days)
disulfiram oral	Antabuse	G	
naloxone hcl injection solution		G	
naloxone hcl injection solution prefilled syringe		G	
naloxone hcl solution cartridge 0.4 mg/ml injection		G	
naloxone hcl solution cartridge 0.4 mg/ml injection		G	Preferred Drug
naltrexone hcl oral		G	Preferred Drug
NARCAN		B	Preferred Drug
NICORETTE MOUTH/THROAT GUM 2 MG	KLS Quit2	B	OTC; QL (84 EA per 180 days)
nicotine polacrilex mouth/throat	KLS Quit2	G	OTC; QL (84 EA per 180 days)
nicotine step 1	Nicoderm CQ	G	OTC; QL (84 EA per 180 days)
nicotine step 2	Nicoderm CQ	G	OTC; QL (84 EA per 180 days)
nicotine step 3	Nicoderm CQ	G	OTC; QL (84 EA per 180 days)
NICOTROL		B	QL (84 EA per 180 days)
NICOTROL NS		B	QL (84 ML per 180 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 8-2 MG		B	Preferred Drug
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG		B	Preferred Drug
VIVITROL		B	Preferred Drug; SP
ZYBAN	Zyban	B	QL (84 EA per 180 days)
Antibacterials			
amikacin sulfate injection		G	
amoxicillin		G	
amoxicillin-potassium clavulanate er	Augmentin XR	G	

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

Drug Name	Reference	Brand-Generic	Notes
amoxicillin-potassium clavulanate oral	Augmentin	G	
ampicillin		G	
ampicillin sodium		G	
ampicillin-sulbactam sodium injection	Unasyn	G	
ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm		G	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML		B	
AVELOX INTRAVENOUS		B	
avidoxy		G	
AZACTAM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM		B	
azithromycin intravenous	Zithromax	G	
azithromycin oral	Zithromax	G	
aztreonam	Azactam	G	
baciim		G	
bacitracin external	Baciguent	G	OTC
bacitracin intramuscular		G	
bacitracin zinc external		G	OTC
BICILLIN C-R		B	
BICILLIN C-R 900/300		B	
BICILLIN L-A		B	
cefaclor er		G	
cefaclor oral capsule		G	
cefadroxil		G	
cefazolin sodium injection		G	
cefazolin sodium intravenous solution reconstituted		G	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%		G	
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%, 2-3 gm-%		G	
cefdinir		G	
cefditoren pivoxil		G	
cefepime hcl	Maxipime	G	

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

Drug Name	Reference	Brand-Generic	Notes
cefepime-dextrose intravenous solution reconstituted 1 gm/50ml, 2 gm/50ml		G	
cefixime	Suprax	G	
cefotaxime sodium		G	
cefotetan disodium	Cefotan	G	
cefotetan disodium-dextrose intravenous solution reconstituted 1-3.58 gm-%, 2-2.08 gm-%		G	
cefoxitin sodium		G	
cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%, 2-2.2 gm-%		G	
cefpodoxime proxetil		G	
cefprozil		G	
ceftazidime injection	Tazicef	G	
CEFTIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		B	
ceftriaxone sodium in dextrose		G	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg		G	
ceftriaxone sodium intravenous		G	
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%, 2-2.22 gm-%		G	
cefuroxime axetil		G	
cefuroxime sodium		G	
cephalexin	Keflex	G	
chloramphenicol sod succinate		G	
ciprofloxacin hcl oral		G	
ciprofloxacin in d5w		G	
ciprofloxacin intravenous solution 200 mg/20ml, 400 mg/40ml		G	
clarithromycin er		G	
clarithromycin oral		G	
clindamycin hcl oral	Cleocin	G	
clindamycin palmitate hcl	Cleocin	G	

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

Drug Name	Reference	Brand-Generic	Notes
clindamycin phosphate in d5w intravenous solution 600 mg/50ml, 900 mg/50ml		G	
clindamycin phosphate injection	Cleocin Phosphate	G	
clindamycin phosphate intravenous	Cleocin Phosphate	G	
clindamycin phosphate vaginal	Cleocin	G	
colistimethate sodium (cba)	Coly-Mycin M	G	
daptomycin intravenous solution reconstituted 500 mg	Cubicin	G	
demeclocycline hcl		G	PA
dicloxacillin sodium		G	
DIFICID		B	PA
doxy 100	Doxy 100	G	
doxycycline hyclate intravenous	Doxy 100	G	
doxycycline hyclate oral capsule	Morgidox	G	
doxycycline hyclate oral tablet 100 mg, 20 mg		G	
doxycycline monohydrate oral capsule 100 mg, 50 mg	Mondoxyne NL	G	
doxycycline monohydrate oral suspension reconstituted	Vibramycin	G	
doxycycline monohydrate oral tablet 100 mg		G	
ERYPED 400		B	
erythrocin lactobionate		G	
gentamicin in saline		G	
gentamicin sulfate external		G	
gentamicin sulfate injection		G	
imipenem-cilastatin		G	
INVANZ INTRAVENOUS SOLUTION RECONSTITUTED 1 GM		B	
levofloxacin in d5w		G	
levofloxacin intravenous		G	
levofloxacin oral	Levaquin	G	
linezolid oral	Zyvox	G	PA
meropenem	Merrem	G	
methenamine hippurate	Hiprex	G	
methenamine mandelate oral tablet 1 gm		G	

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

Drug Name	Reference	Brand-Generic	Notes
METRO INTRAVENOUS SOLUTION 500-0.74 MG/100ML-%		B	
metronidazole in nacl intravenous solution 5-0.79 mg/ml-%, 500-0.79 mg/100ml-%		G	
metronidazole oral	Flagyl	G	
metronidazole vaginal	MetroGel-Vaginal	G	
minocycline hcl oral capsule	Minocin	G	
mondoxyne nl oral capsule 100 mg, 50 mg	Mondoxyne NL	G	
morgidox oral	Morgidox	G	
mupirocin calcium	Bactroban	G	
mupirocin external	Centany	G	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm		G	
nafcillin sodium intravenous		G	
neomycin sulfate oral		G	
nitrofurantoin	Furadantin	G	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Macrochantin	G	
nitrofurantoin monohydrate macrocrystals	Macrobid	G	
ofloxacin oral tablet 400 mg		G	
oxacillin sodium		G	
paromomycin sulfate oral		G	
penicillin g potassium	Pfizerpen	G	
penicillin g procaine		G	
penicillin g sodium		G	
penicillin v potassium		G	
pfizerpen injection solution reconstituted 5000000 unit	Pfizerpen	G	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2- 0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	Zosyn	G	
poly bacitracin external ointment 500- 10000 unit/gm	Polysporin	G	OTC
polymyxin b sulfate injection		G	
PRIMSOL	Primsol	B	
silver sulfadiazine external	Silvadene	G	
SIVEXTRO ORAL		B	PA

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

Drug Name	Reference	Brand-Generic	Notes
ssd	Silvadene	G	
streptomycin sulfate intramuscular		G	
sulfadiazine oral		G	
sulfamethoxazole-trimethoprim		G	
sulfatrim pediatric	Sulfatrim Pediatric	G	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML		B	
SYNERCID		B	
tazicef injection	Tazicef	G	
tazicef intravenous solution reconstituted		G	
TEFLARO		B	
tinidazole oral	Tindamax	G	
tobramycin sulfate injection		G	
trimethoprim oral		G	
TRIMPEX ORAL SOLUTION 50 MG/5ML	Primsol	B	
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%		G	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 1000 mg, 500 mg, 5000 mg, 750 mg		G	
vancomycin hcl oral	Vancocin HCl	G	
vandazole	MetroGel-Vaginal	G	
XIFAXAN		B	PA
Anticoagulants			
acd formula a	ACD-A noClot-50	G	
acd-a noclot-50	ACD-A noClot-50	G	
ACTIVASE		B	
anticoagulant cit dext soln a	ACD-A noClot-50	G	
CATHFLO ACTIVASE		B	
ELIQUIS ORAL TABLET 2.5 MG		B	Preferred Drug; QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG		B	Preferred Drug
ELIQUIS STARTER PACK		B	Preferred Drug
enoxaparin sodium	Lovenox	G	Preferred Drug; SP; QL (60 ML per 30 days)
heparin (porcine) in d5w		G	

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

Drug Name	Reference	Brand-Generic	Notes
heparin (porcine) in nacl injection		G	
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 40-5 unit/ml-%		G	
heparin sodium (porcine) injection		G	
heparin sodium (porcine) pf		G	
heparin sodium/d5w		G	
jantoven	Coumadin	G	Preferred Drug
PRADAXA		B	Preferred Drug; QL (60 EA per 30 days)
warfarin sodium oral	Coumadin	G	Preferred Drug
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG		B	Preferred Drug; QL (60 EA per 30 days)
XARELTO STARTER PACK		B	Preferred Drug; QL (51 EA per 30 days)
Anticonvulsants - Drugs for Seizures			
BANZEL		B	PA
carbamazepine er	Carbatrol	G	
carbamazepine oral		G	
diazepam rectal gel 10 mg	Diastat AcuDial	G	QL (2 EA per 30 days)
diazepam rectal gel 2.5 mg	Diastat Pediatric	G	QL (2 EA per 30 days)
divalproex sodium er	Depakote ER	G	
divalproex sodium oral	Depakote	G	
epitol	Epitol	G	
ethosuximide oral	Zarontin	G	
felbamate	Felbatol	G	
gabapentin oral	Neurontin	G	
lamotrigine er	LaMICtal XR	G	
lamotrigine oral tablet	LaMICtal	G	
lamotrigine oral tablet chewable	LaMICtal	G	
levetiracetam er	Keppra XR	G	
levetiracetam oral	Keppra	G	
oxcarbazepine	Trileptal	G	
OXTELLAR XR		B	
phenobarbital oral		G	PA Required for Ages < 6 years
phenytoin infatabs	Dilantin Infatabs	G	
phenytoin oral	Dilantin	G	

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

Drug Name	Reference	Brand-Generic	Notes
phenytoin sodium extended	Dilantin	G	
primidone oral	Mysoline	G	
roweepra	Keppra	G	
roweepra xr	Keppra XR	G	
subvenite	LaMICtal	G	
tiagabine hcl	Gabitril	G	
topiramate oral	Topamax	G	
valproate sodium oral	Depakene	G	
valproic acid	Depakene	G	
VIMPAT ORAL		B	PA
zonisamide oral	Zonegran	G	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia			
donepezil hcl	Aricept	G	PA
galantamine hydrobromide er	Razadyne ER	G	PA
galantamine hydrobromide oral tablet	Razadyne	G	PA
memantine hcl oral tablet	Namenda	G	PA
rivastigmine	Exelon	G	PA
rivastigmine tartrate		G	PA
Antidepressants			
amitriptyline hcl oral		G	PA Required for Ages < 6 years
amoxapine oral tablet 100 mg, 150 mg, 25 mg		G	PA Required for Ages < 6 years
bupropion hcl er (sr)	Wellbutrin SR	G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Wellbutrin XL	G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	Forfivo XL	B	PA Required for Ages < 6 years
bupropion hcl oral		G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
citalopram hydrobromide oral solution		G	PA Required for Ages < 6 years; QL (600 ML per 30 days)

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

Drug Name	Reference	Brand-Generic	Notes
citalopram hydrobromide oral tablet 10 mg	CeleXA	G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
citalopram hydrobromide oral tablet 20 mg, 40 mg	CeleXA	G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
clomipramine hcl oral	Anafranil	G	PA Required for Ages < 6 years
desipramine hcl oral	Norpramin	G	PA Required for Ages < 6 years
desvenlafaxine succinate er	Pristiq	G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
doxepin hcl oral capsule		G	PA Required for Ages < 6 years; QL (90 EA per 30 days)
doxepin hcl oral concentrate		G	PA Required for Ages < 6 years; QL (180 ML per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg	Cymbalta	G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 60 mg	Cymbalta	G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
EMSAM		B	PA; PA Required for Ages < 6 years
escitalopram oxalate oral solution		G	PA Required for Ages < 6 years; QL (600 ML per 30 days)
escitalopram oxalate oral tablet 10 mg, 20 mg	Lexapro	G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
escitalopram oxalate oral tablet 5 mg	Lexapro	G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
fluoxetine hcl oral capsule 10 mg, 40 mg	PROzac	G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
fluoxetine hcl oral capsule 20 mg	PROzac	G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
fluoxetine hcl oral capsule delayed release		G	PA; PA Required for Ages < 6 years

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

Drug Name	Reference	Brand-Generic	Notes
fluoxetine hcl oral solution		G	PA Required for Ages < 6 years; QL (600 ML per 30 days)
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg		G	PA Required for Ages < 6 years; QL (90 EA per 30 days)
fluvoxamine maleate er oral capsule extended release 24 hour 150 mg		G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
fluvoxamine maleate oral tablet 100 mg		G	PA Required for Ages < 6 years; QL (90 EA per 30 days)
fluvoxamine maleate oral tablet 25 mg		G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
fluvoxamine maleate oral tablet 50 mg		G	PA Required for Ages < 6 years; QL (180 EA per 30 days)
FORFIVO XL	Forfivo XL	B	PA Required for Ages < 6 years
imipramine hcl oral	Tofranil	G	PA Required for Ages < 6 years
imipramine pamoate		G	PA Required for Ages < 6 years
maprotiline hcl		G	PA Required for Ages < 6 years
MARPLAN		B	PA Required for Ages < 6 years
mirtazapine oral	Remeron	G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
nefazodone hcl oral tablet 100 mg, 250 mg, 50 mg		G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
nefazodone hcl oral tablet 150 mg		G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
nefazodone hcl oral tablet 200 mg		G	PA Required for Ages < 6 years; QL (90 EA per 30 days)
nortriptyline hcl oral	Pamelor	G	PA Required for Ages < 6 years
paroxetine hcl er	Paxil CR	G	PA Required for Ages < 6 years; QL (90 EA per 30 days)

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

Drug Name	Reference	Brand-Generic	Notes
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg	Paxil	G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
paroxetine hcl oral tablet 40 mg	Paxil	G	PA Required for Ages < 6 years; QL (45 EA per 30 days)
PAXIL ORAL SUSPENSION		B	PA Required for Ages < 6 years; QL (900 ML per 30 days)
PEXEVA		B	PA; PA Required for Ages < 6 years
phenelzine sulfate oral	Nardil	G	PA Required for Ages < 6 years
protriptyline hcl		G	PA Required for Ages < 6 years
sertraline hcl oral concentrate		G	PA Required for Ages < 6 years; QL (300 ML per 30 days)
sertraline hcl oral tablet 100 mg	Zoloft	G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
sertraline hcl oral tablet 25 mg	Zoloft	G	PA Required for Ages < 6 years; QL (90 EA per 30 days)
sertraline hcl oral tablet 50 mg	Zoloft	G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
tranylcypromine sulfate	Parnate	G	PA Required for Ages < 6 years
trazodone hcl oral tablet 100 mg		G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
trazodone hcl oral tablet 150 mg		G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
trazodone hcl oral tablet 300 mg		G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
trazodone hcl oral tablet 50 mg		G	PA Required for Ages < 6 years; QL (90 EA per 30 days)
trimipramine maleate oral	Surmontil	G	PA Required for Ages < 6 years

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

Drug Name	Reference	Brand-Generic	Notes
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	Effexor XR	G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg	Effexor XR	G	PA Required for Ages < 6 years; QL (90 EA per 30 days)
venlafaxine hcl oral tablet 100 mg, 37.5 mg, 50 mg		G	PA Required for Ages < 6 years; QL (90 EA per 30 days)
venlafaxine hcl oral tablet 25 mg		G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
venlafaxine hcl oral tablet 75 mg		G	PA Required for Ages < 6 years; QL (150 EA per 30 days)
VIIBRYD		B	PA; PA Required for Ages < 6 years
VIIBRYD STARTER PACK		B	PA; PA Required for Ages < 6 years
Antiemetics - Drugs for Nausea and Vomiting			
ANZEMET		B	PA
aprepitant oral capsule 125 mg	Emend	G	
aprepitant oral capsule 40 mg, 80 mg	Emend	G	QL (6 EA per 30 days)
aprepitant oral capsule 80 & 125 mg	Emend Tri-Pack	G	
compro	Compro	G	PA Required for Ages < 6 years
granisetron hcl		G	
meclizine hcl oral tablet		G	
metoclopramide hcl injection		G	
metoclopramide hcl oral solution		G	
metoclopramide hcl oral tablet	Reglan	G	
motion sickness relief oral tablet chewable		G	OTC
ondansetron hcl injection		G	
ondansetron hcl oral solution	Zofran	G	
ondansetron hcl oral tablet	Zofran	G	QL (30 EA per 30 days)
ondansetron odt		G	QL (30 EA per 30 days)
perphenazine oral		G	PA Required for Ages < 6 years

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

Drug Name	Reference	Brand-Generic	Notes
prochlorperazine	Compro	G	PA Required for Ages < 6 years
prochlorperazine maleate oral		G	PA Required for Ages < 6 years
travel sickness oral tablet chewable		G	OTC
trimethobenzamide hcl oral	Tigan	G	
Antifungals			
ABELCET		B	
AMBISOME		B	
amphotericin b injection		G	
antifungal external aerosol	Tinactin	G	OTC
AVC VAGINAL		B	
ciclodan	Ciclodan	G	
ciclopirox external solution	Ciclodan	G	
ciclopirox olamine external	Loprox	G	
clotrimazole 3	Gyne-Lotrimin 3	G	OTC
clotrimazole external cream	Clotrimazole GRx	G	
clotrimazole mouth/throat		G	
clotrimazole solution 1 % external (otc)	FungiCure Intensive/NailGuard	G	OTC
clotrimazole solution 1 % external (rx)	FungiCure Intensive/NailGuard	G	
clotrimazole vaginal cream 1 %	Gyne-Lotrimin	G	OTC
fluconazole in dextrose		G	
fluconazole in sodium chloride		G	
fluconazole oral	Diflucan	G	
flucytosine oral	Ancobon	G	PA
griseofulvin microsize oral		G	
griseofulvin ultramicrosize		G	
itraconazole oral capsule	Sporanox	G	PA
ketoconazole external cream		G	
ketoconazole external shampoo	Nizoral	G	
ketoconazole oral		G	
lotrimin af external powder		G	OTC
micaderm	Carrington Antifungal	G	OTC
miconazole 1	Monistat 1 Combo Pack	G	OTC
miconazole 3 vaginal suppository		G	

