

# Baylor Scott & White Health Plan

## Group Value Formulary

Federal Employees Health Benefits Program

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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 BSWHP 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 BSWHP Customer Service department.

## What is the Baylor Scott & White Health Plan Group Value 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 Value formulary lists drugs that are covered under your prescription benefit. Drugs not listed on the formulary are not covered. Non-formulary drugs require an exception request to be submitted for coverage consideration. 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](http://BSWHealthPlan.com), which are updated quarterly. To view changes to the formularies, refer to the Monthly Group Value Formulary Changes document posted on the website. If you have questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact our BSWHP Pharmacy Help Desk 1.800.728.7947.

## **What are brand-name and generic drugs?**

BSWHP covers both brand-name and generic drugs. 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. Please refer to the Member Choice Program section for additional information.

## **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 Value 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](http://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**

All drugs for sexual dysfunction are covered at Tier 3. Quantity limits may apply.

## Weight Loss Drugs

Drug therapy can help achieve weight loss goals when added to diet and exercise programs. The following drugs for weight loss may be covered:

Drug Name	Drug Tier	Notes
Contrave tablet (naltrexone and bupropion extended-release)	3	Prior authorization required
phentermine tablet, capsule (generic Adipex-P, Lomaira)	1	
Qsymia capsule (phentermine and topiramate extended-release)	3	Prior authorization required
Xenical capsule (orlistat)	3	Prior authorization required
Saxenda injection (liraglutide)	3	Prior authorization and quantity limit required
Wegovy injection (semaglutide)	3	Prior authorization and quantity limit required

Please note these drugs may be subject to prior authorization. Quantity limits may apply.

## Fertility Medications

Medications may be covered as part of the infertility benefit including artificial insemination and up to 3 annual cycles of in-vitro fertilization (IVF). Coverage may vary according to your plan and some drugs may be subject to prior authorization and/or quantity limits. 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.

## Member Choice Program

Brand-name prescription drugs with a generic equivalent may not be covered by your plan benefit. If you or your provider request a brand-name drug when a generic equivalent is available, then you are responsible for the non-preferred co-payment plus the difference in cost of the brand-name drug and the generic equivalent drug.

## 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
<b>Tier 0</b>	<b>Preventive</b>	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.
<b>Tier 1</b>	<b>Preferred Generics</b>	Use Tier 1 drugs instead of brand-name drugs, to help reduce your out-of-pocket costs.
<b>Tier 2</b>	<b>Preferred Brand</b>	Tier 2 drugs will generally have lower co-payments than non-preferred brand-name drugs.
<b>Tier 3</b>	<b>Non-preferred Brands and Generics</b>	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
<b>Tier SP1</b>	<b>Specialty Preferred Generics</b>	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.
<b>Tier SP2</b>	<b>Specialty Preferred Brands</b>	
<b>Tier SP3</b>	<b>Specialty Non-preferred Brands</b>	

