

Search Tip:

This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar or using the CTRL+F search function from your keyboard. It will then display a search box for you to type in the name of the drug you want to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

Sarasota Memorial Health Care System Formulary
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| 8-MOP CAP | - | 2 | DERMATOLOGICALS |
| abacavir soln (ZIAGEN equiv) | - | 2 | ANTIVIRALS |
| abacavir tab (ZIAGEN equiv) | - | 2 | ANTIVIRALS |
| abacavir/lamivudine tab (EPZICOM equiv) | - | 2 | ANTIVIRALS |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) | - | 2 | ANTIVIRALS |
| ABILIFY MYCITE TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| abiraterone acetate tab 500mg (ZYTIGA equiv) | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day) | MSP-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ABSORICA CAP | - | NC | DERMATOLOGICALS |
| ABSORICA LD CAP | - | NC | DERMATOLOGICALS |
| ABSTRAL SL TAB (QL= 120 tabs/30 days) | PA-QL | 3 | ANALGESICS - OPIOID |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| acarbose tab (PRECOSE equiv) | - | 1 | ANTIDIABETICS |
| ACCU-CHEK AVIVA PLUS METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK AVIVA PLUS TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK GUIDE CARE METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK GUIDE ME KIT | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK GUIDE TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK NANO METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK SMARTVIEW TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| acebutolol cap (SECTRAL equiv) | - | 1 | BETA BLOCKERS |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB | - | NC | ANALGESICS - OPIOID |
| acetaminophen/codeine soln | - | 1 | ANALGESICS - OPIOID |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) | - | 1 | ANALGESICS - OPIOID |
| ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP | - | NC | MIGRAINE PRODUCTS |
| acetaminophen/isometheptene/dichloral cap (MIDRIN equiv) | - | NC | MIGRAINE PRODUCTS |
| ACETASOL HC OTIC SOLN | - | 3 | OTIC AGENTS |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | 2 | DIURETICS |
| acetazolamide tab | - | 2 | DIURETICS |
| acetic acid otic soln (VOSOL equiv) | - | 1 | OTIC AGENTS |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | - | 1 | OTIC AGENTS |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) | - | 1 | OTIC AGENTS |
| acetylcysteine soln (MUCOMYST equiv) | - | 1 | COUGH/COLD/ALLERGY |
| ACIDIC VAGINAL JELLY | - | 2 | VAGINAL PRODUCTS |
| ACIPHEX SPRINKLE CAP | - | NC | ULCER DRUGS |
| ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| acitretin cap (SORIATANE equiv) | - | 2 | DERMATOLOGICALS |
| ACTEMRA ACTPEN INJ (QL= 2 inj/28 days) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| ACTEMRA SC INJ (QL= 2 inj/28 days) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| ACTICLATE TAB 75MG, 150MG | - | NC | TETRACYCLINES |
| ACTIMMUNE INJ (Only available through Walgreens 888-347-3416) | LD-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ACTOPLUS MET TAB | - | NC | ANTIDIABETICS |
| ACTOPLUS MET XR TAB | - | 3 | ANTIDIABETICS |
| ACUVAIL OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| acyclovir cap (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| acyclovir cream (ZOVIRAX equiv) | - | 3 | DERMATOLOGICALS |
| acyclovir oint (ZOVIRAX OINT equiv) | - | 2 | DERMATOLOGICALS |
| acyclovir susp (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| acyclovir tab (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| ADACEL/BOOSTRIX INJ | VAC | \$0 | TOXOIDS |
| adapalene cream (DIFFERIN equiv) | PA | 2 | DERMATOLOGICALS |
| adapalene gel (DIFFERIN equiv) | PA | 2 | DERMATOLOGICALS |
| ADAPALENE LOTION (DIFFERIN equiv) | - | NC | DERMATOLOGICALS |
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) | PA | 2 | DERMATOLOGICALS |
| ADAPALENE/BENZOYL PEROXIDE PAD | - | NC | DERMATOLOGICALS |
| ADASUVE INHALER | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ADAZIN CREAM | - | NC | DERMATOLOGICALS |
| ADCIRCA TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| ADDERALL XR CAP | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ADDYI TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| adefovir dipivoxil tab (HEPSERA equiv) | - | 2 | ANTIVIRALS |
| ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | CARDIOVASCULAR AGENTS - MISC. |
| ADLYXIN INJ | - | NC | ANTIDIABETICS |
| ADMELOG INJ, INSULIN LISPRO INJ | - | NC | ANTIDIABETICS |
| ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) | - | NC | ANTIDIABETICS |
| ADOXA PAK | - | NC | TETRACYCLINES |
| ADRENACLICK INJ, EPINEPHRINE INJ | - | NC | VASOPRESSORS |
| ADRENALIN SOLN | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ADVAIR DISKUS INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ADVAIR HFA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ADVICOR TAB | - | NC | ANTHYPERLIPIDEMICS |
| ADZENYS ER SUSP, AMPHETAMINE ER SUSP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ADZENYS XR TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| AEMCOLO TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| AEROCHAMBER | OTC | 2 | MEDICAL DEVICES AND SUPPLIES |
| AFINITOR DISPERZ (QL= 1 tab/day) | MSP-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AFINITOR TAB 10MG (QL= 1 tab/day) | MSP-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AFINITOR TAB 2.5MG, 5MG, 7.5MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AFLURIA INJ | VAC | \$0 | VACCINES |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| AFLURIA INJ, FLUZONE INJ | VAC | \$0 | VACCINES |
| AFSTYLA KIT | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| AIMOVIJ INJ (QL= 1 pack/28 days) | PA-QL | 2 | MIGRAINE PRODUCTS |
| AIRDUO POWDER INHALER W/SENSOR | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AIRDUO RESPICLICK | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AJOVY INJ | - | NC | MIGRAINE PRODUCTS |
| AKLIEF CREAM | - | NC | DERMATOLOGICALS |
| AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 | ANTIEMETICS |
| ALAMAST OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ALA-SCALP LOTION | - | NC | DERMATOLOGICALS |
| albendazole tab (ALBENZA equiv) | - | NC | ANTHELMINTICS |
| ALBENZA TAB | - | NC | ANTHELMINTICS |
| ALBUTEROL HFA INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol HFA inhaler (PROAIR equiv) | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol HFA inhaler (PROVENTIL equiv) | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol neb soln | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate ER tab (VOSPIRE ER equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate syrup | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate tab | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ALBUTEROL TAB ER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| alclometasone cream (ACLOVATE equiv) | - | 2 | DERMATOLOGICALS |
| alclometasone oint (ACLOVATE OINT equiv) | - | 2 | DERMATOLOGICALS |
| ALCOHOL SWABS | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv) | - | NC | DERMATOLOGICALS |
| ALECENSA CAP (QL= 8 caps/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| alendronate sodium oral soln (FOSAMAX equiv) | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| alendronate tab (FOSAMAX equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALENDRONATE TAB 40MG | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALEVICYN SOLN DERMAL | - | NC | DERMATOLOGICALS |
| ALFERON-N INJ | MSP | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| alfuzosin SR tab (UROXATRAL equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| ALINIA SUSP (QL= 60ml/3 days) | PA-QL | 2 | ANTI-INFECTIVE AGENTS - MISC. |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| aliskiren tab (TEKTURNA equiv) | ¢ | 3 | ANTIHYPERTENSIVES |
| ALKINDI SPRINKLE CAP | - | NC | CORTICOSTEROIDS |
| allopurinol tab (ZYOLOPRIM equiv) | - | 1 | GOUT AGENTS |
| ALLZITAL TAB | - | NC | ANALGESICS - NONNARCOTIC |
| almotriptan tab (AXERT equiv) | - | NC | MIGRAINE PRODUCTS |
| ALOCRILOPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ALOGLIPTIN TAB, NESINA TAB | - | NC | ANTIDIABETICS |
| ALOGLIPTIN/METFORMIN TAB, KAZANO TAB | - | NC | ANTIDIABETICS |
| ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB | - | NC | ANTIDIABETICS |
| ALOMIDE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ALOQUIN GEL | - | NC | DERMATOLOGICALS |
| ALORA PATCH | - | 3 | ESTROGENS |
| alosectron tab (LOTROXON equiv) | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| ALPHAGAN P OPHTH SOLN 0.1% | - | 2 | OPHTHALMIC AGENTS |
| alprazolam ER tab (XANAX XR equiv) | - | 2 | ANTIANSIETY AGENTS |
| alprazolam ODT (NIRAVAM equiv) | - | 3 | ANTIANSIETY AGENTS |
| alprazolam tab (XANAX equiv) | - | 1 | ANTIANSIETY AGENTS |
| ALREX OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| ALSUMA INJ, ZEMBRACE SYMTOUCH INJ | - | NC | MIGRAINE PRODUCTS |
| ALTABAX OINT | - | NC | DERMATOLOGICALS |
| ALTOPREV TAB | - | NC | ANTIHYPERLIPIDEMICS |
| ALTRENO LOTION | - | NC | DERMATOLOGICALS |
| aluminum chloride soln (DRYSOL equiv) | - | 1 | DERMATOLOGICALS |
| ALUNBRIG PAK | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALVESCO INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| alvimopan cap (ENTEREG equiv) | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ALZAIER NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| amantadine cap (SYMMETREL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| amantadine syrup (SYMMETREL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| amantadine tab | - | 2 | ANTIPARKINSON AGENTS |
| AMBIEN CR TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416) | LD-QL-RS | S | CARDIOVASCULAR AGENTS - MISC. |
| AMCINONIDE CREAM 0.1% | - | NC | DERMATOLOGICALS |
| AMCINONIDE LOTION | - | NC | DERMATOLOGICALS |
| AMCINONIDE OINT | - | NC | DERMATOLOGICALS |
| amethyst tab (LYBREL equiv) | - | \$0 | CONTRACEPTIVES |
| AMICAR SYRUP | - | 3 | HEMOSTATICS |
| amiloride tab (MIDAMOR equiv) | - | 1 | DIURETICS |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | 1 | DIURETICS |
| aminocaproic acid soln (AMICAR equiv) | - | 2 | HEMOSTATICS |
| aminocaproic acid syrup (AMICAR equiv) | - | 1 | HEMOSTATICS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| aminocaproic acid tab (AMICAR equiv) | - | 2 | HEMOSTATICS |
| aminophylline tab | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| amiodarone tab (CORDARONE equiv) | - | 1 | ANTIARRHYTHMICS |
| AMITIZA CAP, LUBIPROSTONE CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| amitriptyline tab (ELAVIL equiv) | - | 1 | ANTIDEPRESSANTS |
| amlodipine tab (NORVASC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| amlodipine/atorvastatin tab (CADUET equiv) | - | 2 | CARDIOVASCULAR AGENTS - MISC. |
| amlodipine/benazepril cap (LOTREL equiv) | - | 1 | ANTIHYPERTENSIVES |
| amlodipine/olmesartan tab (AZOR equiv) | - | 2 | ANTIHYPERTENSIVES |
| amlodipine/valsartan tab (EXFORGE equiv) | - | 2 | ANTIHYPERTENSIVES |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) | - | 2 | ANTIHYPERTENSIVES |
| ammonium lactate cream (LAC-HYDRIN equiv) | OTC | EXC | DERMATOLOGICALS |
| ammonium lactate lotion (LAC-HYDRIN equiv) | OTC | EXC | DERMATOLOGICALS |
| amnesteam cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv) | - | 2 | DERMATOLOGICALS |
| AMOXAPINE TAB | - | 1 | ANTIDEPRESSANTS |
| amoxicillin cap (TRIMOX equiv) | - | 1 | PENICILLINS |
| AMOXICILLIN CHEW TAB | - | 1 | PENICILLINS |
| amoxicillin susp (TRIMOX equiv) | - | 1 | PENICILLINS |
| amoxicillin tab (AMOXIL equiv) | - | 1 | PENICILLINS |
| amoxicillin/clavulanate chew tab (AUGMENTIN equiv) | - | 1 | PENICILLINS |
| AMOXICILLIN/CLAVULANATE ER TAB | - | 3 | PENICILLINS |
| amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv) | - | 3 | PENICILLINS |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | 1 | PENICILLINS |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | 1 | PENICILLINS |
| amphetamine tab (EVEKEO equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| amphetamine/dextroamphetamine tab (ADDERALL equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| ampicillin cap (PRINCIPEN equiv) | - | 1 | PENICILLINS |
| ampicillin susp (PRINCIPEN equiv) | - | 1 | PENICILLINS |
| AMTURNIDE TAB | - | 3 | ANTIHYPERTENSIVES |
| AMZEEQ FOAM | - | NC | DERMATOLOGICALS |
| anagrelide cap (AGRYLIN equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| ANALPRAM-E KIT | - | 3 | ANORECTAL AGENTS |
| ANASTIA LOTION | - | NC | DERMATOLOGICALS |
| anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ANDRODERM PATCH (QL= 1 patch/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| ANGELIQ TAB | - | NC | ESTROGENS |
| ANNOVERA RING | - | NC | CONTRACEPTIVES |
| ANORO ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ANTARA CAP, LOFIBRA CAP | - | NC | ANTIHYPERLIPIDEMICS |
| antipyrine/benzocaine otic soln (AURALGAN equiv) | - | NC | OTIC AGENTS |
| ANZEMET TAB (QL= 9 tabs/fill) | QL | 3 | ANTIEMETICS |
| APADAZ TAB | - | NC | ANALGESICS - OPIOID |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| APEXICON E CREAM (PSORCON E equiv) | - | NC | DERMATOLOGICALS |
| APHTHASOL PASTE | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| APIDRA INJ | - | NC | ANTIDIABETICS |
| APIDRA SOLOSTAR INJ | - | NC | ANTIDIABETICS |
| APLENZIN TAB | - | NC | ANTIDEPRESSANTS |
| APOKYN INJ | - | NC | ANTIPARKINSON AGENTS |
| apraclonidine ophth soln (IOPIDINE equiv) | - | 2 | OPHTHALMIC AGENTS |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill) | QL | 2 | ANTIEMETICS |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill) | QL | 2 | ANTIEMETICS |
| APRISO CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| APRIZIO PAK KIT | - | NC | DERMATOLOGICALS |
| APTENSIO XR CAP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| APTIOM TAB | - | NC | ANTICONVULSANTS |
| APTIVUS CAP | - | 2 | ANTIVIRALS |
| APTIVUS SOLN | - | 2 | ANTIVIRALS |
| ARAKODA TAB | - | 3 | ANTIMALARIALS |
| ARANESP INJ | - | NC | HEMATOPOIETIC AGENTS |
| ARAZLO LOTION | - | NC | DERMATOLOGICALS |
| ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046) | LD-PA-QL | S | AMINOGLYCOSIDES |
| aripiprazole ODT (ABILIFY equiv) | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| aripiprazole soln (ABILIFY equiv) | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| aripiprazole tab (ABILIFY equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day) | PA-QL | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ARMONAIR DIGITAL INHALER 113MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ARMONAIR DIGITAL INHALER 232MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ARMONAIR DIGITAL INHALER 55MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ARMONAIR RESPICLICK | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ARMOUR THYROID TAB, NATURE THROID TAB | - | 1 | THYROID AGENTS |
| ARNUITY ELLIPTA INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ARYMO ER TAB | - | NC | ANALGESICS - OPIOID |
| ASACOL HD TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ASACOL HD TAB, MESALAMINE TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day) | PA-QL | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv) | - | \$0 | CONTRACEPTIVES |
| ASMANEX HFA INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ASMANEX INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 | ANALGESICS - NONNARCOTIC |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| aspirin tab 325mg (Covered for males age 45-79 and females age 55-79) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin/codeine tab | - | 1 | ANALGESICS - OPIOID |
| aspirin/dipyridamole cap (AGGRENEX equiv) | - | 2 | HEMATOLOGICAL AGENTS - MISC. |
| ASPIRIN/OMEPRAZOLE ER TAB | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| ASTAGRAF XL CAP | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| ASTAMED MYO CAP | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| atazanavir cap (REYATAZ equiv) | - | 2 | ANTIVIRALS |
| atenolol tab (TENORMIN equiv) | - | 1 | BETA BLOCKERS |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| atomoxetine cap (STRATTERA CAP equiv) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| atorvastatin tab 10mg (LIPITOR equiv) | - | \$0 | ANTIHYPERLIPIDEMICS |
| atorvastatin tab 20mg (LIPITOR equiv) | - | \$0 | ANTIHYPERLIPIDEMICS |
| atorvastatin tab 40mg (LIPITOR equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| atorvastatin tab 80mg (LIPITOR equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| atovaquone susp (MEPRON equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| atovaquone/proguanil tab (MALARONE equiv) | - | 1 | ANTIMALARIALS |
| ATRIPLA TAB | - | NC | ANTIVIRALS |
| atropine ophth oint | - | 1 | OPHTHALMIC AGENTS |
| atropine ophth soln (ISOPTO ATROPINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| ATROVENT HFA INHALER | - | 2 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| AUBAGIO TAB | MSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AURYXIA TAB | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| AUSTEDO TAB (QL= 4 tabs/day) | MSP-PA-QL | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUVI-Q INJ | - | NC | VASOPRESSORS |
| AVANDAMET TAB | - | 2 | ANTIDIABETICS |
| AVANDARYL TAB | - | 2 | ANTIDIABETICS |
| AVANDIA TAB | - | 2 | ANTIDIABETICS |
| AVAR AEROSOL FOAM | - | NC | DERMATOLOGICALS |
| AVAR GEL | - | 2 | DERMATOLOGICALS |
| AVAR PAD | - | NC | DERMATOLOGICALS |
| AVC VAGINAL CREAM | - | 2 | VAGINAL PRODUCTS |
| AVONEX INJ | MSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AXERT TAB | - | NC | MIGRAINE PRODUCTS |
| AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AZASAN TAB | - | NC | ASSORTED CLASSES |
| AZASITE SOLN | - | 2 | OPHTHALMIC AGENTS |
| azathioprine tab (IMURAN equiv) | - | 1 | ASSORTED CLASSES |
| azelaic acid gel (FINACEA equiv) | - | 2 | DERMATOLOGICALS |
| azelastine nasal spray 0.1% (ASTELIN equiv) | - | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| azelastine nasal spray 0.15% (ASTEPRO equiv) | - | 2 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| azelastine ophth soln (OPTIVAR equiv) | - | 1 | OPHTHALMIC AGENTS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| azelastine/fluticasone nasal spray (DYMISTA equiv) | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| AZELEX CREAM | - | NC | DERMATOLOGICALS |
| AZENASE PAK | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| AZESCHEW TAB 13-1MG | - | NC | MULTIVITAMINS |
| AZESCO TAB | - | NC | MULTIVITAMINS |
| azithromycin susp (ZITHROMAX equiv) | - | 1 | MACROLIDES |
| azithromycin tab (ZITHROMAX equiv) | - | 1 | MACROLIDES |
| AZOPT OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| BACITRACIN OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| BACLOFEN CREAM COMPOUND KIT | - | NC | DERMATOLOGICALS |
| baclofen tab (BACLOFEN equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| BACLOFEN TAB 5MG | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| BACTROBAN CREAM | - | NC | DERMATOLOGICALS |
| BACTROBAN NASAL OINT | - | 3 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| BAFIERTAM CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| BALCOLTRA TAB | - | NC | CONTRACEPTIVES |
| balsalazide cap (COLAZAL equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BALVERSA TAB 5MG (QL= 1 tab/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BANZEL SUSP | PA | 3 | ANTICONSULTANTS |
| BANZEL TAB | PA | 2 | ANTICONSULTANTS |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill) | QL | 2 | ANTIDIABETICS |
| BARACLUDE SOLN | - | NC | ANTIVIRALS |
| BASAGLAR INJ | - | NC | ANTIDIABETICS |
| BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 | FLUOROQUINOLONES |
| B-D INSULIN SYRINGE | --OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| B-D PEN NEEDLE | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| b-donna tab (DONNATAL equiv) | - | NC | ULCER DRUGS |
| BECONASE AQ NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| BELBUCA FILM | - | NC | ANALGESICS - OPIOID |
| BELLADONNA ALKALOID/OPIUM SUPP | - | 2 | ULCER DRUGS |
| BELSOMRA TAB | - | NC | HYPNOTICS |
| benazepril tab (LOTENSIN equiv) | - | 1 | ANTIHYPERTENSIVES |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day) | MSP-PA-QL | S | MISCELLANEOUS THERAPEUTIC CLASSES |
| BENLYSTA INJ (QL= 4 inj/28 day) | MSP-PA-QL | S | MISCELLANEOUS THERAPEUTIC CLASSES |
| BENZAC WASH | - | NC | DERMATOLOGICALS |
| BENZNIDAZOLE TAB | PA | 2 | ANTHELMINTICS |
| benzonatate cap (TESSALON equiv) | - | 1 | COUGH/COLD/ALLERGY |
| benzonatate cap 150mg (ZONATUSS equiv) | - | NC | COUGH/COLD/ALLERGY |
| BENZOYL PEROXIDE CREAM | OTC | NC | DERMATOLOGICALS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| BENZOYL PEROXIDE/HYDROCORTISONE LOTION | - | NC | DERMATOLOGICALS |
| benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv) | - | NC | DERMATOLOGICALS |
| BENZPHETAMINE TAB | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| benztropine tab | - | 1 | ANTIPARKINSON AGENTS |
| BEPREVE OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| BERINERT INJ (Only available through Walgreens 888-347-3416) | LD-PA | S | HEMATOLOGICAL AGENTS - MISC. |
| BESER KIT 0.05% | - | NC | DERMATOLOGICALS |
| BESIVANCE OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone augmented gel | - | 1 | DERMATOLOGICALS |
| BETAMETHASONE AUGMENTED GEL | - | 2 | DERMATOLOGICALS |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | 2 | DERMATOLOGICALS |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone dipropionate lotion | - | 1 | DERMATOLOGICALS |
| betamethasone dipropionate oint (DIPROSONE OINT equiv) | - | 2 | DERMATOLOGICALS |
| betamethasone valerate cream | - | 1 | DERMATOLOGICALS |
| betamethasone valerate foam (LUXIQ equiv) | - | NC | DERMATOLOGICALS |
| betamethasone valerate lotion | - | 1 | DERMATOLOGICALS |
| betamethasone valerate oint | - | 1 | DERMATOLOGICALS |
| BETASERON INJ | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | 1 | OPHTHALMIC AGENTS |
| betaxolol tab (KERLONE equiv) | - | 1 | BETA BLOCKERS |
| bethanechol tab (URECHOLINE equiv) | - | 1 | URINARY ANTISPASMODICS |
| BETIMOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| BETOPTIC-S OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| BEVESPI AEROSPHERE INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BEVYXXA CAP | - | NC | ANTICOAGULANTS |
| bexarotene cap (TARGRETIN equiv) | MSP-PA-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BEXSERO INJ | VAC | \$0 | VACCINES |
| BEYAZ TAB | - | NC | CONTRACEPTIVES |
| BIAFINE EMULSION | - | NC | DERMATOLOGICALS |
| bicalutamide tab (CASODEX equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BIFERARX TAB | - | NC | HEMATOPOIETIC AGENTS |
| BIJUVA CAP | - | NC | ESTROGENS |
| BIKTARVY TAB | - | 2 | ANTIVIRALS |
| BILTRICIDE TAB | - | 3 | ANTHELMINTICS |
| bimatoprost ophth soln (QL= 2.5ml/30 days) | QL | 2 | OPHTHALMIC AGENTS |
| BINOSTO TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| bisoprolol tab (ZEBETA equiv) | - | 1 | BETA BLOCKERS |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | 1 | ANTIHYPERTENSIVES |
| BLEPHAMIDE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| BLEPHAMIDE S.O.P. OPHTH OINT | - | 3 | OPHTHALMIC AGENTS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | S | CARDIOVASCULAR AGENTS - MISC. |
| BOSULIF TAB | MSP-PA-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BREO ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BREZTRI AEROSPHERE INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BRILINTA TAB | - | 3 | HEMATOLOGICAL AGENTS - MISC. |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) | - | 2 | OPHTHALMIC AGENTS |
| brimonidine ophth soln 0.2% | - | 1 | OPHTHALMIC AGENTS |
| brinzolamide ophth susp (AZOPT equiv) | - | 2 | OPHTHALMIC AGENTS |
| BRISDELLE CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| BRIVIACT INJ 50MG/5ML | - | NC | ANTICONSULSANTS |
| BRIVIACT SOLN 10MG/ML | - | NC | ANTICONSULSANTS |
| BRIVIACT TAB | - | NC | ANTICONSULSANTS |
| bromfenac ophth soln (BROMDAY equiv) | - | 2 | OPHTHALMIC AGENTS |
| bromocriptine cap (PARLODEL equiv) | - | 2 | ANTIPARKINSON AGENTS |
| bromocriptine tab (PARLODEL equiv) | - | 2 | ANTIPARKINSON AGENTS |
| BROMSITE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| BRONCHITOL CAP | - | NC | RESPIRATORY AGENTS - MISC. |
| BROVANA NEB SOLN | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BRUKINSA CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BRYHALI LOTION | - | NC | DERMATOLOGICALS |
| B-SERENE PAD | - | NC | HEMATOPOIETIC AGENTS |
| budesonide ER tab (UCERIS equiv) (QL=1 tab/day) | PA-QL | 3 | CORTICOSTEROIDS |
| budesonide inh susp (PULMICORT equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| budesonide nasal spray (RHINOCORT AQUA equiv) | OTC | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| budesonide SR cap (ENTOCORT EC equiv) | - | 2 | CORTICOSTEROIDS |
| BUDESONIDE/FORMOTEROL INHALER, SYMBICORT INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| bumetanide tab (BUMEX equiv) | - | 1 | DIURETICS |
| BUNAVAIL FILM | - | NC | ANALGESICS - OPIOID |
| buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days) | QL | 3 | ANALGESICS - OPIOID |
| buprenorphine SL tab (SUBUTEX equiv) | - | 1 | ANALGESICS - OPIOID |
| buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv) | - | 1 | ANALGESICS - OPIOID |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | 1 | ANALGESICS - OPIOID |
| bupropion ER tab (WELLBUTRIN equiv) | - | 1 | ANTIDEPRESSANTS |
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| bupropion tab (WELLBUTRIN equiv) | - | 1 | ANTIDEPRESSANTS |
| bupropion XL tab (WELLBUTRIN XL equiv) | - | 1 | ANTIDEPRESSANTS |
| buspirone tab (BUSPAR equiv) | - | 1 | ANTIAXIETY AGENTS |
| butalbital/acetaminophen cap | - | NC | ANALGESICS - NONNARCOTIC |
| butalbital/acetaminophen/caffeine soln | - | NC | ANALGESICS - NONNARCOTIC |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| bupropion/acetaminophen/caffeine tab (FIORICET equiv) | - | NC | ANALGESICS - NONNARCOTIC |
| BUTALBITAL/ASPIRIN/CAFFEINE TAB | - | NC | ANALGESICS - NONNARCOTIC |
| BUTISOL ELIXIR | - | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| BUTISOL TAB | - | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days) | QL | 2 | ANALGESICS - OPIOID |
| BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days) | QL | 2 | ANTIDIABETICS |
| BYDUREON INJ (QL= 4 inj/28 days) | QL | 2 | ANTIDIABETICS |
| BYDUREON PEN INJ (QL= 4 inj/28 days) | QL | 2 | ANTIDIABETICS |
| BYETTA INJ (QL= 1 pen/30 days) | QL | 3 | ANTIDIABETICS |
| BYNFEZIA PEN INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| BYSTOLIC TAB | ¢ | 2 | BETA BLOCKERS |
| BYVALSON TAB | - | NC | ANTIHYPERTENSIVES |
| CABENUVA IM SUSP | - | NC | ANTIVIRALS |
| cabergoline tab (DOSTINEX equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | HEMATOLOGICAL AGENTS - MISC. |
| CABOMETYX TAB (QL= 1 tab/day) | MSP-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAFCIT INJ | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| calcipotriene cream (DOVONEX CREAM equiv) | - | 2 | DERMATOLOGICALS |
| CALCIPOTRIENE FOAM, SORILUX FOAM | - | 3 | DERMATOLOGICALS |
| calcipotriene oint | - | 2 | DERMATOLOGICALS |
| calcipotriene soln (DOVONEX SOLN equiv) | - | 2 | DERMATOLOGICALS |
| calcipotriene/betamethasone dipropionate susp | - | NC | DERMATOLOGICALS |
| calcipotriene/betamethasone oint (TACLONEX equiv) | - | NC | DERMATOLOGICALS |
| calcitonin nasal spray (MIACALCIN equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol cap (ROCALTRON equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CALCITRIOL INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CALCITRIOL OINT | - | 3 | DERMATOLOGICALS |
| calcitriol soln (ROCALTRON equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcium acetate cap (PHOSLO equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| CALIBRATION LIQUID | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| CALOMIST NASAL SPRAY | - | NC | HEMATOPOIETIC AGENTS |
| CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAMBIA POWDER PACKET | - | NC | MIGRAINE PRODUCTS |
| candesartan tab (ATACAND equiv) | - | 1 | ANTIHYPERTENSIVES |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) | - | NC | ANTIHYPERTENSIVES |
| CANTIL TAB | - | 3 | ULCER DRUGS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| capecitabine tab (XELODA equiv) | MSP | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAPEX SHAMPOO | - | NC | DERMATOLOGICALS |
| CAPITAL/CODEINE SUSP | - | 3 | ANALGESICS - OPIOID |
| CAPLYTA CAP | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| CAPRELSA TAB (Only available through Biologics 800-850-4306) | LD-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| capsaicin/menthol topical patch (SINELEE equiv) | - | NC | DERMATOLOGICALS |
| captopril tab (CAPOTEN equiv) | - | 2 | ANTIHYPERTENSIVES |
| CARAC CREAM | - | NC | DERMATOLOGICALS |
| CARBAGLU TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| carbamazepine chew tab (TEGRETOL equiv) | - | 1 | ANTICONVULSANTS |
| carbamazepine ER cap (CARBATROL equiv) | - | 2 | ANTICONVULSANTS |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | 2 | ANTICONVULSANTS |
| carbamazepine susp (TEGRETOL equiv) | - | 1 | ANTICONVULSANTS |
| carbamazepine tab (TEGRETOL equiv) | - | 1 | ANTICONVULSANTS |
| carbidopa tab (LODOSYN equiv) | - | 2 | ANTIPARKINSON AGENTS |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | 1 | ANTIPARKINSON AGENTS |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | 1 | ANTIPARKINSON AGENTS |
| carbidopa/levodopa tab (SINEMET equiv) | - | 1 | ANTIPARKINSON AGENTS |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | 2 | ANTIPARKINSON AGENTS |
| CARBINOXAMINE SOLN | - | 3 | ANTIHISTAMINES |
| carbinoxamine soln (PALGIC equiv) | - | 3 | ANTIHISTAMINES |
| CARBINOXAMINE TAB | - | 3 | ANTIHISTAMINES |
| carbinoxamine tab (PALGIC equiv) | - | 3 | ANTIHISTAMINES |
| CARDENE SR CAP | - | 3 | CALCIUM CHANNEL BLOCKERS |
| CARDURA XL TAB | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| carisoprodol tab (SOMA equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol tab 250mg (SOMA equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| CARISOPRODOL/ASPIRIN TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| CARISOPRODOL/ASPIRIN/CODEINE TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| CARMOL LOTION | - | NC | DERMATOLOGICALS |
| CAROSPIR SUSP | - | NC | DIURETICS |
| CARTEOLOL OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| carteolol ophth soln (OCUPRESS equiv) | - | 1 | OPHTHALMIC AGENTS |
| carvedilol phosphate ER cap (COREG CR equiv) | - | NC | BETA BLOCKERS |
| carvedilol tab (COREG equiv) | - | 1 | BETA BLOCKERS |
| CATAPRES-TTS PATCH | - | 3 | ANTIHYPERTENSIVES |
| CAVERJECT INJ (QL= 6 inj/30 days) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-RS | S | ANTI-INFECTIVE AGENTS - MISC. |
| CEDAX CAP | - | 3 | CEPHALOSPORINS |
| CEDAX SUSP | - | 3 | CEPHALOSPORINS |
| CEFACLOR CAP | - | 3 | CEPHALOSPORINS |
| cefaclor cap (CECLOR equiv) | - | 3 | CEPHALOSPORINS |
| CEFACLOR ER TAB | - | 3 | CEPHALOSPORINS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| CEFACTOR SUSP | - | 3 | CEPHALOSPORINS |
| cefactor susp (CEFACTOR equiv) | - | 3 | CEPHALOSPORINS |
| cefadroxil cap (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefadroxil susp (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| CEFADROXIL TAB | - | 1 | CEPHALOSPORINS |
| cefadroxil tab (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefdinir cap (OMNICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefdinir susp (OMNICEF equiv) | - | 1 | CEPHALOSPORINS |
| CEFDITOREN TAB | - | 3 | CEPHALOSPORINS |
| cefixime cap (SUPRAX equiv) | - | 3 | CEPHALOSPORINS |
| cefixime susp (SUPRAX equiv) | - | 3 | CEPHALOSPORINS |
| cefpodoxime proxetil susp (VANTIN equiv) | - | 3 | CEPHALOSPORINS |
| cefpodoxime proxetil tab (VANTIN equiv) | - | 3 | CEPHALOSPORINS |
| cefprozil susp (CEFZIL equiv) | - | 1 | CEPHALOSPORINS |
| cefprozil tab (CEFZIL equiv) | - | 1 | CEPHALOSPORINS |
| cefuroxime susp (CEFTIN equiv) | - | 1 | CEPHALOSPORINS |
| cefuroxime tab (CEFTIN equiv) | - | 1 | CEPHALOSPORINS |
| celecoxib cap (CELEBREX equiv) (QL= 2 caps/day) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| CELONTIN CAP | - | 2 | ANTICONVULSANTS |
| CENESTIN TAB | - | 3 | ESTROGENS |
| CENTANY OINT | - | 3 | DERMATOLOGICALS |
| cephalexin cap (KEFLEX equiv) | - | 1 | CEPHALOSPORINS |
| cephalexin cap 750mg (KEFLEX equiv) | - | NC | CEPHALOSPORINS |
| cephalexin susp (KEFLEX equiv) | - | 1 | CEPHALOSPORINS |
| CEPHALEXIN TAB | - | NC | CEPHALOSPORINS |
| CEQUA (PF) OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| CERDELGA CAP | - | NC | HEMATOPOIETIC AGENTS |
| CERVARIX INJ | VAC | \$0 | VACCINES |
| CERVICAL CAP | - | \$0 | MEDICAL DEVICES AND SUPPLIES |
| CESAMET CAP | - | 3 | ANTIEMETICS |
| CETYLEV TAB | - | NC | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| cevimeline cap (EVOXAC equiv) | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| CHANTIX PAK (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| CHANTIX TAB (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| CHEMET CAP | - | 2 | ANTIDOTES |
| chlordiazepoxide cap (LIBRIUM equiv) | - | 1 | ANTIANKXIETY AGENTS |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | 2 | ULCER DRUGS |
| chlorhexidine gluconate soln (PERIDEX equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| chloroquine tab (ARALEN equiv) | - | 1 | ANTIMALARIALS |
| CHLOROTHIAZIDE TAB | - | 1 | DIURETICS |
| chlorothiazide tab (DIURIL equiv) | - | 1 | DIURETICS |
| chlorpheniramine ER cap | - | 1 | ANTIHISTAMINES |
| chlorpromazine tab (THORAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| chlorpropamide tab (DIABINESE equiv) | - | 1 | ANTIDIABETICS |
| CHLORTHALIDONE TAB | - | 1 | DIURETICS |
| chlorzoxazone tab | - | NC | MUSCULOSKELETAL THERAPY AGENTS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| CHLORZOXAZONE TAB 250MG | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| CHLORZOXAZONE TAB 250MG, LORZONE TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| chlorzoxazone tab 500mg | - | 2 | MUSCULOSKELETAL THERAPY AGENTS |
| CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226) | LD-PA | S | GASTROINTESTINAL AGENTS - MISC. |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| cholestyramine powder (QUESTRAN equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| cholestyramine powder pack (QUESTRAN equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| CHOLINE MAGNESIUM TRISALICYLATE TAB | - | 1 | ANALGESICS - NONNARCOTIC |
| choline magnesium trisalicylate tab (TRILISATE equiv) | - | 1 | ANALGESICS - NONNARCOTIC |
| CIALIS TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| cicatrace kit (REXASIL equiv) | - | NC | DERMATOLOGICALS |
| CICLODAN KIT | - | NC | DERMATOLOGICALS |
| ciclopirox cream (LOPROX CREAM equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox gel (LOPROX GEL equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox nail soln (PENLAC equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | 2 | DERMATOLOGICALS |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | 1 | DERMATOLOGICALS |
| cilostazol tab (PLETAL equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| CILOXAN OPHTH OINT | - | 3 | OPHTHALMIC AGENTS |
| CIMDUO TAB | - | 2 | ANTIVIRALS |
| CIMETIDINE SOLN | - | 1 | ULCER DRUGS |
| cimetidine soln (CIMETIDINE equiv) | - | 1 | ULCER DRUGS |
| cimetidine tab (TAGAMET equiv) | - | 1 | ULCER DRUGS |
| CIMZIA INJ (QL= 2 inj/28 days) | MSP-PA-QL | S | GASTROINTESTINAL AGENTS - MISC. |
| CIMZIA STARTER INJ KIT (QL= 1 kit/plan year) | MSP-PA-QL | S | GASTROINTESTINAL AGENTS - MISC. |
| cinacalcet tab (SENSIPAR equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CINRYZE INJ (QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | S | HEMATOLOGICAL AGENTS - MISC. |
| CIPRO HC OTIC SUSP | - | 3 | OTIC AGENTS |
| CIPRO SUSP 5% | - | 3 | FLUOROQUINOLONES |
| CIPROFLOXACIN 100MG TAB | - | 3 | FLUOROQUINOLONES |
| CIPROFLOXACIN ER TAB | - | 3 | FLUOROQUINOLONES |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | 1 | OPHTHALMIC AGENTS |
| CIPROFLOXACIN OTIC SOLN | - | 2 | OTIC AGENTS |
| ciprofloxacin susp (CIPRO equiv) | - | 2 | FLUOROQUINOLONES |
| ciprofloxacin tab (CIPRO equiv) | - | 1 | FLUOROQUINOLONES |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) | - | 2 | OTIC AGENTS |
| citalopram soln (CELEXA equiv) | - | 1 | ANTIDEPRESSANTS |
| citalopram tab (CELEXA equiv) | - | 1 | ANTIDEPRESSANTS |
| CITRANATAL CAP MEDLEY | - | NC | MULTIVITAMINS |
| CITRULLINE EASY TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CLARINEX REDITAB | - | EXC | ANTIHISTAMINES |
| CLARINEX SYRUP | - | EXC | ANTIHISTAMINES |
| CLARINEX TAB | - | EXC | ANTIHISTAMINES |
| CLARINEX-D TAB | - | EXC | COUGH/COLD/ALLERGY |
| CLARITHROMYC SUSP | - | 2 | MACROLIDES |
| clarithromycin ER tab (BIAXIN XL equiv) | - | 3 | MACROLIDES |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| clarithromycin susp (BIAXIN equiv) | - | 1 | MACROLIDES |
| clarithromycin tab (BIAXIN equiv) | - | 1 | MACROLIDES |
| CLARITIN CAP | OTC | EXC | ANTIHISTAMINES |
| CLENIA PLUS SUSP | - | NC | DERMATOLOGICALS |
| CLENPIQ SOLN | - | 2 | LAXATIVES |
| CLEOCIN VAGINAL SUPP | - | 3 | VAGINAL PRODUCTS |
| CLIMARA PRO PATCH | - | NC | ESTROGENS |
| CLINDACIN KIT | - | NC | DERMATOLOGICALS |
| CLINDAGEL | - | NC | DERMATOLOGICALS |
| clindamycin cap (CLEOCIN equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin foam (EVOCLIN equiv) | - | NC | DERMATOLOGICALS |
| clindamycin gel (CLEOCIN GEL equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin lotion (CLEOCIN- T equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin pad (CLEOCIN-T equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin soln (CLEOCIN equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin topical soln (CLEOCIN-T equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin vaginal cream (CLEOCIN equiv) | - | 1 | VAGINAL PRODUCTS |
| clindamycin/benzoyl peroxide gel (BENZACLIN equiv) | - | 2 | DERMATOLOGICALS |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | - | 2 | DERMATOLOGICALS |
| clindamycin/tretinoin gel (ZIANA equiv) | - | NC | DERMATOLOGICALS |
| CLINDESSE VAGINAL CREAM | - | 3 | VAGINAL PRODUCTS |
| CLINISTIX TEST STRIP | OTC | 1 | DIAGNOSTIC PRODUCTS |
| clobazam susp (ONFI equiv) | - | NC | ANTICONVULSANTS |
| clobazam tab (ONFI equiv) | - | 1 | ANTICONVULSANTS |
| clobetasol E foam (OLUX E equiv) | - | NC | DERMATOLOGICALS |
| clobetasol foam (OLUX equiv) | - | 2 | DERMATOLOGICALS |
| clobetasol lotion (CLOBEX equiv) | - | 2 | DERMATOLOGICALS |
| clobetasol propionate cream (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | 2 | DERMATOLOGICALS |
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | 2 | DERMATOLOGICALS |
| clobetasol propionate oint (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate soln (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol shampoo (CLOBEX equiv) | - | 2 | DERMATOLOGICALS |
| clobetasol spray (CLOBEX equiv) | - | 2 | DERMATOLOGICALS |
| CLOBETAVIX KIT | - | NC | DERMATOLOGICALS |
| CLOCORTOLONE CREAM | - | NC | DERMATOLOGICALS |
| CLODERM CREAM | - | NC | DERMATOLOGICALS |
| clomipramine cap (ANAFRANIL equiv) | - | 3 | ANTIDEPRESSANTS |
| clonazepam ODT (KLONOPIIN equiv) | - | 3 | ANTICONVULSANTS |
| clonazepam tab (KLONOPIIN equiv) | - | 1 | ANTICONVULSANTS |
| clonidine ER tab (KAPVAY equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| clonidine patch (CATAPRES-TTS equiv) | - | 2 | ANTIHYPERTENSIVES |
| clonidine tab (CATAPRES equiv) | - | 1 | ANTIHYPERTENSIVES |
| clopidogrel tab 75mg (PLAVIX equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| CLOPIDOGREL THERAPY PACK | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| clorazepate tab (TRANXENE-T equiv) | - | 3 | ANTIAXIETY AGENTS |
| clotrimazole cream (LOTTRIMIN AF equiv) | OTC | EXC | DERMATOLOGICALS |
| clotrimazole troches (MYCELEX TROCHES equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | 1 | DERMATOLOGICALS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv) | - | 2 | DERMATOLOGICALS |
| CLOZAPINE ODT | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| CLOZAPINE ODT 12.5MG | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| CLOZAPINE ODT, FAZACLO ODT | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| clozapine tab (CLOZARIL equiv) | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| CODEINE SULFATE SOLN | - | 3 | ANALGESICS - OPIOID |
| codeine sulfate tab | - | 1 | ANALGESICS - OPIOID |
| colchicine tab (COLCRYS equiv) | - | 2 | GOUT AGENTS |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | 1 | GOUT AGENTS |
| COLCRYS TAB | - | NC | GOUT AGENTS |
| colesevelam pack (WELCHOL equiv) | - | 2 | ANTIHYPERLIPIDEMICS |
| colesevelam tab (WELCHOL equiv) | - | 2 | ANTIHYPERLIPIDEMICS |
| colestipol granule (COLESTID equiv) | - | 3 | ANTIHYPERLIPIDEMICS |
| colestipol powder packet (COLESTID equiv) | - | 3 | ANTIHYPERLIPIDEMICS |
| colestipol tab (COLESTID equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| colistimethate inj (COLY-MYCIN M equiv) | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| COLY-MYCIN S OTIC SUSP | - | 2 | OTIC AGENTS |
| COMBIGAN OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| COMBIPATCH | - | NC | ESTROGENS |
| COMBIVENT INHALER | - | 2 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| COMBIVENT RESPIMAT INHALER | - | 2 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| COMPLERA TAB | - | 2 | ANTIVIRALS |
| CONCEPT DHA CAP | - | 1 | MULTIVITAMINS |
| CONDYLOX GEL | - | 3 | DERMATOLOGICALS |
| CONJUPRI TAB | - | NC | CALCIUM CHANNEL BLOCKERS |
| CONSENSI TAB | - | NC | CALCIUM CHANNEL BLOCKERS |
| CONTRACEPTIVE FILM | OTC | \$0 | VAGINAL PRODUCTS |
| CONTRACEPTIVE FOAM | OTC | \$0 | VAGINAL PRODUCTS |
| CONTRACEPTIVE GEL | OTC | \$0 | VAGINAL PRODUCTS |
| CONTRACEPTIVE SUPP | OTC | \$0 | VAGINAL PRODUCTS |
| COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CORDRAN CREAM 0.025% | - | NC | DERMATOLOGICALS |
| CORDRAN TAPE | - | 3 | DERMATOLOGICALS |
| COREG CR CAP | - | NC | BETA BLOCKERS |
| CORLANOR SOLN | PA | 3 | CARDIOVASCULAR AGENTS - MISC. |
| CORLANOR TAB | PA | 3 | CARDIOVASCULAR AGENTS - MISC. |
| CORTANE-B AQUEOUS OTIC SOLN | - | NC | OTIC AGENTS |
| CORTANE-B OTIC SOLN | - | NC | OTIC AGENTS |
| CORTIFOAM | - | 3 | ANORECTAL AGENTS |
| CORTISONE ACETATE TAB | - | 2 | CORTICOSTEROIDS |
| CORTISPORIN CREAM | - | 3 | DERMATOLOGICALS |
| CORTISPORIN OINT | - | 3 | DERMATOLOGICALS |
| CORVITE 150 TAB | - | NC | HEMATOPOIETIC AGENTS |
| CORZIDE TAB 80-5MG | - | 3 | ANTIHYPERTENSIVES |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| COSENTYX INJ (1-PACK) | - | NC | DERMATOLOGICALS |
| COSENTYX INJ (2-PACK) | - | NC | DERMATOLOGICALS |
| COTELLIC TAB (QL= 3 tabs/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| COTEMPLA XR ODT | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| COVERA-HS TAB | - | 3 | CALCIUM CHANNEL BLOCKERS |
| COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/365 days) | QL | \$0 | VACCINES |
| COVID-19 VACCINE INJ (MODERNA) (QL= 1 dose/24 days; limit 2 fills/12 months) | QL | \$0 | VACCINES |
| COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days; limit 2 fills/12 months) | QL | \$0 | VACCINES |
| CREON CAP | - | 2 | DIGESTIVE AIDS |
| CRESEMBA CAP | - | NC | ANTIFUNGALS |
| CRINONE GEL | PA | 2 | VAGINAL PRODUCTS |
| CRIVIVAN CAP | - | 2 | ANTIVIRALS |
| cromolyn conc (GASTROCROM equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| cromolyn neb soln (INTAL equiv) | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| cromolyn ophth soln (CROLOM equiv) | - | 1 | OPHTHALMIC AGENTS |
| CROTAN LOTION | - | 3 | DERMATOLOGICALS |
| cryselle tab | - | \$0 | CONTRACEPTIVES |
| CUTAQUIG INJ | - | NC | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| CUTIVATE LOTION | - | NC | DERMATOLOGICALS |
| CUVITRU INJ | - | NC | PASSIVE IMMUNIZING AGENTS |
| CUVPOSA SOLN | - | 3 | ULCER DRUGS |
| cyanocobalamin inj | - | 1 | HEMATOPOIETIC AGENTS |
| CYCLOBENZAPRINE COMPOUND KIT | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine ER cap (AMRIX equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 10mg (FLEXERIL equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 5mg (FLEXERIL equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 7.5mg (FEXMID equiv) | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| CYCLOMYDRIL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | 1 | OPHTHALMIC AGENTS |
| cyclophosphamide cap | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| cyclophosphamide tab (CYTOXAN equiv) | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CYCLOPHOSPHAMIDE TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CYCLOSERINE CAP | - | NC | ANTIMYCOBACTERIAL AGENTS |
| cycloserine cap (CYCLOSERINE CAP equiv) | - | NC | ANTIMYCOBACTERIAL AGENTS |
| CYCLOSET TAB | - | 3 | ANTIDIABETICS |
| cyclosporine cap (SANDIMMUNE equiv) | - | 2 | ASSORTED CLASSES |
| cyclosporine modified cap (NEORAL equiv) | - | 2 | ASSORTED CLASSES |
| cyclosporine modified soln (NEORAL equiv) | - | 2 | ASSORTED CLASSES |
| CYCLOSPORINE OPHTH EMULSION | - | NC | OPHTHALMIC AGENTS |
| CYFOLEX CAP | - | NC | HEMATOPOIETIC AGENTS |
| cyproheptadine syrup | - | 1 | ANTIHISTAMINES |
| cyproheptadine tab | - | 1 | ANTIHISTAMINES |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-QL-RS | S | OPHTHALMIC AGENTS |
| CYSTAGON CAP (Only available through CVS Specialty 800-238-7828) | LD | S | GENITOURINARY AGENTS - MISCELLANEOUS |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | S | OPHTHALMIC AGENTS |
| CYTRA K CRYSTALS | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| CYTRA-3 SYRUP | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| DAKLINZA TAB | - | NC | ANTIVIRALS |
| dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist) | MSP-QL-RS | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DALIRESP TAB | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| danazol cap (DANOCRINE equiv) | - | 2 | ANDROGENS-ANABOLIC |
| dantrolene cap (DANTRIUM equiv) | - | 2 | MUSCULOSKELETAL THERAPY AGENTS |
| dapsone gel (ACZONE equiv) | - | NC | DERMATOLOGICALS |
| dapsone tab | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| darifenacin SR tab (ENABLEX equiv) | - | 2 | URINARY ANTISPASMODICS |
| DAURISMO TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| DAXBIA CAP | - | NC | CEPHALOSPORINS |
| DAYTRANA PATCH | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| DAYVIGO TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| DDAVP NASAL SOLN | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DECON-A LIQUID | OTC | EXC | COUGH/COLD/ALLERGY |
| deferasirox granules packet (JADENU equiv) | MSP | S | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab (EXJADE equiv) | MSP | S | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab 180mg (JADENU equiv) | MSP | S | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab 90mg, 360mg (JADENU equiv) | MSP | S | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferiprone tab (FERRIPROX equiv) (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | S | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| DELSTRIGO TAB | - | 2 | ANTIVIRALS |
| DELZICOL CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| demeclocycline tab (DECLOMYCIN equiv) | - | 3 | TETRACYCLINES |
| DEMSEER CAP | - | NC | ANTIHYPERTENSIVES |
| DENAVIR CREAM | - | NC | DERMATOLOGICALS |
| DEPACON INJ | - | NC | ANTICONVULSANTS |
| DEPLIN CAP | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| DEPO-PROVERA INJ | - | NC | CONTRACEPTIVES |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days) | QL | \$0 | CONTRACEPTIVES |
| DERMACINRX CREAM | - | NC | DERMATOLOGICALS |
| DERMACINRX KIT | - | NC | DERMATOLOGICALS |
| DERMALID PAK | - | NC | DERMATOLOGICALS |
| DESCOVY TAB | PA | 2 | ANTIVIRALS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| desipramine tab (NORPRAMIN equiv) | - | 2 | ANTIDEPRESSANTS |
| DESLORATADINE ODT | - | EXC | ANTIHISTAMINES |
| desloratadine tab (CLARINEX equiv) | - | EXC | ANTIHISTAMINES |
| desmopressin acetate inj (DDAVP equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin acetate tab (DDAVP equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin nasal soln (DDAVP equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DESONATE GEL | - | NC | DERMATOLOGICALS |
| desonide cream (DESOWEN equiv) | - | 2 | DERMATOLOGICALS |
| desonide gel | - | NC | DERMATOLOGICALS |
| desonide lotion (DESOWEN equiv) | - | NC | DERMATOLOGICALS |
| desonide oint (DESOWEN equiv) | - | 2 | DERMATOLOGICALS |
| DESOWEN CREAM | - | NC | DERMATOLOGICALS |
| DESOWEN CREAM KIT | - | NC | DERMATOLOGICALS |
| DESOWEN LOTION | - | NC | DERMATOLOGICALS |
| DESOWEN LOTION KIT | - | NC | DERMATOLOGICALS |
| DESOWEN OINT | - | NC | DERMATOLOGICALS |
| DESOWEN OINT KIT | - | NC | DERMATOLOGICALS |
| desoximetasone cream (TOPICORT CREAM equiv) | - | 2 | DERMATOLOGICALS |
| desoximetasone cream 0.05% (TOPICORT equiv) | - | NC | DERMATOLOGICALS |
| desoximetasone gel (TOPICORT equiv) | - | NC | DERMATOLOGICALS |
| desoximetasone oint (TOPICORT equiv) | - | 2 | DERMATOLOGICALS |
| desoximetasone oint 0.05% (TOPICORT equiv) | - | NC | DERMATOLOGICALS |
| desvenlafaxine ER tab (PRISTIQ equiv) | - | 2 | ANTIDEPRESSANTS |
| DESVENLAFAXINE ER TAB | - | NC | ANTIDEPRESSANTS |
| DEXAMETHASONE CONC | - | 1 | CORTICOSTEROIDS |
| dexamethasone elixir | - | 1 | CORTICOSTEROIDS |
| dexamethasone ophth soln | - | 1 | OPHTHALMIC AGENTS |
| dexamethasone pak (DEXPAK equiv) | - | NC | CORTICOSTEROIDS |
| DEXAMETHASONE SOLN | - | 1 | CORTICOSTEROIDS |
| dexamethasone tab (DECADRON equiv) | - | 1 | CORTICOSTEROIDS |
| DEXCOM G6 RECEIVER | - | EXC | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G6 SENSOR | - | EXC | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G6 TRANSMITTER | - | EXC | MEDICAL DEVICES AND SUPPLIES |
| DEXILANT CAP | - | NC | ULCER DRUGS |
| dexmethylphenidate ER cap (FOCALIN XR equiv) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dexmethylphenidate tab (FOCALIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| DEXPAK TAB | - | NC | CORTICOSTEROIDS |
| DEXTENZA OPHTH INSERT | - | NC | OPHTHALMIC AGENTS |
| dextroamphetamine ER cap (DEXEDRINE equiv) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dextroamphetamine soln (PROCENTRA equiv) | - | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dextroamphetamine tab (DEXEDRINE equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| DIABETIC METER (all other diabetic meters) | OTC | NC | MEDICAL DEVICES AND SUPPLIES |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| DIACOMIT CAP (Only available through US Bioservices 888-518-7246) | LD-PA | S | ANTICONVULSANTS |
| DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246) | LD-PA | S | ANTICONVULSANTS |
| DIALYVITE TAB | - | 1 | MULTIVITAMINS |
| dialyvite tab (NEPHRO-VITE equiv) | - | 1 | MULTIVITAMINS |
| DIALYVITE/ZINC TAB | - | 1 | MULTIVITAMINS |
| DIAPHRAGM | - | \$0 | MEDICAL DEVICES AND SUPPLIES |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill) | QL | 2 | ANTICONVULSANTS |
| diazepam conc (VALIUM equiv) | - | 1 | ANTI-ANXIETY AGENTS |
| DIAZEPAM SOLN | - | 1 | ANTI-ANXIETY AGENTS |
| diazepam tab (VALIUM equiv) | - | 1 | ANTI-ANXIETY AGENTS |
| diazoxide susp (PROGLYCEM equiv) | - | 3 | ANTI-DIABETICS |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days) | PA-QL | 3 | DERMATOLOGICALS |
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill) | QL | 2 | DERMATOLOGICALS |
| DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill) | QL | 3 | DERMATOLOGICALS |
| diclofenac potassium tab (CATAFLAM equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | 1 | OPHTHALMIC AGENTS |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill) | QL | 2 | DERMATOLOGICALS |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| DICLOTREX PAK | - | NC | DERMATOLOGICALS |
| dicloxacin cap (DYNAPEN equiv) | - | 1 | PENICILLINS |
| dicyclomine cap (BENTYL equiv) | - | 1 | ULCER DRUGS |
| dicyclomine soln (BENTYL equiv) | - | 2 | ULCER DRUGS |
| dicyclomine tab (BENTYL equiv) | - | 1 | ULCER DRUGS |
| didanosine DR cap (VIDEX EC equiv) | - | 2 | ANTIVIRALS |
| DIDANOSINE DR CAP, VIDEX EC CAP | - | 2 | ANTIVIRALS |
| DIETHYLPROPION ER TAB | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| diethylpropion tab | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DIFFERIN OTC GEL 0.1% | OTC | EXC | DERMATOLOGICALS |
| DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN) | QL-ST | 2 | MACROLIDES |
| DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN) | QL-ST | 2 | MACROLIDES |
| DIFLORASONE CREAM | - | NC | DERMATOLOGICALS |
| diflorasone oint | - | NC | DERMATOLOGICALS |
| diflunisal tab (DOLOBID equiv) | - | 1 | ANALGESICS - NONNARCOTIC |
| DIGOXIN SOLN | - | 1 | CARDIOTONICS |
| digoxin soln (LANOXIN equiv) | - | 1 | CARDIOTONICS |
| digoxin tab (LANOXIN equiv) | - | 1 | CARDIOTONICS |
| dihydroergotamine mesylate inj (D.H.E. equiv) | - | NC | MIGRAINE PRODUCTS |
| dihydroergotamine mesylate nasal spray (MIGRANAL equiv) | - | NC | MIGRAINE PRODUCTS |
| DILANTIN CAP 30MG | - | 2 | ANTICONVULSANTS |
| diltiazem ER cap (CARDIZEM CD equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (CARDIZEM SR equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (DILACOR XR equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (TIAZAC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| diltiazem ER tab (CARDIZEM LA equiv) | - | 2 | CALCIUM CHANNEL BLOCKERS |
| diltiazem tab (CARDIZEM equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| dimethyl fumarate DR cap (TECFIDERA equiv) | MSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) | MSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DIPENTUM CAP | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| DIPHENOXYLATE/ATROPINE LIQUID | - | 1 | ANTIDIARRHEAL/PROBIOTIC AGENTS |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | 1 | ANTIDIARRHEALS |
| dipyridamole tab (PERSANTINE equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| disopyramide cap (NORPACE equiv) | - | 1 | ANTIARRHYTHMICS |
| disopyramide ER cap (NORPACE CR equiv) | - | 2 | ANTIARRHYTHMICS |
| DISULFIRAM TAB | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| disulfiram tab (ANTABUSE equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DIURIL SUSP | - | 2 | DIURETICS |
| divalproex ER tab (DEPAKOTE ER equiv) | - | 1 | ANTICONVULSANTS |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | 1 | ANTICONVULSANTS |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | 1 | ANTICONVULSANTS |
| DIVIGEL GEL, ELESTRIN GEL | - | NC | ESTROGENS |
| dofetilide cap (TIKOSYN equiv) | - | 2 | ANTIARRHYTHMICS |
| DOJOLVI ORAL LIQUID | - | NC | NUTRIENTS |
| DOLGIC PLUS TAB | - | NC | ANALGESICS - NONNARCOTIC |
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day) | QL | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day) | QL | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg) | QL-ST | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DONNATAL EXTENTABS | - | NC | ULCER DRUGS |
| DONNATAL TAB | - | NC | ULCER DRUGS |
| DOPTELET TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | S | HEMATOPOIETIC AGENTS |
| DORAL TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| DORYX MPC TAB | - | NC | TETRACYCLINES |
| DORYX TAB 200MG | - | NC | TETRACYCLINES |
| dorzolamide ophth soln (TRUSOPT equiv) | - | 1 | OPHTHALMIC AGENTS |
| dorzolamide/timolol (pf) ophth soln (COSOPT equiv) | - | 1 | OPHTHALMIC AGENTS |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| DOVATO TAB | - | 2 | ANTIVIRALS |
| doxazosin tab (CARDURA equiv) | - | 1 | ANTIHYPERTENSIVES |
| DOXEPIN CAP | - | 1 | ANTIDEPRESSANTS |
| doxepin cap (SINEQUAN equiv) | - | 1 | ANTIDEPRESSANTS |
| doxepin conc (SINEQUAN equiv) | - | 1 | ANTIDEPRESSANTS |
| DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM | PA | 3 | DERMATOLOGICALS |
| doxepin tab (SILENOR equiv) | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| doxercalciferol cap (HECTOROL equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DOXYCYCLINE CAP, ORACEA CAP | - | NC | DERMATOLOGICALS |
| doxycycline hyclate cap (VIBRAMYCIN equiv) | - | 1 | TETRACYCLINES |
| doxycycline hyclate DR tab (DORYX equiv) | - | 3 | TETRACYCLINES |
| doxycycline hyclate DR tab 200mg (DORYX equiv) | - | NC | TETRACYCLINES |
| doxycycline hyclate tab (VIBRATAB equiv) | - | 1 | TETRACYCLINES |
| doxycycline hyclate tab 75mg, 150mg | - | NC | TETRACYCLINES |
| doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv) | - | NC | TETRACYCLINES |
| doxycycline monohydrate cap 100mg (MONODOX equiv) | - | 1 | TETRACYCLINES |
| doxycycline monohydrate cap 150mg (MONODOX equiv) | - | 3 | TETRACYCLINES |
| doxycycline monohydrate cap 50mg (MONODOX equiv) | - | 1 | TETRACYCLINES |
| doxycycline monohydrate cap 75mg (MONODOX equiv) | - | 3 | TETRACYCLINES |
| doxycycline monohydrate tab (ADOXA equiv) | - | 1 | TETRACYCLINES |
| doxycycline monohydrate tab 150mg (ADOXA equiv) | - | NC | TETRACYCLINES |
| doxycycline susp (VIBRAMYCIN equiv) | - | 2 | TETRACYCLINES |
| doxylamine/pyridoxine dr tab (DICLEGIS equiv) | - | NC | ANTIEMETICS |
| D-PENAMINE TAB | - | 2 | ASSORTED CLASSES |
| DRIZALMA DR CAP | - | NC | ANTIDEPRESSANTS |
| dronabinol cap (MARINOL equiv) | PA | 2 | ANTIEMETICS |
| drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | - | NC | CONTRACEPTIVES |
| drospirenone/ethinyl estradiol/levomefolate tab (SAFYRAL equiv) | - | NC | CONTRACEPTIVES |
| DROXIA CAP | - | 2 | HEMATOPOIETIC AGENTS |
| droxidopa cap (NORTHERA equiv) | - | NC | VASOPRESSORS |
| DRYSOL SOLN | - | 1 | DERMATOLOGICALS |
| DST PLUS PAK KIT | - | NC | DERMATOLOGICALS |
| DSUVIA SL TAB | - | NC | ANALGESICS - OPIOID |
| DUAKLIR INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| DUETACT TAB | - | NC | ANTIDIABETICS |
| DUEXIS TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| DULERA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| duloxetine cap 40mg (IRENKA equiv) | - | NC | ANTIDEPRESSANTS |
| duloxetine EC cap (CYMBALTA equiv) | - | 1 | ANTIDEPRESSANTS |
| DUOBRII LOTION | - | NC | DERMATOLOGICALS |
| DUOPA ENTERAL SUSP | - | NC | ANTIPARKINSON AGENTS |
| DUPIXENT INJ (QL= 2 inj/ 28 days) | MSP-PA-QL | S | DERMATOLOGICALS |
| DUPIXENT INJ (QL= 2 inj/28 days) | MSP-PA-QL | S | DERMATOLOGICALS |
| DUPIXENT PEN INJ (QL= 2 inj/28 days) | MSP-PA-QL | S | DERMATOLOGICALS |
| DURAVENT PE TAB | - | NC | COUGH/COLD/ALLERGY |
| DUREZOL OPHTH EMULSION | - | 2 | OPHTHALMIC AGENTS |
| dutasteride cap (AVODART equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| dutasteride/tamsulosin cap (JALYN equiv) | - | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| DUTOPROL TAB | - | NC | ANTIHYPERTENSIVES |
| DUZALLO TAB | - | NC | GOUT AGENTS |
| DXEVO 11-DAY PAK | - | NC | CORTICOSTEROIDS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| DYANAVEL XR SUSP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DYNACIRC CR TAB | - | 3 | CALCIUM CHANNEL BLOCKERS |
| DYRENIUM CAP | - | 3 | DIURETICS |
| ECONASIL KIT | - | NC | DERMATOLOGICALS |
| econazole cream (SPECTAZOLE equiv) | - | 1 | DERMATOLOGICALS |
| ECOZA FOAM | - | NC | DERMATOLOGICALS |
| EDARBI TAB | - | NC | ANTIHYPERTENSIVES |
| EDARBYCLOR TAB | - | NC | ANTIHYPERTENSIVES |
| EDEX INJ (QL= 6 inj/30 days) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| EDLUAR SL TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| EDURANT TAB | - | 2 | ANTIVIRALS |
| efavirenz cap (SUSTIVA equiv) | - | 2 | ANTIVIRALS |
| efavirenz tab (SUSTIVA equiv) | - | 2 | ANTIVIRALS |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) | - | 2 | ANTIVIRALS |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) | - | 2 | ANTIVIRALS |
| EGATEN TAB | - | NC | ANTHELMINTICS |
| EGRIFTA INJ | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| eletriptan tab (RELPAX equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| ELIGEN B12 TAB | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| ELIQUIS TAB, ELIQUIS STARTER PACK | - | 2 | ANTICOAGULANTS |
| ELIXOPHYLLIN ELIXIR | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ELLA TAB | - | \$0 | CONTRACEPTIVES |
| ELMIRON CAP | - | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| eluryng vaginal ring (NUVARING equiv) | - | NC | CONTRACEPTIVES |
| EMADINE OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| EMBEDA CAP | - | NC | ANALGESICS - OPIOID |
| EMCYT CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EMEND SUSP | - | NC | ANTIEMETICS |
| EMFLAZA SUSP | - | NC | CORTICOSTEROIDS |
| EMFLAZA TAB | - | NC | CORTICOSTEROIDS |
| EMGALITY INJ (QL= 1 inj/28 days) | PA-QL | 2 | MIGRAINE PRODUCTS |
| EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year) | PA-QL | 2 | MIGRAINE PRODUCTS |
| EMSAM PATCH | - | 3 | ANTIDEPRESSANTS |
| emtricitabine cap (EMTRIVA equiv) | - | 2 | ANTIVIRALS |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) | - | \$0 | ANTIVIRALS |
| EMTRIVA CAP | - | 3 | ANTIVIRALS |
| EMTRIVA SOLN | - | 2 | ANTIVIRALS |
| EMVERM TAB | - | NC | ANTHELMINTICS |
| enalapril tab (VASOTEC equiv) | - | 1 | ANTIHYPERTENSIVES |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL MINI INJ (QL= 4 inj/28 days) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| ENDARI POWDER PACK (QL= 6 packets/day) | MSP-PA-QL | S | HEMATOPOIETIC AGENTS |
| ENDOMETRIN INSERT | PA | 2 | VAGINAL PRODUCTS |
| ENGERIX-B INJ | VAC | \$0 | VACCINES |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ | VAC | \$0 | VACCINES |
| enoxaparin inj (LOVENOX equiv) (QL= 17 days supply) | QL | 2 | ANTICOAGULANTS |
| enpresse tab (TRI-LEVELLEN equiv) | - | \$0 | CONTRACEPTIVES |
| ENSPRYNG INJ (QL= 1 inj/28 days) | MSP-PA-QL | S | MISCELLANEOUS THERAPEUTIC CLASSES |
| ENSTILAR FOAM | - | NC | DERMATOLOGICALS |
| entacapone tab (COMTAN equiv) | - | 2 | ANTIPARKINSON AGENTS |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | QL | 2 | ANTIVIRALS |
| ENTEREG CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ENTRESTO TAB (QL= 2 tabs/day) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| ENVARUSUS XR TAB | - | NC | ASSORTED CLASSES |
| EPANED PREMIXED SOLN | PA | 3 | ANTIHYPERTENSIVES |
| EPANED SOLN | PA | 3 | ANTIHYPERTENSIVES |
| EPCLUSA TAB | - | NC | ANTIVIRALS |
| EPIDIOLEX SOLN (Only available through Walgreens 888-347-3416) | LD-PA | S | ANTICONSULSANTS |
| EPIDUO FORTE GEL | PA | 2 | DERMATOLOGICALS |
| EPIDUO GEL 0.1-2.5% | PA | 3 | DERMATOLOGICALS |
| EPIFOAM AEROSOL | - | 2 | DERMATOLOGICALS |
| epinastine ophth soln (ELESTAT equiv) | - | 3 | OPHTHALMIC AGENTS |
| epinephrine hcl nasal soln (ADRENALIN equiv) | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill) | QL | 2 | VASOPRESSORS |
| EPIPEN (JR) INJ | - | NC | VASOPRESSORS |
| EPIVIR HBV SOLN | - | 2 | ANTIVIRALS |
| eprenone tab (INSPIRA equiv) | ¢ | 3 | ANTIHYPERTENSIVES |
| EPOGEN INJ | - | NC | HEMATOPOIETIC AGENTS |
| EPROSARTAN TAB | - | NC | ANTIHYPERTENSIVES |
| EQUETRO CAP | - | 2 | ANTI PSYCHOTICS/ANTIMANIC AGENTS |
| ERGOCAL CAP | - | NC | VITAMINS |
| ERGOLOID MESYLATES TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ergoloid mesylates tab (HYDERGINE equiv) | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ergotamine/caffeine tab (CAFERGOT equiv) | - | 3 | MIGRAINE PRODUCTS |
| ERIVEDGE CAP | MSP-PA-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERLEADA TAB (QL= 4 tabs/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| erlotinib tab (TARCEVA equiv) | MSP-PA-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERTACZO CREAM | - | NC | DERMATOLOGICALS |
| ERY PAD | - | 1 | DERMATOLOGICALS |
| erythromycin DR cap (ERYC equiv) | - | 2 | MACROLIDES |
| ERYTHROMYCIN EC CAP | - | 2 | MACROLIDES |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | 2 | MACROLIDES |
| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | 3 | MACROLIDES |
| erythromycin gel | - | 1 | DERMATOLOGICALS |
| erythromycin ophth oint | - | 1 | OPHTHALMIC AGENTS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| erythromycin pad | - | 1 | DERMATOLOGICALS |
| erythromycin soln | - | 1 | DERMATOLOGICALS |
| erythromycin stearate tab | - | 2 | MACROLIDES |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | 2 | MACROLIDES |
| erythromycin tab (ERY-TAB equiv) | - | 3 | MACROLIDES |
| erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv) | - | 2 | DERMATOLOGICALS |
| erythromycin/sulfisoxazole susp (PEDIAZOLE equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| ESBRIET CAP (QL= 9 caps/day) | MSP-PA-QL-SF | S | RESPIRATORY AGENTS - MISC. |
| ESBRIET TAB 267MG (QL= 9 tabs/day) | MSP-PA-QL-SF | S | RESPIRATORY AGENTS - MISC. |
| ESBRIET TAB 801MG (QL= 3 tabs/day) | MSP-PA-QL-SF | S | RESPIRATORY AGENTS - MISC. |
| escitalopram soln (LEXAPRO equiv) | - | 2 | ANTIDEPRESSANTS |
| escitalopram tab (LEXAPRO equiv) | - | 1 | ANTIDEPRESSANTS |
| ESGIC TAB | - | NC | ANALGESICS - NONNARCOTIC |
| ESKATA SOLN | - | NC | DERMATOLOGICALS |
| esomeprazole cap (NEXIUM equiv) | - | 3 | ULCER DRUGS |
| esomeprazole DR granule pack (NEXIUM equiv) | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| ESOMEPRAZOLE STRONTIUM CAP | - | NC | ULCER DRUGS |
| estazolam tab (PROSOM equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | 1 | ESTROGENS |
| estradiol cream (ESTRACE equiv) | - | 1 | VAGINAL PRODUCTS |
| estradiol patch (CLIMARA equiv) | - | 1 | ESTROGENS |
| estradiol patch (VIVELLE-DOT equiv) | - | 1 | ESTROGENS |
| estradiol tab (ESTRACE equiv) | - | 1 | ESTROGENS |
| estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill) | QL | 2 | VAGINAL PRODUCTS |
| estradiol/norethindrone tab (ACTIVEVELLA equiv) | - | 2 | ESTROGENS |
| ESTRING (3 copays per Rx) | - | 2 | VAGINAL PRODUCTS |
| ESTROPIPATE TAB | - | 1 | ESTROGENS |
| estropipate tab (OGEN equiv) | - | 1 | ESTROGENS |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| ethacrynic tab (EDECIN equiv) | - | 2 | DIURETICS |
| ethambutol tab (MYAMBUTOL equiv) | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| ethosuximide cap (ZARONTIN equiv) | - | 2 | ANTICONVULSANTS |
| ethosuximide soln (ZARONTIN equiv) | - | 1 | ANTICONVULSANTS |
| etodolac cap (LODINE equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac ER tab (LODINE XL equiv) | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac tab | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ETOPOSIDE CAP | MSP | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EUCRISA OINT | - | NC | DERMATOLOGICALS |
| EURAX CREAM | - | 2 | DERMATOLOGICALS |
| EVAMIST SPRAY | - | NC | ESTROGENS |
| EVEKEO ODT | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day) | MSP-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| everolimus tab 0.25mg, 0.5mg, 0.75mg (ZORTRESS equiv) | PA | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| EVIVO LIQUID | - | NC | ANTIDIARRHEALS |
| EVOCLIN FOAM | - | NC | DERMATOLOGICALS |
| EVOTAZ TAB | - | 2 | ANTIVIRALS |
| EVRYSDI SOLN (QL= 200ml/30 days; Only available through Accredo 800-803-2523) | LD-PA-QL | S | NEUROMUSCULAR AGENTS |
| EVZIO INJ | - | NC | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| EVZIO INJ | - | NC | ANTIDOTES |
| EXALGO TAB | - | NC | ANALGESICS - OPIOID |
| EXELDERM CREAM, SULCONAZOLE CREAM | - | 3 | DERMATOLOGICALS |
| EXELDERM SOLN | - | 3 | DERMATOLOGICALS |
| EXELDERM SOLN, SULCONAZOLE SOLN | - | 3 | DERMATOLOGICALS |
| exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EXTAVIA INJ | MSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| EYSUVIS OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| EZALLOR SPRINKLE CAP | - | NC | ANTIHYPERLIPIDEMICS |
| ezetimibe tab (ZETIA equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered)) | QL | 3 | ANTIHYPERLIPIDEMICS |
| ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage) | - | NC | ANTIHYPERLIPIDEMICS |
| FABIOR AEROSOL FOAM | - | NC | DERMATOLOGICALS |
| FACTIVE TAB | - | NC | FLUOROQUINOLONES |
| FALESSA KIT | - | NC | CONTRACEPTIVES |
| FALESSA TAB | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| famciclovir tab (FAMVIR equiv) | - | 3 | ANTIVIRALS |
| famotidine susp (PEPCID equiv) | - | 2 | ULCER DRUGS |
| famotidine tab (PEPCID equiv) | - | 1 | ULCER DRUGS |
| FANAPT TAB (QL= 2 tabs/day) | PA-QL | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FANAPT TITRATION PACK (QL= 1 pack/plan year) | PA-QL | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FANSIDAR TAB | - | 3 | ANTIMALARIALS |
| FARXIGA TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| FARYDAK CAP (QL= 6 caps/21 days) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FASENRA PEN INJ (QL= 1 inj/56 days) | MSP-PA-QL | S | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol) | ST-¢ | 2 | GOUT AGENTS |
| felbamate susp (FELBATOL equiv) | - | 2 | ANTICONSULSANTS |
| felbamate tab (FELBATOL equiv) | - | 2 | ANTICONSULSANTS |
| felodipine ER tab (PLENDIL equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| FEM PH GEL | - | 3 | VAGINAL PRODUCTS |
| FEMALE CONDOMS | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FEMRING (3 copays per Rx) | - | 3 | VAGINAL PRODUCTS |
| fenofibrate cap 43mg, 130mg (ANTARA equiv) | - | NC | ANTIHYPERLIPIDEMICS |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG | - | NC | ANTIHYPERLIPIDEMICS |
| fenofibrate tab 40mg, 120mg (FENOGLIDE equiv) | - | NC | ANTIHYPERLIPIDEMICS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| FLAGYL ER TAB | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| FLAREX OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| flavoxate tab (URISPAS equiv) | - | NC | URINARY ANTISPASMODICS |
| flecainide tab (TAMBOCOR equiv) | - | 1 | ANTIARRHYTHMICS |
| FLOLIPID SUSP | - | NC | ANTIHYPERLIPIDEMICS |
| FLONASE SENSIMIST NASAL SPRAY | OTC | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| FLO-PRED SUSP | - | NC | CORTICOSTEROIDS |
| FLORIVA CHEW TAB | - | NC | MULTIVITAMINS |
| FLORIVA PLUS DROPS | - | 2 | MULTIVITAMINS |
| FLOVENT DISKUS INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLOVENT HFA INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUAD INJ | VAC | \$0 | VACCINES |
| FLUAD QUAD INJ | VAC | \$0 | VACCINES |
| FLUBLOK INJ | VAC | \$0 | VACCINES |
| FLUBLOK QUAD PF INJ | VAC | \$0 | VACCINES |
| FLUCELVAX INJ | VAC | \$0 | VACCINES |
| FLUCELVAX QUAD INJ | VAC | \$0 | VACCINES |
| fluconazole susp (DIFLUCAN equiv) | - | 1 | ANTIFUNGALS |
| fluconazole tab (DIFLUCAN equiv) | - | 1 | ANTIFUNGALS |
| flucytosine cap (ANCOBON equiv) | - | 2 | ANTIFUNGALS |
| fludrocortisone tab (FLORINEF equiv) | - | 1 | CORTICOSTEROIDS |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ | VAC | \$0 | VACCINES |
| FLUMIST QUADRIVALENT NASAL SUSP | VAC | \$0 | VACCINES |
| FLUNISOLIDE NASAL SPRAY (QL= 2 bottles/fill) | QL | 3 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| fluocinolone acetonide cream | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv) | - | 2 | DERMATOLOGICALS |
| fluocinolone acetonide oint | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide soln | - | 1 | DERMATOLOGICALS |
| fluocinolone otic oil (DERMOTIC equiv) | - | 2 | OTIC AGENTS |
| fluocinonide cream 0.05% (LIDEX equiv) | - | 1 | DERMATOLOGICALS |
| fluocinonide cream 0.1% (VANOS CREAM equiv) | - | NC | DERMATOLOGICALS |
| fluocinonide emollient cream | - | 1 | DERMATOLOGICALS |
| fluocinonide gel | - | 1 | DERMATOLOGICALS |
| fluocinonide oint | - | 1 | DERMATOLOGICALS |
| fluocinonide soln | - | 1 | DERMATOLOGICALS |
| FLUOPAR KIT | - | NC | DERMATOLOGICALS |
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | \$0 | MINERALS & ELECTROLYTES |
| FLUORAC CREAM | - | NC | DERMATOLOGICALS |
| FLUOR-A-DAY CHEW TAB | - | 1 | MINERALS & ELECTROLYTES |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | 1 | OPHTHALMIC AGENTS |
| FLUOROPLEX CREAM | - | 2 | DERMATOLOGICALS |
| fluorouracil cream (EFUDEX CREAM equiv) | - | 1 | DERMATOLOGICALS |
| FLUOROURACIL CREAM 0.5% | - | 2 | DERMATOLOGICALS |
| FLUOROURACIL SOLN | - | 2 | DERMATOLOGICALS |
| FLUOVIX PAK | - | NC | DERMATOLOGICALS |
| fluoxetine cap (PROZAC equiv) | - | 1 | ANTIDEPRESSANTS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| FLUOXETINE CAP (PMDD) | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| fluoxetine soln (PROZAC equiv) | - | 1 | ANTIDEPRESSANTS |
| fluoxetine tab (PROZAC equiv) | - | 1 | ANTIDEPRESSANTS |
| fluoxetine tab 60mg | - | NC | ANTIDEPRESSANTS |
| fluoxetine weekly cap (PROZAC equiv) | - | NC | ANTIDEPRESSANTS |
| fluphenazine tab (PROLIXIN equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| flurandrenolide cream (CORDRAN equiv) | - | NC | DERMATOLOGICALS |
| flurandrenolide lotion (CORDRAN equiv) | - | NC | DERMATOLOGICALS |
| flurandrenolide oint (CORDRAN equiv) | - | NC | DERMATOLOGICALS |
| FLURAZEPAM CAP | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| FLURBIPROFEN OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| flurbiprofen ophth soln (OCUFEN equiv) | - | 1 | OPHTHALMIC AGENTS |
| FLURBIPROFEN TAB | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| flurbiprofen tab (ANSAID equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| FLUTAMIDE CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| flutamide cap (EULEXIN equiv) | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill) | QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| fluticasone propionate cream (CUTIVATE equiv) | - | 1 | DERMATOLOGICALS |
| fluticasone propionate lotion (CUTIVATE equiv) | - | NC | DERMATOLOGICALS |
| fluticasone propionate oint (CUTIVATE equiv) | - | 1 | DERMATOLOGICALS |
| FLUTICASONE/SALMETEROL INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| fluvastatin cap (LESCOL equiv) | - | 2 | ANTIHYPERLIPIDEMICS |
| fluvastatin ER tab (LESCOL XL equiv) | - | 3 | ANTIHYPERLIPIDEMICS |
| FLUVIRIN INJ | VAC | \$0 | VACCINES |
| FLUVIRIN PF INJ | VAC | \$0 | VACCINES |
| fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine) | ST | 2 | ANTIDEPRESSANTS |
| fluvoxamine tab (LUVOX equiv) | - | 1 | ANTIDEPRESSANTS |
| FLUZONE HD PF INJ | VAC | \$0 | VACCINES |
| FLUZONE HIGH DOSE PF INJ | VAC | \$0 | VACCINES |
| FLUZONE INTRADERMAL INJ | VAC | \$0 | VACCINES |
| FLUZONE QUAD INJ | VAC | \$0 | VACCINES |
| FLUZONE/FLUARIX QUAD INJ | VAC | \$0 | VACCINES |
| FML FORTE OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| FML S.O.P. OPHTH OINT | - | 3 | OPHTHALMIC AGENTS |
| FOLBEE PLUS CZ TAB | - | 1 | MULTIVITAMINS |
| folbee tab | - | 1 | HEMATOPOIETIC AGENTS |
| folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay) | - | \$0 | HEMATOPOIETIC AGENTS |
| folic acid tab 400mcg (Covered for females only) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| folic acid tab 800mcg (Covered for females only) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| FOLIKA-V TAB | - | NC | MULTIVITAMINS |
| FOLITE TAB | - | NC | HEMATOPOIETIC AGENTS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| folvite-d tab (GENICIN VITA-D equiv) | - | NC | HEMATOPOIETIC AGENTS |
| FOLVITE-FE TAB | - | NC | HEMATOPOIETIC AGENTS |
| fondaparinux inj (ARIXTRA equiv) | - | 2 | ANTICOAGULANTS |
| FORFIVO XL TAB | - | NC | ANTIDEPRESSANTS |
| FORTAMET TAB | - | NC | ANTIDIABETICS |
| FORTEO INJ | MSP | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| FORTESTA GEL 2% | - | NC | ANDROGENS-ANABOLIC |
| FORTICAL NASAL SPRAY | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| FOSAMAX+D TAB | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| fosamprenavir tab (LEXIVA equiv) | - | 2 | ANTIVIRALS |
| fosfomycin tromethamine powder pack (MONUROL equiv) | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| fosinopril tab (MONOPRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| FOSRENOL CHEW TAB | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| FOSRENOL POWDER PACK | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| FRAGMIN INJ | - | 3 | ANTICOAGULANTS |
| FREESTYLE FREEDOM LITE METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE INSULINX METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE INSULINX TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year) | PA-QL | 3 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days) | PA-QL | 3 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year) | PA-QL | 3 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days) | PA-QL | 3 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days) | PA-QL | 3 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LITE METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LITE TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| FREESTYLE PRECISION NEO METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE PRECISION NEO TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| FREESTYLE TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| FROVA TAB | - | NC | MIGRAINE PRODUCTS |
| frovatriptan tab (FROVA equiv) | - | NC | MIGRAINE PRODUCTS |
| FULPHILA INJ | MSP | S | HEMATOPOIETIC AGENTS |
| FUROSEMIDE SOLN | - | 1 | DIURETICS |
| furosemide soln (LASIX equiv) | - | 1 | DIURETICS |
| furosemide tab (LASIX equiv) | - | 1 | DIURETICS |
| FUZEON INJ | MSP | S | ANTIVIRALS |
| FYCOMPA TAB | - | NC | ANTICONVULSANTS |
| FYCOMPA SUSP | - | NC | ANTICONVULSANTS |
| gabapentin cap (NEURONTIN equiv) | - | 1 | ANTICONVULSANTS |
| gabapentin soln (NEURONTIN equiv) | - | 2 | ANTICONVULSANTS |
| gabapentin tab (NEURONTIN equiv) | - | 1 | ANTICONVULSANTS |
| GABAPENTIN/NAPROXEN CREAM COMPOUND KIT | - | NC | DERMATOLOGICALS |
| GALAFOLD CAP (QL= 15 caps/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| galantamine ER cap (RAZADYNE ER equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| GALANTAMINE SOLN | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| galantamine tab (RAZADYNE equiv) | ¢ | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALZIN CAP | - | 2 | MINERALS & ELECTROLYTES |
| GANCICLOVIR CAP | - | 2 | ANTIVIRALS |
| GARDASIL 9 INJ | VAC | \$0 | VACCINES |
| GARDASIL INJ | VAC | \$0 | VACCINES |
| gatifloxacin ophth soln (ZYMAXID equiv) | - | 3 | OPHTHALMIC AGENTS |
| GATTEX KIT | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| GAVILYTE-C SOLN (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 | LAXATIVES |
| gavilyte-h kit | - | NC | LAXATIVES |
| GAVRETO CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GAZYVA INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GEAMETDRAY GEL | - | NC | DERMATOLOGICALS |
| GELCLAIR GEL | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| GELNIQUE | - | NC | URINARY ANTISPASMODICS |
| gemfibrozil tab (LOPID equiv) | - | 1 | ANTHYPERLIPIDEMICS |
| GEMTESA TAB | - | NC | URINARY ANTISPASMODICS |
| GEN7T LOTION | - | NC | DERMATOLOGICALS |
| GEN7T PLUS LOTION | - | NC | DERMATOLOGICALS |
| GEN7T PLUS PAD | - | NC | DERMATOLOGICALS |
| GENOTROPIN INJ | MSP-PA | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENTAK OPHTH OINT | - | 1 | OPHTHALMIC AGENTS |
| gentamicin ophth oint (GARAMYCIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| gentamicin ophth soln (GARAMYCIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| gentamicin sulfate cream | - | 1 | DERMATOLOGICALS |
| gentamicin sulfate oint | - | 1 | DERMATOLOGICALS |
| GENVOYA TAB | - | 2 | ANTIVIRALS |
| GIALAX KIT | - | NC | LAXATIVES |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | \$0 | CONTRACEPTIVES |
| GILENYA CAP | MSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredio 800-803-2523) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GIMOTI NASAL SPRAY | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| glatiramer inj (COPAXONE equiv) | MSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GLEOSTINE/LOMUSTINE CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| glimepiride tab (AMARYL equiv) | - | 1 | ANTIDIABETICS |
| glipizide ER tab (GLUCOTROL XL equiv) | - | 1 | ANTIDIABETICS |
| glipizide tab (GLUCOTROL equiv) | - | 1 | ANTIDIABETICS |
| glipizide/metformin tab (METAGLIP equiv) | - | 1 | ANTIDIABETICS |
| GLOPERBA SOLN | - | NC | GOUT AGENTS |
| GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| GLUCAGEN INJ | - | 2 | DIAGNOSTIC PRODUCTS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| GLUCAGON DIAGNOSTIC INJ | - | NC | DIAGNOSTIC PRODUCTS |
| GLUCAGON EMR INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| GLUCAGON INJ KIT (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| GLUMETZA TAB 1000MG | - | NC | ANTIDIABETICS |
| GLUMETZA TAB 500MG | - | NC | ANTIDIABETICS |
| glyburide micronized tab (GLYNASE equiv) | - | 1 | ANTIDIABETICS |
| glyburide tab (MICRONASE equiv) | - | 1 | ANTIDIABETICS |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | 1 | ANTIDIABETICS |
| GLYCATE TAB, GLYCOPYRROLATE TAB | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| glycopyrrolate tab (ROBINUL equiv) | - | 2 | ULCER DRUGS |
| GLYGEST PAK | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| GLYXAMBI TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| GOCOVRI CAP | - | NC | ANTIPARKINSON AGENTS |
| GOLYTELY SOLN | - | NC | LAXATIVES |
| GONITRO POWDER | - | NC | ANTIANGINAL AGENTS |
| GOPRELTO SOLN | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| GRALISE STARTER PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GRALISE TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill) | QL | 1 | ANTIEMETICS |
| GRANISOL SOLN (QL= 60ml/fill) | QL | 3 | ANTIEMETICS |
| GRANIX INJ | - | NC | HEMATOPOIETIC AGENTS |
| GRASTEK SL TAB | - | NC | BIOLOGICALS MISC |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | 2 | ANTIFUNGALS |
| griseofulvin susp (GRIFULVIN equiv) | - | 2 | ANTIFUNGALS |
| griseofulvin tab (GRIS-PEG equiv) | - | 2 | ANTIFUNGALS |
| GUAIFENESEN SYRUP | - | NC | COUGH/COLD/ALLERGY |
| guaifenesin tab (ALLFEN JR equiv) | - | NC | COUGH/COLD/ALLERGY |
| GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill) | OTC-QL | 1 | COUGH/COLD/ALLERGY |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill) | OTC-QL | 1 | COUGH/COLD/ALLERGY |
| GUANABENZ TAB | - | 3 | ANTIHYPERTENSIVES |
| guanfacine ER tab (INTUNIV equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| guanfacine IR tab (TENEX equiv) | - | 1 | ANTIHYPERTENSIVES |
| GVOKE INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| GVOKE PFS INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| HAEGARDA INJ | MSP-PA | S | HEMATOLOGICAL AGENTS - MISC. |
| halcinonide cream (HALOG equiv) | - | NC | DERMATOLOGICALS |
| HALFLYTELY BOWEL PREP KIT | - | NC | LAXATIVES |
| halobetasol propionate cream (ULTRAVATE equiv) | - | 2 | DERMATOLOGICALS |
| halobetasol propionate oint (ULTRAVATE equiv) | - | 2 | DERMATOLOGICALS |
| HALOG CREAM | - | NC | DERMATOLOGICALS |
| HALOG OINT | - | NC | DERMATOLOGICALS |
| HALOG SOLN | - | NC | DERMATOLOGICALS |
| halonate pac kit (ULTRAVATE KIT equiv) | - | NC | DERMATOLOGICALS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| haloperidol lactate conc (HALDOL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| haloperidol tab (HALDOL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| HARVONI PELLETT PAK | - | NC | ANTIVIRALS |
| HARVONI TAB | - | NC | ANTIVIRALS |
| HAVRIX INJ, VAQTA INJ | VAC | \$0 | VACCINES |
| HC BUTYRATE SOLN | - | NC | DERMATOLOGICALS |
| HC-LIDOCAINE CREAM | - | NC | DERMATOLOGICALS |
| HDC DM SYRUP | - | NC | COUGH/COLD/ALLERGY |
| HELIDAC PACK | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| HEMADY TAB | - | NC | CORTICOSTEROIDS |
| HEMANGEOL SOLN | - | NC | BETA BLOCKERS |
| HEMLIBRA INJ | MSP-PA | S | HEMATOLOGICAL AGENTS - MISC. |
| HEPLISAV-B INJ | VAC | \$0 | VACCINES |
| HERCEPTIN HYLECTA INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| HETLIOZ CAP | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| HETLIOZ SUSP | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| HEXALEN CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| HIXDEFRIMA SOLN | - | NC | DERMATOLOGICALS |
| HIZENTRA INJ | MSP-PA | S | PASSIVE IMMUNIZING AGENTS |
| homatropine ophth soln (ISOPTO HOMATROPINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| HOMATROPINE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| HORIZANT TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| HUMALOG INJ | - | NC | ANTIDIABETICS |
| HUMALOG KWIKPEN INJ | - | NC | ANTIDIABETICS |
| HUMALOG MIX INJ | - | NC | ANTIDIABETICS |
| HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ | - | NC | ANTIDIABETICS |
| HUMALOG PEN INJ | - | NC | ANTIDIABETICS |
| HUMATROPE INJ, ZOMACTON INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| HUMIRA INJ 10MG (QL= 2 syringes/28 days) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 20MG (QL= 2 syringes/28 days) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 40MG (QL= 2 syringes/28 days) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 80MG (QL= 2 syringes/28 days) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, fill/plan year) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/pla year) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA PEN INJ 40MG (QL= 2 pens/28 days) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| HUMULIN MIX INJ | OTC | NC | ANTIDIABETICS |
| HUMULIN MIX PEN INJ | OTC | NC | ANTIDIABETICS |
| HUMULIN N INJ | OTC | NC | ANTIDIABETICS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|------------------------------|
| HUMULIN N PEN INJ | OTC | NC | ANTIDIABETICS |
| HUMULIN R INJ | OTC | NC | ANTIDIABETICS |
| HUMULIN R INJ U-500 | - | 2 | ANTIDIABETICS |
| HUMULIN R U-500 KWIKPEN INJ | - | 2 | ANTIDIABETICS |
| HURRISEAL MIS SNAP | - | NC | MEDICAL DEVICES AND SUPPLIES |
| HYCAMTIN CAP | MSP-PA | S | ANTINEOPLASTICS |
| HYCLODEX SOLN | - | NC | DERMATOLOGICALS |
| HYCOFENIX SOLN | - | NC | COUGH/COLD/ALLERGY |
| hydralazine tab (APRESOLINE equiv) | - | 1 | ANTIHYPERTENSIVES |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | 1 | DIURETICS |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | 1 | DIURETICS |
| hydrocodone bitartrate ER cap (ZOHYDRO equiv) | - | NC | ANALGESICS - OPIOID |
| hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day) | QL | 2 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen cap (LORCET equiv) | - | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) | - | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv) | - | 3 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab (LORTAB equiv) | - | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) | - | NC | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) | - | 3 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) | - | NC | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) | - | NC | ANALGESICS - OPIOID |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days) | QL | 3 | COUGH/COLD/ALLERGY |
| HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID (QL= 120ml/fill, 2 fills/month) | QL | 3 | COUGH/COLD/ALLERGY |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month) | QL | 3 | COUGH/COLD/ALLERGY |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | 1 | COUGH/COLD/ALLERGY |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) | - | 3 | ANALGESICS - OPIOID |
| hydrocortisone butyrate cream (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone butyrate lipocream (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone butyrate oint (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone butyrate soln (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone cream (PROCTOCORT equiv) | - | 1 | DERMATOLOGICALS |
| hydrocortisone enema (CORTENEMA equiv) | - | 2 | ANORECTAL AGENTS |
| hydrocortisone lotion (HYTONE equiv) | - | 1 | DERMATOLOGICALS |
| hydrocortisone lotion (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone lotion 2% (ALA SCALP equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone oint | - | 1 | DERMATOLOGICALS |
| hydrocortisone pramoxine cream (PRAMOSONE equiv) | - | 2 | DERMATOLOGICALS |
| hydrocortisone supp (ANUSOL HC equiv) | - | 2 | ANORECTAL AGENTS |
| hydrocortisone tab (CORTEF equiv) | - | 1 | CORTICOSTEROIDS |
| hydrocortisone valerate cream (WESTCORT equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone valerate oint (WESTCORT equiv) | - | NC | DERMATOLOGICALS |
| hydromorphone ER tab (EXALGO TAB equiv) | - | NC | ANALGESICS - OPIOID |
| HYDROMORPHONE SUPP | - | 1 | ANALGESICS - OPIOID |
| hydromorphone tab (DILAUDID equiv) | - | 1 | ANALGESICS - OPIOID |
| hydroquinone cream (LUSTRA equiv) | - | EXC | DERMATOLOGICALS |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | 1 | ANTIMALARIALS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| HYDROXYPROGESTERONE CAPROATE INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| hydroxyurea cap (HYDREA equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | 1 | ANTI-ANXIETY AGENTS |
| hydroxyzine syrup (ATARAX equiv) | - | 1 | ANTI-ANXIETY AGENTS |
| hydroxyzine tab (ATARAX equiv) | - | 1 | ANTI-ANXIETY AGENTS |
| HYLAMEND GEL FIRST AID | - | NC | ANTISEPTICS & DISINFECTANTS |
| HYLINATE LOTION | - | NC | DERMATOLOGICALS |
| HYOPHEN TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| hyoscyamine inj (LEVSIN equiv) | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| hyoscyamine sulfate CR tab (LEVBIID equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate SR cap (LEVSINEX equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine tab (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| HYQVIA INJ | MSP-PA | S | PASSIVE IMMUNIZING AGENTS |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days) | QL | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| IBRANCE CAP (QL= 21 caps/28 days) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IBRANCE TAB (QL= 21 caps/28 days) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IBU 600-EZS KIT | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab (RX only) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| icatibant inj (FIRAZYR equiv) | MSP-PA | S | HEMATOLOGICAL AGENTS - MISC. |
| ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144) | LD-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| icosapent ethyl cap 1gm (VASCEPA equiv) | - | NC | ANTIHYPERLIPIDEMICS |
| IDHIFA TAB (QL= 1 tab/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ILEVRO OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| imatinib tab (GLEEVEC equiv) | MSP | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMCIVREE INJ | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| imipramine pamoate cap (TOFRANIL PM equiv) | - | 3 | ANTIDEPRESSANTS |
| imipramine tab (TOFRANIL equiv) | - | 1 | ANTIDEPRESSANTS |
| imiquimod cream (ALDARA equiv) | - | 2 | DERMATOLOGICALS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| IMIQUIMOD CREAM 3.75% | - | NC | DERMATOLOGICALS |
| imiquimod cream 3.75% (IMIQUIMOD equiv) | - | NC | DERMATOLOGICALS |
| IMPAVIDO CAP | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| IMPEKLO LOTION | - | NC | DERMATOLOGICALS |
| IMPLANON IMPLANT, NEXPLANON IMPLANT | - | \$0 | CONTRACEPTIVES |
| IMPOYZ CREAM | - | NC | DERMATOLOGICALS |
| IMVEXXY SUPP | - | NC | VAGINAL PRODUCTS |
| INBRIJA INH POWDER (QL= 10 caps/day) | PA-QL | 3 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| INCIVEK TAB | - | NC | ANTIVIRALS |
| INCRELEX INJ | MSP | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| INCRUSE ELLIPTA INHALER | - | 2 | ASTHMA AND BRONCHODILATOR AGENTS |
| indapamide tab (LOZOL equiv) | - | 1 | DIURETICS |
| INDERAL XL CAP, INNOPRAN XL CAP | - | NC | BETA BLOCKERS |
| INDOCIN SUPP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| INDOCIN SUSP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin cap (INDOCIN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| INDOMETHACIN CAP, TIVORBEX CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin CR cap (INDOCIN SR equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| INFLATHERM PAK | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INGREZZA PACK 40-80MG | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INLYTA TAB (QL= 8 tabs/day) | MSP-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INQOVI TAB (QL= 5 tabs/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INREBIC CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) | - | 2 | ANTIDIABETICS |
| INSULIN ASPART INJ (NOVOLOG equiv) | - | 2 | ANTIDIABETICS |
| INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) | - | 2 | ANTIDIABETICS |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) | - | 2 | ANTIDIABETICS |
| INSULIN ASPART PENFILL INJ (NOVOLOG equiv) | - | 2 | ANTIDIABETICS |
| INSULIN SYRINGE | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| INTELENCE TAB | - | 2 | ANTIVIRALS |
| INTERMEZZO SL TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| INTRAROSA SUPP | - | NC | VAGINAL PRODUCTS |
| INTRON-A INJ | MSP | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INVEGA INJ | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| INVELTYS OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| INVIRASE CAP | - | 2 | ANTIVIRALS |
| INVIRASE TAB | - | 2 | ANTIVIRALS |
| INVOKAMET TAB | - | NC | ANTIDIABETICS |
| INVOKAMET XR TAB | - | NC | ANTIDIABETICS |
| INVOKANA TAB | - | NC | ANTIDIABETICS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| IODOFLEX PAD | - | NC | ANTISEPTICS & DISINFECTANTS |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv) | - | 3 | DERMATOLOGICALS |
| iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv) | - | NC | DERMATOLOGICALS |
| iodoquinol/hydrocortisone/aloë polysaccharide gel (ALCORTIN A equiv) | - | NC | DERMATOLOGICALS |
| IOPIDINE OPHTH SOLN 1% | - | 2 | OPHTHALMIC AGENTS |
| ipratropium nasal spray (ATROVENT equiv) | - | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ipratropium neb soln (ATROVENT equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| irbesartan tab (AVAPRO equiv) | - | 1 | ANTIHYPERTENSIVES |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | 1 | ANTIHYPERTENSIVES |
| IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IRON SUSP (Covered for members 1 year or younger) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| ISENTRESS (HD) TAB | - | 2 | ANTIVIRALS |
| ISENTRESS CHEW TAB | - | 2 | ANTIVIRALS |
| ISENTRESS POWDER PACK | - | 2 | ANTIVIRALS |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | - | \$0 | CONTRACEPTIVES |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB | - | 2 | MIGRAINE PRODUCTS |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv) | - | 2 | MIGRAINE PRODUCTS |
| ISONIAZID SYRUP | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| isoniazid tab | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| ISOPTO CARBACHOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ISOPTO HYOSCINE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| isosorbide dinitrate ER tab (ISOCHRON equiv) | - | 1 | ANTIANGINAL AGENTS |
| isosorbide dinitrate SL tab | - | 1 | ANTIANGINAL AGENTS |
| isosorbide dinitrate tab (ISORDIL equiv) | - | 1 | ANTIANGINAL AGENTS |
| isosorbide dinitrate tab 40mg (ISORDIL equiv) | - | 3 | ANTIANGINAL AGENTS |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | 1 | ANTIANGINAL AGENTS |
| isosorbide mononitrate tab (MONOKET equiv) | - | 1 | ANTIANGINAL AGENTS |
| isoxsuprine tab | - | 3 | CARDIOVASCULAR AGENTS - MISC. |
| isradipine cap (DYNACIRC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| ISTALOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| itraconazole cap (SPORANOX equiv) | PA | 2 | ANTIFUNGALS |
| itraconazole soln (SPORANOX equiv) | PA | 3 | ANTIFUNGALS |
| IVERMECTIN CREAM | - | NC | DERMATOLOGICALS |
| ivermectin cream (SOOLANTRA equiv) | - | NC | DERMATOLOGICALS |
| ivermectin lotion (SKLICE equiv) (QL= 1 tube/fill) | PA-QL | 3 | DERMATOLOGICALS |
| ivermectin tab (STROMECTOL equiv) | - | 2 | ANTHELMINTICS |
| JADENU SPRINKLE | - | NC | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| JAKAFI TAB (QL= 2 tabs/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JANUMET TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| JANUMET XR TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| JANUVIA TAB (QL= 1 tab/day) | QL-¢ | 2 | ANTIDIABETICS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| JARDIANCE TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| JATENZO CAP | - | NC | ANDROGENS-ANABOLIC |
| JENTADUETO TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| JENTADUETO XR TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| jinteli tab (FEMHRT equiv) | - | 2 | ESTROGENS |
| JUBLIA SOLN | - | NC | DERMATOLOGICALS |
| JULUCA TAB | - | 2 | ANTIVIRALS |
| junel FE tab (LOESTRIN FE equiv) | - | \$0 | CONTRACEPTIVES |
| junel tab (LOESTRIN equiv) | - | \$0 | CONTRACEPTIVES |
| JUXTAPID CAP | - | NC | ANTIHYPERLIPIDEMICS |
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KADIAN CAP | - | NC | ANALGESICS - OPIOID |
| KALETRA TAB | - | 2 | ANTIVIRALS |
| KALYDECO PAK (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | S | RESPIRATORY AGENTS - MISC. |
| KALYDECO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | S | RESPIRATORY AGENTS - MISC. |
| KAPSPARGO CAP | - | NC | BETA BLOCKERS |
| KAPVAY TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| KARBINAL ER SUSP | - | NC | ANTIHISTAMINES |
| KATERZIA SUSP | - | NC | CALCIUM CHANNEL BLOCKERS |
| KEFLEX CAP 750MG | - | NC | CEPHALOSPORINS |
| kelnor tab (DEMULEN equiv) | - | \$0 | CONTRACEPTIVES |
| KERAFOAM | - | NC | DERMATOLOGICALS |
| KERALAC CREAM | - | NC | DERMATOLOGICALS |
| KERYDIN SOLN | - | NC | DERMATOLOGICALS |
| KESIMPTA INJ | MSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| KETAMINE HCL TROCHES | - | NC | GENERAL ANESTHETICS |
| KETEK TAB | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| ketoconazole cream (NIZORAL CREAM equiv) | - | 1 | DERMATOLOGICALS |
| ketoconazole shampoo (NIZORAL SHAMPOO equiv) | - | 1 | DERMATOLOGICALS |
| ketoconazole tab (NIZORAL equiv) | - | 1 | ANTIFUNGALS |
| KETO-DIASTIX TEST STRIP | OTC | 1 | DIAGNOSTIC PRODUCTS |
| KETOPROFEN CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ketoprofen cap (ORUDIS equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| KETOPROFEN ER CAP | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| KETOROLAC INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac inj (TORADOL equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac ophth soln (ACULAR (LS) equiv) | - | 1 | OPHTHALMIC AGENTS |
| ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| KETOSTIX | OTC | 1 | DIAGNOSTIC PRODUCTS |
| ketotifen ophth soln (ZADITOR equiv) | OTC | EXC | OPHTHALMIC AGENTS |
| KEVEYIS TAB | - | NC | DIURETICS |
| KEVZARA INJ (QL= 2 inj/28 days) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| KHEDEZLA ER TAB | - | NC | ANTIDEPRESSANTS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| KISQALI PAK | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KISQALI TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KITABIS PAK NEB SOLN | - | NC | AMINOGLYCOSIDES |
| KLARITY-B DROPS | - | NC | OPHTHALMIC AGENTS |
| KLARITY-L DROPS | - | NC | OPHTHALMIC AGENTS |
| KLISYRI OINT | - | NC | DERMATOLOGICALS |
| KLOR-CON M15 TAB | - | 2 | MINERALS & ELECTROLYTES |
| KLOR-CON POWDER PACKET 25MEQ | - | 3 | MINERALS & ELECTROLYTES |
| KOMBIGLYZE XR TAB | - | NC | ANTIDIABETICS |
| KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596)) | LD-PA | S | ANTIDIABETICS |
| KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| K-PHOS TAB | - | 2 | MINERALS & ELECTROLYTES |
| KRINTAFEL TAB | - | 2 | ANTIMALARIALS |
| KRISTALOSE PACK | - | 3 | LAXATIVES |
| KRISTALOSE PACKET | - | 3 | LAXATIVES |
| K-TAB | - | 1 | MINERALS & ELECTROLYTES |
| KUVAN POWDER PACK | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KUVAN TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KYBELLA INJ | - | NC | DERMATOLOGICALS |
| KYNAMRO INJ | - | NC | ANTIHYPERTENSIVES |
| KYNMOBI FILM | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| KYNMOBI TITRATION KIT | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| L.E.T. GEL | - | NC | DERMATOLOGICALS |
| labetalol tab (NORMODYNE equiv) | - | 1 | BETA BLOCKERS |
| LACRISERT OPHTH INSERT | - | NC | OPHTHALMIC AGENTS |
| LACTIC ACID LOTION | - | 1 | DERMATOLOGICALS |
| LACTULOSE PACK | - | NC | LAXATIVES |
| lactulose soln | - | 1 | LAXATIVES |
| LAMICTAL CHEW TAB 2MG | - | 2 | ANTICONVULSANTS |
| LAMICTAL ODT KIT, LAMICTAL XR KIT | - | 3 | ANTICONVULSANTS |
| lamivudine soln (EPIVIR equiv) | - | 2 | ANTIVIRALS |
| lamivudine tab (EPIVIR equiv) | - | 2 | ANTIVIRALS |
| lamivudine tab 100mg (EPIVIR HBV equiv) | - | 2 | ANTIVIRALS |
| lamivudine/zidovudine tab (COMBIVIR equiv) | - | 2 | ANTIVIRALS |
| lamotrigine chew tab (LAMICTAL equiv) | - | 1 | ANTICONVULSANTS |
| lamotrigine ER tab (LAMICTAL XR equiv) | - | 3 | ANTICONVULSANTS |
| lamotrigine ODT (LAMICTAL equiv) | - | 3 | ANTICONVULSANTS |
| lamotrigine ODT kit (LAMICTAL ODT KIT equiv) | - | 3 | ANTICONVULSANTS |
| lamotrigine tab (LAMICTAL equiv) | - | 1 | ANTICONVULSANTS |
| LAMPIT TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| LANCET KIT | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| LANCETS | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| LANOXIN INJ | - | NC | CARDIOTONICS |
| LANOXIN TAB 0.0625MG, 0.1875MG | - | NC | CARDIOTONICS |
| lansoprazole cap (PREVACID equiv) (Rx Only) | - | 3 | ULCER DRUGS |
| lansoprazole odt (PREVACID SOLUTAB equiv) | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| LANSOPRAZOLE SUSP | - | 3 | ULCER DRUGS |
| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv) | - | 3 | ULCER DRUGS |
| lanthanum carbonate chew tab (FOSRENOL equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| LANTUS INJ | - | 2 | ANTIDIABETICS |
| LANTUS SOLOSTAR INJ | - | 2 | ANTIDIABETICS |
| lapatinib ditosylate tab (TYKERB equiv) | MSP-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LASTACRAFT OPHTH SOLN (QL= 3ml/30 days) | QL | 3 | OPHTHALMIC AGENTS |
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days) | QL | 1 | OPHTHALMIC AGENTS |
| LATUDA TAB (QL= 1 tab/day; Step Therapy requires trial of quetiapine) | QL-ST-¢ | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| layolis FE tab, wymzya FE tab (FEMCON FE equiv) | - | \$0 | CONTRACEPTIVES |
| LAZANDA NASAL SPRAY (QL= 15 bottles/30 days) | PA-QL | 3 | ANALGESICS - OPIOID |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day) | MSP-PA-QL | S | ANTIVIRALS |
| leflunomide tab (ARAVA equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| letrozole tab (FEMARA equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| leucovorin tab | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEUKERAN TAB | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEUKINE INJ | - | NC | HEMATOPOIETIC AGENTS |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA) | QL-ST | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| levalbuterol neb soln (XOPENEX equiv) | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| LEVATOL TAB | - | 3 | BETA BLOCKERS |
| LEVEMIR FLEXTOUCH INJ | - | 2 | ANTIDIABETICS |
| LEVEMIR INJ | - | 2 | ANTIDIABETICS |
| levetiracetam ER tab (KEPPRA XR equiv) | - | 1 | ANTICONVULSANTS |
| levetiracetam soln (KEPPRA equiv) | - | 1 | ANTICONVULSANTS |
| levetiracetam tab (KEPPRA equiv) | - | 1 | ANTICONVULSANTS |
| LEVITRA TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| LEVOBUNOLOL OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| levobunolol ophth soln (BETAGAN equiv) | - | 1 | OPHTHALMIC AGENTS |
| levocarnitine soln (CARNITOR equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levocarnitine tab (CARNITOR equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levocetirizine soln (XYZAL equiv) | - | EXC | ANTIHISTAMINES |
| levocetirizine tab (XYZAL equiv) | - | EXC | ANTIHISTAMINES |