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

Drug Name	Reference	Brand-Generic	Notes
miconazole 7 vaginal suppository		G	OTC
miconazole nitrate external	Carrington Antifungal	G	OTC
MYCAMINE		B	
NOXAFIL ORAL SUSPENSION		B	PA
nyamyc	Nyamyc	G	
nyata external powder 100000 unit/gm	Nyamyc	G	
nystatin external		G	
nystatin mouth/throat		G	
nystatin oral		G	
nystop	Nyamyc	G	
podactin external cream	Carrington Antifungal	G	OTC
terbinafine hcl external	LamISIL AT	G	OTC
terbinafine hcl oral	LamISIL	G	QL (90 EA per 365 days)
terconazole	Terazol 7	G	
tgt clotrimazole	Clotrimazole GRx	G	OTC
tolnaftate external powder	Odor Eaters Antifungal	G	OTC
voriconazole intravenous	Vfend IV	G	PA
voriconazole oral tablet	Vfend	G	PA
Antigout Agents			
allopurinol oral	Zyloprim	G	
colchicine oral capsule	Mitigare	G	
COLCHICINE TABLET 0.6 MG ORAL	Colcrys	B	
colchicine tablet 0.6 mg oral	Colcrys	G	
colchicine-probenecid		G	
COLCRYS	Colcrys	B	
probenecid		G	
ULORIC		B	PA
Antimigraine Agents			
CAFERGOT		B	
MIGERGOT		B	
naratriptan hcl	Amerge	G	Preferred Drug; QL (9 EA per 30 days)
rizatriptan benzoate		G	QL (9 EA per 30 days)
sumatriptan nasal	Imitrex	G	QL (6 EA per 30 days)
sumatriptan succinate oral	Imitrex	G	QL (9 EA per 30 days)
sumatriptan succinate refill	Imitrex STATdose Refill	G	QL (2 ML per 30 days)

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

Drug Name	Reference	Brand-Generic	Notes
sumatriptan succinate subcutaneous solution	Imitrex	G	QL (2 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector	Imitrex STATdose System	G	QL (2 ML per 30 days)
sumatriptan succinate subcutaneous solution prefilled syringe		G	QL (1 ML per 30 days)
zolmitriptan oral	Zomig	G	Preferred Drug; QL (9 EA per 30 days)
Antimyasthenic Agents			
pyridostigmine bromide er	Mestinon	G	
pyridostigmine bromide oral	Mestinon	G	
Antimycobacterials			
dapsone oral		G	
ethambutol hcl oral	Myambutol	G	
isoniazid injection		G	
isoniazid oral		G	
pyrazinamide oral		G	
RIFAMATE		B	
rifampin intravenous	Rifadin	G	
rifampin oral	Rifadin	G	
SIRTURO		B	
Antineoplastics - Drugs for Cancer			
adriamycin	Adriamycin	G	SP
adrucil intravenous solution 2.5 gm/50ml, 500 mg/10ml	Adrucil	G	SP
AFINITOR		B	PA; SP
AFINITOR DISPERZ		B	PA; SP
anastrozole oral	Arimidex	G	PA
bexarotene	Targretin	G	PA; SP
bicalutamide	Casodex	G	
CAPRELSA		B	PA; SP
cyclophosphamide injection		G	SP
cyclophosphamide oral		G	PA
cytarabine		G	SP
cytarabine (pf) injection solution 100 mg/ml		G	SP
doxorubicin hcl	Adriamycin	G	SP
ETOPOPHOS		B	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	Reference	Brand-Generic	Notes
etoposide oral		G	PA; SP
exemestane	Aromasin	G	PA
FARESTON		B	PA
fluorouracil intravenous solution 1 gm/20ml		G	SP
fluorouracil intravenous solution 2.5 gm/50ml, 500 mg/10ml	Adrucil	G	SP
flutamide		G	
GLEOSTINE		B	PA; SP
HEXALEN ORAL CAPSULE 50 MG		B	PA
hydroxyurea oral	Hydrea	G	
ICLUSIG		B	PA; SP; QL (60 EA per 30 days)
imatinib mesylate	Gleevec	G	PA; SP
IMBRUVICA		B	PA; SP
INLYTA		B	PA; SP
IRESSA		B	PA; SP
JAKAFI		B	PA; SP
letrozole oral	Femara	G	
leucovorin calcium oral		G	PA
LEUKERAN		B	
LYSODREN		B	
MATULANE		B	PA; SP
mercaptopurine oral		G	SP
MYLERAN		B	
NEXAVAR		B	PA; SP
REVLIMID		B	PA; SP
SUTENT		B	PA; SP
TABLOID		B	SP
tamoxifen citrate oral		G	
TARCEVA		B	PA; SP
TASIGNA		B	PA; SP
THALOMID		B	PA; SP
TYKERB		B	PA; SP
VOTRIENT		B	PA; SP
XALKORI		B	PA; SP
ZELBORAF		B	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	Reference	Brand-Generic	Notes
ZOLINZA		B	PA; SP
Antiparasitics			
atovaquone oral	Mepron	G	
atovaquone-proguanil hcl	Malarone	G	
bedding spray lice treatment	Licide	G	OTC
chloroquine phosphate oral		G	
COARTEM		B	
EURAX EXTERNAL CREAM		B	PA
hydroxychloroquine sulfate oral	Plaquenil	G	
ivermectin oral	Stromectol	G	PA
lice killing	Licide	G	OTC
lice treatment external liquid	Nix Creme Rinse	G	OTC
lice treatment external lotion		G	OTC
licemd external gel		G	OTC
liceout		G	OTC
licide	Licide	G	OTC
licide maximum strength	Licide Maximum Strength	G	OTC
lindane		G	
malathion	Ovide	G	
medi-lice combing		G	OTC
mefloquine hcl		G	
PENTAM		B	
permethrin external	Elimite	G	
pinworm medicine		G	OTC
praziquantel oral	Biltricide	G	
quinine sulfate oral	Qualaquin	G	
RID ESSENTIAL LICE ELIMINATION EXTERNAL KIT 0.33-4 %		B	OTC
SKLICE		B	PA
spinosad	Natroba	G	PA
stop lice	Licide	G	OTC
stop lice maximum strength external liquid	Licide Maximum Strength	G	OTC
stop lice step 2		G	OTC
stop lice step 3	Licide	G	OTC
Antiparkinson Agents			
amantadine hcl oral		G	

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

Drug Name	Reference	Brand-Generic	Notes
benztropine mesylate oral		G	
bromocriptine mesylate oral	Parlodel	G	
carbidopa-levodopa	Sinemet	G	
carbidopa-levodopa er	Sinemet CR	G	
carbidopa-levodopa-entacapone	Stalevo 50	G	
entacapone	Comtan	G	
pramipexole dihydrochloride	Mirapex	G	
ropinirole hcl	Requip	G	
selegiline hcl oral		G	
trihexyphenidyl hcl		G	
Antiplatelets			
BRILINTA		B	PA
cilostazol		G	
clopidogrel bisulfate oral	Plavix	G	
dipyridamole oral		G	
Antipsychotics - Drugs for Mood Disorders			
ABILIFY MAINTENA		B	PA Required for Ages < 18 years; Preferred Drug; QL (1 EA per 30 days)
aripiprazole oral solution		G	PA Required for Ages < 6 years; Preferred Drug; QL (150 ML per 30 days)
aripiprazole oral tablet	Abilify	G	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
aripiprazole oral tablet dispersible		G	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
ARISTADA INITIO		B	PA Required for Ages < 18 years; Preferred Drug; QL (1 ML per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML		B	PA Required for Ages < 18 years; Preferred Drug; QL (1 ML per 60 days)

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

Drug Name	Reference	Brand-Generic	Notes
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML		B	PA Required for Ages < 18 years; Preferred Drug; QL (1 ML per 30 days)
chlorpromazine hcl injection		G	PA Required for Ages < 6 years
chlorpromazine hcl oral		G	PA Required for Ages < 6 years
clozapine oral tablet	Clozaril	G	PA Required for Ages < 18 years; Preferred Drug; QL (150 EA per 30 days)
clozapine oral tablet dispersible 100 mg, 25 mg	FazaClo	G	PA Required for Ages < 18 years; Preferred Drug; QL (150 EA per 30 days)
clozapine oral tablet dispersible 150 mg, 200 mg	FazaClo	G	PA required for Ages < 18 years; Preferred Drug; QL (150 EA per 30 days)
clozapine tablet dispersible 12.5 mg oral	FazaClo	G	PA Required for Ages < 18 years; Preferred Drug; QL (150 EA per 30 days)
clozapine tablet dispersible 12.5 mg oral	FazaClo	G	Preferred Drug; QL (150 EA per 30 days)
fluphenazine decanoate injection		G	PA required for Ages < 18 years
fluphenazine hcl oral		G	PA Required for Ages < 6 years
haloperidol decanoate intramuscular	Haldol Decanoate	G	PA Required for Ages < 18 years
haloperidol lactate oral		G	PA Required for Ages < 6 years
haloperidol oral		G	PA Required for Ages < 6 years
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML		B	PA Required for Ages < 18 years; Preferred Drug; QL (1 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 156 MG/ML, 234 MG/1.5ML		B	PA Required for Ages < 18 years; Preferred Drug; SP; QL (1 ML per 30 days)

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

Drug Name	Reference	Brand-Generic	Notes
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 39 MG/0.25ML		B	PA Required for Ages < 18 years; PA Required for Ages < 6 years; Preferred Drug; QL (0.25 ML per 26 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 78 MG/0.5ML		B	PA Required for Ages < 18 years; PA Required for Ages < 6 years; Preferred Drug; QL (0.5 ML per 26 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 273 MG/0.875ML		B	PA Required for Ages < 18 years; PA Required for Ages < 6 years; Preferred Drug; SP; QL (0.88 ML per 82 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 410 MG/1.315ML		B	PA Required for Ages < 18 years; PA Required for Ages < 6 years; Preferred Drug; SP; QL (1.31 ML per 82 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 546 MG/1.75ML		B	PA Required for Ages < 18 years; PA Required for Ages < 6 years; Preferred Drug; SP; QL (1.75 ML per 82 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 819 MG/2.625ML		B	PA Required for Ages < 18 years; PA Required for Ages < 6 years; Preferred Drug; SP; QL (2.63 ML per 82 days)
LATUDA		B	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
loxapine succinate		G	PA Required for Ages < 6 years
olanzapine oral tablet 10 mg, 5 mg	ZyPREXA	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)

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

Drug Name	Reference	Brand-Generic	Notes
olanzapine oral tablet 15 mg, 20 mg	ZyPREXA	G	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
olanzapine oral tablet 2.5 mg, 7.5 mg	ZyPREXA	G	PA Required for Ages < 6 years; Preferred Drug
olanzapine oral tablet dispersible 10 mg, 5 mg	ZyPREXA Zydis	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
olanzapine oral tablet dispersible 15 mg, 20 mg	ZyPREXA Zydis	G	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
quetiapine fumarate	SEROquel	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
RISPERDAL CONSTA		B	PA Required for Ages < 18 years; PA Required for Ages < 6 years; Preferred Drug; SP; QL (2 EA per 30 days)
risperidone oral solution	RisperDAL	G	PA Required for Ages < 6 years; Preferred Drug; QL (240 ML per 28 days)
risperidone oral tablet	RisperDAL	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
risperidone oral tablet dispersible 0.25 mg		G	Preferred Drug; QL (60 EA per 30 days)
risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg	RisperiDONE M-TAB	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
risperidone oral tablet dispersible 3 mg, 4 mg		G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
SAPHRIS		B	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)

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

Drug Name	Reference	Brand-Generic	Notes
thioridazine hcl oral		G	PA Required for Ages < 6 years
thiothixene		G	PA Required for Ages < 6 years
trifluoperazine hcl		G	PA Required for Ages < 6 years
ziprasidone hcl	Geodon	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
Antivirals			
abacavir sulfate oral tablet	Ziagen	G	
abacavir sulfate-lamivudine	Epzicom	G	
abacavir-lamivudine-zidovudine	Trizivir	G	
acyclovir external	Zovirax	G	QL (15 GM per 30 days)
acyclovir oral	Zovirax	G	
acyclovir sodium intravenous solution reconstituted 500 mg		G	
adefovir dipivoxil	Hepsera	G	PA; SP
APTIVUS		B	
atazanavir sulfate	Reyataz	G	
ATRIPLA		B	
BARACLUDE ORAL SOLUTION		B	PA; SP
BIKTARVY		B	QL (30 EA per 30 days)
cidofovir intravenous		G	
COMPLERA		B	
CRIXIVAN		B	
DESCOVY		B	
didanosine	Videx EC	G	
EDURANT		B	
efavirenz oral tablet	Sustiva	G	
EMTRIVA		B	
entecavir	Baraclude	G	PA; SP
EPIVIR HBV ORAL SOLUTION		B	SP
EVOTAZ		B	
famciclovir oral		G	
FUZEON		B	PA

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

Drug Name	Reference	Brand-Generic	Notes
ganciclovir sodium intravenous solution reconstituted	Cytovene	G	
GENVOYA		B	
INTELENCE		B	
INTRON A		B	PA; SP
INVIRASE		B	
ISENTRESS ORAL TABLET		B	
ISENTRESS ORAL TABLET CHEWABLE		B	
KALETRA ORAL TABLET		B	
lamivudine oral solution	Epivir	G	
lamivudine oral tablet 100 mg	Epivir HBV	G	SP
lamivudine oral tablet 150 mg, 300 mg	Epivir	G	
lamivudine-zidovudine	Combivir	G	
LEXIVA ORAL SUSPENSION		B	
lopinavir-ritonavir	Kaletra	G	
MAVYRET		B	PA; Preferred Drug; SP
moderiba	Moderiba	G	PA; Preferred Drug; SP
nevirapine	Viramune	G	
nevirapine er	Viramune XR	G	
NORVIR ORAL CAPSULE 100 MG		B	
NORVIR ORAL SOLUTION		B	
ODEFSEY		B	
oseltamivir phosphate oral capsule 30 mg	Tamiflu	G	QL (20 EA per 180 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	Tamiflu	G	QL (10 EA per 180 days)
oseltamivir phosphate oral suspension reconstituted	Tamiflu	G	QL (60 ML per 180 days)
PEGASYS		B	PA; Preferred Drug; SP
PEGASYS PROCLICK		B	PA; Preferred Drug; SP
PEGINTRON		B	PA; Preferred Drug; SP
PREZCOBIX		B	
PREZISTA		B	

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

Drug Name	Reference	Brand-Generic	Notes
RELENZA DISKHALER		B	QL (10 EA per 365 days)
RESCRIPTOR		B	
ribasphere oral capsule	Rebetol	G	PA; Preferred Drug; SP
ribasphere oral tablet 200 mg	Moderiba	G	PA; Preferred Drug; SP
ribavirin oral	Rebetol	G	PA; Preferred Drug; SP
rimantadine hcl	Flumadine	G	
ritonavir	Norvir	G	
SELZENTRY ORAL TABLET		B	PA
stavudine	Zerit	G	
STRIBILD		B	
tenofovir disoproxil fumarate	Viread	G	
TIVICAY		B	
TRIUMEQ		B	
TRUVADA		B	PA
TYBOST		B	
valacyclovir hcl oral	Valtrex	G	
valganciclovir hcl	Valcyte	G	PA
VIDEX		B	
VIRACEPT		B	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		B	
zidovudine	Retrovir	G	
Anxiolytics - Drugs for Anxiety			
alprazolam er	Xanax XR	G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
ALPRAZOLAM INTENSOL		B	PA Required for Ages < 6 years; QL (60 ML per 15 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	Xanax	G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
alprazolam oral tablet 2 mg	Xanax	G	PA Required for Ages < 6 years; QL (60 EA per 30 days)

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

Drug Name	Reference	Brand-Generic	Notes
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg		G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
alprazolam oral tablet dispersible 2 mg		G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
alprazolam xr	Xanax XR	G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
bupirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg		G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
bupirone hcl oral tablet 30 mg		G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
chlordiazepoxide hcl		G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	KlonoPIN	G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
clonazepam oral tablet 2 mg	KlonoPIN	G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
clonazepam oral tablet dispersible 2 mg		G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg		G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg		G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	Tranxene-T	G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
diazepam injection		G	PA Required for Ages < 6 years
diazepam intensol	Diazepam Intensol	G	PA Required for Ages < 6 years; QL (60 ML per 30 days)

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

Drug Name	Reference	Brand-Generic	Notes
diazepam oral concentrate	Diazepam Intensol	G	PA Required for Ages < 6 years; QL (60 ML per 30 days)
diazepam oral solution 1 mg/ml		G	PA Required for Ages < 6 years; QL (300 EA per 30 days)
diazepam oral tablet	Valium	G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
hydroxyzine hcl intramuscular		G	
hydroxyzine hcl oral syrup		G	QL (300 ML per 30 days)
hydroxyzine hcl oral tablet		G	QL (240 EA per 30 days)
hydroxyzine pamoate oral		G	QL (120 EA per 30 days)
lorazepam injection	Ativan	G	PA Required for Ages < 6 years
lorazepam intensol	LORazepam Intensol	G	PA Required for Ages < 6 years; QL (60 ML per 30 days)
lorazepam oral concentrate	LORazepam Intensol	G	PA Required for Ages < 6 years; QL (60 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	Ativan	G	PA Required for Ages < 6 years; QL (120 EA per 30 days)
lorazepam oral tablet 2 mg	Ativan	G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
oxazepam		G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
Bipolar Agents - Drugs for Mood Disorders			
lithium		G	PA Required for Ages < 6 years
lithium carbonate er	Lithobid	G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
lithium carbonate oral capsule		G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
lithium carbonate oral tablet		G	PA Required for Ages < 6 years

