

Baylor Scott & White Health Plan

Group Choice Formulary

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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 determine 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 all-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 is primarily made up of physicians, pharmacists, and nurses. They review 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 1-800728-7947.

What are brand-name and generic drugs?

BSWHP covers both brand-name and generic drugs. A brand-name medication has a trade name and is protected by a patent, which can be produced and sold only by the company holding the patent. 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 note "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). 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), an exception request can be submitted for review. A non-formulary drug may qualify for coverage 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.

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.

Are medications administered by my doctor covered under the prescription drug benefit?

Most medications that are administered by healthcare professionals are not covered under the prescription drug benefit, but may be covered under your medical benefit.

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, per copayment, or over a certain time period. 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.

- 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 two 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.

Sexual Dysfunction Drugs

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

Oral Oncology Split Fill Program

Prescriptions for drugs included in the oral oncology program will be restricted to a 2-week supply with each prescription fill 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 you and 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.

Group Choice Formulary

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain					
acetaminophen-codeine	1	QL	methadone hcl oral tablet	1	PA
ascomp-codeine	1		methadone hcl oral tablet soluble	1	
bac	1		methadose oral tablet soluble	1	
BELBUCA	3	PA; QL	morphine sulfate (concentrate)	1	QL
buprenorphine	3	PA; QL	morphine sulfate er oral tablet extended release	1	PA; QL
butalbital-acetaminophen oral tablet 50-325 mg	1		morphine sulfate oral	1	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1		morphine sulfate rectal	1	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	1		NUCYNTA	3	QL
butalbital-apap-caffeine oral tablet	1		NUCYNTA ER	3	PA; QL
butalbital-asa-caff-codeine	1		OXYCODONE HCL ER	1	PA; QL
butalbital-aspirin-caffeine	1		oxycodone hcl oral	1	QL
butorphanol tartrate nasal	1	QL	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
codeine sulfate	1	QL	pentazocine-naloxone hcl	1	QL
endocet	1	QL	tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	PA; QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL	tramadol hcl er	1	PA; QL
hydrocodone-acetaminophen	1	QL	tramadol hcl oral tablet	1	QL
hydrocodone-ibuprofen	3	QL	tramadol-acetaminophen	1	QL
hydromorphone hcl oral	1	QL	Analgesics - Drugs for Pain and Inflammation		
hydromorphone hcl rectal	1	QL	adult aspirin regimen	0	PV
LORTAB ORAL ELIXIR 10-300 MG/15ML	2	QL	aspirin 81 oral tablet delayed release	0	PV
methadone hcl intensol	1		aspirin adult low dose	0	PV
methadone hcl oral concentrate	1		aspirin adult low strength	0	PV
methadone hcl oral solution	1		aspirin childrens	0	PV
			aspirin ec low dose	0	PV
			aspirin ec low strength	0	PV
			aspirin low dose	0	PV
			aspirin oral tablet chewable	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	Drug Name	Drug Tier	Notes
aspirin oral tablet delayed release 81 mg	0	PV	naproxen sodium oral tablet 275 mg, 550 mg	1	
aspirin regimen	0	PV	oxaprozin	1	
BAYER ASPIRIN EC LOW DOSE	0	PV	piroxicam oral	1	
celecoxib oral	1	QL	salsalate oral	1	
diclofenac potassium oral tablet 50 mg	1		ST JOSEPH LOW DOSE	0	PV
diclofenac sodium er	1		sulindac oral	1	
diclofenac sodium external gel 1 %	1	QL	Anesthetics		
diclofenac sodium external solution 1.5 %	1	PA	glydo	1	
diclofenac sodium oral	1		lidocaine external ointment 5 %	1	
diclofenac-misoprostol	3		lidocaine external patch 5 %	1	
diflunisal oral	1		lidocaine hcl external solution	1	
ec-naproxen	1		lidocaine hcl urethral/mucosal external gel 2 %	1	
etodolac	1		lidocaine-prilocaine external cream	1	
etodolac er	1		Anti-Addiction / Substance Abuse Treatment Agents		
flurbiprofen oral	1		acamprosate calcium	1	
ft aspirin low dose	0	PV	buprenorphine hcl sublingual	1	QL
goodsense aspirin low dose	0	PV	buprenorphine hcl-naloxone hcl sublingual film	3	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1		buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
INDOCIN RECTAL	2				PV; QL; AL (Min 18 Years)
indomethacin er	1		bupropion hcl er (smoking det)	1	
indomethacin oral	1		disulfiram oral	1	
indomethacin rectal suppository 50 mg	1		goodsense nicotine mouth/throat lozenge 4 mg	0	PV; QL; AL (Min 18 Years)
ketorolac tromethamine oral	1	QL			PV; QL; AL (Min 18 Years)
meloxicam oral tablet	1		habitrol	0	
mm aspirin	0	PV			
nabumetone oral	1				
naproxen dr	1				
naproxen oral tablet	1				
naproxen oral tablet delayed release	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
naloxone hcl injection	1			3	ST; PV; QL; AL (Min 18 Years)
naloxone hcl nasal	1		NICOTROL NS		
naltrexone hcl oral	1		SUBOXONE	3	QL
NARCAN	2			3	PV; QL; AL (Min 18 Years)
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG	0	PV; QL; AL (Min 18 Years)	varenicline tartrate	3	PV; QL; AL (Min 18 Years)
NICORETTE MOUTH/THROAT GUM 2 MG	0	PV; QL; AL (Min 18 Years)	varenicline tartrate(continue)	3	PV; QL; AL (Min 18 Years)
NICORETTE MOUTH/THROAT LOZENGE	0	PV; QL; AL (Min 18 Years)	Antibacterials		
nicotine mini	0	PV; QL; AL (Min 18 Years)	amoxicillin	1	
nicotine polacrilex mini	0	PV; QL; AL (Min 18 Years)	amoxicillin-potassium clavulanate	1	
nicotine polacrilex mouth/throat	0	PV; QL; AL (Min 18 Years)	amoxicillin-potassium clavulanate er	3	
nicotine step 1	0	PV; QL; AL (Min 18 Years)	ampicillin	1	
nicotine step 2	0	PV; QL; AL (Min 18 Years)	AUGMENTIN ORAL SUSPENSION RECONSTITUTED	2	
nicotine step 3	0	PV; QL; AL (Min 18 Years)	avidoxy	1	
nicotine transdermal kit	0	PV; QL; AL (Min 18 Years)	azithromycin oral	1	
nicotine transdermal patch 24 hour 21 mg/24hr	0	PV; QL; AL (Min 18 Years)	cefadroxil	1	
NICOTROL	3	ST; PV; QL; AL (Min 18 Years)	cefdinir	1	
			cefixime oral capsule	1	
			cefpodoxime proxetil	1	
			cefprozil	1	
			cefuroxime axetil	1	
			cephalexin oral capsule 250 mg, 500 mg	1	
			cephalexin oral capsule 750 mg	3	
			cephalexin oral suspension reconstituted	1	
			cephalexin oral tablet	1	
			ciprofloxacin hcl oral	1	
			ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)	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
clarithromycin er	1		minocycline hcl oral	1	
clarithromycin oral	1		monodoxine nl	1	
CLEOCIN VAGINAL SUPPOSITORY	2		moxifloxacin hcl oral	1	
clindamycin hcl oral	1		mupirocin external	1	
clindamycin palmitate hcl	1		neomycin sulfate oral	1	
clindamycin phosphate vaginal	1		nitrofurantoin		
CLINDESSE	3		macrocrystal oral capsule 100 mg, 50 mg	1	
demecclocycline hcl	3		nitrofurantoin		
dicloxacillin sodium	1		macrocrystal oral capsule 25 mg	1	QL
DIFICID ORAL TABLET	3		nitrofurantoin monohydrate	1	
doxycycline hyclate oral capsule	1		macrocrystals		
doxycycline hyclate oral tablet 100 mg, 20 mg	1		penicillin v potassium	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		silver sulfadiazine external	1	
doxycycline monohydrate oral suspension reconstituted	1		ssd	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1		sulfadiazine oral	3	
erythromycin base oral	3		sulfamethoxazole-trimethoprim oral	1	
erythromycin ethylsuccinate oral	3		sulfatrim pediatric	1	
erythromycin oral	3		tetracycline hcl oral	1	
FIRVANQ	3		tinidazole oral	1	
fosfomycin tromethamine	1		trimethoprim oral	1	
gentamicin sulfate external	1		vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg	3	
levofloxacin oral	1		vancomycin hcl oral	3	
linezolid oral suspension reconstituted	3	QL	XIFAXAN	3	PA
linezolid oral tablet	1	QL	Anticoagulants		
methenamine hippurate	1		bd heparin posiflush	1	
metronidazole oral tablet	1		ELIQUIS	2	QL
metronidazole vaginal	1		ELIQUIS DVT/PE STARTER PACK	2	QL
			enoxaparin sodium injection solution prefilled syringe	1	
			fondaparinux sodium	SP1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FRAGMIN	SP3		gabapentin oral tablet 600 mg, 800 mg	1	
heparin na (pork) lock flsh pf	1		lacosamide oral solution	3	
heparin sod (pork) lock flush	1		lacosamide oral tablet	1	
heparin sodium (porcine)	1		lamotrigine er	3	
heparin sodium (porcine) pf	1		lamotrigine oral tablet	1	
jantoven	1		lamotrigine oral tablet chewable	1	
warfarin sodium oral	1		lamotrigine oral tablet dispersible	3	
XARELTO	2	QL	levetiracetam er	1	
XARELTO STARTER PACK	2	QL	levetiracetam oral	1	
Anticonvulsants - Drugs for Seizures			methsuximide	1	
APTIOM	3		NAYZILAM	3	QL
carbamazepine er	1		oxcarbazepine	1	
carbamazepine oral	1		OXTELLAR XR	3	
CARBATROL	2		phenobarbital oral	1	
CELONTIN	2		phenytek	1	
clobazam oral suspension	3	PA	phenytoin infatabs	1	
clobazam oral tablet	1	PA	phenytoin oral	1	
DEPAKOTE	2		phenytoin sodium extended	1	
DEPAKOTE ER	2		primidone oral tablet 250 mg, 50 mg	1	
DEPAKOTE SPRINKLES	2		roweepra	1	
diazepam rectal	1	QL	rufinamide	SP1	PA
DILANTIN	2		subvenite	1	
DILANTIN INFATABS	2		TEGRETOL	2	
divalproex sodium er	1		TEGRETOL-XR	2	
divalproex sodium oral	1		tiagabine hcl	1	
EPIDIOLEX	SP2	PA	topiramate oral	1	
epitol	1		valproic acid oral	1	
ethosuximide oral	1		vigabatrin	SP1	PA
felbamate	1		vigadron	SP1	PA
FYCOMPA	3		VIMPAT ORAL TABLET	3	
gabapentin oral capsule	1		ZARONTIN	2	
gabapentin oral solution	1		zonisamide oral	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia					
donepezil hcl	1		fluoxetine hcl oral capsule	1	
galantamine hydrobromide er	1		fluoxetine hcl oral capsule delayed release	1	QL
galantamine hydrobromide oral tablet	1		fluoxetine hcl oral solution	1	
memantine hcl	1		fluoxetine hcl oral tablet	1	
memantine hcl er	1	QL	fluvoxamine maleate	1	
rivastigmine	1		fluvoxamine maleate er	3	QL
rivastigmine tartrate	1		imipramine hcl oral	1	
Antidepressants					
amitriptyline hcl oral	1		mirtazapine oral	1	
amoxapine	1		nefazodone hcl	1	
bupropion hcl er (sr)	1	QL	nortriptyline hcl oral	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL	paroxetine hcl	1	
bupropion hcl oral	1		paroxetine hcl er	1	
citalopram hydrobromide oral solution	1		phenelzine sulfate oral	1	
citalopram hydrobromide oral tablet	1		protriptyline hcl	3	
clomipramine hcl oral	1		sertraline hcl oral concentrate	1	
desipramine hcl oral	1		sertraline hcl oral tablet	1	
desvenlafaxine succinate er	1	QL	tranylcypromine sulfate	1	
doxepin hcl oral capsule	1		trazodone hcl oral	1	
doxepin hcl oral concentrate	1		trimipramine maleate oral	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL	TRINTELLIX	3	ST; QL
escitalopram oxalate oral	1		venlafaxine hcl	1	
FETZIMA	3	QL	venlafaxine hcl er oral capsule extended release 24 hour	1	QL
FETZIMA TITRATION	3	QL	venlafaxine hcl er oral tablet extended release 24 hour 225 mg	3	
fluoxetine hcl (pmdd)	1		VIBRYD STARTER PACK	3	QL
Antiemetics - Drugs for Nausea and Vomiting					
aprepitant	3	QL	vilazodone hcl	3	QL
compro	1				
doxylamine-pyridoxine	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
dronabinol	3	PA; QL	clotrimazole- betamethasone external lotion	3	
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL	CRESEMBA ORAL CAPSULE 186 MG	SP3	PA
granisetron hcl oral	3	QL	econazole nitrate external	1	
metoclopramide hcl oral solution	1		fluconazole oral	1	
metoclopramide hcl oral tablet	1		griseofulvin microsize oral suspension	1	
ondansetron hcl injection	1		griseofulvin microsize oral tablet	3	
ondansetron hcl oral solution	1	QL	griseofulvin ultramicrosize	3	
ondansetron hcl oral tablet 24 mg	1	QL	itraconazole oral	1	PA
ondansetron hcl oral tablet 4 mg, 8 mg	1		ketoconazole external cream	1	
ondansetron odt	1		ketoconazole external shampoo	1	
perphenazine oral	1		ketoconazole oral	1	
prochlorperazine	1		naftifine hcl	3	
prochlorperazine edisylate injection	1		NAFTIN EXTERNAL GEL 2 %	3	
prochlorperazine maleate oral	1		NOXAFIL ORAL SUSPENSION	2	PA
promethazine hcl oral	1		nyamyc	1	
promethazine hcl rectal	1		nystatin external	1	
promethegan	1		nystatin mouth/throat	1	
scopolamine	1		nystatin oral	1	
trimethobenzamide hcl oral	1		nystatin-triamcinolone	1	
Antifungals			nystop	1	
ciclodan	1		posaconazole oral suspension	1	PA
ciclopirox external	1		posaconazole oral tablet delayed release	1	PA; QL
ciclopirox olamine external	1		terbinafine hcl oral	1	QL
clotrimazole mouth/throat	1		terconazole	1	
clotrimazole- betamethasone external cream	1		voriconazole oral tablet	3	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			
Antigout Agents								
allopurinol oral tablet 100 mg, 300 mg	1		pyridostigmine bromide oral solution	1				
colchicine oral	1		pyridostigmine bromide oral tablet 60 mg	1				
colchicine-probenecid	1		Antimycobacterials					
febuxostat	1		dapsone oral	1				
probenecid	1		ethambutol hcl oral	1				
Antimigraine Agents								
AIMOVIG SUBCUTANEOUS SOLUTION AUTO- INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL	isoniazid oral	1				
almotriptan malate	3	QL	pyrazinamide oral	1				
dihydroergotamine mesylate injection	1	PA; QL	rifabutin	3				
dihydroergotamine mesylate nasal	3	PA; QL	rifampin oral	1				
eletriptan hydrobromide	1	QL	SIRTURO	SP3				
EMGALITY	2	PA; QL	Antineoplastics - Drugs for Cancer					
ergotamine-caffeine	1	PA; QL	abiraterone acetate	SP1	PA; SF			
frovatriptan succinate	1	QL	ALECENSA	SP2	PA			
naratriptan hcl	1	QL	ALUNBRIG	SP2	PA; QL			
NURTEC	2	PA; QL	anastrozole oral	1	PV			
QULIPTA	2	PA; QL	AYVAKIT	SP2	PA; SF; QL			
rizatriptan benzoate	1	QL	BALVERSA	SP2	PA; SF			
sumatriptan nasal	1	QL	bexarotene external	SP1	PA			
sumatriptan succinate oral	1	QL	bexarotene oral	SP1	PA; SF			
sumatriptan succinate refill subcutaneous solution cartridge	1	QL	bicalutamide	1				
sumatriptan succinate subcutaneous	1	QL	BOSULIF	SP2	PA; SF			
UBRELVY	2	PA; QL	BRAFTOVI	SP2	PA			
zolmitriptan oral	1	QL	BRUKINSA	SP2	PA; SF			
Antimyasthenic Agents								
pyridostigmine bromide er	1		CABOMETYX	SP2	PA; SF			
			CALQUENCE ORAL CAPSULE 100 MG	SP2	PA; SF			
			capecitabine	SP1				
			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			

