

Baylor Scott & White Health Plan

Group Choice Formulary

4th Quarter 2022

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What is my prescription drug coverage?

As part of your Baylor Scott & White Health Plan (BSWHP) coverage, you may have a prescription drug benefit. This document will help you understand your prescription drug benefit and the SWHP formulary.

Not every prescription drug benefit is the same. The best way to figure out your prescription drug coverage is to review your *Plan Benefit Documents* or call the SWHP Customer Service department.

What is the Baylor Scott & White Health Plan Group Choice Formulary?

A formulary is a list of selected medications covered by your plan as part of your health benefit in consultation with a team of health care providers. The formulary represents the prescription drugs believed to be a necessary part of a quality treatment program. BSWHP will generally cover the drugs listed on the formulary as long as the drug is medically necessary and plan rules are followed. The list contains both brand-name and generic medications and is updated regularly.

The BSWHP Group Choice formulary lists drugs that are covered under your prescription benefit. Drugs not listed on the formulary are generally covered unless excluded by your plan benefit. Non-formulary drugs may require an exception request to be submitted for coverage consideration or subject to clinical edits. Formularies continually change to reflect the most recent advances in drug therapy; therefore, this list is not inclusive and does not guarantee coverage. The formulary may change because we review new medical information regarding drugs as well as new drugs recently approved by the FDA.

How was the formulary created and how are new medications reviewed?

The Pharmacy and Therapeutics (P&T) Committee meets regularly to review new drugs approved by the FDA and new information regarding existing drugs. The Committee, primarily made up of physicians, pharmacists, and nurses, reviews information and scientific evidence concerning safety, effectiveness, and current use in therapy.

Does the formulary ever change?

Since the P&T Committee meets regularly and reviews new information, the formulary may change. Below are some possible reasons the formulary could change:

- Generic forms of the brand drug become available. The brand-name medication may no longer be covered when a generic is available. The generic medication may be covered at the lower copayment.
- New drugs may be added by the P&T Committee.
- A drug may be withdrawn from the market by the FDA.

- A drug becomes available without a prescription (becomes available over-the-counter), then the drug may be removed from the formulary. Often, drugs available over-the-counter are not covered under the prescription benefit.

How am I notified of changes to the formulary?

You can find the formularies on our website at BSWHealthPlan.com, which are updated quarterly. To view changes to the formularies, refer to the Monthly Group Choice Formulary Changes document posted on the website. If you have questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact our BSWHP Pharmacy Help Desk 1-800-728-7947.

What are brand-name and generic drugs?

BSWHP covers both brand-name and generic drugs. Medication that has a trade name and is protected by a patent (can be produced and sold only by the company holding the patent) is considered a brand name drug. A generic drug is a medication approved by the FDA and created to be the same as the brand-name drug in dosage form, safety, strength, route of administration, quality, and performance characteristics. Generally, generic drugs cost less than brand-name drugs but the quality and effectiveness are the same. Generic drugs may differ from the brand-name drug in color, shape, flavor, or inactive ingredients. Some brand-name drugs have a generic equivalent and others do not.

What is generic substitution?

Generic substitution occurs when a pharmacist dispenses an FDA approved generic drug in place of a brand-name drug. Generic substitution will automatically occur at pharmacies in the BSWHP network. Prescribers may choose to use a brand-name product and not allow generic substitution. Per state law, the prescriber must handwrite the statement "brand necessary" or "brand medically necessary" on the prescription. This does not guarantee coverage. The brand-name product may not be a covered drug on the formulary, and thus not covered by your prescription benefit.

What are specialty drugs?

Specialty drugs are those drugs used to treat complex or chronic conditions and which usually require close monitoring. Examples include but are not limited to drugs used to treat multiple sclerosis, hepatitis, rheumatoid arthritis, and cancer. Specialty drugs may be self-administered in the home by injection (under the skin or into a muscle), by inhalation, by mouth, or on the skin. These drugs may also require special handling, special manufacturing processes, and have limited prescribing or limited pharmacy availability.

What are pharmaceutical management procedures?

Pharmaceutical management procedures are processes that help ensure safe and appropriate use of drugs and ensure access to cost-effective therapy options. As part of such processes, restrictions (described in the following section) may be applied to certain drugs.

Are there any restrictions on my coverage?

Some covered drugs may have restrictions or limitations to coverage. These may include but are not limited to prior authorization or step therapy requirements, quantity limits, or safe use requirements (e.g. drug used at medically appropriate dose, not used with other drugs of the same type, etc.). Refer to the legend for a listing of restrictions. All restrictions are effective as of the beginning of the plan year unless noted otherwise on the Monthly Group Choice Formulary Changes document.

How do I request an exception to the BSWHP formulary?

You, an authorized representative, or a prescriber can submit a request for an exception to the formulary. For example, if there are clinically significant reasons why you cannot take a drug in accordance with the coverage requirements (e.g. step therapy, quantity limits, etc.), an exception request can be submitted for review. Additionally, if you 1) have tried the formulary alternatives, or there are clinically significant reasons why the alternatives would not be appropriate for your specific condition, and 2) the requested drug is medically necessary, and 3) the drug is not excluded from coverage, an exception request to cover a drug not listed on formulary can be submitted for review.

To request an exception, you, an authorized representative, or a prescriber can submit a coverage request electronically, by fax, mail, or phone. You and your prescriber will be notified of the determination in writing. If approved, the drug will be covered at the applicable copayment. If the request is denied, you may still purchase the medication at full cost. For questions regarding this process, visit BSWHealthPlan.com or contact BSWHP pharmacy customer service at 1-800-728-7947.

What drugs are not covered by my prescription drug benefit?

Please refer to your *Plan Benefit Documents* for more information regarding plan coverage, limitations, and exclusions specific to your prescription drug benefit.

Often, over-the-counter medications and herbal products are not covered under benefit plans.

How much medication does my copayment cover and does my plan cover maintenance medications?

You can get up to a 30-day supply of medication for a single copayment. Note that medications with a quantity limit restrict the amount of drug you can get per prescription or per copayment. For example, categories that include drugs used for a short amount of time, such as antibiotics, antivirals, and most topical medications are available in 30-day supplies.

Maintenance drugs are medications prescribed for chronic, long-term conditions and are taken on a regular, recurring basis. To obtain this benefit, the prescriber must write the prescription for 3-months and the medication must be a covered maintenance drug. Your prescription benefit plan may not allow certain products or categories such as opioids, testosterone, sleep agents, benzodiazepines, specialty drugs, and drugs with quantity limits to be filled as maintenance.

How can I save money on prescriptions?

Review your *Plan Benefit Documents* for prescription copays and deductible information. Generic medications will usually be the lowest copayment option; ask your provider or pharmacist whether your prescription can be filled with a generic medication.

Take this formulary with you when you visit your provider. Selecting drugs that are listed on your formulary and at lower tier options can help save money.

Contraceptive Coverage

As specified by health care reform, women must have access to a full range of FDA-approved contraceptive methods and plans must cover without cost sharing at least one form of contraception in each of the FDA identified methods. However, plans can use reasonable medical management within each category to determine what birth control products are available at \$0 cost-share.

- Please refer to the preventive drug notation (PV) on the formulary to determine which contraceptives are available at a \$0 cost-share.
- Certain over-the-counter (OTC) contraceptives for women may also be covered at a \$0 cost-share. These must be filled at a network pharmacy with a prescription prescribed by a health care professional.

Coverage may vary according to your plan. Please refer to applicable plan benefit documents.

Preventive Care Medications & Medications Covered Under Health Care Reform

Preventive care medications as well as other medications covered under Health Care Reform are covered according to your plan benefits. These medications are noted as preventive drugs (PV). Please note this list is subject to change.

To obtain this benefit, you must fill at a network pharmacy with a prescription prescribed by a health care professional (includes prescription and over-the-counter medications).

Smoking Cessation Medication Coverage

All FDA approved tobacco cessation medications, including prescription and over-the-counter medications, are allowed at \$0 cost-share per the Patient Protection and Affordable Care Act (PPACA). You are limited to 2 smoking cessation attempts per year, up to 180 days total. These medications are noted as preventive drugs (PV). Please note some drugs may be subject to step therapy or prior authorization.

To obtain this benefit, you must fill at a network pharmacy with a prescription prescribed by a health care professional (includes prescription and over-the-counter medications).

Diabetic Supplies

The preferred diabetic testing supplies include Accu-Chek® (Roche Diagnostics) Guide and Guide Me products and OneTouch® (LifeScan) products.

Oral Oncology Split Fill Program

Prescriptions for drugs included in the oral oncology program will be restricted to a 2-week supply for the first 2 months of therapy.

Naloxone \$0 Copay Program

Be prepared to respond to an overdose emergency. Naloxone can be used to protect your loved ones from accidental overdose and is available at \$0 cost-share. If you or someone you know is taking opioids, talk with your pharmacist or doctor about getting naloxone. In Texas, you can get naloxone from a pharmacy without a prescription. Naloxone is available as an injection or as naloxone nasal spray (Narcan®), and both are covered at a \$0 copay.

Reading your formulary

The formulary gives you choices so you and your doctor can determine your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, TOPAMAX) and generic medications in lowercase (for example, topiramate).

Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high deductible plan, the tier cost levels will apply once you meet your deductible.

Drug Tier	Includes	Helpful Tips
Tier 0	Preventive	Tier 0 drugs may be available at a \$0 cost share based on Health Care Reform regulations. Please refer to the Notes column in this drug list for more information.
Tier 1	Preferred Generics	Use Tier 1 drugs instead of brand-name drugs, to help reduce your out-of-pocket costs.
Tier 2	Preferred Brand	Tier 2 drugs will generally have lower co-payments than non-preferred brand-name drugs.
Tier 3	Non-preferred Brands and Generics	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
Tier SP1	Specialty Preferred Generics	Specialty drugs are sometimes used to treat complex and chronic conditions and may require special monitoring and handling. Use preferred options in SP1 and SP2 when available.
Tier SP2	Specialty Preferred Brands	
Tier SP3	Specialty Non-preferred Brands	

Drug list information

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

AL	Age limits – Medications may only be covered if you meet the minimum or maximum age limit.
PA	Prior Authorization – Your doctor is required to provide additional information to determine coverage.
PV	Preventive drugs – Zero cost share preventive medications covered under Health Care Reform according to your plan benefits. Please note: this list is subject to change.
SF	Split Fill – Oral Oncology medications restricted to a two week supply for the first two months of therapy.
QL	Quantity Limit – Medication may be limited to a certain quantity.
ST	Step Therapy – Trial of lower-cost medication(s) is required before a higher-cost medication can be covered.