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

Drug Name	Reference	Brand-Generic	Notes
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders			
ADVATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS		B	SP
ADVATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS		B	Preferred Vendor; SP
ADVATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS		B	SP
ADVATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS		B	Preferred Vendor; SP
ADVATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS		B	SP
ADVATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS		B	Preferred Vendor; SP
ADVATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS		B	SP
ADVATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS		B	Preferred Vendor; SP
ADVATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS		B	SP
ADVATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS		B	Preferred Vendor; SP
ADVATE SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS		B	SP
ADVATE SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS		B	Preferred Vendor; SP
ADVATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS		B	SP
ADVATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS		B	Preferred Vendor; SP
ADYNOVATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS		B	PA; SP
ADYNOVATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS		B	PA; Preferred Vendor; SP
ADYNOVATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS		B	PA; SP
ADYNOVATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS		B	PA; Preferred Vendor; 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	Reference	Brand-Generic	Notes
ADYNOVATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS		B	PA; SP
ADYNOVATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS		B	PA; Preferred Vendor; SP
ADYNOVATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS		B	PA; SP
ADYNOVATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS		B	PA; Preferred Vendor; SP
ADYNOVATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS		B	PA; SP
ADYNOVATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS		B	PA; Preferred Vendor; SP
ADYNOVATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS		B	PA; SP
ADYNOVATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS		B	PA; Preferred Vendor; SP
ADYNOVATE SOLUTION RECONSTITUTED 750 UNIT INTRAVENOUS		B	PA; SP
ADYNOVATE SOLUTION RECONSTITUTED 750 UNIT INTRAVENOUS		B	PA; Preferred Vendor; SP
AFSTYLA		B	PA; Preferred Vendor; SP
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS		B	SP
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS		B	Preferred Vendor; SP
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS		B	SP
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS		B	Preferred Vendor; 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	Reference	Brand-Generic	Notes
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS		B	SP
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS		B	Preferred Vendor; SP
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS		B	SP
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS		B	Preferred Vendor; SP
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS		B	SP
ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS		B	Preferred Vendor; SP
ALPHANINE SD SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS		B	SP
ALPHANINE SD SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS		B	Preferred Vendor; SP
ALPHANINE SD SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS		B	SP
ALPHANINE SD SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS		B	Preferred Vendor; SP
ALPHANINE SD SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS		B	SP
ALPHANINE SD SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS		B	Preferred Vendor; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT		B	PA; Preferred Vendor; SP
ALPROLIX SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS		B	PA; SP
ALPROLIX SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS		B	PA; Preferred Vendor; 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	Reference	Brand-Generic	Notes
ALPROLIX SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS		B	PA; SP
ALPROLIX SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS		B	PA; Preferred Vendor; SP
AMICAR ORAL TABLET		B	
anagrelide hcl	Agrylin	G	
ARANESP (ALBUMIN FREE)		B	PA; SP
BEBULIN INTRAVENOUS SOLUTION RECONSTITUTED 200-1200 UNIT		B	Preferred Vendor; SP
BENEFIX		B	Preferred Vendor; SP
CEPROTIN		B	PA; Preferred Vendor; SP
CORIFACT		B	Preferred Vendor; SP
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT		B	PA; Preferred Vendor; SP
ELOCTATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS		B	PA; SP
ELOCTATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS		B	PA; Preferred Vendor; SP
ELOCTATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS		B	PA; SP
ELOCTATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS		B	PA; Preferred Vendor; SP
ELOCTATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS		B	PA; SP
ELOCTATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS		B	PA; Preferred Vendor; SP
ELOCTATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS		B	PA; SP
ELOCTATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS		B	PA; Preferred Vendor; SP
ELOCTATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS		B	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	Reference	Brand-Generic	Notes
ELOCTATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS		B	PA; Preferred Vendor; SP
ELOCTATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS		B	PA; SP
ELOCTATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS		B	PA; Preferred Vendor; SP
ELOCTATE SOLUTION RECONSTITUTED 5000 UNIT INTRAVENOUS		B	PA; SP
ELOCTATE SOLUTION RECONSTITUTED 5000 UNIT INTRAVENOUS		B	PA; Preferred Vendor; SP
ELOCTATE SOLUTION RECONSTITUTED 6000 UNIT INTRAVENOUS		B	PA; SP
ELOCTATE SOLUTION RECONSTITUTED 6000 UNIT INTRAVENOUS		B	PA; Preferred Vendor; SP
ELOCTATE SOLUTION RECONSTITUTED 750 UNIT INTRAVENOUS		B	PA; SP
ELOCTATE SOLUTION RECONSTITUTED 750 UNIT INTRAVENOUS		B	PA; Preferred Vendor; SP
EPOGEN		B	PA; SP
FEIBA		B	Preferred Vendor; SP
HELIXATE FS		B	Preferred Vendor; SP
HEMLIBRA		B	PA; SP
hemofil m intravenous solution reconstituted 1000 unit, 250 unit, 500 unit		G	Preferred Vendor; SP
HEMOPIL M INTRAVENOUS SOLUTION RECONSTITUTED 1700 UNIT		B	Preferred Vendor; SP
HUMATE-P		B	Preferred Vendor; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT		B	PA; Preferred Vendor; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 2000 UNIT, 250 UNIT, 3000 UNIT	Ixinity	B	Preferred Vendor; SP
IXINITY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Ixinity	B	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	Reference	Brand-Generic	Notes
IXINITY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Ixinity	B	Preferred Vendor; SP
IXINITY SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS		B	SP
IXINITY SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS		B	Preferred Vendor; SP
IXINITY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Ixinity	B	SP
IXINITY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Ixinity	B	Preferred Vendor; SP
JIVI		B	PA; SP
KOATE		B	Preferred Vendor; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT		B	SP
koate-dvi intravenous solution reconstituted 250 unit		G	SP
KOGENATE FS		B	Preferred Vendor; SP
KOGENATE FS BIO-SET INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		B	SP
KOVALTRY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS		B	Preferred Vendor; SP
KOVALTRY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS		B	PA; SP
KOVALTRY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS		B	Preferred Vendor; SP
KOVALTRY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS		B	PA; SP
KOVALTRY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS		B	Preferred Vendor; SP
KOVALTRY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS		B	PA; SP
KOVALTRY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS		B	Preferred Vendor; SP
KOVALTRY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS		B	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	Reference	Brand-Generic	Notes
KOVALTRY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS		B	Preferred Vendor; SP
KOVALTRY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS		B	PA; SP
LEUKINE		B	PA; SP
MONOCLATE-P		B	Preferred Vendor; SP
MONONINE		B	Preferred Vendor; SP
NEULASTA		B	PA; SP
NEULASTA ONPRO		B	PA; SP
NEUPOGEN		B	PA; SP
NOVOEIGHT		B	Preferred Vendor; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG		B	Preferred Vendor; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 8 MG		B	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT		B	Preferred Vendor; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT		B	SP
OBIZUR		B	SP
PROCRIT		B	PA; SP
PROFILNINE		B	Preferred Vendor; SP
PROFILNINE SD		B	SP
PROMACTA		B	PA; SP
RECOMBINATE		B	Preferred Vendor; SP
RIASTAP		B	SP
RIXUBIS	Ixinity	B	Preferred Vendor; SP
tranexamic acid oral	Lysteda	G	
TRETTEN		B	Preferred Vendor; SP
VONVENDI		B	Preferred Vendor; SP
WILATE		B	Preferred Vendor; SP
XYNTHA KIT 1000 UNIT INTRAVENOUS		B	SP
XYNTHA KIT 1000 UNIT INTRAVENOUS		B	Preferred Vendor; SP
XYNTHA KIT 2000 UNIT INTRAVENOUS		B	SP
XYNTHA KIT 2000 UNIT INTRAVENOUS		B	Preferred Vendor; 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	Reference	Brand-Generic	Notes
XYNTHA KIT 250 UNIT INTRAVENOUS		B	SP
XYNTHA KIT 250 UNIT INTRAVENOUS		B	Preferred Vendor; SP
XYNTHA KIT 500 UNIT INTRAVENOUS		B	SP
XYNTHA KIT 500 UNIT INTRAVENOUS		B	Preferred Vendor; SP
XYNTHA SOLOFUSE		B	Preferred Vendor; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions			
acetazolamide er		G	
acetazolamide oral		G	
amiloride hcl oral		G	
amiloride-hydrochlorothiazide		G	
amiodarone hcl oral tablet 100 mg, 200 mg	Pacerone	G	
amlodipine besylate oral	Norvasc	G	QL (30 EA per 30 days)
amlodipine besylate-benazepril hcl		G	
amlodipine-atorvastatin	Caduet	G	
atenolol oral	Tenormin	G	
atenolol-chlorthalidone	Tenoretic 100	G	
atorvastatin calcium oral	Lipitor	G	QL (30 EA per 30 days)
benazepril hcl oral	Lotensin	G	
bisoprolol fumarate		G	
bisoprolol-hydrochlorothiazide	Ziac	G	
bumetanide		G	
captopril oral		G	
captopril-hydrochlorothiazide		G	
cartia xt	Cardizem CD	G	QL (1 EA per 1 day)
carvedilol	Coreg	G	
chlorothiazide		G	
chlorthalidone		G	
cholestyramine light	Prevalite	G	
cholestyramine oral	Questran	G	
choline fenofibrate	Trilipix	G	
clonidine hcl oral	Catapres	G	PA Required for Ages < 6 years
clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr		G	QL (4 EA per 28 days)

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

Drug Name	Reference	Brand-Generic	Notes
colestipol hcl	Colestid	G	
digitek	Digitek	G	
digox	Digitek	G	
digoxin oral	Digitek	G	
diltiazem cd oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	Cardizem CD	G	QL (30 EA per 30 days)
diltiazem hcl er		G	
diltiazem hcl er beads	Taztia XT	G	QL (30 EA per 30 days)
diltiazem hcl er coated beads oral capsule extended release 24 hour	Cardizem CD	G	QL (30 EA per 30 days)
diltiazem hcl oral	Cardizem	G	
dilt-xr		G	
disopyramide phosphate	Norpace	G	
dobutamine hcl		G	
dobutamine in d5w		G	
dofetilide	Tikosyn	G	
doxazosin mesylate oral	Cardura	G	
enalapril maleate oral	Vasotec	G	
enalapril-hydrochlorothiazide	Vaseretic	G	
ENTRESTO		B	PA
eplerenone	Inspra	G	
eprosartan mesylate		G	
ezetimibe	Zetia	G	
felodipine er		G	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		G	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg		G	
fenofibrate oral tablet 145 mg, 48 mg	Tricor	G	
fenofibrate oral tablet 160 mg	Triglide	G	
fenofibrate oral tablet 54 mg		G	
fenofibric acid	Fibricor	G	
flecainide acetate		G	
fosinopril sodium		G	
fosinopril sodium-hctz		G	
furosemide injection		G	

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

Drug Name	Reference	Brand-Generic	Notes
furosemide oral		G	
gemfibrozil oral	Lopid	G	
guanfacine hcl		G	PA Required for Ages < 6 years
hydralazine hcl oral		G	
hydrochlorothiazide oral capsule	Microzide	G	
hydrochlorothiazide oral tablet 25 mg, 50 mg		G	
indapamide		G	
irbesartan	Avapro	G	
irbesartan-hydrochlorothiazide	Avalide	G	
isosorbide dinitrate		G	
isosorbide dinitrate er		G	
isosorbide mononitrate		G	
isosorbide mononitrate er		G	
JUXTAPID		B	PA; SP; QL (30 EA per 30 days)
labetalol hcl oral		G	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG		B	
lisinopril oral	Prinivil	G	
lisinopril-hydrochlorothiazide	Zestoretic	G	
losartan potassium	Cozaar	G	
losartan potassium-hctz	Hyzaar	G	
lovastatin		G	QL (30 EA per 30 days)
mannitol intravenous	Osmitrol	G	
methyclothiazide		G	
methyl dopa		G	
methyl dopate hcl intravenous solution 250 mg/5ml		G	
metolazone		G	
metoprolol succinate er	Toprol XL	G	
metoprolol tartrate oral	Lopressor	G	
metoprolol-hydrochlorothiazide		G	
mexiletine hcl oral		G	
midodrine hcl		G	
minoxidil oral		G	

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

Drug Name	Reference	Brand-Generic	Notes
moexipril hcl		G	
moexipril-hydrochlorothiazide		G	
MULTAQ		B	
nadolol oral	Corgard	G	
nadolol-bendroflumethiazide	Corzide	G	
nifedipine er	Adalat CC	G	
nifedipine er osmotic release	Nifedical XL	G	
nifedipine oral	Procardia	G	
NITRO-BID		B	
nitroglycerin sublingual	Nitrostat	G	
nitroglycerin transdermal	Minitran	G	
NORPACE CR		B	
NORTHERA		B	PA; SP
omega-3-acid ethyl esters	Lovaza	G	
osmitrol		G	
pacerone oral tablet 100 mg, 200 mg	Pacerone	G	
pentoxifylline er		G	
perindopril erbumine		G	
pravastatin sodium		G	QL (30 EA per 30 days)
prazosin hcl oral	Minipress	G	
prevalite	Prevalite	G	
propafenone hcl		G	
propafenone hcl er	Rythmol SR	G	
propranolol hcl er	Inderal LA	G	
propranolol hcl oral		G	
propranolol-hctz		G	
quinapril hcl	Accupril	G	
quinapril-hydrochlorothiazide	Accuretic	G	
quinidine gluconate er		G	
quinidine sulfate oral		G	
ramipril	Altace	G	
RANEXA		B	PA
simvastatin oral	Zocor	G	QL (30 EA per 30 days)
sorine	Betapace	G	

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

Drug Name	Reference	Brand-Generic	Notes
sotalol hcl (af)	Betapace AF	G	
sotalol hcl oral	Betapace	G	
spironolactone oral	Aldactone	G	
spironolactone-hctz	Aldactazide	G	
timolol maleate oral		G	
torseamide	Demadex	G	
trandolapril		G	
triamterene-hctz	Maxzide-25	G	
triklo oral capsule 1 gm	Lovaza	G	
valsartan	Diovan	G	
valsartan-hydrochlorothiazide	Diovan HCT	G	
verapamil hcl er oral capsule extended release 24 hour	Verelan	G	QL (30 EA per 30 days)
verapamil hcl er oral tablet extended release	Calan SR	G	QL (60 EA per 30 days)
verapamil hcl oral	Calan	G	
Central Nervous System Agents - Drugs for Attention Deficit Disorder			
ADDERALL	Adderall	B	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
ADDERALL XR		B	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
amphetamine-dextroamphetamine	Adderall	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
APTENSIO XR		B	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
atomoxetine hcl	Strattera	G	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
DAYTRANA		B	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)

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

Drug Name	Reference	Brand-Generic	Notes
dextroamphetamine sulfate er	Dexedrine	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
dextroamphetamine sulfate tablet 10 mg oral	Zenzedi	G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
dextroamphetamine sulfate tablet 10 mg oral	Zenzedi	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
dextroamphetamine sulfate tablet 5 mg oral	Zenzedi	G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
dextroamphetamine sulfate tablet 5 mg oral	Zenzedi	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
FOCALIN		B	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
FOCALIN XR		B	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
guanfacine hcl er	Intuniv	G	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
KAPVAY		B	PA Required for Ages < 6 years; Preferred Drug; QL (120 EA per 30 days)
METHYLIN		B	PA Required for Ages < 6 years; Preferred Drug; QL (300 ML per 30 days)
methylphenidate hcl er (cd)		G	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	Ritalin LA	G	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)

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

Drug Name	Reference	Brand-Generic	Notes
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg		G	Preferred Drug; QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour		G	Preferred Drug; QL (60 EA per 30 days)
methylphenidate hcl er tablet extended release 18 mg oral	Concerta	G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
methylphenidate hcl er tablet extended release 18 mg oral	Concerta	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
methylphenidate hcl er tablet extended release 27 mg oral	Concerta	G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
methylphenidate hcl er tablet extended release 27 mg oral	Concerta	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
methylphenidate hcl er tablet extended release 36 mg oral	Concerta	G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
methylphenidate hcl er tablet extended release 36 mg oral	Concerta	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
methylphenidate hcl er tablet extended release 54 mg oral	Concerta	G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
methylphenidate hcl er tablet extended release 54 mg oral	Concerta	G	PA Required for Ages < 6 years; Preferred Drug; QL (60 EA per 30 days)
methylphenidate hcl oral tablet	Ritalin	G	PA Required for Ages < 6 years; Preferred Drug; QL (90 EA per 30 days)
QUILLICHEW ER		B	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
QUILLIVANT XR		B	PA Required for Ages < 6 years; Preferred Drug; QL (150 ML per 30 days)

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

Drug Name	Reference	Brand-Generic	Notes
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	Ritalin LA	B	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
VYVANSE		B	PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
Central Nervous System Agents - Drugs for Multiple Sclerosis			
AUBAGIO		B	PA; SP
AVONEX PEN		B	PA; SP
AVONEX PREFILLED		B	PA; SP
AVONEX VIAL INTRAMUSCULAR KIT		B	PA; SP
BETASERON		B	PA; SP
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML		B	PA; SP
GILENYA ORAL CAPSULE 0.5 MG		B	PA; SP
glatopa subcutaneous solution prefilled syringe 40 mg/ml		G	PA; SP
PLEGRIDY		B	PA; SP
PLEGRIDY STARTER PACK		B	PA; SP
REBIF		B	PA; SP
REBIF REBIDOSE		B	PA; SP
TECFIDERA STARTER PACK		B	PA; SP; QL (60 EA per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG		B	PA; SP; QL (14 EA per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG		B	PA; SP; QL (60 EA per 30 days)
Central Nervous System Agents - Miscellaneous			
GRALISE		B	PA
HORIZANT		B	PA
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG		B	PA; QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG		B	PA; QL (60 EA per 30 days)
LYRICA ORAL SOLUTION		B	PA
riluzole	Rilutek	G	