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
cyclophosphamide oral capsule	1		IMBRUICA ORAL SUSPENSION	SP2	PA
DAURISMO	SP2	PA; SF	IMBRUICA ORAL TABLET	SP2	PA; QL
DROXIA	3		INLYTA	SP2	PA; SF
ERIVEDGE	SP2	PA; SF	INQOVI	SP2	PA
ERLEADA	SP2	PA	INREBIC	SP2	PA; SF
erlotinib hcl oral tablet 100 mg, 150 mg	SP1	PA; SF	IRESSA	SP2	PA
erlotinib hcl oral tablet 25 mg	SP1	PA; SF; QL	JAKAFI ORAL TABLET 10 MG, 5 MG	SP2	PA; SF; QL
etoposide oral	SP1		JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	SP2	PA; SF
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	SP1	PA; QL	JAYPIRCA ORAL TABLET 100 MG	SP2	PA
everolimus oral tablet soluble	SP1	PA	JAYPIRCA ORAL TABLET 50 MG	SP2	PA; QL
exemestane	1	PV	KISQALI ORAL TABLET THERAPY PACK 200 MG	SP2	PA
EXKIVITY	SP2	PA; SF	KOSELUGO	SP2	PA
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	SP2		KRAZATI	SP2	PA; SF
flutamide oral capsule 125 mg	1		lapatinib ditosylate	SP1	PA
FOTIVDA	SP2	PA	lenalidomide	SP1	PA
GAVRETO	SP2	PA; SF	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
gefitinib	SP1	PA	letrozole oral	1	
GILOTrif	SP2	PA; QL	leucovorin calcium oral	1	
GLEOSTINE	SP2		LEUKERAN	2	
HYCAMTIN ORAL	SP2		LONSURF	SP2	PA
hydroxyurea oral	1		LORBRENA	SP2	PA; SF
IBRANCE	SP2	PA	LUMAKRAS ORAL TABLET 120 MG	SP2	PA; SF
ICLUSIG ORAL TABLET 10 MG, 15 MG	SP2	PA; QL	LYNPARZA	SP2	PA
ICLUSIG ORAL TABLET 30 MG, 45 MG	SP2	PA	LYSODREN	SP2	
IDHIFA	SP2	PA; QL	LYTGOBI (12 MG DAILY DOSE)	SP2	PA
imatinib mesylate	SP1	PA			
IMBRUICA ORAL CAPSULE	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
LYTGOBI (16 MG DAILY DOSE)	SP2	PA	STIVARGA	SP2	PA
LYTGOBI (20 MG DAILY DOSE)	SP2	PA	sunitinib malate	SP1	PA
MATULANE	SP2		SYNRIBO	SP2	PA
MEKINIST	SP2	PA	TABRECTA	SP2	PA
MEKTOVI	SP2	PA	TAFINLAR	SP2	PA
melphalan	1		TAGRISSO ORAL TABLET 40 MG	SP2	PA; QL
mercaptopurine oral	1		TAGRISSO ORAL TABLET 80 MG	SP2	PA
MYLERAN	2		TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG	SP2	PA; SF
NERLYNX	SP2	PA; SF; QL	TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG	SP2	PA; SF; QL
NEXAVAR	SP2	PA; SF	tamoxifen citrate oral tablet 10 mg	1	
nilutamide	SP1		tamoxifen citrate oral tablet 20 mg	1	PV
NINLARO	SP2	PA	TASIGNA	SP2	PA
NUBEQA	SP2	PA; SF	TAZVERIK	SP2	PA; SF
ODOMZO	SP2	PA	temozolomide	SP1	PA
ONUREG	SP2	PA	TEPMETKO	SP2	PA
ORGOVYX	SP2	PA	THALOMID	SP2	PA
ORSERDU	SP2	PA	TIBSOVO	SP2	PA; SF
pazopanib hcl	SP1	PA; SF	toremifene citrate	SP1	
PEMAZYRE	SP2	PA; SF; QL	tretinoin oral	SP1	
PIQRAY	SP2	PA	TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	SP2	PA
POMALYST	SP2	PA	TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	SP2	PA
PURIXAN	SP2		TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	SP2	PA
QINLOCK	SP2	PA			
RETEVMO	SP2	PA; SF			
REVLIMID	SP2	PA			
REZLIDHIA	SP2	PA; SF			
ROZLYTREK ORAL CAPSULE	SP2	PA; SF			
RUBRACA	SP2	PA; SF			
RYDAPT	SP2	PA			
SCEMBLIX ORAL TABLET 20 MG	SP2	PA; QL			
SCEMBLIX ORAL TABLET 40 MG	SP2	PA			
sorafenib tosylate	SP1	PA; SF			
SPRYCEL	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	Drug Name	Drug Tier	Notes
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	SP2	PA	ZELBORAF	SP2	PA
TUKYSA	SP2	PA	ZOLINZA	SP2	PA; SF
TURALIO	SP2	PA	ZYDELIG	SP2	PA
VALCHLOR	SP3	PA	ZYKADIA	SP2	PA; SF
VENCLEXTA	SP2	PA	Antiparasitics		
VENCLEXTA STARTING PACK	SP2	PA	albendazole oral	1	PA
VERZENIO	SP2	PA; SF	atovaquone	3	
VITRAKVI ORAL CAPSULE	SP2	PA; SF	atovaquone-proguanil hcl	1	
VITRAKVI ORAL SOLUTION	SP2	PA	chloroquine phosphate oral	1	
VIZIMPRO	SP2	PA; SF	COARTEM	2	
VONJO	SP2	PA	hydroxychloroquine sulfate oral tablet 200 mg	1	
VOTRIENT	SP2	PA; SF	IMPAVIDO	SP3	
WELIREG	SP2	PA; SF	ivermectin oral	1	PA; QL
XALKORI ORAL CAPSULE	SP2	PA; SF	malathion	3	
XOSPATA	SP2	PA	mefloquine hcl	1	
XPOVIO (100 MG ONCE WEEKLY)	SP2	PA	pentamidine isethionate inhalation	1	
XPOVIO (40 MG ONCE WEEKLY)	SP2	PA	permethrin external	1	
XPOVIO (40 MG TWICE WEEKLY)	SP2	PA	praziquantel oral	3	
XPOVIO (60 MG ONCE WEEKLY)	SP2	PA	primaquine phosphate	1	
XPOVIO (60 MG TWICE WEEKLY)	SP2	PA	pyrimethamine oral	SP1	PA
XPOVIO (80 MG ONCE WEEKLY)	SP2	PA	quinine sulfate	1	PA
XPOVIO (80 MG TWICE WEEKLY)	SP2	PA	spinosad	3	
Antiparkinson Agents			Antiparkinson Agents		
XTANDI	SP2	PA; SF	amantadine hcl oral	1	
YONSA	SP2	PA; SF	apomorphine hcl subcutaneous	SP1	PA; QL
ZEJULA ORAL CAPSULE 100 MG	SP2	PA; SF	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	