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain			methadone hcl intensol	1	
acetaminophen-codeine	1	QL	methadone hcl oral concentrate	1	
acetaminophen-codeine #2	1	QL	methadone hcl oral solution	1	
acetaminophen-codeine #3	1	QL	methadone hcl oral tablet	1	PA
acetaminophen-codeine #4	1	QL	methadone hcl oral tablet soluble	1	
ascomp-codeine	1		methadose oral concentrate 10 mg/ml	1	
bac	1		methadose oral tablet soluble	1	
BELBUCA	3	PA; QL	methadose sugar-free	1	
buprenorphine	3	PA; QL	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
butalbital-acetaminophen oral tablet 50-325 mg	1		morphine sulfate er oral tablet extended release	1	PA; QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1		morphine sulfate oral	1	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	1		morphine sulfate rectal	1	QL
butalbital-apap-caffeine oral tablet	1		NUCYNTA	3	QL
butalbital-asa-caff-codeine	1		NUCYNTA ER	3	PA; QL
butalbital-aspirin-caffeine	1		OXYCODONE HCL ER	1	PA; QL
butorphanol tartrate nasal	1	QL	oxycodone hcl oral capsule	1	QL
codeine sulfate	1	QL	oxycodone hcl oral concentrate 100 mg/5ml	1	QL
endocet	1	QL	oxycodone hcl oral solution	1	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL	oxycodone hcl oral tablet	1	QL
hydrocodone-acetaminophen	1	QL	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydrocodone-ibuprofen	1	QL	pentazocine-naloxone hcl	1	QL
hydromorphone hcl oral	1	QL	tramadol hcl er (biphasic)	1	PA; QL
hydromorphone hcl rectal	1	QL	tramadol hcl er oral tablet extended release 24 hour	1	PA; QL
LORTAB	2	QL	tramadol hcl oral tablet	1	QL

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

Drug Name	Drug Tier	Notes
tramadol-acetaminophen	1	QL
Analgesics - Drugs for Pain and Inflammation		
adult aspirin regimen	0	PV
aspirin adult low dose	0	PV
aspirin adult low strength	0	PV
aspirin childrens	0	PV
aspirin ec low dose	0	PV
aspirin ec low strength	0	PV
aspirin ec oral tablet delayed release 325 mg	0	PV
aspirin low dose	0	PV
aspirin oral tablet	0	PV
aspirin oral tablet delayed release	0	PV
BAYER ASPIRIN	0	PV
BAYER ASPIRIN EC LOW DOSE	0	PV
celecoxib oral	1	QL
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external solution 1.5 %	1	PA
diclofenac sodium gel 1 % external (rx)	1	QL
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
diflunisal oral	1	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
flurbiprofen oral	1	
genuine aspirin	0	PV
goodsense aspirin adults	0	PV
goodsense aspirin low dose	0	PV
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	

Drug Name	Drug Tier	Notes
INDOCIN	2	
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	QL
MELOXICAM ORAL SUSPENSION	1	
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin	1	
piroxicam oral	1	
salsalate oral	1	
ST JOSEPH LOW DOSE	0	PV
sulindac oral	1	
Anesthetics		
glydo	1	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL

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

Drug Name	Drug Tier	Notes
buprenorphine hcl-naloxone hcl sublingual film	3	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	3	PV; QL; AL (Min 18 Years)
disulfiram oral	1	
goodsense nicotine mouth/throat lozenge 4 mg	0	PV; QL; AL (Min 18 Years)
habitrol	0	PV; QL; AL (Min 18 Years)
naloxone hcl injection	1	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	2	
NICORETTE MOUTH/THROAT GUM 2 MG	0	PV; QL; AL (Min 18 Years)
NICORETTE MOUTH/THROAT LOZENGE 4 MG	0	PV; QL; AL (Min 18 Years)
nicotine polacrilex mini	0	PV; QL; AL (Min 18 Years)
nicotine polacrilex mouth/throat	0	PV; QL; AL (Min 18 Years)
nicotine step 1	0	PV; QL; AL (Min 18 Years)
nicotine step 2	0	PV; QL; AL (Min 18 Years)
nicotine step 3	0	PV; QL; AL (Min 18 Years)

Drug Name	Drug Tier	Notes
nicotine transdermal kit	0	PV; QL; AL (Min 18 Years)
NICOTROL	3	ST; PV; QL; AL (Min 18 Years)
NICOTROL NS	3	ST; PV; QL; AL (Min 18 Years)
SUBOXONE	3	QL
varenicline tartrate oral tablet	3	PV; QL; AL (Min 18 Years)
Antibacterials		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	3	
ampicillin	1	
avidoxy	1	
azithromycin oral	1	
cefadroxil	1	
cefdinir	1	
cefixime oral capsule	1	
cefpodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	

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

Drug Name	Drug Tier	Notes
CLINDESSE	3	
demeclocycline hcl	3	
dicloxacillin sodium	1	
DIFICID ORAL TABLET	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
erythromycin base oral	3	
erythromycin ethylsuccinate oral	3	
erythromycin oral	3	
FIRVANQ	3	
fosfomycin tromethamine	1	
gentamicin sulfate external	1	
levofloxacin oral	1	
linezolid oral suspension reconstituted	3	QL
linezolid oral tablet	1	QL
methenamine hippurate	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral	1	
mondoxyne nl	1	
morgidox oral capsule 100 mg	1	
moxifloxacin hcl oral	1	
mupirocin external	1	
neomycin sulfate oral	1	
nitrofurantoin	1	

Drug Name	Drug Tier	Notes
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
paromomycin sulfate oral	3	
penicillin v potassium	1	
silver sulfadiazine external	1	
ssd	1	
sulfadiazine oral	3	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
tetracycline hcl oral	1	
tinidazole oral	1	
trimethoprim oral	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg	3	
vancomycin hcl oral	3	
vandazole	1	
XIFAXAN	3	PA
Anticoagulants		
ARIXTRA	SP3	QL
bd heparin posiflush	1	
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	QL
fondaparinux sodium	SP1	QL
FRAGMIN	SP3	QL
heparin sod (pork) lock flush	1	
heparin sodium (porcine)	1	
heparin sodium (porcine) pf	1	

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

Drug Name	Drug Tier	Notes
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	SP3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	2	
CELONTIN	2	
clobazam oral suspension	3	PA
clobazam oral tablet	1	PA
DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLES	2	
diazepam rectal	1	QL
DILANTIN	2	
DILANTIN INFATABS	2	
divalproex sodium er	1	
divalproex sodium oral	1	
EPIDIOLEX	SP2	PA
epitol	1	
ethosuximide oral	1	
felbamate	1	
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
lacosamide oral	3	
lamotrigine er	3	
lamotrigine oral kit	3	

Drug Name	Drug Tier	Notes
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral	1	
NAYZILAM	3	QL
oxcarbazepine	1	
OXTELLAR XR	3	
phenobarbital oral	1	
PHENYTEK	2	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended	1	
primidone oral	1	
roweepra	1	
rufinamide	SP1	PA
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	2	
TEGRETOL-XR	2	
tiagabine hcl	1	
topiramate oral	1	
valproic acid oral	1	
vigabatrin	SP1	PA
vigadrone	SP1	PA
VIMPAT ORAL	3	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ZARONTIN	2		fluoxetine hcl (pmdd)	1	
zonisamide oral	1		fluoxetine hcl oral capsule	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia			fluoxetine hcl oral capsule delayed release	1	QL
donepezil hcl	1		fluoxetine hcl oral solution	1	
galantamine hydrobromide er	1		fluoxetine hcl oral tablet	1	
galantamine hydrobromide oral tablet	1		fluvoxamine maleate	1	
memantine hcl	1		fluvoxamine maleate er	3	QL
memantine hcl er	1	QL	imipramine hcl oral	1	
rivastigmine	1		mirtazapine oral	1	
rivastigmine tartrate	1		nefazodone hcl	1	
Antidepressants			nortriptyline hcl oral	1	
amitriptyline hcl oral	1		paroxetine hcl	1	
amoxapine	1		paroxetine hcl er	1	
bupropion hcl er (sr)	1	QL	phenelzine sulfate oral	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL	protriptyline hcl	1	
bupropion hcl oral	1		sertraline hcl oral concentrate	1	
citalopram hydrobromide oral solution	1		sertraline hcl oral tablet	1	
citalopram hydrobromide oral tablet	1		tranylcypromine sulfate	1	
clomipramine hcl oral	1		trazodone hcl oral	1	
desipramine hcl oral	1		trimipramine maleate oral	1	
desvenlafaxine succinate er	1	QL	TRINTELLIX	3	ST; QL
doxepin hcl oral capsule	1		venlafaxine hcl	1	
doxepin hcl oral concentrate	1		venlafaxine hcl er oral capsule extended release 24 hour	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL	venlafaxine hcl er oral tablet extended release 24 hour	3	
escitalopram oxalate oral	1		VIIBRYD	3	QL
FETZIMA	3	QL	VIIBRYD STARTER PACK	3	QL
FETZIMA TITRATION	3	QL	vilazodone hcl	3	QL
			Antiemetics - Drugs for Nausea and Vomiting		
			aprepitant	3	QL

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

Drug Name	Drug Tier	Notes
BONJESTA	3	QL
compro	1	
doxylamine-pyridoxine	3	QL
dronabinol	3	PA; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
granisetron hcl oral	3	QL
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	QL
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine edisylate injection	1	
prochlorperazine maleate oral	1	
scopolamine	1	
trimethobenzamide hcl oral	1	
Antifungals		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone	1	
CRESEMBA ORAL	SP3	PA
econazole nitrate external	1	

Drug Name	Drug Tier	Notes
EXELDERM	3	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
griseofulvin microsize oral tablet	3	
griseofulvin ultramicrosize	3	
itraconazole oral	1	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
naftifine hcl	3	
NAFTIN EXTERNAL GEL 2 %	3	
NOXAFIL ORAL SUSPENSION	2	PA
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole nitrate	3	QL
OXISTAT EXTERNAL LOTION	3	QL
posaconazole	1	PA
SULCONAZOLE NITRATE	3	
terbinafine hcl oral	1	QL
terconazole	1	
voriconazole oral tablet	3	PA
Antigout Agents		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	1	
colchicine oral tablet	1	

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

Drug Name	Drug Tier	Notes
colchicine-probenecid	1	
febuxostat	3	
probenecid	1	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO- INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
almotriptan malate	3	QL
dihydroergotamine mesylate injection	1	PA; QL
dihydroergotamine mesylate nasal	3	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
ergotamine-caffeine	1	PA; QL
frovatriptan succinate	1	QL
naratriptan hcl	1	QL
NURTEC	2	PA; QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA; QL
zolmitriptan oral	1	QL
Antimyasthenic Agents		
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials		
dapsone oral	1	

Drug Name	Drug Tier	Notes
ethambutol hcl oral	1	
isoniazid oral	1	
pyrazinamide oral	1	
rifabutin	3	
rifampin oral	1	
SIRTURO	SP3	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	SP1	PA; SF
AFINITOR	SP2	PA; QL
AFINITOR DISPERZ	SP2	PA
ALECENSA	SP2	PA
ALUNBRIG	SP2	PA; QL
anastrozole oral	1	PV
AYVAKIT	SP2	PA; SF; QL
BALVERSA	SP2	PA; SF
bexarotene external	SP1	PA
bexarotene oral	SP1	PA; SF
bicalutamide	1	
BOSULIF	SP2	PA; SF
BRAFTOVI	SP2	PA
BRUKINSA	SP2	PA; SF
CABOMETYX	SP2	PA; SF
CALQUENCE ORAL CAPSULE	SP2	PA; SF
capecitabine	SP1	PA
CAPRELSA ORAL TABLET 100 MG	SP2	PA; QL
CAPRELSA ORAL TABLET 300 MG	SP2	PA
COMETRIQ	SP2	PA
COPIKTRA	SP2	PA; SF
COTELLIC	SP2	PA
cyclophosphamide oral capsule	1	
DAURISMO	SP2	PA; SF
DROXIA	3	
ERIVEDGE	SP2	PA; SF

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

Drug Name	Drug Tier	Notes
ERLEADA	SP2	PA
erlotinib hcl oral tablet 100 mg, 150 mg	SP1	PA; SF
erlotinib hcl oral tablet 25 mg	SP1	PA; SF; QL
etoposide oral	SP1	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	SP1	PA; QL
everolimus oral tablet soluble	SP1	PA
exemestane	1	PV
EXKIVITY	SP2	PA; SF
FARESTON	SP2	
flutamide	1	
FOTIVDA	SP2	PA
GAVRETO	SP2	PA; SF
GILOTRIF	SP2	PA; QL
GLEEVEC	SP2	PA
GLEOSTINE	SP2	
HYCAMTIN ORAL	SP2	
hydroxyurea oral	1	
IBRANCE	SP2	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	SP2	PA; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	SP2	PA
IDHIFA	SP2	PA; QL
imatinib mesylate	SP1	PA
IMBRUVICA ORAL CAPSULE	SP2	PA; QL
IMBRUVICA ORAL TABLET	SP2	PA; QL
INLYTA	SP2	PA; SF
INQOVI	SP2	PA
INREBIC	SP2	PA; SF
IRESSA	SP2	PA
JAKAFI ORAL TABLET 10 MG	SP2	PA; SF; QL