| levofloxacin ophth soln (QUIXIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| levofloxacin soln (LEVAQUIN equiv) | - | 1 | FLUOROQUINOLONES |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| levofloxacin tab (LEVAQUIN equiv) | - | 1 | FLUOROQUINOLONES |
| levonorgestrel tab (PLAN B equiv) | OTC | \$0 | CONTRACEPTIVES |
| LEVONORGESTREL TAB 0.75MG | - | \$0 | CONTRACEPTIVES |
| levorphanol tab (LEVORPHANOL equiv) | - | NC | ANALGESICS - OPIOID |
| LEVOTHYROXINE INJ | - | NC | THYROID AGENTS |
| levothyroxine tab (SYNTHROID equiv) | - | NC | THYROID AGENTS |
| LEXETTE FOAM | - | NC | DERMATOLOGICALS |
| LEXIVA SUSP | - | 2 | ANTIVIRALS |
| LICART PATCH | - | NC | DERMATOLOGICALS |
| LIDOCAINE CREAM | - | NC | DERMATOLOGICALS |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine cream 3.88% (LIDOTRAL CREAM equiv) | - | NC | DERMATOLOGICALS |
| LIDOCAINE GEL | - | 1 | DERMATOLOGICALS |
| lidocaine gel (GLYDO equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine gel (XYLOCAINE equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine lotion | - | NC | DERMATOLOGICALS |
| lidocaine oint (QL= 107gm/30 days) | QL | 2 | DERMATOLOGICALS |
| lidocaine oint/transparent dressing kit | - | NC | DERMATOLOGICALS |
| LIDOCAINE ORAL SOLN 4% | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| lidocaine patch (LIDODERM equiv) (QL= 3 patches/day) | QL | 3 | DERMATOLOGICALS |
| lidocaine soln (XYLOCAINE equiv) | - | 1 | DERMATOLOGICALS |
| LIDOCAINE SUPP | - | NC | ANORECTAL AND RELATED PRODUCTS |
| lidocaine viscous soln | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | 2 | ANORECTAL AGENTS |
| LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT | - | NC | ANORECTAL AGENTS |
| lidocaine/prilocaine cream (EMLA equiv) | - | 1 | DERMATOLOGICALS |
| LIDOCIN GEL | - | NC | DERMATOLOGICALS |
| LIDOLOG KIT | - | NC | CORTICOSTEROIDS |
| LIDOSTREAM KIT | - | NC | DERMATOLOGICALS |
| LIDOTIN PAK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LIDOTRAL CREAM (lidocaine cream equiv) | - | NC | DERMATOLOGICALS |
| LIDOTREX GEL | - | NC | DERMATOLOGICALS |
| LIDOVEX CREAM | - | NC | DERMATOLOGICALS |
| LINDANE LOTION | - | 3 | DERMATOLOGICALS |
| lindane shampoo | - | 3 | DERMATOLOGICALS |
| linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| LINZESS CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| liothyronine tab (CYTOMEL equiv) | - | 1 | THYROID AGENTS |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| lithium carbonate cap (ESKALITH ER equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate ER tab (LITHOBID equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate tab | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LITHIUM CITRATE SOLN | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LITHOSTAT TAB | - | 3 | GENITOURINARY AGENTS - MISCELLANEOUS |
| LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | ST | 3 | ANTIHYPERLIPIDEMICS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| L-METHYLFOLATE TAB | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| LO LOESTRIN TAB | - | 3 | CONTRACEPTIVES |
| LOCOID CREAM | - | NC | DERMATOLOGICALS |
| LOCOID LIPOCREAM | - | NC | DERMATOLOGICALS |
| LOCOID OINT | - | NC | DERMATOLOGICALS |
| LOCOID SOLN | - | NC | DERMATOLOGICALS |
| LOESTRIN 24 FE TAB | - | 3 | CONTRACEPTIVES |
| LOKELMA PAK | PA | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| LOMAIRA TAB | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER) | ST | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| LONSURF TAB (Only available through Walgreens 888-347-3416) | LD-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| loperamide cap (IMODIUM equiv) | - | NC | ANTIDIARRHEALS |
| LOPERAMIDE SOLN | - | NC | ANTIDIARRHEAL/PROBIOTIC AGENTS |
| lopinavir/ritonavir soln (KALETRA equiv) | - | 2 | ANTIVIRALS |
| loratadine cap (CLARITIN equiv) | OTC | EXC | ANTIHISTAMINES |
| lorazepam conc (ATIVAN equiv) | - | 1 | ANTIAXIETY AGENTS |
| lorazepam tab (ATIVAN equiv) | - | 1 | ANTIAXIETY AGENTS |
| LORBRENA TAB 100MG (QL= 1 tab/day) | MSP-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LORBRENA TAB 25MG (QL= 3 tabs/day) | MSP-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LORTAB ELIXIR | - | 3 | ANALGESICS - OPIOID |
| LORVATUS PHARMAPAK KIT | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| losartan tab (COZAAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| LOTEMAX OPHTH GEL | - | 2 | OPHTHALMIC AGENTS |
| LOTEMAX OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| LOTEMAX SM GEL 0.38% | - | NC | OPHTHALMIC AGENTS |
| loteprednol etabonate ophth gel (LOTEMAX equiv) | - | 2 | OPHTHALMIC AGENTS |
| loteprednol ophth susp (LOTEMAX equiv) | - | 2 | OPHTHALMIC AGENTS |
| LOTRIMIN AF CREAM | - | NC | DERMATOLOGICALS |
| lovastatin tab (MEVACOR equiv) | - | \$0 | ANTIHYPERLIPIDEMICS |
| loxapine cap (LOXITANE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LUCEMYRA TAB (QL= 84 tabs/7 days) | PA-QL | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LUFYLLIN TAB | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| LULICONAZOLE CREAM, LUZU CREAM | - | NC | DERMATOLOGICALS |
| LUMIFY OPHTH SOLN 0.25% | - | NC | OPHTHALMIC AGENTS |
| LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days) | QL | 2 | OPHTHALMIC AGENTS |
| LUPKYNIS CAP | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| LUVIRA CAP | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| LUXIQ FOAM | - | NC | DERMATOLOGICALS |
| LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day) | LD-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day) | LD-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYRICA CR TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LYSODREN TAB (Only available through Walgreens 888-347-3416) | LD | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYUMJEV INJ | - | NC | ANTIDIABETICS |
| LYUMJEV KWIKPEN INJ | - | NC | ANTIDIABETICS |
| MACRILEN PACK | - | NC | DIAGNOSTIC PRODUCTS |
| malathion lotion (OVIDE equiv) (QL= 2 bottles/fill) | QL | 3 | DERMATOLOGICALS |
| maldemar tab (SCOPACE equiv) | - | 1 | ANTIEMETICS |
| MAPROTILINE TAB | - | 1 | ANTIDEPRESSANTS |
| MARPLAN TAB | - | 2 | ANTIDEPRESSANTS |
| MATULANE CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MAVENCLAD PAK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MAVYRET TAB (QL= 3 tabs/day) | MSP-PA-QL | S | ANTIVIRALS |
| MAXIDEX OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| MAYZENT TAB | MSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MAYZENT TAB STARTER PACK | MSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MECLIZINE 50MG TAB | - | NC | ANTIEMETICS |
| meclizine chew tab (BONINE equiv) | OTC | EXC | ANTIEMETICS |
| meclizine tab (ANTIVERT equiv) (Rx Only) | - | 1 | ANTIEMETICS |
| MECLOFENAMATE CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| MEDI-PATCH W/LIDOCAINE PATCH | - | NC | DERMATOLOGICALS |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days) | QL | \$0 | CONTRACEPTIVES |
| medroxyprogesterone tab (PROVERA equiv) | - | 1 | PROGESTINS |
| mefenamic acid cap (PONSTEL equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| MEFLOQUINE TAB | - | 2 | ANTIMALARIALS |
| mefloquine tab (LARIAM equiv) | - | 2 | ANTIMALARIALS |
| megestrol ES susp (MEGACE ES equiv) | - | 3 | PROGESTINS |
| megestrol susp (MEGACE equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| megestrol tab (MEGACE equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST TAB 2MG (QL= 1 tab/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| meloxicam cap (VIVLODEX equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| MELOXICAM COMFORT KIT | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| meloxicam tab (MOBIC equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| melphalan tab (ALKERAN equiv) | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| memantine ER cap (NAMENDA XR equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| memantine soln (NAMENDA equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine tab (NAMENDA equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MENACTRA INJ | VAC | \$0 | VACCINES |
| MENEST TAB | - | 3 | ESTROGENS |
| MENHIBRIX INJ | VAC | \$0 | VACCINES |
| MENOMUNE INJ | VAC | \$0 | VACCINES |
| MENOSTAR PATCH | - | NC | ESTROGENS |
| MENTAX CREAM | - | 3 | DERMATOLOGICALS |
| MENVEO INJ | VAC | \$0 | VACCINES |
| MEPERIDINE TAB | - | NC | ANALGESICS - OPIOID |
| meperidine tab (DEMEROL equiv) | - | NC | ANALGESICS - OPIOID |
| meprobamate tab (MILTOWN equiv) | - | NC | ANTI-ANXIETY AGENTS |
| mercaptopurine tab (PURINETHOL equiv) | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| mesalamine DR cap (DELZICOL equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine DR tab (LIALDA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine enema (ROWASA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine ER cap (APRISO equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine supp (CANASA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine tab (ASACOL equiv) | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| MESNEX TAB | MSP | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| METANX CAP | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| METAPROTERENOL SYRUP | - | 1 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| METAPROTERENOL TAB | - | 3 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| metaxalone tab (SKELAXIN equiv) | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| METAXALONE TAB 400MG | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| metformin ER osmotic tab (FORTAMET equiv) | - | NC | ANTIDIABETICS |
| metformin ER osmotic tab (GLUMETZA equiv) | - | NC | ANTIDIABETICS |
| metformin ER tab (GLUCOPHAGE XR equiv) | - | 1 | ANTIDIABETICS |
| metformin soln (RIOMET equiv) | - | 3 | ANTIDIABETICS |
| metformin tab (GLUCOPHAGE equiv) | - | 1 | ANTIDIABETICS |
| methadone soln | - | 1 | ANALGESICS - OPIOID |
| methadone tab (DOLOPHINE equiv) | - | 1 | ANALGESICS - OPIOID |
| methadose tab | - | 1 | ANALGESICS - OPIOID |
| methamphetamine tab (DESOXYN equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| methazolamide tab (NEPTAZANE equiv) | - | 2 | DIURETICS |
| methenamine hippurate tab (HIPREX equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| methenamine mandelate tab | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| methimazole tab (TAPAZOLE equiv) | - | 1 | THYROID AGENTS |
| METHITEST TAB | PA | 3 | ANDROGENS-ANABOLIC |
| methocarbamol tab (ROBAXIN equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| METHOTREXATE INJ | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| methotrexate tab (TREXALL equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | 2 | DERMATOLOGICALS |
| methscopolamine tab (PAMINE equiv) | - | 3 | ULCER DRUGS |
| METHYCLOTHIAZIDE TAB | - | 1 | DIURETICS |
| methylidopa tab (ALDOMET equiv) | - | 1 | ANTIHYPERTENSIVES |
| METHYLDOPA/HYDROCHLOROTHIAZIDE TAB | - | 1 | ANTIHYPERTENSIVES |
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days) | QL | 2 | OXYTOCICS |
| methylphenidate CD cap (METADATE CD equiv) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate chew tab (METHYLIN equiv) | - | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate ER cap (RITALIN LA equiv) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate ER cap (APTENSIO XR equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate ER tab | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate ER tab (CONCERTA equiv) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate ER tab 10mg, 20mg (RITALIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| METHYLPHENIDATE ER TAB 72MG | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate soln (METHYLIN equiv) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate tab (RITALIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylprednisolone dose pack (MEDROL equiv) | - | 1 | CORTICOSTEROIDS |
| methylprednisolone tab (MEDROL equiv) | - | 1 | CORTICOSTEROIDS |
| METHYLTESTOSTERONE CAP | PA | 3 | ANDROGENS-ANABOLIC |
| METIPRANOLOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| metoclopramide soln (REGLAN equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| metoclopramide tab (REGLAN equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| metolazone tab (ZAROXOLYN equiv) | - | 1 | DIURETICS |
| metoprolol ER tab (TOPROL XL equiv) | - | 1 | BETA BLOCKERS |
| metoprolol tab (LOPRESSOR equiv) | - | 1 | BETA BLOCKERS |
| metoprolol tab 37.5mg, 75mg (LOPRESSOR equiv) | - | NC | BETA BLOCKERS |
| METOPROLOL/HYDROCHLOROTHIAZIDE TAB | - | 2 | ANTIHYPERTENSIVES |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | 2 | ANTIHYPERTENSIVES |
| METZOZLV ODT | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| metronidazole cap (FLAGYL equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| metronidazole cream (METROCREAM equiv) | - | 2 | DERMATOLOGICALS |
| metronidazole gel (METROGEL equiv) | - | 2 | DERMATOLOGICALS |
| metronidazole lotion (METROLOTION equiv) | - | 1 | DERMATOLOGICALS |
| metronidazole tab (FLAGYL equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| metronidazole vaginal gel (METROGEL equiv) | - | 1 | VAGINAL PRODUCTS |
| metyrosine cap (DEMSEER equiv) | - | NC | ANTIHYPERTENSIVES |
| mexiletine hcl cap | - | 2 | ANTIARRHYTHMICS |
| MEXPAROX HC CREAM | - | NC | DERMATOLOGICALS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| MIACALCIN INJ | MSP | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| mibelas chew tab (MINASTRIN equiv) | - | 3 | CONTRACEPTIVES |
| MICARDIS HCT TAB | - | NC | ANTIHYPERTENSIVES |
| MICLARA LIQUID | - | NC | ANTIHISTAMINES |
| MICORT-HC CREAM | - | NC | DERMATOLOGICALS |
| MICROVIX LP PAK | - | NC | DERMATOLOGICALS |
| midodrine tab (PROAMATINE equiv) | - | 1 | VASOPRESSORS |
| MIGERGOT SUPP | - | 2 | MIGRAINE PRODUCTS |
| miglitol tab (MIGLITOL equiv) | - | 3 | ANTIDIABETICS |
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523) | LD-PA | S | HEMATOPOIETIC AGENTS |
| MIGRANAL SPRAY | - | NC | MIGRAINE PRODUCTS |
| MILLIPRED DP PAK | - | NC | CORTICOSTEROIDS |
| MILLIPRED TAB | - | 3 | CORTICOSTEROIDS |
| minocycline cap (MINOCIN equiv) | - | 1 | TETRACYCLINES |
| MINOCYCLINE ER CAP | - | NC | TETRACYCLINES |
| minocycline ER tab (SOLODYN equiv) | - | NC | TETRACYCLINES |
| minocycline tab (DYNACIN equiv) | - | 2 | TETRACYCLINES |
| minoxidil tab (LONITEN equiv) | - | 1 | ANTIHYPERTENSIVES |
| MIRALAX POCKET | OTC | EXC | LAXATIVES |
| MIRALAX POWDER | OTC | EXC | LAXATIVES |
| MIRCERA INJ | - | NC | HEMATOPOIETIC AGENTS |
| MIRENA IUD | - | \$0 | CONTRACEPTIVES |
| mirtazapine ODT (REMERON equiv) | - | 1 | ANTIDEPRESSANTS |
| mirtazapine tab (REMERON equiv) | - | 1 | ANTIDEPRESSANTS |
| MIRVASO GEL | - | NC | DERMATOLOGICALS |
| misoprostol tab (CYTOTEC equiv) | - | 1 | ULCER DRUGS |
| MITIGARE CAP, COLCHICINE CAP | - | NC | GOUT AGENTS |
| M-M-R II INJ | VAC | \$0 | VACCINES |
| modafinil tab (PROVIGIL equiv) (QL= 20 tabs/30 days) | PA-QL | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| MODERIBA TAB | - | NC | ANTIVIRALS |
| moexipril tab (UNIVASC equiv) | - | 1 | ANTIHYPERTENSIVES |
| MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB | - | 1 | ANTIHYPERTENSIVES |
| moexipril/hydrochlorothiazide tab (UNIRETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| MOLINDONE TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| mometasone cream (ELOCON equiv) | - | 1 | DERMATOLOGICALS |
| mometasone nasal spray (NASONEX equiv) | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| mometasone oint (ELOCON equiv) | - | 1 | DERMATOLOGICALS |
| mometasone soln (ELOCON equiv) | - | 1 | DERMATOLOGICALS |
| montelukast chew tab (SINGULAIR equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| montelukast granule pack (SINGULAIR equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| montelukast tab (SINGULAIR equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| MONUROL GRANULE PACK | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| MORPHABOND TAB | - | NC | ANALGESICS - OPIOID |
| MORPHINE SULFATE ER BEAD CAP | - | NC | ANALGESICS - OPIOID |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| MORPHINE SULFATE ER CAP | - | NC | ANALGESICS - OPIOID |
| morphine sulfate ER cap (KADIAN equiv) | - | NC | ANALGESICS - OPIOID |
| morphine sulfate ER tab (MS CONTIN equiv) | - | 1 | ANALGESICS - OPIOID |
| morphine sulfate soln | - | 1 | ANALGESICS - OPIOID |
| MORPHINE SULFATE SUPP | - | 2 | ANALGESICS - OPIOID |
| morphine sulfate tab | - | 1 | ANALGESICS - OPIOID |
| MOTTEGRITY TAB | PA | 3 | GASTROINTESTINAL AGENTS - MISC. |
| MOVANTIK TAB | PA | 2 | GASTROINTESTINAL AGENTS - MISC. |
| MOVIPREP SOLN | - | NC | LAXATIVES |
| MOXATAG TAB | - | NC | PENICILLINS |
| MOXATAG TAB 775MG | - | NC | PENICILLINS |
| MOXEZA OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| MOXEZA OPHTH SOLN 0.5% | - | NC | OPHTHALMIC AGENTS |
| moxifloxacin hcl ophth soln 0.5% (MOXEZA equiv) | - | NC | OPHTHALMIC AGENTS |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | 1 | OPHTHALMIC AGENTS |
| MOXIFLOXACIN SOLN | - | NC | OPHTHALMIC AGENTS |
| moxifloxacin tab (AVELOX equiv) | - | 2 | FLUOROQUINOLONES |
| MUCINEX LIQUID | - | NC | COUGH/COLD/ALLERGY |
| MUCINEX TAB | - | NC | COUGH/COLD/ALLERGY |
| MULPLETA TAB | - | NC | HEMATOPOIETIC AGENTS |
| MULTAQ TAB | - | 2 | ANTIARRHYTHMICS |
| MULTIGEN FOLIC TAB | - | 1 | HEMATOPOIETIC AGENTS |
| MULTIGEN PLUS TAB | - | 1 | HEMATOPOIETIC AGENTS |
| MULTIGEN TAB | - | 1 | HEMATOPOIETIC AGENTS |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG | - | 1 | MULTIVITAMINS |
| MULTIVITAMIN/FLOURIDE CHEW 1MG | - | 1 | MULTIVITAMINS |
| MULTIVITAMIN/FLUORIDE CHEW TAB | - | 1 | MULTIVITAMINS |
| MULTIVITAMIN/FLUORIDE CHEW TAB | - | NC | MULTIVITAMINS |
| MULTIVITAMIN/MINERALS TAB | - | 1 | MULTIVITAMINS |
| MULTIVITAMIN/MINERALS TAB | - | NC | MULTIVITAMINS |
| mupirocin cream (BACTROBAN equiv) | - | NC | DERMATOLOGICALS |
| mupirocin oint (BACTROBAN OINT equiv) | - | 1 | DERMATOLOGICALS |
| MUSE SUPP (QL= 6 supp/30 days) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| MYALEPT INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MYCAPSSA CAP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| mycophenolate DR tab (MYFORTIC equiv) | - | 2 | ASSORTED CLASSES |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | 1 | ASSORTED CLASSES |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | 2 | ASSORTED CLASSES |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | 1 | ASSORTED CLASSES |
| MYDAYIS CAP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| MYLERAN TAB | MSP | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MYNATAL-Z TAB | - | 3 | MULTIVITAMINS |
| MYRBETRIQ TAB | - | 2 | URINARY ANTISPASMODICS |
| MYTESI TAB | - | NC | ANTIDIARRHEALS |
| nabumetone tab (RELAFEN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| nadolol tab (CORGARD equiv) | - | 2 | BETA BLOCKERS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| nadolol/bendroflumethiazide tab (CORZIDE equiv) | - | 3 | ANTIHYPERTENSIVES |
| NAFTIFINE CREAM | - | 3 | DERMATOLOGICALS |
| naftifine cream (NAFTIN equiv) | - | 3 | DERMATOLOGICALS |
| naftifine gel (NAFTIN equiv) | - | 3 | DERMATOLOGICALS |
| NAFTIN GEL | - | 3 | DERMATOLOGICALS |
| NAFTIN GEL 2% | - | NC | DERMATOLOGICALS |
| naloxone inj | - | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naloxone prefilled inj (QL= 2 inj/fill) | QL | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill) | QL | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naltrexone tab (REVIA equiv) | - | 1 | ANTIDOTES |
| NAMENDA XR TITRATION PACK | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC STARTER PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAPRELAN CR TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| NAPRELAN CR TAB 750MG | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROXEN CREAM COMPOUND KIT | - | NC | DERMATOLOGICALS |
| naproxen EC tab (NAPROSYN EC equiv) | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen sodium CR tab (NAPRELAN CR equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen sodium tab (ANAPROX equiv) | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROXEN SUSP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen susp (NAPROSYN equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen tab (NAPROSYN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen/esomeprazole magnesium DR tab (VIMOVO equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| NARCAN NASAL SPRAY | - | 2 | ANTIDOTES |
| NASACORT OTC NASAL SPRAY | OTC | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| NASCOBAL NASAL SPRAY | - | 3 | HEMATOPOIETIC AGENTS |
| NATAZIA TAB | - | 3 | CONTRACEPTIVES |
| nateglinide tab (STARLIX equiv) | - | 3 | ANTIDIABETICS |
| NATESTO NASAL GEL | - | NC | ANDROGENS-ANABOLIC |
| NATPARA INJ (Only available through Walgreens 888-347-3416) | LD-PA | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NATROBA SUSP (QL= 1 bottle/fill) | QL | 3 | DERMATOLOGICALS |
| NAYZILAM SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist) | QL-RS | 3 | ANTICONVULSANTS |
| NEBUSAL NEB SOLN | - | 2 | COUGH/COLD/ALLERGY |
| NECON TAB | - | \$0 | CONTRACEPTIVES |
| NEFAZODONE TAB | - | 1 | ANTIDEPRESSANTS |
| nefazodone tab 50mg, 250mg | - | 1 | ANTIDEPRESSANTS |
| neomycin tab | - | 1 | AMINOGLYCOSIDES |
| NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | 1 | OTIC AGENTS |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | 1 | OTIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | 1 | OPHTHALMIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | 1 | OPHTHALMIC AGENTS |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| NEONATAL 19 TAB | - | 3 | MULTIVITAMINS |
| NEONATAL FE TAB | - | 3 | MULTIVITAMINS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| NEOSALUS FOAM | - | NC | DERMATOLOGICALS |
| NEO-SYNALAR CREAM | - | NC | DERMATOLOGICALS |
| NEOTUSS PLUS LIQUID | - | 3 | COUGH/COLD/ALLERGY |
| NEPHRON FA TAB | - | 2 | HEMATOPOIETIC AGENTS |
| NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NEULASTA INJ | - | NC | HEMATOPOIETIC AGENTS |
| NEUMEGA INJ | MSP | S | HEMATOPOIETIC AGENTS |
| NEUPOGEN INJ | - | NC | HEMATOPOIETIC AGENTS |
| NEUPRO PATCH | - | 3 | ANTIPARKINSON AGENTS |
| NEVANAC OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| NEVIRAPINE ER TAB (Step Therapy requires trial of nevirapine) | ST | 2 | ANTIVIRALS |
| nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine) | ST | 2 | ANTIVIRALS |
| nevirapine susp (VIRAMUNE equiv) | - | 2 | ANTIVIRALS |
| nevirapine tab (VIRAMUNE equiv) | - | 1 | ANTIVIRALS |
| NEXAVAR TAB | MSP-PA-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NEXICLON XR SUSP | - | 3 | ANTIHYPERTENSIVES |
| NEXICLON XR TAB | - | 3 | ANTIHYPERTENSIVES |
| NEXIUM 24HR TAB | - | NC | ULCER DRUGS |
| NEXIUM CAP | - | NC | ULCER DRUGS |
| NEXIUM GRANULE PACK | - | NC | ULCER DRUGS |
| NEXLETOL TAB | - | NC | ANTIHYPERLIPIDEMICS |
| NEXLIZET TAB | - | NC | ANTIHYPERLIPIDEMICS |
| niacin cap | OTC | EXC | VITAMINS |
| niacin CR tab (SLO-NIACIN equiv) | OTC | EXC | VITAMINS |
| niacin ER tab (NIASPAN equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| niacin tab | OTC | EXC | VITAMINS |
| NIACIN TR TAB | OTC | EXC | VITAMINS |
| niacinamide tab | OTC | EXC | VITAMINS |
| NIACOR TAB | - | NC | ANTIHYPERLIPIDEMICS |
| NIASPAN ER TAB | - | 3 | ANTIHYPERLIPIDEMICS |
| nicardipine cap (CARDENE equiv) | - | 3 | CALCIUM CHANNEL BLOCKERS |
| nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTINE KIT | OTC-QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine patch (NICODERM equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL INHALER (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL NASAL SPRAY (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nifedipine cap (PROCARDIA equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| nifedipine ER tab (ADALAT CC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| nilutamide tab (NILANDRON equiv) | MSP | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| nimodipine cap (NIMOTOP equiv) | - | 3 | CALCIUM CHANNEL BLOCKERS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| NINLARO CAP | MSP-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| nisoldipine ER tab (SULAR equiv) | - | 3 | CALCIUM CHANNEL BLOCKERS |
| NISOLDIPINE ER TAB 20MG, 30MG, 40MG | - | 3 | CALCIUM CHANNEL BLOCKERS |
| nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days) | PA-QL | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| nitisinone cap (ORFADIN equiv) | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NITRO-BID OINT | - | 2 | ANTIANGINAL AGENTS |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | 3 | ANTIANGINAL AGENTS |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv) | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| nitrofurantoin susp (FURADANTIN equiv) | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| NITROGLYCERIN ER CAP | - | 1 | ANTIANGINAL AGENTS |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | 3 | ANTIANGINAL AGENTS |
| nitroglycerin patch (NITRO-DUR equiv) | - | 1 | ANTIANGINAL AGENTS |
| nitroglycerin SL tab (NITROSTAT equiv) | - | 1 | ANTIANGINAL AGENTS |
| NITROMIST SPRAY | - | 3 | ANTIANGINAL AGENTS |
| NITYR TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NIVESTYM INJ | MSP | S | HEMATOPOIETIC AGENTS |
| NIZATIDINE CAP | - | 1 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| nizatidine cap (AXID equiv) | - | 1 | ULCER DRUGS |
| nizoral a-d shampoo (NIZORAL equiv) | OTC | EXC | DERMATOLOGICALS |
| NOCDURNA SL TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NOCTIVA EMULSION SPRAY | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NORDITROPIN INJ, NUTROPIN AQ INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv) | - | NC | CONTRACEPTIVES |
| norethindrone tab (NORA-QD equiv) | - | \$0 | CONTRACEPTIVES |
| norethindrone tab (AYGESTIN equiv) | - | 1 | PROGESTINS |
| norethindrone/ethinyl estradiol 21 tab (LOESTRIN 21 equiv) | - | 3 | CONTRACEPTIVES |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) | - | 3 | CONTRACEPTIVES |
| norethindrone/ethinyl estradiol tab (LOESTRIN equiv) | - | 3 | CONTRACEPTIVES |
| NORGESIC TAB FORTE | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| NORITATE CREAM | - | NC | DERMATOLOGICALS |
| NOROXIN TAB | - | 3 | FLUOROQUINOLONES |
| NORPACE CR CAP | - | 2 | ANTIARRHYTHMICS |
| NORTHERA CAP | - | NC | VASOPRESSORS |
| nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv) | - | \$0 | CONTRACEPTIVES |
| nortrel tab (OVCON 35 equiv) | - | \$0 | CONTRACEPTIVES |
| nortriptyline cap (PAMELOR equiv) | - | 1 | ANTIDEPRESSANTS |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | 1 | ANTIDEPRESSANTS |
| NORTRIPTYLINE SOLN | - | 1 | ANTIDEPRESSANTS |
| NORVIR CAP | - | 2 | ANTIVIRALS |
| NORVIR POWDER PACK | - | 2 | ANTIVIRALS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| NORVIR SOLN | - | 2 | ANTIVIRALS |
| NOVACORT GEL | - | NC | DERMATOLOGICALS |
| NOVOFINE PEN NEEDLE | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| NOVOLIN 70/30 FLEXPEN INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLIN 70/30 INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLIN N FLEXPEN INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLIN N INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLIN R FLEXPEN INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLIN R INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLOG FLEXPEN INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG MIX FLEXPEN INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG MIX INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG PENFILL INJ | - | 2 | ANTIDIABETICS |
| NOVOTWIST PEN NEEDLE | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| NOVOTWIST/NOVOFINE PEN NEEDLE | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| NOXAFIL SUSP | - | 2 | ANTIFUNGALS |
| NOXAFIL TAB | - | NC | ANTIFUNGALS |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | 1 | THYROID AGENTS |
| NUBEQA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NUCALA INJ (QL= 1 inj/28 days) | MSP-PA-QL | S | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| NUCARACLINPA KIT | - | NC | DERMATOLOGICALS |
| NUCARARXPAK KIT | - | NC | DERMATOLOGICALS |
| NUCYNTA ER TAB (QL= 2 tabs/day) | QL | 2 | ANALGESICS - OPIOID |
| NUCYNTA TAB | - | 3 | ANALGESICS - OPIOID |
| NUEDEXTA CAP (QL= 2 caps/day) | PA-QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nulido pad (NULIDO equiv) | - | NC | DERMATOLOGICALS |
| NULYTELY SOLN | - | NC | LAXATIVES |
| NUPLAZID CAP | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| NUPLAZID TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| NURTEC ODT (QL= 8 tabs/30 days, 6 fills/year) | PA-QL | 2 | MIGRAINE PRODUCTS |
| NUVAKAAN II KIT | - | NC | DERMATOLOGICALS |
| NUVARING | - | \$0 | CONTRACEPTIVES |
| NUZYRA TAB (QL= 2 tabs/day, 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | S | TETRACYCLINES |
| NYMALIZE SOLN | - | NC | CALCIUM CHANNEL BLOCKERS |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | 1 | DERMATOLOGICALS |
| nystatin oint | - | 1 | DERMATOLOGICALS |
| nystatin powder | - | 1 | ANTIFUNGALS |
| nystatin susp | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| nystatin tab | - | 1 | ANTIFUNGALS |
| nystatin topical powder | - | 1 | DERMATOLOGICALS |
| NYSTATIN VAGINAL TAB | - | 1 | VAGINAL PRODUCTS |
| nystatin/triamcinolone cream | - | NC | DERMATOLOGICALS |
| nystatin/triamcinolone oint | - | NC | DERMATOLOGICALS |
| NYVEPRIA INJ | - | NC | HEMATOPOIETIC AGENTS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF-¢ | S | GASTROINTESTINAL AGENTS - MISC. |
| octreotide inj (SANDOSTATIN equiv) | MSP | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ODACTRA SL TAB | PA | 3 | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| ODEFSEY TAB | - | 2 | ANTIVIRALS |
| ODOMZO CAP | MSP-PA-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | S | RESPIRATORY AGENTS - MISC. |
| ofloxacin ophth soln (OCUFLOX equiv) | - | 1 | OPHTHALMIC AGENTS |
| ofloxacin otic soln (FLOXIN equiv) | - | 1 | OTIC AGENTS |
| ofloxacin tab (FLOXIN equiv) | - | 1 | FLUOROQUINOLONES |
| olanzapine ODT (ZYPREXA equiv) | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine tab (ZYPREXA equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine/fluoxetine cap (SYMBYAX equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| OLEPTRO TAB | - | 3 | ANTIDEPRESSANTS |
| OLLIZAC POWDER | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| olmesartan tab (BENICAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv) | - | NC | ANTIHYPERTENSIVES |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| olopatadine nasal spray (PATANASE equiv) | - | 2 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| olopatadine ophth soln 0.1% (PATANOL equiv) | - | 1 | OPHTHALMIC AGENTS |
| olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days) | QL | 1 | OPHTHALMIC AGENTS |
| OLUMIANT TAB (QL= 1 tab/day) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| OLUX E FOAM | - | NC | DERMATOLOGICALS |
| OLYSIO CAP | - | NC | ANTIVIRALS |
| OMEGA-3 RX PAK COMPLETE | - | NC | ANTIHYPERLIPIDEMICS |
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | 2 | ANTIHYPERLIPIDEMICS |
| omeprazole DR cap (PRILOSEC equiv) | - | 1 | ULCER DRUGS |
| omeprazole magnesium DR tab 20mg (PRILOSEC equiv) | OTC | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| omeprazole tab | OTC | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| omeprazole/sodium bicarbonate cap (ZEGERID equiv) | - | NC | ULCER DRUGS |
| omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) | - | NC | ULCER DRUGS |
| OMNARIS NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| OMNIPAQUE SOLN | - | NC | DIAGNOSTIC PRODUCTS |
| OMNIPOD 5 PACK PODS | - | EXC | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD DASH PODS | - | EXC | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD STARTER KIT | - | EXC | MEDICAL DEVICES AND SUPPLIES |
| OMNITROPE INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ondansetron ODT (ZOFTRAN equiv) | - | 1 | ANTIEMETICS |
| ondansetron soln (ZOFTRAN equiv) | - | 1 | ANTIEMETICS |
| ONDANSETRON TAB | - | 1 | ANTIEMETICS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| ondansetron tab (ZOFTRAN equiv) | - | 1 | ANTIEMETICS |
| ONEXTON GEL | - | NC | DERMATOLOGICALS |
| ONFI SUSP | - | NC | ANTICONVULSANTS |
| ONFI TAB | - | NC | ANTICONVULSANTS |
| ONGENTYS CAP | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| ONGLYZA TAB | - | NC | ANTIDIABETICS |
| ONUREG TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ONYCHO-MED KIT | - | NC | DERMATOLOGICALS |
| ONZETRA XSAIL | - | NC | MIGRAINE PRODUCTS |
| OPANA ER TAB (CRUSH RESISTANT) | - | NC | ANALGESICS - OPIOID |
| OPANA TAB | - | NC | ANALGESICS - OPIOID |
| opium tincture | - | 3 | ANTIDIARRHEALS |
| OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | S | CARDIOVASCULAR AGENTS - MISC. |
| ORACIT SOLN | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| ORALAIR SL TAB | - | NC | BIOLOGICALS MISC |
| ORAVIG TAB | - | 3 | MOUTH/THROAT/DENTAL AGENTS |
| ORAXYL CAP | - | 3 | TETRACYCLINES |
| ORENCIA CLICK INJ (QL= 4 inj/28 days) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| ORENITRAM TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| ORFADIN CAP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORFADIN SUSP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORGOVYX TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ORIAHNN CAP (QL= 2 caps/day) | PA-QL | 2 | ESTROGENS |
| ORLISSA TAB 150MG (QL= 1 tab/day) | PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORLISSA TAB 200MG (QL= 2 tabs/day) | PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | S | RESPIRATORY AGENTS - MISC. |
| ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | S | RESPIRATORY AGENTS - MISC. |
| ORLADEYO CAP | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| ORTIKOS ER CAP | - | NC | CORTICOSTEROIDS |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill) | QL | 1 | ANTIVIRALS |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill) | QL | 1 | ANTIVIRALS |
| oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill) | QL | 2 | ANTIVIRALS |
| OSMOLEX ER TAB | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| OSMOPREP TAB | - | NC | LAXATIVES |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| OSPHENA TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OTEZLA STARTER PACK (QL= 1 pack/28 days) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| OTEZLA TAB (QL= 2 tabs/day) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| otomax-HC otic soln (CORTANE-B equiv) | - | NC | OTIC AGENTS |
| OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN | - | NC | OTIC AGENTS |
| OTOZIN OTIC DROPS | - | NC | OTIC AGENTS |
| OVACE PLUS CREAM | - | 3 | DERMATOLOGICALS |
| OVACE PLUS LOTION | - | NC | DERMATOLOGICALS |
| OVACE PLUS FOAM | - | NC | DERMATOLOGICALS |
| OVEEZA CAP | - | NC | HEMATOPOIETIC AGENTS |
| oxandrolone tab (OXANDRIN equiv) | - | 1 | ANDROGENS-ANABOLIC |
| oxaprozin tab (DAYPRO equiv) | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| oxazepam cap (SERAX equiv) | - | 2 | ANTIANKXIETY AGENTS |
| OXBRYTA TAB (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | S | HEMATOPOIETIC AGENTS |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 | ANTICONVULSANTS |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 | ANTICONVULSANTS |
| OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523) | LD-PA-QL | S | OPHTHALMIC AGENTS |
| OXIANUJO CREAM | - | NC | DERMATOLOGICALS |
| oxiconazole nitrate cream (OXISTAT equiv) | - | 3 | DERMATOLOGICALS |
| OXISTAT LOTION | - | 3 | DERMATOLOGICALS |
| OXTELLAR XR TAB | - | NC | ANTICONVULSANTS |
| oxybutynin ER tab (DITROPAN XL equiv) | - | 1 | URINARY ANTISPASMODICS |
| oxybutynin syrup | - | 1 | URINARY ANTISPASMODICS |
| oxybutynin tab (DITROPAN equiv) | - | 1 | URINARY ANTISPASMODICS |
| oxycodone cap (OXYIR equiv) | - | 1 | ANALGESICS - OPIOID |
| oxycodone conc (ROXICODONE equiv) | - | 2 | ANALGESICS - OPIOID |
| OXYCODONE ER TAB, OXYCONTIN CR TAB | - | NC | ANALGESICS - OPIOID |
| oxycodone soln (ROXICODONE equiv) | - | 2 | ANALGESICS - OPIOID |
| oxycodone tab (ROXICODONE equiv) | - | 1 | ANALGESICS - OPIOID |
| oxycodone/acetaminophen cap (TYLOX equiv) | - | 1 | ANALGESICS - OPIOID |
| OXYCODONE/ACETAMINOPHEN SOLN | - | 2 | ANALGESICS - OPIOID |
| OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML | - | NC | ANALGESICS - OPIOID |
| oxycodone/acetaminophen tab (PERCOCET equiv) | - | 1 | ANALGESICS - OPIOID |
| OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG | - | NC | ANALGESICS - OPIOID |
| OXYCODONE/ASPIRIN TAB | - | 1 | ANALGESICS - OPIOID |
| oxycodone/aspirin tab (PERCODAN equiv) | - | 1 | ANALGESICS - OPIOID |
| oxycodone/ibuprofen tab (COMBUNOX equiv) | - | 3 | ANALGESICS - OPIOID |
| OXYCONTIN CR TAB | - | NC | ANALGESICS - OPIOID |
| OXYMORPHONE ER TAB | - | NC | ANALGESICS - OPIOID |
| oxymorphone tab (OPANA equiv) | - | NC | ANALGESICS - OPIOID |
| OXYTROL PATCH (OTC) | OTC | EXC | URINARY ANTISPASMODICS |
| OZEMPIC INJ (QL= 1 pack/28 days) | QL | 2 | ANTIDIABETICS |
| OZOBAX SOLN | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416) | LD-PA | S | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416) | LD-PA | S | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| paliperidone ER tab (INVEGA equiv) | PA | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PALYNZIQ INJ (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP | - | NC | DIGESTIVE AIDS |
| PANCRELIPASE CAP | - | NC | DIGESTIVE AIDS |
| PANDEL CREAM | - | 3 | DERMATOLOGICALS |
| pantoprazole EC tab (PROTONIX equiv) | - | 1 | ULCER DRUGS |
| pantoprazole sodium packet (PROTONIX equiv) | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| PARAGARD IUD | - | \$0 | CONTRACEPTIVES |
| paramox hc gel (NOVACORT GEL equiv) | - | NC | DERMATOLOGICALS |
| PAREGORIC TINCTURE | - | NC | ANTIDIARRHEALS |
| paricalcitol cap (ZEMPLAR equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PAROMOMYCIN CAP | - | 3 | AMINOGLYCOSIDES |
| paromomycin cap (HUMATIN equiv) | - | 3 | AMINOGLYCOSIDES |
| paroxetine cap (BRISDELLE equiv) | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| paroxetine ER tab (PAXIL CR equiv) | - | 2 | ANTIDEPRESSANTS |
| paroxetine tab (PAXIL equiv) | - | 1 | ANTIDEPRESSANTS |
| PATADAY OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| PAZEO OPHTH SOLN 0.7% | - | NC | OPHTHALMIC AGENTS |
| pb-belladonna elixir (DONNATAL equiv) | - | NC | ULCER DRUGS |
| PCE TAB | - | 3 | MACROLIDES |
| PEAK FLOW METER | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| pediatric multiple vitamins/fluoride chew tab | - | 1 | MULTIVITAMINS |
| pediatric multiple vitamins/fluoride soln | - | 1 | MULTIVITAMINS |
| pediatric multiple vitamins/fluoride/iron soln | - | 1 | MULTIVITAMINS |
| PEDIZOLPAK THERAPY PACK | - | NC | DERMATOLOGICALS |
| peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) | - | NC | LAXATIVES |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 | LAXATIVES |
| PEGANONE TAB | - | 2 | ANTICONVULSANTS |
| PEGASYS INJ | MSP | S | ANTIVIRALS |
| PEG-INTRON INJ | MSP | S | ANTIVIRALS |
| PEMAZYRE TAB (QL= 14 tabs/21 days; Only available through Biologics 800-850-4306) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PEN NEEDLE | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| penicillamine cap (CUPRIMINE equiv) | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| penicillamine tab (DEPEN TITRATAB equiv) | - | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| penicillin vk soln (VEETIDS equiv) | - | 1 | PENICILLINS |
| penicillin vk tab (VEETIDS equiv) | - | 1 | PENICILLINS |
| PENLAC SOLN | - | NC | DERMATOLOGICALS |
| PENNSAID SOLN | - | NC | DERMATOLOGICALS |
| pentamidine neb soln (NEBUPENT equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| PENTASA CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| pentazocine/acetaminophen tab (TALACEN equiv) | - | 1 | ANALGESICS - OPIOID |
| pentazocine/naloxone tab (TALWIN NX equiv) | - | 3 | ANALGESICS - OPIOID |
| PENTOSAN CAP | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| pentoxifylline ER tab (TRENTAL equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| PERFOROMIST NEB SOLN | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| perindopril tab (ACEON equiv) | - | 1 | ANTIHYPERTENSIVES |
| permethrin cream (ELIMITE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| perphenazine tab (TRILAFON equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PEXEVA TAB | - | NC | ANTIDEPRESSANTS |
| phenazopyridine tab (PYRIDIUM equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| PHENDIMETRAZINE ER TAB | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| phendimetrazine tab (BONTRIL PDM equiv) | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| phenelzine tab (NARDIL equiv) | - | 1 | ANTIDEPRESSANTS |
| phenobarbital elixir | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| phenobarbital tab | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| phenoxybenzamine cap (DIBENZYLINE equiv) | - | 2 | ANTIHYPERTENSIVES |
| phenylephrine ophth soln (MYDFRIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| phenytoin cap (DILANTIN equiv) | - | 1 | ANTICONVULSANTS |
| phenytoin chew tab (DILANTIN equiv) | - | 2 | ANTICONVULSANTS |
| phenytoin susp (DILANTIN equiv) | - | 1 | ANTICONVULSANTS |
| PHEXXI GEL | - | NC | VAGINAL AND RELATED PRODUCTS |
| PHISOHEX LIQUID | - | 3 | ANTISEPTICS & DISINFECTANTS |
| PHOSLYRA SOLN | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv) | - | 1 | MINERALS & ELECTROLYTES |
| PHOSPHOLINE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| PHOTREXA OP KIT | - | NC | OPHTHALMIC AGENTS |
| PHOTREXA VISCOUS OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| phytonadione tab (MEPHYTON equiv) | - | 2 | VITAMINS |
| PICATO GEL (QL= 1 box/fill) | QL | 3 | DERMATOLOGICALS |
| PIFELTRO TAB | - | 2 | ANTIVIRALS |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| pilocarpine tab (SALAGEN equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| PILOPINE HS OPHTH GEL | - | 3 | OPHTHALMIC AGENTS |
| pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older) | - | 2 | DERMATOLOGICALS |
| PIMOZIDE TAB | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| pindolol tab (VISKEN equiv) | - | 1 | BETA BLOCKERS |
| pioglitazone tab (ACTOS equiv) | - | 1 | ANTIDIABETICS |
| pioglitazone/glimepiride tab (DUETACT equiv) | - | NC | ANTIDIABETICS |
| pioglitazone/metformin tab (ACTOPLUS MET equiv) | - | NC | ANTIDIABETICS |
| PIQRAY TAB | MSP-PA-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| piroxicam cap (FELDENE equiv) | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| PLAN B TAB | OTC | \$0 | CONTRACEPTIVES |
| PLAVIX TAB 300MG | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| PLEGRIDY INJ | MSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PLEGRIDY PEN INJ | MSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PLENVU SOLN | - | NC | LAXATIVES |
| PLIAGLIS CREAM | - | NC | DERMATOLOGICALS |
| PLIAGLIS KIT | - | NC | DERMATOLOGICALS |
| PNEUMOVAX INJ (Limited to one injection every 5 years for members age 65 and older) | QL-VAC | \$0 | VACCINES |
| PODIAPN CAP | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| PODOCON SOLN | - | 2 | DERMATOLOGICALS |
| podofilox soln (CONDYLOX equiv) | - | 2 | DERMATOLOGICALS |
| polyethylene glycol 3350 powder (MIRALAX equiv) | OTC | EXC | LAXATIVES |
| POLYETHYLENE GLYCOL 8000 GRANULES | - | 2 | PHARMACEUTICAL ADJUVANTS |
| polyethylene glycol packet (MIRALAX equiv) | OTC | EXC | LAXATIVES |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | 1 | OPHTHALMIC AGENTS |
| POLY-TUSSIN DM SYRUP | - | NC | COUGH/COLD/ALLERGY |
| POLY-VI-FLOR SUSP | - | NC | MULTIVITAMINS |
| POMALYST CAP (QL= 21 caps/28 days) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PONVORY TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PONVORY TAB STARTER PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| posaconazole DR tab (NOXAFIL equiv) | - | 2 | ANTIFUNGALS |
| POT/CHLORIDE EFFER TAB | - | 1 | MINERALS & ELECTROLYTES |
| POTABA POWDER PACKET | - | 2 | VITAMINS |
| POTABA TAB | - | 2 | VITAMINS |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride ER cap (MICRO-K equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride ER tab (K-TAB equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride micro tab (K-DUR equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride powder packet (KLOR-CON equiv) | - | 2 | MINERALS & ELECTROLYTES |
| potassium chloride soln | - | 2 | MINERALS & ELECTROLYTES |
| potassium citrate CR tab (UROCIT-K TAB equiv) | - | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| POTIGA TAB (QL= 3 tabs/day) | QL | 2 | ANTICONSULTANTS |
| PRADAXA CAP | - | 2 | ANTICOAGULANTS |
| PRALUENT INJ (QL= 2 inj/28 days) | PA-QL | 2 | ANTIHYPERTENSIVES |
| pramipexole ER tab (MIRAPEX ER equiv) | - | 3 | ANTIPARKINSON AGENTS |
| pramipexole tab (MIRAPEX equiv) | - | 1 | ANTIPARKINSON AGENTS |
| PRAMOSONE CREAM 1-1% | - | NC | DERMATOLOGICALS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|------------------------------|
| PRAMOSONE E CREAM | - | 2 | DERMATOLOGICALS |
| PRAMOSONE LOTION | - | NC | DERMATOLOGICALS |
| PRAMOSONE OINT | - | NC | DERMATOLOGICALS |
| pramoxine/hydrocortisone cream (ANALPRAM HC equiv) | - | 1 | ANORECTAL AGENTS |
| pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv) | - | 1 | ANORECTAL AGENTS |
| pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv) | - | NC | OTIC AGENTS |
| PRANDIMET TAB | - | NC | ANTIDIABETICS |
| PRASCION RA CREAM | - | 2 | DERMATOLOGICALS |
| prasugrel tab (EFFIENT equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| pravastatin tab (PRAVACHOL equiv) | - | \$0 | ANTIHYPERLIPIDEMICS |
| praziquantel tab (BILTRICIDE equiv) | - | 2 | ANTHELMINTICS |
| prazosin cap (MINIPRESS equiv) | - | 1 | ANTIHYPERTENSIVES |
| PRECISION XTRA KETONE TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| PRECISION XTRA METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| PRECISION XTRA TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| PRED FORTE OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| PRED MILD OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| PRED-G OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| PREDNICARBATE CREAM | - | 2 | DERMATOLOGICALS |
| prednicarbate cream (DERMATOP equiv) | - | 2 | DERMATOLOGICALS |
| PREDNICARBATE OIN | - | 2 | DERMATOLOGICALS |
| prednisolone ODT (ORAPRED equiv) | - | 2 | CORTICOSTEROIDS |
| PREDNISOLONE OPHTH SUSP | - | 1 | OPHTHALMIC AGENTS |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| prednisolone soln (PEDIAPRED equiv) | - | 1 | CORTICOSTEROIDS |
| PREDNISOLONE SOLN | - | 3 | CORTICOSTEROIDS |
| PREDNISOLONE SYRUP | - | 1 | CORTICOSTEROIDS |
| prednisolone syrup (PRELONE equiv) | - | 1 | CORTICOSTEROIDS |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| PREDNISOLONE/NEPAFENAC OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| prednisone pack | - | NC | CORTICOSTEROIDS |
| PREDNISON SOLN | - | 1 | CORTICOSTEROIDS |
| prednisone tab (DELTASONE equiv) | - | 1 | CORTICOSTEROIDS |
| PREDNISON/DIPHENHYDRAMINE KIT | - | NC | CORTICOSTEROIDS |
| PREFEST TAB | - | 3 | ESTROGENS |
| pregabalin cap (LYRICA equiv) | - | 1 | ANTICONVULSANTS |
| pregabalin soln (LYRICA equiv) | - | 2 | ANTICONVULSANTS |
| PREGEN DHA CAP | - | NC | MULTIVITAMINS |
| PREGENNA TAB | - | NC | MULTIVITAMINS |
| PREMARIN TAB | - | 2 | ESTROGENS |
| PREMARIN VAGINAL CREAM | - | 2 | VAGINAL PRODUCTS |
| PREMPHASE TAB, PREMPRO TAB | - | 2 | ESTROGENS |
| PRENARA CAP | - | NC | MULTIVITAMINS |
| PRENATABS RX TAB | - | 1 | MULTIVITAMINS |
| PRENATAL 19 CHEW TAB | - | 1 | MULTIVITAMINS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| PRENATAL 19 TAB | - | 1 | MULTIVITAMINS |
| PRENATAL VITAMINS (NON-PREFERRED) | - | 3 | MULTIVITAMINS |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | - | 1 | MULTIVITAMINS |
| PRENATRIX TAB | - | NC | MULTIVITAMINS |
| PRESTALIA TAB | - | NC | ANTIHYPERTENSIVES |
| PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 | ANTIMYCOBACTERIAL AGENTS |
| PREVACID OTC CAP | OTC | EXC | ULCER DRUGS |
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | \$0 | MOUTH/THROAT/DENTAL AGENTS |
| PREVIDENT PASTE | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| PREVIDENT RINSE | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| PREVNAR 13 INJ | VAC | \$0 | VACCINES |
| PREVYMIS TAB | - | NC | ANTIVIRALS |
| PREZCOBIX TAB | - | 2 | ANTIVIRALS |
| PREZISTA SUSP | - | 2 | ANTIVIRALS |
| PREZISTA TAB | - | 2 | ANTIVIRALS |
| PRIFTIN TAB | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| PRILOSEC CAP | - | NC | ULCER DRUGS |
| PRILOSEC OTC DR TAB | OTC | NC | ULCER DRUGS |
| primaquine tab (PRIMAQUINE equiv) | - | 1 | ANTIMALARIALS |
| primidone tab (MYSOLINE equiv) | - | 1 | ANTICONVULSANTS |
| PRIMLEV TAB | - | NC | ANALGESICS - OPIOID |
| PRIMLEV TAB 10-300MG | - | NC | ANALGESICS - OPIOID |
| PRIMLEV TAB 5-300MG | - | NC | ANALGESICS - OPIOID |
| PRIMSOL SOLN | - | 3 | ANTI-INFECTION AGENTS - MISC. |
| probenecid tab (BENEMID equiv) | - | 1 | GOUT AGENTS |
| prochlorperazine supp (COMPAZINE equiv) | - | 1 | ANTI-PSYCHOTICS/ANTIMANIC AGENTS |
| prochlorperazine tab (COMPAZINE equiv) | - | 1 | ANTI-PSYCHOTICS/ANTIMANIC AGENTS |
| PROCRIT INJ | - | NC | HEMATOPOIETIC AGENTS |
| PROCTOFOAM HC FOAM | - | 2 | ANORECTAL AGENTS |
| proctosol HC cream (ANUSOL HC equiv) | - | 1 | ANORECTAL AGENTS |
| PROCYSBI CAP | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| PROCYSBI GRANULES PACKET | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| PRODRIN TAB | - | NC | MIGRAINE PRODUCTS |
| progesterone cap (PROMETRIUM equiv) | - | 2 | PROGESTINS |
| progesterone oil inj | - | 1 | PROGESTINS |
| PROGESTERONE SUPP | PA | 3 | VAGINAL PRODUCTS |
| PROGRAF PACKET | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| PROLATE TAB | - | NC | ANALGESICS - OPIOID |
| PROLENSA OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| PROLEUKIN INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PROMACTA POWDER | MSP-PA | S | HEMATOPOIETIC AGENTS |
| PROMACTA TAB | MSP-PA | S | HEMATOPOIETIC AGENTS |
| promethazine DM syrup | - | 1 | COUGH/COLD/ALLERGY |
| promethazine supp (PHENERGAN equiv) | - | 2 | ANTIHISTAMINES |
| promethazine syrup | - | 1 | ANTIHISTAMINES |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| promethazine tab (PHENERGAN equiv) | - | 1 | ANTIHISTAMINES |
| promethazine VC syrup (PHENERGAN VC equiv) | - | 1 | COUGH/COLD/ALLERGY |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | 1 | COUGH/COLD/ALLERGY |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | 1 | COUGH/COLD/ALLERGY |
| PROMETHEGAN SUPP | - | 2 | ANTIHISTAMINES |
| propafenone ER cap (RYTHMOL SR equiv) | - | 2 | ANTIARRHYTHMICS |
| propafenone tab (RYTHMOL equiv) | - | 1 | ANTIARRHYTHMICS |
| PROPANTHELINE TAB | - | 2 | ULCER DRUGS |
| proparacaine ophth soln (ALCAINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| propranolol ER cap (INDERAL LA equiv) | - | 1 | BETA BLOCKERS |
| PROPRANOLOL SOLN | - | 1 | BETA BLOCKERS |
| propranolol tab (INDERAL equiv) | - | 1 | BETA BLOCKERS |
| PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB | - | 1 | ANTIHYPERTENSIVES |
| propylthiouracil tab | - | 1 | THYROID AGENTS |
| PROQUIN XR TAB | - | NC | FLUOROQUINOLONES |
| PROSED DS TAB | - | NC | URINARY ANTI-INFECTIVES |
| PROSTIGMIN TAB | - | 2 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| PROTHELIAL PASTE | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| protriptyline tab (VIVACTIL equiv) | - | 3 | ANTIDEPRESSANTS |
| PROZAC WEEKLY CAP | - | NC | ANTIDEPRESSANTS |
| PROZENA PAD | - | NC | DERMATOLOGICALS |
| PULMICORT FLEXHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| PULMOZYME INH SOLN | MSP | S | RESPIRATORY AGENTS - MISC. |
| PUREFOLIX TAB | - | NC | HEMATOPOIETIC AGENTS |
| PURIXAN SUSP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PYLERA CAP | - | 3 | ULCER DRUGS |
| PYRAZINAMIDE TAB | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| pyridostigmine CR tab (MESTINON equiv) | - | 2 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyridostigmine tab (MESTINON equiv) | - | 1 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| PYRIDOSTIGMINE TAB 30MG | - | NC | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyridostigmine soln (MESTINON equiv) | - | 3 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | ANTIMALARIALS |
| PYRIMETHAMINE/LEUCOVORIN CAP | - | NC | ANTIMALARIALS |
| QBRELIS SOLN | PA | 3 | ANTIHYPERTENSIVES |
| QBREXZA PAD | - | NC | DERMATOLOGICALS |
| QDOLO SOLN | - | NC | ANALGESICS - OPIOID |
| QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| QMIIZ ODT TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| QNASL NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| QTERN TAB | - | NC | ANTIDIABETICS |
| QUALAQUIN CAP | - | NC | ANTIMALARIALS |
| QUDEXY XR CAP | - | NC | ANTICONSULTANTS |
| quetiapine tab (SEROQUEL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| quetiapine XR tab (SEROQUEL XR equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| QUFLORA PEDIATRIC CHEW TAB | - | 3 | MULTIVITAMINS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| QUILLICHEW ER TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| QUILLIVANT XR SUSP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| quinapril tab (ACCUPRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| quinidine gluconate CR tab | - | 2 | ANTIARRHYTHMICS |
| QUINIDINE SULFATE ER TAB | - | 3 | ANTIARRHYTHMICS |
| quinidine sulfate tab | - | 1 | ANTIARRHYTHMICS |
| quinine sulfate cap (QUALAQUIN equiv) | - | NC | ANTIMALARIALS |
| QUINIXIL PAK | - | NC | DERMATOLOGICALS |
| QVAR INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| QVAR REDIHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| rabeprazole EC tab (ACIPHEX equiv) | - | 3 | ULCER DRUGS |
| RAGWITEK SL TAB | - | NC | BIOLOGICALS MISC |
| raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ramelteon tab (ROZEREM equiv) | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| ramipril cap (ALTACE equiv) | - | 1 | ANTIHYPERTENSIVES |
| ranitidine cap (ZANTAC equiv) | - | NC | ULCER DRUGS |
| ranitidine syrup (ZANTAC equiv) | - | NC | ULCER DRUGS |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | NC | ULCER DRUGS |
| ranolazine tab (RANEXA equiv) | - | 2 | ANTIANGINAL AGENTS |
| rasagiline tab (AZILECT equiv) | ¢ | 2 | ANTIPARKINSON AGENTS |
| RAVICTI LIQUID | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RAYALDEE CAP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RAYOS TAB | - | NC | CORTICOSTEROIDS |
| REBETOL SOLN | MSP | S | ANTIVIRALS |
| REBIF INJ | MSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| REBLOZYL INJ | - | NC | HEMATOPOIETIC AGENTS |
| REDITREX INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| REGRANEX GEL (QL= 30gm/fill) | QL | 2 | DERMATOLOGICALS |
| RELAFEN DS TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| RELENZA DISKHALER (QL= 1 inhaler/fill) | QL | 2 | ANTIVIRALS |
| RELISTOR INJ | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| RELISTOR INJ KIT | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| RELISTOR TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| RELTONE CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| REMEDIENT CAP | - | NC | MULTIVITAMINS |
| REMODULIN INJ 10MG/ML | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| REMODULIN INJ 1MG/ML | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| REMODULIN INJ 2.5MG/ML | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| REMODULIN INJ 5MG/ML | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| RENAGEL TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| RENAGEL TAB 800MG | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| renaphro cap (NEPHROCAP equiv) | - | 1 | MULTIVITAMINS |
| RENOVA CREAM | - | EXC | DERMATOLOGICALS |
| RENVELA TAB | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| repaglinide tab (PRANDIN equiv) | - | 1 | ANTIDIABETICS |
| REPAGLINIDE TAB | - | NC | ANTIDIABETICS |
| REPATHA INJ (QL= 2 inj/28 days) | PA-QL | 2 | ANTIHYPERLIPIDEMICS |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) | PA-QL | 2 | ANTIHYPERLIPIDEMICS |
| RESCRIPTOR TAB | - | 2 | ANTIVIRALS |
| RESERPINE TAB | - | 3 | ANTIHYPERTENSIVES |
| RESERVAPAK SYRUP | - | NC | ALTERNATIVE MEDICINES |
| RESTASIS OPTH EMULSION (Restricted to Ophthalmology or Optometry Specialist) | RS | 2 | OPHTHALMIC AGENTS |
| RETACRIT INJ | - | 2 | HEMATOPOIETIC AGENTS |
| RETEVMO CAP (QL= 4 caps/day) | MSP-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RETIN-A MICRO GEL 0.04%, 0.1% | - | NC | DERMATOLOGICALS |
| RETIN-A MICRO GEL 0.08%, 0.06% | - | NC | DERMATOLOGICALS |
| REVATIO SUSP | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist) | MSP-QL-RS | S | ASSORTED CLASSES |
| REXAPHENAC CREAM | - | NC | DERMATOLOGICALS |
| REXULTI TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| REYATAZ POWDER PACK | - | 2 | ANTIVIRALS |
| REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year) | PA-QL | 2 | MIGRAINE PRODUCTS |
| REZYST CHEW TAB | - | NC | ANTIDIARRHEALS |
| RHEUMATREX TAB | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| RHINOCORT AQUA NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| RHOFADE CREAM | - | NC | DERMATOLOGICALS |
| RHOPRESSA OPTH SOLN | - | NC | OPHTHALMIC AGENTS |
| RIABNI SOLN | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RIBAPAK TAB | - | NC | ANTIVIRALS |
| ribavirin cap (REBETOL equiv) | MSP | S | ANTIVIRALS |
| ribavirin inh soln (VIRAZOLE equiv) | - | NC | ANTIVIRALS |
| ribavirin tab (COPEGUS equiv) | MSP | S | ANTIVIRALS |
| RIBAVIRIN TAB 400MG | - | NC | ANTIVIRALS |
| RIDAURA CAP | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| rifabutin cap (MYCOBUTIN equiv) | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| RIFAMATE CAP | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| rifampin cap (RIFADIN equiv) | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| riluzole tab (RILUTEK equiv) | - | 2 | NEUROMUSCULAR AGENTS |
| RIMANTADINE TAB | - | 1 | ANTIVIRALS |
| RINVOQ ER TAB (QL= 1 tab/day) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| RIOMET ER SUSP | - | 3 | ANTIDIABETICS |
| risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate) | ST | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| risedronate tab (ACTONEL equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RISPERIDONE ODT | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| risperidone ODT (RISPERDAL M equiv) | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone soln (RISPERDAL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone tab (RISPERDAL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ritonavir tab (NORVIR equiv) | - | 2 | ANTIVIRALS |
| rivastigmine cap (EXELON equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| rivastigmine patch (EXELON equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 | MIGRAINE PRODUCTS |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 | MIGRAINE PRODUCTS |
| ROAOXIA GEL | - | NC | DERMATOLOGICALS |
| ROCKLATAN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| ropinirole ER tab (REQUIP XL equiv) | - | 3 | ANTIPARKINSON AGENTS |
| ropinirole tab (REQUIP equiv) | - | 1 | ANTIPARKINSON AGENTS |
| ROPIVICAINNE/CLONIDINE/KETOROLAC INJ | - | NC | LOCAL ANESTHETICS-PARENTERAL |
| ROSDAN KIT | - | NC | DERMATOLOGICALS |
| ROSULA WASH | - | NC | DERMATOLOGICALS |
| rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day) | QL | \$0 | ANTIHYPERLIPIDEMICS |
| rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day) | QL | 1 | ANTIHYPERLIPIDEMICS |
| rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day) | QL | 1 | ANTIHYPERLIPIDEMICS |
| rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day) | QL | \$0 | ANTIHYPERLIPIDEMICS |
| ROWASA KIT | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ROZEREM TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| ROZLYTREK CAP (QL= 3 caps/day) | MSP-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779) | LD-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RUCONEST INJ (Only available through CVS Specialty 800-237-2767) | LD-PA | S | HEMATOLOGICAL AGENTS - MISC. |
| rufinamide susp (BANZEL equiv) | PA | 2 | ANTICONVULSANTS |
| RUKOBIA ER TAB (Restricted to Infectious Disease Specialist) | RS | 2 | ANTIVIRALS |
| RUZURGI TAB (Only available through PantheRx Pharmacy 855-726-8479) | LD-PA | S | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| RYBELSUS TAB (QL=1 tab/day) | QL | 2 | ANTIDIABETICS |
| RYBIX ODT | - | NC | ANALGESICS - OPIOID |
| RYCLORA SYRUP, DEXCHLORPHENIRAMINE SYRUP | - | NC | ANTIHISTAMINES |
| RYDAPT CAP | MSP-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RYTARY CAP | - | NC | ANTIPARKINSON AGENTS |
| RYVENT TAB | - | NC | ANTIHISTAMINES |
| SABRIL TAB | - | NC | ANTICONVULSANTS |
| SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SALEX LOTION KIT | - | NC | DERMATOLOGICALS |
| SALEX SHAMPOO | - | 3 | DERMATOLOGICALS |
| salicylic acid soln | - | NC | DERMATOLOGICALS |
| salicylic acid shampoo (SALEX equiv) | - | 2 | DERMATOLOGICALS |
| SALIMEZ FORTE CREAM | - | NC | DERMATOLOGICALS |
| salsalate tab (DISALCID equiv) | - | 2 | ANALGESICS - NONNARCOTIC |
| SAMSCA TAB, TOLVAPTAN TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| SANCUSO PATCH (QL= 4 patches/fill) | QL | 3 | ANTIEMETICS |
| SANDIMMUNE SOLN 100MG/ML | - | 2 | ASSORTED CLASSES |
| SANDOSTATIN LAR INJ KIT | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SANTYL OINT (QL= 90gm/30 days) | QL | 2 | DERMATOLOGICALS |
| sapropterin dihydrochloride powder packet (KUVAN equiv) | MSP-PA | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sapropterin dihydrochloride soluble tab (KUVAN equiv) | MSP-PA | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SARAFEM TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SAVAYSA TAB | - | NC | ANTICOAGULANTS |
| SAVELLA PAK | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SAVELLA TAB (QL= 2 tabs/day) | QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SCARCIN GEL | - | NC | DERMATOLOGICALS |
| scarcin gel (SCARCIN equiv) | - | NC | DERMATOLOGICALS |
| SCARCIN LIQUID ROLL-ON | - | NC | DERMATOLOGICALS |
| scopolamine patch (TRANSDERM-SCOP equiv) | - | 3 | ANTIEMETICS |
| seb-prev cream (OVACE CREAM equiv) | - | 3 | DERMATOLOGICALS |
| SECONAL CAP | - | 2 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| SECUADO PATCH | - | NC | ANTI-PSYCHOTICS/ANTI-MANIC AGENTS |
| SEEBRI NEOHALER CAP | - | NC | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| SEGLUROMET TAB | - | NC | ANTI-DIABETICS |
| selegiline cap (ELDEPRYL equiv) | - | 1 | ANTI-PARKINSON AGENTS |
| selegiline tab (ELDEPRYL equiv) | - | 1 | ANTI-PARKINSON AGENTS |
| selenium sulfide lotion | OTC | EXC | DERMATOLOGICALS |
| selenium sulfide shampoo (SELSEB equiv) | - | 2 | DERMATOLOGICALS |
| selenium sulfide shampoo 2.3% (SELRX equiv) | - | NC | DERMATOLOGICALS |
| SELZENTRY SOLN | - | 2 | ANTI-VIRALS |
| SELZENTRY TAB | - | 2 | ANTI-VIRALS |
| SEMGLEE INJ | - | NC | ANTI-DIABETICS |
| SEMGLEE SOLN | - | NC | ANTI-DIABETICS |
| SEMPREX-D CAP | - | EXC | COUGH/COLD/ALLERGY |
| SENSIPAR TAB | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SEREVENT DISKUS INHALER | - | 2 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| SERNIVO SPRAY | - | NC | DERMATOLOGICALS |
| sertraline conc (ZOLOFT equiv) | - | 1 | ANTI-DEPRESSANTS |
| sertraline tab (ZOLOFT equiv) | - | 1 | ANTI-DEPRESSANTS |
| sevelamer hydrochloride tab (RENAGEL equiv) | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| sevelamer powder pak (RENVELA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| sevelamer tab (RENVELA TAB equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| SEYSARA TAB | - | NC | TETRACYCLINES |
| SHINGRIX INJ | VAC | \$0 | VACCINES |
| SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| SIGNIFOR LAR INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SIKLOS TAB | - | NC | HEMATOPOIETIC AGENTS |
| SILALITE PAK MIS | - | NC | DERMATOLOGICALS |
| sildenafil susp (REVATIO equiv) | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| sildenafil tab (VIAGRA equiv) (QL=6 tabs/30 days) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| sildenafil tab 20mg (REVATIO equiv) | PA | 1 | CARDIOVASCULAR AGENTS - MISC. |
| SILIPAC KIT | - | NC | DERMATOLOGICALS |
| SILIQ INJ | - | NC | DERMATOLOGICALS |
| silodosin cap (RAPAFLO equiv) | - | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| SILVERA PAD | - | NC | DERMATOLOGICALS |
| SIMBRINZA OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| SIMCOR TAB | - | NC | ANTIHYPERLIPIDEMICS |
| SIMPONI ARIA INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| SIMPONI SC INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| SIMVASTATIN SUSP | - | NC | ANTIHYPERLIPIDEMICS |
| simvastatin tab (ZOCOR equiv) (80mg is Not Covered) | - | \$0 | ANTIHYPERLIPIDEMICS |
| simvastatin tab 80mg (ZOCOR equiv) | - | NC | ANTIHYPERLIPIDEMICS |
| SINUVA NASAL IMPLANT | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| sirolimus soln (RAPAMUNE equiv) | - | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| sirolimus tab (RAPAMUNE equiv) | - | 2 | ASSORTED CLASSES |
| SIRTURO TAB | - | NC | ANTIMYCOBACTERIAL AGENTS |
| SITAVIG TAB | - | NC | ANTIVIRALS |
| SITZMARKS CAP | - | NC | DIAGNOSTIC PRODUCTS |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist) | QL-RS | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| SKELID TAB | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SKLICE LOTION (QL= 1 tube/fill) | PA-QL | 3 | DERMATOLOGICALS |
| SKYRIZI INJ (QL= 2 inj/84 days) | MSP-PA-QL | S | DERMATOLOGICALS |
| SLYND TAB | - | 3 | CONTRACEPTIVES |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| sodium chloride neb soln (HYPER-SAL equiv) | - | 1 | COUGH/COLD/ALLERGY |
| sodium citrate/citric acid soln (BICITRA equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 | MINERALS & ELECTROLYTES |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride gel (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 | MINERALS & ELECTROLYTES |
| sodium fluoride paste (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride rinse (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 | MINERALS & ELECTROLYTES |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 | MINERALS & ELECTROLYTES |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| sodium fluoride/potassium nitrate paste (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium phenylbutyrate powder (BUPHENYL equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium phenylbutyrate tab (BUPHENYL equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium polystyrene powder (KAYEXALATE equiv) | - | 2 | ASSORTED CLASSES |
| sodium polystyrene susp (SPS equiv) | - | 1 | ASSORTED CLASSES |
| sodium sulfacetamide gel (OVACE PLUS equiv) | - | 3 | DERMATOLOGICALS |
| sodium sulfacetamide lotion (KLARON equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide shampoo (OVACE equiv) | - | 3 | DERMATOLOGICALS |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur cream (PLEXION SCT equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | 3 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | 2 | DERMATOLOGICALS |
| SODIUM SULFACETAMIDE/SULFUR LOTION | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv) | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv) | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur susp (SUMAXIN equiv) | - | 2 | DERMATOLOGICALS |
| SODIUM SULFACETAMIDE/SULFUR SUSP | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur wash (SUMAXIN equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv) | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide/urea pad (ROSULA equiv) | - | 3 | DERMATOLOGICALS |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/ day) | MSP-PA-QL | S | ANTIVIRALS |
| SOLAICE PATCH | - | NC | DERMATOLOGICALS |
| SOLARAVIX PAK | - | NC | DERMATOLOGICALS |
| solifenacin tab (VESICARE equiv) | - | 1 | URINARY ANTISPASMODICS |
| SOLIQUA INJ (QL= 15ml/25 days) | PA-QL | 2 | ANTIDIABETICS |
| SOLOSEC GRANULES PACKET (QL= 1 packet/fill) | PA-QL | 3 | AMEBICIDES |
| SOMA TAB 250MG | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| SOMATULINE INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SOMAVERT INJ (Only available through Walgreens 888-347-3416) | LD-PA | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SOMNOTE CAP | - | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| SOOLANTRA CREAM | - | NC | DERMATOLOGICALS |
| SORILUX FOAM | - | 3 | DERMATOLOGICALS |
| sotalol AF tab (BETAPACE AF equiv) | - | 1 | BETA BLOCKERS |
| sotalol tab (BETAPACE equiv) | - | 1 | BETA BLOCKERS |
| SOTYLIZE SOLN | - | NC | BETA BLOCKERS |
| SOVALDI PELLETT PAK | - | NC | ANTIVIRALS |
| SOVALDI TAB | - | NC | ANTIVIRALS |
| SPECTRACEF TAB | - | 3 | CEPHALOSPORINS |
| SPINOSAD SUSP (QL= 1 bottle/fill) | QL | 2 | DERMATOLOGICALS |
| SPIRIVA HANDIHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONNE/SALMETEROL) | QL-ST | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| spironolactone tab (ALDACTONE equiv) | - | 1 | DIURETICS |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | 1 | DIURETICS |
| SPORANOX SOLN | PA | 3 | ANTIFUNGALS |
| SPRAVATO NASAL SOLN | - | NC | ANTIDEPRESSANTS |
| sprintec 28 tab (ORTHO-CYCLEN equiv) | - | \$0 | CONTRACEPTIVES |
| SPRITAM TAB | - | NC | ANTICONVULSANTS |
| SPRIX NASAL SPRAY | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| SPRYCEL TAB | MSP-PA-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SPS SUSP | - | 1 | MISCELLANEOUS THERAPEUTIC CLASSES |
| SSKI SOLN | - | 2 | COUGH/COLD/ALLERGY |
| STAMARIL INJ | - | NC | VACCINES |
| STAVUDINE CAP | - | 2 | ANTIVIRALS |
| stavudine cap (ZERIT equiv) | - | 2 | ANTIVIRALS |
| stavudine soln (ZERIT equiv) | - | 2 | ANTIVIRALS |
| STAVZOR CAP | - | NC | ANTICONVULSANTS |
| STEGLATRO TAB | - | NC | ANTIDIABETICS |
| STEGLUJAN TAB | - | NC | ANTIDIABETICS |
| STELARA INJ (QL= 1 inj/84 days) | MSP-PA-QL | S | DERMATOLOGICALS |
| STENDRA TAB (QL= 6 tabs/30 days) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| STIMATE NASAL SOLN | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STIOLTO INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| STIVARGA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479) | LD-PA | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STRIANT FILM | - | NC | ANDROGENS-ANABOLIC |
| STRIBILD TAB | - | 2 | ANTIVIRALS |
| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days) | QL | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SUBLOCADE INJ | - | NC | ANALGESICS - OPIOID |
| SUBOXONE SL FILM | - | NC | ANALGESICS - OPIOID |
| SUBSYS SPRAY | - | NC | ANALGESICS - OPIOID |
| SUCLEAR KIT | - | NC | LAXATIVES |
| SUCRAID SOLN | - | NC | DIGESTIVE AIDS |
| sucralfate susp (CARAFATE equiv) | - | 2 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| sucralfate tab (CARAFATE equiv) | - | 1 | ULCER DRUGS |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | 1 | OPHTHALMIC AGENTS |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| SULFADIAZINE TAB | - | 1 | SULFONAMIDES |
| SULFAMYLON CREAM | - | 2 | DERMATOLOGICALS |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| sulfasalazine tab (AZULFIDINE equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| sulindac tab (CLINORIL equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| SUMADAN KIT | - | NC | DERMATOLOGICALS |
| SUMADEN XLT KIT | - | NC | DERMATOLOGICALS |
| SUMANSETRON PAK | - | NC | MIGRAINE PRODUCTS |
| sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| sumatriptan/naproxen tab (TREXIMET equiv) | - | NC | MIGRAINE PRODUCTS |
| SUMAVEL DOSEPRO INJ | - | NC | MIGRAINE PRODUCTS |
| SUNOSI TAB (QL= 1 tab/day) | PA-QL | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| SUPRAX CAP | - | 3 | CEPHALOSPORINS |
| SUPRAX CHEW TAB | - | 3 | CEPHALOSPORINS |
| SUPRAX SUSP 500MG/5ML | - | 3 | CEPHALOSPORINS |
| SUPRAX TAB | - | 3 | CEPHALOSPORINS |
| SUPREP SOLN | - | NC | LAXATIVES |
| SUSTIVA TAB | - | 3 | ANTIVIRALS |
| SUSTOL INJ | - | NC | ANTIEMETICS |
| SUTAB TAB | - | NC | LAXATIVES |
| SUTENT CAP | MSP-PA-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYLATRON INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYMAX DUOTAB | - | 3 | ULCER DRUGS |
| SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | S | RESPIRATORY AGENTS - MISC. |
| SYMFI (LO) TAB | - | 3 | ANTIVIRALS |
| SYMJEPI INJ (QL= 2 inj/fill) | QL | 2 | VASOPRESSORS |
| SYMLINPEN INJ | - | NC | ANTIDIABETICS |
| SYMPAZAN ORAL FILM | - | NC | ANTICONSULTANTS |
| SYMPROIC TAB | PA | 2 | GASTROINTESTINAL AGENTS - MISC. |
| SYMTUZA TAB | - | 2 | ANTIVIRALS |
| SYNAREL NASAL SOLN | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SYNDROS SOLN | - | NC | ANTIEMETICS |
| SYNJARDY TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| SYNRIBO INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYNTHROID TAB | - | 1 | THYROID AGENTS |
| SYNVEXIA TC CREAM | - | NC | DERMATOLOGICALS |
| TABLOID TAB | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TABRECTA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| tacrolimus cap (PROGRAF equiv) | - | 1 | ASSORTED CLASSES |
| tacrolimus oint (PROTOPIC OINT equiv) | - | 2 | DERMATOLOGICALS |
| tadalafil tab (CIALIS equiv) (QL= 6 tabs/30 days) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| tadalafil tab (PAH) (ADCIRCA equiv) | MSP-PA | S | CARDIOVASCULAR AGENTS - MISC. |
| TAFINLAR CAP (QL= 4 caps/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAKHZYRO INJ (QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | S | HEMATOLOGICAL AGENTS - MISC. |
| TALICIA CAP | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| TALTZ INJ (QL= 1 inj/28 days) | MSP-PA-QL | S | DERMATOLOGICALS |
| TALZENNA CAP 0.25MG (QL= 3 caps/day) | MSP-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TALZENNA CAP 1MG (QL= 1 cap/day) | MSP-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tamsulosin cap (FLOMAX equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| TANZEUM INJ | - | NC | ANTIDIABETICS |
| TARCEVA TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TARGADOX TAB | - | NC | TETRACYCLINES |
| TARGRETIN GEL | MSP-PA | S | DERMATOLOGICALS |
| TARKA TAB | - | 3 | ANTIHYPERTENSIVES |
| TASIGNA CAP | MSP-PA-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TASOPROL CREAM KIT | - | NC | DERMATOLOGICALS |
| tavaborole soln (KERYDIN equiv) | - | NC | DERMATOLOGICALS |
| TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | S | HEMATOLOGICAL AGENTS - MISC. |
| TAYTULLA CAP | - | NC | CONTRACEPTIVES |
| tazarotene cream 0.1% (TAZORAC equiv) | - | 2 | DERMATOLOGICALS |
| TAZORAC CREAM 0.05% | - | 3 | DERMATOLOGICALS |
| TAZORAC GEL | - | NC | DERMATOLOGICALS |
| TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TECFIDERA CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TECFIDERA STARTER PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TECHNIVIE TAB | - | NC | ANTIVIRALS |
| TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TEKAMLO TAB | - | 3 | ANTIHYPERTENSIVES |
| TEKTURNA HCT TAB | - | 3 | ANTIHYPERTENSIVES |
| telmisartan tab (MICARDIS equiv) | - | 1 | ANTIHYPERTENSIVES |
| telmisartan/amlodipine tab (TWAYNSTA equiv) | - | NC | ANTIHYPERTENSIVES |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) | - | NC | ANTIHYPERTENSIVES |
| temazepam cap 15mg (RESTORIL equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| temazepam cap 22.5mg (RESTORIL equiv) | - | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| temazepam cap 30mg (RESTORIL equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| temazepam cap 7.5mg (RESTORIL equiv) | - | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| temozolomide cap (TEMODAR equiv) | MSP | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tenofovir disoproxil fumarate tab (VIREAD equiv) | - | 2 | ANTIVIRALS |
| TEPMETKO TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| terazosin cap (HYTRIN equiv) | - | 1 | ANTIHYPERTENSIVES |
| terbinafine tab (LAMISIL equiv) | - | 1 | ANTIFUNGALS |
| terbutaline sulfate tab (BRETHINE equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| terconazole cream (TERAZOL equiv) | - | 1 | VAGINAL PRODUCTS |
| TERCONAZOLE CREAM 0.8% | - | 1 | VAGINAL PRODUCTS |
| terconazole supp (TERAZOL equiv) | - | 1 | VAGINAL PRODUCTS |
| TERIPARATIDE INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TEST STRIP (all other test strips) | OTC | NC | DIAGNOSTIC PRODUCTS |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | 1 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 3 | ANDROGENS-ANABOLIC |
| testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 3 | ANDROGENS-ANABOLIC |
| testosterone gel 2% (FORTESTA equiv) | - | NC | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL, VOGELXO GEL | - | NC | ANDROGENS-ANABOLIC |
| testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| TETANUS/DIPHTHERIA TOXOID INJ | VAC | \$0 | TOXOIDS |
| tetrabenazine tab (XENAZINE equiv) | MSP-PA | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| tetracycline cap | - | 3 | TETRACYCLINES |
| THALOMID CAP | MSP-PA | S | ASSORTED CLASSES |
| THEOCHRON TAB | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline CR tab (QUIBRON-T equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline ER tab (UNIPHYL equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline soln | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| THIOLA EC TAB | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| THIOLA TAB | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| thioridazine tab (MELLARIL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| thiothixene cap (NAVANE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| THYQUIDITY SOLN | - | NC | THYROID AGENTS |
| THYROLAR TAB | - | 2 | THYROID AGENTS |
| tiagabine tab (GABITRIL equiv) | - | 2 | ANTICONVULSANTS |
| TIBSOVO TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TICANASE PAK | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ticlopidine tab (TICLID equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| TIGLUTIK SUSP | - | NC | NEUROMUSCULAR AGENTS |
| timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) | - | 3 | OPHTHALMIC AGENTS |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) | - | 2 | OPHTHALMIC AGENTS |
| timolol maleate ophth soln (TIMOPTIC equiv) | - | 1 | OPHTHALMIC AGENTS |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) | - | 2 | OPHTHALMIC AGENTS |
| timolol maleate tab (BLOCADREN equiv) | - | 1 | BETA BLOCKERS |
| TIMOLOL OPHTH GEL SOLN | - | 2 | OPHTHALMIC AGENTS |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.25% | - | 3 | OPHTHALMIC AGENTS |
| tinidazole tab (TINDAMAX equiv) | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| TIROSINT CAP | - | NC | THYROID AGENTS |
| TIROSINT-SOL | - | NC | THYROID AGENTS |
| TIVICAY PD TAB | - | 2 | ANTIVIRALS |
| TIVICAY TAB | - | 2 | ANTIVIRALS |
| tizanidine cap (ZANAFLEX equiv) | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| TIZANIDINE COMFORT KIT | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| tizanidine tab (ZANAFLEX equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| TOBI PODHALER | MSP-PA | S | AMINOGLYCOSIDES |
| TOBRADEX OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| TOBRADEX ST OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | MSP-RS | S | AMINOGLYCOSIDES |
| tobramycin ophth soln (TOBREX equiv) | - | 1 | OPHTHALMIC AGENTS |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | 1 | OPHTHALMIC AGENTS |
| TOBREX OPHTH OINT | - | 3 | OPHTHALMIC AGENTS |
| TODAY SPONGE | OTC | \$0 | VAGINAL PRODUCTS |
| TOLAZAMIDE TAB | - | 1 | ANTIDIABETICS |
| TOLBUTAMIDE TAB | - | 2 | ANTIDIABETICS |
| tolcapone tab (TASMAR equiv) | - | 3 | ANTIPARKINSON AGENTS |
| TOLMETIN CAP | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| tolmetin cap (TOLECTIN DS equiv) | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| TOLMETIN TAB | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| TOLSURA CAP | - | NC | ANTIFUNGALS |
| tolterodine SR cap (DETROL LA equiv) | - | 2 | URINARY ANTISPASMODICS |
| tolterodine tab (DETROL equiv) | ¢ | 2 | URINARY ANTISPASMODICS |
| tolvaptan tab (SAMSCA equiv) | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TOPICORT CREAM 0.05% | - | NC | DERMATOLOGICALS |
| TOPICORT GEL | - | NC | DERMATOLOGICALS |
| TOPICORT OINT | - | 3 | DERMATOLOGICALS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| topiramate ER cap (QUDEXY equiv) | - | NC | ANTICONVULSANTS |
| topiramate sprinkle cap (TOPAMAX equiv) | - | 1 | ANTICONVULSANTS |
| topiramate tab (TOPAMAX equiv) | - | 1 | ANTICONVULSANTS |
| toremifene tab (FARESTON equiv) | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| torsemide tab (DEMADEX equiv) | - | 1 | DIURETICS |
| TOSYMRA SOLN | - | NC | MIGRAINE PRODUCTS |
| TOUJEO MAX SOLOSTAR INJ | - | 2 | ANTIDIABETICS |
| TOUJEO SOLOSTAR INJ | - | 2 | ANTIDIABETICS |
| TOVET KIT | - | NC | DERMATOLOGICALS |
| TOVIAZ TAB | - | NC | URINARY ANTISPASMODICS |
| TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | CARDIOVASCULAR AGENTS - MISC. |
| TRADJENTA TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| TRAMADOL COMPOUND KIT | - | NC | DERMATOLOGICALS |
| TRAMADOL ER CAP | - | NC | ANALGESICS - OPIOID |
| tramadol ER tab (ULTRAM ER equiv) | - | 3 | ANALGESICS - OPIOID |
| TRAMADOL HCL ER CAP | - | NC | ANALGESICS - OPIOID |
| TRAMADOL HCL TAB 100MG | - | NC | ANALGESICS - OPIOID |
| tramadol tab (ULTRAM equiv) | - | 1 | ANALGESICS - OPIOID |
| tramadol/acetaminophen tab (ULTRACET equiv) | - | 3 | ANALGESICS - OPIOID |
| trandolapril tab (MAVIK equiv) | - | 1 | ANTIHYPERTENSIVES |
| trandolapril/verapamil ER tab (TARKA equiv) | - | 3 | ANTIHYPERTENSIVES |
| tranexamic acid tab (LYSTEDA equiv) | - | 2 | HEMOSTATICS |
| tranylcypromine tab (PARNATE equiv) | - | 2 | ANTIDEPRESSANTS |
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days) | QL | 2 | OPHTHALMIC AGENTS |
| trazodone tab (DESYREL equiv) | - | 1 | ANTIDEPRESSANTS |
| trazodone tab 300mg (DESYREL equiv) | - | NC | ANTIDEPRESSANTS |
| TRELEGY ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| TREMFYA INJ (QL= 1 inj/56 days) | MSP-PA-QL | S | DERMATOLOGICALS |
| treprostinil inj 10mg/ml (REMODULIN equiv) | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| treprostinil inj 1mg/ml (REMODULIN equiv) | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| treprostinil inj 2.5mg/ml (REMODULIN equiv) | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| treprostinil inj 5mg/ml (REMODULIN equiv) | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| TRESIBA FLEXTOUCH INJ | - | 2 | ANTIDIABETICS |
| TRESIBA INJ | - | 2 | ANTIDIABETICS |
| tretinoin cap (VESANOID equiv) | MSP | S | ANTINEOPLASTICS |
| tretinoin cream | PA | 2 | DERMATOLOGICALS |
| tretinoin gel | PA | 1 | DERMATOLOGICALS |
| tretinoin gel (RETIN-A GEL equiv) | PA | 2 | DERMATOLOGICALS |
| TRETIN-X CREAM | - | NC | DERMATOLOGICALS |
| TREXALL TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TREXIMET TAB | - | NC | MIGRAINE PRODUCTS |
| TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP | - | NC | ANALGESICS - OPIOID |
| triamcinolone acetonide oint (TRIANEX equiv) | - | NC | DERMATOLOGICALS |
| triamcinolone cream | - | 1 | DERMATOLOGICALS |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| triamcinolone lotion | - | 1 | DERMATOLOGICALS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| triamcinolone oint | - | 1 | DERMATOLOGICALS |
| triamcinolone OTC nasal spray (NASACORT equiv) | OTC | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| triamcinolone spray (KENALOG equiv) | - | NC | DERMATOLOGICALS |
| triamterene cap (DYRENIUM equiv) | - | 2 | DIURETICS |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | 1 | DIURETICS |
| TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg | - | 2 | DIURETICS |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | 1 | DIURETICS |
| TRIANEX OINT | - | NC | DERMATOLOGICALS |
| triazolam tab (HALCION equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| TRIBENZOR TAB | - | NC | ANTIHYPERTENSIVES |
| TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN | - | NC | DIAGNOSTIC PRODUCTS |
| TRICHOPHYTON MENTAGROPHYTES SOLN | - | NC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| tricitrates soln (POLYCITRA-LC equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| tricon cap (TRINSICON equiv) | - | 1 | HEMATOPOIETIC AGENTS |
| trientine cap (SYPRINE equiv) | MSP-PA | S | MISCELLANEOUS THERAPEUTIC CLASSES |
| trifluoperazine tab (STELAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| TRIFLURIDINE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| trifluridine ophth soln (VIROPTIC equiv) | - | 2 | OPHTHALMIC AGENTS |
| TRIGLIDE TAB | - | NC | ANTIHYPERLIPIDEMICS |
| trihexyphenidyl elixir (ARTANE equiv) | - | 1 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| trihexyphenidyl tab (ARTANE equiv) | - | 1 | ANTIPARKINSON AGENTS |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | S | RESPIRATORY AGENTS - MISC. |
| tri-legest tab (ESTROSTEP FE equiv) | - | \$0 | CONTRACEPTIVES |
| TRILIPIX CAP | - | NC | ANTIHYPERLIPIDEMICS |
| TRILOCICLO KIT | - | NC | DERMATOLOGICALS |
| TRI-LUMA CREAM | - | EXC | DERMATOLOGICALS |
| trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL | \$0 | LAXATIVES |
| trimethobenzamide cap (TIGAN equiv) | - | 1 | ANTIEMETICS |
| trimethoprim tab (PROLOPRIM equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| trimipramine cap (SURMONTIL equiv) | - | 3 | ANTIDEPRESSANTS |
| TRINTELLIX TAB (QL= 1 tab/day) | PA-QL | 3 | ANTIDEPRESSANTS |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | - | \$0 | CONTRACEPTIVES |
| TRIUMEQ TAB | - | 2 | ANTIVIRALS |
| TROKENDI XR CAP | - | NC | ANTICONVULSANTS |
| tropicamide ophth soln (MYDRIACYL equiv) | - | 1 | OPHTHALMIC AGENTS |
| TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| tropium chloride SR cap (SANCTURA XR equiv) | - | 2 | URINARY ANTISPASMODICS |
| tropium tab (SANCTURA equiv) | - | 2 | URINARY ANTISPASMODICS |
| TRULANCE TAB | PA | 2 | GASTROINTESTINAL AGENTS - MISC. |
| TRULICITY INJ (QL= 4 pens/28 days) | QL | 2 | ANTIDIABETICS |
| TRUMENBA INJ | VAC | \$0 | VACCINES |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| TUDORZA PRESSAIR INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TUSSICAPS | - | NC | COUGH/COLD/ALLERGY |
| TUSSI-ORGANI SYRUP (QL= 240ml/fill) | QL | 3 | COUGH/COLD/ALLERGY |
| TUSSI-PRES LIQUID | - | NC | COUGH/COLD/ALLERGY |
| TUSSLIN LIQUID | OTC | NC | COUGH/COLD/ALLERGY |
| TUXARIN ER TAB | - | NC | COUGH/COLD/ALLERGY |
| TUZISTRA XR SUSP | - | NC | COUGH/COLD/ALLERGY |
| TWINRIX INJ | VAC | \$0 | VACCINES |
| TWIRLA PATCH | - | NC | CONTRACEPTIVES |
| TYBLUME TAB | - | \$0 | CONTRACEPTIVES |
| TYBOST TAB | - | NC | ANTIVIRALS |
| TYKERB TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TYMLOS INJ | MSP | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | CARDIOVASCULAR AGENTS - MISC. |
| TYZEKA TAB | - | NC | ANTIVIRALS |
| UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year) | PA-QL | 2 | MIGRAINE PRODUCTS |
| UCERIS RECTAL FOAM | PA | 3 | ANORECTAL AGENTS |
| U-CORT CREAM | - | 2 | DERMATOLOGICALS |
| UDENYCA INJ | - | NC | HEMATOPOIETIC AGENTS |
| UKONIQ TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ULESFIA LOTION (QL= 4 bottles/fill) | QL | 3 | DERMATOLOGICALS |
| ULORIC TAB | - | NC | GOUT AGENTS |
| ULTRAVATE LOTION | - | NC | DERMATOLOGICALS |
| ULTRAVATE PAC KIT | - | NC | DERMATOLOGICALS |
| UMECTA EMULSION | - | NC | DERMATOLOGICALS |
| UMECTA PD EMULSION | - | NC | DERMATOLOGICALS |
| UMECTA SUSP | - | NC | DERMATOLOGICALS |
| UPNEEQ SOLN | - | EXC | OPHTHALMIC AGENTS |
| UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | CARDIOVASCULAR AGENTS - MISC. |
| URAMAXIN CREAM | - | NC | DERMATOLOGICALS |
| URAMAXIN GEL | - | NC | DERMATOLOGICALS |
| urea cream | - | NC | DERMATOLOGICALS |
| UREA EMULSION | - | NC | DERMATOLOGICALS |
| urea gel (URAMAXIN equiv) | - | NC | DERMATOLOGICALS |
| urea lotion (KERALAC LOTION equiv) | - | NC | DERMATOLOGICALS |
| UREA NAIL KIT | - | NC | DERMATOLOGICALS |
| UREA SUSP | - | NC | DERMATOLOGICALS |
| urea susp 40% (UMECTA equiv) | - | NC | DERMATOLOGICALS |
| UROQID #2 TAB | - | 3 | URINARY ANTI-INFECTIVES |
| ursodiol cap (ACTIGALL equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| ursodiol tab (URSO (FORTE) equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| UTA cap | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| UTIBRON NEOHALER CAP | - | NC | ASTHMA AND BRONCHODILATOR AGENTS |
| valacyclovir tab (VALTREX equiv) | - | 1 | ANTIVIRALS |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Avella (877) 546-5779) | LD-PA-QL | S | DERMATOLOGICALS |
| valganciclovir soln (VALCYTE equiv) | - | 2 | ANTIVIRALS |
| valganciclovir tab (VALCYTE equiv) | - | 2 | ANTIVIRALS |
| valproate inj (DEPAKON equiv) | - | NC | ANTICONSULTANTS |
| valproic acid cap (DEPAKENE equiv) | - | 1 | ANTICONSULTANTS |
| valproic acid syrup (DEPAKENE equiv) | - | 1 | ANTICONSULTANTS |
| valsartan tab (DIOVAN equiv) | - | 1 | ANTIHYPERTENSIVES |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| VALTOCO NASAL SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist) | QL-RS | 3 | ANTICONSULTANTS |
| VALTURNA TAB | - | 3 | ANTIHYPERTENSIVES |
| VANOCIN CAP (QL= 56 caps/fill) | QL | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| vancomycin cap (VANOCIN equiv) (QL= 56 caps/fill) | QL | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| VANCOMYCIN INJ | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| VANCOMYCIN SOLN | - | NC | OPHTHALMIC AGENTS |
| VANIQA CREAM | - | EXC | DERMATOLOGICALS |
| VANOS CREAM | - | NC | DERMATOLOGICALS |
| vardenafil ODT (STAXYN equiv) (QL= 6 tabs/30 days) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| vardenafil tab (LEVITRA equiv) (QL= 6 tabs/30 days) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| VARIVAX INJ | VAC | \$0 | VACCINES |
| VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 | ANTIEMETICS |
| VASCEPA CAP 0.5GM (QL= 4 caps/day) | QL | 2 | ANTIHYPERLIPIDEMICS |
| VASCEPA CAP 1GM (QL= 4 caps/day) | QL | 2 | ANTIHYPERLIPIDEMICS |
| vasoex oint (XENADERM equiv) | - | NC | DERMATOLOGICALS |
| VAXCHORA SUSP | VAC | \$0 | VACCINES |
| VAXELIS INJ | VAC | \$0 | TOXOIDS |
| VECAMEYL TAB | - | NC | ANTIHYPERTENSIVES |
| VECTICAL OINT | - | NC | DERMATOLOGICALS |
| velivet tab (CYCLESSA equiv) | - | \$0 | CONTRACEPTIVES |
| VELPHORO CHEW TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| VELTASSA POWDER | PA | 3 | ASSORTED CLASSES |
| VEMLIDY TAB | - | 2 | ANTIVIRALS |
| VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | 1 | ANTIDEPRESSANTS |
| venlafaxine ER tab | - | NC | ANTIDEPRESSANTS |
| venlafaxine tab (EFFEXOR equiv) | - | 1 | ANTIDEPRESSANTS |
| VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | CARDIOVASCULAR AGENTS - MISC. |
| VENTOLIN HFA INHALER (QL= 2 inhalers/30 days) | QL | 1 | ASTHMA AND BRONCHODILATOR AGENTS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| VERAPAMIL CAP 100MG | - | 1 | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL ER CAP 200MG | - | 1 | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL ER CAP 300MG | - | 1 | CALCIUM CHANNEL BLOCKERS |
| verapamil SR cap (VERELAN equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL SR CAP 360mg | - | 1 | CALCIUM CHANNEL BLOCKERS |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| verapamil tab (CALAN equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| VERDESO FOAM | - | NC | DERMATOLOGICALS |
| VERDROCET TAB 2.5MG-325MG | - | NC | ANALGESICS - OPIOID |
| VEREGEN OINT | - | NC | DERMATOLOGICALS |
| VERELAN PM ER CAP 100MG, 300MG | - | 3 | CALCIUM CHANNEL BLOCKERS |
| VERELAN SR CAP 360mg | - | 3 | CALCIUM CHANNEL BLOCKERS |
| VERQUVO TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| VERSACLOZ SUSP | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| VERZENIO TAB (QL= 2 tabs/day) | MSP-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VESICARE LS SUSP | - | NC | URINARY ANTISPASMODICS |
| VEXOL OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| V-GO INJ KIT | - | EXC | MEDICAL DEVICES AND SUPPLIES |
| VIAGRA TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| VIBERZI TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| VIBRAMYCIN SYRUP | - | 3 | TETRACYCLINES |
| VICTOZA INJ (QL= 9ml/30 days) | QL | 2 | ANTIDIABETICS |
| VICTRELIS CAP | - | NC | ANTIVIRALS |
| VIDEX SOLN | - | 2 | ANTIVIRALS |
| VIEKIRA XR TAB | - | NC | ANTIVIRALS |
| vienva tab, lessina tab, kurvelo tab (ALESSE equiv) | - | \$0 | CONTRACEPTIVES |
| vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416 or PantherRx 855-726-8479) | LD-PA | S | ANTICONVULSANTS |
| vigabatrin tab (SABRIL equiv) (Only available through Walgreens 888-347-3416) | LD-PA | S | ANTICONVULSANTS |
| VIGAMOX OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| VIIBRYD STARTER KIT | - | NC | ANTIDEPRESSANTS |
| VIMOVO TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| VIMPAT SOLN | - | 2 | ANTICONVULSANTS |
| VIMPAT TAB (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| viorele tab, kariva tab (MIRCETTE equiv) | - | \$0 | CONTRACEPTIVES |
| VIRACEPT POWDER | - | 2 | ANTIVIRALS |
| VIRACEPT TAB | - | 2 | ANTIVIRALS |
| VIREAD TAB | - | 2 | ANTIVIRALS |
| VISICOL TAB | - | 3 | LAXATIVES |
| VISTOGARD PAK | - | NC | ANTIDOTES |
| VITAFOL STRIPS | - | 3 | MULTIVITAMINS |
| vitamin D cap (RX strength only) | - | 1 | VITAMINS |
| vitamin D cap 1000unit | OTC | NC | VITAMINS |
| vitamin D cap 400unit | OTC | NC | VITAMINS |
| VITAMIN D TAB 400UNIT | OTC | NC | VITAMINS |
| VITEKTA TAB | - | 2 | ANTIVIRALS |
| VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRAKVI SOLN (QL= 10ml/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRECYL IRON TAB | - | NC | MULTIVITAMINS |
| VITRECYL TAB | - | NC | MULTIVITAMINS |
| VIVELLE-DOT PATCH | - | NC | ESTROGENS |
| VIVITROL INJ | MSP | S | ANTIDOTES |
| VIVLODEX CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| VIVOTIF CAP (QL= 4 caps/fill) | QL-VAC | \$0 | VACCINES |
| VIZIMPRO TAB (QL= 1 tab/day) | MSP-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VOCABRIA TAB | - | NC | ANTIVIRALS |
| VOGELXO PUMP | - | NC | ANDROGENS-ANABOLIC |
| VOLTAREN GEL | OTC | EXC | DERMATOLOGICALS |
| VOPAC 5 CREAM | - | NC | DERMATOLOGICALS |
| VOPAC CREAM | - | NC | DERMATOLOGICALS |
| VOPAC GB CREAM | - | NC | DERMATOLOGICALS |
| voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist) | RS | 2 | ANTIFUNGALS |
| voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist) | RS | 2 | ANTIFUNGALS |
| VOSEVI TAB (QL= 1 tab/day) | MSP-PA-QL | S | ANTIVIRALS |
| VOTRIENT TAB | MSP-PA-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VP-PNV-DHA CAP | - | 1 | MULTIVITAMINS |
| VRAYLAR CAP | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| VRAYLAR PACK | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| VSL #3 CAP | - | NC | ANTIDIARRHEALS |
| VTOL SOLN | - | NC | ANALGESICS - NONNARCOTIC |
| VUMERITY CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| VYLEESI INJ | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| VYNDAMAX CAP (QL= 1 cap/day) | MSP-PA-QL | S | CARDIOVASCULAR AGENTS - MISC. |
| VYNDAQEL CAP (QL= 4 caps/day) | MSP-PA-QL | S | CARDIOVASCULAR AGENTS - MISC. |
| VYTONE CREAM 1.9-1% | - | NC | DERMATOLOGICALS |
| VYVANSE CAP | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| VYVANSE CHEW TAB | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| VYZULTA SOLN | - | NC | OPHTHALMIC AGENTS |
| WAKIX TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | S | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| warfarin tab (COUMADIN equiv) | - | 1 | ANTICOAGULANTS |
| WELCHOL PACK | - | 3 | ANTIHYPERLIPIDEMICS |
| WELCHOL TAB | - | 3 | ANTIHYPERLIPIDEMICS |
| WESTCORT OINT | - | NC | DERMATOLOGICALS |
| WINLEVI CREAM | - | NC | DERMATOLOGICALS |
| WPR PLUS | - | NC | DERMATOLOGICALS |
| WYNZORA CREAM | - | NC | DERMATOLOGICALS |
| XADAGO TAB (QL= 1 tab/day) | PA-QL | 3 | ANTIPARKINSON AGENTS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| XALIX SOL | - | NC | DERMATOLOGICALS |
| XALKORI CAP (QL= 2 caps/day) | MSP-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XAQUIL XR TAB | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| XARELTO STARTER PACK | - | 2 | ANTICOAGULANTS |
| XARELTO TAB | - | 2 | ANTICOAGULANTS |
| XARTEMIS XR TAB | - | NC | ANALGESICS - OPIOID |
| XATMEP SOLN | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XCOPRI PAK 150-200MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI PAK 50-200MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TAB 50MG, 100MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XELJANZ SOLN | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| XELJANZ TAB (QL= 2 tabs/day) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| XELJANZ XR TAB (QL= 1 tab/day) | MSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| XELPROS OPHTH EMULSION | - | NC | OPHTHALMIC AGENTS |
| XEMBIFY INJ (Only available through CVS Specialty 800-237-2767) | LD-PA | S | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| XENADERM OINT | - | NC | DERMATOLOGICALS |
| XENAZINE TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XENICAL CAP | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist) | QL-RS | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| XEPI CREAM | - | NC | DERMATOLOGICALS |
| XERESE CREAM | - | NC | DERMATOLOGICALS |
| XERMELO TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| XHANCE NASAL EXHALER | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| XIFAXAN TAB 200MG (QL= 9 tabs/3 days) | QL | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| XIFAXAN TAB 550MG (QL= 2 tabs/day) | PA-QL | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| XIIDRA OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| XODOL TAB 10MG-300MG | - | NC | ANALGESICS - OPIOID |
| XODOL TAB 5MG-300MG | - | NC | ANALGESICS - OPIOID |
| XODOL TAB 7.5MG-300MG | - | NC | ANALGESICS - OPIOID |
| XOFLUZA TAB (QL= 2 tabs/fill) | QL | 3 | ANTIVIRALS |
| XOLEGEL | - | NC | DERMATOLOGICALS |
| XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XPOVIO PAK (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XTAMPZA ER CAP (QL= 120 caps/30 days) | QL | 2 | ANALGESICS - OPIOID |
| XTANDI CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| XTANDI TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XULTOPHY INJ (QL= 15ml/30 days) | PA-QL | 2 | ANTI-DIABETICS |
| XURIDEN POWDER | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| XYOSTED INJ | - | NC | ANDROGENS-ANABOLIC |
| XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 314-587-4050) | LD-PA-QL | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XYWAV SOLN | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XYZAL SOLN | - | EXC | ANTIHISTAMINES |
| XYZAL TAB | - | EXC | ANTIHISTAMINES |
| XYZBAC TAB | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| YAZ TAB | - | NC | CONTRACEPTIVES |
| YBUPHEN TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| YODOXIN TAB | - | 3 | AMEBICIDES |
| YONSA TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| YOSPRALA TAB | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| YUPELRI SOLN | - | NC | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| ZADITOR OPHTH SOLN | OTC | NC | OPHTHALMIC AGENTS |
| zafemy patch (XULANE equiv) | - | \$0 | CONTRACEPTIVES |
| zafirlukast tab (ACCOLATE equiv) | - | 2 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| zaleplon cap (SONATA equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| ZANTAC EFFER TAB | - | NC | ULCER DRUGS |
| ZARXIO INJ | MSP | S | HEMATOPOIETIC AGENTS |
| ZAVESCA CAP | - | NC | HEMATOPOIETIC AGENTS |
| ZECUITY PAD | - | NC | MIGRAINE PRODUCTS |
| ZEGERID CAP | - | NC | ULCER DRUGS |
| ZEGERID CAP OTC | OTC | EXC | ULCER DRUGS |
| ZEGERID POWDER PACK | - | NC | ULCER DRUGS |
| ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZELAPAR ODT | - | NC | ANTI-PARKINSON AGENTS |
| ZELBORAF TAB (QL= 8 tabs/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZELNORM TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ZENZEDI TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| zenzedi tab 10mg (DEXEDRINE equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| zenzedi tab 5mg (DEXEDRINE equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| ZEPATIER TAB | - | NC | ANTIVIRALS |
| ZEPOSIA CAP | MSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| ZEPOSIA STARTER PACK | MSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZERIT SOLN | - | 3 | ANTIVIRALS |
| ZERVIATE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| ZETIA TAB | - | NC | ANTIHYPERLIPIDEMICS |
| ZETONNA NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ZIANA GEL | - | NC | DERMATOLOGICALS |
| zidovudine cap (RETROVIR equiv) | - | 2 | ANTIVIRALS |
| zidovudine syrup (RETROVIR equiv) | - | 2 | ANTIVIRALS |
| zidovudine tab (RETROVIR equiv) | - | 2 | ANTIVIRALS |
| ZIEXTENZO INJ | MSP | S | HEMATOPOIETIC AGENTS |
| ZILACAINE PAK | - | NC | DERMATOLOGICALS |
| zileuton ER tab (ZYFLO CR equiv) | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ZILXI FOAM | - | NC | DERMATOLOGICALS |
| ZINBRYTA INJ | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| zinc sulfate cap | - | 1 | MINERALS & ELECTROLYTES |
| ZIOPTAN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| ziprasidone cap (GEODON equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ZIPSOR CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ZIRGAN OPHTH GEL | - | 2 | OPHTHALMIC AGENTS |
| ZITHROMAX POWDER PACK | - | 3 | MACROLIDES |
| ZMAX SUSP | - | 3 | MACROLIDES |
| ZOCOR TAB 80MG | - | NC | ANTIHYPERLIPIDEMICS |
| ZOHYDRO ER CAP | - | NC | ANALGESICS - OPIOID |
| ZOKINVY CAP | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| ZOLINZA CAP | MSP-PA-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| ZOLPAK KIT | - | NC | DERMATOLOGICALS |
| zolpidem ER tab (AMBIEN CR equiv) | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | 1 | HYPNOTICS |
| zolpidem tartrate SL tab (INTERMEZZO equiv) | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| ZOLPIMIST SPRAY | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| ZONATUSS CAP 150MG | - | NC | COUGH/COLD/ALLERGY |
| zonisamide cap (ZONEGRAN equiv) | - | 1 | ANTICONVULSANTS |
| ZONTIVITY TAB (Restricted to Cardiology Specialist) | RS | 3 | HEMATOLOGICAL AGENTS - MISC. |
| ZORPRIN TAB | - | 3 | ANALGESICS - NONNARCOTIC |
| ZORTRESS TAB 1MG | PA | 2 | ASSORTED CLASSES |
| ZORVOLEX CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ZOSTAVAX INJ (Covered for members age 60 or older) | VAC | \$0 | VACCINES |
| ZOVIRAX OINT | - | NC | DERMATOLOGICALS |
| ZUBSOLV SL TAB | - | 2 | ANALGESICS - OPIOID |
| ZUPLENZ SL FILM | - | NC | ANTIEMETICS |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| ZURAMPIC TAB | - | NC | GOUT AGENTS |
| ZYCLARA CREAM | - | NC | DERMATOLOGICALS |
| ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYFLO TAB | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ZYKADIA CAP (QL= 3 caps/day) | MSP-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYKADIA TAB (QL= 3 tabs/day) | MSP-PA-QL-SF | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered)) | QL | 2 | OPHTHALMIC AGENTS |
| ZYMAXID OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| ZYPITAMAG TAB | - | NC | ANTIHYPERLIPIDEMICS |