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
carbidopa-levodopa-entacapone	3		lurasidone hcl	3	QL
entacapone	3		olanzapine oral	1	QL
pramipexole dihydrochloride	1		paliperidone er	3	QL
rasagiline mesylate oral	3		pimozide	1	
ropinirole hcl	1		quetiapine fumarate	1	QL
ropinirole hcl er	1		quetiapine fumarate er	1	QL
selegiline hcl oral	1		risperidone	1	QL
tolcapone	3		thioridazine hcl oral	1	
trihexyphenidyl hcl	1		thiothixene	1	
Antiplatelets			trifluoperazine hcl	1	
aspirin-dipyridamole er	1		VRAYLAR	3	QL
BRILINTA	2		ziprasidone hcl	1	QL
cilostazol	1		Antivirals		
clopidogrel bisulfate oral	1		abacavir sulfate	1	
dipyridamole oral	1		abacavir sulfate-lamivudine	1	
prasugrel hcl	1		acyclovir external ointment	1	QL
Antipsychotics - Drugs for Mood Disorders			acyclovir oral	1	
ariPIPrazole oral solution	1	QL	adefovir dipivoxil	SP1	
ariPIPrazole oral tablet	1	QL	APTVUS	SP2	
ariPIPrazole oral tablet dispersible	3	QL	atazanavir sulfate	3	
asenapine maleate	3	QL	BARACLUDE ORAL SOLUTION	3	QL
chlorpromazine hcl oral tablet	1		BIKTARVY	SP2	
clozapine oral tablet	1	QL	CIMDUO	SP2	
clozapine oral tablet dispersible	3	QL	COMPLERA	SP2	
FANAPT	3	QL	darunavir	SP1	
FANAPT TITRATION PACK	3	QL	DELSTRIGO	SP2	
fluphenazine hcl oral	1		DESCOVY ORAL TABLET 120-15 MG	SP2	
haloperidol lactate oral	1		DESCOVY ORAL TABLET 200-25 MG	SP2	PA; PV
haloperidol oral	1		DOVATO	SP2	
LATUDA	3	QL	EDURANT	SP2	
loxapine succinate	1		efavirenz	3	
			efavirenz oral capsule 200 mg, 50 mg	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
efavirenz-emtricitab-tenofo df	SP1		lopinavir-ritonavir oral solution	3	
efavirenz-lamivudine-tenofovir	SP1		lopinavir-ritonavir oral tablet	SP1	
emtricitabine	3		maraviroc	SP1	PA
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	SP1	PV	MAVYRET	SP2	PA; QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	PV	nevirapine er	3	
EMTRIVA ORAL SOLUTION	SP2		nevirapine oral suspension	3	
entecavir	1	QL	nevirapine oral tablet	1	
EPCLUSA	SP2	PA; QL	NORVIR ORAL PACKET	SP2	
EPIVIR HBV ORAL SOLUTION 5 MG/ML	2		NORVIR ORAL SOLUTION 80 MG/ML	SP2	
etravirine	SP1		ODEFSEY	SP2	
EVOTAZ	SP2		oseltamivir phosphate oral	1	QL
famciclovir oral	1			3	QL; AL (Min 12 Years)
fosamprenavir calcium	3		PAXLOVID (150/100)		
FUZEON	SP2			3	QL; AL (Min 12 Years)
GENVOYA	SP2		PAXLOVID (300/100)		
HARVONI	SP2	PA; QL	PEGASYS	SP2	PA
INTELENCE ORAL TABLET 25 MG	SP2		PIFELTRO	SP2	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	SP3	PA	PREZCOBIX	SP2	
ISENTRESS	SP2		PREZISTA	SP2	
ISENTRESS HD	SP2		REYATAZ ORAL PACKET	SP2	
JULUCA	SP2		ribavirin oral	SP1	
LAGEVRIO	3	QL; AL (Min 18 Years)	rimantadine hcl	1	
lamivudine	1		ritonavir	1	
lamivudine-zidovudine	1		RUKOBIA	SP2	
LEXIVA ORAL SUSPENSION	SP2		SELZENTRY ORAL SOLUTION	SP2	PA
			SELZENTRY ORAL TABLET 25 MG, 75 MG	SP2	PA
			stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	1	
			STRIBILD	SP2	

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	
SYMTUZA	SP2		hydroxyzine pamoate oral	1		
tenofovir disoproxil fumarate	1	PV	lorazepam intensol	1	QL	
TIVICAY	SP2		lorazepam oral concentrate 2 mg/ml	1	QL	
TIVICAY PD	SP2		lorazepam oral tablet	1	QL	
TRIUMEQ	SP2		oxazepam	1	QL	
TRIUMEQ PD	SP2		triazolam	1	QL	
TYBOST	SP2		Bipolar Agents - Drugs for Mood Disorders			
valacyclovir hcl oral	1	QL	lithium	1		
valganciclovir hcl oral solution reconstituted	3		lithium carbonate er	1		
valganciclovir hcl oral tablet	1		lithium carbonate oral	1		
VEMLIDY	SP2		Blood Products and Modifiers - Drugs for Blood Disorders			
VIRACEPT	SP2		anagrelide hcl	3		
VIREAD ORAL POWDER	SP2		NEULASTA	SP3	PA	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	SP2		NEULASTA ONPRO	SP3	PA	
XOFLUZA (40 MG DOSE)	3	QL	NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	SP3	PA	
XOFLUZA (80 MG DOSE)	3	QL	PROMACTA	SP3	PA	
zidovudine	1		tranexamic acid oral	1		
Anxiolytics - Drugs for Anxiety			Cardiovascular Agents - Drugs for Heart and Circulation Conditions			
alprazolam er	1	QL	acebutolol hcl oral	1		
alprazolam oral tablet	1	QL	aliskiren fumarate	3		
alprazolam xr	1	QL	amiloride hcl oral	1		
buspirone hcl oral	1		amiloride-hydrochlorothiazide	1		
chlordiazepoxide hcl	1	QL	amiodarone hcl oral	1		
clonazepam oral	1	QL	amlodipine besylate oral	1		
clorazepate dipotassium	1	QL	amlodipine besylate-benazepril hcl	1		
diazepam intensol	1		amlodipine besylate-valsartan	1		
diazepam oral	1		amlodipine-atorvastatin	3		
estazolam	1	QL	amlodipine-olmesartan	1		
hydroxyzine 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	Drug Name	Drug Tier	Notes
amlodipine-valsartan-hctz	3		digitek oral tablet 125 mcg, 250 mcg	1	
atenolol oral	1		digox	1	
atenolol-chlorthalidone	1		digoxin oral solution	1	
	1	PV; AL (Min 40 Years and Max 75 Years)	digoxin oral tablet 125 mcg, 250 mcg	1	
atorvastatin calcium oral tablet 10 mg, 20 mg			diltiazem hcl er beads	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1		diltiazem hcl er coated beads	1	
benazepril hcl oral	1		diltiazem hcl er oral capsule extended release 12 hour	1	
benazepril-hydrochlorothiazide	1		diltiazem hcl er oral capsule extended release 24 hour	1	
betaxolol hcl oral	1		diltiazem hcl er oral tablet extended release 24 hour 120 mg	3	
bisoprolol fumarate oral	1		diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
bisoprolol-hydrochlorothiazide	1		diltiazem hcl oral	1	
bumetanide oral	1		dilt-xr	1	
candesartan cilexetil	1		disopyramide phosphate	1	
candesartan cilexetil-hctz	1		DIURIL	2	
captopril oral	1		dofetilide	1	
captopril-hydrochlorothiazide	1		doxazosin mesylate oral	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3		droxidopa	SP1	PA
CAROSPIR	3		enalapril maleate oral solution	3	
cartia xt	1		enalapril maleate oral tablet	1	
carvedilol	1		enalapril-hydrochlorothiazide	1	
chlorthalidone	1		ENTRESTO	3	QL
cholestyramine light	1		eplerenone	1	
cholestyramine oral	1		ezetimibe	1	
clonidine	1		ezetimibe-simvastatin	1	
clonidine hcl oral	1		felodipine er	1	
colesevelam hcl	3				
colestipol hcl	1				
CORLANOR	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	Drug Name	Drug Tier	Notes
fenofibrate micronized	1		LANOXIN ORAL TABLET 125 MCG, 250 MCG	2	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1		lisinopril oral	1	
fenofibrate oral capsule 150 mg, 50 mg	3		lisinopril-hydrochlorothiazide	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1		losartan potassium oral	1	
fenofibric acid oral capsule delayed release	1		losartan potassium-hctz	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)	lovastatin oral	1	
fluvastatin sodium er	1	PV; AL (Min 40 Years and Max 75 Years)	matzim la	1	
fosinopril sodium	1		methyldopa	1	
fosinopril sodium-hctz	1		metolazone	1	
furosemide oral	1		metoprolol succinate er	1	
gemfibrozil oral	1		metoprolol tartrate oral	1	
guanfacine hcl	1		metoprolol-hydrochlorothiazide	1	
hydralazine hcl oral	1		mexiletine hcl oral	1	
hydrochlorothiazide oral	1		midodrine hcl	1	
icosapent ethyl	3		minoxidil oral	1	
indapamide	1		moexipril hcl	1	
irbesartan	1		MULTAQ	2	
irbesartan-hydrochlorothiazide	1		nadolol oral	1	
isosorbide dinitrate	1		nebivolol hcl	1	
isosorbide mononitrate	1		niacin er (antihyperlipidemic)	1	
isosorbide mononitrate er	1		nifedipine er	1	
isradipine	1		nifedipine er osmotic release	1	
JUXTAPID	SP3	PA; QL	nifedipine oral	1	
labetalol hcl 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	