Drug Name	Drug Tier	Notes
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	SP2	PA; SF
KISQALI ORAL TABLET THERAPY PACK 200 MG	SP2	PA
KOSELUGO	SP2	PA
lapatinib ditosylate	SP1	PA
lenalidomide	SP1	PA
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	SP2	PA
letrozole oral	1	
leucovorin calcium oral	1	
LEUKERAN	2	
LONSURF	SP2	PA
LORBRENA	SP2	PA; SF
LUMAKRAS	SP2	PA; SF
LYNPARZA	SP2	PA
LYSODREN	SP2	
MATULANE	SP2	
MEKINIST	SP2	PA
MEKTOVI	SP2	PA
melphalan	1	
mercaptopurine oral	1	
MYLERAN	2	
NERLYNX	SP2	PA; SF; QL
NEXAVAR	SP2	PA; SF
NILANDRON	SP2	
nilutamide	SP1	
NINLARO	SP2	PA
NUBEQA	SP2	PA; SF
ODOMZO	SP2	PA
ONUREG	SP2	PA
ORGOVYX	SP2	PA

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PEMAZYRE	SP2	PA; SF; QL	TARGRETIN EXTERNAL	SP2	PA
PIQRAY	SP2	PA	TARGRETIN ORAL	SP2	PA; SF
POMALYST	SP2	PA	TASIGNA	SP2	PA
PURIXAN	SP2		TAZVERIK	SP2	PA; SF
QINLOCK	SP2	PA	TEMODAR ORAL	SP2	PA
RETEVMO	SP2	PA; SF	temozolomide	SP1	PA
REVLIMID	SP2	PA	TEPMETKO	SP2	PA
ROZLYTREK	SP2	PA; SF	THALOMID	SP2	PA
RUBRACA	SP2	PA; SF	TIBSOVO	SP2	PA; SF
RYDAPT	SP2	PA	toremifene citrate	SP1	
SCEMBLIX ORAL TABLET 20 MG	SP2	PA; QL	tretinoin oral	SP1	
SCEMBLIX ORAL TABLET 40 MG	SP2	PA	TRUSELTIQ (100MG DAILY DOSE)	SP2	PA
sorafenib tosylate	SP1	PA; SF	TRUSELTIQ (125MG DAILY DOSE)	SP2	PA
SPRYCEL	SP2	PA; SF	TRUSELTIQ (50MG DAILY DOSE)	SP2	PA
STIVARGA	SP2	PA	TRUSELTIQ (75MG DAILY DOSE)	SP2	PA
sunitinib malate	SP1	PA	TUKYSA	SP2	PA
SUTENT	SP2	PA	TURALIO	SP2	PA
SYNRIBO	SP2	PA	TYKERB	SP2	PA
TABRECTA	SP2	PA	VALCHLOR	SP3	PA
TAFINLAR	SP2	PA; SF	VENCLEXTA	SP2	PA
TAGRISSE ORAL TABLET 40 MG	SP2	PA; QL	VENCLEXTA STARTING PACK	SP2	PA
TAGRISSE ORAL TABLET 80 MG	SP2	PA	VERZENIO	SP2	PA; SF
TALZENNA ORAL CAPSULE 0.25 MG, 0.75 MG, 1 MG	SP2	PA; SF	VITRAKVI ORAL CAPSULE	SP2	PA; SF
TALZENNA ORAL CAPSULE 0.5 MG	SP2	PA; SF; QL	VITRAKVI ORAL SOLUTION	SP2	PA
tamoxifen citrate oral tablet 10 mg	1		VIZIMPRO	SP2	PA; SF
tamoxifen citrate oral tablet 20 mg	1	PV	VONJO	SP2	PA
TARCEVA ORAL TABLET 100 MG, 150 MG	SP2	PA; SF	VOTRIENT	SP2	PA; SF
TARCEVA ORAL TABLET 25 MG	SP2	PA; SF; QL	WELIREG	SP2	PA; SF
			XALKORI	SP2	PA; SF
			XELODA	SP2	PA
			XOSPATA	SP2	PA

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

Drug Name	Drug Tier	Notes
XPOVIO (100 MG ONCE WEEKLY)	SP2	PA
XPOVIO (40 MG ONCE WEEKLY)	SP2	PA
XPOVIO (40 MG TWICE WEEKLY)	SP2	PA
XPOVIO (60 MG ONCE WEEKLY)	SP2	PA
XPOVIO (60 MG TWICE WEEKLY)	SP2	PA
XPOVIO (80 MG ONCE WEEKLY)	SP2	PA
XPOVIO (80 MG TWICE WEEKLY)	SP2	PA
XTANDI	SP2	PA; SF
YONSA	SP2	PA; SF
ZEJULA	SP2	PA; SF
ZELBORAF	SP2	PA
ZOLINZA	SP2	PA; SF
ZYDELIG	SP2	PA
ZYKADIA	SP2	PA; SF
ZYTIGA	SP2	PA; SF
Antiparasitics		
albendazole oral	3	PA
atovaquone	3	
atovaquone-proguanil hcl	1	
chloroquine phosphate oral	1	
COARTEM	2	
crotan	1	
hydroxychloroquine sulfate oral tablet 200 mg	1	
IMPAVIDO	SP3	
ivermectin oral	1	PA; QL
lindane	1	
malathion	3	
mefloquine hcl	1	
pentamidine isethionate inhalation	1	

Drug Name	Drug Tier	Notes
permethrin external	1	
praziquantel oral	3	
primaquine phosphate	1	
pyrimethamine oral	SP1	PA
quinine sulfate oral	1	PA
spinosad	3	
Antiparkinson Agents		
amantadine hcl oral	1	
APOKYN	SP3	PA; QL
apomorphine hcl subcutaneous	SP1	PA; QL
benztropine mesylate oral	1	
bromocriptine mesylate oral	1	
carbidopa oral	3	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet dispersible	3	
carbidopa-levodopa-entacapone	3	
entacapone	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
ropinirole hcl er	1	
selegiline hcl oral	1	
tolcapone	3	
trihexyphenidyl hcl	1	
Antiplatelets		
aspirin-dipyridamole er	1	
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	

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

Drug Name	Drug Tier	Notes
prasugrel hcl	1	
Antipsychotics - Drugs for Mood Disorders		
aripiprazole oral solution	1	QL
aripiprazole oral tablet	1	QL
aripiprazole oral tablet dispersible	3	QL
asenapine maleate	3	QL
chlorpromazine hcl oral tablet	1	
clozapine oral tablet	1	QL
clozapine oral tablet dispersible	3	QL
FANAPT	3	QL
FANAPT TITRATION PACK	3	QL
fluphenazine hcl oral	1	
haloperidol lactate oral	1	
haloperidol oral	1	
LATUDA	3	QL
loxapine succinate	1	
olanzapine oral	1	QL
paliperidone er	3	QL
pimozide	1	
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
risperidone	1	QL
thioridazine hcl oral	1	
thiothixene	1	
trifluoperazine hcl	1	
VRAYLAR	3	QL
ziprasidone hcl	1	QL
Antivirals		
abacavir sulfate	1	
abacavir sulfate-lamivudine	1	
acyclovir external ointment	1	

Drug Name	Drug Tier	Notes
acyclovir oral	1	
adefovir dipivoxil	SP1	
APTIVUS	SP2	
atazanavir sulfate	3	
BARACLUDE ORAL SOLUTION	SP2	QL
BARACLUDE ORAL TABLET	SP3	QL
BIKTARVY	SP2	
CIMDUO	SP2	
COMPLERA	SP2	
DELSTRIGO	SP2	
DESCOVY ORAL TABLET 120-15 MG	SP2	
DESCOVY ORAL TABLET 200-25 MG	SP2	PA; PV
DOVATO	SP2	
EDURANT	SP2	
efavirenz	3	
efavirenz-emtricitabine-tenofovir	SP1	
efavirenz-lamivudine-tenofovir	SP1	
emtricitabine	3	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	SP1	
emtricitabine-tenofovir df oral tablet 200-300 mg	1	PV
EMTRIVA ORAL SOLUTION	SP2	
entecavir	SP1	QL
EPCLUSA	SP2	PA; QL
EPIVIR HBV ORAL SOLUTION	2	
etravirine	SP1	
EVOTAZ	SP2	
famciclovir oral	1	
fosamprenavir calcium	3	

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

Drug Name	Drug Tier	Notes
FUZEON	SP2	
GENVOYA	SP2	
HARVONI	SP2	PA; QL
HEPSERA	SP3	
INTELENCE	SP2	
INTRON A	SP3	PA
ISENTRESS	SP2	
ISENTRESS HD	SP2	
JULUCA	SP2	
LAGEVRIO	3	QL; AL (Min 18 Years)
lamivudine	1	
lamivudine-zidovudine	1	
LEXIVA ORAL SUSPENSION	SP2	
lopinavir-ritonavir oral solution	3	
lopinavir-ritonavir oral tablet	SP1	
maraviroc	SP1	PA
MAVYRET	SP2	PA; QL
nevirapine er	3	
nevirapine oral suspension	3	
nevirapine oral tablet	1	
NORVIR ORAL PACKET	SP2	
NORVIR ORAL SOLUTION	SP2	
ODEFSEY	SP2	
oseltamivir phosphate oral	1	QL
PAXLOVID (150/100)	3	QL; AL (Min 12 Years)
PAXLOVID (300/100)	3	QL; AL (Min 12 Years)
PEGASYS	SP2	PA
PIFELTRO	SP2	

Drug Name	Drug Tier	Notes
PREZCOBIX	SP2	
PREZISTA	SP2	
REYATAZ ORAL PACKET	SP2	
ribavirin oral	SP1	
rimantadine hcl	1	
ritonavir	1	
RUKOBIA	SP2	
SELZENTRY	SP2	PA
stavudine	1	
STRIBILD	SP2	
SYMTUZA	SP2	
tenofovir disoproxil fumarate	1	PV
TIVICAY	SP2	
TIVICAY PD	SP2	
TRIUMEQ	SP2	
TRIUMEQ PD	SP2	PA
TYBOST	SP2	
valacyclovir hcl oral	1	QL
valganciclovir hcl oral solution reconstituted	3	
valganciclovir hcl oral tablet	1	
VEMLIDY	SP2	
VIRACEPT	SP2	
VIREAD ORAL POWDER	SP2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	SP2	
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
zidovudine	1	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	QL

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

Drug Name	Drug Tier	Notes
alprazolam oral tablet	1	QL
alprazolam xr	1	QL
buspirone hcl oral	1	
chlordiazepoxide hcl	1	QL
clonazepam oral	1	QL
clorazepate dipotassium	1	QL
diazepam intensol	1	
diazepam oral	1	
estazolam	1	QL
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam intensol	1	QL
lorazepam oral concentrate 2 mg/ml	1	QL
lorazepam oral tablet	1	QL
oxazepam	1	QL
triazolam	1	QL
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
Blood Products and Modifiers - Drugs for Blood Disorders		
anagrelide hcl	3	
NEULASTA	SP3	PA
NEULASTA ONPRO	SP3	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	SP3	PA
PROMACTA	SP3	PA
tranexamic acid oral	1	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
aliskiren fumarate	3	
amiloride hcl oral	1	

Drug Name	Drug Tier	Notes
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-atorvastatin	3	
amlodipine-olmesartan	1	
amlodipine-valsartan-hctz	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
	1	PV; AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 10 mg, 20 mg	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
betaxolol hcl oral	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	
CAROSPIR	3	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	

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

Drug Name	Drug Tier	Notes
cholestyramine light	1	
cholestyramine oral	1	
clonidine	1	
clonidine hcl oral	1	
colesevelam hcl	3	
colestipol hcl	1	
CORLANOR	3	PA; QL
digitek	1	
digox	1	
digoxin oral solution	1	
digoxin oral tablet 125 mcg, 250 mcg	1	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
disopyramide phosphate	1	
DIURIL	2	
dofetilide	1	
doxazosin mesylate oral	1	
droxidopa	SP1	PA
enalapril maleate oral solution	3	
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO	3	QL
eplerenone	1	
ezetimibe	1	
ezetimibe-simvastatin	1	
felodipine er	1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	