| | | | | | |
|------|--|-----|--|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS | | |
| AMPHETAMINES | | |
| ADDERALL XR CAP | - | 1 |
| amphetamine/dextroamphetamine tab (ADDERALL equiv) | - | 1 |
| dextroamphetamine tab (DEXEDRINE equiv) | - | 1 |
| dextroamphetamine ER cap (DEXEDRINE equiv) | - | 2 |
| VYVANSE CAP | - | 2 |
| VYVANSE CHEW TAB | - | 2 |
| dextroamphetamine soln (PROCENTRA equiv) | - | 3 |
| ADZENYS ER SUSP, AMPHETAMINE ER SUSP | - | NC |
| ADZENYS XR TAB | - | NC |
| amphetamine tab (EVEKEO equiv) | - | NC |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) | - | NC |
| DYANAVEL XR SUSP | - | NC |
| EVEKEO ODT | - | NC |
| methamphetamine tab (DESOXYN equiv) | - | NC |
| MYDAYIS CAP | - | NC |
| ZENZEDI TAB | - | NC |
| zenzedi tab 10mg (DEXEDRINE equiv) | - | NC |
| zenzedi tab 5mg (DEXEDRINE equiv) | - | NC |
| ANALECTICS | | |
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old) | - | 2 |
| CAFCIT INJ | - | NC |
| ANOREXIANTS NON-AMPHETAMINE | | |
| benzphetamine tab | - | EXC |
| DIETHYLPROPION ER TAB | - | EXC |
| diethylpropion tab | - | EXC |
| LOMAIRA TAB | - | EXC |
| PHENDIMETRAZINE ER TAB | - | EXC |
| phendimetrazine tab (BONTRIL PDM equiv) | - | EXC |
| ANTI-OBESITY AGENTS | | |
| XENICAL CAP | - | EXC |
| IMCIVREE INJ | - | NC |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | | |
| guanfacine ER tab (INTUNIV equiv) | - | 1 |
| atomoxetine cap (STRATTERA CAP equiv) | - | 2 |
| clonidine ER tab (KAPVAY equiv) | - | NC |
| KAPVAY TAB | - | NC |
| DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) | | |
| SUNOSI TAB (QL= 1 tab/day) | PA-QL | 2 |
| HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS | | |
| WAKIX TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | S |
| STIMULANTS - MISC. | | |
| armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day) | PA-QL | 1 |
| dexmethylphenidate tab (FOCALIN equiv) | - | 1 |
| methylphenidate ER tab 10mg, 20mg (RITALIN equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont. | | |
| methylphenidate tab (RITALIN equiv) | - | 1 |
| modafinil tab (PROVIGIL equiv) (QL= 20 tabs/30 days) | PA-QL | 1 |
| dexmethylphenidate ER cap (FOCALIN XR equiv) | - | 2 |
| methylphenidate CD cap (METADATE CD equiv) | - | 2 |
| methylphenidate ER cap (RITALIN LA equiv) | - | 2 |
| methylphenidate ER tab | - | 2 |
| methylphenidate ER tab (CONCERTA equiv) | - | 2 |
| methylphenidate soln (METHYLIN equiv) | - | 2 |
| methylphenidate chew tab (METHYLIN equiv) | - | 3 |
| APTENSIO XR CAP | - | NC |
| COTEMPLA XR ODT | - | NC |
| DAYTRANA PATCH | - | NC |
| methylphenidate ER cap (APTENSIO XR equiv) | - | NC |
| METHYLPHENIDATE ER TAB 72MG | - | NC |
| QUILLICHEW ER TAB | - | NC |
| QUILLIVANT XR SUSP | - | NC |