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
nitroglycerin transdermal	1		REPATHA	2	PA; QL
nitroglycerin translingual	1		PUSHTRONEX SYSTEM		
nitro-time	1		REPATHA SURECLICK	2	PA; QL
NORPACE CR	2				PV; AL (Min 40 Years and Max 75 Years)
NYMALIZE	SP3		rosuvastatin calcium oral tablet 10 mg, 5 mg	1	
olmesartan medoxomil oral	1		rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
olmesartan medoxomil-hctz	1				PV; AL (Min 40 Years and Max 75 Years)
olmesartan-amlodipine-hctz	1		simvastatin oral	1	
omega-3-acid ethyl esters	1		sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
pentoxifylline er	1		sotalol hcl (af)	1	
perindopril erbumine	1		sotalol hcl oral	1	
phenoxybenzamine hcl oral	3	PA	spironolactone oral suspension	3	
pindolol	1		spironolactone oral tablet	1	
PRALUENT	2	PA; QL	spironolactone-hctz	1	
		PV; AL (Min 40 Years and Max 75 Years)	taztia xt	1	
pravastatin sodium	1		TEKTURN A HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	
prazosin hcl oral	1		telmisartan	1	
prevalite	1		telmisartan-hctz	1	
propafenone hcl	1		tiadylt er	1	
propafenone hcl er	3		timolol maleate oral	1	
propranolol hcl er	1		torsemide	1	
propranolol hcl oral	1		trandolapril	1	
QBRELIS	3		trandolapril-verapamil hcl er	3	
quinapril hcl	1		triamterene-hctz	1	
quinapril-hydrochlorothiazide	1		valsartan oral tablet	1	
quinidine gluconate er	1		valsartan-hydrochlorothiazide	1	
quinidine sulfate	1		VASCEPA	3	
ramipril	1				
ranolazine er	1				
REPATHA	2	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
VECAMYL	3		methylphenidate hcl oral solution	1	QL
verapamil hcl er	1		methylphenidate hcl oral tablet	1	QL
verapamil hcl oral	1		methylphenidate hcl oral tablet chewable	1	QL; AL (Max 12 Years)
Central Nervous System Agents - Drugs for Attention Deficit Disorder					
amphetamine sulfate	1	QL			
amphetamine-dextroamphetamine	1	QL	QUILLICHEW ER	3	QL; AL (Max 12 Years)
amphetamine-dextroamphetamine er	1	QL			
atomoxetine hcl	1	QL	QUILLIVANT XR	3	QL; AL (Max 12 Years)
clonidine hcl er oral tablet extended release 12 hour	1		VYVANSE ORAL CAPSULE	2	QL
dexmethylphenidate hcl	1	QL			
dexmethylphenidate hcl er	1	QL	VYVANSE ORAL TABLET CHEWABLE	2	QL; AL (Max 12 Years)
dextroamphetamine sulfate er	1	QL	Central Nervous System Agents - Drugs for Multiple Sclerosis		
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL	AVONEX PEN	SP2	PA; QL
guanfacine hcl er	1		AVONEX PREFILLED	SP2	PA; QL
lisdexamfetamine dimesylate oral capsule	1	QL	dalfampridine er	SP1	PA; QL
lisdexamfetamine dimesylate oral tablet chewable	1	QL; AL (Max 12 Years)	dimethyl fumarate oral	SP1	PA; QL
methamphetamine hcl	3	QL	dimethyl fumarate starter pack	SP1	PA; QL
methylphenidate	1	QL	EXTAVIA	SP2	PA; QL
methylphenidate hcl er	1	QL	fingolimod hcl	SP1	PA; QL
methylphenidate hcl er (cd)	1	QL	GILENYA ORAL CAPSULE 0.25 MG	SP2	PA; QL
methylphenidate hcl er (la)	1	QL	glatiramer acetate	SP1	PA; QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL	KESIMPTA	SP2	PA; QL
			MAVENCLAD	SP3	PA
			PLEGRIDY	SP2	PA; QL
			PLEGRIDY STARTER PACK	SP2	PA; QL
			teriflunomide	SP1	PA; QL
			VUMERTY	SP3	PA; QL
			ZEPOSIA	SP3	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
ZEPOSIA 7-DAY STARTER PACK	SP3	PA; QL	PREVIDENT 5000 BOOSTER PLUS	2	
ZEPOSIA STARTER KIT	SP3	PA; QL	PREVIDENT 5000 DRY MOUTH	2	
Central Nervous System Agents - Miscellaneous					
caffeine citrate oral	3		PREVIDENT 5000 ENAMEL PROTECT	2	
pregabalin	1	QL	PREVIDENT 5000 ORTHO DEFENSE	2	
riluzole	1	PA; QL	PREVIDENT 5000 PLUS	2	
SAVELLA	3	QL	PREVIDENT 5000 SENSITIVE	2	
SAVELLA TITRATION PACK	3	QL	sf	1	
tetrabenazine	SP1	PA	sf 5000 plus	1	
Dental and Oral Agents - Drugs for Mouth and Throat Conditions					
cevimeline hcl	1		sodium fluoride 5000 plus	1	
chlorhexidine gluconate mouth/throat	1		sodium fluoride 5000 ppm	1	
CLINPRO 5000	2		sodium fluoride 5000 ppm dental gel 1.1 %	1	
DENTA 5000 PLUS	2		sodium fluoride 5000 sensitive dental gel 1.1-5 %	1	
DENTAGEL	2		sodium fluoride dental	1	
FLUORIDEX	2		sodium fluoride mouth/throat solution 0.2 %	1	
FLUORIDEX ENHANCED WHITENING	2		triamcinolone acetonide mouth/throat	1	
FLUORIDEX SENSITIVITY RELIEF	2		Dermatological Agents - Drugs for Skin Conditions		
FLUORIMAX 5000	2		accutane	1	
FLUORIMAX 5000 SENSITIVE	2		acitretin	3	
JUST RIGHT 5000	2		adapalene external gel 0.3 %	1	
JUST RIGHT 5000 DENTAL GEL 1.1 %	2		ADBRY	SP2	PA; QL
kourzeq	1		alclometasone dipropionate	1	
lidocaine viscous hcl	1				
oralone	1				
periogard	1				
pilocarpine hcl oral	1				
PREVIDENT	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
amnesteem	1		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	1		desonide external cream	1	
calcipotriene external ointment	3		desonide external lotion	1	
calcipotriene external solution	1		desonide external ointment	1	
calcitriol external	3		desoximetasone external cream 0.25 %	1	
CAPEX	2		desoximetasone external gel	3	
claravis	1		desoximetasone external liquid	3	
clindacin etz external swab	1		desoximetasone external ointment 0.25 %	1	
clindacin-p	1		diclofenac sodium external gel 3 %	1	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1		DRYSOL	2	
clindamycin phosphate external gel	1		DUPIXENT	SP2	PA; QL
clindamycin phosphate external lotion	1		ery	1	
clindamycin phosphate external solution	1		erythromycin external	1	
clindamycin phosphate external swab	1		EUCRISA	2	ST
clobetasol prop emollient base	1		fluocinolone acetonide body	1	
clobetasol propionate e	1		fluocinolone acetonide external	1	
clobetasol propionate external cream	1		fluocinolone acetonide scalp	1	
clobetasol propionate external foam	3		fluocinonide emulsified base	3	
			fluocinonide external	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FLUOROPLEX EXTERNAL CREAM 1 %	3		metronidazole external lotion	3	
fluorouracil external cream 5 %	1		mometasone furoate external	1	
fluorouracil external solution	1		myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
fluticasone propionate external cream	1		neuac	1	
fluticasone propionate external lotion	3		OPZELURA	2	PA; QL
fluticasone propionate external ointment	1		pimecrolimus	1	QL
halobetasol propionate external cream	1		PODOCON-25	1	
halobetasol propionate external ointment	1		podofilox external solution	1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1		prednicarbate external ointment 0.1 %	1	
hydrocortisone butyrate external cream	1		REGRANEX	2	PA
hydrocortisone butyrate external ointment	1		rosadan external cream 0.75 %	1	
hydrocortisone butyrate external solution	1		rosadan external gel 0.75 %	1	
hydrocortisone external cream 2.5 %	1		SANTYL	2	QL
hydrocortisone external lotion 2.5 %	1		selenium sulfide external lotion	1	
hydrocortisone external ointment 2.5 %	1		sodium sulfacetamide wash	1	
hydrocortisone valerate	1		sulfacetamide sodium (acne)	1	
imiquimod external cream 5 %	1		sulfacetamide sodium external	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1		sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4.5 %	1	
methoxsalen rapid	3		tacrolimus external	1	QL
metronidazole external cream	1		tazarotene external cream	1	AL (Max 40 Years)
metronidazole external gel	1		tazarotene external gel	1	AL (Max 40 Years)
			TAZORAC EXTERNAL CREAM 0.05 %	2	AL (Max 40 Years)
			TAZORAC EXTERNAL GEL	2	AL (Max 40 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	Drug Name	Drug Tier	Notes
TEXACORT	2		JANUMET	2	
tretinoin external cream	1	AL (Max 40 Years)	JANUMET XR	2	
tretinoin external gel 0.01 %, 0.025 %	1	AL (Max 40 Years)	JANUVIA	2	
tretinoin external gel 0.05 %	3	AL (Max 40 Years)	JARDIANCE	2	ST
triamcinolone acetonide external cream	1		JENTADUETO	2	
triamcinolone acetonide external lotion	1		JENTADUETO XR	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		metformin hcl er	1	
triderm	1		metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
urea external cream 40 %	1		miglitol	3	
zenatane	1		nateglinide	1	
Diabetes - Antidiabetic Agents			OZEMPIC	2	PA; QL
acarbose oral	1		pioglitazone hcl	1	
BYDUREON BCISE AUTOINJECTOR	3	PA; QL	pioglitazone hcl-glimepiride	3	
BYETTA 10 MCG PEN	3	PA; QL	pioglitazone hcl-metformin hcl	1	
BYETTA 5 MCG PEN	3	PA; QL	repaglinide	1	
FARXIGA	2	ST	RYBELSUS	2	PA; QL
glimepiride	1		SYMLINPEN 120	3	PA
glipizide er	1		SYMLINPEN 60	3	PA
glipizide oral tablet 10 mg, 5 mg	1		SYNJARDY	2	ST
glipizide xl	1		SYNJARDY XR	2	ST
glipizide-metformin hcl	1		TRADJENTA	2	
glyburide micronized	1		TRIJARDY XR	2	ST
glyburide oral	1		TRULICITY	2	PA; QL
glyburide-metformin	1		VICTOZA	2	PA; QL
GLYXAMBI	2	ST	XIGDUO XR	2	ST
INVOKAMET	3	ST	Diabetes - Glucose Monitoring		
INVOKAMET XR	3	ST	ACCU-CHEK AVIVA DEVICE	1	
INVOKANA	3	ST	ACCU-CHEK FASTCLIX LANCET KIT	1	
			ACCU-CHEK GUIDE TEST STRIPS	1	
			ACCU-CHEK GUIDE CONTROL	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
ACCU-CHEK GUIDE TEST STRIPS	1	QL	CARETOUCH LANCING/EJECTOR	2	
ACCU-CHEK GUIDE KIT W/DEVICE	1		CARETOUCH TEST	2	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		CEQUR SIMPLICITY 2U 10PK	2	
AGAMATRIX CONTROL LEVEL 2	2		CEQUR SIMPLICITY INSERTER	2	
AGAMATRIX CONTROL LEVEL 4	2		CHEMSTRIP 10 MD	1	
AGAMATRIX PRESTO TEST	2	QL	CHEMSTRIP 10/SG	1	
ASSURE PLATINUM	2	QL	CHEMSTRIP 2 GP	1	
AUTOLET II CLINISAFE	2		CHEMSTRIP 5 OB	1	
AUTOLET LANCING DEVICE	2		CHEMSTRIP 7	1	
BIOTEL CARE BLOOD GLUCOSE	2		CHEMSTRIP 9	1	
BIOTEL CARE BLOOD GLUCOSE SYST	2		CHEMSTRIP K	1	
BLOOD GLUCOSE MONITORING 333	2		CHEMSTRIP UGK	1	
BLOOD GLUCOSE TEST	2	QL	CLEVER CHOICE COMFORT EZ	2	
BLOOD GLUCOSE TEST STRIPS 333	2	QL	CONTOUR CONTROL SOLUTION	2	
BLULINK CONTROL HIGH & LOW	2		CONTOUR MONITOR DEVICE	2	
BLULINK GLUCOSE MONITORING SYS	2		CONTOUR MONITOR KIT W/DEVICE	2	
BLULINK GLUCOSE TEST	2	QL	CONTOUR NEXT CONTROL SOLUTION	2	
CARESENS CONTROL SOLUTION A/B	2		CONTOUR NEXT EZ KIT W/DEVICE	2	
CARESENS LANCETS 30G	2		CONTOUR NEXT GEN MONITOR	2	
CARESENS N FELIZ	2		CONTOUR NEXT LINK KIT W/DEVICE	2	
CARESENS N FELIZ BT	2		CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CARETOUCH CONTROL SOL LEVEL 2	2		CONTOUR NEXT ONE KIT	2	
			CONTOUR NEXT GEN TEST STRIPS	2	QL
			CONTOUR TEST STRIPS	2	QL
			CVS KETONE CARE	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
DEXCOM G4 PLAT PED RCVSHARE DEVICE	3	QL	EASY TALK PLUS II CONTROL	2	
DEXCOM G4 PLAT PED RECEIVER DEVICE	3	QL	EASY TALK PLUS II TEST STRIPS	2	QL
DEXCOM G4 PLATINUM RCVSHARE DEVICE	3	QL	EASY TOUCH HEALTHPRO GLUCOSE	2	
DEXCOM G4 PLATINUM RECEIVER DEVICE	3	QL	EASY TOUCH HEALTHPRO GLUCOSE IN VITRO	2	QL
DEXCOM G4 PLATINUM TRANSMITTER	3	QL	EASY TOUCH LANCING DEVICE	2	
DEXCOM G5 MOB/G4 PLAT SENSOR	3	QL	EASY TRAK II BLOOD GLUCOSE SYS	2	
DEXCOM G5 MOBILE RECEIVER DEVICE	3	QL	EASY TRAK II CONTROL	2	
DEXCOM G5 MOBILE TRANSMITTER	3	QL	EASY TRAK II GLUCOSE TEST	2	QL
DEXCOM G5 RECEIVER KIT DEVICE	3	QL	EASymax 15 LEVEL 2-3 CONTROL	2	
DEXCOM G6 RECEIVER	3	QL	EASymax CONTROL	2	
DEXCOM G6 SENSOR	3	QL	GLUCOSE CONTROL SOLUTIONS	2	
DEXCOM G6 TRANSMITTER	3	QL	EMBRACE EVO GLUCOSE MONITOR	2	
DEXCOM G7 RECEIVER	3	QL	EMBRACE LANCING DEVICE/EJECTOR	2	
DEXCOM G7 SENSOR	3		EMBRACE TALK BLOOD GLUCOSE	2	
DIATHRIVE BLOOD GLUCOSE METER	2		EMBRACE TALK GLUCOSE CONTROL	2	
DIATHRIVE BLOOD GLUCOSE TEST	2	QL	EMBRACE TALK GLUCOSE TEST	2	QL
DIATHRIVE GLUCOSE CONTROL SOLN	2		EMBRACE TALK MONITORING SYSTEM	2	
DIATHRIVE GLUCOSE TEST	2	QL	EMBRACE WAVE BLOOD GLUCOSE	2	
DIATHRIVE LANCING DEVICE	2		EMBRACE WAVE BLOOD GLUCOSE IN VITRO	2	QL
DIATHRIVE+ GLUCOSE MONITOR	2		EMBRACE WAVE GLUCOSE METER	2	
DIATHRIVE+ GLUCOSE TEST	2	QL			
DROPLET GENTEEL LANCING DEVICE	2				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FORA 6 CONNECT IN VITRO	2	QL	GLUCOCARD 01 SENSOR PLUS	2	QL
FORA 6 CONNECT/GTEL TEST	2	QL	GLUCOCARD EXPRESSION TEST	2	QL
FORA GTEL BLOOD GLUCOSE SYSTEM	2		GLUCOCARD SHINE CONNEX	2	
FORA GTEL BLOOD GLUCOSE TEST	2	QL	GLUCOCARD SHINE EXPRESS	2	
FORA TN'G ADVANCE PRO IN VITRO	2	QL	GLUCOCARD SHINE TEST	2	QL
FORTISCARE CONTROL	2		GLUCOCARD VITAL TEST	2	QL
FORTISCARE G1 TEST STRIP	2	QL	GOJJI BLOOD GLUCOSE TEST	2	QL
FORTISCARE T1 GLUCOSE SYSTEM	2		GOJJI CONTROL	2	
FREESTYLE FREEDOM LITE	2		GOJJI LANCING DEVICE/CLEAR CAP	2	
FREESTYLE INSULINX TEST	2	QL	HW EMBRACE PRO GLUCOSE METER	2	
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 READER	3	QL	INPEN 100-BLUE-LILLY-HUMALOG	2	
FREESTYLE LIBRE 3 SENSOR	3		INPEN 100-BLUE-NOVOLOG-FIASP	2	
FREESTYLE LIBRE READER	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	
GENTEL LANCING KIT (BLUE)	2		KETO-DIASTIX	2	
GHT BLOOD GLUCOSE MONITOR	2		KETONE TEST	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
KETOSTIX	2		ONETOUCH SOLUTIONS STARTER KIT KIT W/ WELL DEVICE	1	
KROGER HEALTHPRO GLUCOSE TEST	2	QL	ONETOUCH ULTRA 2 KIT W/DEVICE	1	
LANCETS	1		ONETOUCH ULTRA IN VITRO LIQUID	1	
LANCETS	2		ONETOUCH ULTRA IN VITRO STRIP	1	QL
LANCETS IN VITRO STRIP	2	QL	ONETOUCH ULTRASOFT 2 LANCETS	1	
MICRODOT TEST	2	QL	ONETOUCH ULTRASOFT 2 LANCETS	2	
MICROLET NEXT LANCING DEVICE	2		ONETOUCH ULTRASOFT LANCETS	1	
NOVOPEN ECHO	2		ONETOUCH VERIO FLEX SYSTEM	1	
ONE DROP BLOOD GLUCOSE MONITOR	2		ONETOUCH VERIO IN VITRO LIQUID HIGH	1	
ONE DROP TEST	2	QL	ONETOUCH VERIO TEST STRIPS	1	QL
ONETOUCH DELICA LANCETS 30G	1		ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1	
ONETOUCH DELICA LANCETS 33G	1		ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH DELICA LANCING DEV	1		ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH DELICA PLUS LANCET30G	1		PIP BLOOD GLUCOSE MONITORING	2	
ONETOUCH DELICA PLUS LANCET30G	2		PIP BLOOD GLUCOSE TEST STRIP	2	QL
ONETOUCH DELICA PLUS LANCET33G	1		PIP GLUCOSE CONTROL SOLUTION	2	
ONETOUCH DELICA PLUS LANCING	2		POGO AUTOMATIC BLOOD GLUCOSE	2	
ONETOUCH DELICA PLUS LANCING	1		PRECISION XTRA BLOOD GLUCOSE	2	QL
ONETOUCH DELICA SAFETY LANCING	2		PRODIGY NO CODING BLOOD GLUC	2	
ONETOUCH DELICA SAFETY LANCING	1				
ONETOUCH FINEPOINT LANCETS	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PTS PANELS EGLU TEST	2	QL	VIVAGUARD INO SMART GLUC METER	2	
RELION PREMIER CLASSIC	2		VIVAGUARD INO TEST STRIPS	2	QL
RELION PREMIER TEST	2	QL	VIVAGUARD LANCING DEVICE	2	
RIGHTEST GT333 BLOOD GLUCOSE	2		Diabetes - Glycemic Agents		
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	2	QL	BAQSIMI ONE PACK	2	
RIGHTEST GT333 GLUCOSE TEST	2	QL	BAQSIMI TWO PACK	2	
TEMPO REFILL	2		diazoxide oral	3	
TRUE FOCUS BLOOD GLUCOSE METER	2		GLUCAGEN HYPOKIT	2	
TRUE METRIX BLOOD GLUCOSE TEST	2	QL	glucagon emergency kit 1 mg injection	1	
TRUE METRIX LEVEL 1	2		GLUCAGON EMERGENCY KIT 1 MG INJECTION	2	
TRUE METRIX LEVEL 2	2		GLUCAGON EMERGENCY KIT	2	
TRUE METRIX LEVEL 3	2		GVOKE HYPOOPEN 1-PACK	2	
TRUE METRIX METER KIT	2		GVOKE HYPOOPEN 2-PACK	2	
TRUE METRIX PRO BLOOD GLUCOSE	2	QL	GVOKE KIT	2	
TRUETRACK TEST	2	QL	GVOKE PFS	2	
UNISTRIP CONTROL IN VITRO SOLUTION LOW	2		Diabetes - Insulins		
VERIFINE SAFE LANCET MINI 21G	2		APIDRA SOLOSTAR	3	
VERIFINE SAFE LANCET MINI 23G	2		APIDRA VIAL	3	
VERIFINE SAFE LANCET MINI 28G	2		AQ INSULIN SYRINGE	1	
VERIFINE SAFE LANCET MINI 30G	2		BD ULTRA-FINE INSULIN SYRINGES	1	
VIVAGUARD INO CONTROL SOLUTION	2		DROPSAFE SAFETY SYRINGE/NEEDLE	1	
VIVAGUARD INO GLUCOSE METER	2		FIASP	1	
			FIASP FLEXTOUCH	1	
			FIASP PENFILL	1	
			FIASP PUMPCART	2	
			HUMALOG	2	
			HUMALOG KWIKPEN	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HUMALOG MIX 50/50 KWIKPEN	2		LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	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	
HUMALOG U-100 JUNIOR KWIKPEN	2		NOVOLIN 70/30 RELION	2	
HUMULIN 70/30 KWIKPEN	2		NOVOLIN 70/30 VIAL	2	
HUMULIN 70/30 VIAL	2		NOVOLIN N FLEXPEN	2	
HUMULIN N KWIKPEN	2		NOVOLIN N FLEXPEN RELION	2	
HUMULIN N VIAL	2		NOVOLIN N RELION	2	
HUMULIN R U-500 KWIKPEN	2		NOVOLIN N VIAL	2	
HUMULIN R U-500 VIAL	2		NOVOLIN R FLEXPEN	2	
HUMULIN R VIAL	2		NOVOLIN R FLEXPEN RELION	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 1/2" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	1		NOVOLIN R RELION	2	
LANTUS SOLOSTAR	2		NOVOLIN R VIAL	2	
LANTUS U-100 VIAL	2		NOVOLOG FLEXPEN	1	
LEVEMIR FLEXPEN	2		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	
			VERIFINE INSULIN SYRINGE	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
Electrolytes / Minerals / Metals / Vitamins					
carglumic acid	SP1	PA	K-PHOS	2	
CARNITOR INTRAVENOUS	3		K-PHOS NO 2	2	
cyanocobalamin injection solution 1000 mcg/ml	1		k-prime	1	
cytra k crystals	1		levocarnitine intravenous	3	
deferasirox oral tablet	3		levocarnitine oral solution	1	
effer-k oral tablet effervescent 25 meq	1		levocarnitine oral tablet	1	
ergocalciferol oral capsule	1		levocarnitine sf	1	
ferocon	1		MASONATAL	0	PV
ferotrintrinsic	1		multivitamin w/fluoride oral tablet chewable 1 mg	1	