Drug Name	Drug Tier	Notes
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral capsule 150 mg, 50 mg	3	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
		PV; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium	1	
		PV; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium er	1	
fosinopril sodium	1	
fosinopril sodium-hctz	1	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
icosapent ethyl oral capsule 1 gm	3	
indapamide	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide dinitrate	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
isradipine	1	
JUXTAPID	SP3	PA; QL
labetalol hcl oral	1	

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

Drug Name	Drug Tier	Notes
LANOXIN ORAL TABLET 125 MCG, 250 MCG	2	
lisinopril oral	1	
lisinopril- hydrochlorothiazide	1	
losartan potassium oral	1	
losartan potassium-hctz	1	
	1	PV; AL (Min 40 Years and Max 75 Years)
lovastatin oral		
matzim la	1	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
metoprolol- hydrochlorothiazide	1	
mexiletine hcl oral	1	
midodrine hcl	1	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	2	
nadolol oral	1	
nebivolol hcl	3	
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nimodipine oral	3	
NITRO-BID	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	

Drug Name	Drug Tier	Notes
nitroglycerin translingual	1	
nitro-time	1	
NORPACE CR	2	
NORTHERA	SP3	PA
NYMALIZE	SP3	
olmesartan medoxomil oral	1	
olmesartan medoxomil- hctz	1	
olmesartan-amlodipine- hctz	1	
omega-3-acid ethyl esters	1	
pentoxifylline er	1	
perindopril erbumine	1	
phenoxybenzamine hcl oral	3	PA
pindolol	1	
PRALUENT	3	PA; QL
	1	PV; AL (Min 40 Years and Max 75 Years)
pravastatin sodium		
prazosin hcl oral	1	
prevalite	1	
propafenone hcl	1	
propafenone hcl er	3	
propranolol hcl er	1	
propranolol hcl oral	1	
QBRELIS	3	
quinapril hcl	1	
quinapril- hydrochlorothiazide	1	
quinidine gluconate er	1	
quinidine sulfate	1	
ramipril	1	
ranolazine er	1	
REPATHA	3	PA; QL

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

Drug Name	Drug Tier	Notes
REPATHA PUSHTRONEX SYSTEM	3	PA; QL
REPATHA SURECLICK	3	PA; QL
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	PV; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
simvastatin oral	1	PV; AL (Min 40 Years and Max 75 Years)
sorine	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral	1	
spironolactone-hctz	1	
taztia xt	1	
TEKTURNA HCT	3	
telmisartan	1	
telmisartan-hctz	1	
tiadyt er	1	
timolol maleate oral	1	
toremide	1	
trandolapril	1	
trandolapril-verapamil hcl er	3	
triamterene-hctz	1	
valsartan oral tablet	1	
valsartan- hydrochlorothiazide	1	
VASCEPA	3	
VECAMYL	3	
verapamil hcl er	1	
verapamil hcl oral	1	

Drug Name	Drug Tier	Notes
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphetamine sulfate	1	QL
amphetamine- dextroamphetamine	1	QL
amphetamine- dextroamphetamine er	1	QL
atomoxetine hcl	1	QL
clonidine hcl er	1	
DAYTRANA	2	QL
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL
guanfacine hcl er	1	
methamphetamine hcl	3	QL
methylphenidate	1	QL
methylphenidate hcl er	1	QL
methylphenidate hcl er (cd)	1	
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
methylphenidate hcl oral	1	QL
QUILLICHEW ER	3	QL
QUILLIVANT XR	3	QL
VYVANSE	2	QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AUBAGIO	SP3	PA; QL
AVONEX PEN	SP2	PA; QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
AVONEX PREFILLED	SP2	PA; QL	FLUORIDEX	2	
COPAXONE	SP2	PA; QL	FLUORIDEX ENHANCED WHITENING	2	
dalfampridine er	SP1	PA; QL	FLUORIDEX SENSITIVITY RELIEF	2	
dimethyl fumarate oral	SP1	PA; QL	FLUORIMAX 5000	2	
dimethyl fumarate starter pack	SP1	PA; QL	FLUORIMAX 5000 SENSITIVE	2	
EXTAVIA	SP2	PA; QL	JUST RIGHT 5000	2	
GILENYA	SP2	PA; QL	lidocaine viscous hcl	1	
glatiramer acetate	SP1	PA; QL	oralone	1	
glatopa	SP1	PA; QL	paroex mouth/throat solution 0.12 %	1	
KESIMPTA	SP2	PA; QL	periogard	1	
MAVENCLAD	SP3	PA	pilocarpine hcl oral	1	
PLEGRIDY	SP2	PA; QL	PREVIDENT	2	
PLEGRIDY STARTER PACK	SP2	PA; QL	PREVIDENT 5000 BOOSTER PLUS	2	
ZEPOSIA	SP3	PA; QL	PREVIDENT 5000 DRY MOUTH	2	
ZEPOSIA 7-DAY STARTER PACK	SP3	PA; QL	PREVIDENT 5000 ENAMEL PROTECT	2	
ZEPOSIA STARTER KIT	SP3	PA; QL	PREVIDENT 5000 ORTHO DEFENSE	2	
Central Nervous System Agents - Miscellaneous			PREVIDENT 5000 PLUS	2	
caffeine citrate oral	3		PREVIDENT 5000 SENSITIVE	2	
pregabalin	1	QL	sf	1	
riluzole	3	PA; QL	sf 5000 plus	1	
SAVELLA	3	QL	sodium fluoride 5000 enamel	1	
SAVELLA TITRATION PACK	3	QL	sodium fluoride 5000 plus	1	
tetrabenazine	SP1	PA	sodium fluoride 5000 ppm	1	
Dental and Oral Agents - Drugs for Mouth and Throat Conditions			sodium fluoride 5000 sensitive	1	
cavarest	1		sodium fluoride dental	1	
cevimeline hcl	1				
chlorhexidine gluconate mouth/throat	1				
CLINPRO 5000	2				
DENTA 5000 PLUS	2				
DENTAGEL	2				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
sodium fluoride mouth/throat	1		clindamycin phosphate external gel	1	
triamcinolone acetonide mouth/throat	1		clindamycin phosphate external lotion	1	
Dermatological Agents - Drugs for Skin Conditions			clindamycin phosphate external solution	1	
acutane	1	PA	clindamycin phosphate external swab	1	
acitretin	3		clobetasol prop emollient base	1	
adapalene external gel 0.3 %	1		clobetasol propionate e	1	
ala-cort external cream 2.5 %	1		clobetasol propionate external cream	1	
alclometasone dipropionate	1		clobetasol propionate external foam	3	
amnestem	1	PA	clobetasol propionate external gel	1	
azelaic acid external	1		clobetasol propionate external liquid	1	
AZELEX	2		clobetasol propionate external lotion	1	
benzoyl peroxide-erythromycin	1		clobetasol propionate external ointment	1	
betamethasone dipropionate aug	1		clobetasol propionate external shampoo	3	
betamethasone dipropionate external	1		clobetasol propionate external solution	1	
betamethasone valerate external	1		clodan external shampoo	3	
calcipotriene external cream	3		desonide external cream	1	
calcipotriene external ointment	3		desonide external lotion	1	
calcipotriene external solution	3		desonide external ointment	1	
calcitriol external	3		desoximetasone external cream 0.25 %	1	
CAPEX	2		desoximetasone external gel	3	
claravis	1	PA	desoximetasone external liquid	3	
clindacin etz external swab	1		desoximetasone external ointment 0.25 %	1	
clindacin-p	1				
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
diclofenac sodium external gel 3 %	1	QL	hydrocortisone butyrate external solution	1	
DRYSOL	2		hydrocortisone external cream 2.5 %	1	
DUPIXENT	SP2	PA; QL	hydrocortisone external lotion 2.5 %	1	
ery	1		hydrocortisone external ointment 2.5 %	1	
erythromycin external	1		hydrocortisone valerate	1	
EUCRISA	2	ST	imiquimod external cream 5 %	1	
FINACEA EXTERNAL FOAM	3	ST	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	PA
fluocinolone acetonide body	1		methoxsalen rapid	3	
fluocinolone acetonide external	1		metronidazole external	1	
fluocinolone acetonide scalp	1		mometasone furoate external	1	
fluocinonide emulsified base	1		myorisan	1	PA
fluocinonide external	1		neuac external gel	1	
FLUOROPLEX EXTERNAL CREAM 1 %	3		pimecrolimus	1	QL
fluorouracil external cream 5 %	1		podocon-25	1	
fluorouracil external solution	1		podofilox external	1	
fluticasone propionate external cream	1		prednicarbate	1	
fluticasone propionate external lotion	3		REGRANEX	2	PA
fluticasone propionate external ointment	1		rosadan external cream	1	
halobetasol propionate external cream	1		rosadan external gel	1	
halobetasol propionate external ointment	1		SANTYL	2	QL
hydrocortisone ace-pramoxine external cream 2.5-1 %	1		selenium sulfide external lotion	1	
hydrocortisone butyrate external cream	1		sodium sulfacetamide wash	1	
hydrocortisone butyrate external ointment	1		sulfacetamide sodium (acne)	1	
			sulfacetamide sodium external	1	
			sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4.5 %	1	
			tacrolimus external	1	

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

Drug Name	Drug Tier	Notes
tazarotene external cream	1	AL (Max 40 Years)
TAZORAC EXTERNAL CREAM 0.05 %	2	AL (Max 40 Years)
TAZORAC EXTERNAL GEL	2	AL (Max 40 Years)
TEXACORT	2	
tretinoin external cream	1	AL (Max 40 Years)
tretinoin external gel 0.01 %, 0.025 %	1	AL (Max 40 Years)
tretinoin external gel 0.05 %	3	AL (Max 40 Years)
tretinoin microsphere	1	AL (Max 40 Years)
tretinoin microsphere pump	1	AL (Max 40 Years)
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	
urea external cream 40 %	1	
zenatane	1	PA
Diabetes - Antidiabetic Agents		
acarbose oral	1	
BYDUREON BCISE AUTOINJECTOR	3	QL
BYETTA 10 MCG PEN	3	QL
BYETTA 5 MCG PEN	3	QL
FARXIGA	2	ST
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	

Drug Name	Drug Tier	Notes
glipizide-metformin hcl	1	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
INVOKAMET	3	ST
INVOKAMET XR	3	ST
INVOKANA	3	ST
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	ST
JENTADUETO	2	
JENTADUETO XR	2	
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
miglitol	3	
nateglinide	1	
OZEMPIC	2	QL
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	3	
pioglitazone hcl-metformin hcl	1	
repaglinide	1	
RYBELSUS	2	QL
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	
TRULICITY	2	QL
VICTOZA	2	QL
XIGDUO XR	2	ST

