Welcome to the SmithRx Standard Formulary. The Standard Formulary is a list of drugs that your doctor may prescribe for you and includes information related to the coverage and cost of these drugs. This list may change over time, so please refer to plan documents or formulary update documents for detailed information about your drug benefit coverage.

The drugs included on the Standard Formulary are organized by categories depending on the type of medical conditions that they are used to treat. Medications are listed as Tier 1 Generic, Tier 2 Preferred Brand, and Tier 3 Non-Preferred Brand. Medications listed as “Specialty Drugs” are used to treat complex medical conditions that require special handling, administration, and member care management. Depending on your pharmacy benefit design, specialty drugs may be part of a specialty benefit with specific coverage and copay requirements that differ from drugs in Tiers 1 – 3. If you do not have a defined specialty benefit, your copay may be based on whether the drug is Generic or Brand, therefore Tier 1 or Tier 3 copays may apply. Please refer to your plan document for detailed information about your Tiers and Copay structures.

Our Pharmacy and Therapeutics Committee (P&T) and Value Assessment Committee (VAC) dedicates many hours to the clinical analysis and evaluation of peer reviewed literature and medical care guidelines to determine a drug’s safety and efficacy. After this rigorous clinical evaluation, the committee weighs the financial implications of a drug compared to other similar drugs and selects appropriate Tier placement based on the drugs’ safety, efficacy and cost-effectiveness. Please note all drugs on the SmithRx Standard Formulary are subjected to periodic review and amendment.

Please keep in mind when a generic medication is chosen, patients pay the lowest copay available under their pharmacy benefit plan. When clinically appropriate, please consider talking to your doctor about choosing a generic product.

For the most up-to-date Standard Formulary, visit our website at www.smithrx.com. If you have any questions about the SmithRx Standard Formulary, please call our dedicated customer service team at (844) 454-5201.
### Tier Definitions

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### Utilization Management Definitions

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<tr>
<td>S</td>
<td>Specialty Drug</td>
<td>Specialty drugs are high-cost drugs used to treat complex or rare conditions. Some examples of the diseases include; multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.</td>
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<td>PA</td>
<td>Prior Authorization</td>
<td>Your provider is required to get prior authorization before you fill your prescription, which ensures appropriate use of the selected drug. Without prior approval, we may not cover this drug.</td>
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<td>ST</td>
<td>Step Therapy</td>
<td>In some cases, you may be required to first try certain drugs to treat your medical condition before you move up a “step” to other drug options.</td>
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<td>Quantity Limit</td>
<td>There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.</td>
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**ANESTHETIC LOCAL TOPICAL**

**LOCAL ANESTHETICS**

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**ANTIDIARRHEALS**

**ANTIDIARRHEAL - G.I. CHLORIDE CHANNEL INHIBITORS**

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**ANTIDOTES**

**ACID AND ALKALI POISON ANTIDOTES**

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**GRAM (-) BACILLI (NON-ENTERIC) VACCINES**

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**GRAM POSITIVE COCCI VACCINES**

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**DIABETIC THERAPY**

**AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)**

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**ANTIHYPERTHYGLY, DPP-4 ENZYME INHIB.-THIAZOLIDINEDIONE**

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**ANTIHYPERTHYGLY, INCRETIN MIMETIC(GLP-1 RECEPT.AGONIST)**

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**ANTIHYPERTHYGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2)INHIB**

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**ANTIHYPERTHYGLYCEMIC - DOPAMINE RECEPTOR AGONISTS**

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**ANTIHYPERTHYGLYCEMIC-GLUCOCORTICOID RECEPTOR BLOCKER**

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**ANTIHYPERTHYGLYCEMIC-SGLT2 INHIBITOR-BIGUANIDE COMBS.**

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**Legend:**
- **QL**: Quantity Limit
- **PA**: Prior Authorization
- **ST**: Step Therapy
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**DIAGNOSTICS**

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**BILIARY DIAGNOSTICS, RADIOPAQUE**
- IC GREEN T3
- INDCYANINE GREEN T1
- SINOGRAFIN T3