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

Drug Name	Reference	Brand-Generic	Notes
SAVELLA		B	QL (60 EA per 30 days)
SAVELLA TITRATION PACK		B	
Dental and Oral Agents - Drugs for Mouth and Throat Conditions			
act total care	ACT Anticavity Fluoride Rinse	G	OTC
cankaid		G	OTC
CAPHOSOL MOUTH/THROAT SOLUTION		B	
cavarest	Cavarest	G	
cevimeline hcl	Evoxac	G	
chlorhexidine gluconate mouth/throat	Paroex	G	
clinpro 5000		G	
denta 5000 plus	Denta 5000 Plus	G	
dentagel	Cavarest	G	
fluoride mouth rinse	Crest Pro-Health Complete	G	OTC
fluoridex		G	
fluoridex daily renewal		G	
fluoridex enhanced whitening		G	
gly-oxide		G	OTC
just for kids		G	OTC
lidocaine viscous		G	QL (3.33 ML per 1 day)
neutragard advanced dental gel 1.1 %	Cavarest	G	
neutral sodium fluoride	PreviDent	G	
numoisyn mouth/throat liquid		G	
oralone	Oralone	G	
paroex	Paroex	G	
periogard mouth/throat solution 0.12 %	Paroex	G	
periomed		G	OTC
pilocarpine hcl oral	Salagen	G	
prevident mouth/throat	PreviDent	G	
ra anticavity fluoride rinse	ACT Anticavity Fluoride Rinse	G	OTC
sf	Cavarest	G	
sf 5000 plus	Denta 5000 Plus	G	

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

Drug Name	Reference	Brand-Generic	Notes
triamcinolone acetonide mouth/throat	Oralone	G	
XEROSTOMIA RELIEF SPRAY		B	
Dermatological Agents - Drugs for Skin Conditions			
ABREVA		B	OTC
acne	Clearasil Rapid Rescue Deep	G	OTC
acne maximum strength external pad 2 %	Clearasil Rapid Rescue Deep	G	OTC
acne medication 5 external gel		G	OTC
acne treatment external bar		G	OTC
al12	AL12	G	OTC
amlactin external cream 12 %	Geri-Hydrolac 12	G	OTC
ammonium lactate external	AL12	G	
amnesteem	Absorica	G	
antibiotic plus pain relief external cream 3.5-10000-10	Neosporin Plus Pain Relief MS	G	OTC
aqua care external cream		G	OTC; QL (85 GM per 30 days)
avar cleanser	Avar Cleanser	G	
avar-e emollient	Avar-e Emollient	G	
avar-e green	Avar-e Emollient	G	
avita	Avita	G	
benzepto	BenzE Foam	G	
benzepto creamy wash	BenzePrO Creamy Wash	G	
benzepto foaming cloths	BenzePrO Foaming Cloths	G	
benzepto short contact	BenzE Foam Ultra	G	
benzoyl peroxide cleanser		G	OTC
benzoyl peroxide external foam 5.3 %	BenzE Foam	G	OTC
benzoyl peroxide external foam 9.8 %	BenzE Foam Ultra	G	
benzoyl peroxide external gel 10 %	Clean & Clear Persa-Gel Max St	G	OTC
benzoyl peroxide external gel 5 %		G	OTC
benzoyl peroxide wash	PanOxyl Wash	G	OTC
benzoyl peroxide-erythromycin	Benzamycin	G	
beta care betamide		G	OTC
beta care betatar gel		G	OTC

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

Drug Name	Reference	Brand-Generic	Notes
bp 10-1		G	
bp cleansing wash		G	
bp foam	BenzEFoamUltra	G	
bp foaming wash external liquid 10 %	PanOxyl Wash	G	
bp gel external gel 5 %		G	OTC
bp wash external liquid 2.5 %	PanOxyl	G	
bp wash external liquid 7 %	BenzePrO Creamy Wash	G	
bpo creamy wash external kit 4 & 5 %		G	OTC
bpo foaming cloths	BenzePrO Foaming Cloths	G	
calcipotriene	Dovonex	G	
calcitrene	Calcitrene	G	
calcitriol external	Vectical	G	
cerisa wash external emulsion 10-1 %		G	
cerovel	Cerovel	G	
claravis	Absorica	G	
clearasil rapid rescue deep	Clearasil Rapid Rescue Deep	G	OTC
clindacin etz external swab	Cleocin-T	G	
clindacin-p	Cleocin-T	G	
clindamycin phosphate external	Cleocin-T	G	
clotrimazole-betamethasone external cream	Lotrisone	G	
complete lice treatment	CVS Lice Solution	G	OTC
compound w external pad	Clear Away 1-Step Wart Remover	G	OTC
compound w for kids external strip	Compound W for Kids	G	OTC
compound w one step invisible	Compound W for Kids	G	OTC
corn & callus remover	Compound W	G	OTC
corn remover one-step	Compound W for Kids	G	OTC
corn removers external pad 40 %	Clear Away 1-Step Wart Remover	G	OTC
corn/callus remover		G	OTC
cortizone-10 intensive healing	Cortizone-10 Intensive Healing	G	OTC
cortizone-10 plus	Cortizone-10 Intensive Healing	G	OTC
cortizone-10/aloe external cream	Cortizone-10 Intensive Healing	G	OTC

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

Drug Name	Reference	Brand-Generic	Notes
cottontails diaper rash creamy external ointment 10 %		G	OTC
DERMAREST PSORIASIS EXTERNAL GEL		B	OTC
DIFFERIN EXTERNAL GEL 0.1 %		B	OTC
DRYSOL		B	
duofilm		G	OTC
ELIDEL		B	PA; QL (30 GM per 30 days)
ery		G	
erythromycin external	Erygel	G	
exuviance blemish treatment		G	OTC
first aid antibiotic external ointment 4 %	Neosporin Plus Max St	G	OTC
FLUOROPLEX		B	
fluorouracil external cream 5 %	Efudex	G	
fluorouracil external solution		G	SP
geri-hydrolac 5		G	OTC
gnp acne treatment	Clean & Clear Continuous	G	OTC
GOLD BOND PSORIASIS RELIEF		B	OTC
hydrocortisone-aloe		G	OTC
imiquimod external	Aldara	G	
ionil-t	Ionil-T	G	OTC
isotretinoin oral	Absorica	G	
KERALYT EXTERNAL GEL 3 %		B	OTC
KERALYT SCALP		B	
lac-hydrin five		G	OTC
lactic acid external		G	
latrix external suspension 50 %		G	
latrix xm		G	
medicated callus removers	Clear Away 1-Step Wart Remover	G	OTC
medicated corn removers	Clear Away 1-Step Wart Remover	G	OTC
metronidazole external cream	MetroCream	G	
metronidazole external gel 0.75 %	Rosadan	G	
metronidazole external lotion	MetroLotion	G	

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

Drug Name	Reference	Brand-Generic	Notes
MG217 PSORIASIS MULTI-SYMPTOM EXTERNAL CREAM		B	OTC
mg217 psoriasis multi-symptom external ointment 2 %		G	OTC
myorisan	Absorica	G	
neutrogena clear pore		G	OTC
neutrogena on-the-spot	Neutrogena On-The-Spot	G	OTC
neutrogena rapid clear	Clearasil Rapid Rescue Deep	G	OTC
nutraplus external cream		G	OTC; QL (85 GM per 30 days)
OC8 EXTERNAL GEL 7 %		B	OTC
panoxyl	PanOxyl	G	OTC
pc-tar	Ionil-T	G	OTC
podofilox external		G	
pr benzoyl peroxide wash	BenzePrO Creamy Wash	G	
PRAMOSONE EXTERNAL CREAM 1-1 %		B	
pramoxine hcl rectal	Proctofoam	G	OTC
ra dandruff shampoo external lotion	Selsun Blue	G	OTC
rea lo 40 external lotion 40 %	Cerovel	G	
remeven external cream 50 %		G	QL (142 GM per 30 days)
rosadan external cream	MetroCream	G	
rosadan external gel	Rosadan	G	
rosanil cleanser	Avar Cleanser	G	
salactic film		G	OTC
salacyn external cream 6 %		G	
salacyn external lotion 6 %		G	
salicylic acid external cream		G	
salicylic acid external foam	Salvax	G	
salicylic acid external gel	Keralyt	G	
salicylic acid external liquid	Virasal	G	
salicylic acid external lotion		G	
salicylic acid external shampoo	Salex	G	
salicylic acid external solution 26 %		G	
salicylic acid wart remover	Virasal	G	
salicylic acid-cleanser	Salex	G	

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

Drug Name	Reference	Brand-Generic	Notes
salimez		G	
salisol forte		G	
salitech forte		G	
sal-plant	Compound W Maximum Strength	G	OTC
salvax	Salvax	G	
scalpicin 2 in 1		G	OTC
seb-prev wash external liquid 10 %	Ovace Plus Wash	G	
selenium sulfide external lotion		G	
selenium sulfide external shampoo 2.25 %		G	
selenium sulf-pyrithione-urea external shampoo 2.25 %		G	
spot acne treatment	Neutrogena On-The-Spot	G	OTC
sss 10-5		G	
stop lice complete treatment	CVS Lice Solution	G	OTC
stri-dex maximum strength	Clearasil Rapid Rescue Deep	G	OTC
sulfacetamide sodium (acne)	Klaron	G	
sulfacetamide sodium external liquid	Ovace Plus Wash	G	
sulfacetamide sodium-sulfur external cream 10-2 %	Avar-e LS	G	
sulfacetamide sodium-sulfur external cream 10-5 %	Avar-e Emollient	G	
sulfacetamide sodium-sulfur external emulsion	Avar Cleanser	G	
sulfacetamide sodium-sulfur external liquid 10-2 %	Avar LS Cleanser	G	
sulfacetamide sodium-sulfur external liquid 9-4 %	Sumaxin Wash	G	
sulfacetamide sodium-sulfur external liquid 9-4.5 %	Sumadan Wash	G	
sulfacetamide sodium-sulfur external lotion 10-5 %		G	
sulfacetamide sodium-sulfur external pad	Sumaxin	G	
sulfacetamide sodium-sulfur external suspension 8-4 %	SulfaCleanse 8/4	G	
sulfacetamide-sulfur in urea		G	
sulfacleanse 8/4	SulfaCleanse 8/4	G	
sulfamez wash		G	

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

Drug Name	Reference	Brand-Generic	Notes
tacrolimus external	Protopic	G	PA; QL (30 GM per 30 days)
tazarotene external	Tazorac	G	
TAZORAC EXTERNAL CREAM 0.05 %		B	
TAZORAC EXTERNAL GEL		B	
tera-gel tar		G	OTC
tretinoin external	Avita	G	
triple antibiotic	Curad Triple Antibiotic	G	OTC
umecta mousse		G	
urea external cream 45 %		G	QL (85 GM per 30 days)
urea external cream 50 %		G	QL (142 GM per 30 days)
urea external emulsion 50 %		G	
urea external lotion	Cerovel	G	
urea external suspension		G	
urea in zn undecyl-lactic acid		G	
urea nail	Uramaxin	G	
urea-c40	Cerovel	G	
ureacin-10	Aqua Care	G	OTC
ureacin-20		G	OTC; QL (85 GM per 30 days)
ure-k		G	QL (142 GM per 30 days)
wart remover	Compound W Maximum Strength	G	OTC
wart remover maximum strength external gel	Compound W Maximum Strength	G	OTC
wart remover maximum strength external strip	Compound W for Kids	G	OTC
zenatane	Absorica	G	
zencia external liquid 9-4 %	Sumaxin Wash	G	
Diabetes - Antidiabetic Agents			
acarbose	Precose	G	
ACTOPLUS MET XR		B	
AVANDIA		B	
BYDUREON		B	PA; Preferred Drug
BYETTA 10 MCG PEN		B	PA; Preferred Drug

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

Drug Name	Reference	Brand-Generic	Notes
BYETTA 5 MCG PEN		B	PA; Preferred Drug
chlorpropamide		G	
glimepiride	Amaryl	G	
glipizide er	Glucotrol XL	G	
glipizide ir	Glucotrol	G	
glipizide xl	Glucotrol XL	G	
glipizide-metformin hcl		G	
glyburide micronized	Glynase	G	
glyburide oral		G	
glyburide-metformin		G	
GLYXAMBI		B	PA; Preferred Drug
INVOKAMET		B	
INVOKANA		B	
JANUMET		B	PA; Preferred Drug
JANUMET XR		B	PA; Preferred Drug
JANUVIA		B	PA; Preferred Drug
JENTADUETO		B	PA; Preferred Drug
KOMBIGLYZE XR		B	PA; Preferred Drug
metformin hcl er	Glucophage XR	G	PA Required for Osmotic and Modified Release Products
metformin hcl oral tablet	Glucophage	G	
nateglinide	Starlix	G	
ONGLYZA		B	PA; Preferred Drug
pioglitazone hcl	Actos	G	
pioglitazone hcl-glimepiride	Duetact	G	
pioglitazone hcl-metformin hcl	Actoplus Met	G	
repaglinide		G	
SYMLINPEN 120		B	PA; Preferred Drug
SYMLINPEN 60		B	PA; Preferred Drug
tolazamide		G	
tolbutamide		G	
TRADJENTA		B	PA; Preferred Drug
VICTOZA		B	PA; Preferred Drug
Diabetes - Glucose Monitoring			

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

Drug Name	Reference	Brand-Generic	Notes
ACCU-CHEK AVIVA PLUS TEST STRIPS		B	OTC; QL (500 EA per 90 days)
ACCU-CHEK COMPACT PLUS TEST STRIPS		B	OTC; QL (500 EA per 90 days)
ACCU-CHEK FASTCLIX LANCET KIT		B	OTC
ACCU-CHEK FASTCLIX LANCETS	Accu-Chek FastClix Lancets	B	OTC
ACCU-CHEK GUIDE TEST STRIPS		B	OTC; QL (500 EA per 90 days)
ACCU-CHEK MULTICLIX LANCET DEVICE KIT		B	OTC
ACCU-CHEK MULTICLIX LANCETS	Accu-Chek FastClix Lancets	B	OTC
ACCU-CHEK SMARTVIEW TEST STRIPS		B	OTC; QL (500 EA per 90 days)
ACCU-CHEK SOFT TOUCH LANCETS	Accu-Chek FastClix Lancets	B	OTC
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT		B	OTC
ACCU-CHEK SOFTCLIX LANCETS	Accu-Chek FastClix Lancets	B	OTC
KETOCARE		B	OTC
KETOSTIX		B	OTC
LANCETS	Accu-Chek FastClix Lancets	B	OTC
MULTI-LANCET DEVICE 2		B	OTC
Diabetes - Glycemic Agents			
GLUCAGON EMERGENCY		B	
Diabetes - Insulins			
ASSURE ID SAFETY PEN NEEDLES 30G X 5 MM		B	OTC
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML		B	OTC
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML		B	OTC
DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML		B	OTC
DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML		B	OTC
DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML		B	OTC

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

Drug Name	Reference	Brand-Generic	Notes
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML		B	OTC
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		B	QL (60 ML per 30 days)
HUMALOG MIX 50/50 KWIKPEN		B	QL (60 ML per 30 days)
HUMALOG MIX 50/50 VIAL		B	QL (60 ML per 30 days)
HUMALOG MIX 75/25 KWIKPEN		B	QL (60 ML per 30 days)
HUMALOG MIX 75/25 VIAL		B	QL (60 ML per 30 days)
HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION		B	QL (60 ML per 30 days)
HUMULIN 70/30 VIAL		B	OTC; QL (60 ML per 30 days)
HUMULIN N VIAL		B	OTC; QL (60 ML per 30 days)
HUMULIN R U-500 KWIKPEN		B	PA; Preferred Drug
HUMULIN R U-500 VIAL (CONCENTRATED)		B	PA; QL (20 ML per 30 days)
HUMULIN R VIAL		B	OTC; QL (60 ML per 30 days)
INSULIN PEN NEEDLES 29G X 12.7MM		B	
INSULIN PEN NEEDLES 29G X 12.7MM		B	OTC
INSULIN PEN NEEDLES 29G X 12MM		B	OTC
INSULIN PEN NEEDLES 30G X 8 MM	Assure ID Safety Pen Needles	B	OTC
INSULIN PEN NEEDLES 31G X 5 MM	Advocate Insulin Pen Needles	B	
INSULIN PEN NEEDLES 31G X 5 MM	Advocate Insulin Pen Needles	B	OTC
INSULIN PEN NEEDLES 31G X 6 MM	CareFine Pen Needles	B	OTC
INSULIN PEN NEEDLES 31G X 6 MM	CareFine Pen Needles	B	
INSULIN PEN NEEDLES 31G X 8 MM		B	
INSULIN PEN NEEDLES 31G X 8 MM		B	OTC
INSULIN PEN NEEDLES 32G X 4 MM	BD Pen Needle Nano U/F	B	
INSULIN PEN NEEDLES 32G X 4 MM	BD Pen Needle Nano U/F	B	OTC
INSULIN SYRINGES 27G X 1/2" 1 ML		B	OTC

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

Drug Name	Reference	Brand-Generic	Notes
INSULIN SYRINGES 28G X 1/2" 0.5 ML	BD Insulin Syringe MicroFine	B	OTC
INSULIN SYRINGES 28G X 1/2" 1 ML, 29G X 1/2" 1 ML		B	OTC
INSULIN SYRINGES 29G 0.3 ML		B	OTC
INSULIN SYRINGES 29G X 1/2" 0.5 ML		B	OTC
INSULIN SYRINGES 30G X 1/2" 0.5 ML		B	OTC
INSULIN SYRINGES 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML		B	OTC
INSULIN SYRINGES 31G X 5/16" 0.5 ML	Advocate Insulin Syringe	B	OTC
INSULIN SYRINGES 31G X 5/16" 1 ML	Advocate Insulin Syringe	B	OTC
LANTUS SOLOSTAR		B	QL (60 ML per 30 days)
LANTUS U-100 VIAL		B	Preferred Drug; QL (60 ML per 30 days)
LEVEMIR U-100 FLEXTOUCH		B	QL (60 ML per 30 days)
LEVEMIR U-100 VIAL		B	QL (60 ML per 30 days)
NOVOFINE AUTOCOVER PEN NEEDLE	Assure ID Safety Pen Needles	B	OTC
NOVOFINE PEN NEEDLE		B	OTC
NOVOFINE PLUS PEN NEEDLE	BD Pen Needle Nano U/F	B	OTC
NOVOLOG FLEXPEN		B	QL (60 ML per 30 days)
NOVOLOG MIX 70/30 FLEXPEN		B	Preferred Drug; QL (60 ML per 30 days)
NOVOLOG MIX 70/30 VIAL		B	Preferred Drug; QL (60 ML per 30 days)
NOVOLOG PENFILL		B	Preferred Drug; QL (60 ML per 30 days)
NOVOLOG U-100 VIAL		B	QL (60 ML per 30 days)
NOVOTWIST PEN NEEDLE		B	OTC
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML		B	OTC
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML		B	OTC
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML		B	OTC
TRUE COMFORT INSULIN SYRINGE	Advocate Insulin Syringe	B	OTC
TRUE COMFORT PEN NEEDLES	BD Pen Needle Nano U/F	B	OTC