FERRALET 90	3		multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
FLORIVA ORAL LIQUID	0	PV	MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	1	
fluoritab oral solution 0.275 (0.125 f) mg/drop	0	PV	MULTI-VIT-FLOR ORAL TABLET CHEWABLE 1 MG	1	
folate	0	PV	nafrinse drops oral solution 0.275 (0.125 f) mg/drop	0	PV
folic acid oral tablet 1 mg	1		nafrinse oral tablet chewable 2.2 (1 f) mg	0	PV
folic acid oral tablet 400 mcg, 800 mcg	0	PV	NASCOBAL	2	
FOLIVANE-F	2		NEONATAL PRENATAL	0	PV
FOLIVANE-PLUS	2		ONE VITE WOMENS	0	PV
foltrin	1		ONE-A-DAY WOMENS PRENATAL 1	0	PV
GALZIN	2		phosphorous	1	
INTEGRA F	2		phospho-trin 250 neutral	1	
INTEGRA PLUS	2		PHOSPHO-TRIN K500	2	
iodine strong oral	1		phytonadione oral	1	
IRON FOLATE PLUS	2		pnv prenatal plus multivit+dha	1	
JYNARQUE	SP2	QL	POLY-VI-FLOR ORAL TABLET CHEWABLE 1 MG	1	
klor-con	1		pot & sod cit-cit ac	1	
klor-con 10	1				
klor-con m10	1				
klor-con m15	1				
klor-con m20	1				
klor-con/ef	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
potassium chloride crys er	1		yl folic acid	0	PV
potassium chloride er	1		Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
potassium chloride oral	1		esomeprazole	3	QL
potassium citrate er	1		magnesium oral capsule delayed release 40 mg		
potassium citrate-citric acid	1		famotidine oral suspension reconstituted	3	
prenatal multi +dha	0	PV	FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	3	
prenatal oral tablet 27-0.8 mg	0	PV	lansoprazole oral capsule delayed release 30 mg	3	QL
prenatal oral tablet 27-1 mg	1		misoprostol oral	1	
prenatal plus vitamin/mineral	1		NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	QL; AL (Max 12 Years)
prenatal vitamin plus low iron oral tablet 27-1 mg	1		omeprazole oral capsule delayed release 10 mg, 40 mg	3	QL
prenatal/folic acid+dha	0	PV	OMEPRAZOLE+SYRSP END SF ALKA	3	
preplus oral tablet 27-1 mg	1		pantoprazole sodium oral tablet delayed release	3	QL
PROFERRIN-FORTE	2		rabeprazole sodium oral tablet delayed release	3	QL
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG	1		sucralfate oral suspension	3	
sod citrate-citric acid	1		sucralfate oral tablet	1	
sodium fluoride oral	0	PV	Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
sodium polystyrene sulfonate	1		alosetron hcl	3	PA
tolvaptan	SP1	QL	AMITIZA	3	QL
tricitrates	1		bisacodyl ec	0	PV; QL
trientine hcl oral capsule 250 mg	SP1	PA	bisacodyl oral	0	PV; QL
VIRT-FEFA PLUS ORAL CAPSULE	2		citroma	0	PV; QL
virt-phos 250 neutral oral tablet 155-852-130 mg	1		clearlax	0	PV; QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1		constulose	1	
wes-phos 250 neutral	1				
WILZIN ORAL CAPSULE 25 MG	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	
cromolyn sodium oral	3		peg 3350-kcl-na bicarb-nacl	1	PV; QL	
dicyclomine hcl oral	1		peg-3350/electrolytes	1	PV; QL	
diphenoxylate-atropine	1		peg-3350/electrolytes/ascorb at	3		
enulose	1		peg-kcl-nacl-nasulf-na asc-c	3		
ft clearlax	0	PV; QL	polyethylene glycol 3350 oral powder	0	PV; QL	
ft laxative	0	PV; QL	qc magnesium citrate	0	PV; QL	
ft magnesium citrate	0	PV; QL	RELISTOR SUBCUTANEOUS	SP3	QL	
GATTEX	SP3	PA	SUPREP BOWEL PREP KIT	3		
gavilax oral powder	0	PV; QL	ursodiol oral capsule 300 mg	1		
gavilyte-c	1	PV; QL	ursodiol oral tablet	1		
gavilyte-g	1	PV; QL	VIBERZI	3	PA; QL	
gavilyte-n with flavor pack oral solution reconstituted 420 gm	1	PV; QL	XERMELO	SP3	PA; QL	
generlac	1		Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment			
gentle laxative oral	0	PV; QL	CERDELGA	SP3	PA	
gentrelax	0	PV; QL	CHOLBAM	SP3	PA	
glycolax	0	PV; QL	CREON	2		
glycopyrrolate oral solution	3	PA	GALAFOLD	SP3	PA; QL	
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL	MYALEPT	SP3	PA	
hyoscyamine sulfate er	1		nitisinone	SP1	PA	
hyoscyamine sulfate oral	1		OCALIVA	SP3	PA; QL	
hyoscyamine sulfate sl	1		ORFADIN ORAL CAPSULE 20 MG	SP3	PA	
hyoscyamine sulfate sublingual	1		ORFADIN ORAL SUSPENSION	SP3	PA	
hyosyne	1		PANCREAZE	2		
lactulose encephalopathy	1		PROCYSB	SP3	PA	
lactulose oral solution	1		RAVICTI	SP3	PA	
LINZESS	3	QL	sodium phenylbutyrate oral	SP1	PA	
lubiprostone	3	QL				
magnesium citrate oral solution	0	PV; QL				
mm clearlax	0	PV; QL				
MOVANTIK	3	QL				
na sulfate-k sulfate-mg sulf	0	PV; 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
STRENSIQ	SP3	PA	trospium chloride er	3	
ZENPEP	2		Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions	Genitourinary Agents - Drugs for Prostate Conditions	
AURYXIA	3		alfuzosin hcl er	1	
bethanechol chloride oral	1		dutasteride oral	1	
calcium acetate (phos binder) oral capsule	1		dutasteride-tamsulosin hcl	1	
darifenacin hydrobromide er	3		finasteride oral tablet 5 mg	1	
ELMIRON	2	PA	silodosin	1	
flavoxate hcl	1		tamsulosin hcl	1	
INTRAROSA	3		terazosin hcl	1	
LITHOSTAT	3		Hormonal Agents - Adrenal		
MYRBETRIQ	2		CORTISONE ACETATE ORAL	1	
oxybutynin chloride er	1		dexamethasone intensol	1	
oxybutynin chloride oral solution	1		dexamethasone oral elixir	1	
oxybutynin chloride oral tablet 5 mg	1		dexamethasone oral solution	1	
penicillamine oral tablet	SP1	PA	dexamethasone oral tablet	1	
phenazo oral tablet 200 mg	1		fludrocortisone acetate oral	1	
phenazopyridine hcl oral	1		hydrocortisone oral	1	
sevelamer carbonate	1		MEDROL ORAL TABLET 2 MG	2	
sevelamer hcl oral tablet 400 mg	1		methylprednisolone oral	1	
sevelamer hcl oral tablet 800 mg	3		prednisolone oral solution	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	3	QL	prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
solifenacain succinate	1		prednisolone sodium phosphate oral tablet dispersible	3	
tadalafil oral tablet 2.5 mg, 5 mg	3	QL	prednisone intensol	1	
tolterodine tartrate	1		prednisone oral	1	
tolterodine tartrate er	1				
trospium chloride	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			
Hormonal Agents - Men's Health								
ANDRODERM	2	PA	SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP3	PA			
danazol oral	3		STIMATE NASAL SOLUTION 1.5 MG/ML	2				
DEPO-TESTOSTERONE	2	PA						
testosterone cypionate intramuscular	1	PA	Hormonal Agents - Selective Estrogen Receptor Modifying Agents					
testosterone enanthate intramuscular	1	PA	OSPHENA	3				
testosterone transdermal	3	PA	raloxifene hcl	1	PV			
Hormonal Agents - Pituitary								
cabergoline	1		Hormonal Agents - Sex Hormones and Birth Control					
desmopressin ace spray refrig	3		afirmelle	0	PV			
desmopressin acetate injection	1		aftera	0	PV			
DESMOPRESSIN ACETATE NASAL	2		altavera	0	PV			
desmopressin acetate oral	1		alyacen 1/35	0	PV			
desmopressin acetate pf	1		alyacen 7/7/7	0	PV			
desmopressin acetate spray	1		amabelz	1				
LUPRON DEPOT-PED (6-MONTH)	SP2	PA	amethia	0	PV; QL			
NORDITROPIN FLEXPRO	SP2	PA	amethyst	0	PV			
NUTROPIN AQ NUSPIN 10	SP2	PA	ANGELIQ	2				
NUTROPIN AQ NUSPIN 20	SP2	PA	ANNOVERA	0	PV; QL			
NUTROPIN AQ NUSPIN 5	SP2	PA	apri	0	PV			
octreotide acetate	SP1	PA	aranelle	0	PV			
OMNITROPE	SP2	PA	ashlyna	0	PV; QL			
ORILISSA	3	PA; QL	aubra eq	0	PV			
SANDOSTATIN	SP1	PA	aubra oral tablet 0.1-20 mg-mcg	0	PV			
SIGNIFOR	SP3	PA; QL	aurovela 1.5/30	0	PV			
SOGROYA	SP3	PA	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			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
azurette	0	PV	dolishale	0	PV
BALCOLTRA	3	PV	dotti	1	
balziva	0	PV	drospiren-eth estrad-levomefol	0	PV
blisovi 24 fe	0	PV	drospirenone-ethinyl estradiol	0	PV
blisovi fe 1.5/30	0	PV	DUAVEE	2	
blisovi fe 1/20	0	PV	econtra ez oral tablet 1.5 mg	0	PV
briellyn	0	PV	econtra one-step	0	PV
camila	0	PV	ELESTRIN	3	
camrese	0	PV; QL	elinest	0	PV
camrese lo	0	PV; QL	ELLA	0	PV
caziant oral tablet 0.1/0.125/0.15 -0.025 mg	0	PV	eluryng	0	PV
charlotte 24 fe	0	PV	emoquette oral tablet 0.15-30 mg-mcg	0	PV
chateal eq	0	PV	enilloring	0	PV
chateal oral tablet 0.15-30 mg-mcg	0	PV	enpresse-28	0	PV
CLIMARA PRO	3		enskyce	0	PV
COMBIPATCH	3		errin	0	PV
cryselle-28	0	PV	est estrogens-methyltest	1	
curae	0	PV	est estrogens-methyltest ds	1	
cyclafem 1/35 oral tablet 1-35 mg-mcg	0	PV	est estrogens-methyltest hs	1	
cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	0	PV	estarrylla	0	PV
cyred eq	0	PV	estradiol oral	1	
cyred oral tablet 0.15-30 mg-mcg	0	PV	estradiol transdermal gel	3	
dasetta 1/35	0	PV	estradiol transdermal patch twice weekly	1	
dasetta 7/7/7	0	PV	estradiol transdermal patch weekly	1	
daysee	0	PV; QL	estradiol vaginal	1	
deblitane	0	PV	estradiol valerate intramuscular	1	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	2		estradiol-norethindrone acet	1	
delyla	0	PV	ESTRING	3	QL
DEPO-ESTRADIOL	2		ESTROGEL	3	
desogestrel-ethinyl estradiol	0	PV			
DIVIGEL	3				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ethynodiol diac-eth estradiol	0	PV	kariva	0	PV
etonogestrel-ethinyl estradiol	0	PV	kelnor 1/35	0	PV
EVAMIST	3		kelnor 1/50	0	PV
falmina	0	PV	kurvelo	0	PV
fayosim oral tablet 42-21-21-7 days	0	PV; QL	KYLEENA	0	PV
femynor oral tablet 0.25-35 mg-mcg	0	PV	larin 1.5/30	0	PV
finzala	0	PV	larin 1/20	0	PV
fyavolv	1		larin 24 fe	0	PV
gemmily	0	PV	larin fe 1.5/30	0	PV
hailey 1.5/30	0	PV	larin fe 1/20	0	PV
hailey 24 fe	0	PV	larissia oral tablet 0.1-20 mg-mcg	0	PV
hailey fe 1.5/30	0	PV	layolis fe	0	PV
hailey fe 1/20	0	PV	leena	0	PV
haloette	0	PV	lessina	0	PV
heather	0	PV	levonest	0	PV
her style	0	PV	levonorgest-eth est & eth est	0	PV; QL
iclevia	0	PV; QL	levonorgest-eth estrad 91-day	0	PV; QL
incassia	0	PV	levonorgest-eth estradiol-iron	0	PV
introvale	0	PV; QL	levonorgestrel	0	PV
isibloom	0	PV	levonorgestrel-ethinyl estrad	0	PV
jaimiess	0	PV; QL	levonorg-eth estrad triphasic	0	PV
jasmiel	0	PV	levora 0.15/30 (28)	0	PV
jencycla	0	PV	LILETTA (52 MG)	0	PV
jinteli	1		lillow oral tablet 0.15-30 mg-mcg	0	PV
jolessa	0	PV; QL	LO LOESTRIN FE	3	PV
joyeaux	0	PV	lojaimiess	0	PV; QL
juleber	0	PV	loryna	0	PV
junel 1.5/30	0	PV	low-ogestrel	0	PV
junel 1/20	0	PV	lo-zumandimine	0	PV
junel fe 1.5/30	0	PV	lultera	0	PV
junel fe 1/20	0	PV	lyeq	0	PV
junel fe 24	0	PV			
kaitlib fe	0	PV			
kalliga	0	PV			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
lyllana	1		norethindrone oral	0	PV
lyza	0	PV	norethindrone-eth estradiol	1	
marlissa	0	PV	norethindron-ethinyl estrad-fe	0	PV
medroxyprogesterone acetate intramuscular	0	PV; QL	norethin-eth estradiol-fe	0	PV
medroxyprogesterone acetate oral	1		norgestimate-eth estradiol	0	PV
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1		norgestimate-ethinyl estradiol triphasic	0	PV
megestrol acetate oral tablet	1		norlyda	0	PV
MENEST	2		norlyroc	0	PV
merzee	0	PV	nortrel 0.5/35 (28)	0	PV
mibelas 24 fe	0	PV	nortrel 1/35 (21)	0	PV
microgestin 1.5/30	0	PV	nortrel 1/35 (28)	0	PV
microgestin 1/20	0	PV	nortrel 7/7/7	0	PV
microgestin 24 fe	0	PV	nylia 1/35	0	PV
microgestin fe 1.5/30	0	PV	nylia 7/7/7	0	PV
microgestin fe 1/20	0	PV	nymyo	0	PV
milii	0	PV	ocella	0	PV
mimvey	1		opcicon one-step	0	PV
MIRENA (52 MG)	0	PV	option 2	0	PV
mono-linyah	0	PV	ORIAHNN	3	PA; QL
my choice	0	PV	orsythia	0	PV
my way	0	PV	PARAGARD INTRAUTERINE COPPER	0	PV
NATAZIA	0	PV	philith	0	PV
necon 0.5/35 (28)	0	PV	pimtreia	0	PV
new day	0	PV	pirmella 1/35 oral tablet 1-35 mg-mcg	0	PV
NEXPLANON	0	PV	pirmella 7/7/7	0	PV
nikki	0	PV	portia-28	0	PV
nora-be	0	PV	PREMARIN ORAL	2	
norethin ace-eth estrad-fe	0	PV	PREMARIN VAGINAL	2	
norethindrone acetate oral	1		PREMPHASE	2	
norethindrone acet-ethinyl est	0	PV	PREMPRO	2	
			previfem oral tablet 0.25-35 mg-mcg	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	Drug Name	Drug Tier	Notes
progesterone intramuscular	1		tri-vylibra lo	0	PV
progesterone oral	1		tulana oral tablet 0.35 mg	0	PV
react	0	PV	turqoz	0	PV
reclipsen	0	PV	tydemy	0	PV
rivelsa	0	PV; QL	velivet	0	PV
setlakin	0	PV; QL	vestura	0	PV
sharobel	0	PV	vienna	0	PV
simliya	0	PV	viorele	0	PV
simpesse	0	PV; QL	volnea	0	PV
SKYLA	0	PV	vyfemla	0	PV
SLYND	3	PV	vylibra	0	PV
sprintec 28	0	PV	wera	0	PV
sronyx	0	PV	wymzya fe	0	PV
syeda	0	PV	xulane	0	PV
take action	0	PV	yuvafem	1	
tarina 24 fe	0	PV	zafemy	0	PV
tarina fe 1/20 eq	0	PV	zarah oral tablet 3-0.03 mg	0	PV
tarina fe 1/20 oral tablet 1-20 mg-mcg	0	PV	zovia 1/35 (28)	0	PV
taysofy	0	PV	zovia 1/35e (28) oral tablet 1-35 mg-mcg	0	PV
tilia fe	0	PV	zumandimine	0	PV
tri femynor	0	PV	Hormonal Agents - Thyroid		
tri-estarylla	0	PV	adthyza	1	
tri-legest fe	0	PV	ARMOUR THYROID	2	
tri-linyah	0	PV	euthyrox	1	
tri-lo-estarylla	0	PV	levo-t	1	
tri-lo-marzia	0	PV	LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
tri-lo-mili	0	PV	levothyroxine sodium oral tablet	1	
tri-lo-sprintec	0	PV	levoxyl	1	
tri-mili	0	PV	liothyronine sodium oral	1	
tri-nymyo	0	PV	methimazole oral	1	
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	0	PV	NIVA THYROID	2	
tri-sprintec	0	PV	np thyroid	1	
trivora (28)	0	PV			
tri-vylibra	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	Drug Name	Drug Tier	Notes
propylthiouracil oral	1		CYLTEZO-PSORIASIS STARTER	SP2	PA; QL
SYNTHROID	2		ENBREL MINI	SP2	PA; QL
thyroid oral	1		ENBREL SUBCUTANEOUS SOLUTION	SP2	PA; QL
TIROSINT	3		ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP2	PA; QL
unithroid	1		ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	SP2	
Immunological Agents - Drugs for Immune System Stimulation or Suppression			ENBREL SURECLICK	SP2	PA; QL
ACTEMRA ACTPEN	SP3	PA; QL	ENVARSUS XR	SP2	
ACTEMRA SUBCUTANEOUS	SP3	PA; QL	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	SP1	
ACTIMMUNE	SP2	PA	FIRAZYR	SP3	PA; QL
ADALIMUMAB-ADBM	SP2	PA; QL	gengraf	1	
azathioprine oral tablet 50 mg	1		HADLIMA	SP2	PA; QL
BERINERT	SP2	PA; QL	HADLIMA PUSHTOUCH	SP2	PA; QL
BEYFORTUS	0	PV; AL (Max 24 Months)	HAEGARDA	SP2	PA
CELLCEPT	SP3		HUMIRA	SP2	PA; QL
CIMZIA	SP2	PA; QL	HUMIRA PEDIATRIC CROHNS START	SP2	PA; QL
CIMZIA STARTER KIT	SP2	PA; QL	HUMIRA PEN	SP2	PA; QL
COSENTYX (300 MG DOSE)	SP3	PA; QL	HUMIRA PEN-CD/UC/HS STARTER	SP2	PA; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	SP3	PA; QL	HUMIRA PEN-PEDIATRIC UC START	SP2	PA; QL
COSENTYX SENSOREADY (300 MG)	SP3	PA; QL	HUMIRA PEN-PS/UV/ADOL HS START	SP2	PA; QL
COSENTYX SENSOREADY PEN	SP3	PA; QL	HUMIRA PEN-PSOR/UVEIT STARTER	SP2	PA; QL
COSENTYX UNOREADY	SP3	PA; QL	icatibant acetate	SP1	PA; QL
cyclosporine modified	1		KINERET	SP3	PA
cyclosporine oral	1		leflunomide oral	1	
CYLTEZO	SP2	PA; QL	methotrexate sodium	1	
CYLTEZO-CD/UC/HS STARTER	SP2	PA; QL	methotrexate sodium (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	Drug Name	Drug Tier	Notes
mycophenolate mofetil oral	1		XELJANZ ORAL TABLET	SP2	PA; QL
mycophenolate sodium	1		XELJANZ XR	SP2	PA; QL
MYFORTIC	SP3		ZORTRESS	SP3	
NEORAL	SP3		Immunological Agents - Drugs for Vaccination		
OLUMIANT	SP3	PA; QL	ABRYSVO	3	PV; QL; AL (Min 60 Years)
ORENCIA CLICKJECT	SP3	PA; QL	ACTHIB	3	PV; AL (Max 6 Years)
ORENCIA SUBCUTANEOUS	SP3	PA; QL	ADACEL	0	PV
OTEZLA	SP2	PA; QL	AFLURIA QUADRIVALENT	0	PV
PROGRAF ORAL CAPSULE	SP3		AREXVY	3	PV; QL; AL (Min 60 Years)
PROGRAF ORAL PACKET	SP2		BCG VACCINE	3	
RAPAMUNE ORAL SOLUTION	SP2		BEXSERO	0	PV
RIDAURA	SP2		BOOSTRIX	0	PV
RINVOQ	SP2	PA; QL	COMIRNATY	0	PV
sajazir	SP1	PA; QL	DAPTACEL	0	PV
SANDIMMUNE ORAL CAPSULE	SP3		DENGVAXIA		PV; AL (Min 9 Years and Max 16 Years)
SANDIMMUNE ORAL SOLUTION	SP2		DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	0	PV
SIMPONI	SP2	PA; QL	ENGERIX-B	0	PV
sirolimus oral solution	SP1		FLUAD QUADRIVALENT	0	PV; AL (Min 65 Years)
sirolimus oral tablet	1		FLUARIX QUADRIVALENT	0	PV
SKYRIZI	SP2	PA; QL	FLUBLOK QUADRIVALENT	0	PV
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	SP2	PA; QL			
SKYRIZI PEN	SP2	PA; QL			
STELARA SUBCUTANEOUS	SP2	PA; QL			
tacrolimus oral	1				
TALTZ	SP3	PA; QL			
TREMFYA	SP2	PA; QL			
XATMEP	3				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FLUCELVAX QUADRIVALENT	0	PV		3	PV; AL (Max 6 Years)
FLULAVAL QUADRIVALENT	0	PV	PEDVAX HIB	0	PV
FLUMIST QUADRIVALENT	3	PV; AL (Min 2 Years and Max 49 Years)	PENTACEL	0	PV
FLUZONE HIGH-DOSE QUADRIVALENT	0	PV; AL (Min 65 Years)	PFIZER COVID-19 VAC-TRIS 5-11Y	0	PV
FLUZONE QUADRIVALENT	0	PV	PFIZER COVID-19 VAC-TRIS 6M-4Y	0	PV
GARDASIL 9	3	PV; AL (Min 9 Years and Max 26 Years)	PNEUMOVAX 23	0	PV
HAVRIX	0	PV	PREHEVBRIOD	0	PV; AL (Min 18 Years)
HEPLISAV-B	3	PV; AL (Min 18 Years)	PREVNAR 13	0	PV
HIBERIX	3	PV; AL (Max 6 Years)	PREVNAR 20	0	PV
IMOVAZ RABIES	3		PRIORIX	0	PV
INFANRIX	0	PV	PROQUAD	0	PV
IPOL	3	PV; AL (Max 17 Years)	QUADRACEL	0	PV
KINRIX	0	PV	RECOMBIVAX HB	0	PV
MENACTRA	0	PV	ROTARIX ORAL SUSPENSION RECONSTITUTED	3	PV; AL (Max 8 Months)
MENQUADFI	0	PV	ROTATEQ	3	PV; AL (Max 8 Months)
MENVEO	0	PV	SHINGRIX	3	PV; AL (Min 19 Years)
M-M-R II	0	PV	SPIKEVAX	0	PV
MODERNA COVID-19 VAC 6M-11Y	0	PV	STAMARIL	3	
NOVAVAX COVID-19 VACCINE	0	PV; QL	TDVAX	0	PV
PEDIARIX	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