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Diabetes - Glucose Monitoring			BLULINK GLUCOSE TEST	2	QL
ACCU-CHEK AVIVA DEVICE	1		CARETOUCH CONTROL SOL LEVEL 2	2	
ACCU-CHEK FASTCLIX LANCET KIT	1		CARETOUCH LANCING/EJECTOR	2	
ACCU-CHEK FASTCLIX LANCETS	1		CARETOUCH TEST	2	QL
ACCU-CHEK GUIDE TEST STRIPS	1		CEQR SIMPLICITY 2U KIT	2	
ACCU-CHEK GUIDE CONTROL	1		CEQR SIMPLICITY INSERTER	2	
ACCU-CHEK GUIDE TEST STRIPS	1	QL	CEQR SIMPLICITY STARTER KIT	2	
ACCU-CHEK GUIDE KIT W/DEVICE	1		CHEMSTRIP 10 MD	1	
ACCU-CHEK SAFE-T PRO LANCETS	1		CHEMSTRIP 10/SG	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		CHEMSTRIP 2 GP	1	
ACCU-CHEK SOFTCLIX LANCETS	1		CHEMSTRIP 5 OB	1	
AGAMATRIX CONTROL LEVEL 2	2		CHEMSTRIP 7	1	
AGAMATRIX CONTROL LEVEL 4	2		CHEMSTRIP 9	1	
AGAMATRIX PRESTO TEST	2	QL	CHEMSTRIP K	1	
ASSURE PLATINUM	2	QL	CHEMSTRIP UGK	1	
AUTOLET LANCING DEVICE	2		CONTOUR CONTROL SOLUTION	2	
BIOTEL CARE BLOOD GLUCOSE	2		CONTOUR MONITOR DEVICE	2	
BIOTEL CARE BLOOD GLUCOSE SYST	2		CONTOUR MONITOR KIT W/DEVICE	2	
BLOOD GLUCOSE TEST	2	QL	CONTOUR NEXT CONTROL SOLUTION	2	
BLULINK CONTROL HIGH & LOW	2		CONTOUR NEXT EZ KIT W/DEVICE	2	
BLULINK GLUCOSE MONITORING SYS	2		CONTOUR NEXT GEN MONITOR	2	
			CONTOUR NEXT LINK KIT W/DEVICE	2	
			CONTOUR NEXT MONITOR KIT W/DEVICE	2	
			CONTOUR NEXT ONE KIT	2	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
CONTOUR NEXT TEST STRIPS	2	QL	EASY TRAK II CONTROL	2	
CONTOUR TEST STRIPS	2	QL	EASY TRAK II GLUCOSE TEST	2	QL
CVS KETONE CARE	2		EASYMAX 15 LEVEL 2-3 CONTROL	2	
DEXCOM G4 PLATINUM TRANSMITTER	3	QL	EASYMAX CONTROL	2	
DEXCOM G5 MOB/G4 PLAT SENSOR	3	QL	GLUCOSE CONTROL SOLUTIONS	2	
DEXCOM G5 MOBILE TRANSMITTER	3	QL	EMBRACE EVO GLUCOSE MONITOR	2	
DEXCOM G6 RECEIVER	3	QL	EMBRACE LANCING DEVICE/EJECTOR	2	
DEXCOM G6 SENSOR	3	QL	EMBRACE PRESSURE ACTIVATED 21G	2	
DEXCOM G6 TRANSMITTER	3	QL	EMBRACE PRESSURE ACTIVATED 28G	2	
DIATHRIVE BLOOD GLUCOSE METER	2		EMBRACE TALK BLOOD GLUCOSE	2	
DIATHRIVE BLOOD GLUCOSE TEST	2	QL	EMBRACE TALK GLUCOSE CONTROL	2	
DIATHRIVE GLUCOSE CONTROL SOLN	2		EMBRACE TALK GLUCOSE TEST	2	QL
DIATHRIVE GLUCOSE TEST	2	QL	EMBRACE TALK MONITORING SYSTEM	2	
DIATHRIVE LANCING DEVICE	2		FORA 6 CONNECT	2	QL
DIATHRIVE+ GLUCOSE MONITOR	2		FORA GTEL BLOOD GLUCOSE SYSTEM	2	
DIATHRIVE+ GLUCOSE TEST	2	QL	FORA GTEL BLOOD GLUCOSE TEST	2	QL
DROPLET GENTEEL LANCING DEVICE	2		FORA TN'G ADVANCE PRO IN VITRO	2	QL
EASY TALK PLUS II CONTROL	2		FORTISCARE CONTROL	2	
EASY TALK PLUS II TEST STRIPS	2	QL	FORTISCARE G1 TEST STRIP	2	QL
EASY TOUCH HEALTHPRO GLUCOSE	2	QL	FORTISCARE T1 GLUCOSE SYSTEM	2	
EASY TOUCH LANCING DEVICE	2		FREESTYLE FREEDOM LITE	2	
EASY TRAK II BLOOD GLUCOSE SYS	2		FREESTYLE INSULINX TEST	2	QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FREESTYLE LIBRE 14 DAY READER	3	QL	HW EMBRACE PRO GLUCOSE TEST	2	QL
FREESTYLE LIBRE 14 DAY SENSOR	3		HW EMBRACE TALK BLOOD GLUCOSE	2	
FREESTYLE LIBRE 2 READER	3	QL	HW EMBRACE TALK GLUCOSE TEST	2	QL
FREESTYLE LIBRE 2 SENSOR	3	QL	INFINITY BLOOD GLUCOSE TEST	2	QL
FREESTYLE LIBRE 3 SENSOR	3		INPEN 100-BLUE-LILLY-HUMALOG	2	
FREESTYLE LIBRE READER	3	QL	INPEN 100-BLUE-NOVOLOG-FIASP	2	
FREESTYLE LIBRE SENSOR SYSTEM	3	QL	INPEN 100-GREY-LILLY-HUMALOG	2	
FREESTYLE LITE TEST	2	QL	INPEN 100-GREY-NOVOLOG-FIASP	2	
FREESTYLE PRECISION NEO TEST	2	QL	INPEN 100-PINK-LILLY-HUMALOG	2	
FREESTYLE TEST	2	QL	INPEN 100-PINK-NOVOLOG-FIASP	2	
GENTEEL LANCING KIT (BLUE)	2		KETO-DIASTIX	2	
GHT BLOOD GLUCOSE MONITOR	2		KETONE TEST	2	
GLUCOCARD 01 SENSOR PLUS	2	QL	KETOSTIX	2	
GLUCOCARD EXPRESSION TEST	2	QL	KROGER HEALTHPRO GLUCOSE TEST	2	QL
GLUCOCARD SHINE CONNEX	2		LANCETS	1	
GLUCOCARD SHINE EXPRESS	2		LANCETS	2	
GLUCOCARD SHINE TEST	2	QL	LANCETS IN VITRO STRIP	2	QL
GLUCOCARD VITAL TEST	2	QL	MICRODOT TEST	2	QL
GOJJI BLOOD GLUCOSE TEST	2	QL	MICROLET NEXT LANCING DEVICE	2	
GOJJI CONTROL	2		NOVOPEN ECHO	2	
GOJJI LANCING DEVICE/CLEAR CAP	2		ONE DROP BLOOD GLUCOSE MONITOR	2	
HW EMBRACE PRO GLUCOSE METER	2		ONE DROP TEST	2	QL
			ONETOUCH CLUB LANCETS FINE PT	1	
			ONETOUCH DELICA LANCETS 30G	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ONETOUGH DELICA LANCETS 33G	1		PRODIGY NO CODING BLOOD GLUC	2	
ONETOUGH DELICA LANCING DEV	1		PTS PANELS EGLU TEST	2	QL
ONETOUGH DELICA PLUS LANCET30G	1		RELION PREMIER CLASSIC	2	
ONETOUGH DELICA PLUS LANCET33G	1		RELION PREMIER TEST	2	QL
ONETOUGH DELICA PLUS LANCING	1		RIGHTEST GT333 BLOOD GLUCOSE	2	
ONETOUGH DELICA SAFETY LANCING	2		RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	2	QL
ONETOUGH FINEPOINT LANCETS	1		SURESTEP PRO HIGH GLUCOSE	1	
ONETOUGH SOLUTIONS STARTER KIT	1		SURESTEP PRO LOW GLUCOSE	1	
ONETOUGH ULTRA TEST STRIPS	1	QL	SURESTEP PRO NORMAL GLUCOSE	1	
ONETOUGH ULTRA 2 KIT W/DEVICE	1		TRUE FOCUS BLOOD GLUCOSE METER	2	
ONETOUGH ULTRA MINI KIT W/DEVICE	1		TRUE METRIX BLOOD GLUCOSE TEST	2	QL
ONETOUGH ULTRASOFT LANCETS	1		TRUE METRIX LEVEL 1	2	
ONETOUGH VERIO KIT W/DEVICE	1		TRUE METRIX LEVEL 2	2	
ONETOUGH VERIO FLEX SYSTEM	1		TRUE METRIX LEVEL 3	2	
ONETOUGH VERIO IN VITRO SOLUTION HIGH	1		TRUE METRIX METER KIT	2	
ONETOUGH VERIO TEST STRIPS	1	QL	TRUE METRIX PRO BLOOD GLUCOSE	2	QL
ONETOUGH VERIO IQ SYSTEM	1		TRUETRACK TEST	2	QL
ONETOUGH VERIO REFLECT KIT W/DEVICE	1		UNISTRIP CONTROL IN VITRO SOLUTION LOW	2	
POGO AUTOMATIC BLOOD GLUCOSE	2		VIVAGUARD INO CONTROL SOLUTION	2	
PRECISION XTRA BLOOD GLUCOSE	2	QL	VIVAGUARD INO GLUCOSE METER	2	
			VIVAGUARD INO SMART GLUC METER	2	
			VIVAGUARD INO TEST STRIPS	2	QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
VIVAGUARD LANCING DEVICE	2		HUMALOG U-100 JUNIOR KWIKPEN	2	
Diabetes - Glycemic Agents			HUMULIN 70/30 KWIKPEN	2	
BAQSIMI ONE PACK	2		HUMULIN 70/30 VIAL	2	
BAQSIMI TWO PACK	2		HUMULIN N KWIKPEN	2	
diazoxide oral	3		HUMULIN N VIAL	2	
GLUCAGEN HYPOKIT	2		HUMULIN R U-500 KWIKPEN	2	
glucagon emergency kit 1 mg injection 1 mg	1		HUMULIN R U-500 VIAL	2	
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	2		HUMULIN R VIAL	2	
GLUCAGON EMERGENCY KIT	2		INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	1	
GVOKE HYPOPEN 1-PACK	2				
GVOKE HYPOPEN 2-PACK	2				
GVOKE KIT	2				
GVOKE PFS	2				
Diabetes - Insulins					
APIDRA SOLOSTAR	3				
APIDRA VIAL	3				
BD ULTRA-FINE INSULIN SYRINGES	1				
FIASP	1				
FIASP FLEXTOUCH	1				
FIASP PENFILL	1				
HUMALOG	2		LANTUS SOLOSTAR	2	
HUMALOG KWIKPEN	2		LANTUS U-100 VIAL	2	
HUMALOG MIX 50/50 KWIKPEN	2		LEVEMIR U-100 FLEXTOUCH	2	
HUMALOG MIX 50/50 VIAL	2		LEVEMIR U-100 VIAL	2	
HUMALOG MIX 75/25 KWIKPEN	2		NOVOLIN 70/30 FLEXPEN	2	
HUMALOG MIX 75/25 VIAL	2		NOVOLIN 70/30 FLEXPEN RELION	2	
			NOVOLIN 70/30 RELION	2	
			NOVOLIN 70/30 VIAL	2	
			NOVOLIN N FLEXPEN	2	

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

Drug Name	Drug Tier	Notes
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	
NOVOLIN N VIAL	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLIN R VIAL	2	
NOVOLOG FLEXPEN	1	
NOVOLOG MIX 70/30 FLEXPEN	1	
NOVOLOG MIX 70/30 VIAL	1	
NOVOLOG PENFILL	1	
NOVOLOG U-100 VIAL	1	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
ULTIGUARD SAFEPACK SYR/NEEDLE	1	
Electrolytes / Minerals / Metals / Vitamins		
CARBAGLU	SP3	PA
carglumic acid	SP1	PA
CARNITOR INTRAVENOUS	3	
cyanocobalamin injection solution 1000 mcg/ml	1	
cytra k crystals	1	
deferasirox oral tablet	3	PA
effer-k oral tablet effervescent 25 meq	1	
ergocalciferol oral capsule	1	
ferocon	1	
ferotinsic	1	

Drug Name	Drug Tier	Notes
FERRALET 90	3	
FLORIVA ORAL LIQUID	0	PV
fluoritab	0	PV
folate	0	PV
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	0	PV
FOLIVANE-F	2	
FOLIVANE-PLUS	2	
foltrin	1	
GALZIN	2	
INTEGRA F	2	
INTEGRA PLUS	2	
iodine strong oral	1	
JYNARQUE	SP2	QL
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con sprinkle oral capsule extended release 10 meq, 8 meq	1	
klor-con/ef	1	
K-PHOS	2	
K-PHOS NO 2	2	
k-prime	1	
levocarnitine oral solution	3	
levocarnitine oral tablet	3	
levocarnitine sf	3	
MASONATAL	0	PV
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 mg oral	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL	1	