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

Drug Name	Reference	Brand-Generic	Notes
Electrolytes / Minerals / Metals / Vitamins			
airavite	Airavite	G	
animal shapes	Animal Shapes	G	OTC
antioxidant formula oral capsule 250-10000-200	Chlorocaps	G	OTC
AP-ZEL	ABC Plus Senior	B	
av-vite fb	Airavite	G	
b complex 50 oral tablet extended release	CVS Balanced B100	G	OTC
b complex oral capsule		G	OTC
b complex vitamins		G	OTC
BACMIN	ABC Plus Senior	B	
b-complex high potency	CVS Balanced B100	G	OTC
b-complex/b-12		G	OTC
b-complex/vitamin c	Milco-B-Forte	G	OTC
bd posiflush	BD PosiFlush	G	
biocel	ABC Plus Senior	G	
BIOSUPP	Biotect Plus	B	OTC
BIOTECT PLUS ORAL LIQUID	Biotect Plus	B	OTC
b-plex	Milco-B-Forte	G	
b-plex plus	ABC Plus Senior	G	
BURIED TREASURE ACTIVE 55 PLUS	Biotect Plus	B	OTC
calcitrate oral tablet 950 mg	Calcitrate	G	OTC
calcium carbonate oral tablet 600 mg	High Potency Calcium	G	OTC
calcium chloride		G	
calcium citrate oral tablet 950 mg	Calcitrate	G	OTC
calcium gluconate intravenous solution		G	
calcium-vitamin d3 oral tablet 600-400 mg-unit		G	OTC
caltrate 600		G	OTC
childrens chewable vitamins	Animal Shapes	G	OTC
chlorocaps	Chlorocaps	G	OTC
copper chloride		G	
corvita		G	
corvite free	ABC Plus Senior	G	
cvs vitamin e oral capsule 1000 unit		G	OTC
cyanocobalamin injection		G	

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

Drug Name	Reference	Brand-Generic	Notes
d3 high potency oral capsule 1000 unit	Pronutrients Vitamin D3	G	OTC
d3 super strength		G	OTC
d3 vitamin	BProtected Pedia D-Vite	G	OTC
decara oral capsule 10000 unit	Decara	G	OTC
DECARA ORAL CAPSULE 25000 UNIT		B	OTC
decara oral capsule 50000 unit		G	OTC
DEKAS ESSENTIAL ORAL CAPSULE	Chlorocaps	B	OTC
delflex-lc/1.5% dextrose		G	
delflex-lc/4.25% dextrose		G	
delflex-sm/1.5% dextrose		G	
delflex-sm/2.5% dextrose		G	
dexifol	Dexifol	G	
dextrose in lactated ringers		G	
dextrose intravenous		G	
dextrose-nacl		G	
dialyvite	Dialyvite	G	
DIANEAL LOW CALCIUM/1.5% DEX		B	
DIANEAL LOW CALCIUM/2.5% DEX		B	
DRISDOL	Drisdol	B	
effer-k oral tablet effervescent 25 meq	Effer-K	G	
effervescent pot chloride		G	
endur-acin oral tablet extended release 750 mg	Endur-Acin	G	OTC
ergocalciferol oral capsule	Drisdol	G	
fabb	Folgard RX	G	
fa-vitamin b-6-vitamin b-12		G	
fe c tab plus	Icar-C Plus	G	OTC
FEOSOL ORAL TABLET 200 (65 FE) MG		B	OTC
ferosul oral elixir	FeroSul	G	OTC
ferrous gluconate oral tablet 324 (37.5 fe) mg		G	OTC
ferrous sulfate oral elixir	FeroSul	G	OTC
ferrous sulfate oral solution	BProtected Pedia Iron	G	OTC
ferrous sulfate oral tablet 27 mg		G	OTC
ferrous sulfate oral tablet delayed release 325 (65 fe) mg		G	OTC
floriva plus solution 0.25 mg/ml oral	Floriva Plus	G	

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

Drug Name	Reference	Brand-Generic	Notes
FLORIVA PLUS SOLUTION 0.25 MG/ML ORAL	Floriva Plus	B	
folbee	Airavite	G	
folbee plus	Dexifol	G	
folic acid injection		G	
folic acid oral tablet 1 mg		G	
folic acid oral tablet 800 mcg	FA-8	G	OTC
FOLIKA-T	Dialyvite	B	
folitab 500		G	OTC
folplex 2.2		G	
foltabs 800		G	OTC
FORTAVIT ORAL CAPSULE	ActivNutrients	B	
FORTAVIT ORAL LIQUID	Biotect Plus	B	OTC
GENICIN VITA-S	Dialyvite	B	
glucose intravenous		G	
GLYCOTROL COMPLETE		B	OTC
gnp folic acid		G	OTC
hematogen forte	Hematogen Forte	G	
hydroxocobalamin intramuscular solution 1000 mcg/ml		G	
HYLAVITE	Milco-B-Forte	B	
hyperlyte-cr		G	
ICAPS AREDS 2 ORAL TABLET CHEWABLE		B	OTC
iferex 150 forte	iFerex 150 Forte	G	
IODOPEN INJECTION SOLUTION 100 MCG/ML		B	
IONOSOL-B IN D5W INTRAVENOUS SOLUTION		B	
IONOSOL-MB IN D5W		B	
ISOLYTE-P IN D5W		B	
ISOLYTE-S		B	
ISOLYTE-S PH 7.4		B	
kcl in dextrose-nacl		G	
k-effervescent	Effer-K	G	
kionex	Kionex	G	
klor-con	Klor-Con	G	

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

Drug Name	Reference	Brand-Generic	Notes
klor-con 10	K-Tab	G	
klor-con m10	Klor-Con M10	G	
klor-con m20	Klor-Con M20	G	
klor-con sprinkle	Klor-Con Sprinkle	G	
klor-con/ef	Effer-K	G	
k-prime	Effer-K	G	
k-tan plus	K-Tan Plus	G	
k-vescent	Effer-K	G	
lactated ringers intravenous		G	
levocarnitine oral solution	Carnitor	G	
levocarnitine oral tablet	Carnitor	G	
LORID	Dialyvite	B	
lysiplex plus oral liquid	Biotect Plus	G	OTC
lysiplex plus oral tablet	ABC Plus Senior	G	
magnesium oral capsule 500 mg		G	OTC
magnesium oxide oral capsule 500 mg		G	OTC
magnesium oxide oral tablet 400 (240 mg) mg, 500 mg		G	OTC
magnesium oxide oral tablet 400 (241.3 mg) mg	MAGnesium-Oxide	G	OTC
magnesium sulfate injection		G	
manganese chloride		G	
manganese sulfate intravenous solution 0.1 mg/ml		G	
mccarnitine oral tablet 330 mg	Carnitor	G	OTC
millguard		G	OTC
M-NATAL PLUS	M-Vit	B	
monoject flush syringe	BD PosiFlush	G	
monoject sodium chloride flush	BD PosiFlush	G	
multiple vitamin-folic acid	Cardenz	G	OTC
multitrace-4		G	
multitrace-4 concentrate		G	
multitrace-4 neonatal		G	
MULTITRACE-4 PEDIATRIC		B	
multitrace-5		G	
multitrace-5 concentrate		G	
multi-vit/fluoride	Floriva Plus	G	

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

Drug Name	Reference	Brand-Generic	Notes
multi-vit/fluoride/iron oral solution 0.25-10 mg/ml		G	
multi-vit/iron/fluoride		G	
multi-vitamin/fluoride	Floriva Plus	G	
multivitamin/fluoride oral solution	Floriva Plus	G	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	MVC-Fluoride	G	
multivitamin/fluoride/iron		G	
multi-vitamin/fluoride/iron		G	
multivitamins/fluoride	MVC-Fluoride	G	
mvc-fluoride	MVC-Fluoride	G	
mv-one	Chlorocaps	G	OTC
myferon 150 forte	iFerex 150 Forte	G	
mynephrocaps	Mynephron	G	
mynephron	Mynephron	G	
nephronex oral tablet	Dialyvite	G	
NEUT		B	
niacin er oral capsule extended release		G	OTC
niacin er oral tablet extended release 1000 mg		G	OTC
niacin er oral tablet extended release 500 mg, 750 mg	Endur-Acin	G	OTC
niacin oral tablet 100 mg, 250 mg, 50 mg		G	OTC
niacin-50		G	OTC
NICADAN	ABC Plus Senior	B	
NICAZEL	ABC Plus Senior	B	
NICAZEL FORTE	ABC Plus Senior	B	
normal saline flush	BD PosiFlush	G	
normosol-m in d5w		G	
normosol-r		G	
normosol-r in d5w		G	
NORMOSOL-R PH 7.4		B	
nufol	Airavite	G	
nutricap	ABC Plus Senior	G	
nutrifac zx	ABC Plus Senior	G	
nutrilyte intravenous concentrate	TPN Electrolytes	G	
OCUVITE ADULT FORMULA	ActivNutrients	B	OTC

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

Drug Name	Reference	Brand-Generic	Notes
one daily	Cardenz	G	OTC
oyster shell calcium oral tablet 500 mg	Oysco 500	G	OTC
oyster shell calcium/vitamin d oral tablet 500-200 mg-unit	Os-Cal Calcium + D3	G	OTC
pediatric electrolyte oral solution	Advantage Care Electrolyte Ped	G	OTC
pediavit		G	OTC
plain niacin		G	OTC
PLASMA-LYTE 148		B	
PLASMA-LYTE A		B	
PLASMA-LYTE-56 IN D5W INTRAVENOUS SOLUTION		B	
poly-iron 150 forte	iFerex 150 Forte	G	
polysaccharide iron forte	iFerex 150 Forte	G	
pot bicarb-pot chloride		G	
potassium bicarbonate oral	Effer-K	G	
potassium chloride crys er	Klor-Con M10	G	
potassium chloride er	K-Tab	G	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%		G	
potassium chloride oral	Klor-Con	G	
potassium citrate er	Urocit-K 10	G	
PRENATAL MULTI +DHA ORAL CAPSULE 27-0.8-228 MG		B	OTC
PRENATAL ORAL TABLET 27-1 MG	M-Vit	B	
PRENATAL PLUS IRON	Prenatabs Rx	B	
PRESERVISION AREDS 2 ORAL TABLET CHEWABLE		B	OTC
PROTECT PLUS	ActivNutrients	B	
PROTECT PLUS NF	Biotect Plus	B	OTC
purevit dualfe plus	K-Tan Plus	G	
quflora pediatric	MVC-Fluoride	G	
ra iron oral tablet 325 (65 fe) mg	FeroSul	G	OTC
renal	Mynephron	G	
renal multivitamin formula	Dialyvite 800	G	OTC
rena-vite	Dialyvite 800	G	OTC
rena-vite rx	Dialyvite	G	OTC

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

Drug Name	Reference	Brand-Generic	Notes
reno caps	Mynephron	G	OTC
REQ 49+	ABC Plus Senior	B	
ringers		G	
saline flush	BD PosiFlush	G	
saline flush zr	BD PosiFlush	G	
selenium intravenous		G	
se-tan plus	K-Tan Plus	G	
siderol	ABC Plus Senior	G	
slo-niacin oral tablet extended release 250 mg		G	OTC
sod citrate-citric acid		G	
sodium acetate intravenous		G	
sodium bicarbonate intravenous		G	
sodium chloride flush	BD PosiFlush	G	
sodium chloride injection		G	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %		G	
sodium fluoride oral solution		G	
sodium fluoride oral tablet chewable	Ludent	G	
sodium lactate intravenous		G	
sodium polystyrene sulfonate oral suspension	Kionex	G	
sodium polystyrene sulfonate rectal		G	
sps	Kionex	G	
stress formula	Milco-B-Forte	G	OTC
strovite forte oral tablet	ABC Plus Senior	G	
STROVITE ONE	ABC Plus Senior	B	
SUPPORT	Biotect Plus	B	
swabflush saline flush	BD PosiFlush	G	
thera-m	ABC Plus Senior	G	OTC
tl gard rx	Folgard RX	G	
tpn electrolytes	TPN Electrolytes	G	
TRACE ELEMENTS 4/PEDIATRIC		B	
trigels-f forte	Hematogen Forte	G	
triphrocaps	Mynephron	G	
tri-vit/fluoride oral solution 0.25 mg/ml		G	

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

Drug Name	Reference	Brand-Generic	Notes
tri-vitamin/fluoride oral solution 0.25 mg/ml		G	
tronvite	Dialyvite	G	
tropical liquid nutrition	Biotect Plus	G	OTC
ULTRABAG/DIANEAL/1.5% DEXTROSE		B	
ULTRABAG/DIANEAL/2.5% DEXTROSE		B	
v-c forte	ActivNutrients	G	
vic-forte	ActivNutrients	G	
virt-caps	Mynephron	G	
virt-gard	Folgard RX	G	
virtrate-2 oral solution 500-334 mg/5ml		G	
virt-vite oral tablet 2.5-25-1 mg	Airavite	G	
virt-vite plus oral tablet 5 mg	Dexifol	G	
vita s forte	ABC Plus Senior	G	
vitacel	ABC Plus Senior	G	
vitamax pediatric		G	
vita-min	ActivNutrients	G	
vitamin b-1 oral tablet 50 mg		G	OTC
vitamin b-12 oral tablet 1000 mcg		G	OTC
vitamin b-6 oral tablet 100 mg		G	OTC
vitamin d (cholecalciferol) oral capsule 400 unit		G	OTC
vitamin d (cholecalciferol) oral tablet 1000 unit	Vitamin D-1000 Max St	G	OTC
vitamin d (ergocalciferol) oral capsule 50000 unit	Drisdol	G	
vitamin d3 oral capsule 10000 unit	Decara	G	OTC
vitamin d3 oral capsule 2000 unit		G	OTC
vitamin d3 oral capsule 5000 unit	Dialyvite Vitamin D 5000	G	OTC
vitamin e oral capsule 1000 unit		G	OTC
vitamins acd-fluoride		G	
vita-plus e oral capsule 400 unit	Ester-E	G	OTC
viteyes complete	ActivNutrients	G	OTC
vp-vite rx	Dialyvite	G	
VP-ZEL ORAL TABLET	ABC Plus Senior	B	
womens multivitamin	ABC Plus Senior	G	OTC
zinc sulfata intravenous		G	

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

Drug Name	Reference	Brand-Generic	Notes
zinc trace metal		G	
zoo friends multi gummies		G	OTC
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer			
acid reducer oral tablet 150 mg	Wal-Zan 150 Maximum Strength	G	OTC
CARAFATE ORAL SUSPENSION		B	
cimetidine hcl		G	
cimetidine oral	Tagamet HB	G	
famotidine oral suspension reconstituted	Pepcid	G	
famotidine oral tablet 10 mg	Pepcid AC	G	OTC
famotidine oral tablet 20 mg, 40 mg	Pepcid	G	
FIRST-LANSOPRAZOLE		B	
FIRST-OMEPRAZOLE		B	
gnp lansoprazole	Prevacid	G	OTC
heartburn relief 150 max st	Wal-Zan 150 Maximum Strength	G	OTC
heartburn treatment 24 hour oral capsule delayed release 15 mg	Prevacid	G	OTC
lansoprazole oral capsule delayed release	Prevacid	G	
misoprostol oral	Cytotec	G	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE		B	OTC
omeprazole oral capsule delayed release		G	
omeprazole oral tablet delayed release		G	OTC
OMEPRAZOLE+SYRSPEND SF ALKA		B	
pantoprazole sodium oral	Protonix	G	QL (30 EA per 30 days)
pepcid ac maximum strength	Pepcid	G	OTC
ranitidine acid reducer	Wal-Zan 75	G	OTC
ranitidine hcl oral capsule		G	
ranitidine hcl oral syrup		G	
ranitidine hcl oral tablet 150 mg	Wal-Zan 150 Maximum Strength	G	
ranitidine hcl oral tablet 300 mg	Zantac	G	
ranitidine hcl oral tablet 75 mg	Wal-Zan 75	G	OTC
sucralfate oral tablet	Carafate	G	

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

Drug Name	Reference	Brand-Generic	Notes
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			
acid gone oral suspension		G	OTC
almacone oral tablet chewable		G	OTC
aluminum hydroxide gel		G	OTC
AMITIZA		B	PA
antacid anti-gas max strength	Almacone Double Strength	G	OTC
antacid extra strength oral tablet chewable	Antacid Flavor Chews	G	OTC
antacid maximum	Tums Ultra 1000	G	OTC
antacid oral tablet chewable 500 mg	Cal-Gest Antacid	G	OTC
antacid oral tablet chewable 550-110 mg	Rolaids	G	OTC
ANTACID SOFT CHEWS	Tums Chewy Delights	B	OTC
anti-diarrheal		G	OTC
bisacodyl ec	Alophen	G	OTC
biscolax	Bisac-Evac	G	OTC
chocolated laxative	Ex-Lax	G	OTC
citrate of magnesia oral solution 1.745 gm/30ml	Citroma	G	OTC
clearlax	ClearLax	G	OTC
constulose		G	
cromolyn sodium oral	Gastrocrom	G	
cvs stool softener oral capsule 250 mg	DOK	G	OTC
dicyclomine hcl oral		G	
diphenoxylate-atropine		G	
docusate sodium oral capsule 250 mg	DOK	G	OTC
docusate sodium oral liquid 150 mg/15ml		G	OTC
docusate sodium oral syrup		G	OTC
docusate sodium oral tablet	DOK	G	OTC
docusol mini		G	OTC
ed-spaz	Anaspaz	G	
enemeez mini		G	OTC
enulose		G	
ex-lax ultra	Alophen	G	OTC
gas-x	Gas-X	G	OTC
gavilax oral powder	ClearLax	G	OTC