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes			
VAXNEUVANCE	0	PV	FORTEO	SP2	PA			
VIVOTIF	2		ibandronate sodium oral	1	QL			
YF-VAX	3		risedronate sodium oral tablet 150 mg, 35 mg	1	QL			
Inflammatory Bowel Disease Agents								
anucort-hc	1		risedronate sodium oral tablet 30 mg, 5 mg	1				
balsalazide disodium	1		risedronate sodium oral tablet delayed release	3	QL			
budesonide er	3		teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	SP1	PA			
budesonide oral	1		TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	SP2	PA			
hydrocortisone (perianal)	1		TYMLOS	SP2	PA			
hydrocortisone ace-pramoxine external cream 1-1 %	1		Metabolic Bone Disease Agents - Other					
hydrocortisone acetate rectal suppository 25 mg	1		calcitriol oral	1				
hydrocortisone rectal	1		cinacalcet hcl	1				
hydrocort-pramoxine (perianal)	1		paricalcitol oral	1				
mesalamine er	1		Miscellaneous Therapeutic Agents					
mesalamine oral	1		AEROCHAMBER HOLDING CHAMBER	2				
mesalamine rectal	1		AEROCHAMBER MINI CHAMBER	2				
mesalamine-cleanser	1		AEROCHAMBER MV	2				
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2		AEROCHAMBER PLS FLOVU MTHPIECE	2				
PROCTOFOAM HC	2		AEROCHAMBER PLUS FLO-VU	2				
procto-med hc	1		AEROCHAMBER PLUS FLO-VU INTERM	2				
proctosol hc	1		AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2				
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						