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

Drug Name	Drug Tier	Notes
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 1 MG	1	
nafrinse	0	PV
nafrinse drops	0	PV
NASCOBAL	2	
ONE VITE WOMENS	0	PV
ONE-A-DAY WOMENS PRENATAL 1	0	PV
phosphorous	1	
phospho-trin 250 neutral	1	
PHOSPHO-TRIN K500	2	
phytonadione oral	1	
pot & sod cit-cit ac	1	
potassium chloride cryster	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
prenatal multi +dha	0	PV
prenatal oral tablet 27-0.8 mg	0	PV
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral	1	
prenatal vitamin plus low iron	1	
prenatal/folic acid+dha	0	PV
PROFERRIN-FORTE	2	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG	1	
sod citrate-citric acid	1	
sodium fluoride oral	0	PV
sodium polystyrene sulfonate	1	
sps	1	

Drug Name	Drug Tier	Notes
tolvaptan	SP1	QL
tricitrates	1	
trientine hcl	SP1	PA
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
WILZIN	2	
yl folic acid	0	PV
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
esomeprazole magnesium oral capsule delayed release 40 mg	3	QL
esomeprazole magnesium oral packet	3	QL; AL (Max 12 Years)
famotidine oral suspension reconstituted	3	
lansoprazole oral capsule delayed release 30 mg	3	QL
lansoprazole oral tablet delayed release dispersible	3	QL; AL (Max 12 Years)
misoprostol oral	1	
NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	QL; AL (Max 12 Years)
omeprazole oral capsule delayed release 10 mg, 40 mg	3	QL
pantoprazole sodium oral tablet delayed release	3	QL
rabeprazole sodium oral tablet delayed release	3	QL
sucralfate oral	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	3	PA
AMITIZA	3	QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
bisacodyl ec	0	PV; QL	na sulfate-k sulfate-mg sulf solution 17.5-3.13-1.6 gm/177ml oral	3	
citroma	0	PV; QL	NA SULFATE-K SULFATE-MG SULF SOLUTION 17.5-3.13-1.6 GM/177ML ORAL	3	PA
clearlax	0	PV; QL	peg 3350-kcl-na bicarb-nacl	1	PV; QL
constulose	1		peg-3350/electrolytes	1	PV; QL
cromolyn sodium oral	3		peg-3350/electrolytes/ascorb at	3	
CUVPOSA	3		peg-kcl-nacl-nasulf-na asc-c	3	
dicyclomine hcl oral	1		polyethylene glycol 3350 oral powder	0	PV; QL
diphenoxylate-atropine	1		qc magnesium citrate	0	PV; QL
enulose	1		RELISTOR SUBCUTANEOUS	SP3	QL
GATTEX	SP3	PA	SUPREP BOWEL PREP KIT	3	
gavilax oral powder	0	PV; QL	trilyte oral solution reconstituted 420 gm	1	PV; QL
gavilyte-c	1	PV; QL	ursodiol oral capsule 300 mg	1	
gavilyte-g	1	PV; QL	ursodiol oral tablet	1	
gavilyte-n with flavor pack oral solution reconstituted 420 gm	1	PV; QL	VIBERZI	3	PA; QL
generlac	1		XERMELO	SP3	PA; QL
gentle laxative oral	0	PV; QL	Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
gentlelax	0	PV; QL	CERDELGA	SP3	PA
glycolax	0	PV; QL	CHOLBAM	SP3	PA
glycopyrrolate oral solution	3	PA	CREON	2	
glycopyrrolate oral tablet 1 mg, 2 mg	1		GALAFOLD	SP3	PA; QL
hyoscyamine sulfate er	1		MYALEPT	SP3	PA
hyoscyamine sulfate oral	1		nitisinone	SP1	PA
hyoscyamine sulfate sl	1		OCALIVA	SP3	PA; QL
hyoscyamine sulfate sublingual	1		ORFADIN	SP3	PA
hyosyne	1				
lactulose encephalopathy	1				
lactulose oral solution	1				
LINZESS	3	QL			
LUBIPROSTONE	3	QL			
magnesium citrate oral solution	0	PV; QL			
mm clearlax	0	PV; QL			
MOVANTIK	3	QL			

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

Drug Name	Drug Tier	Notes
PANCREAZE	2	
PROCYSBI	SP3	PA
RAVICTI	SP3	PA
sodium phenylbutyrate oral	SP1	
STRENSIQ	SP3	PA
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
darifenacin hydrobromide er	3	
ELMIRON	2	PA
flavoxate hcl	1	
INTRAROSA	3	
LITHOSTAT	3	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
penicillamine oral tablet	SP1	PA
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
sevelamer carbonate	1	
sevelamer hcl oral tablet 400 mg	1	
sevelamer hcl oral tablet 800 mg	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	3	QL
solifenacin succinate	1	
tadalafil oral tablet 2.5 mg, 5 mg	3	QL

Drug Name	Drug Tier	Notes
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	3	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
Hormonal Agents - Adrenal		
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 2 MG	2	
methylprednisolone oral	1	
prednisolone oral	1	
prednisolone sodium phosphate oral solution	1	
prednisolone sodium phosphate oral tablet dispersible	3	
prednisone intensol	1	
prednisone oral	1	

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

Drug Name	Drug Tier	Notes
Hormonal Agents - Men's Health		
ANDRODERM	2	PA
danazol oral	3	
DEPO-TESTOSTERONE	2	PA
testosterone cypionate intramuscular	1	PA
testosterone enanthate intramuscular	1	PA
testosterone transdermal	3	PA
Hormonal Agents - Pituitary		
cabergoline	1	
desmopressin ace spray refrig	1	
desmopressin acetate injection	1	
DESMOPRESSIN ACETATE NASAL	2	
desmopressin acetate oral	1	
desmopressin acetate pf	1	
desmopressin acetate spray	1	
NORDITROPIN FLEXPRO	SP2	PA
NUTROPIN AQ NUSPIN 10	SP2	PA
NUTROPIN AQ NUSPIN 20	SP2	PA
NUTROPIN AQ NUSPIN 5	SP2	PA
octreotide acetate	SP1	PA
ORILISSA	3	PA; QL
SANDOSTATIN	SP1	PA
SIGNIFOR	SP3	PA; QL
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP3	PA

Drug Name	Drug Tier	Notes
STIMATE	2	
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	
raloxifene hcl	1	PV
Hormonal Agents - Sex Hormones and Birth Control		
afirmelle	0	PV
aftera	0	PV
altavera	0	PV
alyacen 1/35	0	PV
alyacen 7/7/7	0	PV
amabelz	1	
amethia	0	PV; QL
amethia lo oral tablet 0.1-0.02 & 0.01 mg	0	PV; QL
amethyst	0	PV
ANGELIQ	2	
ANNOVERA	0	PV; QL
apri	0	PV
aranelle	0	PV
ashlyna	0	PV; QL
aubra	0	PV
aubra eq	0	PV
aurovela 1.5/30	0	PV
aurovela 1/20	0	PV
aurovela 24 fe	0	PV
aurovela fe 1.5/30	0	PV
aurovela fe 1/20	0	PV
aviane	0	PV
ayuna	0	PV
azurette	0	PV
BALCOLTRA	3	PV
balziva	0	PV
blisovi 24 fe	0	PV

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

Drug Name	Drug Tier	Notes
blisovi fe 1.5/30	0	PV
blisovi fe 1/20	0	PV
briellyn	0	PV
camila	0	PV
camrese	0	PV; QL
camrese lo	0	PV; QL
charlotte 24 fe	0	PV
chateal	0	PV
chateal eq	0	PV
CLIMARA PRO	3	
COMBIPATCH	3	
cryselle-28	0	PV
cyclafem 1/35 oral tablet 1-35 mg-mcg	0	PV
cyred	0	PV
cyred eq	0	PV
dasetta 1/35	0	PV
dasetta 7/7/7	0	PV
daysee	0	PV; QL
deblitane	0	PV
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	2	
delyla	0	PV
DEPO-ESTRADIOL	2	
desogestrel-ethinyl estradiol	0	PV
DIVIGEL	3	
dolishale	0	PV
dotti	1	
drospiren-eth estrad-levomefol	0	PV
drospirenone-ethinyl estradiol	0	PV
DUAVEE	2	
econtra ez	0	PV
econtra one-step	0	PV
ELESTRIN	3	

Drug Name	Drug Tier	Notes
elinest	0	PV
ELLA	0	PV
eluryng	0	PV
emoquette	0	PV
enpresse-28	0	PV
enskyce	0	PV
errin	0	PV
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	0	PV
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
ESTRING	3	QL
ESTROGEL	3	
ethynodiol diac-eth estradiol	0	PV
etonogestrel-ethinyl estradiol	0	PV
EVAMIST	3	
falmina	0	PV
fayosim	0	PV; QL
femynor	0	PV
finzala	0	PV
fyavolv	1	
gemmily	0	PV
gianvi oral tablet 3-0.02 mg	0	PV
hailey 1.5/30	0	PV
hailey 24 fe	0	PV
hailey fe 1.5/30	0	PV

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

Drug Name	Drug Tier	Notes
hailey fe 1/20	0	PV
heather	0	PV
iclevia	0	PV; QL
incassia	0	PV
introvale	0	PV; QL
isibloom	0	PV
jaimiess	0	PV; QL
jasmiel	0	PV
jencycla	0	PV
jinteli	1	
jolessa	0	PV; QL
juleber	0	PV
junel 1.5/30	0	PV
junel 1/20	0	PV
junel fe 1.5/30	0	PV
junel fe 1/20	0	PV
junel fe 24	0	PV
kaitlib fe	0	PV
kalliga	0	PV
kariva	0	PV
kelnor 1/35	0	PV
kelnor 1/50	0	PV
kurvelo	0	PV
KYLEENA	0	PV
larin 1.5/30	0	PV
larin 1/20	0	PV
larin 24 fe	0	PV
larin fe 1.5/30	0	PV
larin fe 1/20	0	PV
larissia oral tablet 0.1-20 mg-mcg	0	PV
layolis fe	0	PV
leena	0	PV
lessina	0	PV
levonest	0	PV
levonorgest-eth est & eth est	0	PV; QL

Drug Name	Drug Tier	Notes
levonorgest-eth estrad 91-day	0	PV; QL
levonorgestrel	0	PV
levonorgestrel-ethinyl estrad	0	PV
levonorg-eth estrad triphasic	0	PV
levora 0.15/30 (28)	0	PV
LILETTA (52 MG)	0	PV
lillow oral tablet 0.15-30 mg-mcg	0	PV
LO LOESTRIN FE	3	PV
lojaimiess	0	PV; QL
lopreeza oral tablet 1-0.5 mg	1	
loryna	0	PV
low-ogestrel	0	PV
lo-zumandimine	0	PV
lutura	0	PV
lyleq	0	PV
lyllana	1	
lyza	0	PV
marlissa	0	PV
medroxyprogesterone acetate intramuscular	0	PV; QL
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1	
megestrol acetate oral tablet	1	
MENEST	2	
merzee	0	PV
microgestin 1.5/30	0	PV
microgestin 1/20	0	PV
microgestin 24 fe	0	PV
microgestin fe 1.5/30	0	PV

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

Drug Name	Drug Tier	Notes
microgestin fe 1/20	0	PV
mili	0	PV
mimvey	1	
MIRENA (52 MG)	0	PV
mono-lynyah	0	PV
my choice	0	PV
my way	0	PV
NATAZIA	0	PV
necon 0.5/35 (28)	0	PV
new day	0	PV
NEXPLANON	0	PV
nikki	0	PV
nora-be	0	PV
norethin ace-eth estrad-fe	0	PV
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	0	PV
norethindrone oral	0	PV
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe	0	PV
norethin-eth estradiol-fe	0	PV
norgestimate-eth estradiol	0	PV
norgestimate-ethinyl estradiol triphasic	0	PV
norlyda	0	PV
norlyroc	0	PV
nortrel 0.5/35 (28)	0	PV
nortrel 1/35 (21)	0	PV
nortrel 1/35 (28)	0	PV
nortrel 7/7/7	0	PV
nylia 1/35	0	PV
nylia 7/7/7	0	PV
nymyo	0	PV