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

| | | |
|--|-------|----|
| ODACTRA SL TAB | PA | 3 |
| TRICHOPHYTON MENTAGROPHYTES SOLN | - | NC |
| PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416) | LD-PA | S |
| PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416) | LD-PA | S |

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - R'S

| | | |
|------------------|---|----|
| RESERVAPAK SYRUP | - | NC |
|------------------|---|----|

AMEBICIDES

AMEBICIDES

| | | |
|---|-------|---|
| SOLOSEC GRANULES PACKET (QL= 1 packet/fill) | PA-QL | 3 |
| YODOXIN TAB | - | 3 |

AMINOGLYCOSIDES

AMINOGLYCOSIDES

| | | |
|---|----------|----|
| neomycin tab | - | 1 |
| PAROMOMYCIN CAP | - | 3 |
| paromomycin cap (HUMATIN equiv) | - | 3 |
| KITABIS PAK NEB SOLN | - | NC |
| ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046) | LD-PA-QL | S |
| TOBI PODHALER | MSP-PA | S |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | MSP-RS | S |

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC - ENZYME INHIBITORS

| | | |
|--------------------------------|-----------|----|
| XELJANZ SOLN | - | NC |
| OLUMIANT TAB (QL= 1 tab/day) | MSP-PA-QL | S |
| RINVOQ ER TAB (QL= 1 tab/day) | MSP-PA-QL | S |
| XELJANZ TAB (QL= 2 tabs/day) | MSP-PA-QL | S |
| XELJANZ XR TAB (QL= 1 tab/day) | MSP-PA-QL | S |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier | |
|--|--|---|--|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | | |
| ANTIRHEUMATIC ANTIMETABOLITES | | | |
| RHEUMATREX TAB | - | 3 | |
| REDITREX INJ | - | NC | |
| ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES | | | |
| SIMPONI ARIA INJ | - | NC | |
| SIMPONI SC INJ | - | NC | |
| HUMIRA INJ 10MG (QL= 2 syringes/28 days) | MSP-PA-QL | S | |
| HUMIRA INJ 20MG (QL= 2 syringes/28 days) | MSP-PA-QL | S | |
| HUMIRA INJ 40MG (QL= 2 syringes/28 days) | MSP-PA-QL | S | |
| HUMIRA INJ 80MG (QL= 2 syringes/28 days) | MSP-PA-QL | S | |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | MSP-PA-QL | S | |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | MSP-PA-QL | S | |
| HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | MSP-PA-QL | S | |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | MSP-PA-QL | S | |
| HUMIRA PEN INJ 40MG (QL= 2 pens/28 days) | MSP-PA-QL | S | |
| GOLD COMPOUNDS | | | |
| RIDAURA CAP | - | 2 | |
| INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) | | | |
| KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | |
| INTERLEUKIN-6 RECEPTOR INHIBITORS | | | |
| ACTEMRA ACTPEN INJ (QL= 2 inj/28 days) | MSP-PA-QL | S | |
| ACTEMRA SC INJ (QL= 2 inj/28 days) | MSP-PA-QL | S | |
| KEVZARA INJ (QL= 2 inj/28 days) | MSP-PA-QL | S | |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | | | |
| celecoxib cap (CELEBREX equiv) (QL= 2 caps/day) | QL | 1 | |
| diclofenac potassium tab (CATAFLAM equiv) | - | 1 | |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | 1 | |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | 1 | |
| etodolac cap (LODINE equiv) | - | 1 | |
| etodolac tab | - | 1 | |
| FLURBIPROFEN TAB | - | 1 | |
| flurbiprofen tab (ANSAID equiv) | - | 1 | |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv) | - | 1 | |
| ibuprofen tab | - | 1 | |
| ibuprofen tab (RX only) | - | 1 | |
| indomethacin cap (INDOCIN equiv) | - | 1 | |
| indomethacin CR cap (INDOCIN SR equiv) | - | 1 | |
| ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days) | QL | 1 | |
| meloxicam tab (MOBIC equiv) | - | 1 | |
| nabumetone tab (RELAFEN equiv) | - | 1 | |
| naproxen tab (NAPROSYN equiv) | - | 1 | |
| sulindac tab (CLINORIL equiv) | - | 1 | |
| naproxen EC tab (NAPROSYN EC equiv) | - | 2 | |
| naproxen sodium tab (ANAPROX equiv) | - | 2 | |
| oxaprozin tab (DAYPRO equiv) | - | 2 | |
| piroxicam cap (FELDENE equiv) | - | 2 | |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | | |
| EXC MSP QL SMKG ¢ | NC =Not Covered Plan Exclusion Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation RxCENTS | INF Infertility OTC Over-the-Counter RS Restricted to Specialist ST Step Therapy | generic =small letters LD Limited Distribution PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | 3 |
| etodolac ER tab (LODINE XL equiv) | - | 3 |
| KETOPROFEN ER CAP | - | 3 |
| TOLMETIN CAP | - | 3 |
| tolmetin cap (TOLECTIN DS equiv) | - | 3 |
| TOLMETIN TAB | - | 3 |
| DUEXIS TAB | - | NC |
| fenoprofen calcium tab | - | NC |
| FENOPROFEN CAP | - | NC |
| FENOPROFEN TAB | - | NC |
| IBU 600-EZS KIT | - | NC |
| INDOCIN SUPP | - | NC |
| INDOCIN SUSP | - | NC |
| INDOMETHACIN CAP, TIVORBEX CAP | - | NC |
| INFLATHERM PAK | - | NC |
| KETOPROFEN CAP | - | NC |
| ketoprofen cap (ORUDIS equiv) | - | NC |
| KETOROLAC INJ | - | NC |
| ketorolac inj (TORADOL equiv) | - | NC |
| MECLOFENAMATE CAP | - | NC |
| mefenamic acid cap (PONSTEL equiv) | - | NC |
| meloxicam cap (VIVLODEX equiv) | - | NC |
| MELOXICAM COMFORT KIT | - | NC |
| NAPRELAN CR TAB | - | NC |
| NAPRELAN CR TAB 750MG | - | NC |
| naproxen sodium CR tab (NAPRELAN CR equiv) | - | NC |
| NAPROXEN SUSP | - | NC |
| naproxen susp (NAPROSYN equiv) | - | NC |
| naproxen/esomeprazole magnesium DR tab (VIMOVO equiv) | - | NC |
| QMIIZ ODT TAB | - | NC |
| RELAFEN DS TAB | - | NC |
| SPRIX NASAL SPRAY | - | NC |
| VIMOVO TAB | - | NC |
| VIVLODEX CAP | - | NC |
| YBUPHEN TAB | - | NC |
| ZIPSOR CAP | - | NC |
| ZORVOLEX CAP | - | NC |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| OTEZLA STARTER PACK (QL= 1 pack/28 days) | MSP-PA-QL | S |
| OTEZLA TAB (QL= 2 tabs/day) | MSP-PA-QL | S |
| PYRIMIDINE SYNTHESIS INHIBITORS | | |
| leflunomide tab (ARAVA equiv) | - | 1 |
| SELECTIVE COSTIMULATION MODULATORS | | |
| ORENCIA CLICK INJ (QL= 4 inj/28 days) | MSP-PA-QL | S |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days) | MSP-PA-QL | S |
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days) | MSP-PA-QL | S |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--|---|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days) | MSP-PA-QL | S |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | | |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | MSP-PA-QL | S |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | MSP-PA-QL | S |
| ENBREL MINI INJ (QL= 4 inj/28 days) | MSP-PA-QL | S |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | MSP-PA-QL | S |
| ANALGESICS - NONNARCOTIC | | |
| ANALGESIC COMBINATIONS | | |
| ALLZITAL TAB | - | NC |
| butalbital/acetaminophen cap | - | NC |
| butalbital/acetaminophen/caffeine soln | - | NC |
| butalbital/acetaminophen/caffeine tab (FIORICET equiv) | - | NC |
| BUTALBITAL/ASPIRIN/CAFFEINE TAB | - | NC |
| DOLGIC PLUS TAB | - | NC |
| ESGIC TAB | - | NC |
| FIORICET CAP | - | NC |
| FIORINAL CAP | - | NC |
| VTOL SOLN | - | NC |
| SALICYLATES | | |
| aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 |
| aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79) | OTC | \$0 |
| aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 |
| aspirin tab 325mg (Covered for males age 45-79 and females age 55-79) | OTC | \$0 |
| aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 |
| CHOLINE MAGNESIUM TRISALICYLATE TAB | - | 1 |
| choline magnesium trisalicylate tab (TRILISATE equiv) | - | 1 |
| diflunisal tab (DOLOBID equiv) | - | 1 |
| salsalate tab (DISALCID equiv) | - | 2 |
| ZORPRIN TAB | - | 3 |
| ANALGESICS - OPIOID | | |
| OPIOID AGONISTS | | |
| CODEINE SULFATE TAB | - | 1 |
| HYDROMORPHONE SUPP | - | 1 |
| hydromorphone tab (DILAUDID equiv) | - | 1 |
| methadone soln | - | 1 |
| methadone tab (DOLOPHINE equiv) | - | 1 |
| methadose tab | - | 1 |
| morphine sulfate ER tab (MS CONTIN equiv) | - | 1 |
| morphine sulfate soln | - | 1 |
| morphine sulfate tab | - | 1 |
| oxycodone cap (OXYIR equiv) | - | 1 |
| oxycodone tab (ROXICODONE equiv) | - | 1 |
| tramadol tab (ULTRAM equiv) | - | 1 |
| fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days) | PA-QL | 2 |
| fentanyl patch (DURAGESIC equiv) | - | 2 |
| hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day) | QL | 2 |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | |
| EXC MSP QL SMKG ¢ | NC =Not Covered Plan Exclusion Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation RxCENTS | INF OTC RS ST generic =small letters Infertility Over-the-Counter Restricted to Specialist Step Therapy |
| | | LD PA SF VAC BRANDS =CAPITAL LETTERS Limited Distribution Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANALGESICS - OPIOID Cont. | | |
| MORPHINE SULFATE SUPP | - | 2 |
| NUCYNTA ER TAB (QL= 2 tabs/day) | QL | 2 |
| oxycodone conc (ROXICODONE equiv) | - | 2 |
| oxycodone soln (ROXICODONE equiv) | - | 2 |
| XTAMPZA ER CAP (QL= 120 caps/30 days) | QL | 2 |
| ABSTRAL SL TAB (QL= 120 tabs/30 days) | PA-QL | 3 |
| CODEINE SULFATE SOLN | - | 3 |
| FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days) | PA-QL | 3 |
| LAZANDA NASAL SPRAY (QL= 15 bottles/30 days) | PA-QL | 3 |
| NUCYNTA TAB | - | 3 |
| tramadol ER tab (ULTRAM ER equiv) | - | 3 |
| ARYMO ER TAB | - | NC |
| DSUVIA SL TAB | - | NC |
| EMBEDA CAP | - | NC |
| EXALGO TAB | - | NC |
| fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv) | - | NC |
| hydrocodone bitartrate ER cap (ZOHYDRO equiv) | - | NC |
| hydromorphone ER tab (EXALGO TAB equiv) | - | NC |
| KADIAN CAP | - | NC |
| levorphanol tab (LEVORPHANOL equiv) | - | NC |
| MEPERIDINE TAB | - | NC |
| meperidine tab (DEMEROL equiv) | - | NC |
| MORPHABOND TAB | - | NC |
| MORPHINE SULFATE ER BEAD CAP | - | NC |
| MORPHINE SULFATE ER CAP | - | NC |
| morphine sulfate ER cap (KADIAN equiv) | - | NC |
| OPANA ER TAB (CRUSH RESISTANT) | - | NC |
| OPANA TAB | - | NC |
| OXYCODONE ER TAB, OXYCONTIN CR TAB | - | NC |
| OXYCONTIN CR TAB | - | NC |
| OXYMORPHONE ER TAB | - | NC |
| oxymorphone tab (OPANA equiv) | - | NC |
| QDOLO SOLN | - | NC |
| RYBIX ODT | - | NC |
| SUBSYS SPRAY | - | NC |
| TRAMADOL ER CAP | - | NC |
| TRAMADOL HCL ER CAP | - | NC |
| TRAMADOL HCL TAB 100MG | - | NC |
| ZOHYDRO ER CAP | - | NC |

OPIOID COMBINATIONS

| | | |
|--|---|---|
| acetaminophen/codeine soln | - | 1 |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) | - | 1 |
| aspirin/codeine tab | - | 1 |
| hydrocodone/acetaminophen cap (LORCET equiv) | - | 1 |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) | - | 1 |
| hydrocodone/acetaminophen tab (LORTAB equiv) | - | 1 |
| oxycodone/acetaminophen cap (TYLOX equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANALGESICS - OPIOID Cont. | | |
| oxycodone/acetaminophen tab (PERCOCET equiv) | - | 1 |
| OXYCODONE/ASPIRIN TAB | - | 1 |
| oxycodone/aspirin tab (PERCODAN equiv) | - | 1 |
| pentazocine/acetaminophen tab (TALACEN equiv) | - | 1 |
| OXYCODONE/ACETAMINOPHEN SOLN | - | 2 |
| CAPITAL/CODEINE SUSP | - | 3 |
| hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv) | - | 3 |
| hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) | - | 3 |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) | - | 3 |
| LORTAB ELIXIR | - | 3 |
| oxycodone/ibuprofen tab (COMBUNOX equiv) | - | 3 |
| tramadol/acetaminophen tab (ULTRACET equiv) | - | 3 |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB | - | NC |
| APADAZ TAB | - | NC |
| FIORICET/CODEINE CAP | - | NC |
| FIORINAL/CODEINE CAP | - | NC |
| hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) | - | NC |
| hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) | - | NC |
| hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) | - | NC |
| OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML | - | NC |
| OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG | - | NC |
| PRIMLEV TAB | - | NC |
| PRIMLEV TAB 10-300MG | - | NC |
| PRIMLEV TAB 5-300MG | - | NC |
| PROLATE TAB | - | NC |
| TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP | - | NC |
| VERDROCET TAB 2.5MG-325MG | - | NC |
| XARTEMIS XR TAB | - | NC |
| XODOL TAB 10MG-300MG | - | NC |
| XODOL TAB 5MG-300MG | - | NC |
| XODOL TAB 7.5MG-300MG | - | NC |
| OPIOID PARTIAL AGONISTS | | |
| buprenorphine SL tab (SUBUTEX equiv) | - | 1 |
| buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv) | - | 1 |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | 1 |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days) | QL | 2 |
| ZUBSOLV SL TAB | - | 2 |
| buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days) | QL | 3 |
| pentazocine/naloxone tab (TALWIN NX equiv) | - | 3 |
| BELBUCA FILM | - | NC |
| BUNAVAIL FILM | - | NC |
| SUBLOCADE INJ | - | NC |
| SUBOXONE SL FILM | - | NC |

ANDROGENS-ANABOLIC

| | | |
|----------------------------------|---|---|
| ANABOLIC STEROIDS | | |
| oxandrolone tab (OXANDRIN equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANDROGENS-ANABOLIC Cont. | | |
| ANDROGENS | | |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | 1 |
| ANDRODERM PATCH (QL= 1 patch/day) | PA-QL | 2 |
| danazol cap (DANOCRINE equiv) | - | 2 |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | 2 |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 2 |
| testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 2 |
| testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days) | PA-QL | 2 |
| TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days) | PA-QL | 2 |
| testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days) | PA-QL | 2 |
| testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days) | PA-QL | 2 |
| METHITEST TAB | PA | 3 |
| METHYLTESTOSTERONE CAP | PA | 3 |
| testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 3 |
| testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 3 |
| FORTESTA GEL 2% | - | NC |
| JATENZO CAP | - | NC |
| NATESTO NASAL GEL | - | NC |
| STRIANT FILM | - | NC |
| testosterone gel 2% (FORTESTA equiv) | - | NC |
| TESTOSTERONE GEL, VOGELXO GEL | - | NC |
| VOGELXO PUMP | - | NC |
| XYOSTED INJ | - | NC |

ANORECTAL AGENTS

| | | |
|--|----|---|
| INTRARECTAL STEROIDS | | |
| hydrocortisone enema (CORTENEMA equiv) | - | 2 |
| CORTIFOAM | - | 3 |
| UCERIS RECTAL FOAM | PA | 3 |

| | | |
|--|---|----|
| RECTAL COMBINATIONS | | |
| pramoxine/hydrocortisone cream (ANALPRAM HC equiv) | - | 1 |
| pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv) | - | 1 |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | 2 |
| PROCTOFOAM HC FOAM | - | 2 |
| ANALPRAM-E KIT | - | 3 |
| LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT | - | NC |

| | | |
|---------------------------------------|---|---|
| RECTAL STEROIDS | | |
| proctosol HC cream (ANUSOL HC equiv) | - | 1 |
| hydrocortisone supp (ANUSOL HC equiv) | - | 2 |

ANORECTAL AND RELATED PRODUCTS

| | | |
|---------------------------------|---|----|
| RECTAL LOCAL ANESTHETICS | | |
| LIDOCAINE SUPP | - | NC |

ANTHELMINTICS

| | | |
|-----------------------------------|----|---|
| ANTHELMINTICS | | |
| BENZNIDAZOLE TAB | PA | 2 |
| ivermectin tab (STROMEKTOL equiv) | - | 2 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|-------------------------------------|--------------|------|
| ANTHELMINTICS Cont. | | |
| praziquantel tab (BILTRICIDE equiv) | - | 2 |
| BILTRICIDE TAB | - | 3 |
| albendazole tab (ALBENZA equiv) | - | NC |
| ALBENZA TAB | - | NC |
| EGATEN TAB | - | NC |
| EMVERM TAB | - | NC |

ANTIANGINAL AGENTS

| ANTIANGINALS-OTHER | | |
|--|---|----|
| ranolazine tab (RANEXA equiv) | - | 2 |
| NITRATES | | |
| isosorbide dinitrate ER tab (ISOCHRON equiv) | - | 1 |
| isosorbide dinitrate SL tab | - | 1 |
| isosorbide dinitrate tab (ISORDIL equiv) | - | 1 |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | 1 |
| isosorbide mononitrate tab (MONOKET equiv) | - | 1 |
| NITROGLYCERIN ER CAP | - | 1 |
| nitroglycerin patch (NITRO-DUR equiv) | - | 1 |
| nitroglycerin SL tab (NITROSTAT equiv) | - | 1 |
| NITRO-BID OINT | - | 2 |
| isosorbide dinitrate tab 40mg (ISORDIL equiv) | - | 3 |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | 3 |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | 3 |
| NITROMIST SPRAY | - | 3 |
| GONITRO POWDER | - | NC |

ANTIANGINAL AGENTS

| ANTIANGINAL AGENTS - MISC. | | |
|--|---|----|
| buspirone tab (BUSPAR equiv) | - | 1 |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | 1 |
| hydroxyzine syrup (ATARAX equiv) | - | 1 |
| hydroxyzine tab (ATARAX equiv) | - | 1 |
| meprobamate tab (MILTOWN equiv) | - | NC |

| BENZODIAZEPINES | | |
|--------------------------------------|---|---|
| alprazolam tab (XANAX equiv) | - | 1 |
| chlordiazepoxide cap (LIBRIUM equiv) | - | 1 |
| diazepam conc (VALIUM equiv) | - | 1 |
| DIAZEPAM SOLN | - | 1 |
| diazepam tab (VALIUM equiv) | - | 1 |
| lorazepam conc (ATIVAN equiv) | - | 1 |
| lorazepam tab (ATIVAN equiv) | - | 1 |
| alprazolam ER tab (XANAX XR equiv) | - | 2 |
| oxazepam cap (SERAX equiv) | - | 2 |
| alprazolam ODT (NIRAVAM equiv) | - | 3 |
| clorazepate tab (TRANXENE-T equiv) | - | 3 |

ANTIARRHYTHMICS

| ANTIARRHYTHMICS TYPE I-A | | |
|---------------------------------|--|--|
|---------------------------------|--|--|

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTIARRHYTHMICS Cont. | | |
| disopyramide cap (NORPACE equiv) | - | 1 |
| quinidine sulfate tab | - | 1 |
| disopyramide ER cap (NORPACE CR equiv) | - | 2 |
| NORPACE CR CAP | - | 2 |
| quinidine gluconate CR tab | - | 2 |
| QUINIDINE SULFATE ER TAB | - | 3 |
| ANTIARRHYTHMICS TYPE I-B | | |
| mexiletine hcl cap | - | 2 |
| ANTIARRHYTHMICS TYPE I-C | | |
| flecainide tab (TAMBOCOR equiv) | - | 1 |
| propafenone tab (RYTHMOL equiv) | - | 1 |
| propafenone ER cap (RYTHMOL SR equiv) | - | 2 |
| ANTIARRHYTHMICS TYPE III | | |
| amiodarone tab (CORDARONE equiv) | - | 1 |
| dofetilide cap (TIKOSYN equiv) | - | 2 |
| MULTAQ TAB | - | 2 |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS | | |
| ANTIASTHMATIC - MONOCLONAL ANTIBODIES | | |
| FASENRA PEN INJ (QL= 1 inj/56 days) | MSP-PA-QL | S |
| NUCALA INJ (QL= 1 inj/28 days) | MSP-PA-QL | S |
| ANTI-INFLAMMATORY AGENTS | | |
| cromolyn neb soln (INTAL equiv) | - | NC |
| BRONCHODILATORS - ANTICHOLINERGICS | | |
| ipratropium neb soln (ATROVENT equiv) | - | 1 |
| ATROVENT HFA INHALER | - | 2 |
| INCRUSE ELLIPTA INHALER | - | 2 |
| LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER) | ST | 2 |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL) | QL-ST | 2 |
| SEEBRI NEOHALER CAP | - | NC |
| SPIRIVA HANDIHALER | - | NC |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT | - | NC |
| TUDORZA PRESSAIR INHALER | - | NC |
| YUPELRI SOLN | - | NC |
| LEUKOTRIENE MODULATORS | | |
| montelukast chew tab (SINGULAIR equiv) | - | 1 |
| montelukast tab (SINGULAIR equiv) | - | 1 |
| montelukast granule pack (SINGULAIR equiv) | - | 2 |
| zafirlukast tab (ACCOLATE equiv) | - | 2 |
| zileuton ER tab (ZYFLO CR equiv) | - | NC |
| ZYFLO TAB | - | NC |
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| DALIRESP TAB | - | NC |
| STEROID INHALANTS | | |
| ARNUITY ELLIPTA INHALER | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| ASMANEX HFA INHALER | - | 1 |
| ASMANEX INHALER | - | 1 |
| budesonide inh susp (PULMICORT equiv) | - | 1 |
| FLOVENT DISKUS INHALER | - | 1 |
| FLOVENT HFA INHALER | - | 1 |
| ALVESCO INHALER | - | NC |
| ARMONAIR DIGITAL INHALER 113MCG/ACT | - | NC |
| ARMONAIR DIGITAL INHALER 232MCG/ACT | - | NC |
| ARMONAIR DIGITAL INHALER 55MCG/ACT | - | NC |
| ARMONAIR RESPICLICK | - | NC |
| PULMICORT FLEXHALER | - | NC |
| QVAR INHALER | - | NC |
| QVAR REDIHALER | - | NC |
| SYMPATHOMIMETICS | | |
| albuterol neb soln | - | 1 |
| albuterol sulfate ER tab (VOSPIRE ER equiv) | - | 1 |
| albuterol sulfate syrup | - | 1 |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | 1 |
| FLUTICASONE/SALMETEROL INHALER | - | 1 |
| METAPROTERENOL SYRUP | - | 1 |
| VENTOLIN HFA INHALER (QL= 2 inhalers/30 days) | QL | 1 |
| ADVAIR DISKUS INHALER | - | 2 |
| ADVAIR HFA INHALER | - | 2 |
| albuterol sulfate tab | - | 2 |
| ALBUTEROL TAB ER | - | 2 |
| ANORO ELLIPTA INHALER | - | 2 |
| BREO ELLIPTA INHALER | - | 2 |
| BREZTRI AEROSPHERE INHALER | - | 2 |
| COMBIVENT INHALER | - | 2 |
| COMBIVENT RESPIMAT INHALER | - | 2 |
| DULERA INHALER | - | 2 |
| SEREVENT DISKUS INHALER | - | 2 |
| STIOLTO INHALER | - | 2 |
| terbutaline sulfate tab (BRETHINE equiv) | - | 2 |
| TRELEGY ELLIPTA INHALER | - | 2 |
| BROVANA NEB SOLN | - | 3 |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA) | QL-ST | 3 |
| levalbuterol neb soln (XOPENEX equiv) | - | 3 |
| METAPROTERENOL TAB | - | 3 |
| PERFORMIST NEB SOLN | - | 3 |
| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days) | QL | 3 |
| AIRDUO POWDER INHALER W/SENSOR | - | NC |
| AIRDUO RESPICLICK | - | NC |
| ALBUTEROL HFA INHALER | - | NC |
| albuterol HFA inhaler (PROAIR equiv) | - | NC |
| albuterol HFA inhaler (PROVENTIL equiv) | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| BEVESPI AEROSPHERE INHALER | - | NC |
| BUDESONIDE/FORMOTEROL INHALER, SYMBICORT INHALER | - | NC |
| DUAKLIR INHALER | - | NC |
| fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) | - | NC |
| UTIBRON NEOHALER CAP | - | NC |
| XANTHINES | | |
| aminophylline tab | - | 1 |
| THEOCHRON TAB | - | 1 |
| theophylline CR tab (QUIBRON-T equiv) | - | 1 |
| theophylline ER tab (UNIPHYL equiv) | - | 1 |
| theophylline soln | - | 1 |
| ELIXOPHYLLIN ELIXIR | - | 2 |
| LUFYLLIN TAB | - | 3 |
| ANTICOAGULANTS | | |
| COUMARIN ANTICOAGULANTS | | |
| warfarin tab (COUMADIN equiv) | - | 1 |
| DIRECT FACTOR XA INHIBITORS | | |
| ELIQUIS TAB, ELIQUIS STARTER PACK | - | 2 |
| XARELTO STARTER PACK | - | 2 |
| XARELTO TAB | - | 2 |
| BEVYXXA CAP | - | NC |
| SAVAYSA TAB | - | NC |
| HEPARINS AND HEPARINOID-LIKE AGENTS | | |
| enoxaparin inj (LOVENOX equiv) (QL= 17 days supply) | QL | 2 |
| fondaparinux inj (ARIXTRA equiv) | - | 2 |
| FRAGMIN INJ | - | 3 |
| THROMBIN INHIBITORS | | |
| PRADAXA CAP | - | 2 |
| ANTICONVULSANTS | | |
| AMPA GLUTAMATE RECEPTOR ANTAGONISTS | | |
| FYCOMPA TAB | - | NC |
| FYCOMPA SUSP | - | NC |
| ANTICONVULSANTS - BENZODIAZEPINES | | |
| clobazam tab (ONFI equiv) | - | 1 |
| clonazepam tab (KLONOPIN equiv) | - | 1 |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill) | QL | 2 |
| clonazepam ODT (KLONOPIN equiv) | - | 3 |
| NAYZILAM SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist) | QL-RS | 3 |
| VALTOCO NASAL SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist) | QL-RS | 3 |
| clobazam susp (ONFI equiv) | - | NC |
| ONFI SUSP | - | NC |
| ONFI TAB | - | NC |
| SYMPAZAN ORAL FILM | - | NC |
| ANTICONVULSANTS - MISC. | | |
| carbamazepine chew tab (TEGRETOL equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTICONVULSANTS Cont. | | |
| carbamazepine susp (TEGRETOL equiv) | - | 1 |
| carbamazepine tab (TEGRETOL equiv) | - | 1 |
| gabapentin cap (NEURONTIN equiv) | - | 1 |
| gabapentin tab (NEURONTIN equiv) | - | 1 |
| lamotrigine chew tab (LAMICTAL equiv) | - | 1 |
| lamotrigine tab (LAMICTAL equiv) | - | 1 |
| levetiracetam ER tab (KEPPRA XR equiv) | - | 1 |
| levetiracetam soln (KEPPRA equiv) | - | 1 |
| levetiracetam tab (KEPPRA equiv) | - | 1 |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 |
| pregabalin cap (LYRICA equiv) | - | 1 |
| primidone tab (MYSOLINE equiv) | - | 1 |
| topiramate sprinkle cap (TOPAMAX equiv) | - | 1 |
| topiramate tab (TOPAMAX equiv) | - | 1 |
| zonisamide cap (ZONEGRAN equiv) | - | 1 |
| BANZEL TAB | PA | 2 |
| carbamazepine ER cap (CARBATROL equiv) | - | 2 |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | 2 |
| gabapentin soln (NEURONTIN equiv) | - | 2 |
| LAMICTAL CHEW TAB 2MG | - | 2 |
| POTIGA TAB (QL= 3 tabs/day) | QL | 2 |
| pregabalin soln (LYRICA equiv) | - | 2 |
| rufinamide susp (BANZEL equiv) | PA | 2 |
| VIMPAT SOLN | - | 2 |
| VIMPAT TAB (QL= 2 tabs/day) | QL | 2 |
| BANZEL SUSP | PA | 3 |
| LAMICTAL ODT KIT, LAMICTAL XR KIT | - | 3 |
| lamotrigine ER tab (LAMICTAL XR equiv) | - | 3 |
| lamotrigine ODT (LAMICTAL equiv) | - | 3 |
| lamotrigine ODT kit (LAMICTAL ODT KIT equiv) | - | 3 |
| APTIOM TAB | - | NC |
| BRIVIACT INJ 50MG/5ML | - | NC |
| BRIVIACT SOLN 10MG/ML | - | NC |
| BRIVIACT TAB | - | NC |
| OXTELLAR XR TAB | - | NC |
| QUDEXY XR CAP | - | NC |
| SPRITAM TAB | - | NC |
| topiramate ER cap (QUDEXY equiv) | - | NC |
| TROKENDI XR CAP | - | NC |
| DIACOMIT CAP (Only available through US Bioservices 888-518-7246) | LD-PA | S |
| DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246) | LD-PA | S |
| EPIDIOLEX SOLN (Only available through Walgreens 888-347-3416) | LD-PA | S |
| FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | S |