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

Drug Name	Reference	Brand-Generic	Notes
gavilyte-c	Colyte with Flavor Packs	G	
gavilyte-g	GaviLyte-G	G	
gavilyte-n with flavor pack	GaviLyte-N with Flavor Pack	G	
generlac		G	
gentle laxative	Alophen	G	OTC
geri-lanta supreme		G	OTC
geri-mucil	Reguloid	G	OTC
glycerin (adult)		G	OTC
glycerin (child)		G	OTC
glycerin (infants & children)		G	OTC
glycerin (pediatric)		G	OTC
glycerin adult		G	OTC
glycolax	ClearLax	G	OTC
glycopyrrolate oral tablet 1 mg, 2 mg		G	
gnp antacid extra strength oral tablet chewable 160-105 mg	Acid Gone	G	OTC
gnp docusate calcium	Kao-Tin	G	OTC
hm gas relief oral tablet chewable 125 mg	Gas-X Extra Strength	G	OTC
HYDROCIL ORAL PACKET		B	OTC
hyoscyamine sulfate er	Levbid	G	
hyoscyamine sulfate oral		G	
hyoscyamine sulfate sl	Levsin/SL	G	
hyoscyamine sulfate sublingual	Levsin/SL	G	
infants gas relief oral suspension 20 mg/0.3ml	Little Remedies for Tummys	G	OTC
KONSYL DAILY FIBER ORAL PACKET 100 %		B	OTC
KONSYL ORAL PACKET		B	OTC
KONSYL ORAL POWDER 60.3 %		B	OTC
KONSYL ORAL POWDER 71.67 %		B	OTC
KONSYL-D		B	OTC
lactulose encephalopathy		G	
lactulose oral solution		G	
LINZESS		B	PA
loperamide hcl oral capsule	Imodium A-D	G	
loperamide hcl oral suspension	Imodium A-D	G	OTC

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

Drug Name	Reference	Brand-Generic	Notes
maalox multi symptom max st	Almacone Double Strength	G	OTC
magnesium citrate oral solution	Citroma	G	OTC
magnesium oxide oral tablet 250 mg		G	OTC
magnesium oxide oral tablet 420 mg	Maox	G	OTC
maox	Maox	G	OTC
METAMUCIL MULTIHEALTH FIBER ORAL PACKET		B	OTC
METAMUCIL ORAL WAFER		B	OTC
methscopolamine bromide oral		G	
mi-acid oral tablet chewable		G	OTC
milk of magnesia oral suspension 400 mg/5ml	Dulcolax Milk of Magnesia	G	OTC
mintox plus		G	OTC
MYTESI		B	PA; QL (60 EA per 30 days)
natural fiber laxative oral powder 48.57 %	Metamucil	G	OTC
natural psyllium seed	Evac	G	OTC
natural senna laxative	Dr Edwards Olive Laxative	G	OTC
nulev	Anaspaz	G	
oscimin	Levsin	G	
oscimin sr	Levbid	G	
OSMOPREP		B	
PEDIA-LAX RECTAL	Pedia-Lax	B	OTC
peg 3350 oral packet	CVS Purelax	G	OTC
peg 3350/electrolytes oral solution reconstituted 240 gm	Colyte with Flavor Packs	G	
peg 3350-kcl-na bicarb-nacl	GaviLyte-N with Flavor Pack	G	
peg-3350/electrolytes	GaviLyte-G	G	
pegylax	ClearLax	G	
pink bismuth maximum strength	Kaopectate Extra Strength	G	OTC
pink bismuth oral tablet chewable 262 mg	Pepto-Bismol	G	OTC
polyethylene glycol 3350 oral	ClearLax	G	
propantheline bromide oral		G	
psyllium fiber	Medi-Mucil	G	OTC
psyllium husk oral	Evac	G	OTC

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

Drug Name	Reference	Brand-Generic	Notes
ra epsom salt oral		G	OTC
rolaids	Rolaids	G	OTC
saline laxative		G	OTC
sani-supp adult rectal suppository 2 gm		G	OTC
sani-supp pediatric rectal suppository 1.2 gm		G	OTC
senna oral capsule		G	OTC
senna smooth		G	OTC
senna-docusate sodium	Colace 2-IN-1	G	OTC
simethicone oral capsule	Gas-X Extra Strength	G	OTC
simethicone oral suspension	Little Remedies for Tummys	G	OTC
simethicone oral tablet chewable 80 mg	Gas-X	G	OTC
sodium bicarbonate oral tablet		G	OTC
soothe oral tablet		G	OTC
sorbulax oral powder 100 %	Evac	G	OTC
stomach relief oral suspension 262 mg/15ml	Kao-Tin	G	OTC
stool softener oral capsule 100 mg	Colace	G	OTC
stool softener oral capsule 250 mg	DOK	G	OTC
stool softener plus laxative	Colace 2-IN-1	G	OTC
symax-sr	Levbid	G	
titralac		G	OTC
trilyte	GaviLyte-N with Flavor Pack	G	
TUMS CHEWY DELIGHTS	Tums Chewy Delights	B	OTC
ursodiol oral	Actigall	G	
wal-mucil oral powder 100 %	Evac	G	OTC
Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment			
CREON		B	Preferred Drug
SUCRAID		B	PA; SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 10000-32000 UNIT, 20000-63000 UNIT, 25000 UNIT, 25000-79000 UNIT, 40000-126000 UNIT, 40000-136000 UNIT, 5000 UNIT, 5000-24000 UNIT		B	Preferred Drug

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

Drug Name	Reference	Brand-Generic	Notes
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT, 15000-51000 UNIT, 3000-10000 UNIT, 3000-14000 UNIT		B	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions			
azo tabs	AZO Urinary Pain Relief	G	OTC
azuphen mb oral capsule 120 mg	Ustell	G	
bethanechol chloride oral	Urecholine	G	
calcium acetate (phos binder)	Calphron	G	
calcium acetate oral capsule	PhosLo	G	
calphron	Calphron	G	OTC
CUPRIMINE		B	SP
ELMIRON		B	PA
FOSRENOL ORAL PACKET		B	PA
lanthanum carbonate	Fosrenol	G	PA
MYRBETRIQ		B	ST
oxybutynin chloride er	Ditropan XL	G	
oxybutynin chloride oral		G	
phenazo oral tablet 200 mg	Phenazo	G	
phenazopyridine hcl oral tablet 100 mg	Pyridium	G	
phenazopyridine hcl oral tablet 200 mg	Phenazo	G	
phosphasal	Phosphasal	G	
RENAGEL		B	
RENVELA ORAL TABLET		B	Preferred Drug
tolterodine tartrate	Detrol	G	ST
tolterodine tartrate er	Detrol LA	G	ST
tropium chloride		G	
ur n-c oral tablet 81.6 mg	Phosphasal	G	
uretron d/s		G	
urin ds	Phosphasal	G	
urinary pain relief max st	AZO Urinary Pain	G	OTC
urinary pain relief oral tablet 95 mg	AZO Urinary Pain Relief	G	OTC
ustell	Ustell	G	
uticap	Ustell	G	
utira-c	Phosphasal	G	

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

Drug Name	Reference	Brand-Generic	Notes
utrona-c	Phosphasal	G	
vh essentials uti relief		G	OTC
Genitourinary Agents - Drugs for Prostate Conditions			
alfuzosin hcl er	Uroxatral	G	
dutasteride oral	Avodart	G	PA
finasteride oral tablet 5 mg	Proscar	G	
tamsulosin hcl	Flomax	G	
terazosin hcl		G	
Hormonal Agents - Adrenal			
ADVANCED ALLERGY COLLECTION		B	
ala-cort	Aveeno Anti-Itch Max St	G	
alclometasone dipropionate		G	
amcinonide external ointment		G	
betamethasone dipropionate aug external cream	Diprolene AF	G	
betamethasone dipropionate aug external gel		G	QL (50 GM per 30 days)
betamethasone dipropionate aug external lotion	Diprolene	G	
betamethasone dipropionate aug external ointment	Diprolene	G	QL (50 GM per 30 days)
betamethasone dipropionate external		G	
betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	Celestone Soluspan	G	
betamethasone valerate external cream		G	
betamethasone valerate external lotion		G	
betamethasone valerate external ointment		G	
clobetasol prop emollient base		G	
clobetasol propionate e		G	
clobetasol propionate emulsion	Olux-E	G	
clobetasol propionate external cream	Temovate	G	QL (60 GM per 30 days)
clobetasol propionate external foam	Olux	G	QL (100 GM per 30 days)
clobetasol propionate external gel		G	QL (60 GM per 30 days)
clobetasol propionate external lotion	Clobex	G	QL (118 ML per 30 days)

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

Drug Name	Reference	Brand-Generic	Notes
clobetasol propionate external ointment	Temovate	G	QL (60 GM per 30 days)
clobetasol propionate external shampoo	Clobex	G	
clobetasol propionate external solution		G	
clodan external shampoo	Clobex	G	
cormax scalp application external solution 0.05 %		G	
cortizone-10 external gel		G	OTC
deltasone	Deltasone	G	
desonide external	DesOwen	G	
dexamethasone oral elixir	Decadron	G	
dexamethasone oral solution		G	
dexamethasone oral tablet	Decadron	G	
dexamethasone sod phosphate pf		G	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		G	
fludrocortisone acetate oral		G	
fluocinolone acetonide body	Derma-Smoothe/FS Body	G	
fluocinolone acetonide external		G	
fluocinolone acetonide scalp	Derma-Smoothe/FS Scalp	G	
fluocinonide emulsified base		G	
fluocinonide external cream		G	
fluocinonide external gel		G	QL (60 GM per 30 days)
fluocinonide external ointment		G	QL (60 GM per 30 days)
fluocinonide external solution		G	
fluticasone propionate external cream		G	
fluticasone propionate external ointment		G	
gnp hydrocortisone		G	OTC
gynecort 10	Gynecort 10	G	OTC
halobetasol propionate	Ultravate	G	
hydrocortisone butyrate external cream	Locoid	G	
hydrocortisone butyrate external ointment		G	
hydrocortisone butyrate external solution	Locoid	G	
hydrocortisone external cream 0.5 %		G	OTC
hydrocortisone external cream 1 %	Aveeno Anti-Itch Max St	G	

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

Drug Name	Reference	Brand-Generic	Notes
hydrocortisone external cream 2.5 %		G	
hydrocortisone external lotion 1 %	Anti-Itch Intensive Healing	G	OTC
hydrocortisone external lotion 2.5 %		G	
hydrocortisone external ointment 0.5 %		G	OTC
hydrocortisone external ointment 1 %	Cortizone-10	G	
hydrocortisone external ointment 2.5 %		G	
hydrocortisone in absorbable external ointment 1 %	Cortizone-10	G	
hydrocortisone oral	Cortef	G	
hydrocortisone valerate		G	
KENALOG INJECTION SUSPENSION 10 MG/ML		B	
lanacort 10	Gynecort 10	G	OTC
medi-first hydrocortisone external cream 1 %	Gynecort 10	G	OTC
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	Depo-Medrol	G	
methylprednisolone oral	Medrol	G	
methylprednisolone sodium succ	Solu-MEDROL	G	
mg217 psoriasis anit-itch		G	OTC
mometasone furoate external	Elocon	G	
prednicarbate		G	
prednisolone oral		G	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml		G	
prednisone oral solution		G	
prednisone oral tablet		G	
prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)		G	
scalp relief maximum strength	Noble Formula HC	G	OTC
scalpicin maximum strength	Noble Formula HC	G	OTC
sm hydrocortisone external cream 1 %	Aveeno Anti-Itch Max St	G	OTC
sm hydrocortisone max st	Cortizone-10	G	OTC
synalar external cream	Synalar	G	
synalar external ointment	Synalar	G	
triamcinolone acetonide external cream		G	
triamcinolone acetonide external lotion		G	

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

Drug Name	Reference	Brand-Generic	Notes
triamcinolone acetonide external ointment		G	
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION	Kenalog	B	
triamcinolone acetonide suspension 40 mg/ml injection	Kenalog	G	
triderm	Triderm	G	
Hormonal Agents - Men's Health			
ANDRODERM		B	PA
danazol oral		G	
testosterone cypionate intramuscular	Depo-Testosterone	G	PA
testosterone enanthate intramuscular		G	PA
testosterone transdermal gel 10 mg/act (2%)	Fortesta	G	PA
testosterone transdermal gel 12.5 mg/act (1%)	Vogelxo Pump	G	PA
testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)	AndroGel	G	PA
testosterone transdermal solution		G	PA
Hormonal Agents - Osteoporosis			
raloxifene hcl	Evista	G	
Hormonal Agents - Parathyroid			
SENSIPAR		B	PA
Hormonal Agents - Pituitary			
cabergoline		G	
desmopressin ace spray refrig		G	PA
desmopressin acetate oral	DDAVP	G	
desmopressin acetate spray	DDAVP	G	PA
ELIGARD		B	PA; SP
GENOTROPIN		B	PA; SP
GENOTROPIN MINIQUICK		B	PA; SP
INCRELEX		B	PA; SP
leuprolide acetate injection		G	SP
LUPRON DEPOT (1-MONTH)		B	PA; SP
LUPRON DEPOT (3-MONTH)		B	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG		B	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG		B	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	Reference	Brand-Generic	Notes
LUPRON DEPOT-PED (1-MONTH)		B	PA; SP
LUPRON DEPOT-PED (3-MONTH)		B	PA; SP
NORDITROPIN FLEXPRO		B	PA; SP
SIGNIFOR		B	PA; SP; QL (60 ML per 30 days)
STIMATE		B	PA
Hormonal Agents - Sex Hormones and Birth Control			
ALORA	Alora	B	
altavera	Altavera	G	
alyacen 1/35	Cyclafem 1/35	G	
alyacen 7/7/7	Cyclafem 7/7/7	G	
amabelz	Activella	G	
amethia	Amethia	G	QL (91 EA per 91 days)
amethia lo	Amethia Lo	G	QL (91 EA per 91 days)
apri	Apri	G	
aranelle		G	
ashlyna	Amethia	G	QL (91 EA per 91 days)
aubra	Aubra	G	
aubra eq	Aubra	G	
aviane	Aubra	G	
azurette	Azurette	G	
balziva	Balziva	G	
bekyree	Azurette	G	
blisovi 24 fe	Blisovi 24 Fe	G	
blisovi fe 1.5/30		G	
blisovi fe 1/20	Blisovi FE 1/20	G	
BREVICON (28) ORAL TABLET 0.5-35 MG-MCG		B	
briellyn	Balziva	G	
camila	Camila	G	
camrese	Amethia	G	QL (91 EA per 91 days)
camrese lo	Amethia Lo	G	QL (91 EA per 91 days)

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

Drug Name	Reference	Brand-Generic	Notes
caziant		G	
chateal	Altavera	G	
chateal eq	Altavera	G	
CLIMARA PRO		B	
cryselle-28		G	
cyclafem 1/35	Cyclafem 1/35	G	
cyclafem 7/7/7	Cyclafem 7/7/7	G	
cyred	Apri	G	
cyred eq	Apri	G	
dasetta 1/35	Cyclafem 1/35	G	
dasetta 7/7/7	Cyclafem 7/7/7	G	
daysee	Amethia	G	QL (91 EA per 91 days)
deblitane	Camila	G	
delyla	Aubra	G	
desogestrel-ethinyl estradiol	Azurette	G	
drospirenone-ethinyl estradiol	Ocella	G	
elinest		G	
emoquette	Apri	G	
enpresse-28	Enpresse-28	G	
enskyce	Apri	G	
errin	Camila	G	
estarylla	Estarylla	G	
estradiol oral	Estrace	G	
estradiol transdermal	Alora	G	
estradiol vaginal	Estrace	G	
estradiol-norethindrone acet	Activella	G	
ESTRING		B	
estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg		G	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	Kelnor 1/35	G	
falmina	Aubra	G	
FEMRING		B	PA; QL (1 EA per 90 days)
femynor	Estarylla	G	
FIRST-PROGESTERONE VGS 100		B	

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

Drug Name	Reference	Brand-Generic	Notes
FIRST-PROGESTERONE VGS 200		B	
fyavolv	Femhrt Low Dose	G	
GENERESS FE	Generess FE	B	
gianvi	Gianvi	G	
gildagia oral tablet 0.4-35 mg-mcg	Balziva	G	
heather	Camila	G	
incassia	Camila	G	
introvale	Introvale	G	QL (91 EA per 91 days)
isibloom	Apri	G	
jencycla	Camila	G	
jevantique lo	Femhrt Low Dose	G	
jinteli	Fyavolv	G	
jolessa	Introvale	G	QL (91 EA per 91 days)
jolivette	Camila	G	
juleber	Apri	G	
junel 1.5/30		G	
junel 1/20	Junel 1/20	G	
junel fe 1.5/30		G	
junel fe 1/20	Blisovi FE 1/20	G	
junel fe 24	Blisovi 24 Fe	G	
kaitlib fe	Generess FE	G	
kariva	Azurette	G	
kelnor 1/35	Kelnor 1/35	G	
kimidess oral tablet 0.15-0.02/0.01 mg (21/5)	Azurette	G	
kurvelo	Altavera	G	
larin 1.5/30		G	
larin 1/20	Junel 1/20	G	
larin 24 fe	Blisovi 24 Fe	G	
larin fe 1.5/30		G	
larin fe 1/20	Blisovi FE 1/20	G	
larissia	Aubra	G	
layolis fe	Generess FE	G	
leena		G	

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

Drug Name	Reference	Brand-Generic	Notes
lessina	Aubra	G	
levonest	Enpresse-28	G	
levonorgest-eth estrad 91-day	Introvale	G	QL (91 EA per 91 days)
levonorgestrel	Aftera	G	OTC
levonorgestrel-ethinyl estrad	Altavera	G	
levonorg-eth estrad triphasic	Enpresse-28	G	
levora 0.15/30 (28)	Altavera	G	
lillow	Altavera	G	
LO LOESTRIN FE		B	
LOESTRIN 1.5/30 (21)		B	
LOESTRIN 1/20 (21)	Junel 1/20	B	
LOESTRIN FE 1.5/30		B	
LOESTRIN FE 1/20	Blisovi FE 1/20	B	
lomedica 24 fe oral tablet 1-20 mg-mcg(24)	Blisovi 24 Fe	G	
lopreeza	Activella	G	
loryna	Gianvi	G	
LOSEASONIQUE	Amethia Lo	B	QL (91 EA per 91 days)
low-ogestrel		G	
luteru	Aubra	G	
lyza	Camila	G	
MAKENA INTRAMUSCULAR		B	PA; SP
MAKENA SUBCUTANEOUS		B	PA; Preferred Drug; SP
marlissa	Altavera	G	
medroxyprogesterone acetate intramuscular suspension	Depo-Provera	G	QL (1 ML per 90 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe	Depo-Provera	G	
medroxyprogesterone acetate oral	Provera	G	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml		G	
megestrol acetate oral tablet		G	
MENEST		B	
microgestin 1.5/30		G	
microgestin 1/20	Junel 1/20	G	
microgestin fe 1.5/30		G	