Drug Name	Drug Tier	Notes
ocella	0	PV
opcicon one-step	0	PV
option 2	0	PV
ORIAHNN	3	PA; QL
orsythia	0	PV
PARAGARD INTRAUTERINE COPPER	0	PV
philith	0	PV
pimtrea	0	PV
pirmella 1/35	0	PV
pirmella 7/7/7	0	PV
portia-28	0	PV
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
previfem oral tablet 0.25-35 mg-mcg	0	PV
progesterone intramuscular	1	
progesterone oral	1	
react	0	PV
reclipsen	0	PV
rivelsa	0	PV; QL
setlakin	0	PV; QL
sharobel	0	PV
simliya	0	PV
simpesse	0	PV; QL
SKYLA	0	PV
SLYND	3	
sprintec 28	0	PV
sronyx	0	PV
syeda	0	PV
take action	0	PV
tarina 24 fe	0	PV
tarina fe 1/20	0	PV
tarina fe 1/20 eq	0	PV

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

Drug Name	Drug Tier	Notes
taysofy	0	PV
tilia fe	0	PV
tri femynor	0	PV
tri-estarylla	0	PV
tri-legest fe	0	PV
tri-linyah	0	PV
tri-lo-estarylla	0	PV
tri-lo-marzia	0	PV
tri-lo-mili	0	PV
tri-lo-sprintec	0	PV
tri-mili	0	PV
tri-nymyo	0	PV
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	0	PV
tri-sprintec	0	PV
trivora (28)	0	PV
tri-vylibra	0	PV
tri-vylibra lo	0	PV
tulana oral tablet 0.35 mg	0	PV
tyblume	0	PV
tydemy	0	PV
velivet	0	PV
vestura	0	PV
vienva	0	PV
viorele	0	PV
volnea	0	PV
vyfemla	0	PV
vylibra	0	PV
wera	0	PV
wymzya fe	0	PV
xulane	0	PV
yuvaferm	1	
zafemy	0	PV
zarah oral tablet 3-0.03 mg	0	PV
zovia 1/35 (28)	0	PV

Drug Name	Drug Tier	Notes
zumandimine	0	PV
Hormonal Agents - Thyroid		
ARMOUR THYROID	2	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	2	
TIROSINT	3	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	SP3	PA
ACTEMRA SUBCUTANEOUS	SP3	PA
ACTIMMUNE	SP2	PA
azathioprine oral tablet 50 mg	1	
BERINERT	SP2	PA; QL
CELLCEPT	SP3	
CIMZIA	SP2	PA
CIMZIA PREFILLED KIT	SP2	PA
CIMZIA STARTER KIT	SP2	PA
COSENTYX (300 MG DOSE)	SP3	PA
COSENTYX 150 MG/ML	SP3	PA
COSENTYX SENSOREADY (300 MG)	SP3	PA

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
COSENTYX SENSOREADY PEN	SP3	PA	NEORAL	SP3	
cyclosporine modified	1		ORENCIA CLICKJECT	SP3	PA
cyclosporine oral	1		ORENCIA SUBCUTANEOUS	SP3	PA
ENBREL	SP3	PA	OTEZLA	SP2	PA
ENBREL MINI	SP3	PA	PROGRAF ORAL CAPSULE	SP3	
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	SP3	PA	PROGRAF ORAL PACKET	SP2	
ENBREL SURECLICK	SP3	PA	RAPAMUNE ORAL SOLUTION	SP2	
ENVARUSUS XR	SP2		RAPAMUNE ORAL TABLET	SP3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	SP1		RIDAURA	SP2	
FIRAZYR	SP3	PA; QL	RINVOQ	SP2	PA
gengraf	1		sajazir	SP1	PA; QL
HAEGARDA	SP2	PA	SANDIMMUNE ORAL CAPSULE	SP3	
HUMIRA	SP2	PA	SANDIMMUNE ORAL SOLUTION	SP2	
HUMIRA PEDIATRIC CROHNS START	SP2	PA	SIMPONI	SP2	PA
HUMIRA PEN	SP2	PA	sirolimus oral solution	SP1	
HUMIRA PEN-CD/UC/HS STARTER	SP2	PA	sirolimus oral tablet	1	
HUMIRA PEN-PEDIATRIC UC START	SP2	PA	SKYRIZI	SP2	PA
HUMIRA PEN-PS/UV/ADOL HS START	SP2	PA	SKYRIZI (150 MG DOSE)	SP2	PA
HUMIRA PEN-PSOR/UEIT STARTER	SP2	PA	SKYRIZI PEN	SP2	PA
icatibant acetate	SP1	PA; QL	STELARA SUBCUTANEOUS	SP2	PA; QL
KINERET	SP3	PA	tacrolimus oral	1	
leflunomide oral	1		TALTZ	SP3	PA
methotrexate oral	1		TREMFYA	SP2	PA
methotrexate sodium	1		XATMEP	3	
methotrexate sodium (pf)	1		XELJANZ ORAL TABLET	SP2	PA
mycophenolate mofetil oral	1		XELJANZ XR	SP2	PA
mycophenolate sodium	1		ZORTRESS	SP3	
MYFORTIC	SP3				

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

Drug Name	Drug Tier	Notes
Immunological Agents - Drugs for Vaccination		
ACTHIB	3	PV; AL (Max 6 Years)
ADACEL	0	PV
AFLURIA QUADRIVALENT	0	PV
BCG VACCINE	3	
BEXSERO	0	PV
BOOSTRIX	0	PV
COMIRNATY	0	PV; AL (Min 12 Years)
DAPTACEL	0	PV
DIPHThERIA-TETANUS TOXOIDS DT	0	PV
ENGERIX-B	0	PV
FLUAD QUADRIVALENT	0	PV; AL (Min 65 Years)
FLUARIX QUADRIVALENT	0	PV
FLUBLOK QUADRIVALENT	0	PV
FLUCELVAX QUADRIVALENT	0	PV
FLULAVAL QUADRIVALENT	0	PV
FLUMIST QUADRIVALENT	3	PV; AL (Min 2 Years and Max 49 Years)
FLUZONE HIGH-DOSE QUADRIVALENT	0	PV; AL (Min 65 Years)
FLUZONE QUADRIVALENT	0	PV

Drug Name	Drug Tier	Notes
GARDASIL 9	3	PV; AL (Min 9 Years and Max 26 Years)
HAVRIX	0	PV
HEPLISAV-B	3	PV; AL (Min 18 Years)
HIBERIX	3	PV; AL (Max 6 Years)
IMOVAX RABIES	3	
INFANRIX	0	PV
IPOL	3	PV; AL (Max 17 Years)
JANSSEN COVID-19 VACCINE	0	PV
KINRIX	0	PV
MENACTRA	0	PV
MENQUADFI	0	PV
MENVEO	0	PV
M-M-R II	0	PV
MODERNA COVID-19 VAC (BOOSTER)	0	PV
MODERNA COVID-19 VACCINE	0	PV; AL (Min 12 Years)
PEDIARIX	0	PV
PEDVAX HIB	3	PV; AL (Max 6 Years)
PENTACEL	0	PV
PFIZER COVID-19 VAC- TRIS 5-11Y	0	PV; AL (Min 5 Years and Max 11 Years)
PFIZER-BIONT COVID- 19 VAC-TRIS	0	PV; AL (Min 12 Years)

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

Drug Name	Drug Tier	Notes
PFIZER-BIONTECH COVID-19 VACC	0	PV; AL (Min 12 Years)
PNEUMOVAX 23	0	PV
PREHEVBRIO	0	PV; AL (Min 18 Years)
PREVNAR 13	0	PV
PREVNAR 20	0	PV
PROQUAD	0	PV
QUADRACEL	0	PV
RECOMBIVAX HB	0	PV
ROTARIX	3	PV; AL (Max 8 Months)
ROTATEQ	3	PV; AL (Max 8 Months)
SHINGRIX	3	PV; AL (Min 19 Years)
SPIKEVAX COVID-19 VACCINE	0	PV; AL (Min 12 Years)
STAMARIL	3	
TDVAX	0	PV
TENIVAC	0	PV
TETANUS-DIPHThERIA TOXOIDS TD	0	PV
TRUMENBA	0	PV
TWINRIX	0	PV
TYPHIM VI	3	
VAQTA	0	PV
VARIVAX	0	PV
VAXCHORA	3	
VAXELIS	0	PV
VAXNEUVANCE	0	PV
VIVOTIF	2	
YF-VAX	3	