CARBAMATES

| | | |
|---------------------------------|---|---|
| felbamate susp (FELBATOL equiv) | - | 2 |
| felbamate tab (FELBATOL equiv) | - | 2 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTICONVULSANTS Cont. | | |
| XCOPRI PAK 150-200MG (QL= 2 tabs/day) | QL | 2 |
| XCOPRI PAK 50-200MG (QL= 2 tabs/day) | QL | 2 |
| XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day) | QL | 2 |
| XCOPRI TAB 50MG, 100MG (QL= 1 tab/day) | QL | 2 |
| XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day) | QL | 2 |
| XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day) | QL | 2 |
| XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day) | QL | 2 |
| GABA MODULATORS | | |
| tiagabine tab (GABITRIL equiv) | - | 2 |
| SABRIL TAB | - | NC |
| vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416 or PantherRx 855-726-8479) | LD-PA | S |
| vigabatrin tab (SABRIL equiv) (Only available through Walgreens 888-347-3416) | LD-PA | S |
| HYDANTOINS | | |
| phenytoin cap (DILANTIN equiv) | - | 1 |
| phenytoin susp (DILANTIN equiv) | - | 1 |
| DILANTIN CAP 30MG | - | 2 |
| PEGANONE TAB | - | 2 |
| phenytoin chew tab (DILANTIN equiv) | - | 2 |
| SUCCINIMIDES | | |
| ethosuximide soln (ZARONTIN equiv) | - | 1 |
| CELONTIN CAP | - | 2 |
| ethosuximide cap (ZARONTIN equiv) | - | 2 |
| VALPROIC ACID | | |
| divalproex ER tab (DEPAKOTE ER equiv) | - | 1 |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | 1 |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | 1 |
| valproic acid cap (DEPAKENE equiv) | - | 1 |
| valproic acid syrup (DEPAKENE equiv) | - | 1 |
| DEPACON INJ | - | NC |
| STAVZOR CAP | - | NC |
| valproate inj (DEPACON equiv) | - | NC |
| ANTIDEPRESSANTS | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) | | |
| mirtazapine ODT (REMERON equiv) | - | 1 |
| mirtazapine tab (REMERON equiv) | - | 1 |
| ANTIDEPRESSANTS - MISC. | | |
| bupropion ER tab (WELLBUTRIN equiv) | - | 1 |
| bupropion tab (WELLBUTRIN equiv) | - | 1 |
| bupropion XL tab (WELLBUTRIN XL equiv) | - | 1 |
| MAPROTILINE TAB | - | 1 |
| APLENZIN TAB | - | NC |
| FORFIVO XL TAB | - | NC |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | | |
| phenelzine tab (NARDIL equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTIDEPRESSANTS Cont. | | |
| MARPLAN TAB | - | 2 |
| tranylcypromine tab (PARNATE equiv) | - | 2 |
| EMSAM PATCH | - | 3 |
| N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS | | |
| SPRAVATO NASAL SOLN | - | NC |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | | |
| citalopram soln (CELEXA equiv) | - | 1 |
| citalopram tab (CELEXA equiv) | - | 1 |
| escitalopram tab (LEXAPRO equiv) | - | 1 |
| fluoxetine cap (PROZAC equiv) | - | 1 |
| fluoxetine soln (PROZAC equiv) | - | 1 |
| fluoxetine tab (PROZAC equiv) | - | 1 |
| fluvoxamine tab (LUVOX equiv) | - | 1 |
| paroxetine tab (PAXIL equiv) | - | 1 |
| sertraline conc (ZOLOFT equiv) | - | 1 |
| sertraline tab (ZOLOFT equiv) | - | 1 |
| escitalopram soln (LEXAPRO equiv) | - | 2 |
| fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine) | ST | 2 |
| paroxetine ER tab (PAXIL CR equiv) | - | 2 |
| FLUOXETINE TAB 60MG | - | NC |
| fluoxetine weekly cap (PROZAC equiv) | - | NC |
| PEXEVA TAB | - | NC |
| PROZAC WEEKLY CAP | - | NC |
| SEROTONIN MODULATORS | | |
| NEFAZODONE TAB | - | 1 |
| nefazodone tab 50mg, 250mg | - | 1 |
| trazodone tab (DESYREL equiv) | - | 1 |
| OLEPTRO TAB | - | 3 |
| TRINTELLIX TAB (QL= 1 tab/day) | PA-QL | 3 |
| trazodone tab 300mg (DESYREL equiv) | - | NC |
| VIIBRYD STARTER KIT | - | NC |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) | | |
| duloxetine EC cap (CYMBALTA equiv) | - | 1 |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | 1 |
| venlafaxine tab (EFFEXOR equiv) | - | 1 |
| desvenlafaxine ER tab (PRISTIQ equiv) | - | 2 |
| DESVENLAFAXINE ER TAB | - | NC |
| DRIZALMA DR CAP | - | NC |
| duloxetine cap 40mg (IRENKA equiv) | - | NC |
| FETZIMA CAP | - | NC |
| FETZIMA TITRATION PACK | - | NC |
| KHEDEZLA ER TAB | - | NC |
| venlafaxine ER tab | - | NC |
| TRICYCLIC AGENTS | | |
| amitriptyline tab (ELAVIL equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIDEPRESSANTS Cont. | | |
| AMOXAPINE TAB | - | 1 |
| DOXEPIN CAP | - | 1 |
| doxepin cap (SINEQUAN equiv) | - | 1 |
| doxepin conc (SINEQUAN equiv) | - | 1 |
| imipramine tab (TOFRANIL equiv) | - | 1 |
| nortriptyline cap (PAMELOR equiv) | - | 1 |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | 1 |
| NORTRIPTYLINE SOLN | - | 1 |
| desipramine tab (NORPRAMIN equiv) | - | 2 |
| clomipramine cap (ANAFRANIL equiv) | - | 3 |
| imipramine pamoate cap (TOFRANIL PM equiv) | - | 3 |
| protriptyline tab (VIVACTIL equiv) | - | 3 |
| trimipramine cap (SURMONTIL equiv) | - | 3 |
| ANTIDIABETICS | | |
| ALPHA-GLUCOSIDASE INHIBITORS | | |
| acarbose tab (PRECOSE equiv) | - | 1 |
| miglitol tab (MIGLITOL equiv) | - | 3 |
| ANTIDIABETIC - AMYLIN ANALOGS | | |
| SYMLINPEN INJ | - | NC |
| ANTIDIABETIC COMBINATIONS | | |
| glipizide/metformin tab (METAGLIP equiv) | - | 1 |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | 1 |
| AVANDAMET TAB | - | 2 |
| AVANDARYL TAB | - | 2 |
| GLYXAMBI TAB (QL= 1 tab/day) | QL | 2 |
| JANUMET TAB (QL= 2 tabs/day) | QL | 2 |
| JANUMET XR TAB (QL= 2 tabs/day) | QL | 2 |
| JENTADUETO TAB (QL= 2 tabs/day) | QL | 2 |
| JENTADUETO XR TAB (QL= 2 tabs/day) | QL | 2 |
| SOLIQUA INJ (QL= 15ml/25 days) | PA-QL | 2 |
| SYNJARDY TAB (QL= 2 tabs/day) | QL | 2 |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) | QL | 2 |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | 2 |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day) | QL | 2 |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day) | QL | 2 |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day) | QL | 2 |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day) | QL | 2 |
| XULTOPHY INJ (QL= 15ml/30 days) | PA-QL | 2 |
| ACTOPLUS MET XR TAB | - | 3 |
| ACTOPLUS MET TAB | - | NC |
| ALOGLIPTIN/METFORMIN TAB, KAZANO TAB | - | NC |
| ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB | - | NC |
| DUETACT TAB | - | NC |
| INVOKAMET TAB | - | NC |
| INVOKAMET XR TAB | - | NC |
| KOMBIGLYZE XR TAB | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIDIABETICS Cont. | | |
| pioglitazone/glimepiride tab (DUETACT equiv) | - | NC |
| pioglitazone/metformin tab (ACTOPLUS MET equiv) | - | NC |
| PRANDIMET TAB | - | NC |
| QTERN TAB | - | NC |
| REPAGLINIDE TAB | - | NC |
| SEGLUROMET TAB | - | NC |
| STEGLUJAN TAB | - | NC |
| BIGUANIDES | | |
| metformin ER tab (GLUCOPHAGE XR equiv) | - | 1 |
| metformin tab (GLUCOPHAGE equiv) | - | 1 |
| metformin soln (RIOMET equiv) | - | 3 |
| RIOMET ER SUSP | - | 3 |
| FORTAMET TAB | - | NC |
| GLUMETZA TAB 1000MG | - | NC |
| GLUMETZA TAB 500MG | - | NC |
| metformin ER osmotic tab (FORTAMET equiv) | - | NC |
| metformin ER osmotic tab (GLUMETZA equiv) | - | NC |
| DIABETIC OTHER | | |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill) | QL | 2 |
| GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill) | QL | 2 |
| glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill) | QL | 2 |
| GLUCAGON EMR INJ (QL= 2 inj/fill) | QL | 2 |
| GLUCAGON INJ KIT (QL= 2 inj/fill) | QL | 2 |
| GVOKE INJ (QL= 2 inj/fill) | QL | 2 |
| GVOKE PFS INJ (QL= 2 inj/fill) | QL | 2 |
| diazoxide susp (PROGLYCEM equiv) | - | 3 |
| KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596)) | LD-PA | S |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | | |
| JANUVIA TAB (QL= 1 tab/day) | QL-¢ | 2 |
| TRAJENTA TAB (QL= 1 tab/day) | QL | 2 |
| ALOGLIPTIN TAB, NESINA TAB | - | NC |
| ONGLYZA TAB | - | NC |
| DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC | | |
| CYCLOSET TAB | - | 3 |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | | |
| BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days) | QL | 2 |
| BYDUREON INJ (QL= 4 inj/28 days) | QL | 2 |
| BYDUREON PEN INJ (QL= 4 inj/28 days) | QL | 2 |
| OZEMPIC INJ (QL= 1 pack/28 days) | QL | 2 |
| RYBELSUS TAB (QL=1 tab/day) | QL | 2 |
| TRULICITY INJ (QL= 4 pens/28 days) | QL | 2 |
| VICTOZA INJ (QL= 9ml/30 days) | QL | 2 |
| BYETTA INJ (QL= 1 pen/30 days) | QL | 3 |
| ADLYXIN INJ | - | NC |
| TANZEUM INJ | - | NC |
| INSULIN | | |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIDIABETICS Cont. | | |
| FIASP FLEXTOUCH INJ | - | 2 |
| FIASP INJ | - | 2 |
| FIASP PENFILL INJ | - | 2 |
| HUMULIN R INJ U-500 | - | 2 |
| HUMULIN R U-500 KWIKPEN INJ | - | 2 |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) | - | 2 |
| INSULIN ASPART INJ (NOVOLOG equiv) | - | 2 |
| INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) | - | 2 |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) | - | 2 |
| INSULIN ASPART PENFILL INJ (NOVOLOG equiv) | - | 2 |
| LANTUS INJ | - | 2 |
| LANTUS SOLOSTAR INJ | - | 2 |
| LEVEMIR FLEXTOUCH INJ | - | 2 |
| LEVEMIR INJ | - | 2 |
| NOVOLIN 70/30 FLEXPEN INJ | OTC | 2 |
| NOVOLIN 70/30 INJ | OTC | 2 |
| NOVOLIN N FLEXPEN INJ | OTC | 2 |
| NOVOLIN N INJ | OTC | 2 |
| NOVOLIN R FLEXPEN INJ | OTC | 2 |
| NOVOLIN R INJ | OTC | 2 |
| NOVOLOG FLEXPEN INJ | - | 2 |
| NOVOLOG INJ | - | 2 |
| NOVOLOG MIX FLEXPEN INJ | - | 2 |
| NOVOLOG MIX INJ | - | 2 |
| NOVOLOG PENFILL INJ | - | 2 |
| TOUJEO MAX SOLOSTAR INJ | - | 2 |
| TOUJEO SOLOSTAR INJ | - | 2 |
| TRESIBA FLEXTOUCH INJ | - | 2 |
| TRESIBA INJ | - | 2 |
| ADMELOG INJ, INSULIN LISPRO INJ | - | NC |
| ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) | - | NC |
| APIDRA INJ | - | NC |
| APIDRA SOLOSTAR INJ | - | NC |
| BASAGLAR INJ | - | NC |
| HUMALOG INJ | - | NC |
| HUMALOG KWIKPEN INJ | - | NC |
| HUMALOG MIX INJ | - | NC |
| HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ | - | NC |
| HUMALOG PEN INJ | - | NC |
| HUMULIN MIX INJ | OTC | NC |
| HUMULIN MIX PEN INJ | OTC | NC |
| HUMULIN N INJ | OTC | NC |
| HUMULIN N PEN INJ | OTC | NC |
| HUMULIN R INJ | OTC | NC |
| LYUMJEV INJ | - | NC |
| LYUMJEV KWIKPEN INJ | - | NC |
| SEMGLEE INJ | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--|-----|--|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIDIABETICS Cont. | | |
| SEMGLEE SOLN | - | NC |
| INSULIN SENSITIZING AGENTS | | |
| pioglitazone tab (ACTOS equiv) | - | 1 |
| AVANDIA TAB | - | 2 |
| MEGLITINIDE ANALOGUES | | |
| repaglinide tab (PRANDIN equiv) | - | 1 |
| nateglinide tab (STARLIX equiv) | - | 3 |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS | | |
| FARXIGA TAB (QL= 1 tab/day) | QL | 2 |
| JARDIANCE TAB (QL= 1 tab/day) | QL | 2 |
| INVOKANA TAB | - | NC |
| STEGLATRO TAB | - | NC |
| SULFONYLUREAS | | |
| chlorpropamide tab (DIABINESE equiv) | - | 1 |
| glimepiride tab (AMARYL equiv) | - | 1 |
| glipizide ER tab (GLUCOTROL XL equiv) | - | 1 |
| glipizide tab (GLUCOTROL equiv) | - | 1 |
| glyburide micronized tab (GLYNASE equiv) | - | 1 |
| glyburide tab (MICRONASE equiv) | - | 1 |
| TOLAZAMIDE TAB | - | 1 |
| TOLBUTAMIDE TAB | - | 2 |
| ANTIDIARRHEAL/PROBIOTIC AGENTS | | |
| ANTIPERISTALTIC AGENTS | | |
| DIPHENOXYLATE/ATROPINE LIQUID | - | 1 |
| LOPERAMIDE SOLN | - | NC |
| ANTIDIARRHEALS | | |
| ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS | | |
| MYTESI TAB | - | NC |
| ANTIDIARRHEAL AGENTS - MISC. | | |
| REZYST CHEW TAB | - | NC |
| VSL #3 CAP | - | NC |
| ANTIDIARRHEAL COMBINATIONS | | |
| EVIVO LIQUID | - | NC |
| ANTIPERISTALTIC AGENTS | | |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | 1 |
| opium tincture | - | 3 |
| loperamide cap (IMODIUM equiv) | - | NC |
| PAREGORIC TINCTURE | - | NC |
| ANTIDOTES | | |
| ANTIDOTES | | |
| VISTOGARD PAK | - | NC |
| ANTIDOTES - CHELATING AGENTS | | |
| CHEMET CAP | - | 2 |
| FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | S |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTIDOTES Cont. | | |
| FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | S |
| OPIOID ANTAGONISTS | | |
| naltrexone tab (REVIA equiv) | - | 1 |
| NARCAN NASAL SPRAY | - | 2 |
| EVZIO INJ | - | NC |
| VIVITROL INJ | MSP | S |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| ANTIDOTES - CHELATING AGENTS | | |
| JADENU SPRINKLE | - | NC |
| deferasirox granules packet (JADENU equiv) | MSP | S |
| deferasirox tab (EXJADE equiv) | MSP | S |
| deferasirox tab 180mg (JADENU equiv) | MSP | S |
| deferasirox tab 90mg, 360mg (JADENU equiv) | MSP | S |
| deferiprone tab (FERRIPROX equiv) (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | S |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| CETYLEV TAB | - | NC |
| OPIOID ANTAGONISTS | | |
| naloxone inj | - | 1 |
| naloxone prefilled inj (QL= 2 inj/fill) | QL | 1 |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill) | QL | 2 |
| EVZIO INJ | - | NC |
| ANTIEMETICS | | |
| 5-HT3 RECEPTOR ANTAGONISTS | | |
| granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill) | QL | 1 |
| ondansetron ODT (ZOFTRAN equiv) | - | 1 |
| ondansetron soln (ZOFTRAN equiv) | - | 1 |
| ONDANSETRON TAB | - | 1 |
| ondansetron tab (ZOFTRAN equiv) | - | 1 |
| ANZEMET TAB (QL= 9 tabs/fill) | QL | 3 |
| GRANISOL SOLN (QL= 60ml/fill) | QL | 3 |
| SANCUSO PATCH (QL= 4 patches/fill) | QL | 3 |
| SUSTOL INJ | - | NC |
| ZUPLENZ SL FILM | - | NC |
| ANTIEMETICS - ANTICHOLINERGIC | | |
| maldemar tab (SCOPACE equiv) | - | 1 |
| meclizine tab (ANTIVERT equiv) (Rx Only) | - | 1 |
| trimethobenzamide cap (TIGAN equiv) | - | 1 |
| scopolamine patch (TRANSDERM-SCOP equiv) | - | 3 |
| meclizine chew tab (BONINE equiv) | OTC | EXC |
| MECLIZINE 50MG TAB | - | NC |
| ANTIEMETICS - MISCELLANEOUS | | |
| AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 |
| dronabinol cap (MARINOL equiv) | PA | 2 |
| CESAMET CAP | - | 3 |
| doxylamine/pyridoxine dr tab (DICLEGIS equiv) | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIEMETICS Cont. | | |
| SYNDROS SOLN | - | NC |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS | | |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill) | QL | 2 |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill) | QL | 2 |
| VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 |
| EMEND SUSP | - | NC |
| ANTIFUNGALS | | |
| ANTIFUNGALS | | |
| nystatin powder | - | 1 |
| nystatin tab | - | 1 |
| terbinafine tab (LAMISIL equiv) | - | 1 |
| flucytosine cap (ANCOBON equiv) | - | 2 |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | 2 |
| griseofulvin susp (GRIFULVIN equiv) | - | 2 |
| griseofulvin tab (GRIS-PEG equiv) | - | 2 |
| IMIDAZOLE-RELATED ANTIFUNGALS | | |
| fluconazole susp (DIFLUCAN equiv) | - | 1 |
| fluconazole tab (DIFLUCAN equiv) | - | 1 |
| ketoconazole tab (NIZORAL equiv) | - | 1 |
| itraconazole cap (SPORANOX equiv) | PA | 2 |
| NOXAFIL SUSP | - | 2 |
| posaconazole DR tab (NOXAFIL equiv) | - | 2 |
| voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist) | RS | 2 |
| voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist) | RS | 2 |
| itraconazole soln (SPORANOX equiv) | PA | 3 |
| SPORANOX SOLN | PA | 3 |
| CRESEMBA CAP | - | NC |
| NOXAFIL TAB | - | NC |
| TOLSURA CAP | - | NC |
| ANTIHISTAMINES | | |
| ANTIHISTAMINES - ALKYLAMINES | | |
| chlorpheniramine ER cap | - | 1 |
| MICLARA LIQUID | - | NC |
| RYCLORA SYRUP, DEXCHLORPHENIRAMINE SYRUP | - | NC |
| ANTIHISTAMINES - ETHANOLAMINES | | |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1 |
| CARBINOXAMINE SOLN | - | 3 |
| carbinoxamine soln (PALGIC equiv) | - | 3 |
| CARBINOXAMINE TAB | - | 3 |
| carbinoxamine tab (PALGIC equiv) | - | 3 |
| KARBINAL ER SUSP | - | NC |
| RYVENT TAB | - | NC |
| ANTIHISTAMINES - NON-SEDATING | | |
| CLARINEX REDITAB | - | EXC |
| CLARINEX SYRUP | - | EXC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTIHISTAMINES Cont. | | |
| CLARINEX TAB | - | EXC |
| CLARITIN CAP | OTC | EXC |
| DES Loratadine ODT | - | EXC |
| desloratadine tab (CLARINEX equiv) | - | EXC |
| levocetirizine soln (XYZAL equiv) | - | EXC |
| levocetirizine tab (XYZAL equiv) | - | EXC |
| loratadine cap (CLARITIN equiv) | OTC | EXC |
| XYZAL SOLN | - | EXC |
| XYZAL TAB | - | EXC |
| ANTIHISTAMINES - PHENOTHIAZINES | | |
| promethazine syrup | - | 1 |
| promethazine tab (PHENERGAN equiv) | - | 1 |
| promethazine supp (PHENERGAN equiv) | - | 2 |
| PROMETHEGAN SUPP | - | 2 |
| ANTIHISTAMINES - PIPERIDINES | | |
| cyproheptadine syrup | - | 1 |
| cyproheptadine tab | - | 1 |
| ANTIHYPERLIPIDEMICS | | |
| ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS | | |
| NEXLETOL TAB | - | NC |
| ANTIHYPERLIPIDEMICS - COMBINATIONS | | |
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered)) | QL | 3 |
| ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage) | - | NC |
| NEXLIZET TAB | - | NC |
| OMEGA-3 RX PAK COMPLETE | - | NC |
| ANTIHYPERLIPIDEMICS - MISC. | | |
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | 2 |
| VASCEPA CAP 0.5GM (QL= 4 caps/day) | QL | 2 |
| VASCEPA CAP 1GM (QL= 4 caps/day) | QL | 2 |
| icosapent ethyl cap 1gm (VASCEPA equiv) | - | NC |
| KYNAMRO INJ | - | NC |
| BILE ACID SEQUESTRANTS | | |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | 1 |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | 1 |
| cholestyramine powder (QUESTRAN equiv) | - | 1 |
| cholestyramine powder pack (QUESTRAN equiv) | - | 1 |
| colestipol tab (COLESTID equiv) | - | 1 |
| colesevelam pack (WELCHOL equiv) | - | 2 |
| colesevelam tab (WELCHOL equiv) | - | 2 |
| colestipol granule (COLESTID equiv) | - | 3 |
| colestipol powder packet (COLESTID equiv) | - | 3 |
| WELCHOL PACK | - | 3 |
| WELCHOL TAB | - | 3 |
| FIBRIC ACID DERIVATIVES | | |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTIHYPERTENSIVES Cont. | | |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | 1 |
| fenofibric acid DR cap (TRILIPIX equiv) | - | 1 |
| gemfibrozil tab (LOPID equiv) | - | 1 |
| FENOFIBRIC TAB, FIBRICOR TAB | - | 3 |
| ANTARA CAP, LOFIBRA CAP | - | NC |
| fenofibrate cap 43mg, 130mg (ANTARA equiv) | - | NC |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG | - | NC |
| fenofibrate tab 40mg, 120mg (FENOGLIDE equiv) | - | NC |
| TRIGLIDE TAB | - | NC |
| TRILIPIX CAP | - | NC |
| HMG COA REDUCTASE INHIBITORS | | |
| atorvastatin tab 10mg (LIPITOR equiv) | - | \$0 |
| atorvastatin tab 20mg (LIPITOR equiv) | - | \$0 |
| lovastatin tab (MEVACOR equiv) | - | \$0 |
| pravastatin tab (PRAVACHOL equiv) | - | \$0 |
| rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day) | QL | \$0 |
| rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day) | QL | \$0 |
| simvastatin tab (ZOCOR equiv) (80mg is Not Covered) | - | \$0 |
| atorvastatin tab 40mg (LIPITOR equiv) | - | 1 |
| atorvastatin tab 80mg (LIPITOR equiv) | - | 1 |
| rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day) | QL | 1 |
| rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day) | QL | 1 |
| fluvastatin cap (LESCOL equiv) | - | 2 |
| fluvastatin ER tab (LESCOL XL equiv) | - | 3 |
| LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | ST | 3 |
| ADVICOR TAB | - | NC |
| ALTOPREV TAB | - | NC |
| EZALLOR SPRINKLE CAP | - | NC |
| FLOLIPID SUSP | - | NC |
| SIMCOR TAB | - | NC |
| SIMVASTATIN SUSP | - | NC |
| simvastatin tab 80mg (ZOCOR equiv) | - | NC |
| ZOCOR TAB 80MG | - | NC |
| ZYPITAMAG TAB | - | NC |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS | | |
| ezetimibe tab (ZETIA equiv) | - | 1 |
| ZETIA TAB | - | NC |
| MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS | | |
| JUXTAPID CAP | - | NC |
| NICOTINIC ACID DERIVATIVES | | |
| niacin ER tab (NIASPAN equiv) | - | 1 |
| NIASPAN ER TAB | - | 3 |
| NIACOR TAB | - | NC |
| PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS | | |
| PRALUENT INJ (QL= 2 inj/28 days) | PA-QL | 2 |
| REPATHA INJ (QL= 2 inj/28 days) | PA-QL | 2 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTIHYPERTENSIVES Cont. | | |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) | PA-QL | 2 |

ANTIHYPERTENSIVES

ACE INHIBITORS

| | | |
|---|----|---|
| benazepril tab (LOTENSIN equiv) | - | 1 |
| enalapril tab (VASOTEC equiv) | - | 1 |
| fosinopril tab (MONOPRIL equiv) | - | 1 |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | 1 |
| moexipril tab (UNIVASC equiv) | - | 1 |
| perindopril tab (ACEON equiv) | - | 1 |
| quinapril tab (ACCUPRIL equiv) | - | 1 |
| ramipril cap (ALTACE equiv) | - | 1 |
| trandolapril tab (MAVIK equiv) | - | 1 |
| captopril tab (CAPOTEN equiv) | - | 2 |
| EPANED PREMIXED SOLN | PA | 3 |
| EPANED SOLN | PA | 3 |
| QBRELIS SOLN | PA | 3 |

AGENTS FOR PHEOCHROMOCYTOMA

| | | |
|--|---|----|
| phenoxybenzamine cap (DIBENZYLINE equiv) | - | 2 |
| DEMSEER CAP | - | NC |
| metyrosine cap (DEMSEER equiv) | - | NC |

ANGIOTENSIN II RECEPTOR ANTAGONISTS

| | | |
|----------------------------------|---|----|
| candesartan tab (ATACAND equiv) | - | 1 |
| irbesartan tab (AVAPRO equiv) | - | 1 |
| losartan tab (COZAAR equiv) | - | 1 |
| olmesartan tab (BENICAR equiv) | - | 1 |
| telmisartan tab (MICARDIS equiv) | - | 1 |
| valsartan tab (DIOVAN equiv) | - | 1 |
| EDARBI TAB | - | NC |
| EPROSARTAN TAB | - | NC |

ANTIADRENERGIC ANTIHYPERTENSIVES

| | | |
|--------------------------------------|---|---|
| clonidine tab (CATAPRES equiv) | - | 1 |
| doxazosin tab (CARDURA equiv) | - | 1 |
| guanfacine IR tab (TENEX equiv) | - | 1 |
| methyldopa tab (ALDOMET equiv) | - | 1 |
| prazosin cap (MINIPRESS equiv) | - | 1 |
| terazosin cap (HYTRIN equiv) | - | 1 |
| clonidine patch (CATAPRES-TTS equiv) | - | 2 |
| CATAPRES-TTS PATCH | - | 3 |
| GUANABENZ TAB | - | 3 |
| NEXICLON XR SUSP | - | 3 |
| NEXICLON XR TAB | - | 3 |
| RESERPINE TAB | - | 3 |

ANTIHYPERTENSIVE COMBINATIONS

| | | |
|---|---|---|
| amlodipine/benazepril cap (LOTREL equiv) | - | 1 |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | 1 |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTIHYPERTENSIVES Cont. | | |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | 1 |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | 1 |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | 1 |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | 1 |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | 1 |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | 1 |
| METHYLDOPA/HYDROCHLOROTHIAZIDE TAB | - | 1 |
| MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB | - | 1 |
| moexipril/hydrochlorothiazide tab (UNIRETIC equiv) | - | 1 |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | 1 |
| PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB | - | 1 |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | 1 |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | 1 |
| amlodipine/olmesartan tab (AZOR equiv) | - | 2 |
| amlodipine/valsartan tab (EXFORGE equiv) | - | 2 |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) | - | 2 |
| METOPROLOL/HYDROCHLOROTHIAZIDE TAB | - | 2 |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | 2 |
| AMTURNIDE TAB | - | 3 |
| CORZIDE TAB 80-5MG | - | 3 |
| nadolol/bendroflumethiazide tab (CORZIDE equiv) | - | 3 |
| TARKA TAB | - | 3 |
| TEKAMLO TAB | - | 3 |
| TEKTURNA HCT TAB | - | 3 |
| trandolapril/verapamil ER tab (TARKA equiv) | - | 3 |
| VALTURNA TAB | - | 3 |
| BYVALSON TAB | - | NC |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) | - | NC |
| DUTOPROL TAB | - | NC |
| EDARBYCLOR TAB | - | NC |
| MICARDIS HCT TAB | - | NC |
| olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv) | - | NC |
| PRESTALIA TAB | - | NC |
| telmisartan/amlodipine tab (TWYNSTA equiv) | - | NC |
| telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) | - | NC |
| TRIBENZOR TAB | - | NC |
| ANTIHYPERTENSIVES - MISC. | | |
| VECAMYL TAB | - | NC |
| DIRECT RENIN INHIBITORS | | |
| aliskiren tab (TEKTURNA equiv) | ¢ | 3 |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | | |
| eplerenone tab (INSPRA equiv) | ¢ | 3 |
| VASODILATORS | | |
| hydralazine tab (APRESOLINE equiv) | - | 1 |
| minoxidil tab (LONITEN equiv) | - | 1 |

ANTI-INFECTIVE AGENTS - MISC.

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTI-INFECTIVE AGENTS - MISC. Cont. | | |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| metronidazole cap (FLAGYL equiv) | - | 1 |
| metronidazole tab (FLAGYL equiv) | - | 1 |
| trimethoprim tab (PROLOPRIM equiv) | - | 1 |
| pentamidine neb soln (NEBUPENT equiv) | - | 2 |
| FIRST METRONIDAZOLE SUSP | - | 3 |
| FLAGYL ER TAB | - | 3 |
| PRIMSOL SOLN | - | 3 |
| tinidazole tab (TINDAMAX equiv) | - | 3 |
| XIFAXAN TAB 200MG (QL= 9 tabs/3 days) | QL | 3 |
| XIFAXAN TAB 550MG (QL= 2 tabs/day) | PA-QL | 3 |
| AEMCOLO TAB | - | NC |
| IMPAVIDO CAP | - | NC |
| ANTI-INFECTIVE MISC. - COMBINATIONS | | |
| erythromycin/sulfisoxazole susp (PEDIAZOLE equiv) | - | 1 |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | 1 |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | 1 |
| HYOPHEN TAB | - | NC |
| UTA cap | - | NC |
| ANTIPROTOZOAL AGENTS | | |
| ALINIA SUSP (QL= 60ml/3 days) | PA-QL | 2 |
| atovaquone susp (MEPRON equiv) | - | 2 |
| nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days) | PA-QL | 2 |
| LAMPIT TAB | - | NC |
| GLYCOPEPTIDES | | |
| FIRST-VANCOMYCIN SOLN | - | 1 |
| FIRVANQ SOLN | - | 1 |
| vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill) | QL | 1 |
| VANCOCIN CAP (QL= 56 caps/fill) | QL | 3 |
| VANCOMYCIN INJ | - | NC |
| VANCOMYCIN SOLN | - | NC |
| KETOLIDES | | |
| KETEK TAB | - | 3 |
| LEPROSTATICS | | |
| dapsone tab | - | 1 |
| LINCOSAMIDES | | |
| clindamycin cap (CLEOCIN equiv) | - | 1 |
| clindamycin soln (CLEOCIN equiv) | - | 2 |
| MONOBACTAMS | | |
| CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-RS | S |
| OXAZOLIDINONES | | |
| linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 2 |
| linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 2 |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist) | QL-RS | 2 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|----------|--------------|------|
|----------|--------------|------|

ANTI-INFECTIVE AGENTS - MISC. Cont.

PLEUROMUTILINS

| | | |
|---|-------|---|
| XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
|---|-------|---|

POLYMYXINS

| | | |
|---|---|----|
| colistimethate inj (COLY-MYCIN M equiv) | - | NC |
|---|---|----|

URINARY ANTI-INFECTIVES

| | | |
|---|---|----|
| methenamine mandelate tab | - | 1 |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | 1 |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | 1 |
| methenamine hippurate tab (HIPREX equiv) | - | 2 |
| fosfomycin tromethamine powder pack (MONUROL equiv) | - | 3 |
| MONUROL GRANULE PACK | - | 3 |
| nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv) | - | NC |
| nitrofurantoin susp (FURADANTIN equiv) | - | NC |

ANTIMALARIALS

ANTIMALARIAL COMBINATIONS

| | | |
|---|---|----|
| atovaquone/proguanil tab (MALARONE equiv) | - | 1 |
| FANSIDAR TAB | - | 3 |
| PYRIMETHAMINE/LEUCOVORIN CAP | - | NC |

ANTIMALARIALS

| | | |
|--|----------|----|
| chloroquine tab (ARALEN equiv) | - | 1 |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | 1 |
| primaquine tab (PRIMAQUINE equiv) | - | 1 |
| KRINTAFEL TAB | - | 2 |
| MEFLOQUINE TAB | - | 2 |
| mefloquine tab (LARIAM equiv) | - | 2 |
| ARAKODA TAB | - | 3 |
| QUALAQUIN CAP | - | NC |
| quinine sulfate cap (QUALAQUIN equiv) | - | NC |
| pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S |

ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS

| | | |
|---|-------|----|
| pyridostigmine tab (MESTINON equiv) | - | 1 |
| PROSTIGMIN TAB | - | 2 |
| pyridostigmine CR tab (MESTINON equiv) | - | 2 |
| pyridostigmine soln (MESTINON equiv) | - | 3 |
| FIRDAPSE TAB | - | NC |
| PYRIDOSTIGMINE TAB 30MG | - | NC |
| RUZURGI TAB (Only available through PantheRx Pharmacy 855-726-8479) | LD-PA | S |

ANTIMYCOBACTERIAL AGENTS

ANTI TB COMBINATIONS

| | | |
|--------------|---|---|
| RIFAMATE CAP | - | 2 |
|--------------|---|---|

ANTIMYCOBACTERIAL AGENTS

| | | |
|------------------|---|---|
| ISONIAZID SYRUP | - | 1 |
| ISONIAZID TAB | - | 1 |
| pyrazinamide tab | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIMYCOBACTERIAL AGENTS Cont. | | |
| ethambutol tab (MYAMBUTOL equiv) | - | 2 |
| PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| PRIFTIN TAB | - | 2 |
| rifabutin cap (MYCOBUTIN equiv) | - | 2 |
| rifampin cap (RIFADIN equiv) | - | 2 |
| CYCLOSERINE CAP | - | NC |
| cycloserine cap (CYCLOSERINE CAP equiv) | - | NC |
| SIRTURO TAB | - | NC |

ANTINEOPLASTICS

ANTINEOPLASTICS MISC.

| | | |
|--------------------------------|-----|---|
| tretinoin cap (VESANOID equiv) | MSP | S |
|--------------------------------|-----|---|

TOPOISOMERASE I INHIBITORS

| | | |
|--------------|--------|---|
| HYCAMTIN CAP | MSP-PA | S |
|--------------|--------|---|

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

| | | |
|--------------------------------------|--------------|----|
| cyclophosphamide cap | - | 2 |
| cyclophosphamide tab (CYTOXAN equiv) | - | 2 |
| GLEOSTINE/LOMUSTINE CAP | - | 2 |
| HEXALEN CAP | - | 2 |
| LEUKERAN TAB | - | 2 |
| melphalan tab (ALKERAN equiv) | - | 2 |
| CYCLOPHOSPHAMIDE TAB | - | NC |
| AFINITOR TAB 10MG (QL= 1 tab/day) | MSP-PA-QL-SF | S |
| MYLERAN TAB | MSP | S |
| temozolomide cap (TEMODAR equiv) | MSP | S |

ANTIMETABOLITES

| | | |
|---------------------------------------|-----|----|
| METHOTREXATE INJ | - | 1 |
| methotrexate tab (Trexall equiv) | - | 1 |
| mercaptapurine tab (PURINETHOL equiv) | - | 2 |
| TABLOID TAB | - | 2 |
| ONUREG TAB | - | NC |
| PURIXAN SUSP | - | NC |
| TREXALL TAB | - | NC |
| XATMEP SOLN | - | NC |
| capecitabine tab (XELODA equiv) | MSP | S |

ANTINEOPLASTIC - ANTIBODIES

| | | |
|-------------|---|----|
| GAZYVA INJ | - | NC |
| RIABNI SOLN | - | NC |

ANTINEOPLASTIC - BCL-2 INHIBITORS

| | | |
|--|-------|---|
| VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | S |
| VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | S |

ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS

| | | |
|--------------|-----------|----|
| DAURISMO TAB | - | NC |
| ERIVEDGE CAP | MSP-PA-SF | S |
| ODOMZO CAP | MSP-PA-SF | S |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | | |
| anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |
| exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |
| bicalutamide tab (CASODEX equiv) | - | 1 |
| letrozole tab (FEMARA equiv) | - | 1 |
| megestrol susp (MEGACE equiv) | - | 1 |
| megestrol tab (MEGACE equiv) | - | 1 |
| EMCYT CAP | - | 2 |
| FLUTAMIDE CAP | - | 2 |
| flutamide cap (EULEXIN equiv) | - | 2 |
| toremifene tab (FARESTON equiv) | - | 2 |
| abiraterone acetate tab 500mg (ZYTIGA equiv) | - | NC |
| HYDROXYPROGESTERONE CAPROATE INJ | - | NC |
| ORGOVYX TAB | - | NC |
| XTANDI CAP | - | NC |
| XTANDI TAB | - | NC |
| YONSA TAB | - | NC |
| abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day) | MSP-QL | S |
| ERLEADA TAB (QL= 4 tabs/day) | MSP-PA-QL | S |
| LYSODREN TAB (Only available through Walgreens 888-347-3416) | LD | S |
| nilutamide tab (NILANDRON equiv) | MSP | S |
| NUBEQA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | S |
| ANTINEOPLASTIC - IMMUNOMODULATORS | | |
| POMALYST CAP (QL= 21 caps/28 days) | MSP-PA-QL | S |
| ANTINEOPLASTIC - XPO1 INHIBITORS | | |
| XPOVIO PAK (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | S |
| ANTINEOPLASTIC COMBINATIONS | | |
| HERCEPTIN HYLECTA INJ | - | NC |
| KISQALI PAK | - | NC |
| INQOVI TAB (QL= 5 tabs/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | S |
| LONSURF TAB (Only available through Walgreens 888-347-3416) | LD-PA | S |
| ANTINEOPLASTIC ENZYME INHIBITORS | | |
| AFINITOR TAB 2.5MG, 5MG, 7.5MG | - | NC |
| ALUNBRIG PAK | - | NC |
| GAVRETO CAP | - | NC |
| INREBIC CAP | - | NC |
| KISQALI TAB | - | NC |
| TARCEVA TAB | - | NC |
| TEPMETKO TAB | - | NC |
| TYKERB TAB | - | NC |
| UKONIQ TAB | - | NC |
| AFINITOR DISPERZ (QL= 1 tab/day) | MSP-PA-QL-SF | S |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| ALEGENSA CAP (QL= 8 caps/day) | MSP-PA-QL | S |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | S |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | S |
| AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | S |
| BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | S |
| BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | S |
| BALVERSA TAB 5MG (QL= 1 tab/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | S |
| BOSULIF TAB | MSP-PA-SF | S |
| BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S |
| BRUKINSA CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | S |
| CABOMETYX TAB (QL= 1 tab/day) | MSP-PA-QL-SF | S |
| CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | S |
| CAPRELSA TAB (Only available through Biologics 800-850-4306) | LD-PA | S |
| COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | S |
| COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S |
| COTELLIC TAB (QL= 3 tabs/day) | MSP-PA-QL | S |
| erlotinib tab (TARCEVA equiv) | MSP-PA-SF | S |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day) | MSP-PA-QL-SF | S |
| FARYDAK CAP (QL= 6 caps/21 days) | MSP-PA-QL | S |
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| IBRANCE CAP (QL= 21 caps/28 days) | MSP-PA-QL | S |
| IBRANCE TAB (QL= 21 caps/28 days) | MSP-PA-QL | S |
| ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144) | LD-PA-QL-SF | S |
| IDHIFA TAB (QL= 1 tab/day) | MSP-PA-QL | S |
| imatinib tab (GLEEVEC equiv) | MSP | S |
| IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S |
| IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S |
| IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S |
| INLYTA TAB (QL= 8 tabs/day) | MSP-PA-QL-SF | S |
| IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | S |
| JAKAFI TAB (QL= 2 tabs/day) | MSP-PA-QL | S |
| KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633) | LD-PA-QL | S |
| lapatinib ditosylate tab (TYKERB equiv) | MSP-PA | S |
| LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| LORBRENA TAB 100MG (QL= 1 tab/day) | MSP-PA-QL-SF | S |
| LORBRENA TAB 25MG (QL= 3 tabs/day) | MSP-PA-QL-SF | S |
| LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day) | LD-PA-QL-SF | S |
| LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day) | LD-PA-QL-SF | S |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day) | MSP-PA-QL | S |
| MEKINIST TAB 2MG (QL= 1 tab/day) | MSP-PA-QL | S |
| MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S |
| NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | S |
| NEXAVAR TAB | MSP-PA-SF | S |
| NINLARO CAP | MSP-PA | S |
| PEMAZYRE TAB (QL= 14 tabs/21 days; Only available through Biologics 800-850-4306) | LD-PA-QL | S |
| PIQRAY TAB | MSP-PA-SF | S |
| QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--|-----|--|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| RETEVMO CAP (QL= 4 caps/day) | MSP-PA-QL-SF | S |
| ROZLYTREK CAP (QL= 3 caps/day) | MSP-PA-QL-SF | S |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779) | LD-PA-QL-SF | S |
| RYDAPT CAP | MSP-PA | S |
| SPRYCEL TAB | MSP-PA-SF | S |
| STIVARGA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | S |
| SUTENT CAP | MSP-PA-SF | S |
| TABRECTA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | S |
| TAFINLAR CAP (QL= 4 caps/day) | MSP-PA-QL | S |
| TAGRISSE TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | S |
| TALZENNA CAP 0.25MG (QL= 3 caps/day) | MSP-PA-QL-SF | S |
| TALZENNA CAP 1MG (QL= 1 cap/day) | MSP-PA-QL-SF | S |
| TASIGNA CAP | MSP-PA-SF | S |
| TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633) | LD-PA-QL | S |
| TIBSOVO TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S |
| TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | S |
| TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | S |
| VERZENIO TAB (QL= 2 tabs/day) | MSP-PA-QL-SF | S |
| VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | S |
| VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | S |
| VITRAKVI SOLN (QL= 10ml/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | S |
| VIZIMPRO TAB (QL= 1 tab/day) | MSP-PA-QL-SF | S |
| VOTRIENT TAB | MSP-PA-SF | S |
| XALKORI CAP (QL= 2 caps/day) | MSP-PA-QL-SF | S |
| XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | S |
| ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | S |
| ZELBORAF TAB (QL= 8 tabs/day) | MSP-PA-QL | S |
| ZOLINZA CAP | MSP-PA-SF | S |
| ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | S |
| ZYKADIA CAP (QL= 3 caps/day) | MSP-PA-QL-SF | S |
| ZYKADIA TAB (QL= 3 tabs/day) | MSP-PA-QL-SF | S |
| ANTINEOPLASTICS MISC. | | |
| hydroxyurea cap (HYDREA equiv) | - | 1 |
| MATULANE CAP | - | 2 |
| PROLEUKIN INJ | - | NC |
| SYLATRON INJ | - | NC |
| SYNRIBO INJ | - | NC |
| ACTIMMUNE INJ (Only available through Walgreens 888-347-3416) | LD-PA | S |
| ALFERON-N INJ | MSP | S |
| bexarotene cap (TARGRETIN equiv) | MSP-PA-SF | S |
| INTRON-A INJ | MSP | S |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS | | |
| leucovorin tab | - | 1 |
| MESNEX TAB | MSP | S |
| MITOTIC INHIBITORS | | |
| ETOPOSIDE CAP | MSP | S |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIPARKINSON AGENTS | | |
| ANTIPARKINSON ADJUVANTS | | |
| carbidopa tab (LODOSYN equiv) | - | 2 |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| benztropine tab | - | 1 |
| trihexyphenidyl tab (ARTANE equiv) | - | 1 |
| ANTIPARKINSON COMT INHIBITORS | | |
| entacapone tab (COMTAN equiv) | - | 2 |
| tolcapone tab (TASMAR equiv) | - | 3 |
| ANTIPARKINSON DOPAMINERGICS | | |
| amantadine cap (SYMMETREL equiv) | - | 1 |
| amantadine syrup (SYMMETREL equiv) | - | 1 |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | 1 |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | 1 |
| carbidopa/levodopa tab (SINEMET equiv) | - | 1 |
| pramipexole tab (MIRAPEX equiv) | - | 1 |
| ropinirole tab (REQUIP equiv) | - | 1 |
| amantadine tab | - | 2 |
| bromocriptine cap (PARLODEL equiv) | - | 2 |
| bromocriptine tab (PARLODEL equiv) | - | 2 |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | 2 |
| NEUPRO PATCH | - | 3 |
| pramipexole ER tab (MIRAPEX ER equiv) | - | 3 |
| ropinirole ER tab (REQUIP XL equiv) | - | 3 |
| APOKYN INJ | - | NC |
| DUOPA ENTERAL SUSP | - | NC |
| GOCOVRI CAP | - | NC |
| RYTARY CAP | - | NC |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS | | |
| selegiline cap (ELDEPRYL equiv) | - | 1 |
| selegiline tab (ELDEPRYL equiv) | - | 1 |
| rasagiline tab (AZILECT equiv) | ¢ | 2 |
| XADAGO TAB (QL= 1 tab/day) | PA-QL | 3 |
| ZELAPAR ODT | - | NC |
| ANTIPARKINSON AND RELATED THERAPY AGENTS | | |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| trihexyphenidyl elixir (ARTANE equiv) | - | 1 |
| ANTIPARKINSON COMT INHIBITORS | | |
| ONGENTYS CAP | - | NC |
| ANTIPARKINSON DOPAMINERGICS | | |
| INBRIJA INH POWDER (QL= 10 caps/day) | PA-QL | 3 |
| KYNMOBI FILM | - | NC |
| KYNMOBI TITRATION KIT | - | NC |
| OSMOLEX ER TAB | - | NC |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS | | |
| ANTIMANIC AGENTS | | |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| lithium carbonate cap (ESKALITH ER equiv) | - | 1 |
| lithium carbonate ER tab (LITHOBID equiv) | - | 1 |
| lithium carbonate tab | - | 1 |
| LITHIUM CITRATE SOLN | - | 1 |
| ANTIPSYCHOTICS - MISC. | | |
| ziprasidone cap (GEODON equiv) | - | 1 |
| EQUETRO CAP | - | 2 |
| LATUDA TAB (QL= 1 tab/day; Step Therapy requires trial of quetiapine) | QL-ST-¢ | 2 |
| CAPLYTA CAP | - | NC |
| NUPLAZID CAP | - | NC |
| NUPLAZID TAB | - | NC |
| VRAYLAR CAP | - | NC |
| VRAYLAR PACK | - | NC |
| BENZISOXAZOLES | | |
| risperidone soln (RISPERDAL equiv) | - | 1 |
| risperidone tab (RISPERDAL equiv) | - | 1 |
| paliperidone ER tab (INVEGA equiv) | PA | 2 |
| RISPERIDONE ODT | - | 2 |
| risperidone ODT (RISPERDAL M equiv) | - | 2 |
| FANAPT TAB (QL= 2 tabs/day) | PA-QL | 3 |
| FANAPT TITRATION PACK (QL= 1 pack/plan year) | PA-QL | 3 |
| INVEGA INJ | - | NC |
| BUTYROPHENONES | | |
| haloperidol lactate conc (HALDOL equiv) | - | 1 |
| haloperidol tab (HALDOL equiv) | - | 1 |
| DIBENZAPINES | | |
| loxapine cap (LOXITANE equiv) | - | 1 |
| olanzapine tab (ZYPREXA equiv) | - | 1 |
| quetiapine tab (SEROQUEL equiv) | - | 1 |
| quetiapine XR tab (SEROQUEL XR equiv) | - | 1 |
| asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day) | PA-QL | 2 |
| CLOZAPINE ODT | - | 2 |
| CLOZAPINE ODT 12.5MG | - | 2 |
| clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) | - | 2 |
| CLOZAPINE ODT, FAZACLO ODT | - | 2 |
| clozapine tab (CLOZARIL equiv) | - | 2 |
| olanzapine ODT (ZYPREXA equiv) | - | 2 |
| ADASUVE INHALER | - | NC |
| SECUADO PATCH | - | NC |
| VERSACLOZ SUSP | - | NC |
| DIHYDROINDOLONES | | |
| MOLINDONE TAB | - | NC |
| PHENOTHIAZINES | | |
| chlorpromazine tab (THORAZINE equiv) | - | 1 |
| fluphenazine tab (PROLIXIN equiv) | - | 1 |
| perphenazine tab (TRILAFON equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| prochlorperazine supp (COMPAZINE equiv) | - | 1 |
| prochlorperazine tab (COMPAZINE equiv) | - | 1 |
| thioridazine tab (MELLARIL equiv) | - | 1 |
| trifluoperazine tab (STELAZINE equiv) | - | 1 |
| QUINOLINONE DERIVATIVES | | |
| aripiprazole tab (ABILIFY equiv) | - | 1 |
| ABILIFY MYCITE TAB | - | NC |
| aripiprazole ODT (ABILIFY equiv) | - | NC |
| aripiprazole soln (ABILIFY equiv) | - | NC |
| REXULTI TAB | - | NC |
| THIOXANTHENES | | |
| thiothixene cap (NAVANE equiv) | - | 1 |
| ANTISEPTICS & DISINFECTANTS | | |
| ANTISEPTICS & DISINFECTANTS | | |
| HYLAMEND GEL FIRST AID | - | NC |
| CHLORINE ANTISEPTICS | | |
| PHISOHEX LIQUID | - | 3 |
| IODINE ANTISEPTICS | | |
| IODOFLEX PAD | - | NC |
| ANTIVIRALS | | |
| ANTIRETROVIRALS | | |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) | - | \$0 |
| nevirapine tab (VIRAMUNE equiv) | - | 1 |
| abacavir soln (ZIAGEN equiv) | - | 2 |
| abacavir tab (ZIAGEN equiv) | - | 2 |
| abacavir/lamivudine tab (EPZICOM equiv) | - | 2 |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) | - | 2 |
| APTIVUS CAP | - | 2 |
| APTIVUS SOLN | - | 2 |
| atazanavir cap (REYATAZ equiv) | - | 2 |
| BIKTARVY TAB | - | 2 |
| CIMDUO TAB | - | 2 |
| COMPLERA TAB | - | 2 |
| CRIVAN CAP | - | 2 |
| DELSTRIGO TAB | - | 2 |
| DESCOVY TAB | PA | 2 |
| didanosine DR cap (VIDEX EC equiv) | - | 2 |
| DIDANOSINE DR CAP, VIDEX EC CAP | - | 2 |
| DOVATO TAB | - | 2 |
| EDURANT TAB | - | 2 |
| efavirenz cap (SUSTIVA equiv) | - | 2 |
| efavirenz tab (SUSTIVA equiv) | - | 2 |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) | - | 2 |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) | - | 2 |
| emtricitabine cap (EMTRIVA equiv) | - | 2 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIVIRALS Cont. | | |
| EMTRIVA SOLN | - | 2 |
| EVOTAZ TAB | - | 2 |
| fosamprenavir tab (LEXIVA equiv) | - | 2 |
| GENVOYA TAB | - | 2 |
| INTELENCE TAB | - | 2 |
| INVIRASE CAP | - | 2 |
| INVIRASE TAB | - | 2 |
| ISENTRESS (HD) TAB | - | 2 |
| ISENTRESS CHEW TAB | - | 2 |
| ISENTRESS POWDER PACK | - | 2 |
| JULUCA TAB | - | 2 |
| KALETRA TAB | - | 2 |
| lamivudine soln (EPIVIR equiv) | - | 2 |
| lamivudine tab (EPIVIR equiv) | - | 2 |
| lamivudine/zidovudine tab (COMBIVIR equiv) | - | 2 |
| LEXIVA SUSP | - | 2 |
| lopinavir/ritonavir soln (KALETRA equiv) | - | 2 |
| NEVIRAPINE ER TAB (Step Therapy requires trial of nevirapine) | ST | 2 |
| nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine) | ST | 2 |
| nevirapine susp (VIRAMUNE equiv) | - | 2 |
| NORVIR CAP | - | 2 |
| NORVIR POWDER PACK | - | 2 |
| NORVIR SOLN | - | 2 |
| ODEFSEY TAB | - | 2 |
| PIFELTRO TAB | - | 2 |
| PREZCOBIX TAB | - | 2 |
| PREZISTA SUSP | - | 2 |
| PREZISTA TAB | - | 2 |
| RESCRIPTOR TAB | - | 2 |
| REYATAZ POWDER PACK | - | 2 |
| ritonavir tab (NORVIR equiv) | - | 2 |
| RUKOBIA ER TAB (Restricted to Infectious Disease Specialist) | RS | 2 |
| SELZENTRY SOLN | - | 2 |
| SELZENTRY TAB | - | 2 |
| STAVUDINE CAP | - | 2 |
| stavudine cap (ZERIT equiv) | - | 2 |
| stavudine soln (ZERIT equiv) | - | 2 |
| STRIBILD TAB | - | 2 |
| SYMTUZA TAB | - | 2 |
| tenofovir disoproxil fumarate tab (VIREAD equiv) | - | 2 |
| TIVICAY PD TAB | - | 2 |
| TIVICAY TAB | - | 2 |
| TRIUMEQ TAB | - | 2 |
| VIDEX SOLN | - | 2 |
| VIRACEPT POWDER | - | 2 |
| VIRACEPT TAB | - | 2 |
| VIREAD TAB | - | 2 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--|-----|--|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIVIRALS Cont. | | |
| VITEKTA TAB | - | 2 |
| zidovudine cap (RETROVIR equiv) | - | 2 |
| zidovudine syrup (RETROVIR equiv) | - | 2 |
| zidovudine tab (RETROVIR equiv) | - | 2 |
| EMTRIVA CAP | - | 3 |
| SUSTIVA TAB | - | 3 |
| SYMFI (LO) TAB | - | 3 |
| ZERIT SOLN | - | 3 |
| ATRIPLA TAB | - | NC |
| CABENUVA IM SUSP | - | NC |
| TYBOST TAB | - | NC |
| VOCABRIA TAB | - | NC |
| FUZEON INJ | MSP | S |
| CMV AGENTS | | |
| GANCICLOVIR CAP | - | 2 |
| valganciclovir soln (VALCYTE equiv) | - | 2 |
| valganciclovir tab (VALCYTE equiv) | - | 2 |
| PREVYMIS TAB | - | NC |
| HEPATITIS AGENTS | | |
| adefovir dipivoxil tab (HEPSERA equiv) | - | 2 |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | QL | 2 |
| EPIVIR HBV SOLN | - | 2 |
| lamivudine tab 100mg (EPIVIR HBV equiv) | - | 2 |
| VEMLIDY TAB | - | 2 |
| BARACLUDE SOLN | - | NC |
| DAKLINZA TAB | - | NC |
| EPCLUSA TAB | - | NC |
| HARVONI PELLETT PAK | - | NC |
| HARVONI TAB | - | NC |
| INCIVEK TAB | - | NC |
| MODERIBA TAB | - | NC |
| OLYSIO CAP | - | NC |
| RIBAPAK TAB | - | NC |
| RIBAVIRIN TAB 400MG | - | NC |
| SOVALDI PELLETT PAK | - | NC |
| SOVALDI TAB | - | NC |
| TECHNIVIE TAB | - | NC |
| TYZEKA TAB | - | NC |
| VICTRELIS CAP | - | NC |
| VIEKIRA XR TAB | - | NC |
| ZEPATIER TAB | - | NC |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day) | MSP-PA-QL | S |
| MAVYRET TAB (QL= 3 tabs/day) | MSP-PA-QL | S |
| PEGASYS INJ | MSP | S |
| PEG-INTRON INJ | MSP | S |
| REBETOL SOLN | MSP | S |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIVIRALS Cont. | | |
| ribavirin cap (REBETOL equiv) | MSP | S |
| ribavirin tab (COPEGUS equiv) | MSP | S |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/ day) | MSP-PA-QL | S |
| VOSEVI TAB (QL= 1 tab/day) | MSP-PA-QL | S |
| HERPES AGENTS | | |
| acyclovir cap (ZOVIRAX equiv) | - | 1 |
| acyclovir susp (ZOVIRAX equiv) | - | 1 |
| acyclovir tab (ZOVIRAX equiv) | - | 1 |
| valacyclovir tab (VALTREX equiv) | - | 1 |
| famciclovir tab (FAMVIR equiv) | - | 3 |
| SITAVIG TAB | - | NC |
| INFLUENZA AGENTS | | |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill) | QL | 1 |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill) | QL | 1 |
| RIMANTADINE TAB | - | 1 |
| oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill) | QL | 2 |
| RELENZA DISKHALER (QL= 1 inhaler/fill) | QL | 2 |
| XOFLUZA TAB (QL= 2 tabs/fill) | QL | 3 |
| RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS | | |
| ribavirin inh soln (VIRAZOLE equiv) | - | NC |
| ASSORTED CLASSES | | |
| CHELATING AGENTS | | |
| D-PENAMINE TAB | - | 2 |
| IMMUNOMODULATORS | | |
| REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist) | MSP-QL-RS | S |
| THALOMID CAP | MSP-PA | S |
| IMMUNOSUPPRESSIVE AGENTS | | |
| azathioprine tab (IMURAN equiv) | - | 1 |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | 1 |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | 1 |
| tacrolimus cap (PROGRAF equiv) | - | 1 |
| cyclosporine cap (SANDIMMUNE equiv) | - | 2 |
| cyclosporine modified cap (NEORAL equiv) | - | 2 |
| cyclosporine modified soln (NEORAL equiv) | - | 2 |
| mycophenolate DR tab (MYFORTIC equiv) | - | 2 |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | 2 |
| SANDIMMUNE SOLN 100MG/ML | - | 2 |
| sirolimus tab (RAPAMUNE equiv) | - | 2 |
| ZORTRESS TAB 1MG | PA | 2 |
| AZASAN TAB | - | NC |
| ENVARUSUS XR TAB | - | NC |
| POTASSIUM REMOVING RESINS | | |
| sodium polystyrene susp (SPS equiv) | - | 1 |
| sodium polystyrene powder (KAYEXALATE equiv) | - | 2 |
| VELTASSA POWDER | PA | 3 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| BETA BLOCKERS | | |
| ALPHA-BETA BLOCKERS | | |
| carvedilol tab (COREG equiv) | - | 1 |
| labetalol tab (NORMODYNE equiv) | - | 1 |
| carvedilol phosphate ER cap (COREG CR equiv) | - | NC |
| COREG CR CAP | - | NC |
| BETA BLOCKERS CARDIO-SELECTIVE | | |
| acebutolol cap (SECTRAL equiv) | - | 1 |
| atenolol tab (TENORMIN equiv) | - | 1 |
| betaxolol tab (KERLONE equiv) | - | 1 |
| bisoprolol tab (ZEBETA equiv) | - | 1 |
| metoprolol ER tab (TOPROL XL equiv) | - | 1 |
| metoprolol tab (LOPRESSOR equiv) | - | 1 |
| BYSTOLIC TAB | ¢ | 2 |
| FIRST ATENOLOL SOLN | - | 3 |
| FIRST METOPROLOL ORAL SOLN | - | 3 |
| KAPSPARGO CAP | - | NC |
| metoprolol tab 37.5mg, 75mg (LOPRESSOR equiv) | - | NC |
| BETA BLOCKERS NON-SELECTIVE | | |
| pindolol tab (VISKEN equiv) | - | 1 |
| propranolol ER cap (INDERAL LA equiv) | - | 1 |
| PROPRANOLOL SOLN | - | 1 |
| propranolol tab (INDERAL equiv) | - | 1 |
| sotalol AF tab (BETAPACE AF equiv) | - | 1 |
| sotalol tab (BETAPACE equiv) | - | 1 |
| timolol maleate tab (BLOCADREN equiv) | - | 1 |
| nadolol tab (CORGARD equiv) | - | 2 |
| LEVATOL TAB | - | 3 |
| HEMANGEOL SOLN | - | NC |
| INDERAL XL CAP, INNOPRAN XL CAP | - | NC |
| SOTYLIZE SOLN | - | NC |
| BIOLOGICALS MISC | | |
| ALLERGENIC EXTRACTS | | |
| GRASTEK SL TAB | - | NC |
| ORALAIR SL TAB | - | NC |
| RAGWITEK SL TAB | - | NC |
| CALCIUM CHANNEL BLOCKERS | | |
| CALCIUM CHANNEL BLOCKER COMBINATIONS | | |
| CONSENSI TAB | - | NC |
| CALCIUM CHANNEL BLOCKERS | | |
| amlodipine tab (NORVASC equiv) | - | 1 |
| diltiazem ER cap (CARDIZEM CD equiv) | - | 1 |
| diltiazem ER cap (CARDIZEM SR equiv) | - | 1 |
| diltiazem ER cap (DILACOR XR equiv) | - | 1 |
| diltiazem ER cap (TIAZAC equiv) | - | 1 |
| diltiazem tab (CARDIZEM equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| CALCIUM CHANNEL BLOCKERS Cont. | | |
| felodipine ER tab (PLENDIL equiv) | - | 1 |
| isradipine cap (DYNACIRC equiv) | - | 1 |
| nifedipine cap (PROCARDIA equiv) | - | 1 |
| nifedipine ER tab (ADALAT CC equiv) | - | 1 |
| VERAPAMIL CAP 100MG | - | 1 |
| VERAPAMIL ER CAP 200MG | - | 1 |
| VERAPAMIL ER CAP 300MG | - | 1 |
| verapamil SR cap (VERELAN equiv) | - | 1 |
| VERAPAMIL SR CAP 360mg | - | 1 |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | 1 |
| verapamil tab (CALAN equiv) | - | 1 |
| diltiazem ER tab (CARDIZEM LA equiv) | - | 2 |
| CARDENE SR CAP | - | 3 |
| COVERA-HS TAB | - | 3 |
| DYNACIRC CR TAB | - | 3 |
| nicardipine cap (CARDENE equiv) | - | 3 |
| nimodipine cap (NIMOTOP equiv) | - | 3 |
| nisoldipine ER tab (SULAR equiv) | - | 3 |
| NISOLDIPINE ER TAB 20MG, 30MG, 40MG | - | 3 |
| VERELAN PM ER CAP 100MG, 300MG | - | 3 |
| VERELAN SR CAP 360mg | - | 3 |
| CONJUPRI TAB | - | NC |
| KATERZIA SUSP | - | NC |
| NYMALIZE SOLN | - | NC |

CARDIOTONICS

CARDIAC GLYCOSIDES

| | | |
|--------------------------------|---|----|
| DIGOXIN SOLN | - | 1 |
| digoxin soln (LANOXIN equiv) | - | 1 |
| digoxin tab (LANOXIN equiv) | - | 1 |
| LANOXIN INJ | - | NC |
| LANOXIN TAB 0.0625MG, 0.1875MG | - | NC |

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

| | | |
|--|----|---|
| amlodipine/atorvastatin tab (CADUET equiv) | - | 2 |
| ENTRESTO TAB (QL= 2 tabs/day) | QL | 2 |

IMPOTENCE AGENTS

| | | |
|---|----|----|
| CAVERJECT INJ (QL= 6 inj/30 days) | QL | 2 |
| EDEX INJ (QL= 6 inj/30 days) | QL | 2 |
| MUSE SUPP (QL= 6 supp/30 days) | QL | 2 |
| sildenafil tab (VIAGRA equiv) (QL=6 tabs/30 days) | QL | 2 |
| STENDRA TAB (QL= 6 tabs/30 days) | QL | 2 |
| tadalafil tab (CIALIS equiv) (QL= 6 tabs/30 days) | QL | 2 |
| vardenafil ODT (STAXYN equiv) (QL= 6 tabs/30 days) | QL | 2 |
| vardenafil tab (LEVITRA equiv) (QL= 6 tabs/30 days) | QL | 2 |
| CIALIS TAB | - | NC |
| LEVITRA TAB | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| CARDIOVASCULAR AGENTS - MISC. Cont. | | |
| VIAGRA TAB | - | NC |
| PERIPHERAL VASODILATORS | | |
| isoxsuprine tab | - | 3 |
| PROSTAGLANDIN VASODILATORS | | |
| ORENITRAM TAB | - | NC |
| REMODULIN INJ 10MG/ML | - | NC |
| REMODULIN INJ 1MG/ML | - | NC |
| REMODULIN INJ 2.5MG/ML | - | NC |
| REMODULIN INJ 5MG/ML | - | NC |
| treprostinil inj 10mg/ml (REMODULIN equiv) | - | NC |
| treprostinil inj 1mg/ml (REMODULIN equiv) | - | NC |
| treprostinil inj 2.5mg/ml (REMODULIN equiv) | - | NC |
| treprostinil inj 5mg/ml (REMODULIN equiv) | - | NC |
| TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416) | LD-QL-RS | S |
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | S |
| OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | S |
| TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS | | |
| sildenafil tab 20mg (REVATIO equiv) | PA | 1 |
| ADCIRCA TAB | - | NC |
| REVATIO SUSP | - | NC |
| sildenafil susp (REVATIO equiv) | - | NC |
| tadalafil tab (PAH) (ADCIRCA equiv) | MSP-PA | S |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | | |
| UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR | | |
| ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| SINUS NODE INHIBITORS | | |
| CORLANOR SOLN | PA | 3 |
| CORLANOR TAB | PA | 3 |
| TRANSTHYRETIN STABILIZERS | | |
| VYNDAMAX CAP (QL= 1 cap/day) | MSP-PA-QL | S |
| VYNDAQEL CAP (QL= 4 caps/day) | MSP-PA-QL | S |
| VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) | | |
| VERQUVO TAB | - | NC |

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

| | | |
|---------------------------------|---|---|
| cefadroxil cap (DURICEF equiv) | - | 1 |
| cefadroxil susp (DURICEF equiv) | - | 1 |
| CEFADROXIL TAB | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| CEPHALOSPORINS Cont. | | |
| cefadroxil tab (DURICEF equiv) | - | 1 |
| cephalexin cap (KEFLEX equiv) | - | 1 |
| cephalexin susp (KEFLEX equiv) | - | 1 |
| cephalexin cap 750mg (KEFLEX equiv) | - | NC |
| CEPHALEXIN TAB | - | NC |
| DAXBIA CAP | - | NC |
| KEFLEX CAP 750MG | - | NC |
| CEPHALOSPORINS - 2ND GENERATION | | |
| cefprozil susp (CEFZIL equiv) | - | 1 |
| cefprozil tab (CEFZIL equiv) | - | 1 |
| cefuroxime susp (CEFTIN equiv) | - | 1 |
| cefuroxime tab (CEFTIN equiv) | - | 1 |
| CEFACLOR CAP | - | 3 |
| cefaclor cap (CECLOR equiv) | - | 3 |
| CEFACLOR ER TAB | - | 3 |
| CEFACLOR SUSP | - | 3 |
| cefaclor susp (CEFACLOR equiv) | - | 3 |
| CEPHALOSPORINS - 3RD GENERATION | | |
| cefdinir cap (OMNICEF equiv) | - | 1 |
| cefdinir susp (OMNICEF equiv) | - | 1 |
| CEDAX CAP | - | 3 |
| CEDAX SUSP | - | 3 |
| CEFDITOREN TAB | - | 3 |
| cefixime cap (SUPRAX equiv) | - | 3 |
| cefixime susp (SUPRAX equiv) | - | 3 |
| cefopodoxime proxetil susp (VANTIN equiv) | - | 3 |
| cefopodoxime proxetil tab (VANTIN equiv) | - | 3 |
| SPECTRACEF TAB | - | 3 |
| SUPRAX CAP | - | 3 |
| SUPRAX CHEW TAB | - | 3 |
| SUPRAX SUSP 500MG/5ML | - | 3 |
| SUPRAX TAB | - | 3 |