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

Drug Name	Reference	Brand-Generic	Notes
microgestin fe 1/20	Blisovi FE 1/20	G	
mili	Estarylla	G	
mimvey	Activella	G	
mimvey lo	Activella	G	
MIRCETTE	Azurette	B	
mono-linyah	Estarylla	G	
mononessa	Estarylla	G	
myzilra	Enpresse-28	G	
NATAZIA		B	
necon 0.5/35 (28)		G	
necon 1/35 (28)	Cyclafem 1/35	G	
necon 1/50 (28) oral tablet 1-50 mg-mcg		G	
necon 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	Cyclafem 7/7/7	G	
nikki	Gianvi	G	
nora-be	Camila	G	
norethin ace-eth estrad-fe oral tablet	Blisovi FE 1/20	G	
norethindrone acetate oral	Aygestin	G	
norethindrone acet-ethinyl est oral tablet	Junel 1/20	G	
norethindrone oral	Camila	G	
norethindrone-eth estradiol	Fyavolv	G	
norethin-eth estradiol-fe	Wymzya Fe	G	
norgestimate-eth estradiol	Estarylla	G	
norgestimate-ethinyl estradiol triphasic	Ortho Tri-Cyclen Lo	G	
norlyda	Camila	G	
norlyroc	Camila	G	
nortrel 0.5/35 (28)		G	
nortrel 1/35 (21)	Cyclafem 1/35	G	
nortrel 1/35 (28)	Cyclafem 1/35	G	
nortrel 7/7/7	Cyclafem 7/7/7	G	
NUVARING		B	
ocella	Ocella	G	
ogestrel		G	
orsythia	Aubra	G	
ORTHO MICRONOR	Camila	B	
ORTHO TRI-CYCLEN (28)	Ortho Tri-Cyclen (28)	B	

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

Drug Name	Reference	Brand-Generic	Notes
ORTHO TRI-CYCLEN LO	Ortho Tri-Cyclen Lo	B	
ORTHO-CYCLEN (28)	Estarylla	B	
ORTHO-NOVUM 1/35 (28)	Cyclafem 1/35	B	
ORTHO-NOVUM 7/7/7 (28)	Cyclafem 7/7/7	B	
philith	Balziva	G	
pimtrea	Azurette	G	
pirmella 1/35	Cyclafem 1/35	G	
pirmella 7/7/7	Cyclafem 7/7/7	G	
PLAN B ONE-STEP	Aftera	B	OTC
portia-28	Altavera	G	
PREFEST		B	
PREMARIN ORAL		B	
PREMARIN VAGINAL		B	
PREMPRO		B	
previfem	Estarylla	G	
progesterone micronized oral	Prometrium	G	
quasense	Introvale	G	QL (91 EA per 91 days)
reclipsen	Apri	G	
SEASONIQUE	Amethia	B	QL (91 EA per 91 days)
setlakin	Introvale	G	QL (91 EA per 91 days)
sharobel	Camila	G	
sprintec 28	Estarylla	G	
sronyx	Aubra	G	
syeda	Ocella	G	
tarina fe 1/20	Blisovi FE 1/20	G	
tarina fe 1/20 eq	Blisovi FE 1/20	G	
tilia fe		G	
tri femynor	Ortho Tri-Cyclen (28)	G	
tri-estarylla	Ortho Tri-Cyclen (28)	G	
tri-legest fe		G	
tri-linyah	Ortho Tri-Cyclen (28)	G	
tri-lo-estarylla	Ortho Tri-Cyclen Lo	G	
tri-lo-marzia	Ortho Tri-Cyclen Lo	G	
tri-lo-sprintec	Ortho Tri-Cyclen Lo	G	

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

Drug Name	Reference	Brand-Generic	Notes
tri-mili	Ortho Tri-Cyclen (28)	G	
trinessa (28)	Ortho Tri-Cyclen (28)	G	
trinessa lo oral tablet 0.18/0.215/0.25 mg-25 mcg	Ortho Tri-Cyclen Lo	G	
TRI-NORINYL (28)		B	
tri-previfem	Ortho Tri-Cyclen (28)	G	
tri-sprintec	Ortho Tri-Cyclen (28)	G	
trivora (28)	Enpresse-28	G	
tri-vylibra	Ortho Tri-Cyclen (28)	G	
tulana	Camila	G	
velivet		G	
vestura	Gianvi	G	
vienva	Aubra	G	
viorele	Azurette	G	
vyfemla	Balziva	G	
vylibra	Estarylla	G	
wera		G	
wymzya fe	Wymzya Fe	G	
xulane		G	
YASMIN 28	Ocella	B	
YAZ	Gianvi	B	
yuvafem	Vagifem	G	
zarah	Ocella	G	
zenchent oral tablet 0.4-35 mg-mcg	Balziva	G	
zovia 1/35e (28)	Kelnor 1/35	G	
Hormonal Agents - Thyroid			
ARMOUR THYROID ORAL TABLET 120 MG	Armour Thyroid	B	
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG		B	
levo-t	Levo-T	G	
levothyroxine sodium oral	Levo-T	G	
levothyroxine-liothyronine	Armour Thyroid	G	
levoxyl	Levo-T	G	
liothyronine sodium oral	Cytomel	G	
methimazole oral	Tapazole	G	

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

Drug Name	Reference	Brand-Generic	Notes
NATURE-THROID ORAL TABLET 113.75 MG, 146.25 MG, 162.5 MG, 260 MG, 325 MG, 48.75 MG, 81.25 MG, 97.5 MG		B	
nature-throid oral tablet 130 mg, 16.25 mg, 195 mg, 32.5 mg		G	
nature-throid oral tablet 65 mg		G	
np thyroid	Armour Thyroid	G	
propylthiouracil oral		G	
unithroid	Levo-T	G	
unithroid direct	Levo-T	G	
westhroid oral tablet 130 mg, 32.5 mg		G	
WESTHROID ORAL TABLET 195 MG, 97.5 MG		B	
westhroid oral tablet 65 mg		G	
WP THYROID		B	
Immunological Agents - Drugs for Immune System Stimulation or Suppression			
ACTIMMUNE		B	PA; SP
AZASAN		B	
azathioprine oral	Imuran	G	
BIVIGAM		B	SP
carimune nf		G	SP
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML		B	SP
cyclosporine modified	Gengraf	G	
cyclosporine oral	SandIMMUNE	G	
ENBREL MINI		B	PA; Preferred Drug; SP; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML		B	PA; Preferred Drug; SP; QL (4.08 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML		B	PA; Preferred Drug; SP; QL (3.92 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED		B	PA; Preferred Drug; SP; QL (8 EA per 28 days)

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

Drug Name	Reference	Brand-Generic	Notes
ENBREL SURECLICK		B	PA; Preferred Drug; SP; QL (3.92 ML per 28 days)
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML		B	SP
gamastan s/d		G	SP
GAMMAGARD INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML		B	SP
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML		B	SP
GAMMAPLEX		B	SP
GAMUNEX-C INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML		B	SP
gengraf	Gengraf	G	
HIZENTRA		B	SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML		B	PA; Preferred Drug; SP; QL (2 EA per 30 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML		B	PA; SP; QL (1 EA per 365 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML		B	PA; SP; QL (2 EA per 30 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML		B	PA; SP; QL (2 EA per 30 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML		B	PA; Preferred Drug; SP; QL (2 EA per 30 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML		B	PA; Preferred Drug; SP; QL (2 EA per 30 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML		B	PA; Preferred Drug; SP
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML		B	PA; Preferred Drug; SP; QL (2 EA per 30 days)

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

Drug Name	Reference	Brand-Generic	Notes
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML		B	PA; Preferred Drug; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML		B	PA; SP; QL (2 EA per 30 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML		B	PA; Preferred Drug; SP; QL (2 EA per 30 days)
leflunomide oral	Arava	G	
methotrexate oral		G	
methotrexate sodium (pf) injection solution 50 mg/2ml		G	
methotrexate sodium injection solution 50 mg/2ml		G	
methotrexate sodium injection solution reconstituted		G	
methotrexate sodium oral		G	
mycophenolate mofetil oral capsule	CellCept	G	
mycophenolate mofetil oral tablet	CellCept	G	
mycophenolate sodium	Myfortic	G	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML		B	SP
PRIVIGEN		B	SP
RAPAMUNE ORAL SOLUTION		B	
RIDAURA		B	
sirolimus oral	Rapamune	G	
tacrolimus oral	Prograf	G	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG		B	PA
Immunological Agents - Drugs for Vaccination			
ADACEL		B	
AFLURIA		B	
AFLURIA PRESERVATIVE FREE		B	
AFLURIA QUADRIVALENT		B	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5		B	

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

Drug Name	Reference	Brand-Generic	Notes
DAPTACEL		B	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML		B	
ENGERIX-B INTRAMUSCULAR INJECTABLE 20 MCG/ML		B	
FLUARIX QUADRIVALENT		B	
FLUBLOK INTRAMUSCULAR SOLUTION		B	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		B	
FLULAVAL QUADRIVALENT		B	
FLUVIRIN INTRAMUSCULAR SUSPENSION		B	
FLUVIRIN INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		B	
FLUZONE HIGH-DOSE		B	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION		B	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		B	
GARDASIL 9		B	
GARDASIL INTRAMUSCULAR SUSPENSION		B	
M-M-R II		B	
pneumovax 23 injectable 25 mcg/0.5ml injection		G	
PNEUMOVAX 23 INJECTABLE 25 MCG/0.5ML INJECTION		B	
PREVNAR 13		B	
RECOMBIVAX HB INJECTION SUSPENSION 40 MCG/ML		B	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG		B	QL (2 EA per 30 days)
TENIVAC		B	
Inflammatory Bowel Disease Agents			
ana-lex	Ana-Lex	G	
ANUSOL-HC RECTAL CREAM	Anusol-HC	B	

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

Drug Name	Reference	Brand-Generic	Notes
APRISO		B	
balsalazide disodium	Colazal	G	
budesonide oral	Entocort EC	G	
CANASA		B	
colocort	Colocort	G	
CORTIFOAM		B	
DELZICOL		B	
DIPENTUM		B	
hydrocortisone ace-pramoxine rectal cream 1-1 %	Analpram-HC	G	
hydrocortisone rectal	Colocort	G	
lidocaine-hydrocortisone ace rectal cream		G	
lidocaine-hydrocortisone ace rectal kit 2-2 %	Ana-Lex	G	
mesalamine oral	Asacol HD	G	
mesalamine rectal		G	
PENTASA		B	
pramcort	Analpram-HC	G	
PROCORT		B	
PROCTOCORT RECTAL CREAM	Procto-Pak	B	
PROCTOFOAM HC		B	
procto-med hc	Anusol-HC	G	
procto-pak	Procto-Pak	G	
proctosol hc	Anusol-HC	G	
proctozone-hc	Anusol-HC	G	
sulfasalazine oral	Azulfidine	G	
Metabolic Bone Disease Agents - Drugs for Osteoporosis			
alendronate sodium oral tablet 10 mg, 40 mg, 5 mg		G	QL (30 EA per 30 days)
alendronate sodium oral tablet 35 mg		G	QL (4 EA per 28 days)
alendronate sodium oral tablet 70 mg	Fosamax	G	QL (4 EA per 28 days)
calcitonin (salmon)	Miacalcin	G	
calcitriol intravenous		G	
calcitriol oral capsule	Rocaltrol	G	QL (30 EA per 30 days)
calcitriol oral solution	Rocaltrol	G	

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

Drug Name	Reference	Brand-Generic	Notes
doxercalciferol oral		G	
FORTEO		B	PA; SP
ibandronate sodium oral	Boniva	G	
MIACALCIN INJECTION		B	
Miscellaneous Therapeutic Agents			
albuked 25	Albuked 25	G	
albuked 5	Albuked 5	G	
albumin human	Albuked 25	G	
albuminar-25	Albuked 25	G	
albuminar-5	Albuked 5	G	
albumin-zlb	Albuked 25	G	
alburx	Albuked 5	G	
albutein	Albuked 25	G	
alcohol prep pads pad , 70 %	Alcoh-Glove Contoured Wipe	G	OTC
allergy eye	Naphcon-A	G	OTC
BREATHE EASE LARGE	AeroChamber Mini Chamber	B	
BREATHE EASE MEDIUM	AeroChamber Mini Chamber	B	
BREATHE EASE SMALL	AeroChamber Mini Chamber	B	
BREATHERITE	AeroChamber Mini Chamber	B	
buminate	Albuked 25	G	
CAYA		B	
condoms	LifeStyles Assorted Colors	G	OTC
EASIVENT	AeroChamber Mini Chamber	B	
ergoloid mesylates oral		G	
eye allergy relief ophthalmic solution 0.025-0.3 %	Naphcon-A	G	OTC
fish oil concentrate oral capsule 300 mg	Fish Oil Pearls	G	OTC
fish oil concentrate oral capsule 435 mg		G	OTC
fish oil maximum strength oral capsule	Sea-Omega 30	G	OTC
fish oil oral capsule 1000 mg	Eskimo PurEFA	G	OTC
fish oil oral capsule 435 mg, 645 mg		G	OTC
fish oil pearls oral capsule 300 mg	Fish Oil Pearls	G	OTC

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

Drug Name	Reference	Brand-Generic	Notes
flexbumin	Albuked 25	G	
heparin lock flush		G	
heparin sodium lock flush		G	
human albumin grifols	Albuked 25	G	
kedbumin	Albuked 25	G	
l-cysteine hcl intravenous		G	
melatonin maximum strength		G	OTC
melatonin oral tablet 1 mg, 10 mg, 200 mcg, 3 mg, 300 mcg, 5 mg		G	OTC
methergine		G	
mini fish oil		G	OTC
MYALEPT		B	PA; SP
omega-3 fish oil oral capsule 1200 mg	Sea-Omega 30	G	OTC
omega-3 fish oil oral capsule 300 mg	Fish Oil Pearls	G	OTC
omega-3 oral capsule 1000 mg	Eskimo PurEFA	G	OTC
omega-3 oral capsule 300 mg	Fish Oil Pearls	G	OTC
OPTIONS CONCEPTROL		B	OTC
OPTIONS GYNOL II CONTRACEPTIVE		B	OTC
plasbumin-25	Albuked 25	G	
plasbumin-5	Albuked 5	G	
pocket spacer	AeroChamber Mini Chamber	G	
PRO COMFORT SPACER ADULT	AeroChamber Mini Chamber	B	OTC
PRO COMFORT SPACER CHILD	AeroChamber Mini Chamber	B	OTC
sterile water for injection		G	
sv melatonin oral tablet		G	OTC
TRUE COMFORT ALCOHOL PREP PADS	Alcoh-Glove Contoured Wipe	B	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM		B	OTC
vcf vaginal contraceptive vaginal gel		G	OTC
visine-a	Naphcon-A	G	OTC
WIDE-SEAL DIAPHRAGM 60		B	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation			
alaway	Alaway	G	OTC

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

Drug Name	Reference	Brand-Generic	Notes
allergy eye drops	Alaway	G	OTC
azelastine hcl ophthalmic		G	
bacitracin ophthalmic		G	QL (3.5 GM per 7 days)
ciprofloxacin hcl ophthalmic	Ciloxan	G	
cromolyn sodium ophthalmic		G	
dexamethasone sodium phosphate ophthalmic		G	
diclofenac sodium ophthalmic		G	
epinastine hcl	Elestat	G	
erythromycin ophthalmic		G	
eye itch relief	Alaway	G	OTC
fluorometholone	FML Liquifilm	G	
flurbiprofen sodium		G	
gentak		G	
gentamicin sulfate ophthalmic		G	
ketorolac tromethamine ophthalmic	Acular	G	
levofloxacin ophthalmic		G	
NATACYN		B	
NEVANAC		B	PA; QL (3 ML per 30 days)
ofloxacin ophthalmic	Ocuflox	G	
prednisolone acetate ophthalmic	Omnipred	G	
prednisolone acetate p-f	Omnipred	G	
prednisolone sodium phosphate ophthalmic		G	
sulfacetamide sodium ophthalmic solution	Bleph-10	G	
tobramycin ophthalmic	Tobrex	G	
trifluridine	Viroptic	G	
Ophthalmic Agents - Drugs for Glaucoma			
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %		B	
apraclonidine hcl	lopidine	G	
AZOPT		B	PA
betaxolol hcl ophthalmic		G	
BETOPTIC-S		B	
brimonidine tartrate ophthalmic		G	

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

Drug Name	Reference	Brand-Generic	Notes
carteolol hcl		G	
dorzolamide hcl ophthalmic	Trusopt	G	
dorzolamide hcl-timolol mal	Cosopt	G	
latanoprost ophthalmic	Xalatan	G	
levobunolol hcl	Betagan	G	
methazolamide oral		G	
metipranolol		G	
pilocarpine hcl ophthalmic	Isopto Carpine	G	
timolol maleate ophthalmic gel forming solution	Timoptic-XE	G	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	Timoptic	G	
TRAVATAN Z		B	PA
ZIOPTAN		B	PA
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions			
altacaine	Altacaine	G	
altafrin	Altafrin	G	
artificial tears ophthalmic solution 0.2-0.2-1 %	Visine Tears	G	OTC
artificial tears ophthalmic solution 1.4 %		G	OTC
atropine sulfate ophthalmic		G	
bacitracin-polymyxin b ophthalmic	Polycin	G	
bacitra-neomycin-polymyxin-hc	Neo-Polycin HC	G	
BLEPHAMIDE		B	
BLEPHAMIDE S.O.P.		B	
BLINK TEARS OPHTHALMIC SOLUTION		B	OTC
cyclopentolate hcl ophthalmic	Cyclogyl	G	
GENTEAL MILD		B	OTC
genteeal tears ophthalmic solution 0.1-0.3 %		G	OTC
GONIOVISC OPHTHALMIC SOLUTION 2 %		B	OTC
goodsense artificial tears	Clear Eyes All Seasons	G	OTC
homatropaire	Homatropaire	G	
homatropine hbr	Homatropaire	G	
liquitears		G	OTC