**BLOOD SUGAR DIAGNOSTICS**
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- ACCU-CHEK AVIVA PLUS T2 QL
- ACCU-CHEK COMPACT PLUS STRIPS T2 QL
- ACCU-CHEK GUIDE TEST STRIP T2 QL
- ACCU-CHEK SMARTVIEW T2 QL
- ACCUTRENDBLOODGLUCOSE T2 QL
- ACURA TEST STRIPS T3 PA QL
- ADVANCED GLUCOSE TEST STRIPS T3 PA QL
- ADVOCATE REDI-CODE T3 PA QL
- ADVOCATE REDI-CODE+ T3 PA QL
- ADVOCATE TEST STRIP T3 PA QL
- AGAMATRIX AMP T3 PA QL
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- ASSURE PLATINUM T3 PA QL
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**ZINC REPLACEMENT**

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**EMOLLIENTS PROTECTIVES**

**EMOLLIENTS**

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**FAT SOLUBLE VITAMINS**

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**HEMATINICS & BLOOD CELL STIMULATORS**

**CXCR4 CHEMOKINE RECEPTOR ANTAGONIST**

**ERYTHROPOIESIS-STIMULATING AGENTS**

**IRON REPLACEMENT**

**LEUKOCYTE (WBC) STIMULANTS**
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| B-PLEX PLUS               | T1   |                        |

| HEMORRHOIDAL PREPARATIONS |      |                        |
| HEMORRHOID PREP, ANTI-INFLAM STEROID-LOCAL ANESTHET |      |                        |
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| ANALPRAM HC               | T3   |                        |
| HYDROCORTISONE-PRAMOXINE  | T1   |                        |
| LIDOCAINE-HYDROCORTISONE  | T1   |                        |
| PRAMCORT                  | T1   |                        |
| PROCORT                   | T3   |                        |
| PROCTOFOAM-HC             | T2   |                        |
| HEMORRHOIDAL SUPPOSITORY  | T1   |                        |
| PRAMOXINE HCL             | T1   |                        |

| HEMOSTATICS               |      |                        |
| ANTIFIBRINOLYTIC AGENTS   |      |                        |
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| AMINOCAPROIC ACID         | T1   |                        |
| CYKLOKAPRON               | T3   | S                      |
| LYSTEDA                   | T3   | QL                     |
| RIASTAP                   | T3   | S                      |
| TRANEXAMIC ACID           | T1   | S                      |
| QL                         |      |                        |
| COAGULANTS                |      |                        |
| PROTAMINE SULFATE         | T1   |                        |

| THROMBOPOIETIN RECEPTOR AGONISTS |      |                        |
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| PROMACTA                     | T3   | S                      |

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| ENDO-AVITENE                | T3   |                        |
| EVARREST                    | T3   |                        |
| EVICEL                      | T3   |                        |
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| GELFOAM COMPRESSED         | T3   |                        |
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| OXYCEL                     | T3   |                        |
| RECOPTHROM                 | T3   | S                      |
| SYRINGE AVITENE            | T3   |                        |
| TACHOSIL                   | T3   |                        |</p>
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**FEEDING DEVICES**

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**MYDRIATICS**

| ATROPINE SULFATE             | T1   |
| ATROPINE SULFATE-0.9% NACL   | T1   |
| CYCLOGYL                    | T3   |
| CYCLOMYDRIL                 | T3   |
| CYCLOPENTOLATE HCL          | T1   |
| CYCLOPENTOLATE-LIDOC-PE-TROPIC | T1 |
| HOMATROPAIRE                | T1   |
| HOMATROPINE HYDROBROMIDE    | T1   |
| ISOPTO ATROPINE             | T3   |
| MYDRIACYL                   | T3   |
| PAREMYD                     | T3   |
| TROPICAMIDE                 | T1   |

**OCULAR PHOTOACTIVATED VESSEL-OCCCLUDING AGENTS**

| VISUDYNE                     | T3   | S                     |

**OPHTH VASC. ENDOTHELIAL GROWTH FACTOR ANTAGONISTS**

| EYLEA                        | T3   | S                     |
| MACUGEN                      | T3   | S                     |

**OPHTH. VEGF-A RECEPTOR ANTAG. RCMB MC ANTIBODY**

| BEVACIZUMAB                  | T1   | S                     |
| LUCENTIS                     | T3   | S                     |

<p>| MACUGEN                      | T3   | S                     |</p>
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**STREPTOMYCINS**

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**SULFONAMIDES**

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