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

| | | |
|---|---|-----|
| amethyst tab (LYBREL equiv) | - | \$0 |
| ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv) | - | \$0 |
| cryselle tab | - | \$0 |
| enpresse tab (TRI-LEVELLEN equiv) | - | \$0 |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | \$0 |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | - | \$0 |
| junel FE tab (LOESTRIN FE equiv) | - | \$0 |
| junel tab (LOESTRIN equiv) | - | \$0 |
| kelnor tab (DEMULEN equiv) | - | \$0 |
| layolis FE tab, wymzya FE tab (FEMCON FE equiv) | - | \$0 |
| NECON TAB | - | \$0 |
| norel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv) | - | \$0 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| CONTRACEPTIVES Cont. | | |
| nortrel tab (OVCON 35 equiv) | - | \$0 |
| sprintec 28 tab (ORTHO-CYCLEN equiv) | - | \$0 |
| tri-legest tab (ESTROSTEP FE equiv) | - | \$0 |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | - | \$0 |
| TYBLUME TAB | - | \$0 |
| velivet tab (CYCLESSA equiv) | - | \$0 |
| vienva tab, lessina tab, kurvelo tab (ALESSE equiv) | - | \$0 |
| viorele tab, kariva tab (MIRCETTE equiv) | - | \$0 |
| LO LOESTRIN TAB | - | 3 |
| LOESTRIN 24 FE TAB | - | 3 |
| mibelas chew tab (MINASTRIN equiv) | - | 3 |
| NATAZIA TAB | - | 3 |
| norethindrone/ethinyl estradiol 21 tab (LOESTRIN 21 equiv) | - | 3 |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) | - | 3 |
| norethindrone/ethinyl estradiol tab (LOESTRIN equiv) | - | 3 |
| BALCOLTRA TAB | - | NC |
| BEYAZ TAB | - | NC |
| drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | - | NC |
| drospirenone/ethinyl estradiol/levomefolate tab (SAFYRAL equiv) | - | NC |
| FALESSA KIT | - | NC |
| norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv) | - | NC |
| TAYTULLA CAP | - | NC |
| YAZ TAB | - | NC |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL | | |
| zafemy patch (XULANE equiv) | - | \$0 |
| TWIRLA PATCH | - | NC |
| COMBINATION CONTRACEPTIVES - VAGINAL | | |
| NUVARING | - | \$0 |
| ANNOVERA RING | - | NC |
| eluryng vaginal ring (NUVARING equiv) | - | NC |
| COPPER CONTRACEPTIVES - IUD | | |
| PARAGARD IUD | - | \$0 |
| EMERGENCY CONTRACEPTIVES | | |
| ELLA TAB | - | \$0 |
| levonorgestrel tab (PLAN B equiv) | OTC | \$0 |
| LEVONORGESTREL TAB 0.75MG | - | \$0 |
| PLAN B TAB | OTC | \$0 |
| PROGESTIN CONTRACEPTIVES - IMPLANTS | | |
| IMPLANON IMPLANT, NEXPLANON IMPLANT | - | \$0 |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days) | QL | \$0 |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days) | QL | \$0 |
| DEPO-PROVERA INJ | - | NC |
| PROGESTIN CONTRACEPTIVES - IUD | | |
| MIRENA IUD | - | \$0 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| CONTRACEPTIVES Cont. | | |
| PROGESTIN CONTRACEPTIVES - ORAL | | |
| norethindrone tab (NORA-QD equiv) | - | \$0 |
| SLYND TAB | - | 3 |
| CORTICOSTEROIDS | | |
| GLUCOCORTICOSTEROIDS | | |
| DEXAMETHASONE CONC | - | 1 |
| dexamethasone elixir | - | 1 |
| DEXAMETHASONE SOLN | - | 1 |
| dexamethasone tab (DECADRON equiv) | - | 1 |
| hydrocortisone tab (CORTEF equiv) | - | 1 |
| methylprednisolone dose pack (MEDROL equiv) | - | 1 |
| methylprednisolone tab (MEDROL equiv) | - | 1 |
| prednisolone soln (PEDIAPRED equiv) | - | 1 |
| PREDNISOLONE SYRUP | - | 1 |
| prednisolone syrup (PRELONE equiv) | - | 1 |
| PREDNISON SOLN | - | 1 |
| prednisone tab (DELTASONE equiv) | - | 1 |
| budesonide SR cap (ENTOCORT EC equiv) | - | 2 |
| CORTISONE ACETATE TAB | - | 2 |
| prednisolone ODT (ORAPRED equiv) | - | 2 |
| budesonide ER tab (UCERIS equiv) (QL=1 tab/day) | PA-QL | 3 |
| MILLIPRED TAB | - | 3 |
| PREDNISOLONE SOLN | - | 3 |
| ALKINDI SPRINKLE CAP | - | NC |
| dexamethasone pak (DEXPAK equiv) | - | NC |
| DEXPAK TAB | - | NC |
| DXEVO 11-DAY PAK | - | NC |
| EMFLAZA SUSP | - | NC |
| EMFLAZA TAB | - | NC |
| FLO-PRED SUSP | - | NC |
| HEMADY TAB | - | NC |
| LIDOLOG KIT | - | NC |
| MILLIPRED DP PAK | - | NC |
| ORTIKOS ER CAP | - | NC |
| prednisone pack | - | NC |
| PREDNISON/DIPHENHYDRAMINE KIT | - | NC |
| RAYOS TAB | - | NC |
| MINERALOCORTICIDS | | |
| fludrocortisone tab (FLORINEF equiv) | - | 1 |
| COUGH/COLD/ALLERGY | | |
| ANTITUSSIVES | | |
| benzonatate cap (TESSALON equiv) | - | 1 |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | 1 |
| benzonatate cap 150mg (ZONATUSS equiv) | - | NC |
| ZONATUSS CAP 150MG | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|---|---|
| COUGH/COLD/ALLERGY Cont. | | |
| COUGH/COLD/ALLERGY COMBINATIONS | | |
| GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill) | OTC-QL | 1 |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill) | OTC-QL | 1 |
| promethazine DM syrup | - | 1 |
| promethazine VC syrup (PHENERGAN VC equiv) | - | 1 |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | 1 |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | 1 |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days) | QL | 3 |
| HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID (QL= 120ml/fill, 2 fills/month) | QL | 3 |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month) | QL | 3 |
| NEOTUSS PLUS LIQUID | - | 3 |
| TUSSI-ORGANI SYRUP (QL= 240ml/fill) | QL | 3 |
| CLARINEX-D TAB | - | EXC |
| DECON-A LIQUID | OTC | EXC |
| SEMPREX-D CAP | - | EXC |
| DURAVENT PE TAB | - | NC |
| HDC DM SYRUP | - | NC |
| HYCOFENIX SOLN | - | NC |
| MUCINEX LIQUID | - | NC |
| POLY-TUSSIN DM SYRUP | - | NC |
| TUSSICAPS | - | NC |
| TUSSI-PRES LIQUID | - | NC |
| TUSSLIN LIQUID | OTC | NC |
| TUXARIN ER TAB | - | NC |
| TUZISTRA XR SUSP | - | NC |
| EXPECTORANTS | | |
| SSKI SOLN | - | 2 |
| GUAIFENESEN SYRUP | - | NC |
| guaifenesin tab (ALLFEN JR equiv) | - | NC |
| MUCINEX TAB | - | NC |
| MISC. RESPIRATORY INHALANTS | | |
| sodium chloride neb soln (HYPER-SAL equiv) | - | 1 |
| NEBUSAL NEB SOLN | - | 2 |
| MUCOLYTICS | | |
| acetylcysteine soln (MUCOMYST equiv) | - | 1 |
| DERMATOLOGICALS | | |
| ACNE PRODUCTS | | |
| clindamycin gel (CLEOCIN GEL equiv) | - | 1 |
| clindamycin lotion (CLEOCIN- T equiv) | - | 1 |
| clindamycin pad (CLEOCIN-T equiv) | - | 1 |
| clindamycin topical soln (CLEOCIN-T equiv) | - | 1 |
| ERY PAD | - | 1 |
| erythromycin gel | - | 1 |
| erythromycin pad | - | 1 |
| erythromycin soln | - | 1 |
| tretinoin gel | PA | 1 |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | |
| EXC MSP QL SMKG ¢ | NC =Not Covered Plan Exclusion Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation RxCENTS | INF OTC RS ST |
| generic =small letters Infertility Over-the-Counter Restricted to Specialist Step Therapy | LD PA SF VAC | BRANDS =CAPITAL LETTERS Limited Distribution Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| adapalene cream (DIFFERIN equiv) | PA | 2 |
| adapalene gel (DIFFERIN equiv) | PA | 2 |
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) | PA | 2 |
| amneesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv) | - | 2 |
| AVAR GEL | - | 2 |
| clindamycin/benzoyl peroxide gel (BENZACLIN equiv) | - | 2 |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | - | 2 |
| EPIDUO FORTE GEL | PA | 2 |
| erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv) | - | 2 |
| PRASCION RA CREAM | - | 2 |
| sodium sulfacetamide lotion (KLARON equiv) | - | 2 |
| sodium sulfacetamide/sulfur cream (PLEXION SCT equiv) | - | 2 |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | 2 |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | 2 |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | 2 |
| sodium sulfacetamide/sulfur susp (SUMAXIN equiv) | - | 2 |
| sodium sulfacetamide/sulfur wash (SUMAXIN equiv) | - | 2 |
| tretinoin cream | PA | 2 |
| tretinoin gel (RETIN-A GEL equiv) | PA | 2 |
| EPIDUO GEL 0.1-2.5% | PA | 3 |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | 3 |
| DIFFERIN OTC GEL 0.1% | OTC | EXC |
| ABSORICA CAP | - | NC |
| ABSORICA LD CAP | - | NC |
| ADAPALENE LOTION (DIFFERIN equiv) | - | NC |
| ADAPALENE/BENZOYL PEROXIDE PAD | - | NC |
| AKLIEF CREAM | - | NC |
| ALTRENO LOTION | - | NC |
| AMZEEQ FOAM | - | NC |
| ARAZLO LOTION | - | NC |
| AVAR AEROSOL FOAM | - | NC |
| AVAR PAD | - | NC |
| AZELEX CREAM | - | NC |
| BENZAC WASH | - | NC |
| BENZOYL PEROXIDE CREAM | OTC | NC |
| BENZOYL PEROXIDE/HYDROCORTISONE LOTION | - | NC |
| benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv) | - | NC |
| CLENIA PLUS SUSP | - | NC |
| CLINDACIN KIT | - | NC |
| CLINDAGEL | - | NC |
| clindamycin foam (EVOCLIN equiv) | - | NC |
| clindamycin/tretinoin gel (ZIANA equiv) | - | NC |
| dapsone gel (ACZONE equiv) | - | NC |
| EVOCLIN FOAM | - | NC |
| FABIOR AEROSOL FOAM | - | NC |
| NUCARACLINPA KIT | - | NC |
| NUCARARXPAK KIT | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--|-----|--|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--|--|
| DERMATOLOGICALS Cont. | | |
| ONEXTON GEL | - | NC |
| RETIN-A MICRO GEL 0.04%, 0.1% | - | NC |
| RETIN-A MICRO GEL 0.08%, 0.06% | - | NC |
| ROSULA WASH | - | NC |
| SODIUM SULFACETAMIDE/SULFUR LOTION | - | NC |
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv) | - | NC |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv) | - | NC |
| SODIUM SULFACETAMIDE/SULFUR SUSP | - | NC |
| sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv) | - | NC |
| SUMADAN KIT | - | NC |
| SUMADEN XLT KIT | - | NC |
| TRETIN-X CREAM | - | NC |
| WINLEVI CREAM | - | NC |
| ZIANA GEL | - | NC |
| AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS | | |
| VEREGEN OINT | - | NC |
| AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES | | |
| RENOVA CREAM | - | EXC |
| KYBELLA INJ | - | NC |
| ANALGESICS - TOPICAL | | |
| BACLOFEN CREAM COMPOUND KIT | - | NC |
| TRAMADOL COMPOUND KIT | - | NC |
| ANTIBIOTICS - TOPICAL | | |
| gentamicin sulfate cream | - | 1 |
| gentamicin sulfate oint | - | 1 |
| mupirocin oint (BACTROBAN OINT equiv) | - | 1 |
| CENTANY OINT | - | 3 |
| CORTISPORIN CREAM | - | 3 |
| CORTISPORIN OINT | - | 3 |
| ALTABAX OINT | - | NC |
| BACTROBAN CREAM | - | NC |
| mupirocin cream (BACTROBAN equiv) | - | NC |
| NEO-SYNALAR CREAM | - | NC |
| XEPI CREAM | - | NC |
| ANTIFUNGALS - TOPICAL | | |
| ciclopirox cream (LOPROX CREAM equiv) | - | 1 |
| ciclopirox gel (LOPROX GEL equiv) | - | 1 |
| ciclopirox nail soln (PENLAC equiv) | - | 1 |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | 1 |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | 1 |
| econazole cream (SPECTAZOLE equiv) | - | 1 |
| ketoconazole cream (NIZORAL CREAM equiv) | - | 1 |
| ketoconazole shampoo (NIZORAL SHAMPOO equiv) | - | 1 |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | 1 |
| nystatin oint | - | 1 |
| nystatin topical powder | - | 1 |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | |
| EXC MSP QL SMKG ¢ | NC =Not Covered Plan Exclusion Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation RxCENTS | INF OTC RS ST generic =small letters Infertility Over-the-Counter Restricted to Specialist Step Therapy |
| LD PA SF VAC | BRANDS =CAPITAL LETTERS Limited Distribution Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| DERMATOLOGICALS Cont. | | |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | 2 |
| clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv) | - | 2 |
| EXELDERM CREAM, SULCONAZOLE CREAM | - | 3 |
| EXELDERM SOLN | - | 3 |
| EXELDERM SOLN, SULCONAZOLE SOLN | - | 3 |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv) | - | 3 |
| MENTAX CREAM | - | 3 |
| NAFTIFINE CREAM | - | 3 |
| naftifine cream (NAFTIN equiv) | - | 3 |
| naftifine gel (NAFTIN equiv) | - | 3 |
| NAFTIN GEL | - | 3 |
| oxiconazole nitrate cream (OXISTAT equiv) | - | 3 |
| OXISTAT LOTION | - | 3 |
| clotrimazole cream (LOTRIMIN AF equiv) | OTC | EXC |
| nizoral a-d shampoo (NIZORAL equiv) | OTC | EXC |
| ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv) | - | NC |
| ALOQUIN GEL | - | NC |
| CICLODAN KIT | - | NC |
| ECONASIL KIT | - | NC |
| ECOZA FOAM | - | NC |
| ERTACZO CREAM | - | NC |
| HIXDEFRIMA SOLN | - | NC |
| iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv) | - | NC |
| iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv) | - | NC |
| JUBLIA SOLN | - | NC |
| KERYDIN SOLN | - | NC |
| LOTRIMIN AF CREAM | - | NC |
| LULICONAZOLE CREAM, LUZU CREAM | - | NC |
| NAFTIN GEL 2% | - | NC |
| nystatin/triamcinolone cream | - | NC |
| nystatin/triamcinolone oint | - | NC |
| ONYCHO-MED KIT | - | NC |
| PEDIZOLPAK THERAPY PACK | - | NC |
| PENLAC SOLN | - | NC |
| tavorole soln (KERYDIN equiv) | - | NC |
| VYTONE CREAM 1.9-1% | - | NC |
| XOLEGEL | - | NC |
| ZOLPAK KIT | - | NC |

ANTI-INFLAMMATORY AGENTS - TOPICAL

| | | |
|--|-----|-----|
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill) | QL | 2 |
| diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill) | QL | 2 |
| DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill) | QL | 3 |
| VOLTAREN GEL | OTC | EXC |
| DICLOTREX PAK | - | NC |
| DST PLUS PAK KIT | - | NC |
| GABAPENTIN/NAPROXEN CREAM COMPOUND KIT | - | NC |
| LICART PATCH | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|--------------------------|-----|--|
| EXC | NC =Not Covered | INF | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| MSP | Plan Exclusion | OTC | Infertility | PA | Limited Distribution |
| QL | Mandatory Specialty Pharmacy Program | RS | Over-the-Counter | SF | Prior Authorization |
| SMKG | Quantity Limit | ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months |
| ¢ | Smoking Cessation | | Step Therapy | | Vaccine Program |
| | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary
Category/Class

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| DERMATOLOGICALS Cont. | | |
| NAPROXEN CREAM COMPOUND KIT | - | NC |
| PENNSAID SOLN | - | NC |
| REXAPHENAC CREAM | - | NC |
| VOPAC 5 CREAM | - | NC |
| VOPAC CREAM | - | NC |
| VOPAC GB CREAM | - | NC |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | | |
| fluorouracil cream (EFUDEX CREAM equiv) | - | 1 |
| FLUOROPLEX CREAM | - | 2 |
| FLUOROURACIL CREAM 0.5% | - | 2 |
| FLUOROURACIL SOLN | - | 2 |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days) | PA-QL | 3 |
| PICATO GEL (QL= 1 box/fill) | QL | 3 |
| CARAC CREAM | - | NC |
| FLUORAC CREAM | - | NC |
| KLISYRI OINT | - | NC |
| ROAOXIA GEL | - | NC |
| SOLARAVIX PAK | - | NC |
| TARGRETIN GEL | MSP-PA | S |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Avella (877) 546-5779) | LD-PA-QL | S |
| ANTIPRURITICS - TOPICAL | | |
| DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM | PA | 3 |
| ANTIPSORIATICS | | |
| 8-MOP CAP | - | 2 |
| acitretin cap (SORIATANE equiv) | - | 2 |
| calcipotriene cream (DOVONEX CREAM equiv) | - | 2 |
| calcipotriene oint | - | 2 |
| calcipotriene soln (DOVONEX SOLN equiv) | - | 2 |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | 2 |
| tazarotene cream 0.1% (TAZORAC equiv) | - | 2 |
| CALCIPOTRIENE FOAM, SORILUX FOAM | - | 3 |
| CALCITRIOL OINT | - | 3 |
| SORILUX FOAM | - | 3 |
| TAZORAC CREAM 0.05% | - | 3 |
| COSENTYX INJ (1-PACK) | - | NC |
| COSENTYX INJ (2-PACK) | - | NC |
| SILIQ INJ | - | NC |
| TAZORAC GEL | - | NC |
| VECTICAL OINT | - | NC |
| SKYRIZI INJ (QL= 2 inj/84 days) | MSP-PA-QL | S |
| STELARA INJ (QL= 1 inj/84 days) | MSP-PA-QL | S |
| TALTZ INJ (QL= 1 inj/28 days) | MSP-PA-QL | S |
| TREMFYA INJ (QL= 1 inj/56 days) | MSP-PA-QL | S |
| ANTISEBORRHEIC PRODUCTS | | |
| selenium sulfide shampoo (SELSEB equiv) | - | 2 |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | 2 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| DERMATOLOGICALS Cont. | | |
| OVACE PLUS CREAM | - | 3 |
| seb-prev cream (OVACE CREAM equiv) | - | 3 |
| sodium sulfacetamide gel (OVACE PLUS equiv) | - | 3 |
| sodium sulfacetamide shampoo (OVACE equiv) | - | 3 |
| sodium sulfacetamide/urea pad (ROSULA equiv) | - | 3 |
| selenium sulfide lotion | OTC | EXC |
| ESKATA SOLN | - | NC |
| OVACE PLUS LOTION | - | NC |
| OVACE PLUS FOAM | - | NC |
| selenium sulfide shampoo 2.3% (SELRX equiv) | - | NC |
| ANTIVIRALS - TOPICAL | | |
| acyclovir oint (ZOVIRAX OINT equiv) | - | 2 |
| acyclovir cream (ZOVIRAX equiv) | - | 3 |
| DENAVIR CREAM | - | NC |
| XERESE CREAM | - | NC |
| ZOVIRAX OINT | - | NC |
| BURN PRODUCTS | | |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | 1 |
| SULFAMYLON CREAM | - | 2 |
| CORTICOSTEROIDS - TOPICAL | | |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | 1 |
| betamethasone augmented gel | - | 1 |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | 1 |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | 1 |
| betamethasone dipropionate lotion | - | 1 |
| betamethasone valerate cream | - | 1 |
| betamethasone valerate lotion | - | 1 |
| betamethasone valerate oint | - | 1 |
| clobetasol propionate cream (TEMOVATE equiv) | - | 1 |
| clobetasol propionate oint (TEMOVATE equiv) | - | 1 |
| clobetasol propionate soln (TEMOVATE equiv) | - | 1 |
| fluocinolone acetonide cream | - | 1 |
| fluocinolone acetonide oint | - | 1 |
| fluocinolone acetonide soln | - | 1 |
| fluocinonide cream 0.05% (LIDEX equiv) | - | 1 |
| fluocinonide emollient cream | - | 1 |
| fluocinonide gel | - | 1 |
| fluocinonide oint | - | 1 |
| fluocinonide soln | - | 1 |
| fluticasone propionate cream (CUTIVATE equiv) | - | 1 |
| fluticasone propionate oint (CUTIVATE equiv) | - | 1 |
| hydrocortisone cream (PROCTOCORT equiv) | - | 1 |
| hydrocortisone lotion (HYTONE equiv) | - | 1 |
| hydrocortisone oint | - | 1 |
| mometasone cream (ELOCON equiv) | - | 1 |
| mometasone oint (ELOCON equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| mometasone soln (ELOCON equiv) | - | 1 |
| triamcinolone cream | - | 1 |
| triamcinolone lotion | - | 1 |
| triamcinolone oint | - | 1 |
| alclometasone cream (ACLOVATE equiv) | - | 2 |
| alclometasone oint (ACLOVATE OINT equiv) | - | 2 |
| BETAMETHASONE AUGMENTED GEL | - | 2 |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | 2 |
| betamethasone dipropionate oint (DIPROSONE OINT equiv) | - | 2 |
| clobetasol foam (OLUX equiv) | - | 2 |
| clobetasol lotion (CLOBEX equiv) | - | 2 |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | 2 |
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | 2 |
| clobetasol shampoo (CLOBEX equiv) | - | 2 |
| clobetasol spray (CLOBEX equiv) | - | 2 |
| desonide cream (DESOWEN equiv) | - | 2 |
| desonide oint (DESOWEN equiv) | - | 2 |
| desoximetasone cream (TOPICORT CREAM equiv) | - | 2 |
| desoximetasone oint (TOPICORT equiv) | - | 2 |
| EPIFOAM AEROSOL | - | 2 |
| flucinolone acetonide oil (DERMA-SMOOTH/FS equiv) | - | 2 |
| halobetasol propionate cream (ULTRAVATE equiv) | - | 2 |
| halobetasol propionate oint (ULTRAVATE equiv) | - | 2 |
| hydrocortisone pramoxine cream (PRAMOSONE equiv) | - | 2 |
| PRAMOSONE E CREAM | - | 2 |
| PREDNICARBATE CREAM | - | 2 |
| prednicarbate cream (DERMATOP equiv) | - | 2 |
| PREDNICARBATE OIN | - | 2 |
| U-CORT CREAM | - | 2 |
| CORDRAN TAPE | - | 3 |
| PANDEL CREAM | - | 3 |
| TOPICORT OINT | - | 3 |
| ALA-SCALP LOTION | - | NC |
| AMCINONIDE CREAM 0.1% | - | NC |
| AMCINONIDE LOTION | - | NC |
| AMCINONIDE OINT | - | NC |
| APEXICON E CREAM (PSORCON E equiv) | - | NC |
| BESER KIT 0.05% | - | NC |
| betamethasone valerate foam (LUXIQ equiv) | - | NC |
| BRYHALI LOTION | - | NC |
| calcipotriene/betamethasone dipropionate susp | - | NC |
| calcipotriene/betamethasone oint (TACLONEX equiv) | - | NC |
| CAPEX SHAMPOO | - | NC |
| clobetasol E foam (OLUX E equiv) | - | NC |
| CLOBETAVIX KIT | - | NC |
| CLOCORTOLONE CREAM | - | NC |
| CLODERM CREAM | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| DERMATOLOGICALS Cont. | | |
| CORDRAN CREAM 0.025% | - | NC |
| CUTIVATE LOTION | - | NC |
| DERMACINRX KIT | - | NC |
| DESONATE GEL | - | NC |
| desonide gel | - | NC |
| desonide lotion (DESOWEN equiv) | - | NC |
| DESOWEN CREAM | - | NC |
| DESOWEN CREAM KIT | - | NC |
| DESOWEN LOTION | - | NC |
| DESOWEN LOTION KIT | - | NC |
| DESOWEN OINT | - | NC |
| DESOWEN OINT KIT | - | NC |
| desoximetasone cream 0.05% (TOPICORT equiv) | - | NC |
| desoximetasone gel (TOPICORT equiv) | - | NC |
| desoximetasone oint 0.05% (TOPICORT equiv) | - | NC |
| DIFLORASONE CREAM | - | NC |
| diflorasone oint | - | NC |
| DUOBRII LOTION | - | NC |
| ENSTILAR FOAM | - | NC |
| flucinonide cream 0.1% (VANOS CREAM equiv) | - | NC |
| FLUOPAR KIT | - | NC |
| FLUOVIX PAK | - | NC |
| flurandrenolide cream (CORDRAN equiv) | - | NC |
| flurandrenolide lotion (CORDRAN equiv) | - | NC |
| flurandrenolide oint (CORDRAN equiv) | - | NC |
| fluticasone propionate lotion (CUTIVATE equiv) | - | NC |
| halcinonide cream (HALOG equiv) | - | NC |
| HALOG CREAM | - | NC |
| HALOG OINT | - | NC |
| HALOG SOLN | - | NC |
| halonate pac kit (ULTRAVATE KIT equiv) | - | NC |
| HC BUTYRATE SOLN | - | NC |
| HC-LIDOCAINE CREAM | - | NC |
| hydrocortisone butyrate cream (LOCOID equiv) | - | NC |
| hydrocortisone butyrate lipocream (LOCOID equiv) | - | NC |
| hydrocortisone butyrate oint (LOCOID equiv) | - | NC |
| hydrocortisone butyrate soln (LOCOID equiv) | - | NC |
| hydrocortisone lotion (LOCOID equiv) | - | NC |
| hydrocortisone lotion 2% (ALA SCALP equiv) | - | NC |
| hydrocortisone valerate cream (WESTCORT equiv) | - | NC |
| hydrocortisone valerate oint (WESTCORT equiv) | - | NC |
| IMPEKLO LOTION | - | NC |
| IMPOYZ CREAM | - | NC |
| LEXETTE FOAM | - | NC |
| LOCOID CREAM | - | NC |
| LOCOID LIPOCREAM | - | NC |
| LOCOID OINT | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| LOCOID SOLN | - | NC |
| LUXIQ FOAM | - | NC |
| MEXPAROX HC CREAM | - | NC |
| MICORT-HC CREAM | - | NC |
| NOVACORT GEL | - | NC |
| OLUX E FOAM | - | NC |
| paramox hc gel (NOVACORT GEL equiv) | - | NC |
| PRAMOSONE CREAM 1-1% | - | NC |
| PRAMOSONE LOTION | - | NC |
| PRAMOSONE OINT | - | NC |
| QUINIXIL PAK | - | NC |
| SERNIVO SPRAY | - | NC |
| SILALITE PAK MIS | - | NC |
| TASOPROL CREAM KIT | - | NC |
| TOPICORT CREAM 0.05% | - | NC |
| TOPICORT GEL | - | NC |
| TOVET KIT | - | NC |
| triamcinolone acetone oint (TRIANEX equiv) | - | NC |
| triamcinolone spray (KENALOG equiv) | - | NC |
| TRIANEX OINT | - | NC |
| TRILOCICLO KIT | - | NC |
| ULTRAVATE LOTION | - | NC |
| ULTRAVATE PAC KIT | - | NC |
| VANOS CREAM | - | NC |
| VERDESO FOAM | - | NC |
| WESTCORT OINT | - | NC |
| WYNZORA CREAM | - | NC |

ECZEMA AGENTS

| | | |
|--------------------------------------|-----------|---|
| DUPIXENT INJ (QL= 2 inj/ 28 days) | MSP-PA-QL | S |
| DUPIXENT INJ (QL= 2 inj/28 days) | MSP-PA-QL | S |
| DUPIXENT PEN INJ (QL= 2 inj/28 days) | MSP-PA-QL | S |

EMOLLIENT/KERATOLYTIC AGENTS

| | | |
|------------------------------------|---|----|
| CARMOL LOTION | - | NC |
| KERAFOAM | - | NC |
| KERALAC CREAM | - | NC |
| UMECTA EMULSION | - | NC |
| UMECTA PD EMULSION | - | NC |
| UMECTA SUSP | - | NC |
| URAMAXIN CREAM | - | NC |
| URAMAXIN GEL | - | NC |
| urea cream | - | NC |
| urea emulsion | - | NC |
| urea gel (URAMAXIN equiv) | - | NC |
| urea lotion (KERALAC LOTION equiv) | - | NC |
| UREA NAIL KIT | - | NC |
| UREA SUSP | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| DERMATOLOGICALS Cont. | | |
| urea susp 40% (UMECTA equiv) | - | NC |
| EMOLLIENTS | | |
| LACTIC ACID LOTION | - | 1 |
| ammonium lactate cream (LAC-HYDRIN equiv) | OTC | EXC |
| ammonium lactate lotion (LAC-HYDRIN equiv) | OTC | EXC |
| HYLINATE LOTION | - | NC |
| ENZYMES - TOPICAL | | |
| SANTYL OINT (QL= 90gm/30 days) | QL | 2 |
| vasolex oint (XENADERM equiv) | - | NC |
| XENADERM OINT | - | NC |
| HAIR GROWTH AGENTS | | |
| finasteride tab (PROPECIA equiv) | - | EXC |
| HAIR REDUCTION AGENTS | | |
| VANIQA CREAM | - | EXC |
| IMMUNOMODULATING AGENTS - TOPICAL | | |
| imiquimod cream (ALDARA equiv) | - | 2 |
| IMIQUIMOD CREAM 3.75% | - | NC |
| imiquimod cream 3.75% (IMIQUIMOD equiv) | - | NC |
| ZYCLARA CREAM | - | NC |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL | | |
| pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older) | - | 2 |
| tacrolimus oint (PROTOPIC OINT equiv) | - | 2 |
| OXIANUJO CREAM | - | NC |
| KERATOLYTIC/ANTIMITOTIC AGENTS | | |
| PODOCON SOLN | - | 2 |
| podofilox soln (CONDYLOX equiv) | - | 2 |
| salicylic acid shampoo (SALEX equiv) | - | 2 |
| CONDYLOX GEL | - | 3 |
| SALEX SHAMPOO | - | 3 |
| GEAMETDRAY GEL | - | NC |
| SALEX LOTION KIT | - | NC |
| salicylic acid soln | - | NC |
| SALIMEZ FORTE CREAM | - | NC |
| XALIX SOL | - | NC |
| LOCAL ANESTHETICS - TOPICAL | | |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | 1 |
| LIDOCAINE GEL | - | 1 |
| lidocaine gel (GLYDO equiv) | - | 1 |
| lidocaine gel (XYLOCAINE equiv) | - | 1 |
| lidocaine soln (XYLOCAINE equiv) | - | 1 |
| lidocaine/prilocaine cream (EMLA equiv) | - | 1 |
| lidocaine oint (QL= 107gm/30 days) | QL | 2 |
| lidocaine patch (LIDODERM equiv) (QL= 3 patches/day) | QL | 3 |
| ADAZIN CREAM | - | NC |
| ANASTIA LOTION | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|--------------------------|-----|--|
| EXC | NC =Not Covered | INF | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| MSP | Plan Exclusion | OTC | Infertility | PA | Limited Distribution |
| QL | Mandatory Specialty Pharmacy Program | RS | Over-the-Counter | SF | Prior Authorization |
| SMKG | Quantity Limit | ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months |
| ¢ | Smoking Cessation | | Step Therapy | | Vaccine Program |
| | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier | | | |
|--|---|------------------------|---|-----------------------|---|
| DERMATOLOGICALS Cont. | | | | | |
| APRIZIO PAK KIT | - | NC | | | |
| capsaicin/menthol topical patch (SINELEE equiv) | - | NC | | | |
| DERMALID PAK | - | NC | | | |
| GEN7T LOTION | - | NC | | | |
| GEN7T PLUS LOTION | - | NC | | | |
| GEN7T PLUS PAD | - | NC | | | |
| L.E.T. GEL | - | NC | | | |
| LIDOCAINE CREAM | - | NC | | | |
| lidocaine cream 3.88% (LIDOTRAL CREAM equiv) | - | NC | | | |
| lidocaine lotion | - | NC | | | |
| lidocaine oint/transparent dressing kit | - | NC | | | |
| LIDOCIN GEL | - | NC | | | |
| LIDOSTREAM KIT | - | NC | | | |
| LIDOTRAL CREAM (lidocaine cream equiv) | - | NC | | | |
| LIDOTREX GEL | - | NC | | | |
| LIDOVEX CREAM | - | NC | | | |
| MEDI-PATCH W/LIDOCAINE PATCH | - | NC | | | |
| MICROVIX LP PAK | - | NC | | | |
| nulido pad (NULIDO equiv) | - | NC | | | |
| NUVAKAAN II KIT | - | NC | | | |
| PLIAGLIS CREAM | - | NC | | | |
| PLIAGLIS KIT | - | NC | | | |
| PROZENA PAD | - | NC | | | |
| SILVERA PAD | - | NC | | | |
| SOLAICE PATCH | - | NC | | | |
| SYNVEXIA TC CREAM | - | NC | | | |
| WPR PLUS | - | NC | | | |
| ZILACAINE PAK | - | NC | | | |
| MISC. DERMATOLOGICAL PRODUCTS | | | | | |
| NEOSALUS FOAM | - | NC | | | |
| MISC. TOPICAL | | | | | |
| aluminum chloride soln (DRYSOL equiv) | - | 1 | | | |
| DRYSOL SOLN | - | 1 | | | |
| DERMACINRX CREAM | - | NC | | | |
| HYCLODEX SOLN | - | NC | | | |
| QBREXZA PAD | - | NC | | | |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL | | | | | |
| EUCRISA OINT | - | NC | | | |
| PIGMENTING-DEPIGMENTING AGENTS | | | | | |
| hydroquinone cream (LUSTRA equiv) | - | EXC | | | |
| TRI-LUMA CREAM | - | EXC | | | |
| ROSACEA AGENTS | | | | | |
| metronidazole lotion (METROLOTION equiv) | - | 1 | | | |
| azelaic acid gel (FINACEA equiv) | - | 2 | | | |
| FINACEA FOAM | - | 2 | | | |
| FINACEA PLUS KIT | - | 2 | | | |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | | | | |
| EXC MSP QL SMKG ¢ | NC =Not Covered Plan Exclusion Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation RxCENTS | INF OTC RS ST | generic =small letters Infertility Over-the-Counter Restricted to Specialist Step Therapy | LD PA SF VAC | BRANDS =CAPITAL LETTERS Limited Distribution Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| metronidazole cream (METROCREAM equiv) | - | 2 |
| metronidazole gel (METROGEL equiv) | - | 2 |
| DOXYCYCLINE CAP, ORACEA CAP | - | NC |
| IVERMECTIN CREAM | - | NC |
| ivermectin cream (SOOLANTRA equiv) | - | NC |
| MIRVASO GEL | - | NC |
| NORITATE CREAM | - | NC |
| RHOFADE CREAM | - | NC |
| ROSADAN KIT | - | NC |
| SOOLANTRA CREAM | - | NC |
| ZILXI FOAM | - | NC |
| SCABICIDES & PEDICULICIDES | | |
| permethrin cream (ELIMITE CREAM equiv) | - | 1 |
| EURAX CREAM | - | 2 |
| SPINOSAD SUSP (QL= 1 bottle/fill) | QL | 2 |
| CROTAN LOTION | - | 3 |
| ivermectin lotion (SKLICE equiv) (QL= 1 tube/fill) | PA-QL | 3 |
| LINDANE LOTION | - | 3 |
| LINDANE SHAMPOO | - | 3 |
| malathion lotion (OVIDE equiv) (QL= 2 bottles/fill) | QL | 3 |
| NATROBA SUSP (QL= 1 bottle/fill) | QL | 3 |
| SKLICE LOTION (QL= 1 tube/fill) | PA-QL | 3 |
| ULESFIA LOTION (QL= 4 bottles/fill) | QL | 3 |
| SCAR TREATMENT PRODUCTS | | |
| SCARCIN GEL | - | NC |
| scarcin gel (SCARCIN equiv) | - | NC |
| SCARCIN LIQUID ROLL-ON | - | NC |
| SILIPAC KIT | - | NC |
| WOUND CARE PRODUCTS | | |
| REGRANEX GEL (QL= 30gm/fill) | QL | 2 |
| ALEVICYN SOLN DERMAL | - | NC |
| BIAFINE EMULSION | - | NC |
| cicatrace kit (REXASIL equiv) | - | NC |
| DIAGNOSTIC PRODUCTS | | |
| DIAGNOSTIC BIOLOGICALS | | |
| TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN | - | NC |
| DIAGNOSTIC DRUGS | | |
| GLUCAGEN INJ | - | 2 |
| GLUCAGON DIAGNOSTIC INJ | - | NC |
| MACRILEN PACK | - | NC |
| DIAGNOSTIC PRODUCTS, MISC. | | |
| FREESTYLE LITE TEST STRIP | OTC | 2 |
| DIAGNOSTIC TESTS | | |
| CLINISTIX TEST STRIP | OTC | 1 |
| KETO-DIASTIX TEST STRIP | OTC | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|------------------------------------|--------------|------|
| DIAGNOSTIC PRODUCTS Cont. | | |
| KETOSTIX | OTC | 1 |
| ACCU-CHEK AVIVA PLUS TEST STRIP | OTC | 2 |
| ACCU-CHEK GUIDE TEST STRIP | OTC | 2 |
| ACCU-CHEK SMARTVIEW TEST STRIP | OTC | 2 |
| ACCU-CHEK TEST STRIP | OTC | 2 |
| FREESTYLE INSULINX TEST STRIP | OTC | 2 |
| FREESTYLE PRECISION NEO TEST STRIP | OTC | 2 |
| FREESTYLE TEST STRIP | OTC | 2 |
| PRECISION XTRA KETONE TEST STRIP | OTC | 2 |
| PRECISION XTRA TEST STRIP | OTC | 2 |
| TEST STRIP (all other test strips) | OTC | NC |

RADIOGRAPHIC CONTRAST MEDIA

| | | |
|----------------|---|----|
| OMNIPAQUE SOLN | - | NC |
| SITZMARKS CAP | - | NC |

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

| | | |
|--------------------|---|----|
| ASTAMED MYO CAP | - | NC |
| DEPLIN CAP | - | NC |
| ELIGEN B12 TAB | - | NC |
| FALESSA TAB | - | NC |
| GLYGEST PAK | - | NC |
| L-METHYLFOLATE TAB | - | NC |
| LUVIRA CAP | - | NC |
| METANX CAP | - | NC |
| OLLIZAC POWDER | - | NC |
| PODIAPN CAP | - | NC |
| XAQUIL XR TAB | - | NC |
| XYZBAC TAB | - | NC |

DIGESTIVE AIDS

DIGESTIVE ENZYMES

| | | |
|---|---|----|
| CREON CAP | - | 2 |
| PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP | - | NC |
| PANCRELIPASE CAP | - | NC |
| SUCRAID SOLN | - | NC |

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

| | | |
|--|---|----|
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | 2 |
| acetazolamide tab | - | 2 |
| methazolamide tab (NEPTAZANE equiv) | - | 2 |
| KEVEYIS TAB | - | NC |

DIURETIC COMBINATIONS

| | | |
|--|---|---|
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | 1 |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | 1 |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | 1 |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | |
|---|--------------------------------|------------------------|--|-------------------------|
| EXC Plan Exclusion | INF Infertility | generic =small letters | LD Limited Distribution | BRANDS =CAPITAL LETTERS |
| MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter | | PA Prior Authorization | |
| QL Quantity Limit | RS Restricted to Specialist | | SF Limited to two 15 day fills per month for first 3 months | |
| SMKG Smoking Cessation | ST Step Therapy | | VAC Vaccine Program | |
| ¢ RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| DIURETICS Cont. | | |
| TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg | - | 2 |
| LOOP DIURETICS | | |
| bumetanide tab (BUMEX equiv) | - | 1 |
| FUROSEMIDE SOLN | - | 1 |
| furosemide soln (LASIX equiv) | - | 1 |
| furosemide tab (LASIX equiv) | - | 1 |
| torsemide tab (DEMADEX equiv) | - | 1 |
| ethacrynic tab (EDECIN equiv) | - | 2 |
| POTASSIUM SPARING DIURETICS | | |
| amiloride tab (MIDAMOR equiv) | - | 1 |
| spironolactone tab (ALDACTONE equiv) | - | 1 |
| triamterene cap (DYRENIUM equiv) | - | 2 |
| DYRENIUM CAP | - | 3 |
| CAROSPIR SUSP | - | NC |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS | | |
| CHLOROTHIAZIDE TAB | - | 1 |
| chlorothiazide tab (DIURIL equiv) | - | 1 |
| CHLORTHALIDONE TAB | - | 1 |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | 1 |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | 1 |
| indapamide tab (LOZOL equiv) | - | 1 |
| METHYCLOTHIAZIDE TAB | - | 1 |
| metolazone tab (ZAROXOLYN equiv) | - | 1 |
| DIURIL SUSP | - | 2 |
| ENDOCRINE AND METABOLIC AGENTS - MISC. | | |
| ADRENAL STEROID INHIBITORS | | |
| ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | S |
| ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | S |
| ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | S |
| BONE DENSITY REGULATORS | | |
| alendronate tab (FOSAMAX equiv) | - | 1 |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days) | QL | 1 |
| ALENDRONATE TAB 40MG | - | 2 |
| calcitonin nasal spray (MIACALCIN equiv) | - | 2 |
| FORTICAL NASAL SPRAY | - | 2 |
| risedronate tab (ACTONEL equiv) | - | 2 |
| alendronate sodium oral soln (FOSAMAX equiv) | - | 3 |
| FOSAMAX+D TAB | - | 3 |
| risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate) | ST | 3 |
| SKELID TAB | - | 3 |
| BINOSTO TAB | - | NC |
| TERIPARATIDE INJ | - | NC |
| FORTEO INJ | MSP | S |
| MIACALCIN INJ | MSP | S |
| NATPARA INJ (Only available through Walgreens 888-347-3416) | LD-PA | S |
| TYMLOS INJ | MSP | S |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | |

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| GNRH/LHRH ANTAGONISTS | | |
| ORLISSA TAB 150MG (QL= 1 tab/day) | PA-QL | 2 |
| ORLISSA TAB 200MG (QL= 2 tabs/day) | PA-QL | 2 |
| GROWTH HORMONE RECEPTOR ANTAGONISTS | | |
| SOMAVERT INJ (Only available through Walgreens 888-347-3416) | LD-PA | S |
| GROWTH HORMONE RELEASING HORMONES (GHRH) | | |
| EGRIFTA INJ | - | EXC |
| GROWTH HORMONES | | |
| HUMATROPE INJ, ZOMACTON INJ | - | NC |
| NORDITROPIN INJ, NUTROPIN AQ INJ | - | NC |
| OMNITROPE INJ | - | NC |
| SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ | - | NC |
| GENOTROPIN INJ | MSP-PA | S |
| HORMONE RECEPTOR MODULATORS | | |
| raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |
| OSPHENA TAB | - | NC |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) | | |
| INCRELEX INJ | MSP | S |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS | | |
| SYNAREL NASAL SOLN | - | 2 |
| FENSOLVI INJ | - | NC |
| METABOLIC MODIFIERS | | |
| calcitriol cap (ROCALTROL equiv) | - | 1 |
| calcitriol soln (ROCALTROL equiv) | - | 1 |
| levocarnitine soln (CARNITOR equiv) | - | 1 |
| levocarnitine tab (CARNITOR equiv) | - | 1 |
| cinacalcet tab (SENSIPAR equiv) | - | 2 |
| doxercalciferol cap (HECTOROL equiv) | - | 2 |
| paricalcitol cap (ZEMPLAR equiv) | - | 2 |
| sodium phenylbutyrate powder (BUPHENYL equiv) | - | 2 |
| sodium phenylbutyrate tab (BUPHENYL equiv) | - | 2 |
| SENSIPAR TAB | - | 3 |
| CALCITRIOL INJ | - | NC |
| CARBAGLU TAB | - | NC |
| CITRULLINE EASY TAB | - | NC |
| KUVAN POWDER PACK | - | NC |
| KUVAN TAB | - | NC |
| MYALEPT INJ | - | NC |
| nitisinone cap (ORFADIN equiv) | - | NC |
| NITYR TAB | - | NC |
| ORFADIN CAP | - | NC |
| ORFADIN SUSP | - | NC |
| RAVICTI LIQUID | - | NC |
| RAYALDEE CAP | - | NC |
| XURIDEN POWDER | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| GALAFOLD CAP (QL= 15 caps/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | S |
| PALYNZIQ INJ (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | S |
| sapropterin dihydrochloride powder packet (KUVAN equiv) | MSP-PA | S |
| sapropterin dihydrochloride soluble tab (KUVAN equiv) | MSP-PA | S |
| STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479) | LD-PA | S |
| POSTERIOR PITUITARY HORMONES | | |
| desmopressin acetate inj (DDAVP equiv) | - | 2 |
| desmopressin acetate tab (DDAVP equiv) | - | 2 |
| desmopressin nasal soln (DDAVP equiv) | - | 2 |
| STIMATE NASAL SOLN | - | 2 |
| DDAVP NASAL SOLN | - | 3 |
| NOCDURNA SL TAB | - | NC |
| NOCTIVA EMULSION SPRAY | - | NC |
| PROLACTIN INHIBITORS | | |
| cabergoline tab (DOSTINEX equiv) | - | 1 |
| SOMATOSTATIC AGENTS | | |
| BYNFEZIA PEN INJ | - | NC |
| MYCAPSSA CAP | - | NC |
| SANDOSTATIN LAR INJ KIT | - | NC |
| SIGNIFOR LAR INJ | - | NC |
| SOMATULINE INJ | - | NC |
| octreotide inj (SANDOSTATIN equiv) | MSP | S |
| SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| VASOPRESSIN RECEPTOR ANTAGONISTS | | |
| SAMSCA TAB, TOLVAPTAN TAB | - | NC |
| tolvaptan tab (SAMSCA equiv) | - | NC |
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S |
| JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S |
| ESTROGENS | | |
| ESTROGEN COMBINATIONS | | |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | 1 |
| estradiol/norethindrone tab (ACTIVEVELLA equiv) | - | 2 |
| jinteli tab (FEMHRT equiv) | - | 2 |
| ORIAHNN CAP (QL= 2 caps/day) | PA-QL | 2 |
| PREMPHASE TAB, PREMPRO TAB | - | 2 |
| PREFEST TAB | - | 3 |
| ANGELIQ TAB | - | NC |
| BIJUVA CAP | - | NC |
| CLIMARA PRO PATCH | - | NC |
| COMBIPATCH | - | NC |
| ESTROGENS | | |
| estradiol patch (CLIMARA equiv) | - | 1 |
| estradiol patch (VIVELLE-DOT equiv) | - | 1 |
| estradiol tab (ESTRACE equiv) | - | 1 |
| ESTROPIPATE TAB | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|------------------------------|--------------|------|
| ESTROGENS Cont. | | |
| estropipate tab (OGEN equiv) | - | 1 |
| PREMARIN TAB | - | 2 |
| ALORA PATCH | - | 3 |
| CENESTIN TAB | - | 3 |
| MENEST TAB | - | 3 |
| DIVIGEL GEL, ELESTRIN GEL | - | NC |
| EVAMIST SPRAY | - | NC |
| MENOSTAR PATCH | - | NC |
| VIVELLE-DOT PATCH | - | NC |

FLUOROQUINOLONES

| FLUOROQUINOLONES | | |
|---|-------|----|
| ciprofloxacin tab (CIPRO equiv) | - | 1 |
| levofloxacin soln (LEVAQUIN equiv) | - | 1 |
| levofloxacin tab (LEVAQUIN equiv) | - | 1 |
| ofloxacin tab (FLOXIN equiv) | - | 1 |
| BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| ciprofloxacin susp (CIPRO equiv) | - | 2 |
| moxifloxacin tab (AVELOX equiv) | - | 2 |
| CIPRO SUSP 5% | - | 3 |
| CIPROFLOXACIN 100MG TAB | - | 3 |
| CIPROFLOXACIN ER TAB | - | 3 |
| NOROXIN TAB | - | 3 |
| FACTIVE TAB | - | NC |
| PROQUIN XR TAB | - | NC |

GASTROINTESTINAL AGENTS - MISC.

| 5-HT4 RECEPTOR AGONISTS | | |
|--------------------------------|----|---|
| MOTEGRITY TAB | PA | 3 |

| AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) | | |
|---|----|---|
| TRULANCE TAB | PA | 2 |

| BILE ACID SYNTHESIS DISORDER AGENTS | | |
|--|-------|---|
| CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226) | LD-PA | S |

| FARNESOID X RECEPTOR (FXR) AGONISTS | | |
|--|---------------|---|
| OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF-¢ | S |

| GALLSTONE SOLUBILIZING AGENTS | | |
|--------------------------------------|---|----|
| ursodiol cap (ACTIGALL equiv) | - | 1 |
| ursodiol tab (URSO (FORTE) equiv) | - | 1 |
| RELTONE CAP | - | NC |

| GASTROINTESTINAL ANTIALLERGY AGENTS | | |
|--|---|---|
| cromolyn conc (GASTROCROM equiv) | - | 2 |

| GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS | | |
|---|---|----|
| AMITIZA CAP, LUBIPROSTONE CAP | - | NC |

| GASTROINTESTINAL STIMULANTS | | |
|------------------------------------|---|----|
| metoclopramide soln (REGLAN equiv) | - | 1 |
| metoclopramide tab (REGLAN equiv) | - | 1 |
| GIMOTI NASAL SPRAY | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| METOZOLV ODT | - | NC |
| INFLAMMATORY BOWEL AGENTS | | |
| balsalazide cap (COLAZAL equiv) | - | 1 |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | 1 |
| sulfasalazine tab (AZULFIDINE equiv) | - | 1 |
| mesalamine DR cap (DELZICOL equiv) | - | 2 |
| mesalamine DR tab (LIALDA equiv) | - | 2 |
| mesalamine enema (ROWASA equiv) | - | 2 |
| mesalamine ER cap (APRISO equiv) | - | 2 |
| mesalamine supp (CANASA equiv) | - | 2 |
| DIPENTUM CAP | - | 3 |
| mesalamine tab (ASACOL equiv) | - | 3 |
| APRISO CAP | - | NC |
| ASACOL HD TAB | - | NC |
| ASACOL HD TAB, MESALAMINE TAB | - | NC |
| DELZICOL CAP | - | NC |
| PENTASA CAP | - | NC |
| ROWASA KIT | - | NC |
| CIMZIA INJ (QL= 2 inj/28 days) | MSP-PA-QL | S |
| CIMZIA STARTER INJ KIT (QL= 1 kit/plan year) | MSP-PA-QL | S |
| INTESTINAL ACIDIFIERS | | |
| lactulose soln | - | 1 |
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS | | |
| alosetron tab (LOTROXEX equiv) | - | 3 |
| LINZESS CAP | - | NC |
| VIBERZI TAB | - | NC |
| ZELNORM TAB | - | NC |
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS | | |
| MOVANTIK TAB | PA | 2 |
| SYMPROIC TAB | PA | 2 |
| alvimopan cap (ENTEREG equiv) | - | NC |
| ENTEREG CAP | - | NC |
| RELISTOR INJ | - | NC |
| RELISTOR INJ KIT | - | NC |
| RELISTOR TAB | - | NC |
| PHOSPHATE BINDER AGENTS | | |
| calcium acetate cap (PHOSLO equiv) | - | 1 |
| FOSRENOL POWDER PACK | - | 2 |
| lanthanum carbonate chew tab (FOSRENOL equiv) | - | 2 |
| PHOSLYRA SOLN | - | 2 |
| sevelamer powder pak (RENVELA equiv) | - | 2 |
| sevelamer tab (RENVELA TAB equiv) | - | 2 |
| AURYXIA TAB | - | 3 |
| FOSRENOL CHEW TAB | - | 3 |
| RENVELA TAB | - | 3 |
| RENAGEL TAB | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| RENAGEL TAB 800MG | - | NC |
| sevelamer hydrochloride tab (RENAGEL equiv) | - | NC |
| VELPHORO CHEW TAB | - | NC |
| SHORT BOWEL SYNDROME (SBS) AGENTS | | |
| GATTEX KIT | - | NC |
| TRYPTOPHAN HYDROXYLASE INHIBITORS | | |
| XERMELO TAB | - | NC |
| GENERAL ANESTHETICS | | |
| ANESTHETICS - MISC. | | |
| KETAMINE HCL TROCHES | - | NC |
| GENITOURINARY AGENTS - MISCELLANEOUS | | |
| ALKALINIZERS | | |
| CYTRA K CRYSTALS | - | 1 |
| CYTRA-3 SYRUP | - | 1 |
| ORACIT SOLN | - | 1 |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | 1 |
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | 1 |
| sodium citrate/citric acid soln (BICITRA equiv) | - | 1 |
| tricitrates soln (POLYCITRA-LC equiv) | - | 1 |
| potassium citrate CR tab (UROCIT-K TAB equiv) | - | 2 |
| CYSTINOSIS AGENTS | | |
| PROCYSBI CAP | - | NC |
| PROCYSBI GRANULES PACKET | - | NC |
| CYSTAGON CAP (Only available through CVS Specialty 800-238-7828) | LD | S |
| INTERSTITIAL CYSTITIS AGENTS | | |
| ELMIRON CAP | - | 2 |
| PENTOSAN CAP | - | NC |
| PROSTATIC HYPERTROPHY AGENTS | | |
| alfuzosin SR tab (UROXATRAL equiv) | - | 1 |
| dutasteride cap (AVODART equiv) | - | 1 |
| finasteride tab (PROSCAR equiv) | - | 1 |
| tamsulosin cap (FLOMAX equiv) | - | 1 |
| dutasteride/tamsulosin cap (JALYN equiv) | - | 2 |
| silodosin cap (RAPAFLO equiv) | - | 2 |
| CARDURA XL TAB | - | NC |
| URINARY ANALGESICS | | |
| phenazopyridine tab (PYRIDIUM equiv) | - | 1 |
| URINARY STONE AGENTS | | |
| LITHOSTAT TAB | - | 3 |
| THIOLA EC TAB | - | NC |
| THIOLA TAB | - | NC |
| GOUT AGENTS | | |
| GOUT AGENT COMBINATIONS | | |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier | | | |
|--|---|------------------------|---|-----------------------|---|
| GOUT AGENTS Cont. | | | | | |
| DUZALLO TAB | - | NC | | | |
| GOUT AGENTS | | | | | |
| allopurinol tab (ZYLOPRIM equiv) | - | 1 | | | |
| colchicine tab (COLCRYS equiv) | - | 2 | | | |
| febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol) | ST-¢ | 2 | | | |
| COLCRYS TAB | - | NC | | | |
| GLOPERBA SOLN | - | NC | | | |
| MITIGARE CAP, COLCHICINE CAP | - | NC | | | |
| ULORIC TAB | - | NC | | | |
| ZURAMPIC TAB | - | NC | | | |
| URICOSURICS | | | | | |
| probenecid tab (BENEMID equiv) | - | 1 | | | |
| HEMATOLOGICAL AGENTS - MISC. | | | | | |
| ANTIHEMOPHILIC PRODUCTS | | | | | |
| AFSTYLA KIT | - | NC | | | |
| HEMLIBRA INJ | MSP-PA | S | | | |
| BRADYKININ B2 RECEPTOR ANTAGONISTS | | | | | |
| FIRAZYR INJ | - | NC | | | |
| icatibant inj (FIRAZYR equiv) | MSP-PA | S | | | |
| COMPLEMENT INHIBITORS | | | | | |
| BERINERT INJ (Only available through Walgreens 888-347-3416) | LD-PA | S | | | |
| CINRYZE INJ (QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | S | | | |
| HAEGARDA INJ | MSP-PA | S | | | |
| RUCONEST INJ (Only available through CVS Specialty 800-237-2767) | LD-PA | S | | | |
| HEMATOLOGIC - TYROSINE KINASE INHIBITORS | | | | | |
| TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | S | | | |
| HEMATORHEOLOGIC AGENTS | | | | | |
| pentoxifylline ER tab (TRENTAL equiv) | - | 1 | | | |
| PLASMA KALLIKREIN INHIBITORS | | | | | |
| ORLADEYO CAP | - | NC | | | |
| TAKHZYRO INJ (QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | S | | | |
| PLATELET AGGREGATION INHIBITORS | | | | | |
| anagrelide cap (AGRYLIN equiv) | - | 1 | | | |
| cilostazol tab (PLETAL equiv) | - | 1 | | | |
| clopidogrel tab 75mg (PLAVIX equiv) | - | 1 | | | |
| dipyridamole tab (PERSANTINE equiv) | - | 1 | | | |
| prasugrel tab (EFFIENT equiv) | - | 1 | | | |
| ticlopidine tab (TICLID equiv) | - | 1 | | | |
| aspirin/dipyridamole cap (AGGRENOX equiv) | - | 2 | | | |
| BRILINTA TAB | - | 3 | | | |
| ZONTIVITY TAB (Restricted to Cardiology Specialist) | RS | 3 | | | |
| ASPIRIN/OMEPRAZOLE ER TAB | - | NC | | | |
| CLOPIDOGREL THERAPY PACK | - | NC | | | |
| PLAVIX TAB 300MG | - | NC | | | |
| YOSPRALA TAB | - | NC | | | |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | | | | |
| EXC MSP QL SMKG ¢ | NC =Not Covered Plan Exclusion Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation RxCENTS | INF OTC RS ST | generic =small letters Infertility Over-the-Counter Restricted to Specialist Step Therapy | LD PA SF VAC | BRANDS =CAPITAL LETTERS Limited Distribution Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| HEMATOLOGICAL AGENTS - MISC. Cont. | | |
| CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S |
| HEMATOPOIETIC AGENTS | | |
| AGENTS FOR GAUCHER DISEASE | | |
| CERDELGA CAP | - | NC |
| ZAVESCA CAP | - | NC |
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523) | LD-PA | S |
| AGENTS FOR SICKLE CELL ANEMIA | | |
| DROXIA CAP | - | 2 |
| SIKLOS TAB | - | NC |
| AGENTS FOR SICKLE CELL DISEASE | | |
| ENDARI POWDER PACK (QL= 6 packets/day) | MSP-PA-QL | S |
| OXBRYTA TAB (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | S |
| COBALAMINS | | |
| cyanocobalamin inj | - | 1 |
| NASCOBAL NASAL SPRAY | - | 3 |
| CALOMIST NASAL SPRAY | - | NC |
| FOLIC ACID/FOLATES | | |
| folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay) | - | \$0 |
| folic acid tab 400mcg (Covered for females only) | OTC | \$0 |
| folic acid tab 800mcg (Covered for females only) | OTC | \$0 |
| HEMATOPOIETIC GROWTH FACTORS | | |
| RETACRIT INJ | - | 2 |
| ARANESP INJ | - | NC |
| EPOGEN INJ | - | NC |
| GRANIX INJ | - | NC |
| LEUKINE INJ | - | NC |
| MIRCERA INJ | - | NC |
| MULPLETA TAB | - | NC |
| NEULASTA INJ | - | NC |
| NEUPOGEN INJ | - | NC |
| NYVEPRIA INJ | - | NC |
| PROCRIT INJ | - | NC |
| REBLOZYL INJ | - | NC |
| UDENYCA INJ | - | NC |
| DOPTELET TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | S |
| FULPHILA INJ | MSP | S |
| NEUMEGA INJ | MSP | S |
| NIVESTYM INJ | MSP | S |
| PROMACTA POWDER | MSP-PA | S |
| PROMACTA TAB | MSP-PA | S |
| ZARXIO INJ | MSP | S |
| ZIEXTENZO INJ | MSP | S |
| HEMATOPOIETIC MIXTURES | | |
| ferrex 150 forte cap | - | 1 |
| ferrex 150 forte cap (NIFEREX 150 FORTE equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--------------------------------------|--------------|------|
| HEMATOPOIETIC AGENTS Cont. | | |
| folbee tab | - | 1 |
| MULTIGEN FOLIC TAB | - | 1 |
| MULTIGEN PLUS TAB | - | 1 |
| MULTIGEN TAB | - | 1 |
| tricon cap (TRINSICON equiv) | - | 1 |
| NEPHRON FA TAB | - | 2 |
| BIFERARX TAB | - | NC |
| B-SERENE PAD | - | NC |
| CORVITE 150 TAB | - | NC |
| CYFOLEX CAP | - | NC |
| FEONYX TAB | - | NC |
| FOLITE TAB | - | NC |
| folvite-d tab (GENICIN VITA-D equiv) | - | NC |
| FOLVITE-FE TAB | - | NC |
| OVEEZA CAP | - | NC |
| PUREFOLIX TAB | - | NC |

IRON

| | | |
|---|-----|-----|
| ferrous sulfate elixir (Covered for members 1 year or younger) | OTC | \$0 |
| FERROUS SULFATE LIQUID (Covered for members 1 year or younger) | OTC | \$0 |
| ferrous sulfate soln (Covered for members 1 year or younger) | OTC | \$0 |
| ferrous sulfate syrup (FERROUS SULFATE equiv) (Covered for members 1 year or younger) | OTC | \$0 |
| IRON SUSP (Covered for members 1 year or younger) | OTC | \$0 |

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

| | | |
|--|---|---|
| aminocaproic acid syrup (AMICAR equiv) | - | 1 |
| aminocaproic acid soln (AMICAR equiv) | - | 2 |
| aminocaproic acid tab (AMICAR equiv) | - | 2 |
| tranexamic acid tab (LYSTEDA equiv) | - | 2 |
| AMICAR SYRUP | - | 3 |

HYPNOTICS

NON-BARBITURATE HYPNOTICS

| | | |
|---|----|---|
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | 1 |
|---|----|---|

OREXIN RECEPTOR ANTAGONISTS

| | | |
|--------------|---|----|
| BELSOMRA TAB | - | NC |
|--------------|---|----|

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

ANTIHISTAMINE HYPNOTICS

| | | |
|---|---|---|
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1 |
|---|---|---|

BARBITURATE HYPNOTICS

| | | |
|----------------------|---|---|
| phenobarbital elixir | - | 1 |
| phenobarbital tab | - | 1 |
| SECONAL CAP | - | 2 |
| BUTISOL ELIXIR | - | 3 |
| BUTISOL TAB | - | 3 |

HYPNOTICS - TRICYCLIC AGENTS

| | | |
|-----------------------------|---|----|
| doxepin tab (SILENOR equiv) | - | NC |
|-----------------------------|---|----|

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont. | | |
| NON-BARBITURATE HYPNOTICS | | |
| estazolam tab (PROSOM equiv) | - | 1 |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | 1 |
| FLURAZEPAM CAP | - | 1 |
| temazepam cap 15mg (RESTORIL equiv) | - | 1 |
| temazepam cap 30mg (RESTORIL equiv) | - | 1 |
| triazolam tab (HALCION equiv) | - | 1 |
| zaleplon cap (SONATA equiv) | - | 1 |
| SOMNOTE CAP | - | 3 |
| temazepam cap 22.5mg (RESTORIL equiv) | - | 3 |
| temazepam cap 7.5mg (RESTORIL equiv) | - | 3 |
| AMBIEN CR TAB | - | NC |
| DORAL TAB | - | NC |
| EDLUAR SL TAB | - | NC |
| INTERMEZZO SL TAB | - | NC |
| zolpidem ER tab (AMBIEN CR equiv) | - | NC |
| zolpidem tartrate SL tab (INTERMEZZO equiv) | - | NC |
| ZOLPIMIST SPRAY | - | NC |
| OREXIN RECEPTOR ANTAGONISTS | | |
| DAYVIGO TAB | - | NC |
| SELECTIVE MELATONIN RECEPTOR AGONISTS | | |
| HETLIOZ CAP | - | NC |
| HETLIOZ SUSP | - | NC |
| ramelteon tab (ROZEREM equiv) | - | NC |
| ROZEREM TAB | - | NC |
| LAXATIVES | | |
| LAXATIVE COMBINATIONS | | |
| GAVILYTE-C SOLN (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 |
| trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL | \$0 |
| CLENPIQ SOLN | - | 2 |
| gavilyte-h kit | - | NC |
| GOLYTELY SOLN | - | NC |
| HALFLYTELY BOWEL PREP KIT | - | NC |
| MOVIPREP SOLN | - | NC |
| NULYTELY SOLN | - | NC |
| peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) | - | NC |
| PLENVU SOLN | - | NC |
| SUCLEAR KIT | - | NC |
| SUPREP SOLN | - | NC |
| SUTAB TAB | - | NC |
| LAXATIVES - MISCELLANEOUS | | |
| lactulose soln | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| LAXATIVES Cont. | | |
| KRISTALOSE PACK | - | 3 |
| KRISTALOSE PACKET | - | 3 |
| MIRALAX POCKET | OTC | EXC |
| MIRALAX POWDER | OTC | EXC |
| polyethylene glycol 3350 powder (MIRALAX equiv) | OTC | EXC |
| polyethylene glycol packet (MIRALAX equiv) | OTC | EXC |
| GIALAX KIT | - | NC |
| LACTULOSE PACK | - | NC |

SALINE LAXATIVES

| | | |
|--------------|---|----|
| VISICOL TAB | - | 3 |
| OSMOPREP TAB | - | NC |

LOCAL ANESTHETICS-PARENTERAL

LOCAL ANESTHETIC COMBINATIONS

| | | |
|-------------------------------------|---|----|
| ROPIVICAINE/CLONIDINE/KETOROLAC INJ | - | NC |
|-------------------------------------|---|----|

MACROLIDES

AZITHROMYCIN

| | | |
|-------------------------------------|---|---|
| azithromycin susp (ZITHROMAX equiv) | - | 1 |
| azithromycin tab (ZITHROMAX equiv) | - | 1 |
| ZITHROMAX POWDER PACK | - | 3 |
| ZMAX SUSP | - | 3 |

CLARITHROMYCIN

| | | |
|---|---|---|
| clarithromycin susp (BIAXIN equiv) | - | 1 |
| clarithromycin tab (BIAXIN equiv) | - | 1 |
| CLARITHROMYC SUSP | - | 2 |
| clarithromycin ER tab (BIAXIN XL equiv) | - | 3 |

ERYTHROMYCINS

| | | |
|--|---|---|
| erythromycin DR cap (ERYC equiv) | - | 2 |
| ERYTHROMYCIN EC CAP | - | 2 |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | 2 |
| erythromycin stearate tab | - | 2 |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | 2 |
| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | 3 |
| erythromycin tab (ERY-TAB equiv) | - | 3 |
| PCE TAB | - | 3 |

FIDAXOMICIN

| | | |
|---|-------|---|
| DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN) | QL-ST | 2 |
| DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN) | QL-ST | 2 |