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
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2		BREATHERITE VALVED MDI CHAMBER	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2		CAMINO PRO COMPLETE/GLYTACTIN	2	
AEROCHAMBER PLUS FLOW VU	2		CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	1	
AEROCHAMBER W/FLOWSIGNAL	2		CAREPOINT SAFETY 1ST NEEDLE	1	
AQINJECT PEN NEEDLE	1		CAREPOINT SYRINGE LUER LOCK 1 ML , 30 ML	1	
AUM INSULIN SAFETY PEN NEEDLE	1		CAREPOINT SYRINGE LUER SLIP 1 ML	1	
AUM MINI INSULIN PEN NEEDLE	1		CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 26G X 1" , 27G X 1-1/2"	1	
AUM PEN NEEDLE	1		CARETOUCH LUER LOCK 1 ML	1	
AUM READYGARD DUO PEN NEEDLE	1		CAYA	0	PV
AUM SAFETY PEN NEEDLE	1		CLEVER CHOICE HOLDING CHAMBER	2	
BD AUTOSHIELD DUO PEN NEEDLES	1		COMFORT EZ PRO PEN NEEDLES	1	
BD ECLIPSE LUER-LOK NEEDLE	1		COMPACT SPACE CHAMBER	2	
BD ECLIPSE NEEDLE 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	1		COMPACT SPACE CHAMBER/LG MASK	2	
BD FILTER NEEDLE	1		COMPACT SPACE CHAMBER/MED MASK	2	
BD SYRINGE LUER-LOK 30 ML	1		COMPACT SPACE CHAMBER/SM MASK	2	
BD ULTRA-FINE PEN NEEDLES	1		CONDOMS	0	PV
BREATHE COMFORT CHAMBER/ADULT	2		DEFLUX METAL NEEDLE	1	
BREATHE COMFORT CHAMBER/CHILD	2		DROPLET MICRON	1	
BREATHE EASE LARGE	2		DUREX EXTRA SENSITIVE THIN	0	PV
BREATHE EASE MEDIUM	2				
BREATHE EASE SMALL	2				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
EASIVENT	2		GLYTACTIN COMPLETE 10PE	2	
EASY GLIDE LUER LOCK SYRINGE	1		GLYTACTIN RESTORE 10	2	
EASY GLIDE SLIP LOCK SYRINGE	1		GLYTACTIN RESTORE 5	2	
EASY TOUCH HYPODERMIC NEEDLE 16G X 1"	1		GLYTACTIN RESTORE LITE 10	2	
EASYPOINT NEEDLE	1		GLYTACTIN RESTORE LITE 10PE	2	
ELECARE	3		GLYTACTIN RTD 10	2	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1		GLYTACTIN RTD 15	2	
ENCARE	0	PV	GLYTACTIN RTD LITE 15	2	
EO28 SPLASH	3		GLYTACTIN SWIRL 15	2	
EQUACARE JR	3		GLYTACTIN SWIRL 15PE	2	
ESSENTIAL CARE JR	3		HUMATROPEN FOR 12MG	1	
FC2 FEMALE CONDOM	0	PV	HUMATROPEN FOR 24MG	1	
FEMCAP	0	PV	HUMATROPEN FOR 6MG	1	
FLEXICHAMBER	2		INCONTROL ULTICARE PEN NEEDLES	1	
FLEXICHAMBER ADULT MASK/SMALL	2		INSPIREASE RESERVOIR BAGS	2	
FLEXICHAMBER CHILD MASK/LARGE	2		INSULIN PEN NEEDLES	1	
FLEXICHAMBER CHILD MASK/SMALL	2		J-TIP KIT W/VIAL ADAPTERS	1	
FORA D40G GLUCOSE/PRESSURE	2		K-Y ME & YOU EXTRA LUBRICATED	0	PV
GLYTACTIN BETTERMILK 15	2		K-Y ME & YOU INTENSE	0	PV
GLYTACTIN BETTERMILK DE-LITE	2		LIPISTART	2	
GLYTACTIN BUILD 10PE	2		methergine	3	QL
GLYTACTIN BUILD 20/20	2		methylergonovine maleate oral	3	QL
GLYTACTIN BUILD 20/20 PKU	2		MICROCHAMBER DEVICE	2	
GLYTACTIN BURST	2				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	1		OPTICHAMBER DIAMOND-MD MASK	2	
NEOCATE JUNIOR	3		OPTICHAMBER DIAMOND-SM MASK	2	
NEOCATE SPLASH	3		OPTIONS GYNOL II CONTRACEPTIVE	0	PV
NEOPHE	2		PANDA MASK LARGE	2	
NORDIPEN 5 INJECTION DEVICE	1		PANDA MASK MEDIUM	2	
NORM-JECT LUER SLIP SYRINGE	1		PANDA MASK SMALL	2	
NOVOFINE AUTOCOVER PEN NEEDLE	1		PARI VORTEX ADULT MASK	2	
NOVOFINE PEN NEEDLE	1		PEDIATRIC PANDA MASK	2	
NOVOFINE PLUS PEN NEEDLE	1		PHENEX-1	2	
NOVOTWIST PEN NEEDLE 32G X 5 MM	1		PHENEX-2	2	
OMNIPOD 5 G6 INTRO (GEN 5)	3		PHENYLADE DRINK MIX	2	
OMNIPOD 5 G6 POD (GEN 5)	3	QL	PHENYLADE GMP MIX DHA/FIBER	2	
OMNIPOD CLASSIC PDM (GEN 3) KIT	3		PHENYLADE GMP READY	2	
OMNIPOD CLASSIC PODS (GEN 3)	3	QL	PHENYLADE GMP ULTRA	2	
OMNIPOD DASH INTRO (GEN 4)	3		PIP PEN NEEDLES 31G X 5MM	1	
OMNIPOD DASH PDM (GEN 4)	3		PIP PEN NEEDLES 32G X 4MM	1	
OMNIPOD DASH PODS (GEN 4)	3	QL	PKU EASY	2	
OMNIPOD GO KIT 20 UNIT/24HR, 30 UNIT/24HR, 40 UNIT/24HR	3		PKU EASY MICROTABS	2	
OMNIPOD POD PALS	3	QL	PKU EASY SHAKE & GO	2	
OPTICHAMBER DIAMOND	2		PKU EXPRESS 15 PLUS+	2	
OPTICHAMBER DIAMOND-LG MASK	2		PKU EXPRESS 20 PLUS+	2	
			PKU GO ORAL PACKET	2	
			PKU SPHERE 20	2	
			PKU START	2	
			POCKET SPACER	2	
			PREKUNIL	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PREMIUM CONDOMS LUBRICATED	0	PV	VIVONEX PEDIATRIC RTF	3	
PRO COMFORT SPACER ADULT	2		VORTEX VALVED HOLDING CHAMBER	2	
PRO COMFORT SPACER CHILD	2		WIDE-SEAL DIAPHRAGM 60	0	PV
PRO COMFORT SPACER INFANT	2		WIDE-SEAL DIAPHRAGM 65	0	PV
PROCARE SPACER/ADULT MASK	2		WIDE-SEAL DIAPHRAGM 70	0	PV
PROCARE SPACER/CHILD MASK	2		WIDE-SEAL DIAPHRAGM 75	0	PV
PURAMINO DHA/ARA	3		WIDE-SEAL DIAPHRAGM 80	0	PV
PURE COMFORT SAFETY PEN NEEDLE	1		WIDE-SEAL DIAPHRAGM 85	0	PV
PURE COMFORT SPACER CHAMBER	2		WIDE-SEAL DIAPHRAGM 90	0	PV
RAYA SURE PEN NEEDLE	1		WIDE-SEAL DIAPHRAGM 95	0	PV
RENASTART	2		Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
SAFETY PEN NEEDLES	1		ALOCRIL	2	
SECURESAFE HYPODERMIC NEEDLE 19G X 1" , 19G X 1-1/2" , 22G X 1" , 25G X 1-1/2"	1		ALOMIDE	2	
SYRINGE LUER LOCK 30 ML	1		ALREX	3	
SYRINGE LUER SLIP 1 ML	1		AZASITE	3	
TODAY SPONGE	0	PV	azelastine hcl ophthalmic	1	
TOLEREX	3		bacitracin ophthalmic	1	
VCF VAGINAL CONTRACEPTIVE	0	PV	BESIVANCE	3	
VERIFINE INSULIN PEN NEEDLE	1		bromfenac sodium (once-daily)	1	QL
VERIFINE PLUS PEN NEEDLE	1		CILOXAN	2	
V-GO 20	3	QL	ciprofloxacin hcl ophthalmic	1	
V-GO 30	3	QL	cromolyn sodium ophthalmic	1	
V-GO 40	3	QL	dexamethasone sodium phosphate ophthalmic	1	
VIVONEX PEDIATRIC	3				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
diclofenac sodium ophthalmic	1		olopatadine hcl ophthalmic	1	
difluprednate	3		prednisolone acetate ophthalmic	1	
epinastine hcl	1		prednisolone sodium phosphate ophthalmic	1	
erythromycin ophthalmic	1		PROLENSA	3	QL
FLAREX	2		sulfacetamide sodium ophthalmic	1	
fluorometholone	1		TOBRADEX	2	
flurbiprofen sodium	1		tobramycin ophthalmic	1	
FML FORTE	2		tobramycin-dexamethasone	1	
FML OPHTHALMIC OINTMENT 0.1 %	2		TOBREX	2	
gatifloxacin ophthalmic	1		trifluridine	1	
GENTAK OPHTHALMIC OINTMENT 0.3 %	1		ZIRGAN	3	
gentamicin sulfate ophthalmic	1		Ophthalmic Agents - Drugs for Glaucoma		
ketorolac tromethamine ophthalmic	1		acetazolamide er	1	
levofloxacin ophthalmic solution 0.5 %	1		acetazolamide oral	1	
LOTEMAX OPHTHALMIC OINTMENT	3	QL	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
loteprednol etabonate ophthalmic gel	1	QL	apraclonidine hcl	1	
loteprednol etabonate ophthalmic suspension	3		betaxolol hcl ophthalmic	1	
MAXIDEX	2		BETIMOL	2	
moxifloxacin hcl ophthalmic	1		BETOPTIC-S	2	
NATACYN	3		bimatoprost ophthalmic	1	QL
neomycin-polymyxin-dexameth ophthalmic ointment	1		brimonidine tartrate ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1		brimonidine tartrate-timolol	1	
neomycin-polymyxin-hc ophthalmic	1		brinzolamide	3	
ofloxacin ophthalmic	1		carteolol hcl	1	
			dorzolamide hcl ophthalmic	1	
			dorzolamide hcl-timolol mal	1	
			dorzolamide hcl-timolol mal pf	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
IOPIDINE	2		LACRISERT	2	
latanoprost ophthalmic	1		neomycin-bacitracin zn-polymyx	1	
levobunolol hcl	1		neomycin-polymyxin-gramicidin	1	
LUMIGAN	2	QL	neo-polycin	1	
methazolamide oral	3		neo-polycin hc	1	
PHOSPHOLINE IODIDE	2		phenylephrine hcl ophthalmic	1	
pilocarpine hcl ophthalmic	1		polycin	1	
RHOPRESSA	3	QL	polymyxin b-trimethoprim	1	
ROCKLATAN	3	QL	PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	2	
SIMBRINZA	2		PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %	2	
timolol maleate (once-daily)	1		proparacaine hcl ophthalmic	1	
timolol maleate ophthalmic	1		RESTASIS	3	PA
timolol maleate pf solution 0.25 % ophthalmic	1		RESTASIS MULTIDOSE	3	PA
travoprost (bak free)	3	QL	tetracaine hcl ophthalmic	1	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions			tropicamide ophthalmic	1	
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1		XIIDRA	3	PA
altafrin	1		ZYLET	3	
atropine sulfate ophthalmic ointment	1		Otic Agents - Drugs for Ear Conditions		
atropine sulfate ophthalmic solution 1 %	1		acetic acid otic	1	
bacitracin-polymyxin b ophthalmic	1		CIPRO HC	2	
bacitra-neomycin-polymyxin-hc	1		ciprofloxacin hcl otic	1	
cyclopentolate hcl ophthalmic	1		ciprofloxacin-dexamethasone	1	
cyclosporine ophthalmic	3	PA	CIPROFLOXACIN-FLUOCINOLONE PF	2	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	1		CORTISPORIN-TC	2	
			flac	1	
			fluocinolone acetonide otic	1	
			hydrocortisone-acetic acid	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes		
neomycin-polymyxin-hc otic	1			1	PA; QL; AL (Min 18 Years)		
ofloxacin otic	1		promethazine vc/codeine				
OTOVEL	2			1	PA; QL; AL (Min 18 Years)		
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold							
allergy spray 24 hour nasal aerosol	1		promethazine-codeine	1			
azelastine hcl nasal	1	QL	promethazine-dm	1			
benzonatate oral capsule 100 mg, 200 mg	1		promethazine-phenyleph- codeine oral syrup 6.25- 5-10 mg/5ml	1	PA; QL; AL (Min 18 Years)		
cyproheptadine hcl oral	1		promethazine- phenylephrine oral syrup 6.25-5 mg/5ml	1			
fluticasone propionate nasal	1		pseudoephedrine- bromphen-dm	1			
		PA; QL; AL (Min 18 Years)	sodium chloride inhalation	1			
guaiatussin ac	1	PA; QL; AL (Min 18 Years)	SSKI	2			
		PA; QL; AL (Min 18 Years)	virtussin ac w/alc oral liquid 100-10 mg/5ml	1	PA; QL; AL (Min 18 Years)		
guaifenesin ac	1	PA; QL; AL (Min 18 Years)	Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions				
guaifenesin-codeine	1	PA; QL; AL (Min 18 Years)	acetylcysteine inhalation	1			
hydrocod poli-chlorphe poli er	1	PA; QL; AL (Min 18 Years)	ADVAIR HFA	2	QL		
hydrocodone bit- homatrop mbr	1	PA; QL; AL (Min 18 Years)	albuterol sulfate hfa	1	QL		
		PA; QL; AL (Min 18 Years)	albuterol sulfate inhalation	1	QL		
hydromet	1	PA; QL; AL (Min 18 Years)	albuterol sulfate oral	1			
ipratropium bromide nasal	1		ANORO ELLIPTA	2	QL		
		PA; QL; AL (Min 18 Years)	ASMANEX (120 METERED DOSES)	2	QL		
maxi-tuss ac	1	PA; QL; AL (Min 18 Years)	ASMANEX (14 METERED DOSES)	2	QL		
nasal allergy 24 hour	1		ASMANEX (30 METERED DOSES)	2	QL		
promethazine vc	1		ASMANEX (60 METERED DOSES)	2	QL		