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

Drug Name	Reference	Brand-Generic	Notes
lubricant eye drops ophthalmic solution 0.4-0.3 %	Systane	G	OTC
lubricant eye drops ophthalmic solution 0.6 %	Systane Balance	G	OTC
lubricating eye drops	Refresh Optive	G	OTC
lubricating plus eye drops	Biolle Tears	G	OTC
neomycin-bacitracin zn-polymyx	Neo-Polycin	G	
neomycin-polymyxin-dexameth ophthalmic ointment	Maxitrol	G	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Maxitrol	G	
neomycin-polymyxin-gramicidin	Neosporin	G	
neomycin-polymyxin-hc ophthalmic		G	
neo-polycin	Neo-Polycin	G	
neo-polycin hc	Neo-Polycin HC	G	
NUTRATEAR		B	OTC
phenylephrine hcl ophthalmic	Altafrin	G	
polycin	Polycin	G	
polymyxin b-trimethoprim	Polytrim	G	
polyvinyl alcohol ophthalmic		G	OTC
PRED-G		B	
PRED-G S.O.P.		B	
proparacaine hcl ophthalmic	Alcaine	G	
puralube		G	OTC
pure & gentle lubricant		G	OTC
REFRESH LIQUIGEL		B	OTC
RESTASIS		B	PA
RESTASIS MULTIDOSE		B	PA
SOOTHE OPHTHALMIC		B	OTC
STERILE LUBRICANT		B	OTC
sulfacetamide-prednisolone ophthalmic solution		G	
SYSTANE OPHTHALMIC GEL		B	OTC
tetcaine	Altacaine	G	
tetracaine hcl ophthalmic	Altacaine	G	
tetravisc	Altacaine	G	
tetravisc forte	Altacaine	G	

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

Drug Name	Reference	Brand-Generic	Notes
THERATEARS OPHTHALMIC SOLUTION		B	OTC
THERATEARS PF		B	OTC
TOBRADEX OPHTHALMIC OINTMENT		B	QL (3.5 GM per 7 days)
tobramycin-dexamethasone	TobraDex	G	
tropicamide ophthalmic		G	
ultra fresh pm		G	OTC
Otic Agents - Drugs for Ear Conditions			
acetazol hc	Acetasol HC	G	
acetic acid otic		G	
CIPRODEX		B	
ciprofloxacin hcl otic	Cetraxal	G	
ear wax removal kit	Debrox	G	OTC
flac	DermOtic	G	
fluocinolone acetonide otic	DermOtic	G	
hydrocortisone-acetic acid	Acetasol HC	G	
neomycin-polymyxin-hc otic		G	
ofloxacin otic	Floxin Otic	G	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold			
12 hour allergy-d	KLS Aller-Tec D	G	OTC
12 hour nasal decongestant	Shopko Nasal Decongestant	G	OTC
12 hour nasal relief spray	Afrin 12 Hour	G	OTC
24hr allergy relief	Allegra Allergy	G	OTC
alka-seltzer plus mucus & cong		G	OTC
all day allergy d-12	KLS Aller-Tec D	G	OTC
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE		B	OTC
allergy 24hour indoor/outdoor	KLS Aller-Tec	G	OTC
allergy 24-hr	Allegra Allergy	G	OTC
allergy childrens oral syrup	Claritin	G	OTC
allergy relief childrens oral tablet dispersible	Wal-Dryl Allergy Rel Childrens	G	OTC
allergy relief oral tablet 5 mg	Xyzal Allergy 24HR	G	OTC
allergy relief oral tablet dispersible	Alavert	G	OTC
ambi 10peh/400gfn/20dm	Tusicof	G	OTC

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

Drug Name	Reference	Brand-Generic	Notes
ambi 60pse/4cpm	SudoGest Sinus/Allergy	G	OTC
azelastine hcl nasal solution 0.1 %, 137 mcg/spray		G	QL (30 ML per 30 days)
banophen oral capsule 25 mg	Banophen	G	OTC
banophen oral liquid	Banophen	G	OTC
banophen oral tablet	Alka-Seltzer Plus Allergy	G	OTC
benzonatate oral capsule 100 mg	Tessalon Perles	G	
benzonatate oral capsule 200 mg		G	
bio t pres pediatric	Tusnel DM Pediatric	G	OTC
biogtuss oral liquid 10-15-300 mg/5ml	Giltuss Cough & Cold	G	OTC
biotuss	Giltuss Cough & Cold	G	
biotuss pediatric	Biotuss Pediatric	G	
bromfed dm	Bromfed DM	G	
broncotron ped		G	OTC
brontuss sf nr	Giltuss Cough & Cold	G	OTC
brotapp dm		G	OTC
budesonide suspension 32 mcg/act nasal (otc)	Rhinocort Allergy	G	OTC; QL (9 ML per 30 days)
budesonide suspension 32 mcg/act nasal (rx)	Rhinocort Allergy	G	QL (9 GM per 30 days)
carbinoxamine maleate oral solution		G	
carbinoxamine maleate oral tablet 4 mg		G	
cetirizine hcl childrens alrly oral syrup 1 mg/ml	KLS Aller-Tec Childrens	G	OTC
cetirizine hcl childrens oral tablet chewable 5 mg	Wal-Zyr Childrens	G	OTC
cetirizine hcl oral solution	KLS Aller-Tec Childrens	G	
cetirizine hcl oral tablet 10 mg	KLS Aller-Tec	G	OTC
childrens allergy	Banophen	G	OTC
chlorpheniramine maleate er	Chlor-Trimeton Allergy	G	OTC
clemastine fumarate oral tablet 2.68 mg		G	
coricidin hbp congestion/cough		G	OTC
cough dm	Delsym	G	OTC
cromolyn sodium nasal	NasalCrom	G	OTC; QL (26 ML per 30 days)
cyproheptadine hcl oral		G	
dayhist allergy 12 hour relief		G	OTC
desgen pediatric	Biotuss Pediatric	G	OTC

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

Drug Name	Reference	Brand-Generic	Notes
despec eda	Biotuss Pediatric	G	OTC
diabetic tussin allergy	Chlor-Trimeton	G	OTC
diphenhydramine hcl injection		G	
diphenhydramine hcl oral capsule	Banophen	G	OTC
diphenhydramine hcl oral elixir		G	
diphenhydramine hcl oral tablet	Alka-Seltzer Plus Allergy	G	OTC
dometuss-dmx		G	OTC
DOUBLE-TUSSIN DM		B	OTC
ed bron gp		G	OTC
ED CHLORPED		B	OTC
ed chlorped jr	Chlor-Trimeton	G	OTC
ed-a-hist dm		G	OTC
entre-hist pse		G	OTC
eql fluticasone propionate	ClariSpray	G	OTC; QL (16 ML per 30 days)
fexofenadine hcl childrens oral suspension 30 mg/5ml	Allegra Allergy Childrens	G	OTC
fexofenadine hcl oral	Allegra Allergy	G	OTC
fexofenadine-pseudoephed er	Allegra-D Allergy & Congestion	G	OTC
FLONASE ALLERGY RELIEF	ClariSpray	B	OTC; QL (16 ML per 30 days)
flunisolide nasal		G	QL (50 ML per 30 days)
fluticasone propionate nasal	ClariSpray	G	QL (16 GM per 30 days)
giltuss cough & cold childrens	Giltuss Cough & Cold	G	OTC
giltuss cough & cold oral liquid 10-15-300 mg/5ml	Giltuss Cough & Cold	G	OTC
giltuss pediatric		G	
g-supress dx pediatric	Biotuss Pediatric	G	OTC
g-tron ped		G	OTC
guaiatussin ac		G	OTC
guaifenesin ac		G	OTC
guaifenesin oral syrup	Diabetic Tussin EX	G	OTC
guaifenesin-dm	Robafen DM Cough Clear	G	OTC
hydrocodone-homatropine		G	PA required for Ages < 18 years

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

Drug Name	Reference	Brand-Generic	Notes
hydromet		G	PA required for Ages < 18 years
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %		B	
intense cough reliever oral liquid 30-200 mg/5ml		G	OTC
ipratropium bromide nasal		G	
levocetirizine dihydrochloride oral	Xyzal Allergy 24HR	G	
lohist-d		G	OTC
loratadine oral tablet	Claritin	G	OTC
loratadine-d 12hr	Alavert Allergy/Sinus	G	OTC
loratadine-d 24hr	Claritin-D 24 Hour	G	OTC
m-clear wc		G	OTC
mucinex dm maximum strength	Mucinex DM Maximum Strength	G	OTC
mucus relief dm oral tablet	Fenesin DM IR	G	OTC
mucus relief er oral tablet extended release 12 hour 600 mg	EQ Mucus ER	G	OTC
mucus relief oral tablet extended release 12 hour	EQ Mucus ER	G	OTC
mucus relief severe congst/cgh oral liquid 10-20-400 mg/20ml	Mucinex Cold Childrens	G	OTC
mucus+chest congestion	Buckleys Chest Congestion	G	OTC
mucus-dm	Mucinex DM	G	OTC
mucus-dm maximum strength	Mucinex DM Maximum Strength	G	OTC
mucusrelief dm cough	Fenesin DM IR	G	OTC
NASACORT ALLERGY 24HR	Nasacort Allergy 24HR	B	OTC; QL (17 ML per 30 days)
nasal allergy 24 hour	Nasacort Allergy 24HR	G	OTC; QL (17 ML per 30 days)
nasal decongestant nasal	4-Way Fast Acting	G	OTC
nasal decongestant oral tablet	Shopko Nasal Decongestant Max	G	OTC
nasal mist	Simply Saline Baby	G	OTC
nasal moisturizing spray	Afrin Saline Nasal Mist	G	OTC
nasal spray 12 hour	Afrin 12 Hour	G	OTC
nebusal inhalation nebulization solution 3 %	Nebusal	G	

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

Drug Name	Reference	Brand-Generic	Notes
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %		B	
neotuss		G	OTC
nexafed		G	OTC
nivanex dmx		G	OTC
nohist-dm		G	OTC
nortuss-de oral liquid 2.5-5-50 mg/ml	Biotuss Pediatric	G	OTC
phenadoz	Phenadoz	G	
phenergan rectal suppository 12.5 mg, 25 mg	Phenadoz	G	
phenergan rectal suppository 50 mg	Promethegan	G	
pres gen pediatric	Tusnel DM Pediatric	G	OTC
promethazine hcl injection	Phenergan	G	
promethazine hcl oral		G	
promethazine hcl rectal	Promethegan	G	
promethazine vc plain oral solution 6.25-5 mg/5ml		G	
promethazine vc/codeine		G	PA required for Ages < 18 years
promethazine-codeine oral syrup		G	PA required for Ages < 18 years
promethazine-dm		G	
promethazine-phenyleph-codeine		G	PA required for Ages < 18 years
promethazine-phenylephrine		G	
promethegan	Promethegan	G	
pseudoephedrine hcl oral tablet 60 mg	SudoGest	G	OTC
pseudoephedrine-bromphen-dm	Bromfed DM	G	
pseudoephedrine-guaifenesin er	Mucinex D	G	OTC
pulmosal	HyperSal	G	
relcof c oral solution 100-6.3 mg/5ml		G	OTC
rhinocort allergy	Rhinocort Allergy	G	OTC; QL (9 ML per 30 days)
robitussin 12 hour cough child	Delsym	G	OTC
robitussin cough+chest cong dm oral capsule		G	OTC
robitussin cough+chest cong dm oral liquid 20-400 mg/20ml		G	OTC
simply saline baby	Simply Saline Baby	G	OTC

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

Drug Name	Reference	Brand-Generic	Notes
sm cold & allergy childrens oral elixir 1-15 mg/5ml		G	OTC
sodium chloride inhalation		G	
sudogest oral tablet 60 mg	SudoGest	G	OTC
sudogest sinus/allergy	SudoGest Sinus/Allergy	G	OTC
supress-dx pediatric	Biotuss Pediatric	G	OTC
triamcinolone acetate nasal	Nasacort Allergy 24HR	G	QL (17 GM per 30 days)
trymine cg	Mar-Cof CG Expectorant	G	OTC
tusicof oral tablet	Tusicof	G	OTC
tusnel dm pediatric	Tusnel DM Pediatric	G	OTC
tussigon oral tablet 5-1.5 mg		G	PA required for Ages < 18 years
tussin dm max adult	Diabetic Tussin Max St	G	OTC
tussin dm oral liquid 100-10 mg/5ml	Cheracol Plus	G	OTC
tussin dm oral syrup 100-10 mg/5ml	Robafen DM Cough Clear	G	OTC
tusslin pediatric		G	OTC
virtussin dac		G	OTC
wal-dryl allergy rel childrens	Wal-Dryl Allergy Rel Childrens	G	OTC
wal-fex d allergy & congestion oral tablet extended release 24 hour	Allegra-D Allergy & Congestion	G	OTC
wal-finate-d	SudoGest Sinus/Allergy	G	OTC
wal-phed sinus/allergy	SudoGest Sinus/Allergy	G	OTC
wal-tap cold/allergy oral elixir		G	OTC
wal-tussin cf		G	OTC
yodefane-nf chest congestion oral liquid 200 mg/5ml		G	OTC
zephrex-d		G	OTC

**Respiratory Tract / Pulmonary Agents -
Drugs for Asthma and Other Lung
Conditions**

ADRENALIN INJECTION SOLUTION 1 MG/ML		B	
fluticasone/salmeterol	Advair HFA	G	ST <13 years of age
ADVAIR DISKUS		B	ST; Preferred Drug
albuterol sulfate er		G	
albuterol sulfate inhalation		G	
albuterol sulfate oral		G	

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

Drug Name	Reference	Brand-Generic	Notes
ASMANEX 120 METERED DOSES		B	Preferred Drug
ASMANEX 14 METERED DOSES		B	Preferred Drug
ASMANEX 30 METERED DOSES		B	Preferred Drug
ASMANEX 60 METERED DOSES		B	Preferred Drug
ASMANEX 7 METERED DOSES		B	Preferred Drug
ATROVENT HFA		B	Preferred Drug; QL (26 GM per 30 days)
BEVESPI AEROSPHERE		B	PA; Preferred Drug
COMBIVENT RESPIMAT		B	Preferred Drug
cromolyn sodium inhalation		G	
DULERA		B	ST; Preferred Drug
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	EpiPen Jr 2-Pak	B	QL (4 EA per 30 days)
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	EpiPen	B	QL (4 EA per 30 days)
ESBRIET		B	PA; SP
FLOVENT HFA		B	Preferred Drug
ipratropium bromide inhalation		G	Preferred Drug
ipratropium-albuterol		G	Preferred Drug
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	Xopenex	G	PA Required for 4 years and older
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	Xopenex HFA	B	
metaproterenol sulfate oral		G	
montelukast sodium oral packet	Singulair	G	PA Required for 4 years and older; QL (30 EA per 30 days)
montelukast sodium oral tablet	Singulair	G	QL (30 EA per 30 days)
montelukast sodium oral tablet chewable	Singulair	G	QL (30 EA per 30 days)
PROAIR HFA		B	
PULMICORT FLEXHALER		B	Preferred Drug
PULMICORT SUSPENSION		B	PA required for > 4 years; Preferred Drug
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT		B	Preferred Drug
SEREVENT DISKUS		B	PA
SPIRIVA HANDIHALER		B	Preferred Drug

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

Drug Name	Reference	Brand-Generic	Notes
STIOLTO RESPIMAT		B	PA; Preferred Drug
SYMBICORT		B	ST; Preferred Drug
terbutaline sulfate injection		G	
terbutaline sulfate oral		G	
theochron	Theochron	G	
theophylline		G	
theophylline er		G	
VENTOLIN HFA		B	
XOPENEX HFA	Xopenex HFA	B	
zafirlukast	Accolate	G	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis			
BETHKIS		B	PA; Preferred Drug; SP
KITABIS PAK		B	PA; SP
PULMOZYME		B	PA; SP
TOBI NEBULIZER		B	PA; SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension			
epoprostenol sodium	Flolan	G	PA; SP
LETAIRIS		B	PA; SP
REMODULIN		B	PA; SP
sildenafil citrate oral tablet 20 mg	Revatio	G	PA; SP
TRACLEER		B	PA; SP
TYVASO		B	PA; SP
TYVASO REFILL		B	PA; SP
TYVASO STARTER		B	PA; SP
VENTAVIS		B	PA; SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm			
baclofen oral tablet 10 mg, 20 mg		G	
chlorzoxazone oral tablet 500 mg		G	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg		G	
dantrolene sodium oral		G	
methocarbamol oral	Robaxin	G	
revonto		G	

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

Drug Name	Reference	Brand-Generic	Notes
tizanidine hcl oral tablet		G	
Sleep Disorder Agents			
compoz oral tablet	Nytol Maximum Strength	G	OTC
diphenhydramine hcl (sleep)	Nytol Maximum Strength	G	OTC
EDLUAR		B	PA; PA Required for Ages < 6 years
eszopiclone	Lunesta	G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
modafinil	Provigil	G	PA; PA Required for Ages < 6 years
ROZEREM		B	ST; PA Required for Ages < 6 years; Preferred Drug; QL (30 EA per 30 days)
sleep aid (diphenhydramine)	Nytol	G	OTC
sleep aid oral capsule 25 mg	Wal-Sleep Z	G	OTC
sleep aid oral tablet	Unisom SleepTabs	G	OTC
temazepam oral capsule 15 mg, 30 mg	Restoril	G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
tetra-formula nighttime sleep	Nytol Maximum Strength	G	OTC
wal-sleep z oral capsule	Wal-Sleep Z	G	OTC
wal-sleep z oral tablet dispersible	Unisom SleepMelts	G	OTC
wal-som oral tablet dispersible	Unisom SleepMelts	G	OTC
zaleplon		G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
zolpidem tartrate er	Ambien CR	G	PA; PA Required for Ages < 6 years
zolpidem tartrate oral tablet 10 mg	Ambien	G	PA Required for Ages < 6 years; QL (30 EA per 30 days)
zolpidem tartrate oral tablet 5 mg	Ambien	G	PA Required for Ages < 6 years; QL (60 EA per 30 days)
zolpidem tartrate sublingual	Intermezzo	G	PA; PA Required for Ages < 6 years
ZOLPIMIST		B	PA; PA Required for Ages < 6 years

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

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