Drug Name	Drug Tier	Notes
Inflammatory Bowel Disease Agents		
anucort-hc	1	
balsalazide disodium	1	
budesonide er	3	
budesonide oral	1	
hydrocortisone (perianal)	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal suppository 25 mg	1	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	1	
mesalamine er	1	
mesalamine oral	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
PENTASA	2	
PROCTOFOAM HC	2	
procto-med hc	1	
procto-pak	1	
proctosol hc	1	
proctozone-hc	1	
sulfasalazine oral	1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral solution	1	
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
calcitonin (salmon) nasal	1	QL
FORTEO	SP2	PA
ibandronate sodium oral	1	QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
risedronate sodium oral tablet 150 mg, 35 mg	1	QL	BREATHE EASE LARGE	2	
risedronate sodium oral tablet 30 mg, 5 mg	1		BREATHE EASE MEDIUM	2	
risedronate sodium oral tablet delayed release	3	QL	BREATHE EASE SMALL	2	
TERIPARATIDE (RECOMBINANT)	SP2	PA	CAMINO PRO COMPLETE/GLYTACTIN	2	
TYMLOS	SP2	PA	CAREPOINT SYRINGE LUER LOCK 1 ML	1	
Metabolic Bone Disease Agents - Other			CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 26G X 1"	1	
calcitriol oral	1		CARETOUCH LUER LOCK 1 ML	1	
cinacalcet hcl	3		CAYA	0	PV; QL
paricalcitol oral	1		CLEVER CHOICE HOLDING CHAMBER	2	
Miscellaneous Therapeutic Agents			COMPACT SPACE CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2		COMPACT SPACE CHAMBER/LG MASK	2	
AEROCHAMBER MV	2		COMPACT SPACE CHAMBER/MED MASK	2	
AEROCHAMBER PLUS FLO-VU	2		COMPACT SPACE CHAMBER/SM MASK	2	
AEROCHAMBER PLUS FLOW VU	2		DEFLUX METAL NEEDLE	1	
AEROCHAMBER W/FLOWSIGNAL	2		DROPLET MICRON	1	
AUM MINI INSULIN PEN NEEDLE	1		EASIVENT	2	
AUM READYGARD DUO PEN NEEDLE	1		EASY GLIDE LUER LOCK SYRINGE	1	
AUM SAFETY PEN NEEDLE	1		EASY GLIDE SLIP LOCK SYRINGE	1	
BD AUTOSHIELD DUO PEN NEEDLES	1		EASY TOUCH HYPODERMIC NEEDLE 16G X 1"	1	
BD ECLIPSE NEEDLE 25G X 1"	1		EASYPOINT NEEDLE	1	
BD ULTRA-FINE PEN NEEDLES	1		ELECARE	3	
BREATHE COMFORT CHAMBER/ADULT	2		ENCARE	0	PV; QL
BREATHE COMFORT CHAMBER/CHILD	2		EO28 SPLASH	3	
			EQUACARE JR	3	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ESSENTIAL CARE JR	3		HUMATROPEN FOR 24MG	1	
FC2 FEMALE CONDOM	0	PV; QL	HUMATROPEN FOR 6MG	1	
FEMCAP	0	PV; QL	INCONTROL ULTICARE PEN NEEDLES	1	
FLEXICHAMBER	2		INSPIREASE RESERVOIR BAGS	2	
FLEXICHAMBER ADULT MASK/SMALL	2		INSULIN PEN NEEDLES	1	
FLEXICHAMBER CHILD MASK/LARGE	2		J-TIP KIT W/VIAL ADAPTERS	1	
FLEXICHAMBER CHILD MASK/SMALL	2		methergine	3	QL
FORA D40G GLUCOSE/PRESSURE	2		methylegonovine maleate oral	3	QL
GLYTACTIN BETTERMILK 15	2		MICROCHAMBER	2	
GLYTACTIN BETTERMILK DE-LITE	2		NEOCATE JUNIOR	3	
GLYTACTIN BUILD 10PE	2		NEOCATE SPLASH	3	
GLYTACTIN BUILD 20/20	2		NORDIPEN 5 INJECTION DEVICE	1	
GLYTACTIN BUILD 20/20 PKU	2		NORM-JECT LUER SLIP SYRINGE	1	
GLYTACTIN BURST	2		NOVOFINE AUTOCOVER PEN NEEDLE	1	
GLYTACTIN COMPLETE 10PE	2		NOVOFINE PEN NEEDLE	1	
GLYTACTIN RESTORE 10	2		NOVOFINE PLUS PEN NEEDLE	1	
GLYTACTIN RESTORE 5	2		NOVOTWIST PEN NEEDLE 32G X 5 MM	1	
GLYTACTIN RESTORE LITE 10	2		OMNIPOD 5 G6 INTRO (GEN 5)	3	
GLYTACTIN RESTORE LITE 10PE	2		OMNIPOD 5 G6 POD (GEN 5)	3	QL
GLYTACTIN RTD 10	2		OMNIPOD CLASSIC PDM (GEN 3)	3	
GLYTACTIN RTD 15	2		OMNIPOD CLASSIC PODS (GEN 3)	3	QL
GLYTACTIN RTD LITE 15	2		OMNIPOD DASH INTRO (GEN 4)	3	
GLYTACTIN SWIRL 15PE	2				
HUMATROPEN FOR 12MG	1				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
OMNIPOD DASH PDM (GEN 4)	3		PRO COMFORT SPACER CHILD	2	
OMNIPOD DASH PODS (GEN 4)	3	QL	PRO COMFORT SPACER INFANT	2	
OMNIPOD POD PALS	3	QL	PROCARE SPACER/ADULT MASK	2	
OPTICHAMBER DIAMOND	2		PROCARE SPACER/CHILD MASK	2	
OPTICHAMBER DIAMOND-LG MASK	2		PURAMINO DHA/ARA	3	
OPTICHAMBER DIAMOND-MD MASK	2		PURE COMFORT SPACER CHAMBER	2	
OPTICHAMBER DIAMOND-SM MASK	2		SAFETY PEN NEEDLES	1	
OPTIONS GYNOL II CONTRACEPTIVE	0	PV; QL	SECURES SAFE HYPODERMIC NEEDLE 19G X 1" , 19G X 1-1/2" , 22G X 1" , 25G X 1-1/2"	1	
PANDA MASK LARGE	2		SYRINGE LUER LOCK 30 ML	1	
PANDA MASK MEDIUM	2		SYRINGE LUER SLIP 1 ML	1	
PANDA MASK SMALL	2		TODAY SPONGE	0	PV; QL
PEDIATRIC PANDA MASK	2		TOLEREX	3	
PHENEX-1	2		VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	0	PV; QL
PHENEX-2	2		VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	0	PV; QL
PHENYLADE DRINK MIX	2		vcf vaginal contraceptive vaginal gel	0	PV; QL
PHENYLADE GMP READY	2		V-GO 20	3	QL
PHENYLADE GMP ULTRA	2		V-GO 30	3	QL
PKU EASY	2		V-GO 40	3	QL
PKU EASY MICROTABS	2		VIVONEX PEDIATRIC	3	
PKU EXPRESS 15 PLUS+	2		VORTEX VALVED HOLDING CHAMBER	2	
PKU EXPRESS 20 PLUS+	2		WIDE-SEAL DIAPHRAGM 60	0	PV; QL
PKU GO	2		WIDE-SEAL DIAPHRAGM 65	0	PV; QL
PKU SPHERE 20	2				
PKU START	2				
POCKET SPACER	2				
PRO COMFORT SPACER ADULT	2				

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

Drug Name	Drug Tier	Notes
WIDE-SEAL DIAPHRAGM 70	0	PV; QL
WIDE-SEAL DIAPHRAGM 75	0	PV; QL
WIDE-SEAL DIAPHRAGM 80	0	PV; QL
WIDE-SEAL DIAPHRAGM 85	0	PV; QL
WIDE-SEAL DIAPHRAGM 90	0	PV; QL
WIDE-SEAL DIAPHRAGM 95	0	PV; QL
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALOCRIAL	2	
ALOMIDE	2	
ALREX	2	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	QL
CILOXAN	2	
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	3	
epinastine hcl	1	
erythromycin ophthalmic	1	
FLAREX	2	
fluorometholone	1	
flurbiprofen sodium	1	

Drug Name	Drug Tier	Notes
FML	2	
FML FORTE	2	
gatifloxacin ophthalmic	1	
gentak	1	
gentamicin sulfate ophthalmic	1	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic	1	
LOTEMAX OPHTHALMIC OINTMENT	2	QL
loteprednol etabonate ophthalmic gel	1	QL
loteprednol etabonate ophthalmic suspension	1	
MAXIDEX	2	
moxifloxacin hcl ophthalmic solution	1	
NATACYN	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic	1	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
prednisolone acetate ophthalmic	1	
prednisolone acetate p-f	1	
prednisolone sodium phosphate ophthalmic	1	
PROLENSA	3	QL
sulfacetamide sodium ophthalmic	1	

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

Drug Name	Drug Tier	Notes
TOBRADEX OPHTHALMIC OINTMENT	2	
tobramycin ophthalmic	1	
tobramycin- dexamethasone	1	
TOBREX	2	
trifluridine	1	
ZIRGAN	3	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	1	
acetazolamide oral	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
apraclonidine hcl	1	
betaxolol hcl ophthalmic	1	
BETIMOL	2	
BETOPTIC-S	2	
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic	1	
brimonidine tartrate- timolol	1	
brinzolamide	1	
carteolol hcl	1	
COMBIGAN	2	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IOPIDINE	2	
latanoprost ophthalmic	1	
levobunolol hcl	1	
LUMIGAN	2	QL
methazolamide oral	3	

Drug Name	Drug Tier	Notes
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
timolol maleate (once- daily)	1	
timolol maleate ophthalmic	1	
travoprost (bak free)	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ak-poly-bac	1	
altafrin	1	
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution 1 %	1	
bacitracin-polymyxin b ophthalmic	1	
bacitra-neomycin- polymyxin-hc	1	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	3	PA
homatropaire	1	
ISOPTO ATROPINE	1	
LACRISERT	2	
neomycin-bacitracin zn- polymyx	1	
neomycin-polymyxin- gramicidin	1	
neo-polycin	1	
neo-polycin hc	1	
phenylephrine hcl ophthalmic	1	
polycin	1	

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Drug Name	Drug Tier	Notes
polymyxin b-trimethoprim	1	
PRED-G	2	
PRED-G S.O.P.	2	
proparacaine hcl ophthalmic	1	
RESTASIS	3	PA
RESTASIS MULTIDOSE	3	PA
tetracaine hcl ophthalmic	1	
tropicamide ophthalmic	1	
XIIDRA	3	PA
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CIPRO HC	2	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
CIPROFLOXACIN-FLUOCINOLONE PF	2	
CORTISPORIN-TC	2	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	2	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
allergy spray 24 hour nasal aerosol	1	
azelastine hcl nasal	1	QL
benzonatate oral capsule 100 mg, 200 mg	1	
cyproheptadine hcl oral	1	

Drug Name	Drug Tier	Notes
FASENRA	SP2	PA
FASENRA PEN	SP2	PA
fluticasone propionate nasal	1	
guaiaatussin ac	1	PA; QL; AL (Min 18 Years)
guaifenesin ac	1	PA; QL; AL (Min 18 Years)
guaifenesin-codeine	1	PA; QL; AL (Min 18 Years)
hydrocodone bit-homatrop mbr	1	PA; QL; AL (Min 18 Years)
hydrocodone polst-chlorphen polst er susp	1	PA; QL; AL (Min 18 Years)
hydromet	1	PA; QL; AL (Min 18 Years)
ipratropium bromide nasal	1	
maxi-tuss ac	1	PA; QL; AL (Min 18 Years)
nasal allergy 24 hour	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
promethazine vc	1	
promethazine vc/codeine	1	PA; QL; AL (Min 18 Years)
promethazine-codeine	1	PA; QL; AL (Min 18 Years)
promethazine-dm	1	
promethazine-phenyleph-codeine	1	PA; QL; AL (Min 18 Years)

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
promethazine-phenylephrine	1		ESBRIET	SP3	PA
promethegan	1		FLOVENT DISKUS	2	QL
pseudoephedrine-bromphen-dm	1		FLOVENT HFA	2	QL
sodium chloride inhalation	1		fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
SSKI	2		FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP2	PA	INCRUSE ELLIPTA	2	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions			ipratropium bromide inhalation	1	QL
acetylcysteine inhalation	1		ipratropium-albuterol	1	QL
ADVAIR HFA	2	QL	levalbuterol hcl inhalation	1	QL
albuterol sulfate hfa	1	QL	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	ST; QL
albuterol sulfate inhalation	1	QL	montelukast sodium oral	1	
albuterol sulfate oral	1		OFEV	SP3	PA
ANORO ELLIPTA	2	QL	pirfenidone oral tablet 267 mg, 801 mg	SP1	PA
ASMANEX (120 METERED DOSES)	2	QL	PROAIR RESPICLICK	3	ST; QL
ASMANEX (14 METERED DOSES)	2	QL	PULMICORT FLEXHALER	2	QL
ASMANEX (30 METERED DOSES)	2	QL	QVAR REDIHALER	2	QL
ASMANEX (60 METERED DOSES)	2	QL	SEREVENT DISKUS	2	QL
ASMANEX HFA	2	QL	SPIRIVA HANDIHALER	2	QL
ATROVENT HFA	2	QL	SPIRIVA RESPIMAT	2	QL
BREO ELLIPTA	2	QL	STIOLTO RESPIMAT	2	QL
budesonide inhalation	1	QL	SYMBICORT	2	QL
COMBIVENT RESPIMAT	2	QL	SYMJEPI	2	
cromolyn sodium inhalation	3		THEO-24	2	
DALIRESP	3	PA	theophylline	1	
epinephrine injection solution auto-injector	1		theophylline er	1	

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Drug Name	Drug Tier	Notes
TRELEGY ELLIPTA	2	QL
VENTOLIN HFA	3	ST; QL
wixela inhub	1	QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
CAYSTON	SP3	PA
KALYDECO	SP3	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	SP3	PA; QL
ORKAMBI ORAL TABLET	SP3	PA; QL
PULMOZYME	SP2	PA
TOBI PODHALER	SP2	QL
tobramycin inhalation	SP1	
TRIKAFTA	SP3	PA; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	SP3	PA; QL
alyq	SP1	PA; QL
ambrisentan	SP1	PA; QL
bosentan	SP1	PA; QL
OPSUMIT	SP2	PA; QL
sildenafil citrate oral tablet 20 mg	SP1	PA; QL
tadalafil (pah)	SP1	PA; QL
TRACLEER 32 MG	SP2	PA; QL
TYVASO	SP2	PA; QL
TYVASO DPI MAINTENANCE KIT	SP2	PA; QL
TYVASO DPI TITRATION KIT	SP2	PA; QL
TYVASO REFILL	SP2	PA; QL
TYVASO STARTER	SP2	PA; QL
UPTRAVI ORAL	SP3	PA; QL

Drug Name	Drug Tier	Notes
VENTAVIS	SP2	PA; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
dantrolene sodium oral	1	
metaxalone oral tablet 800 mg	1	
methocarbamol oral	1	
orphenadrine citrate er	1	QL
tizanidine hcl oral	1	
Sleep Disorder Agents		
armodafinil	1	QL
BELSOMRA	3	QL
doxepin hcl oral tablet	3	QL
eszopiclone	1	QL
modafinil	1	QL
ramelteon	1	QL
temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL
WAKIX	SP3	PA; QL
zaleplon	1	QL
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL

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

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