MEDICAL DEVICES AND SUPPLIES

CONTRACEPTIVES

| | | |
|----------------|-----|-----|
| CERVICAL CAP | - | \$0 |
| DIAPHRAGM | - | \$0 |
| FEMALE CONDOMS | OTC | \$0 |

DIABETIC SUPPLIES

| | | |
|----------------------------|-----|-----|
| ACCU-CHEK AVIVA PLUS METER | OTC | \$0 |
| ACCU-CHEK GUIDE CARE METER | OTC | \$0 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| MEDICAL DEVICES AND SUPPLIES Cont. | | |
| ACCU-CHEK GUIDE ME KIT | OTC | \$0 |
| ACCU-CHEK NANO METER | OTC | \$0 |
| FREESTYLE FREEDOM LITE METER | OTC | \$0 |
| FREESTYLE INSULINX METER | OTC | \$0 |
| FREESTYLE LITE METER | OTC | \$0 |
| FREESTYLE PRECISION NEO METER | OTC | \$0 |
| PRECISION XTRA METER | OTC | \$0 |
| CALIBRATION LIQUID | OTC | 1 |
| LANCET KIT | OTC | 1 |
| LANCETS | OTC | 1 |
| FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year) | PA-QL | 3 |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days) | PA-QL | 3 |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year) | PA-QL | 3 |
| FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days) | PA-QL | 3 |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days) | PA-QL | 3 |
| DEXCOM G6 RECEIVER | - | EXC |
| DEXCOM G6 SENSOR | - | EXC |
| DEXCOM G6 TRANSMITTER | - | EXC |
| OMNIPOD 5 PACK PODS | - | EXC |
| OMNIPOD DASH PODS | - | EXC |
| OMNIPOD STARTER KIT | - | EXC |
| V-GO INJ KIT | - | EXC |
| DIABETIC METER (all other diabetic meters) | OTC | NC |
| MISC. DEVICES | | |
| ALCOHOL SWABS | OTC | 1 |
| ORAL HYGIENE PRODUCTS | | |
| HURRISEAL MIS SNAP | - | NC |
| PARENTERAL THERAPY SUPPLIES | | |
| B-D INSULIN SYRINGE | --OTC | 1 |
| B-D PEN NEEDLE | OTC | 1 |
| NOVOFINE PEN NEEDLE | OTC | 1 |
| NOVOTWIST PEN NEEDLE | OTC | 1 |
| NOVOTWIST/NOVOFINE PEN NEEDLE | OTC | 1 |
| INSULIN SYRINGE | OTC | NC |
| PEN NEEDLE | OTC | NC |
| RESPIRATORY THERAPY SUPPLIES | | |
| PEAK FLOW METER | OTC | 1 |
| AEROCHAMBER | OTC | 2 |
| MIGRAINE PRODUCTS | | |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG | | |
| NURTEC ODT (QL= 8 tabs/30 days, 6 fills/year) | PA-QL | 2 |
| AJOVY INJ | - | NC |
| MIGRAINE COMBINATIONS | | |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB | - | 2 |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv) | - | 2 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| MIGRAINE PRODUCTS Cont. | | |
| MIGERGOT SUPP | - | 2 |
| ergotamine/cafeine tab (CAFERGOT equiv) | - | 3 |
| ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP | - | NC |
| acetaminophen/isometheptene/dichloral cap (MIDRIN equiv) | - | NC |
| PRODRIN TAB | - | NC |
| SUMANSETRON PAK | - | NC |
| sumatriptan/naproxen tab (TREXIMET equiv) | - | NC |
| TREXIMET TAB | - | NC |
| MIGRAINE PRODUCTS | | |
| dihydroergotamine mesylate inj (D.H.E. equiv) | - | NC |
| dihydroergotamine mesylate nasal spray (MIGRANAL equiv) | - | NC |
| MIGRANAL SPRAY | - | NC |
| MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES | | |
| AIMOVIG INJ (QL= 1 pack/28 days) | PA-QL | 2 |
| EMGALITY INJ (QL= 1 inj/28 days) | PA-QL | 2 |
| EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year) | PA-QL | 2 |
| UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year) | PA-QL | 2 |
| AJOVY INJ | - | NC |
| MIGRAINE PRODUCTS - NSAIDS | | |
| CAMBIA POWDER PACKET | - | NC |
| SEROTONIN AGONISTS | | |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 |
| eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year) | PA-QL | 2 |
| sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 2 |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days) | QL | 2 |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 |
| almotriptan tab (AXERT equiv) | - | NC |
| ALSUMA INJ, ZEMBRACE SYMTOUCH INJ | - | NC |
| AXERT TAB | - | NC |
| FROVA TAB | - | NC |
| frovatriptan tab (FROVA equiv) | - | NC |
| ONZETRA XSAIL | - | NC |
| SUMAVEL DOSEPRO INJ | - | NC |
| TOSYMRA SOLN | - | NC |
| ZECUITY PAD | - | NC |

MINERALS & ELECTROLYTES

FLUORIDE

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| MINERALS & ELECTROLYTES Cont. | | |
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | \$0 |
| sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 |
| SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 |
| FLUOR-A-DAY CHEW TAB | - | 1 |
| PHOSPHATE | | |
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv) | - | 1 |
| K-PHOS TAB | - | 2 |
| POTASSIUM | | |
| K-TAB | - | 1 |
| POT/CHLORIDE EFFER TAB | - | 1 |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | 1 |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | 1 |
| potassium chloride ER cap (MICRO-K equiv) | - | 1 |
| potassium chloride ER tab (K-TAB equiv) | - | 1 |
| potassium chloride micro tab (K-DUR equiv) | - | 1 |
| KLOR-CON M15 TAB | - | 2 |
| potassium chloride powder packet (KLOR-CON equiv) | - | 2 |
| potassium chloride soln | - | 2 |
| KLOR-CON POWDER PACKET 25MEQ | - | 3 |
| ZINC | | |
| zinc sulfate cap | - | 1 |
| GALZIN CAP | - | 2 |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| CHELATING AGENTS | | |
| penicillamine tab (DEPEN TITRATAB equiv) | - | 2 |
| penicillamine cap (CUPRIMINE equiv) | - | NC |
| trientine cap (SYPRINE equiv) | MSP-PA | S |
| IMMUNOSUPPRESSIVE AGENTS | | |
| everolimus tab 0.25mg, 0.5mg, 0.75mg (ZORTRESS equiv) | PA | 2 |
| sirolimus soln (RAPAMUNE equiv) | - | 2 |
| ASTAGRAF XL CAP | - | NC |
| LUPKYNIS CAP | - | NC |
| PROGRAF PACKET | - | NC |
| ENSPRYNG INJ (QL= 1 inj/28 days) | MSP-PA-QL | S |
| POTASSIUM REMOVING AGENTS | | |
| SPS SUSP | - | 1 |
| LOKELMA PAK | PA | 2 |
| PROGERIA TREATMENT AGENTS | | |
| ZOKINVY CAP | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| MISCELLANEOUS THERAPEUTIC CLASSES Cont. | | |
| SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS | | |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day) | MSP-PA-QL | S |
| BENLYSTA INJ (QL= 4 inj/28 day) | MSP-PA-QL | S |
| MOUTH/THROAT/DENTAL AGENTS | | |
| ANESTHETICS TOPICAL ORAL | | |
| lidocaine viscous soln | - | 1 |
| LIDOCAINE ORAL SOLN 4% | - | 2 |
| FIRST MOUTHWASH BLM | - | 3 |
| ANTIALLERGY AGENTS - MOUTH/THROAT | | |
| APHTHASOL PASTE | - | 2 |
| ANTI-INFECTIVES - THROAT | | |
| clotrimazole troches (MYCELEX TROCHES equiv) | - | 1 |
| nystatin susp | - | 1 |
| ORAVIG TAB | - | 3 |
| ANTISEPTICS - MOUTH/THROAT | | |
| chlorhexidine gluconate soln (PERIDEX equiv) | - | 1 |
| DENTAL PRODUCTS | | |
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | \$0 |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 |
| sodium fluoride gel (PREVIDENT equiv) | - | 1 |
| sodium fluoride paste (PREVIDENT equiv) | - | 1 |
| sodium fluoride rinse (PREVIDENT equiv) | - | 1 |
| sodium fluoride/potassium nitrate paste (PREVIDENT equiv) | - | 1 |
| PREVIDENT PASTE | - | 2 |
| PREVIDENT RINSE | - | 2 |
| STEROIDS - MOUTH/THROAT | | |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | 1 |
| THROAT PRODUCTS - MISC. | | |
| pilocarpine tab (SALAGEN equiv) | - | 1 |
| cevimeline cap (EVOXAC equiv) | - | 2 |
| GELCLAIR GEL | - | NC |
| PROTHELIAL PASTE | - | NC |
| MULTIVITAMINS | | |
| B-COMPLEX W/ FOLIC ACID | | |
| DIALYVITE TAB | - | 1 |
| dialyvite tab (NEPHRO-VITE equiv) | - | 1 |
| DIALYVITE/ZINC TAB | - | 1 |
| FOLBEE PLUS CZ TAB | - | 1 |
| renaphro cap (NEPHROCAP equiv) | - | 1 |
| FIBRIK CAP | - | NC |
| MULTIPLE VITAMINS & FLUORIDE-FOLIC ACID | | |
| MULTIVITAMIN/FLUORIDE CHEW TAB | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| MULTIVITAMINS Cont. | | |
| MULTIPLE VITAMINS W/ MINERALS | | |
| multivitamin/minerals tab (STROVITE equiv) | - | 1 |
| MULTIVITAMIN/MINERALS TAB | - | NC |
| REMEDIENT CAP | - | NC |
| VITRECYL IRON TAB | - | NC |
| VITRECYL TAB | - | NC |
| MULTIVITAMINS | | |
| FOLIKA-V TAB | - | NC |
| PED MULTI VITAMINS W/FL & FE | | |
| pediatric multiple vitamins/fluoride/iron soln | - | 1 |
| PED MV W/ FLUORIDE | | |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG | - | 1 |
| MULTIVITAMIN/FLOURIDE CHEW 1MG | - | 1 |
| MULTIVITAMIN/FLUORIDE CHEW TAB | - | 1 |
| pediatric multiple vitamins/fluoride chew tab | - | 1 |
| pediatric multiple vitamins/fluoride soln | - | 1 |
| FLORIVA PLUS DROPS | - | 2 |
| QUFLORA PEDIATRIC CHEW TAB | - | 3 |
| POLY-VI-FLOR SUSP | - | NC |
| PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE | | |
| FLORIVA CHEW TAB | - | NC |
| PRENATAL VITAMINS | | |
| CONCEPT DHA CAP | - | 1 |
| PRENATABS RX TAB | - | 1 |
| PRENATAL 19 CHEW TAB | - | 1 |
| PRENATAL 19 TAB | - | 1 |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | - | 1 |
| VP-PNV-DHA CAP | - | 1 |
| MYNATAL-Z TAB | - | 3 |
| NEONATAL 19 TAB | - | 3 |
| NEONATAL FE TAB | - | 3 |
| PRENATAL VITAMINS (NON-PREFERRED) | - | 3 |
| VITAFOL STRIPS | - | 3 |
| AZESCHEW TAB 13-1MG | - | NC |
| AZESCO TAB | - | NC |
| CITRANATAL CAP MEDLEY | - | NC |
| PREGEN DHA CAP | - | NC |
| PREGENNA TAB | - | NC |
| PRENARA CAP | - | NC |
| PRENATRIX TAB | - | NC |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| CENTRAL MUSCLE RELAXANTS | | |
| baclofen tab (BACLOFEN equiv) | - | 1 |
| carisoprodol tab (SOMA equiv) | - | 1 |
| cyclobenzaprine tab 10mg (FLEXERIL equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| MUSCULOSKELETAL THERAPY AGENTS Cont. | | |
| cyclobenzaprine tab 5mg (FLEXERIL equiv) | - | 1 |
| methocarbamol tab (ROBAXIN equiv) | - | 1 |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | 1 |
| tizanidine tab (ZANAFLEX equiv) | - | 1 |
| chlorzoxazone tab 500mg | - | 2 |
| cyclobenzaprine tab 7.5mg (FEXMID equiv) | - | 3 |
| metaxalone tab (SKELAXIN equiv) | - | 3 |
| METAXALONE TAB 400MG | - | 3 |
| tizanidine cap (ZANAFLEX equiv) | - | 3 |
| BACLOFEN TAB 5MG | - | NC |
| carisoprodol tab 250mg (SOMA equiv) | - | NC |
| chlorzoxazone tab | - | NC |
| CHLORZOXAZONE TAB 250MG | - | NC |
| CHLORZOXAZONE TAB 250MG, LORZONE TAB | - | NC |
| CYCLOBENZAPRINE COMPOUND KIT | - | NC |
| cyclobenzaprine ER cap (AMRIX equiv) | - | NC |
| FIRST BACLOFEN SUSP KIT | - | NC |
| OZOBAX SOLN | - | NC |
| SOMA TAB 250MG | - | NC |
| DIRECT MUSCLE RELAXANTS | | |
| dantrolene cap (DANTRIUM equiv) | - | 2 |
| MUSCLE RELAXANT COMBINATIONS | | |
| CARISOPRODOL/ASPIRIN TAB | - | NC |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv) | - | NC |
| CARISOPRODOL/ASPIRIN/CODEINE TAB | - | NC |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv) | - | NC |
| LORVATUS PHARMAPAK KIT | - | NC |
| NORGESIC TAB FORTE | - | NC |
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) | - | NC |
| TIZANIDINE COMFORT KIT | - | NC |
| NASAL AGENTS - SYSTEMIC AND TOPICAL | | |
| NASAL AGENT COMBINATIONS | | |
| azelastine/fluticasone nasal spray (DYMISTA equiv) | - | NC |
| AZENASE PAK | - | NC |
| NASAL AGENTS - MISC. | | |
| ALZAIR NASAL SPRAY | - | NC |
| TICANASE PAK | - | NC |
| NASAL ANESTHETICS | | |
| GOPRELTO SOLN | - | NC |
| NASAL ANTIALLERGY | | |
| azelastine nasal spray 0.1% (ASTELIN equiv) | - | 1 |
| azelastine nasal spray 0.15% (ASTEPRO equiv) | - | 2 |
| olopatadine nasal spray (PATANASE equiv) | - | 2 |
| NASAL ANTICHOLINERGICS | | |
| ipratropium nasal spray (ATROVENT equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|---|---|
| NASAL AGENTS - SYSTEMIC AND TOPICAL Cont. | | |
| NASAL ANTI-INFECTIVES | | |
| BACTROBAN NASAL OINT | - | 3 |
| NASAL STEROIDS | | |
| fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill) | QL | 1 |
| FLUNISOLIDE NASAL SPRAY (QL= 2 bottles/fill) | QL | 3 |
| budesonide nasal spray (RHINOCORT AQUA equiv) | OTC | EXC |
| FLONASE SENSIMIST NASAL SPRAY | OTC | EXC |
| NASACORT OTC NASAL SPRAY | OTC | EXC |
| triamcinolone OTC nasal spray (NASACORT equiv) | OTC | EXC |
| BECONASE AQ NASAL SPRAY | - | NC |
| mometasone nasal spray (NASONEX equiv) | - | NC |
| OMNARIS NASAL SPRAY | - | NC |
| QNASL NASAL SPRAY | - | NC |
| RHINOCORT AQUA NASAL SPRAY | - | NC |
| SINUVA NASAL IMPLANT | - | NC |
| XHANCE NASAL EXHALER | - | NC |
| ZETONNA NASAL SPRAY | - | NC |
| SYMPATHOMIMETIC DECONGESTANTS | | |
| ADRENALIN SOLN | - | NC |
| epinephrine hcl nasal soln (ADRENALIN equiv) | - | NC |
| NEUROMUSCULAR AGENTS | | |
| ALS AGENTS | | |
| riluzole tab (RILUTEK equiv) | - | 2 |
| TIGLUTIK SUSP | - | NC |
| SPINAL MUSCULAR ATROPHY AGENTS (SMA) | | |
| EVRYSDI SOLN (QL= 200ml/30 days; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| NUTRIENTS | | |
| LIPIDS | | |
| DOJOLVI ORAL LIQUID | - | NC |
| OPHTHALMIC AGENTS | | |
| ARTIFICIAL TEARS AND LUBRICANTS | | |
| LACRISERT OPHTH INSERT | - | NC |
| BETA-BLOCKERS - OPHTHALMIC | | |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | 1 |
| CARTEOLOL OPHTH SOLN | - | 1 |
| carteolol ophth soln (OCUPRESS equiv) | - | 1 |
| dorzolamide/timolol (pf) ophth soln (COSOPT equiv) | - | 1 |
| LEVOBUNOLOL OPHTH SOLN | - | 1 |
| levobunolol ophth soln (BETAGAN equiv) | - | 1 |
| timolol maleate ophth soln (TIMOPTIC equiv) | - | 1 |
| BETIMOL OPHTH SOLN | - | 2 |
| BETOPTIC-S OPHTH SOLN | - | 2 |
| COMBIGAN OPHTH SOLN | - | 2 |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | - | 2 |
| ISTALOL OPHTH SOLN | - | 2 |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | |
| EXC MSP QL SMKG ¢ | NC =Not Covered Plan Exclusion Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation RxCENTS | INF OTC RS ST generic =small letters Infertility Over-the-Counter Restricted to Specialist Step Therapy |
| LD PA SF VAC | BRANDS =CAPITAL LETTERS Limited Distribution Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| OPHTHALMIC AGENTS Cont. | | |
| METIPRANOLOL OPHTH SOLN | - | 2 |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) | - | 2 |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) | - | 2 |
| TIMOLOL OPHTH GEL SOLN | - | 2 |
| timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) | - | 3 |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.25% | - | 3 |
| CYCLOPLEGIC MYDRIATICS | | |
| atropine ophth oint | - | 1 |
| atropine ophth soln (ISOPTO ATROPINE equiv) | - | 1 |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | 1 |
| homatropine ophth soln (ISOPTO HOMATROPINE equiv) | - | 1 |
| phenylephrine ophth soln (MYDFRIN equiv) | - | 1 |
| tropicamide ophth soln (MYDRIACYL equiv) | - | 1 |
| CYCLOMYDRIL OPHTH SOLN | - | 2 |
| HOMATROPINE OPHTH SOLN | - | 2 |
| ISOPTO HYOSCINE OPHTH SOLN | - | 2 |
| TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN | - | NC |
| MIOTICS | | |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | 1 |
| ISOPTO CARBACHOL OPHTH SOLN | - | 2 |
| PHOSPHOLINE OPHTH SOLN | - | 2 |
| PILOPINE HS OPHTH GEL | - | 3 |
| OPHTHALMIC ADRENERGIC AGENTS | | |
| brimonidine ophth soln 0.2% | - | 1 |
| ALPHAGAN P OPHTH SOLN 0.1% | - | 2 |
| apraclonidine ophth soln (IOPIDINE equiv) | - | 2 |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) | - | 2 |
| IOPIDINE OPHTH SOLN 1% | - | 2 |
| SIMBRINZA OPHTH SUSP | - | 2 |
| LUMIFY OPHTH SOLN 0.25% | - | NC |
| OPHTHALMIC ANTI-INFECTIVES | | |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | 1 |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | 1 |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | 1 |
| erythromycin ophth oint | - | 1 |
| GENTAK OPHTH OINT | - | 1 |
| gentamicin ophth oint (GARAMYCIN equiv) | - | 1 |
| gentamicin ophth soln (GARAMYCIN equiv) | - | 1 |
| levofloxacin ophth soln (QUIXIN equiv) | - | 1 |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | 1 |
| NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN | - | 1 |
| ofloxacin ophth soln (OCUFLOX equiv) | - | 1 |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | 1 |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | 1 |
| tobramycin ophth soln (TOBREX equiv) | - | 1 |
| AZASITE SOLN | - | 2 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| OPHTHALMIC AGENTS Cont. | | |
| BACITRACIN OPHTH OINT | - | 2 |
| TRIFLURIDINE OPHTH SOLN | - | 2 |
| trifluridine ophth soln (VIROPTIC equiv) | - | 2 |
| ZIRGAN OPHTH GEL | - | 2 |
| CILOXAN OPHTH OINT | - | 3 |
| gatifloxacin ophth soln (ZYMAXID equiv) | - | 3 |
| TOBEX OPHTH OINT | - | 3 |
| VIGAMOX OPHTH SOLN | - | 3 |
| ZYMAXID OPHTH SOLN | - | 3 |
| BESIVANCE OPHTH SUSP | - | NC |
| MOXEZA OPHTH SOLN | - | NC |
| MOXEZA OPHTH SOLN 0.5% | - | NC |
| moxifloxacin hcl ophth soln 0.5% (MOXEZA equiv) | - | NC |
| MOXIFLOXACIN SOLN | - | NC |
| VANCOMYCIN SOLN | - | NC |
| OPHTHALMIC IMMUNOMODULATORS | | |
| RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist) | RS | 2 |
| CEQUA (PF) OPHTH SOLN | - | NC |
| CYCLOSPORINE OPHTH EMULSION | - | NC |
| OPHTHALMIC INTEGRIN ANTAGONISTS | | |
| XIIDRA OPHTH SOLN | - | NC |
| OPHTHALMIC KINASE INHIBITORS | | |
| RHOPRESSA OPHTH SOLN | - | NC |
| ROCKLATAN OPHTH SOLN | - | NC |
| OPHTHALMIC LOCAL ANESTHETICS | | |
| proparacaine ophth soln (ALCAINE equiv) | - | 1 |
| OPHTHALMIC NERVE GROWTH FACTORS | | |
| OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| OPHTHALMIC PHOTOENHANCERS | | |
| PHOTREXA OP KIT | - | NC |
| PHOTREXA VISCOUS OPHTH SOLN | - | NC |
| OPHTHALMIC STEROIDS | | |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | 1 |
| dexamethasone ophth soln | - | 1 |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | 1 |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | 1 |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | 1 |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN | - | 1 |
| PREDNISOLONE OPHTH SUSP | - | 1 |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | 1 |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | 1 |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | 1 |
| ALREX OPHTH SUSP | - | 2 |
| BLEPHAMIDE OPHTH SOLN | - | 2 |
| DUREZOL OPHTH EMULSION | - | 2 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier | | | |
|--|--|--|--|---|--|
| OPHTHALMIC AGENTS Cont. | | | | | |
| LOTEMAX OPHTH GEL | - | 2 | | | |
| LOTEMAX OPHTH OINT | - | 2 | | | |
| loteprednol etabonate ophth gel (LOTEMAX equiv) | - | 2 | | | |
| loteprednol ophth susp (LOTEMAX equiv) | - | 2 | | | |
| MAXIDEX OPHTH SOLN | - | 2 | | | |
| PRED MILD OPHTH SOLN | - | 2 | | | |
| PRED-G OPHTH SOLN | - | 2 | | | |
| TOBRADEX OPHTH OINT | - | 2 | | | |
| VEXOL OPHTH SUSP | - | 2 | | | |
| ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered)) | QL | 2 | | | |
| BLEPHAMIDE S.O.P. OPHTH OINT | - | 3 | | | |
| FLAREX OPHTH SUSP | - | 3 | | | |
| FML FORTE OPHTH SUSP | - | 3 | | | |
| FML S.O.P. OPHTH OINT | - | 3 | | | |
| PRED FORTE OPHTH SUSP | - | 3 | | | |
| TOBRADEX ST OPHTH SUSP | - | 3 | | | |
| DEXTENZA OPHTH INSERT | - | NC | | | |
| EYSUVIS OPHTH SUSP | - | NC | | | |
| INVELTYS OPHTH SUSP | - | NC | | | |
| KLARITY-B DROPS | - | NC | | | |
| KLARITY-L DROPS | - | NC | | | |
| LOTEMAX SM GEL 0.38% | - | NC | | | |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN | - | NC | | | |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP | - | NC | | | |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN | - | NC | | | |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP | - | NC | | | |
| PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN | - | NC | | | |
| PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP | - | NC | | | |
| PREDNISOLONE/NEPAFENAC OPHTH SUSP | - | NC | | | |
| OPHTHALMICS - MISC. | | | | | |
| azelastine ophth soln (OPTIVAR equiv) | - | 1 | | | |
| cromolyn ophth soln (CROLOM equiv) | - | 1 | | | |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | 1 | | | |
| dorzolamide ophth soln (TRUSOPT equiv) | - | 1 | | | |
| FLURBIPROFEN OPHTH SOLN | - | 1 | | | |
| flurbiprofen ophth soln (OCUFEN equiv) | - | 1 | | | |
| ketorolac ophth soln (ACULAR (LS) equiv) | - | 1 | | | |
| olopatadine ophth soln 0.1% (PATANOL equiv) | - | 1 | | | |
| olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days) | QL | 1 | | | |
| ALAMAST OPHTH SOLN | - | 2 | | | |
| ALOCRILOPHTH SOLN | - | 2 | | | |
| ALOMIDE OPHTH SOLN | - | 2 | | | |
| brinzolamide ophth susp (AZOPT equiv) | - | 2 | | | |
| bromfenac ophth soln (BROMDAY equiv) | - | 2 | | | |
| ILEVRO OPHTH SUSP | - | 2 | | | |
| NEVANAC OPHTH SUSP | - | 2 | | | |
| PROLENSA OPHTH SOLN | - | 2 | | | |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | | | | |
| EXC MSP QL SMKG ¢ | NC =Not Covered Plan Exclusion Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation RxCENTS | INF OTC RS ST | generic =small letters Infertility Over-the-Counter Restricted to Specialist Step Therapy | LD PA SF VAC | BRANDS =CAPITAL LETTERS Limited Distribution Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| OPHTHALMIC AGENTS Cont. | | |
| ACUVAIL OPHTH SOLN | - | 3 |
| AZOPT OPHTH SUSP | - | 3 |
| BEPREVE OPHTH SOLN | - | 3 |
| EMADINE OPHTH SOLN | - | 3 |
| epinastine ophth soln (ELESTAT equiv) | - | 3 |
| LASTACFT OPHTH SOLN (QL= 3ml/30 days) | QL | 3 |
| ketotifen ophth soln (ZADITOR equiv) | OTC | EXC |
| UPNEEQ SOLN | - | EXC |
| BROMSITE OPHTH SOLN | - | NC |
| PATADAY OPHTH SOLN | - | NC |
| PAZEO OPHTH SOLN 0.7% | - | NC |
| ZADITOR OPHTH SOLN | OTC | NC |
| ZERVIATE OPHTH SOLN | - | NC |
| CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-QL-RS | S |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | S |
| PROSTAGLANDINS - OPHTHALMIC | | |
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days) | QL | 1 |
| bimatoprost ophth soln (QL= 2.5ml/30 days) | QL | 2 |
| LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days) | QL | 2 |
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days) | QL | 2 |
| VYZULTA SOLN | - | NC |
| XELPROS OPHTH EMULSION | - | NC |
| ZIOPTAN OPHTH SOLN | - | NC |

OTIC AGENTS

| | | |
|---|---|----|
| OTIC AGENTS - MISCELLANEOUS | | |
| acetic acid otic soln (VOSOL equiv) | - | 1 |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | - | 1 |
| OTIC ANTI-INFECTIVES | | |
| ofloxacin otic soln (FLOXIN equiv) | - | 1 |
| CIPROFLOXACIN OTIC SOLN | - | 2 |
| OTIC COMBINATIONS | | |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | 1 |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | 1 |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) | - | 2 |
| COLY-MYCIN S OTIC SUSP | - | 2 |
| CIPRO HC OTIC SUSP | - | 3 |
| antipyrine/benzocaine otic soln (AURALGAN equiv) | - | NC |
| CORTANE-B AQUEOUS OTIC SOLN | - | NC |
| CORTANE-B OTIC SOLN | - | NC |
| otomax-HC otic soln (CORTANE-B equiv) | - | NC |
| OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN | - | NC |
| OTOZIN OTIC DROPS | - | NC |
| pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv) | - | NC |
| OTIC STEROIDS | | |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| OTIC AGENTS Cont. | | |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) | - | 1 |
| fluocinolone otic oil (DERMOTIC equiv) | - | 2 |
| ACETASOL HC OTIC SOLN | - | 3 |

OXYTOCICS

| | | |
|---|----|---|
| OXYTOCICS | | |
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days) | QL | 2 |

PASSIVE IMMUNIZING AGENTS

| | | |
|----------------------|--------|----|
| IMMUNE SERUMS | | |
| CUVITRU INJ | - | NC |
| HIZENTRA INJ | MSP-PA | S |

| | | |
|---|--------|---|
| PASSIVE IMMUNIZING AGENTS - COMBINATIONS | | |
| HYQVIA INJ | MSP-PA | S |

PASSIVE IMMUNIZING AND TREATMENT AGENTS

| | | |
|---|--------|----|
| IMMUNE SERUMS | | |
| CUTAQUIG INJ | - | NC |
| HIZENTRA INJ | MSP-PA | S |
| XEMBIFY INJ (Only available through CVS Specialty 800-237-2767) | LD-PA | S |

PENICILLINS

| | | |
|-----------------------------------|---|----|
| AMINOPENICILLINS | | |
| amoxicillin cap (TRIMOX equiv) | - | 1 |
| AMOXICILLIN CHEW TAB | - | 1 |
| amoxicillin susp (TRIMOX equiv) | - | 1 |
| amoxicillin tab (AMOXIL equiv) | - | 1 |
| ampicillin cap (PRINCIPEN equiv) | - | 1 |
| ampicillin susp (PRINCIPEN equiv) | - | 1 |
| MOXATAG TAB | - | NC |
| MOXATAG TAB 775MG | - | NC |

| | | |
|------------------------------------|---|---|
| NATURAL PENICILLINS | | |
| penicillin vk soln (VEETIDS equiv) | - | 1 |
| penicillin vk tab (VEETIDS equiv) | - | 1 |

| | | |
|---|---|---|
| PENICILLIN COMBINATIONS | | |
| amoxicillin/clavulanate chew tab (AUGMENTIN equiv) | - | 1 |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | 1 |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | 1 |
| AMOXICILLIN/CLAVULANATE ER TAB | - | 3 |
| amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv) | - | 3 |

| | | |
|--|---|---|
| PENICILLINASE-RESISTANT PENICILLINS | | |
| dicloxacillin cap (DYNAPEN equiv) | - | 1 |

PHARMACEUTICAL ADJUVANTS

| | | |
|-----------------------------------|---|---|
| SEMI SOLID VEHICLES | | |
| POLYETHYLENE GLYCOL 8000 GRANULES | - | 2 |

PROGESTINS

| | | |
|-------------------|--|--|
| PROGESTINS | | |
|-------------------|--|--|

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| PROGESTINS Cont. | | |
| medroxyprogesterone tab (PROVERA equiv) | - | 1 |
| norethindrone tab (AYGESTIN equiv) | - | 1 |
| progesterone oil inj | - | 1 |
| progesterone cap (PROMETRIUM equiv) | - | 2 |
| megestrol ES susp (MEGACE ES equiv) | - | 3 |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| AGENTS FOR CHEMICAL DEPENDENCY | | |
| DISULFIRAM TAB | - | 1 |
| disulfiram tab (ANTABUSE equiv) | - | 1 |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | 2 |
| LUCEMYRA TAB (QL= 84 tabs/7 days) | PA-QL | 3 |
| ANTI-CATAPLECTIC AGENTS | | |
| XYWAV SOLN | - | NC |
| XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 314-587-4050) | LD-PA-QL | S |
| ANTIDEMENTIA AGENTS | | |
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day) | QL | 1 |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day) | QL | 1 |
| galantamine tab (RAZADYNE equiv) | ¢ | 1 |
| memantine tab (NAMENDA equiv) | - | 1 |
| rivastigmine cap (EXELON equiv) | - | 1 |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg) | QL-ST | 2 |
| galantamine ER cap (RAZADYNE ER equiv) | - | 2 |
| GALANTAMINE SOLN | - | 2 |
| memantine ER cap (NAMENDA XR equiv) | - | 2 |
| memantine soln (NAMENDA equiv) | - | 2 |
| NAMENDA XR TITRATION PACK | - | 2 |
| rivastigmine patch (EXELON equiv) | - | 2 |
| NAMZARIC CAP | - | NC |
| NAMZARIC STARTER PACK | - | NC |
| COMBINATION PSYCHOTHERAPEUTICS | | |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB | - | 1 |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | 1 |
| olanzapine/fluoxetine cap (SYMBYAX equiv) | - | 2 |
| FIBROMYALGIA AGENTS | | |
| SAVELLA PAK | - | 2 |
| SAVELLA TAB (QL= 2 tabs/day) | QL | 2 |
| HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS | | |
| ADDYI TAB | - | NC |
| VYLEESI INJ | - | NC |
| MOVEMENT DISORDER DRUG THERAPY | | |
| INGREZZA PACK 40-80MG | - | NC |
| XENAZINE TAB | - | NC |
| AUSTEDO TAB (QL= 4 tabs/day) | MSP-PA-QL | S |
| INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | S |
| tetrabenazine tab (XENAZINE equiv) | MSP-PA | S |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| MULTIPLE SCLEROSIS AGENTS | | |
| BAFIERTAM CAP | - | NC |
| BETASERON INJ | - | NC |
| MAVENCLAD PAK | - | NC |
| PONVORY TAB | - | NC |
| PONVORY TAB STARTER PACK | - | NC |
| TECFIDERA CAP | - | NC |
| TECFIDERA STARTER PACK | - | NC |
| VUMERITY CAP | - | NC |
| ZINBRYTA INJ | - | NC |
| AUBAGIO TAB | MSP | S |
| AVONEX INJ | MSP | S |
| dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist) | MSP-QL-RS | S |
| dimethyl fumarate DR cap (TECFIDERA equiv) | MSP | S |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) | MSP | S |
| EXTAVIA INJ | MSP | S |
| GILENYA CAP | MSP | S |
| glatiramer inj (COPAXONE equiv) | MSP | S |
| KESIMPTA INJ | MSP | S |
| MAYZENT TAB | MSP | S |
| MAYZENT TAB STARTER PACK | MSP | S |
| PLEGRIDY INJ | MSP | S |
| PLEGRIDY PEN INJ | MSP | S |
| REBIF INJ | MSP | S |
| ZEPOSIA CAP | MSP | S |
| ZEPOSIA STARTER PACK | MSP | S |
| POSTHERPETIC NEURALGIA (PHN) AGENTS | | |
| GRALISE TAB | - | NC |
| LYRICA CR TAB | - | NC |
| POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS | | |
| GRALISE STARTER PACK | - | NC |
| LIDOTIN PAK | - | NC |
| PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS | | |
| FLUOXETINE CAP (PMDD) | - | NC |
| SARAFEM TAB | - | NC |
| PSEUDOBULBAR AFFECT (PBA) AGENTS | | |
| NUEDEXTA CAP (QL= 2 caps/day) | PA-QL | 2 |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| PIMOZIDE TAB | - | 2 |
| ERGOLOID MESYLATES TAB | - | NC |
| ergoloid mesylates tab (HYDERGINE equiv) | - | NC |
| RESTLESS LEG SYNDROME (RLS) AGENTS | | |
| HORIZANT TAB | - | NC |
| SMOKING DETERRENTS | | |
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| CHANTIX PAK (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| CHANTIX TAB (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| NICOTINE KIT | OTC-QL-SMKG | \$0 |
| nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| nicotine patch (NICODERM equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| NICOTROL INHALER (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| NICOTROL NASAL SPRAY (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| TRANSTHYRETIN AMYLOIDOSIS AGENTS | | |
| TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| VASOMOTOR SYMPTOM AGENTS | | |
| BRISDELLE CAP | - | NC |
| paroxetine cap (BRISDELLE equiv) | - | NC |
| RESPIRATORY AGENTS - MISC. | | |
| CYSTIC FIBROSIS AGENTS | | |
| BRONCHITOL CAP | - | NC |
| KALYDECO PAK (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | S |
| KALYDECO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | S |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | S |
| ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | S |
| PULMOZYME INH SOLN | MSP | S |
| SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | S |
| TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | S |
| PULMONARY FIBROSIS AGENTS | | |
| ESBRIET CAP (QL= 9 caps/day) | MSP-PA-QL-SF | S |
| ESBRIET TAB 267MG (QL= 9 tabs/day) | MSP-PA-QL-SF | S |
| ESBRIET TAB 801MG (QL= 3 tabs/day) | MSP-PA-QL-SF | S |
| OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | S |
| SULFONAMIDES | | |
| SULFONAMIDES | | |
| SULFADIAZINE TAB | - | 1 |
| TETRACYCLINES | | |
| AMINOMETHYLCYCLINES | | |
| NUZYRA TAB (QL= 2 tabs/day, 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | S |
| TETRACYCLINES | | |
| doxycycline hyclate cap (VIBRAMYCIN equiv) | - | 1 |
| doxycycline hyclate tab (VIBRATAB equiv) | - | 1 |
| doxycycline monohydrate cap 100mg (MONODOX equiv) | - | 1 |
| doxycycline monohydrate cap 50mg (MONODOX equiv) | - | 1 |
| doxycycline monohydrate tab (ADOXA equiv) | - | 1 |
| minocycline cap (MINOCIN equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| TETRACYCLINES Cont. | | |
| doxycycline susp (VIBRAMYCIN equiv) | - | 2 |
| minocycline tab (DYNACIN equiv) | - | 2 |
| demeclocycline tab (DECLOMYCIN equiv) | - | 3 |
| doxycycline hyclate DR tab (DORYX equiv) | - | 3 |
| doxycycline monohydrate cap 150mg (MONODOX equiv) | - | 3 |
| doxycycline monohydrate cap 75mg (MONODOX equiv) | - | 3 |
| ORAXYL CAP | - | 3 |
| tetracycline cap | - | 3 |
| VIBRAMYCIN SYRUP | - | 3 |
| ACTICLATE TAB 75MG, 150MG | - | NC |
| ADOXA PAK | - | NC |
| DORYX MPC TAB | - | NC |
| DORYX TAB 200MG | - | NC |
| doxycycline hyclate DR tab 200mg (DORYX equiv) | - | NC |
| doxycycline hyclate tab 75mg, 150mg | - | NC |
| doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv) | - | NC |
| doxycycline monohydrate tab 150mg (ADOXA equiv) | - | NC |
| MINOCYCLINE ER CAP | - | NC |
| minocycline ER tab (SOLODYN equiv) | - | NC |
| SEYSARA TAB | - | NC |
| TARGADOX TAB | - | NC |

THYROID AGENTS

ANTITHYROID AGENTS

| | | |
|----------------------------------|---|---|
| methimazole tab (TAPAZOLE equiv) | - | 1 |
| propylthiouracil tab | - | 1 |

THYROID HORMONES

| | | |
|--|---|----|
| ARMOUR THYROID TAB, NATURE THROID TAB | - | 1 |
| liothyronine tab (CYTOMEL equiv) | - | 1 |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | 1 |
| SYNTHROID TAB | - | 1 |
| THYROLAR TAB | - | 2 |
| LEVOTHYROXINE INJ | - | NC |
| levothyroxine tab (SYNTHROID equiv) | - | NC |
| THYQUIDITY SOLN | - | NC |
| TIROSINT CAP | - | NC |
| TIROSINT-SOL | - | NC |

TOXOIDS

TOXOID COMBINATIONS

| | | |
|-------------------------------|-----|-----|
| ADACEL/BOOSTRIX INJ | VAC | \$0 |
| TETANUS/DIPHTHERIA TOXOID INJ | VAC | \$0 |
| VAXELIS INJ | VAC | \$0 |

ULCER DRUGS

ANTISPASMODICS

| | | |
|--------------------------------|---|---|
| dicyclomine cap (BENTYL equiv) | - | 1 |
| dicyclomine tab (BENTYL equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ULCER DRUGS Cont. | | |
| hyoscyamine sulfate CR tab (LEVBID equiv) | - | 1 |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | 1 |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate SR cap (LEVSINEX equiv) | - | 1 |
| hyoscyamine tab (LEVSIN equiv) | - | 1 |
| BELLADONNA ALKALOID/OPIUM SUPP | - | 2 |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | 2 |
| dicyclomine soln (BENTYL equiv) | - | 2 |
| glycopyrrolate tab (ROBINUL equiv) | - | 2 |
| PROPANTHELINE TAB | - | 2 |
| CANTIL TAB | - | 3 |
| CUVPOSA SOLN | - | 3 |
| methscopolamine tab (PAMINE equiv) | - | 3 |
| SYMAX DUOTAB | - | 3 |
| b-donna tab (DONNATAL equiv) | - | NC |
| DONNATAL EXTENTABS | - | NC |
| DONNATAL TAB | - | NC |
| pb-belladonna elixir (DONNATAL equiv) | - | NC |
| H-2 ANTAGONISTS | | |
| CIMETIDINE SOLN | - | 1 |
| cimetidine soln (CIMETIDINE equiv) | - | 1 |
| cimetidine tab (TAGAMET equiv) | - | 1 |
| famotidine tab (PEPCID equiv) | - | 1 |
| nizatidine cap (AXID equiv) | - | 1 |
| famotidine susp (PEPCID equiv) | - | 2 |
| ranitidine cap (ZANTAC equiv) | - | NC |
| ranitidine syrup (ZANTAC equiv) | - | NC |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | NC |
| ZANTAC EFFER TAB | - | NC |
| MISC. ANTI-ULCER | | |
| sucralfate tab (CARAFATE equiv) | - | 1 |
| PROTON PUMP INHIBITORS | | |
| omeprazole DR cap (PRILOSEC equiv) | - | 1 |
| pantoprazole EC tab (PROTONIX equiv) | - | 1 |
| esomeprazole cap (NEXIUM equiv) | - | 3 |
| FIRST OMEPRAZOLE SUSP | - | 3 |
| lansoprazole cap (PREVACID equiv) (Rx Only) | - | 3 |
| LANSOPRAZOLE SUSP | - | 3 |
| rabeprazole EC tab (ACIPHEX equiv) | - | 3 |
| PREVACID OTC CAP | OTC | EXC |
| ACIPHEX SPRINKLE CAP | - | NC |
| DEXILANT CAP | - | NC |
| ESOMEPRAZOLE STRONTIUM CAP | - | NC |
| NEXIUM 24HR TAB | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--|-----|--|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| ULCER DRUGS Cont. | | |
| NEXIUM CAP | - | NC |
| NEXIUM GRANULE PACK | - | NC |
| PRILOSEC CAP | - | NC |
| PRILOSEC OTC DR TAB | OTC | NC |
| ULCER DRUGS - PROSTAGLANDINS | | |
| misoprostol tab (CYTOTEC equiv) | - | 1 |
| ULCER THERAPY COMBINATIONS | | |
| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv) | - | 3 |
| PYLERA CAP | - | 3 |
| ZEGERID CAP OTC | OTC | EXC |
| omeprazole/sodium bicarbonate cap (ZEGERID equiv) | - | NC |
| omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) | - | NC |
| ZEGERID CAP | - | NC |
| ZEGERID POWDER PACK | - | NC |
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS | | |
| ANTISPASMODICS | | |
| GLYCATE TAB, GLYCOPYRROLATE TAB | - | NC |
| hyoscyamine inj (LEVSIN equiv) | - | NC |
| H-2 ANTAGONISTS | | |
| NIZATIDINE CAP | - | 1 |
| MISC. ANTI-ULCER | | |
| sucralfate susp (CARAFATE equiv) | - | 2 |
| PROTON PUMP INHIBITORS | | |
| ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG | - | NC |
| esomeprazole DR granule pack (NEXIUM equiv) | - | NC |
| lansoprazole odt (PREVACID SOLUTAB equiv) | - | NC |
| omeprazole magnesium DR tab 20mg (PRILOSEC equiv) | OTC | NC |
| omeprazole tab | OTC | NC |
| pantoprazole sodium packet (PROTONIX equiv) | - | NC |
| ULCER THERAPY COMBINATIONS | | |
| HELIDAC PACK | - | NC |
| TALICIA CAP | - | NC |
| URINARY ANTI-INFECTIVES | | |
| URINARY ANTI-INFECTIVE COMBINATIONS | | |
| UROQID #2 TAB | - | 3 |
| PROSED DS TAB | - | NC |
| URINARY ANTISPASMODICS | | |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW) | | |
| tropium chloride SR cap (SANCTURA XR equiv) | - | 2 |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | | |
| oxybutynin ER tab (DITROPAN XL equiv) | - | 1 |
| oxybutynin syrup | - | 1 |
| oxybutynin tab (DITROPAN equiv) | - | 1 |
| solifenacin tab (VESICARE equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| URINARY ANTISPASMODICS Cont. | | |
| darifenacin SR tab (ENABLEX equiv) | - | 2 |
| tolterodine SR cap (DETROL LA equiv) | - | 2 |
| tolterodine tab (DETROL equiv) | ¢ | 2 |
| tropium tab (SANCTURA equiv) | - | 2 |
| OXYTROL PATCH (OTC) | OTC | EXC |
| GELNIQUE | - | NC |
| TOVIAZ TAB | - | NC |
| VESICARE LS SUSP | - | NC |
| URINARY ANTISPASMODICS | | |
| hyoscyamine tab (LEVSIN equiv) | - | 1 |
| URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS | | |
| MYRBETRIQ TAB | - | 2 |
| GEMTESA TAB | - | NC |
| URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS | | |
| bethanechol tab (URECHOLINE equiv) | - | 1 |
| URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW) | | |
| flavoxate tab (URISPAS equiv) | - | NC |
| VACCINES | | |
| BACTERIAL VACCINES | | |
| BEXSERO INJ | VAC | \$0 |
| MENACTRA INJ | VAC | \$0 |
| MENHIBRIX INJ | VAC | \$0 |
| MENOMUNE INJ | VAC | \$0 |
| MENVEO INJ | VAC | \$0 |
| PNEUMOVAX INJ (Limited to one injection every 5 years for members age 65 and older) | QL-VAC | \$0 |
| PREVNAR 13 INJ | VAC | \$0 |
| TRUMENBA INJ | VAC | \$0 |
| VAXCHORA SUSP | VAC | \$0 |
| VIVOTIF CAP (QL= 4 caps/fill) | QL-VAC | \$0 |
| VIRAL VACCINES | | |
| AFLURIA INJ | VAC | \$0 |
| AFLURIA INJ, FLUZONE INJ | VAC | \$0 |
| CERVARIX INJ | VAC | \$0 |
| COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/365 days) | QL | \$0 |
| COVID-19 VACCINE INJ (MODERNA) (QL= 1 dose/24 days; limit 2 fills/12 months) | QL | \$0 |
| COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days; limit 2 fills/12 months) | QL | \$0 |
| ENGERIX-B INJ | VAC | \$0 |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ | VAC | \$0 |
| FLUAD INJ | VAC | \$0 |
| FLUAD QUAD INJ | VAC | \$0 |
| FLUBLOK INJ | VAC | \$0 |
| FLUBLOK QUAD PF INJ | VAC | \$0 |
| FLUCELVAX INJ | VAC | \$0 |
| FLUCELVAX QUAD INJ | VAC | \$0 |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ | VAC | \$0 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| VACCINES Cont. | | |
| FLUMIST QUADRIVALENT NASAL SUSP | VAC | \$0 |
| FLUVIRIN INJ | VAC | \$0 |
| FLUVIRIN PF INJ | VAC | \$0 |
| FLUZONE HD PF INJ | VAC | \$0 |
| FLUZONE HIGH DOSE PF INJ | VAC | \$0 |
| FLUZONE INTRADERMAL INJ | VAC | \$0 |
| FLUZONE QUAD INJ | VAC | \$0 |
| FLUZONE/FLUARIX QUAD INJ | VAC | \$0 |
| GARDASIL 9 INJ | VAC | \$0 |
| GARDASIL INJ | VAC | \$0 |
| HAVRIX INJ, VAQTA INJ | VAC | \$0 |
| HEPLISAV-B INJ | VAC | \$0 |
| M-M-R II INJ | VAC | \$0 |
| SHINGRIX INJ | VAC | \$0 |
| TWINRIX INJ | VAC | \$0 |
| VARIVAX INJ | VAC | \$0 |
| ZOSTAVAX INJ (Covered for members age 60 or older) | VAC | \$0 |
| STAMARIL INJ | - | NC |

VAGINAL AND RELATED PRODUCTS

VAGINAL CONTRACEPTIVE - PH MODULATORS

| | | |
|------------|---|----|
| PHEXXI GEL | - | NC |
|------------|---|----|

VAGINAL PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

| | | |
|----------------------|---|----|
| ACIDIC VAGINAL JELLY | - | 2 |
| FEM PH GEL | - | 3 |
| INTRAROSA SUPP | - | NC |

SPERMICIDES

| | | |
|--------------------|-----|-----|
| CONTRACEPTIVE FILM | OTC | \$0 |
| CONTRACEPTIVE FOAM | OTC | \$0 |
| CONTRACEPTIVE GEL | OTC | \$0 |
| CONTRACEPTIVE SUPP | OTC | \$0 |
| TODAY SPONGE | OTC | \$0 |

VAGINAL ANTI-INFECTIVES

| | | |
|--|---|---|
| clindamycin vaginal cream (CLEOCIN equiv) | - | 1 |
| metronidazole vaginal gel (METROGEL equiv) | - | 1 |
| NYSTATIN VAGINAL TAB | - | 1 |
| terconazole cream (TERAZOL equiv) | - | 1 |
| TERCONAZOLE CREAM 0.8% | - | 1 |
| terconazole supp (TERAZOL equiv) | - | 1 |
| AVC VAGINAL CREAM | - | 2 |
| CLEOCIN VAGINAL SUPP | - | 3 |
| CLINDESSE VAGINAL CREAM | - | 3 |

VAGINAL ESTROGENS

| | | |
|--|----|---|
| estradiol cream (ESTRACE equiv) | - | 1 |
| estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill) | QL | 2 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| VAGINAL PRODUCTS Cont. | | |
| ESTRING (3 copays per Rx) | - | 2 |
| PREMARIN VAGINAL CREAM | - | 2 |
| FEMRING (3 copays per Rx) | - | 3 |
| IMVEXXY SUPP | - | NC |
| VAGINAL PROGESTINS | | |
| CRINONE GEL | PA | 2 |
| ENDOMETRIN INSERT | PA | 2 |
| PROGESTERONE SUPP | PA | 3 |
| VASOPRESSORS | | |
| ANAPHYLAXIS THERAPY AGENTS | | |
| epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill) | QL | 2 |
| SYMJEPI INJ (QL= 2 inj/fill) | QL | 2 |
| ADRENACLICK INJ, EPINEPHRINE INJ | - | NC |
| AUVI-Q INJ | - | NC |
| EPIPEN (JR) INJ | - | NC |
| NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS | | |
| droxidopa cap (NORTHERA equiv) | - | NC |
| NORTHERA CAP | - | NC |
| VASOPRESSORS | | |
| midodrine tab (PROAMATINE equiv) | - | 1 |
| VITAMINS | | |
| OIL SOLUBLE VITAMINS | | |
| vitamin D cap (RX strength only) | - | 1 |
| phytonadione tab (MEPHYTON equiv) | - | 2 |
| ERGOCAL CAP | - | NC |
| vitamin D cap 1000unit | OTC | NC |
| vitamin D cap 400unit | OTC | NC |
| VITAMIN D TAB 400UNIT | OTC | NC |
| WATER SOLUBLE VITAMINS | | |
| POTABA POWDER PACKET | - | 2 |
| POTABA TAB | - | 2 |
| niacin cap | OTC | EXC |
| niacin CR tab (SLO-NIACIN equiv) | OTC | EXC |
| niacin tab | OTC | EXC |
| NIACIN TR TAB | OTC | EXC |
| niacinamide tab | OTC | EXC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary
Therapeutic Interchange List**

**Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 4/1/2021**

| Non-Preferred/Not Covered | Alternatives* |
|--|------------------------------|
| ABSORICA CAP | amnestem |
| ABSTRAL SL TAB | fentanyl citrate lollipop |
| ACETASOL HC OTIC SOLN | acetic acid otic |
| | fluocinolone |
| ACIPHEX SPRINKLE CAP | lansoprazole susp |
| | omeprazole susp |
| | PREVACID ODT |
| ACUVAIL OPHTH SOLN | ketorolac ophth |
| acyclovir oint | ZOVIRAX OINT |
| ADASUVE INHALER | loxapine tab |
| | olanzapine |
| | risperidone |
| ADEMPAS TAB | ADCIRCA |
| | sildenafil tab |
| ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR | NOVOLOG |
| ADOXA PAK | doxycycline monohydrate 75mg |
| alprazolam ER tab | alprazolam |
| alprazolam ODT | alprazolam |
| ALTABAX OINT | mupirocin oint |
| AMBIEN CR TAB | temazepam |
| | trazodone |
| | zolpidem |
| amlodipine/valsartan tab | EXFORGE TAB |
| amoxicillin/clavulanate ER tab | amoxicillin/clavulanic acid |
| amphetamine/dextroamphetamine ER cap | ADDERALL XR |
| AMTURNIDE TAB | amlodipine |
| | hydrochlorothiazide |
| | losartan |
| | valsartan |
| ANORO ELLIPTA INHALER | ADVAIR |
| | BREO ELLIPTA |
| ANTARA CAP, LOFIBRA CAP | LOFIBRA |
| | TRILIPIX |
| ANZEMET TAB | ondansetron |
| APIDRA INJ | NOVOLOG |
| APIDRA SOLOSTAR INJ | NOVOLOG |
| APTIOM TAB | carbamazepine |
| | lamotrigine |
| | oxcarbazepine |
| AVAR AEROSOL FOAM | sodium sulfacetamide/sulfur |
| AVAR PAD | PLEXION |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary Cont'
Therapeutic Interchange List**

**Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 4/1/2021**

| Non-Preferred/Not Covered | Alternatives* |
|----------------------------------|---------------------------------|
| AVAR PAD | PRASCION |
| AZASAN TAB | azathioprine |
| AZELEX CREAM | adapalene |
| | DIFFERIN |
| | erythromycin topical |
| | OTC Alternatives |
| | RETIN-A MICRO |
| | tretinoin |
| BACLOFEN CREAM COMPOUND KIT | lidocaine oint. |
| BENZAC WASH | OTC Alternatives |
| betamethasone valerate foam | Formulary Alternatives |
| BETASERON INJ | EXTAVIA |
| | EXTAVIA INJ |
| BIFERARX TAB | Formulary vitamins and minerals |
| BROVANA NEB SOLN | iprotropium neb |
| buprenorphine SL tab | butorphanol nasal spray |
| BYETTA INJ | BYDUREON |
| | VICTOZA |
| calcipotriene/betamethasone oint | DOVONEX + betamethasone |
| calcitonin nasal spray | FORTICAL |
| CAMBIA POWDER PACKET | sumatriptan |
| candesartan tab | losartan |
| | valsartan |
| CAPITAL/CODEINE SUSP | acetaminophen/codeine |
| CARDENE SR CAP | amlodipine |
| | nifedipine ER |
| carisoprodol/aspirin/codeine tab | carisoprodol/aspirin |
| CEDAX CAP | cefdinir |
| | cefprozil |
| | cefuroxime |
| CEDAX SUSP | cefdinir |
| | cefprozil |
| | cefuroxime |
| cefaclor cap | cefdinir |
| | cefprozil |
| | cefuroxime |
| CEFACLOR ER TAB | cefdinir |
| | cefprozil |
| | cefuroxime |
| CEFACLOR SUSP | cefdinir |
| | cefprozil |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont'
Therapeutic Interchange List
Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 4/1/2021

| Non-Preferred/Not Covered | Alternatives* |
|----------------------------------|--|
| CEFACLOR SUSP | cefuroxime |
| cefepodoxime proxetil tab | cefdinir |
| | cefprozil |
| | cefuroxime |
| CENESTIN TAB | estradiol |
| | PREMARIN |
| CENTANY OINT | mupirocin |
| CESAMET CAP | dronabinol |
| | Formulary Antiemetics |
| CIPRO HC OTIC SUSP | CIPRODEX |
| | ofloxacin otic |
| CIPROFLOXACIN OTIC SOLN | CIPRODEX SUSP |
| | ofloxacin otic |
| CLARINEX REDITAB | OTC Alternatives |
| CLARINEX SYRUP | Formulary Antihistamines |
| CLARINEX TAB | FORMULARY ANTIHISTAMINES |
| CLARINEX-D TAB | Formulary Antihistamines |
| clarithromycin ER tab | clarithromycin |
| CLINDACIN KIT | clindamycin topical |
| clindamycin foam | clindamycin topical solution |
| clindamycin/benzoyl peroxide gel | clindamycin gel |
| | OTC benzoyl peroxide |
| | topical clindamycin + benzoyl peroxide (OTC) |
| CLINDESSE VAGINAL CREAM | clindamycin vaginal cream |
| clobetasol E foam | clobetasol cream |
| | clobetasol gel |
| | clobetasol oint |
| | clobetasol soln. |
| CLOCORTOLONE CREAM | desonide topical |
| clomipramine cap | fluoxetine |
| | sertraline |
| | venlafaxine |
| clonazepam ODT | clonazepam |
| clonidine ER tab | methylphenidate (ER) |
| | mixed amphetamine salts |
| CODEINE SULFATE SOLN | acetaminophen w/ codeine soln |
| | hydrocodone/ acetaminophen soln |
| | oxycodone oral soln |
| colestipol granule | cholestyramine powder |
| colestipol powder packet | cholestyramine powder |
| CONDYLOX GEL | imiquimod |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont'
Therapeutic Interchange List
Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 4/1/2021

| Non-Preferred/Not Covered | Alternatives* |
|----------------------------------|--|
| CORDRAN TAPE | betamethasone fluocinolone triamcinolone |
| CORTIFOAM | hydrocortisone supp |
| COVERA-HS TAB | verapamil |
| CYCLOBENZAPRINE COMPOUND KIT | lidocaine VOLTAREN |
| cyclobenzaprine tab 7.5mg | cyclobenzaprine 5mg or 10mg |
| CYCLOSET TAB | glipizide JANUVIA metformin |
| desloratadine tab | FORMULARY ANTIHISTAMINES |
| DESOWEN CREAM KIT | betamethasone clobetasol triamcinolone |
| DESOWEN LOTION KIT | betamethasone clobetasol triamcinolone |
| DESOWEN OINT KIT | betamethasone clobetasol triamcinolone |
| DESVENLAFAXINE ER TAB | citalopram fluoxetine fluvoxamine paroxetine sertraline venlafaxine |
| DEXILANT CAP | omeprazole pantoprazole |
| dexmethylphenidate tab | ADDERALL XR amphetamine/dextroamphetamine methylphenidate (ER) |
| dextroamphetamine soln | dextroamphetamine tab |
| DIABETIC METER | ACCU-CHEK METER FREESTYLE METER PRECISION XTRA METER |
| diclofenac sodium XR tab | regular release diclofenac |
| diclofenac soln 1.5% | oral NSAIDS VOLTAREN GEL |
| DIFICID TAB | vancomycin |
| DIPENTUM CAP | ASACOL |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont'
Therapeutic Interchange List
Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 4/1/2021

| Non-Preferred/Not Covered | Alternatives* |
|--|---|
| DOXYCYCLINE CAP, ORACEA CAP | doxycycline |
| | topical metronidazole |
| doxycycline hyclate DR tab | doxycycline hyclate capsule |
| doxycycline monohydrate cap 75mg | doxycycline monohydrate cap 100mg |
| | doxycycline monohydrate cap 50mg |
| doxycycline monohydrate tab 150mg | doxycycline monohydrate 75mg |
| doxycycline susp | doxycycline hyclate |
| DULERA INHALER | ASMANEX |
| | FORADIL |
| DYNACIRC CR TAB | isradipine |
| ECOZA FOAM | econazole cream |
| EDARBI TAB | losartan |
| | valsartan |
| EDLUAR SL TAB | formulary benzodiazepines |
| | trazodone |
| | zolpidem |
| EMSAM PATCH | Formulary Anti-Depressants |
| EPANED SOLN | enalapril tab |
| eplerenone tab | spironolactone |
| ERTACZO CREAM | OTC Alternatives |
| erythromycin/benzoyl peroxide gel | topical erythromycin + benzoyl peroxide OTC |
| ESOMEPRAZOLE STRONTIUM CAP | lansoprazole |
| | omeprazole |
| | pantoprazole |
| estradiol/norethindrone tab | FEMHRT |
| | PREMPRO |
| etodolac ER tab | etodolac |
| EVOCLIN FOAM | clindamycin topical solution |
| FABIOR AEROSOL FOAM | tazorac |
| FALESSA KIT | lutea |
| | sronyx |
| famciclovir tab | acyclovir |
| | valacyclovir |
| felodipine ER tab | amlodipine |
| | nifedipine ER |
| FEMRING | estradiol patch |
| | Formulary Estrogens |
| fenofibrate cap 43mg, 130mg | LOFIBRA |
| | TRILIPIX |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG | LOFIBRA |
| fenofibrate tab 40mg, 120mg | LOFIBRA |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary Cont'
Therapeutic Interchange List**

**Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 4/1/2021**

| Non-Preferred/Not Covered | Alternatives* |
|----------------------------------|--|
| fenofibrate tab 40mg, 120mg | TRILIPIX |
| fenofibric acid DR cap | TRILIPIX |
| FENOFIBRIC TAB, FIBRICOR TAB | LOFIBRA |
| | TRILIPIX |
| finasteride tab | Plan Exclusion |
| FIORICET CAP | Plan Exclusion |
| FIORICET/CODEINE CAP | Plan Exclusion |
| FIORINAL CAP | Plan Exclusion |
| FIORINAL/CODEINE CAP | Plan Exclusion |
| FIRST MOUTHWASH BLM | OTC Alternatives |
| FLAGYL ER TAB | metronidazole |
| flavoxate tab | oxybutynin |
| FLO-PRED SUSP | prednisolone soln |
| fluocinolone acetonide oil | fluocinolone |
| FLUOXETINE TAB 60MG | fluoxetine cap |
| fluoxetine weekly cap | fluoxetine |
| fluvoxamine ER cap | citalopram |
| | fluoxetine |
| | fluvoxamine |
| | paroxetine |
| | sertraline |
| fondaparinux inj | enoxaparin |
| FORTAMET TAB | metformin |
| | metformin ER |
| FOSAMAX+D TAB | alendronate+vitamin D (OTC) |
| FYCOMPA TAB | carbamazepine |
| | lamotrigine |
| | oxcarbazepine |
| GATTEX KIT | NORDITROPIN |
| GELCLAIR GEL | Compounds including lidocaine, diphenhydramine, and magnesium aluminum hydroxide |
| GELNIQUE | VESICARE |
| gianvi tab, ocella tab | YASMIN |
| | YAZ |
| GOLYTELY SOLN | MOVIPREP |
| | peg 3350 |
| GRANISOL SOLN | granisetron |
| | ondansetron |
| GRASTEK SL TAB | Formulary Antihistamines |
| guaifenesin tab | OTC Alternatives |
| HALFLYTELY BOWEL PREP KIT | MOVIPREP |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary Cont'
Therapeutic Interchange List**

**Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 4/1/2021**

| Non-Preferred/Not Covered | Alternatives* |
|---|---|
| HALFLYTELY BOWEL PREP KIT | peg 3350 |
| HALOG OINT | betamethasone |
| | triamcinolone |
| halonate pac kit | ammonium lactate cream |
| | halobetasol |
| HEMANGEOL SOLN | PROPRANOLOL ORAL SOLN |
| HETLIOZ CAP | temazepam |
| | trazodone |
| | zolpidem |
| HUMALOG MIX INJ | NOVOLOG |
| HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ | NOVOLOG |
| HUMALOG PEN INJ | NOVOLOG |
| HUMATROPE INJ, ZOMACTON INJ | NORDITROPIN |
| HUMULIN MIX INJ | NOVOLIN |
| HUMULIN N INJ | NOVOLIN |
| HUMULIN R INJ | NOVOLIN |
| hydrocodone/acetaminophen tab 10mg-300mg | hydrocodone/acetaminophen tab 10mg/325mg |
| hydrocodone/acetaminophen tab 2.5-325mg | hydrocodone/acetaminophen tab 5/325mg |
| hydrocodone/acetaminophen tab 5mg-300mg | hydrocodone/acetaminophen tab 5mg/325mg |
| hydrocodone/acetaminophen tab 7.5mg-300mg | hydrocodone/acetaminophen tab 7.5mg/325mg |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid | OTC Alternatives |
| hydrocodone/ibuprofen tab | hydrocodone + ibuprofen |
| hydrocortisone butyrate lipocream | hydrocortisone butyrate cream, soln, oint |
| hydroquinone cream | Plan Exclusion |
| ibandronate tab 150mg | alendronate |
| IMBRUVICA CAP 140MG | REVLIMID |
| imipramine pamoate cap | imipramine |
| INCIVEK TAB | SOVALDI |
| INSULIN SYRINGE | B-D BRAND |
| | PRECISION BRAND |
| iodoquinol/hydrocortisone cream 1% | nystatin/triamcinolone cream |
| JUBLIA SOLN | ciclopirox |
| | fluconazole |
| | ketoconazole |
| | terbinafine |
| JUXTAPID CAP | atorvastatin |
| | lovastatin |
| | NIASPAN |
| | pravastatin |
| | simvastatin |
| | ZETIA |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont'
Therapeutic Interchange List
Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 4/1/2021

| Non-Preferred/Not Covered | Alternatives* |
|---|---------------------------|
| KERAFOAM | formulary urea products |
| KETEK TAB | amoxicillin |
| | amoxicillin/clavulanate |
| | azithromycin |
| | clarithromycin |
| KETOPROFEN ER CAP | ibuprofen |
| | indomethacin |
| | ketoprofen |
| | naproxen |
| ketorolac inj | ketorolac tab |
| KHEDEZLA ER TAB | citalopram |
| | fluoxetine |
| | fluvoxamine |
| | paroxetine |
| | sertraline |
| | venlafaxine |
| KRISTALOSE PACKET | lactulose |
| KYNAMRO INJ | atorvastatin |
| | lovastatin |
| | niacin |
| | pravastatin |
| | simvastatin |
| | ZETIA |
| LAMICTAL ODT KIT, LAMICTAL XR KIT | lamotrigine |
| lamotrigine ER tab | lamotrigine |
| LANOXIN TAB 0.0625MG, 0.1875MG | digoxin tab |
| lansoprazole cap | omeprazole |
| | pantoprazole |
| lansoprazole/amoxicillin/clarithromycin kit | lansoprazole + antibiotic |
| | omeprazole + antibiotic |
| levalbuterol neb soln | albuterol nebulizer |
| LEVATOL TAB | atenolol |
| | propranolol |
| levocetirizine soln | OTC Alternatives |
| levocetirizine tab | Formulary Antihistamines |
| LIDOCAINE CREAM | lidocaine cream |
| lidocaine cream 3% | Plan Exclusion |
| lidocaine/hydrocortisone cream | OTC Alternatives |
| lindane lotion | NATROBA |
| lindane shampoo | NATROBA |
| LINZESS CAP | OTC Alternatives |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary Cont'
Therapeutic Interchange List**

**Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 4/1/2021**

| Non-Preferred/Not Covered | Alternatives* |
|----------------------------------|--|
| LINZESS CAP | PEG 3350 |
| LIVALO TAB | simvastatin |
| LOESTRIN 24 FE TAB | junel (FE) |
| | microgestin (FE) |
| loperamide cap | OTC Alternatives |
| LORTAB ELIXIR | hydrocodone/acetaminophen soln 7.5/325mg |
| LOTRIMIN AF CREAM | OTC CLOTRIMAZOLE |
| malathion lotion | permethrin |
| mefenamic acid cap | diclofenac |
| | ibuprofen |
| | naproxen |
| MELOXICAM COMFORT KIT | meloxicam + OTC alternative |
| MENTAX CREAM | OTC CLOTRIMAZOLE |
| METANX CAP | METANX TAB |
| metaxalone tab | carisoprodol |
| | cyclobenzaprine |
| | methocarbamol |
| metformin ER osmotic tab | metformin |
| | metformin ER |
| METHITEST TAB | ANDRODERM |
| | ANDROGEL |
| METOZOLV ODT | metoclopramide |
| MICARDIS HCT TAB | losartan/hctz |
| MILLIPRED TAB | prednisolone |
| minocycline ER tab | minocycline |
| MOXATAG TAB | amoxicillin |
| MOXATAG TAB 775MG | amoxicillin |
| MYTESI TAB | diphenoxylate/atropine |
| | loperamide |
| NAFTIN GEL 2% | NAFTIN GEL 1% |
| naltrexone tab | ANTABUSE |
| | disulfiram |
| NAPROXEN CREAM COMPOUND KIT | lidocaine oint |
| naproxen sodium CR tab | naproxen |
| NATAZIA TAB | aviane |
| | portia |
| | YAZ |
| nateglinide tab | glipizide |
| | glyburide |
| NATROBA SUSP | SPINOSAD SUSP |
| NEFAZODONE TAB | citalopram |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont'
Therapeutic Interchange List
Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 4/1/2021

| Non-Preferred/Not Covered | Alternatives* |
|-----------------------------------|--|
| NEFAZODONE TAB | fluoxetine |
| | paroxetine |
| NEUPRO PATCH | amantadine |
| | carbidopa/ levodopa |
| | pramipexole |
| | ropinirole tab |
| NEXICLON XR SUSP | clonidine IR |
| NEXICLON XR TAB | clonidine IR |
| NEXIUM CAP | lansoprazole |
| | omeprazole |
| | pantoprazole |
| NEXIUM GRANULE PACK | lansoprazole |
| | omeprazole |
| niacin ER tab | NIASPAN ER TAB |
| nitroglycerin lingual spray | NITROSTAT SL TAB |
| NITROMIST SPRAY | NITROSTAT SL TAB |
| NOROXIN TAB | ciprofloxacin |
| NUCYNTA TAB | oxycodone |
| | tramadol |
| NULYTELY SOLN | MOVIPREP |
| | peg 3350 |
| OLEPTRO TAB | bupropion |
| | trazodone |
| | venlafaxine |
| OLUX E FOAM | clobetasol cream |
| | clobetasol gel |
| | clobetasol oint |
| | clobetasol soln. |
| omeprazole/sodium bicarbonate cap | omeprazole + sodium bicarbonate |
| ONEXTON GEL | topical clindamycin + benzoyl peroxide (OTC) |
| OPANA ER TAB (CRUSH RESISTANT) | hydromorphone |
| | morphine sulfate ER |
| | oxycodone |
| OPANA TAB | Formulary Alternatives |
| opium tincture | Formulary Analgesics |
| ORAVIG TAB | clotrimazole troches |
| | nystatin |
| ORENITRAM TAB | LETAIRIS |
| | sildenafil |
| OSMOPREP TAB | peg 3350/electrolytes |
| OSPHENA TAB | systemic or topical estrogen, lubricants |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary Cont'
Therapeutic Interchange List**

**Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 4/1/2021**

| Non-Preferred/Not Covered | Alternatives* |
|---|---|
| oxycodone/ibuprofen tab | oxycodone + ibuprofen |
| oxymorphone tab | Formulary Analgesics |
| PANDEL CREAM | hydrocortisone |
| PAREGORIC TINCTURE | diphenoxylate w/atropine |
| PAZEO OPHTH SOLN 0.7% | PATADAY |
| PCE TAB | erythromycin |
| pediatric multiple vitamins/fluoride chew tab | pediatric multivitamins/fluoride soln. |
| PEN NEEDLE | B-D PEN NEEDLE NOVOFINE PEN NEEDLE NOVOTWIST PEN NEEDLE |
| PENNSAID SOLN | oral NSAIDs VOLTAREN GEL |
| pentazocine/naloxone tab | butorphanol nasal spray SUBOXONE SL FILM |
| PERFOROMIST NEB SOLN | FORADIL AEROLIZER |
| PICATO GEL | Carac fluorouracil imiquimod |
| PLAVIX TAB 300MG | clopidogrel tab 75mg |
| POLY-TUSSIN DM SYRUP | OTC Alternatives |
| PRILOSEC CAP | omeprazole cap 20mg, 40mg |
| PROQUIN XR TAB | ciprofloxacin |
| PROSED DS TAB | phenazopyridine usept |
| PROTHELIAL PASTE | sucralfate susp sucralfate tab |
| protriptyline tab | amitriptyline nortriptyline |
| PROZAC WEEKLY CAP | fluoxetine |
| PULMICORT FLEXHALER | ASMANEX FLOVENT QVAR |
| PURIXAN SUSP | mercaptopurine tab |
| PYLERA CAP | metronidazole + tetracycline + antacid |
| QUINIDINE SULFATE ER TAB | quinidine sulfate |
| RAVICTI LIQUID | BUPHENYL tablets or powder |
| RENOVA CREAM | Plan Exclusion |
| RETIN-A MICRO GEL 0.08%, 0.06% | RETIN-A MICRO GEL 0.04% RETIN-A MICRO GEL 0.1% |
| REXAPHENAC CREAM | VOLTAREN GEL |
| RHEUMATREX TAB | methotrexate |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary Cont'
Therapeutic Interchange List**

**Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 4/1/2021**

| Non-Preferred/Not Covered | Alternatives* |
|--|--|
| risedronate tab | ACTONEL TAB 150MG |
| | alendronate |
| ropinirole ER tab | ropinirole tab |
| ROSADAN KIT | FINACEA |
| ROWASA KIT | mesalamine |
| RYBIX ODT | tramadol |
| SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ | NORDITROPIN |
| SANCUSO PATCH | granisetron tab |
| SANDOSTATIN LAR INJ KIT | octreotide inj. |
| seb-prev cream | Formulary Topical Agents |
| SEMPREX-D CAP | OTC Alternatives |
| SIMPONI ARIA INJ | ENBREL |
| | HUMIRA |
| SIRTURO TAB | ethambutol |
| | isoniazid |
| | pyrazinamide. |
| | rifampin |
| SITAVIG TAB | acyclovir cap |
| SIVEXTRO TAB | ZYVOX |
| SKELID TAB | alendronate |
| sodium sulfacetamide gel | Formulary Topical Agents |
| sodium sulfacetamide lotion | sodium sulfacetamide/sulfur emulsion |
| sodium sulfacetamide shampoo | Formulary Topical Agents |
| sodium sulfacetamide/sulfur foam | sodium sulfacetamide w/sulfur emulsion |
| sodium sulfacetamide/sulfur susp | sodium sulfacetamide emulsion |
| | sodium sulfacetamide lotion |
| | sodium sulfacetamide soln |
| sodium sulfacetamide/sunscreen kit | sodium sulfacetamide lotion or cream |
| SOVALDI TAB | INCIVEK |
| | VICTRELIS |
| SPECTRACEF TAB | cefdinir |
| | cefprozil |
| | cefuroxime |
| STAVZOR CAP | divalproex |
| | divalproex er |
| STRIVERDI RESPIMAT INHALER | SEREVENT DISKUS |
| SUBSYS SPRAY | oxycodone tab |
| SUCLEAR KIT | GOLYTELY |
| | MOVIPREP |
| | NULYTELY |
| | peg 3350 |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont'
Therapeutic Interchange List
Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 4/1/2021

| Non-Preferred/Not Covered | Alternatives* |
|-------------------------------------|-------------------------------|
| SUMADAN KIT | Formulary Alternatives |
| SUMAVEL DOSEPRO INJ | sumatriptan |
| SUPRAX CAP | cefdinir |
| | cefprozil |
| | cefuroxime |
| SUPRAX CHEW TAB | cefdinir |
| | cefprozil |
| | cefuroxime |
| SUPRAX TAB | cefdinir |
| | cefprozil |
| | cefuroxime |
| SUPREP SOLN | MOVIPREP |
| | peg 3350 |
| SYMLINPEN INJ | LANTUS |
| | NOVOLIN |
| | NOVOLOG |
| TANZEUM INJ | BYDUREON |
| | VICTOZA |
| TEKAMLO TAB | amlodipine |
| | losartan |
| | valsartan |
| TEKTURNA HCT TAB | losartan/hydrochlorothiazide |
| | valsartan/hydrochlorothiazide |
| telmisartan tab | DIOVAN |
| | losartan |
| telmisartan/amlodipine tab | amlodipine |
| | losartan |
| | valsartan |
| telmisartan/hydrochlorothiazide tab | losartan/hctz |
| temazepam cap 22.5mg | temazepam 15mg |
| | temazepam 30mg |
| | triazolam |
| temazepam cap 7.5mg | temazepam 15mg |
| | temazepam 30mg |
| | triazolam |
| TEST STRIP (all other test strips) | ACCU-CHEK TEST STRIP |
| | FREESTYLE TEST STRIP |
| | PRECISION XTRA TEST STRIP |
| THIOLA TAB | CUPRIMINE CAP |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.25% | ISTALOL |
| | timolol maleate |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Sarasota Memorial Health Care System Formulary Cont'
Therapeutic Interchange List**

**Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 4/1/2021**

| Non-Preferred/Not Covered | Alternatives* |
|----------------------------------|---|
| tinidazole tab | Pref Alt(s): metronidazole |
| TIZANIDINE COMFORT KIT | tizanidine tab |
| TRAMADOL COMPOUND KIT | lidocaine lidocaine oint. VOLTAREN |
| tramadol ER tab | tramadol |
| tramadol/acetaminophen tab | tramadol + acetaminophen |
| trandolapril/verapamil ER tab | amlodipine/benazepril |
| trazodone tab 300mg | trazodone 150mg |
| TREXIMET TAB | sumatriptan + naproxen |
| trimipramine cap | amitriptyline doxepin imipramine |
| TROKENDI XR CAP | topiramate |
| trospium chloride SR cap | DETROL LA oxybutynin tolterodine TOVIAZ VESICARE |
| trospium tab | DETROL LA oxybutynin TOVIAZ |
| TRULICITY INJ | BYDUREON VICTOZA |
| TUSSICAPS | OTC Alternatives |
| ULESFIA LOTION | OTC Alternatives |
| ULTRAVATE PAC KIT | ammonium lactate cream halobetasol |
| urea cream | urea cream 40% urea cream 50% |
| UREA NAIL KIT | ciclopirox clotrimazole/betamethasone econazole Formulary Alternatives |
| ursodiol tab | terbinafine |
| VALCHLOR GEL | ursodiol 300mg cap fluorouracil TARGRETIN GEL |
| valsartan tab | DIOVAN TAB |
| VALTURNA TAB | losartan valsartan |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont'
Therapeutic Interchange List
Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 4/1/2021

| Non-Preferred/Not Covered | Alternatives* |
|----------------------------------|---------------------------------|
| VANIQA CREAM | Plan Exclusion |
| vasolex oint | Formulary Alternatives |
| venlafaxine tab | venlafaxine ER |
| VERDESO FOAM | augmented betamethasone |
| | clobetasol |
| | desonide |
| VEREGEN OINT | imiquimod |
| VERSACLOZ SUSP | clozapine tab |
| VIBRAMYCIN SYRUP | doxycycline hyclate |
| VICTRELIS CAP | SOVALDI |
| VISICOL TAB | peg 3350/electrolytes |
| VOPAC 5 CREAM | lidocaine patch |
| | oral NSAIDS |
| | VOLTAREN GEL |
| VOPAC CREAM | lidocaine patch |
| | oral NSAIDS |
| | VOLTAREN GEL |
| VOPAC GB CREAM | lidocaine patch |
| | oral NSAIDS |
| | VOLTAREN GEL |
| XARTEMIS XR TAB | oxycodone/acetaminophen |
| XERESE CREAM | ZOVIRAX OINTMENT |
| XIFAXAN TAB 200MG | smz/tmp |
| XIFAXAN TAB 550MG | smz/tmp |
| XOLEGEL | ketoconazole cr |
| XYREM SOLN | NUVIGIL |
| | stimulants |
| XYZAL SOLN | OTC Alternatives |
| XYZAL TAB | Formulary Antihistamines |
| ZEGERID CAP | omeprazole + sodium bicarbonate |
| ZELAPAR ODT | AZILECT |
| | Formulary Anti-Parkinson Agents |
| ZENZEDI TAB | dextroamphetamine tab |
| zenzedi tab 5mg | dextroamphetamine tab |
| ZITHROMAX POWDER PACK | azithromycin susp. |
| | azithromycin tab |
| ZMAX SUSP | azithromycin susp |
| ZOHYDRO ER CAP | hydrocodone/acetaminophen tab |
| ZOLPIMIST SPRAY | zolpidem tab |
| ZONTIVITY TAB | clopidogrel tab |
| ZORPRIN TAB | aspirin (OTC) |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont'
Therapeutic Interchange List
Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 4/1/2021

| Non-Preferred/Not Covered | Alternatives* |
|----------------------------------|----------------------|
| ZORVOLEX CAP | diclofenac tab |
| ZUPLENZ SL FILM | granisetron |
| | ondansetron ODT |
| ZYCLARA CREAM | imiquimod cream |
| ZYDELIG TAB | cyclophosphamide |
| | REVLIMID |
| ZYFLO TAB | SINGULAIR |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary
Prior Authorization Drug List
Last Updated* 4/1/2021

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| ABSTRAL SL TAB | 3 |
| ACTEMRA ACTPEN INJ | S |
| ACTEMRA SC INJ | S |
| ACTIMMUNE INJ | S |
| adapalene cream | 2 |
| adapalene gel | 2 |
| adapalene/benzoyl peroxide gel 0.1-2.5% | 2 |
| ADEMPAS TAB | S |
| AFINITOR DISPERZ | S |
| AFINITOR TAB 10MG | S |
| AIMOVIG INJ | 2 |
| ALECENSA CAP | S |
| ALINIA SUSP | 2 |
| ALUNBRIG TAB 30MG | S |
| ALUNBRIG TAB 90MG, 180MG | S |
| ANDRODERM PATCH | 2 |
| ARIKAYCE SUSP | S |
| armodafinil tab | 1 |
| asenapine maleate SL tab | 2 |
| AUSTEDO TAB | S |
| AYVAKIT TAB | S |
| BALVERSA TAB 3MG | S |
| BALVERSA TAB 4MG | S |
| BALVERSA TAB 5MG | S |
| BANZEL SUSP | 3 |
| BANZEL TAB | 2 |
| BENLYSTA AUTO-INJECTOR | S |
| BENLYSTA INJ | S |
| BENZNIDAZOLE TAB | 2 |
| BERINERT INJ | S |
| bexarotene cap | S |
| BOSULIF TAB | S |
| BRAFTOVI CAP 75MG | S |
| BRUKINSA CAP | S |
| budesonide ER tab | 3 |
| CABLIVI INJ KIT | S |
| CABOMETYX TAB | S |
| CALQUENCE CAP | S |
| CAPRELSA TAB | S |
| CHOLBAM CAP | S |
| CIMZIA INJ | S |
| CIMZIA STARTER INJ KIT | S |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary cont.
Prior Authorization Drug List
Last Updated* 4/1/2021

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--|--|
| CINRYZE INJ | S |
| COMETRIQ KIT | S |
| COPIKTRA CAP | S |
| CORLANOR SOLN | 3 |
| CORLANOR TAB | 3 |
| COTELLIC TAB | S |
| CRINONE GEL | 2 |
| deferiprone tab | S |
| DESCOVY TAB | 2 |
| DIACOMIT CAP | S |
| DIACOMIT POWDER PACK | S |
| diclofenac gel | 3 |
| DOPTELET TAB | S |
| DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM | 3 |
| dronabinol cap | 2 |
| DUPIXENT INJ | S |
| DUPIXENT PEN INJ | S |
| EMGALITY INJ | 2 |
| EMGALITY INJ 100MG/ML | 2 |
| ENBREL INJ 25MG | S |
| ENBREL INJ 50MG | S |
| ENBREL MINI INJ | S |
| ENBREL SURECLICK INJ 50MG | S |
| ENDARI POWDER PACK | S |
| ENDOMETRIN INSERT | 2 |
| ENSPRYNG INJ | S |
| EPANED PREMIXED SOLN | 3 |
| EPANED SOLN | 3 |
| EPIDIOLEX SOLN | S |
| EPIDUO FORTE GEL | 2 |
| EPIDUO GEL 0.1-2.5% | 3 |
| ERIVEDGE CAP | S |
| ERLEADA TAB | S |
| erlotinib tab | S |
| ESBRIET CAP | S |
| ESBRIET TAB 267MG | S |
| ESBRIET TAB 801MG | S |
| everolimus tab | S |
| everolimus tab 0.25mg, 0.5mg, 0.75mg | 2 |
| EVRYSDI SOLN | S |
| FANAPT TAB | 3 |
| FANAPT TITRATION PACK | 3 |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary cont.
Prior Authorization Drug List
Last Updated* 4/1/2021

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--|--|
| FARYDAK CAP | S |
| FASENRA PEN INJ | S |
| fentanyl citrate lollipop | 2 |
| FENTORA TAB, FENTANYL BUCCAL TAB | 3 |
| FERRIPROX SOLN | S |
| FERRIPROX TAB | S |
| FINTEPLA SOLN | S |
| FREESTYLE LIBRE 2 RECEIVER | 3 |
| FREESTYLE LIBRE 2 SENSOR | 3 |
| FREESTYLE LIBRE RECEIVER | 3 |
| FREESTYLE LIBRE SENSOR (10-DAY) | 3 |
| FREESTYLE LIBRE SENSOR (14-DAY) | 3 |
| GALAFOLD CAP | S |
| GENOTROPIN INJ | S |
| GILOTRIF TAB | S |
| HAEGARDA INJ | S |
| HEMLIBRA INJ | S |
| HIZENTRA INJ | S |
| HUMIRA INJ 10MG | S |
| HUMIRA INJ 20MG | S |
| HUMIRA INJ 40MG | S |
| HUMIRA INJ 80MG | S |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | S |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK | S |
| HUMIRA INJ PEDIATRIC UC STARTER PACK | S |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | S |
| HUMIRA PEN INJ 40MG | S |
| HYCAMTIN CAP | S |
| HYQVIA INJ | S |
| IBRANCE CAP | S |
| IBRANCE TAB | S |
| icatibant inj | S |
| ICLUSIG TAB | S |
| IDHIFA TAB | S |
| IMBRUVICA CAP 140MG | S |
| IMBRUVICA CAP 70MG | S |
| IMBRUVICA TAB | S |
| INBRIJA INH POWDER | 3 |
| INGREZZA CAP | S |
| INLYTA TAB | S |
| INQOVI TAB | S |
| IRESSA TAB | S |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary cont.
Prior Authorization Drug List
Last Updated* 4/1/2021

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---------------------------|--|
| ISTURISA TAB 10MG | S |
| ISTURISA TAB 1MG | S |
| ISTURISA TAB 5MG | S |
| itraconazole cap | 2 |
| itraconazole soln | 3 |
| ivermectin lotion | 3 |
| JAKAFI TAB | S |
| JYNARQUE PAK | S |
| JYNARQUE TAB | S |
| KALYDECO PAK | S |
| KALYDECO TAB | S |
| KEVZARA INJ | S |
| KINERET INJ | S |
| KORLYM TAB | S |
| KOSELUGO CAP | S |
| lapatinib ditosylate tab | S |
| LAZANDA NASAL SPRAY | 3 |
| LEDIPASVIR/SOFOSBUVIR TAB | S |
| LENVIMA CAP | S |
| LOKELMA PAK | 2 |
| LONSURF TAB | S |
| LORBRENA TAB 100MG | S |
| LORBRENA TAB 25MG | S |
| LUCEMYRA TAB | 3 |
| LYNPARZA CAP | S |
| LYNPARZA TAB | S |
| MAVYRET TAB | S |
| MEKINIST TAB 0.5MG | S |
| MEKINIST TAB 2MG | S |
| MEKTOVI TAB | S |
| METHITEST TAB | 3 |
| METHYLTESTOSTERONE CAP | 3 |
| miglustat cap | S |
| modafinil tab | 1 |
| MOTEGRITY TAB | 3 |
| MOVANTIK TAB | 2 |
| NATPARA INJ | S |
| NERLYNX TAB | S |
| NEXAVAR TAB | S |
| NINLARO CAP | S |
| nitazoxanide tab | 2 |
| NUBEQA TAB | S |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary cont.
Prior Authorization Drug List
Last Updated* 4/1/2021

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-----------------------------|--|
| NUCALA INJ | S |
| NUDEXTA CAP | 2 |
| NURTEC ODT | 2 |
| OCALIVA TAB | S |
| ODACTRA SL TAB | 3 |
| ODOMZO CAP | S |
| OFEV CAP | S |
| OLUMIANT TAB | S |
| OPSUMIT TAB | S |
| ORENCIA CLICK INJ | S |
| ORENCIA SC INJ 125MG/ML | S |
| ORENCIA SC INJ 50MG/0.4ML | S |
| ORENCIA SC INJ 87.5MG/0.7ML | S |
| ORIAHNN CAP | 2 |
| ORILISSA TAB 150MG | 2 |
| ORILISSA TAB 200MG | 2 |
| ORKAMBI GRANULES PACKET | S |
| ORKAMBI TAB | S |
| OTEZLA STARTER PACK | S |
| OTEZLA TAB | S |
| OXBRYTA TAB | S |
| OXERVATE OPHTH SOLN | S |
| PALFORZIA POWDER PACK | S |
| PALFORZIA SPRINKLE CAP | S |
| paliperidone ER tab | 2 |
| PALYNZIQ INJ | S |
| PEMAZYRE TAB | S |
| PIQRAY TAB | S |
| POMALYST CAP | S |
| PRALUENT INJ | 2 |
| PROGESTERONE SUPP | 3 |
| PROMACTA POWDER | S |
| PROMACTA TAB | S |
| pyrimethamine tab | S |
| QBRELIS SOLN | 3 |
| QINLOCK TAB | S |
| REPATHA INJ | 2 |
| REPATHA PUSHTRONEX INJ | 2 |
| RETEVMO CAP | S |
| REYVOW TAB | 2 |
| RINVOQ ER TAB | S |
| ROZLYTREK CAP | S |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary cont.
Prior Authorization Drug List
Last Updated* 4/1/2021

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| RUBRACA TAB | S |
| RUCONEST INJ | S |
| rufinamide susp | 2 |
| RUZURGI TAB | S |
| RYDAPT CAP | S |
| sapropterin dihydrochloride powder packet | S |
| sapropterin dihydrochloride soluble tab | S |
| SIGNIFOR INJ | S |
| sildenafil tab 20mg | 1 |
| SKLICE LOTION | 3 |
| SKYRIZI INJ | S |
| SOFOSBUVIR/VELPATASVIR TAB | S |
| SOLIQUA INJ | 2 |
| SOLOSEC GRANULES PACKET | 3 |
| SOMAVERT INJ | S |
| SPORANOX SOLN | 3 |
| SPRYCEL TAB | S |
| STELARA INJ | S |
| STIVARGA TAB | S |
| STRENSIQ INJ | S |
| SUNOSI TAB | 2 |
| SUTENT CAP | S |
| SYMDEKO TAB | S |
| SYMPROIC TAB | 2 |
| TABRECTA TAB | S |
| tadalafil tab (PAH) | S |
| TAFINLAR CAP | S |
| TAGRISSO TAB | S |
| TAKHZYRO INJ | S |
| TALTZ INJ | S |
| TALZENNA CAP 0.25MG | S |
| TALZENNA CAP 1MG | S |
| TARGRETIN GEL | S |
| TASIGNA CAP | S |
| TAVALISSE TAB | S |
| TAZVERIK TAB | S |
| TEGSEDI INJ | S |
| TESTOSTERONE GEL 1% 25MG | 2 |
| testosterone gel 1% 50mg | 2 |
| testosterone gel 1% pump | 2 |
| testosterone gel 1.62% 1.25gm | 3 |
| testosterone gel 1.62% 2.5gm | 3 |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary cont.
Prior Authorization Drug List
Last Updated* 4/1/2021

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-----------------------------|--|
| TESTOSTERONE GEL PUMP | 2 |
| testosterone gel pump 1.62% | 2 |
| testosterone soln | 2 |
| tetrabenazine tab | S |
| THALOMID CAP | S |
| TIBSOVO TAB | S |
| TOBI PODHALER | S |
| TRACLEER TAB 32MG | S |
| TREMFYA INJ | S |
| tretinoin cream | 2 |
| tretinoin gel | 2 |
| trientine cap | S |
| TRIKAFTA TAB | S |
| TRINTELLIX TAB | 3 |
| TRULANCE TAB | 2 |
| TUKYSA TAB | S |
| TURALIO CAP | S |
| TYVASO INH SOLN | S |
| UBRELVY TAB | 2 |
| UCERIS RECTAL FOAM | 3 |
| UPTRAVI TAB | S |
| VALCHLOR GEL | S |
| VELTASSA POWDER | 3 |
| VENCLEXTA STARTER PACK | S |
| VENCLEXTA TAB | S |
| VENTAVIS INH SOLN | S |
| VERZENIO TAB | S |
| vigabatrin powder pack | S |
| vigabatrin tab | S |
| VITRAKVI CAP 100MG | S |
| VITRAKVI CAP 25MG | S |
| VITRAKVI SOLN | S |
| VIZIMPRO TAB | S |
| VOSEVI TAB | S |
| VOTRIENT TAB | S |
| VYNDAMAX CAP | S |
| VYNDAQEL CAP | S |
| WAKIX TAB | S |
| XADAGO TAB | 3 |
| XALKORI CAP | S |
| XELJANZ TAB | S |
| XELJANZ XR TAB | S |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary cont.
Prior Authorization Drug List
Last Updated* 4/1/2021

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-------------------|--|
| XEMBIFY INJ | S |
| XIFAXAN TAB 550MG | 3 |
| XOSPATA TAB | S |
| XPOVIO PAK | S |
| XULTOPHY INJ | 2 |
| XYREM SOLN | S |
| ZEJULA CAP | S |
| ZELBORAF TAB | S |
| ZOLINZA CAP | S |
| ZORTRESS TAB 1MG | 2 |
| ZYDELIG TAB | S |
| ZYKADIA CAP | S |
| ZYKADIA TAB | S |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary
Last Updated* 4/1/2021
RxCents (Cost Savings Enabled by Tablet Splitting)

Tablet splitting helps control prescription drug benefit costs and can provide significant savings for members. Participation in the program is voluntary. Through this program, members pay up to one-half of their usual copayment on a select group of prescription drugs. Drugs included in this program are based on the following criteria:

- The drug product is on the formulary.
- The drug product is recognized as an appropriate product to split by the Pharmacy & Therapeutics Committee.
- The drug is flat priced (i.e. various strengths of the medication must be comparably priced).
- The medication must have once-daily dosing.

An example of the savings that can be realized through this program is illustrated below:

| | Product & Strength | Quantity | Member Copay | Member Annual Savings |
|--------------------------|--------------------|----------|--------------|-----------------------|
| Without Tablet Splitting | Drug A 40 mg tab | 30 | \$15.00 | |
| With Tablet Splitting | Drug A 80 mg tab | 15 | \$7.50 | \$90 |

As the example illustrates, tablet splitting allows members to receive the same dose in a fewer number of tablets; thus, the overall

RxCents Program Medications

| | | | |
|-----------------|-----------------|----------------|----------------|
| aliskiren tab | BYSTOLIC TAB | eplerenone tab | febuxostat tab |
| galantamine tab | JANUVIA TAB | LATUDA TAB | OCALIVA TAB |
| rasagiline tab | tolterodine tab | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary
Last Updated* 4/1/2021
Over-the-Counter (OTC)

- The following OTC drugs are a covered benefit with a prescription

Over-the-Counter (OTC) Medications

| | | | |
|---------------------------------------|------------------------------------|-----------------------------------|----------------------------------|
| ACCU-CHEK AVIVA PLUS METER | ACCU-CHEK AVIVA PLUS TEST STRIP | ACCU-CHEK GUIDE CARE METER | ACCU-CHEK GUIDE ME KIT |
| ACCU-CHEK GUIDE TEST STRIP | ACCU-CHEK NANO METER | ACCU-CHEK SMARTVIEW TEST STRIP | ACCU-CHEK TEST STRIP |
| AEROCHAMBER | ALCOHOL SWABS | aspirin chew tab 81mg | aspirin ec tab 325mg |
| aspirin ec tab 81mg | aspirin tab 325mg | aspirin tab 81mg | B-D INSULIN SYRINGE |
| B-D PEN NEEDLE | CALIBRATION LIQUID | CLINISTIX TEST STRIP | CONTRACEPTIVE FILM |
| CONTRACEPTIVE FOAM | CONTRACEPTIVE GEL | CONTRACEPTIVE SUPP | FEMALE CONDOMS |
| ferrous sulfate elixir | FERROUS SULFATE LIQUII | ferrous sulfate soln | ferrous sulfate syrup |
| folic acid tab 400mcg | folic acid tab 800mcg | FREESTYLE FREEDOM LITE METER | FREESTYLE INSULINX METER |
| FREESTYLE INSULINX TEST STRIP | FREESTYLE LITE METER | FREESTYLE LITE TEST STRIP | FREESTYLE PRECISION NEO METER |
| FREESTYLE PRECISION NEO TEST STRIP | FREESTYLE TEST STRIP | GUAIFENESIN/CODEINE SYRUP | IRON SUSP |
| KETO-DIASTIX TEST STRIF | KETOSTIX | LANCET KIT | LANCETS |
| levonorgestrel tab | nicotine gum | NICOTINE KIT | nicotine lozenge |
| nicotine patch | NOVOFINE PEN NEEDLE | NOVOLIN 70/30 FLEXPEN INJ | NOVOLIN 70/30 INJ |
| NOVOLIN N FLEXPEN INJ | NOVOLIN N INJ | NOVOLIN R FLEXPEN INJ | NOVOLIN R INJ |
| NOVOTWIST PEN NEEDLE | NOVOTWIST/NOVOFINE PEN NEEDLE | PEAK FLOW METER | PLAN B TAB |
| PRECISION XTRA KETONE TEST STRIP | PRECISION XTRA METER | PRECISION XTRA TEST STRIP | TODAY SPONGE |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary
Last Updated* 4/1/2021
Mandatory Specialty Pharmacy (MSP)

- Navitus utilizes a specialty pharmacy, experienced in handling specialty drugs, to coordinate personalized support for members impacted by chronic illnesses and complex diseases.
- Specialty drugs are only available for a one month supply due to their high cost and use.
- The following drugs are required to be filled through a Specialty Pharmacy provider.

Mandatory Specialty Pharmacy (MSP) Medications

| | | | |
|---|---|---------------------------------------|-----------------------|
| abiraterone tab 250mg | ACTEMRA ACTPEN INJ | ACTEMRA SC INJ | ACTIMMUNE INJ |
| ADEMPAS TAB | AFINITOR DISPERZ | AFINITOR TAB 10MG | ALECENSA CAP |
| ALFERON-N INJ | ALUNBRIG TAB 30MG | ALUNBRIG TAB 90MG, 180MG | ambrisentan tab |
| ARIKAYCE SUSP | AUBAGIO TAB | AUSTEDO TAB | AVONEX INJ |
| AYVAKIT TAB | BALVERSA TAB 3MG | BALVERSA TAB 4MG | BALVERSA TAB 5MG |
| BENLYSTA | BENLYSTA INJ | BERINERT INJ | bezarotene cap |
| AUTO-INJECTOR | | | |
| bosentan tab | BOSULIF TAB | BRAFTOVI CAP 75MG | BRUKINSA CAP |
| CABLIVI INJ KIT | CABOMETYX TAB | CALQUENCE CAP | capecitabine tab |
| CAPRELSA TAB | CAYSTON INH SOLN | CHOLBAM CAP | CIMZIA INJ |
| CIMZIA STARTER INJ KIT | CINRYZE INJ | COMETRIQ KIT | COPIKTRA CAP |
| COTELLIC TAB | CYSTADROPS SOLN | CYSTAGON CAP | CYSTARAN OPHTH SOLN |
| dalfampridine ER tab | deferasirox granules packet | deferasirox tab | deferasirox tab 180mg |
| deferasirox tab 90mg, 360mg | deferiprone tab | DIACOMIT CAP | DIACOMIT POWDER PACK |
| dimethyl fumarate DR cap | dimethyl fumarate DR starter pack | DOPTELET TAB | DUPIXENT INJ |
| DUPIXENT PEN INJ | ENBREL INJ 25MG | ENBREL INJ 50MG | ENBREL MINI INJ |
| ENBREL SURECLICK INJ 50MG | ENDARI POWDER PACK | ENSPRYNG INJ | EPIDIOLEX SOLN |
| ERIVEDGE CAP | ERLEADA TAB | erlotinib tab | ESBRIET CAP |
| ESBRIET TAB 267MG | ESBRIET TAB 801MG | ETOPOSIDE CAP | everolimus tab |
| EVRYSDI SOLN | EXTAVIA INJ | FARYDAK CAP | FASENRA PEN INJ |
| FERRIPROX SOLN | FERRIPROX TAB | FINTEPLA SOLN | FORTEO INJ |
| FULPHILA INJ | FUZEON INJ | GALAFOLD CAP | GENOTROPIN INJ |
| GILENYA CAP | GILOTRIF TAB | glatiramer inj | HAEGARDA INJ |
| HEMLIBRA INJ | HIZENTRA INJ | HUMIRA INJ 10MG | HUMIRA INJ 20MG |
| HUMIRA INJ 40MG | HUMIRA INJ 80MG | HUMIRA INJ | HUMIRA INJ PEDIATRIC |
| | | CROHNS/UC/HIDRADENITI STARTER PACK | CROHNS STARTER PACK |
| HUMIRA INJ PEDIATRIC UC STARTER PACK | HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | HUMIRA PEN INJ 40MG | HYCAMTIN CAP |
| HYQVIA INJ | IBRANCE CAP | IBRANCE TAB | icatibant inj |
| ICLUSIG TAB | IDHIFA TAB | imatinib tab | IMBRUVICA CAP 140MG |
| IMBRUVICA CAP 70MG | IMBRUVICA TAB | INCRELEX INJ | INGREZZA CAP |
| INLYTA TAB | INQOVI TAB | INTRON-A INJ | IRESSA TAB |
| ISTURISA TAB 10MG | ISTURISA TAB 1MG | ISTURISA TAB 5MG | JAKAFI TAB |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

| | | | |
|---|---|--|---|
| JYNARQUE PAK KESIMPTA INJ KOSELUGO CAP | JYNARQUE TAB KEVZARA INJ lapatinib ditosylate tab | KALYDECO PAK KINERET INJ LEDIPASVIR/SOFOSBUVIR TAB | KALYDECO TAB KORLYM TAB LENVIMA CAP |
| LONSURF TAB LYNPARZA TAB MAYZENT TAB STARTER PACK MESNEX TAB NATPARA INJ nilutamide tab NUCALA INJ ODOMZO CAP ORENCIA CLICK INJ | LORBRENA TAB 100MG LYSODREN TAB MEKINIST TAB 0.5MG MIACALCIN INJ NERLYNX TAB NINLARO CAP NUZYRA TAB OFEV CAP ORENCIA SC INJ 125MG/MI | LORBRENA TAB 25MG MAVYRET TAB MEKINIST TAB 2MG miglustat cap NEUMEGA INJ NIVESTYM INJ OCALIVA TAB OLUMIANT TAB ORENCIA SC INJ 50MG/0.4ML OTEZLA STARTER PACK | LYNPARZA CAP MAYZENT TAB MEKTOVI TAB MYLERAN TAB NEXAVAR TAB NUBEQA TAB octreotide inj OPSUMIT TAB ORENCIA SC INJ 87.5MG/0.7ML OTEZLA TAB |
| ORKAMBI GRANULES PACKET OXBRYTA TAB | ORKAMBI TAB OXERVATE OPHTH SOLN | PALFORZIA POWDER PACK PEG-INTRON INJ PLEGRIDY PEN INJ PULMOZYME INH SOLN REBIF INJ ribavirin tab RUCONEST INJ sapropterin dihydrochloride soluble tab SOMAVERT INJ | PALFORZIA SPRINKLE CAF PEMAZYRE TAB POMALYST CAP pyrimethamine tab RETEVMO CAP RINVOQ ER TAB RUZURGI TAB SIGNIFOR INJ SPRYCEL TAB |
| PALYNZIQ INJ PIQRAY TAB PROMACTA POWDER QINLOCK TAB REVLIMID CAP ROZLYTREK CAP RYDAPT CAP SKYRIZI INJ | PEGASYS INJ PLEGRIDY INJ PROMACTA TAB REBETOL SOLN ribavirin cap RUBRACA TAB sapropterin dihydrochloride powder packet SOFOSBUVIR/VELPATASVI R TAB STIVARGA TAB TABRECTA TAB TAKHZYRO INJ TARGRETIN GEL TEGSEDI INJ TIBSOVO TAB TREMIFYA INJ TUKYSA TAB UPTRAVI TAB | STRENSIQ INJ tadalafil tab (PAH) TALTZ INJ TASIGNA CAP temozolomide cap TOBI PODHALER tretinoin cap TURALIO CAP VALCHLOR GEL | SUTENT CAP TAFINLAR CAP TALZENNA CAP 0.25MG TAVALISSE TAB tetrabenazine tab tobramycin neb soln trientine cap TYMLOS INJ VENCLEXTA STARTER PACK vigabatrin powder pack VITRAKVI SOLN VOTRIENT TAB XALKORI CAP XOSPATA TAB ZEJULA CAP ZIEXTENZO INJ ZYKADIA TAB |
| STELARA INJ SYMDEKO TAB TAGRISSO TAB TALZENNA CAP 1MG TAZVERIK TAB THALOMID CAP TRACLEER TAB 32MG TRIKAFTA TAB TYVASO INH SOLN VENCLEXTA TAB vigabatrin tab VIVITROL INJ VYNDAMAX CAP XELJANZ TAB XPOVIO PAK ZELBORAF TAB ZOLINZA CAP | VENTAVIS INH SOLN VITRAKVI CAP 100MG VIZIMPRO TAB VYNDAQEL CAP XELJANZ XR TAB XYREM SOLN ZEPOSIA CAP ZYDELIG TAB | VERZENIO TAB VITRAKVI CAP 25MG VOSEVI TAB WAKIX TAB XEMBIFY INJ ZARXIO INJ ZEPOSIA STARTER PACK ZYKADIA CAP | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary
Last Updated* 4/1/2021
Step Therapy (ST)

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---|---|
| DIFICID SUSP | QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN |
| DIFICID TAB | QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN |
| donepezil tab 23mg | QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg |
| febuxostat tab | Step Therapy requires trial of allopurinol |
| fluvoxamine ER cap | Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine |
| LATUDA TAB | QL= 1 tab/day; Step Therapy requires trial of quetiapine |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER | QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA |
| LIVALO TAB | Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| LONHALA MAGNAIR SOLN | Step Therapy requires trial of INCRUSE ELLIPTA INHALER |
| NEVIRAPINE ER TAB | Step Therapy requires trial of nevirapine |
| risedronate DR tab | Step Therapy requires trial of alendronate |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary
Smoking Cessation Agents
Last Updated* 4/1/2021

| Drug Name | Tier # for Drug Copay |
|--|------------------------------|
| bupropion SR tab(Limited to 180 days/plan year) | \$0 |
| CHANTIX PAK(Limited to 180 days/plan year) | \$0 |
| CHANTIX TAB(Limited to 180 days/plan year) | \$0 |
| nicotine gum(Limited to 180 days/plan year) | \$0 |
| NICOTINE KIT | \$0 |
| nicotine lozenge(Limited to 180 days/plan year) | \$0 |
| nicotine patch(Limited to 180 days/plan year) | \$0 |
| NICOTROL INHALER(Limited to 180 days/plan year) | \$0 |
| NICOTROL NASAL SPRAY(Limited to 180 days/plan year) | \$0 |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary
Last Updated* 4/1/2021
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------|---|
| abiraterone tab 250mg | QL= 4 tabs/day |
| ABSTRAL SL TAB | QL= 120 tabs/30 days |
| ACTEMRA ACTPEN INJ | QL= 2 inj/28 days |
| ACTEMRA SC INJ | QL= 2 inj/28 days |
| ADEMPAS TAB | QL= 3 tabs/day; Only available through Accredo 800-803-2523 |
| AFINITOR DISPERZ | QL= 1 tab/day |
| AFINITOR TAB 10MG | QL= 1 tab/day |
| AIMOVIG INJ | QL= 1 pack/28 days |
| AKYNZEO CAP | QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist |
| ALECENSA CAP | QL= 8 caps/day |
| ALINIA SUSP | QL= 60ml/3 days |
| ALUNBRIG TAB 30MG | QL= 4 tabs/day; Only available through Biologics 800-850-4306 |
| ALUNBRIG TAB 90MG, 180MG | QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| ambrisentan tab | QL= 1 tab/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416 |
| ANDRODERM PATCH | QL= 1 patch/day |
| ANZEMET TAB | QL= 9 tabs/fill |
| aprepitant cap | QL= 3 caps/fill |
| aprepitant pak | QL= 3 caps/fill |
| ARIKAYCE SUSP | QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046 |
| armodafinil tab | QL= 1 tab/day |
| asenapine maleate SL tab | QL= 2 tabs/day |
| AUSTEDO TAB | QL= 4 tabs/day |
| AYVAKIT TAB | QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| BALVERSA TAB 3MG | QL= 3 tabs/day; Only available through US Bioservices 888-518-7246 |
| BALVERSA TAB 4MG | QL= 2 tabs/day; Only available through US Bioservices 888-518-7246 |
| BALVERSA TAB 5MG | QL= 1 tab/day; Only available through US Bioservices 888-518-7246 |
| BAQSIMI NASAL POWDER | QL= 2 inhalations/fill |
| BAXDELA TAB | QL= 2 tabs/day; Restricted to Infectious Disease Specialist |
| BENLYSTA AUTO-INJECTOR | QL= 4 inj/28 day |
| BENLYSTA INJ | QL= 4 inj/28 day |
| bimatoprost ophth soln | QL= 2.5ml/30 days |
| bosentan tab | QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416 |
| BRAFTOVI CAP 75MG | QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| BRUKINSA CAP | QL= 4 caps/day; Only available through Biologics 800-850-4306 |
| budesonide ER tab | QL=1 tab/day |
| buprenorphine patch | QL= 4 patches/28 days |
| bupropion SR tab | Limited to 180 days/plan year |
| butorphanol nasal spray | QL= 1 bottle/fill, 2 fills/30 days |
| BYDUREON BCISE AUTO INJ | QL= 4 inj/28 days |
| BYDUREON INJ | QL= 4 inj/28 days |
| BYDUREON PEN INJ | QL= 4 inj/28 days |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Last Updated* 4/1/2021
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| BYETTA INJ | QL= 1 pen/30 days |
| CABLIVI INJ KIT | QL= 1 vial/day; Only available through Biologics 800-850-4306 |
| CABOMETYX TAB | QL= 1 tab/day |
| CALQUENCE CAP | QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| CAVERJECT INJ | QL= 6 inj/30 days |
| celecoxib cap | QL= 2 caps/day |
| CHANTIX PAK | Limited to 180 days/plan year |
| CHANTIX TAB | Limited to 180 days/plan year |
| CIMZIA INJ | QL= 2 inj/28 days |
| CIMZIA STARTER INJ KIT | QL= 1 kit/plan year |
| CINRYZE INJ | QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767 |
| COPIKTRA CAP | QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| COTELLIC TAB | QL= 3 tabs/day |
| COVID-19 VACCINE INJ (JANSSEN) | QL= 1 dose/365 days |
| COVID-19 VACCINE INJ (MODERNA) | QL= 1 dose/24 days; limit 2 fills/12 months |
| COVID-19 VACCINE INJ (PFIZER) | QL= 1 dose/17 days; limit 2 fills/12 months |
| CYSTADROPS SOLN | QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| CYSTARAN OPHTH SOLN | QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416 |
| dalfampridine ER tab | QL= 2 tabs/day; Restricted to Neurology Specialist |
| DEPO-PROVERA SC INJ 104MG | QL= 1 inj/90 days |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL | QL= 2 packs/fill |
| diclofenac gel | QL= 300gm/30 days |
| diclofenac gel 1% | QL= 5 tubes/fill |
| DICLOFENAC PATCH, FLECTOR PATCH | QL= 30 patches/fill |
| diclofenac soln 1.5% | QL= 3 bottles/fill |
| DIFICID SUSP | QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN |
| DIFICID TAB | QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN |
| donepezil ODT | QL= 1 tab/day |
| donepezil tab | QL= 2 tabs/day |
| donepezil tab 23mg | QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg |
| DOPTELET TAB | QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479 |
| DUPIXENT INJ | QL= 2 inj/28 days |
| DUPIXENT PEN INJ | QL= 2 inj/28 days |
| EDEX INJ | QL= 6 inj/30 days |
| eletriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| EMGALITY INJ | QL= 1 inj/28 days |
| EMGALITY INJ 100MG/ML | QL= 3 inj/fill, 6 fills/year |
| ENBREL INJ 25MG | QL= 8 inj/28 days |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Last Updated* 4/1/2021
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| ENBREL INJ 50MG | QL= 4 inj/28 days |
| ENBREL MINI INJ | QL= 4 inj/28 days |
| ENBREL SURECLICK INJ 50MG | QL= 4 inj/28 days |
| ENDARI POWDER PACK | QL= 6 packets/day |
| enoxaparin inj | QL= 17 days supply |
| ENSPRYNG INJ | QL= 1 inj/28 days |
| entecavir tab | QL= 1 tab/day |
| ENTRESTO TAB | QL= 2 tabs/day |
| epinephrine pen inj 0.15mg, 0.3mg | QL= 2 inj/fill |
| ERLEADA TAB | QL= 4 tabs/day |
| ESBRIET CAP | QL= 9 caps/day |
| ESBRIET TAB 267MG | QL= 9 tabs/day |
| ESBRIET TAB 801MG | QL= 3 tabs/day |
| estradiol vaginal tab, yuvafem vaginal tab | QL= 8 tabs/28 days, 18 tabs on first fill |
| eszopiclone tab | QL= 1 tab/day |
| everolimus tab | QL= 1 tab/day |
| EVRYSDI SOLN | QL= 200ml/30 days; Only available through Accredo 800-803-2523 |
| ezetimibe/simvastatin tab | QL= 1 tab/day (10-80mg is Not Covered) |
| FANAPT TAB | QL= 2 tabs/day |
| FANAPT TITRATION PACK | QL= 1 pack/plan year |
| FARXIGA TAB | QL= 1 tab/day |
| FARYDAK CAP | QL= 6 caps/21 days |
| FASENRA PEN INJ | QL= 1 inj/56 days |
| fentanyl citrate lollipop | QL= 120 lozenges/30 days |
| FENTORA TAB, FENTANYL BUCCAL TAB | QL= 120 tabs/30 days |
| FINTEPLA SOLN | QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| FLUNISOLIDE NASAL SPRAY | QL= 2 bottles/fill |
| fluticasone nasal spray | QL= 2 bottles/fill |
| FREESTYLE LIBRE 2 RECEIVER | QL= 1 receiver/year |
| FREESTYLE LIBRE 2 SENSOR | QL= 2 sensors/28 days |
| FREESTYLE LIBRE RECEIVER | QL= 1 receiver/year |
| FREESTYLE LIBRE SENSOR (10-DAY) | QL= 3 sensors/30 days |
| FREESTYLE LIBRE SENSOR (14-DAY) | QL= 2 sensors/28 days |
| GALAFOLD CAP | QL= 15 caps/30 days; Only available through Walgreens 888-347-3416 |
| GAVILYTE-C SOLN | Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| GILOTRIF TAB | QL= 1 tab/day; Only available through Accredo 800-803-2523 |
| GLUCAGEN HYPOKIT INJ | QL= 2 inj/fill |
| glucagon (rdna) for inj kit | QL= 2 inj/fill |
| GLUCAGON EMR INJ | QL= 2 inj/fill |
| GLUCAGON INJ KIT | QL= 2 inj/fill |
| GLYXAMBI TAB | QL= 1 tab/day |
| granisetron tab | QL= 14 tabs/fill |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Last Updated* 4/1/2021
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| GRANISOL SOLN | QL= 60ml/fill |
| GUAIFENESIN/CODEINE SYRUP | QL= 240ml/fill |
| GVOKE INJ | QL= 2 inj/fill |
| GVOKE PFS INJ | QL= 2 inj/fill |
| HUMIRA INJ 10MG | QL= 2 syringes/28 days |
| HUMIRA INJ 20MG | QL= 2 syringes/28 days |
| HUMIRA INJ 40MG | QL= 2 syringes/28 days |
| HUMIRA INJ 80MG | QL= 2 syringes/28 days |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PEDIATRIC UC STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA PEN INJ 40MG | QL= 2 pens/28 days |
| hydrocodone bitartrate er tab | QL= 1 tab/day |
| hydrocodone/chlorpheniramine CR susp | QL= 120ml/fill; 2 fills/30 days |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid | QL= 120ml/fill, 2 fills/month |
| ibandronate tab 150mg | QL= 1 tab/30 days |
| IBRANCE CAP | QL= 21 caps/28 days |
| IBRANCE TAB | QL= 21 caps/28 days |
| ICLUSIG TAB | QL= 1 tab/day; Only available through AcariaHealth 800-511-5144 |
| IDHIFA TAB | QL= 1 tab/day |
| IMBRUVICA CAP 140MG | QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMBRUVICA CAP 70MG | QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMBRUVICA TAB | QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| INBRIJA INH POWDER | QL= 10 caps/day |
| INGREZZA CAP | QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479 |
| INLYTA TAB | QL= 8 tabs/day |
| INQOVI TAB | QL= 5 tabs/28 days; Only available through Walgreens 888-347-3416 |
| ISTURISA TAB 10MG | QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| ISTURISA TAB 1MG | QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| ISTURISA TAB 5MG | QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| ivermectin lotion | QL= 1 tube/fill |
| JAKAFI TAB | QL= 2 tabs/day |
| JANUMET TAB | QL= 2 tabs/day |
| JANUMET XR TAB | QL= 2 tabs/day |
| JANUVIA TAB | QL= 1 tab/day |
| JARDIANCE TAB | QL= 1 tab/day |
| JENTADUETO TAB | QL= 2 tabs/day |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Last Updated* 4/1/2021
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| JENTADUETO XR TAB | QL= 2 tabs/day |
| JYNARQUE PAK | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| JYNARQUE TAB | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| KALYDECO PAK | QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| KALYDECO TAB | QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| ketorolac tab | QL= 20 tabs/5 days |
| KEVZARA INJ | QL= 2 inj/28 days |
| KINERET INJ | QL= 1 inj/day; Only available through Biologics 800-850-4306 |
| KOSELUGO CAP | QL= 4 caps/day; Only available through Onco360 877-662-6633 |
| LASTACAFT OPHTH SOLN | QL= 3ml/30 days |
| latanoprost ophth soln | QL= 2.5ml/30 days |
| LATUDA TAB | QL= 1 tab/day; Step Therapy requires trial of quetiapine |
| LAZANDA NASAL SPRAY | QL= 15 bottles/30 days |
| LEDIPASVIR/SOFOSBUVIR TAB | QL= 1 tab/ day |
| LENVIMA CAP | QL= 3 caps/day; Only available through Accredo 800-803-2523 |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER | QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA |
| lidocaine oint | QL= 107gm/30 days |
| lidocaine patch | QL= 3 patches/day |
| LORBRENA TAB 100MG | QL= 1 tab/day |
| LORBRENA TAB 25MG | QL= 3 tabs/day |
| LUCEMYRA TAB | QL= 84 tabs/7 days |
| LUMIGAN OPHTH SOLN | QL= 2.5ml/30 days |
| LYNPARZA CAP | Only available through Biologics 800-850-4306, QL= 16 caps/day |
| LYNPARZA TAB | Only available through Biologics 800-850-4306, QL= 4 tabs/day |
| malathion lotion | QL= 2 bottles/fill |
| MAVYRET TAB | QL= 3 tabs/day |
| medroxyprogesterone inj | QL= 1 inj/90 days |
| MEKINIST TAB 0.5MG | QL= 3 tabs/day |
| MEKINIST TAB 2MG | QL= 1 tab/day |
| MEKTOVI TAB | QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118 |
| methylergonovine tab | QL= 28 tabs/fill, 1 fill/365 days |
| modafinil tab | QL= 20 tabs/30 days |
| MUSE SUPP | QL= 6 supp/30 days |
| naloxone prefilled inj | QL= 2 inj/fill |
| naratriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| NATROBA SUSP | QL= 1 bottle/fill |
| NAYZILAM SPRAY | QL= 2 packs/fill; Restricted to Neurology Specialist |
| NERLYNX TAB | QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118 |
| nicotine gum | Limited to 180 days/plan year |
| NICOTINE KIT | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Last Updated* 4/1/2021
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-----------------------------|---|
| nicotine lozenge | Limited to 180 days/plan year |
| nicotine patch | Limited to 180 days/plan year |
| NICOTROL INHALER | Limited to 180 days/plan year |
| NICOTROL NASAL SPRAY | Limited to 180 days/plan year |
| nitazoxanide tab | QL= 6 tabs/3 days |
| NUBEQA TAB | QL= 4 tabs/day |
| NUCALA INJ | QL= 1 inj/28 days |
| NUCYNTA ER TAB | QL= 2 tabs/day |
| NUDEXTA CAP | QL= 2 caps/day |
| NURTEC ODT | QL= 8 tabs/30 days, 6 fills/year |
| NUZYRA TAB | QL= 2 tabs/day, 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416 |
| OCALIVA TAB | QL= 1 tab/day; Only available through Walgreens 888-347-3416 |
| OFEV CAP | QL= 2 caps/day; Only available through Walgreens 888-347-3416 |
| olopatadine ophth soln 0.2% | QL= 2.5ml/30 days |
| OLUMIANT TAB | QL= 1 tab/day |
| OPSUMIT TAB | QL= 1 tab/day; Only available through CVS Specialty 800-237-2767 |
| ORENCIA CLICK INJ | QL= 4 inj/28 days |
| ORENCIA SC INJ 125MG/ML | QL= 4 inj/28 days |
| ORENCIA SC INJ 50MG/0.4ML | QL= 4 inj/28 days |
| ORENCIA SC INJ 87.5MG/0.7ML | QL= 4 inj/28 days |
| ORIAHNN CAP | QL= 2 caps/day |
| ORILISSA TAB 150MG | QL= 1 tab/day |
| ORILISSA TAB 200MG | QL= 2 tabs/day |
| ORKAMBI GRANULES PACKET | QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| ORKAMBI TAB | QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| oseltamivir cap | QL= 10 caps/fill |
| oseltamivir cap 30mg | QL= 20 caps/fill |
| oseltamivir susp | QL= 250ml/fill |
| OTEZLA STARTER PACK | QL= 1 pack/28 days |
| OTEZLA TAB | QL= 2 tabs/day |
| OXBRYTA TAB | QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767 |
| OXERVATE OPHTH SOLN | QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523 |
| OZEMPIC INJ | QL= 1 pack/28 days |
| PALYNZIQ INJ | QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118 |
| peg 3350/electrolytes soln | Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| PEMAZYRE TAB | QL= 14 tabs/21 days; Only available through Biologics 800-850-4306 |
| PICATO GEL | QL= 1 box/fill |
| PNEUMOVAX INJ | Limited to one injection every 5 years for members age 65 and older |
| POMALYST CAP | QL= 21 caps/28 days |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Last Updated* 4/1/2021
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| POTIGA TAB | QL= 3 tabs/day |
| PRALUENT INJ | QL= 2 inj/28 days |
| PRETOMANID TAB | QL= 1 tab/day; Restricted to Infectious Disease Specialist |
| pyrimethamine tab | QL= 3 tabs/day; Only available through Walgreens 888-347-3416 |
| QINLOCK TAB | QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| REGRANEX GEL | QL= 30gm/fill |
| RELENZA DISKHALER | QL= 1 inhaler/fill |
| REPATHA INJ | QL= 2 inj/28 days |
| REPATHA PUSHTRONEX INJ | QL= 1 inj/28 days |
| RETEVMO CAP | QL= 4 caps/day |
| REVLIMID CAP | QL= 1 cap/day; Restricted to Oncology or Hematology Specialist |
| REYVOW TAB | QL= 8 tabs/30 days, 6 fills/year |
| RINVOQ ER TAB | QL= 1 tab/day |
| rizatriptan ODT | QL= 12 tabs/fill, 3 fills/60 days |
| rizatriptan tab | QL= 12 tabs/fill, 3 fills/60 days |
| rosuvastatin tab 10mg | QL= 1 tab/day |
| rosuvastatin tab 20mg | QL= 1.5 tabs/day |
| rosuvastatin tab 40mg | QL= 1 tab/day |
| rosuvastatin tab 5mg | QL= 1 tab/day |
| ROZLYTREK CAP | QL= 3 caps/day |
| RUBRACA TAB | QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779 |
| RYBELSUS TAB | QL=1 tab/day |
| SANCUSO PATCH | QL= 4 patches/fill |
| SANTYL OINT | QL= 90gm/30 days |
| SAVELLA TAB | QL= 2 tabs/day |
| SIGNIFOR INJ | QL= 2 vials/day; Only available through Accredo 800-803-2523 |
| sildenafil tab | QL=6 tabs/30 days |
| SIVEXTRO TAB | QL= 6 tabs/fill; Restricted to Infectious Disease Specialist |
| SKLICE LOTION | QL= 1 tube/fill |
| SKYRIZI INJ | QL= 2 inj/84 days |
| SOFOSBUVIR/VELPATASVIR TAB | QL= 1 tab/ day |
| SOLQUA INJ | QL= 15ml/25 days |
| SOLOSEC GRANULES PACKET | QL= 1 packet/fill |
| SPINOSAD SUSP | QL= 1 bottle/fill |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL |
| STELARA INJ | QL= 1 inj/84 days |
| STENDRA TAB | QL= 6 tabs/30 days |
| STIVARGA TAB | QL= 4 tabs/day |
| STRIVERDI RESPIMAT INHALER | QL= 1 inhaler/30 days |
| sumatriptan inj | QL= 4 inj/fill, 2 fills/30 days |
| SUMATRIPTAN INJ 6MG/0.5ML | QL= 4 inj/fill, 2 fills/30 days |
| sumatriptan nasal spray | QL= 6 sprays/fill, 2 fills/30 days |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Last Updated* 4/1/2021
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| sumatriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| sumatriptan vial inj | QL= 5 inj/fill, 2 fills/30 days |
| SUNOSI TAB | QL= 1 tab/day |
| SYMDEKO TAB | QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| SYMJEPI INJ | QL= 2 inj/fill |
| SYNJARDY TAB | QL= 2 tabs/day |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG | QL= 1 tab/day |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG | QL= 2 tabs/day |
| TABRECTA TAB | QL= 4 tabs/day |
| tadalafil tab | QL= 6 tabs/30 days |
| TAFINLAR CAP | QL= 4 caps/day |
| TAGRISSO TAB | QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| TAKHZYRO INJ | QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767 |
| TALTZ INJ | QL= 1 inj/28 days |
| TALZENNA CAP 0.25MG | QL= 3 caps/day |
| TALZENNA CAP 1MG | QL= 1 cap/day |
| TAVALISSE TAB | QL= 2 tab/day; Only available through Biologics 800-850-4306 |
| TAZVERIK TAB | QL= 8 tabs/day; Only available through Onco360 877-662-6633 |
| TEGSEDI INJ | QL= 4 inj/28 days; Only available through Accredo 800-803-2523 |
| TESTOSTERONE GEL 1% 25MG | QL= 1 packet/day |
| testosterone gel 1% 50mg | QL= 2 packets/day |
| testosterone gel 1% pump | QL= 4 bottles/30 days |
| testosterone gel 1.62% 1.25gm | QL= 1 packet/day |
| testosterone gel 1.62% 2.5gm | QL= 2 packets/day |
| TESTOSTERONE GEL PUMP | QL= 4 bottles/30 days |
| testosterone gel pump 1.62% | QL= 2 bottles/30 days |
| testosterone soln | QL= 2 bottles/30 days |
| TIBSOVO TAB | QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118 |
| TRACLEER TAB 32MG | QL=4 tabs/day; Only available through Walgreens 888-347-3416 |
| TRADJENTA TAB | QL= 1 tab/day |
| travoprost ophth soln | QL= 2.5ml/30 days |
| TREMFYA INJ | QL= 1 inj/56 days |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG | QL= 1 tab/day |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG | QL= 2 tabs/day |
| TRIKAFTA TAB | QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| trilyte soln | Covered at \$0 for members 50-75 years, all other members covered at generic copay Limited to 2 fills/calendar year |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Last Updated* 4/1/2021
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------------|--|
| TRINTELLIX TAB | QL= 1 tab/day |
| TRULICITY INJ | QL= 4 pens/28 days |
| TUKYSA TAB | QL= 4 tabs/day; Only available through Biologics 800-850-4306 |
| TURALIO CAP | QL= 4 caps/day; Only available through Biologics 800-850-4306 |
| TUSSI-ORGANI SYRUP | QL= 240ml/fill |
| TYVASO INH SOLN | QL= 1 ampule/day; Only available through Accredo 800-803-2523 |
| UBRELVY TAB | QL= 10 tabs/30 days, 6 fills/year |
| ULESFIA LOTION | QL= 4 bottles/fill |
| UPTRAVI TAB | QL= 2 tabs/day; Only available through Accredo 800-803-2523 |
| VALCHLOR GEL | QL= 4 tubes/30 days; Only available through Avella (877) 546-5779 |
| VALTOCO NASAL SPRAY | QL= 2 packs/fill; Restricted to Neurology Specialist |
| VANCOGIN CAP | QL= 56 caps/fill |
| vancomycin cap | QL= 56 caps/fill |
| varденаfil ODT | QL= 6 tabs/30 days |
| varденаfil tab | QL= 6 tabs/30 days |
| VARUBI TAB | QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist |
| VASCEPA CAP 0.5GM | QL= 4 caps/day |
| VASCEPA CAP 1GM | QL= 4 caps/day |
| VENTAVIS INH SOLN | QL= 9 ampules/day; Only available through Accredo 800-803-2523 |
| VENTOLIN HFA INHALER | QL= 2 inhalers/30 days |
| VERZENIO TAB | QL= 2 tabs/day |
| VICTOZA INJ | QL= 9ml/30 days |
| VIMPAT TAB | QL= 2 tabs/day |
| VITRAKVI CAP 100MG | QL= 2 caps/day; Only available through US Bioservices 888-518-7246 |
| VITRAKVI CAP 25MG | QL= 6 caps/day; Only available through US Bioservices 888-518-7246 |
| VITRAKVI SOLN | QL= 10ml/day; Only available through US Bioservices 888-518-7246 |
| VIVOTIF CAP | QL= 4 caps/fill |
| VIZIMPRO TAB | QL= 1 tab/day |
| VOSEVI TAB | QL= 1 tab/day |
| VYNDAMAX CAP | QL= 1 cap/day |
| VYNDAQEL CAP | QL= 4 caps/day |
| WAKIX TAB | QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479 |
| XADAGO TAB | QL= 1 tab/day |
| XALKORI CAP | QL= 2 caps/day |
| XCOPRI PAK 150-200MG | QL= 2 tabs/day |
| XCOPRI PAK 50-200MG | QL= 2 tabs/day |
| XCOPRI TAB 150MG, 200MG | QL= 2 tabs/day |
| XCOPRI TAB 50MG, 100MG | QL= 1 tab/day |
| XCOPRI TITRATION PAK 12.5-25MG | QL= 1 tab/day |
| XCOPRI TITRATION PAK 150-200MG | QL= 1 tab/day |
| XCOPRI TITRATION PAK 50-100MG | QL= 1 tab/day |
| XELJANZ TAB | QL= 2 tabs/day |
| XELJANZ XR TAB | QL= 1 tab/day |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Sarasota Memorial Health Care System Formulary Cont.
Last Updated* 4/1/2021
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| XENLETA TAB | QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist |
| XIFAXAN TAB 200MG | QL= 9 tabs/3 days |
| XIFAXAN TAB 550MG | QL= 2 tabs/day |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG | QL= 2 tabs/day |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG | QL= 1 tab/day |
| XOFLUZA TAB | QL= 2 tabs/fill |
| XOSPATA TAB | QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| XPOVIO PAK | QL= 32 tabs/28 days; Only available through Biologics 800-850-4306 |
| XTAMPZA ER CAP | QL= 120 caps/30 days |
| XULTOPHY INJ | QL= 15ml/30 days |
| XYREM SOLN | QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 314-587-4050 |
| ZEJULA CAP | QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| ZELBORAF TAB | QL= 8 tabs/day |
| zolmitriptan ODT | QL= 9 tabs/fill, 2 fills/30 days |
| ZOLMITRIPTAN SPRAY, ZOMIG SPRAY | QL= 6 sprays/fill, 2 fills/30 days |
| zolmitriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| zolpidem tab | QL= 1 tab/day |
| ZYKADIA CAP | QL= 3 caps/day |
| ZYKADIA TAB | QL= 3 tabs/day |
| ZYLET OPHTH SUSP | QL= 5ml/fill (10ml bottle is Not Covered) |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.