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT	2	QL	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	ST; QL
ASMANEX HFA	2	QL	montelukast sodium oral	1	
ATROVENT HFA	2	QL	OFEV	SP3	PA
BREO ELLIPTA	2	QL	pirfenidone	SP1	PA
budesonide inhalation	1	QL	PROAIR RESPICLICK	3	ST; QL
COMBIVENT RESPIMAT	2	QL	PULMICORT FLEXHALER	2	QL
cromolyn sodium inhalation	3		QVAR REDIHALER	2	QL
DALIRESP	3	PA	roflumilast	3	PA
elioxophyllin	1		SEREVENT DISKUS	2	QL
epinephrine injection solution auto-injector	1		SPIRIVA HANDIHALER	1	QL
FASENRA	SP2	PA	SPIRIVA RESPIMAT	2	QL
FASENRA PEN	SP2	PA	STIOLTO RESPIMAT	2	QL
FLOVENT DISKUS	2	QL	SYMBICORT	2	QL
FLOVENT HFA	2	QL	SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	
FLUTICASONE PROPIONATE DISKUS	2	QL	THEO-24	2	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL	theophylline	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL	theophylline er	1	
INCRUSE ELLIPTA	2	QL	TRELEGY ELLIPTA	2	QL
ipratropium bromide inhalation	1	QL	VENTOLIN HFA	3	ST; QL
ipratropium-albuterol	1	QL	wixela inhub	1	QL
levalbuterol hcl inhalation	3	QL	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP2	PA
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis					
			zafirlukast	1	
			CAYSTON	SP3	PA
			KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	SP3	PA

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
KALYDECO ORAL TABLET	SP3	PA	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
ORKAMBI	SP3	PA; QL	dantrolene sodium oral	1	
PULMOZYME	SP2	PA	metaxalone oral tablet 800 mg	1	
TOBI PODHALER	SP2	QL	methocarbamol oral	1	
tobramycin inhalation	SP1		orphenadrine citrate er	1	QL
TRIKAFTA	SP3	PA; QL	tizanidine hcl oral	1	
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension			Sleep Disorder Agents		
ADEMPAS	SP3	PA; QL	armodafinil	1	QL
alyq	SP1	PA; QL	BELSOMRA	3	ST; QL
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bosentan	SP1	PA; QL	doxepin hcl oral tablet	3	QL
OPSUMIT	SP2	PA; QL	eszopiclone	1	QL
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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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