### 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 Value Formulary

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Analgesics - Drugs for Pain</b>					
acetaminophen-codeine	1	QL	methadone hcl oral concentrate	1	
ascomp-codeine	1		methadone hcl oral solution	1	
bac	1		methadone hcl oral tablet	1	PA
BELBUCA	3	PA; QL	methadone hcl oral tablet soluble	1	
buprenorphine	3	PA; QL	methadose oral tablet soluble	1	
butalbital-acetaminophen oral tablet 50-325 mg	1		morphine sulfate (concentrate)	1	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1		morphine sulfate er oral tablet extended release	1	PA; QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	1		morphine sulfate oral	1	QL
butalbital-apap-caffeine oral tablet	1		morphine sulfate rectal	1	QL
butalbital-asa-caff-codeine	1		NUCYNTA	3	QL
butalbital-aspirin-caffeine	1		NUCYNTA ER	3	PA; QL
butorphanol tartrate nasal	1	QL	oxycodone hcl oral capsule	1	QL
codeine sulfate	1	QL	oxycodone hcl oral concentrate	1	QL
endocet	1	QL	oxycodone hcl oral solution	1	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL	oxycodone hcl oral tablet	1	QL
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydrocodone-acetaminophen oral tablet	1	QL	pentazocine-naloxone hcl	1	QL
hydrocodone-ibuprofen	3	QL	tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	PA; QL
hydromorphone hcl oral	1	QL	tramadol hcl er	1	PA; QL
hydromorphone hcl rectal	1	QL	tramadol hcl oral tablet 100 mg, 50 mg	1	QL
methadone hcl intensol	1		tramadol-acetaminophen	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
<b>Analgesics - Drugs for Pain and Inflammation</b>					
aspirin 81 oral tablet delayed release	0	PV; AL (Max 55 Years)	diclofenac sodium oral	1	
aspirin adult low dose	0	PV; AL (Max 55 Years)	diclofenac-misoprostol	3	
aspirin adult low strength	0	PV; AL (Max 55 Years)	diflunisal oral	1	
aspirin childrens	0	PV; AL (Max 55 Years)	ec-naproxen	1	
aspirin ec adult low dose	0	PV; AL (Max 55 Years)	etodolac	1	
aspirin ec low dose	0	PV; AL (Max 55 Years)	etodolac er	1	
aspirin ec low strength	0	PV; AL (Max 55 Years)	flurbiprofen oral	1	
aspirin low dose	0	PV; AL (Max 55 Years)	ft aspirin low dose	0	PV; AL (Max 55 Years)
aspirin oral tablet chewable	0	PV; AL (Max 55 Years)	ft aspirin oral tablet chewable	0	PV; AL (Max 55 Years)
aspirin oral tablet delayed release 81 mg	0	PV; AL (Max 55 Years)	goodsense aspirin low dose	0	PV; AL (Max 55 Years)
aspirin regimen	0	PV; AL (Max 55 Years)	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
celecoxib oral	1	QL	INDOCIN RECTAL	2	
diclofenac potassium oral tablet 50 mg	1		indomethacin er	1	
diclofenac sodium er	1		indomethacin oral capsule	1	
diclofenac sodium external gel 1 %	1	QL	indomethacin rectal suppository 50 mg	1	
diclofenac sodium external solution 1.5 %	1	PA	ketorolac tromethamine oral	1	QL
			meloxicam oral tablet	1	
			mm aspirin	0	PV; AL (Max 55 Years)
			nabumetone oral	1	
			naproxen dr	1	
			naproxen oral tablet	1	
			naproxen oral tablet delayed release	1	
			naproxen sodium oral tablet 275 mg, 550 mg	1	
			oxaprozin oral tablet	1	
			piroxicam oral	1	
			salsalate 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
ST JOSEPH LOW DOSE sulindac oral	0 1	PV; AL (Max 55 Years)	goodsense nicotine mouth/throat lozenge 4 mg	0	PV; QL; AL (Min 18 Years)
<b>Anesthetics</b>			habitrol	0	PV; QL; AL (Min 18 Years)
glydo	1		naloxone hcl injection solution	1	
lidocaine external ointment 5 %	1		naloxone hcl injection solution cartridge	1	
lidocaine external patch 5 %	1		naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
lidocaine hcl external solution	1		naloxone hcl nasal	1	
lidocaine hcl urethral/mucosal	1		naltrexone hcl oral	1	
lidocaine-prilocaine external cream	1		NARCAN	2	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>				0	PV; QL; AL (Min 18 Years)
acamprosate calcium	1		NICORETTE MINI		
buprenorphine hcl sublingual	1	QL	NICORETTE MOUTH/THROAT GUM 2 MG	0	PV; QL; AL (Min 18 Years)
buprenorphine hcl-naloxone hcl sublingual film	3	QL	NICORETTE MOUTH/THROAT LOZENGE	0	PV; QL; AL (Min 18 Years)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL	nicotine mini	0	PV; QL; AL (Min 18 Years)
bupropion hcl er (smoking det)	1	PV; QL; AL (Min 18 Years)	nicotine polacrilex mini	0	PV; QL; AL (Min 18 Years)
disulfiram oral	1		nicotine polacrilex mouth/throat	0	PV; QL; AL (Min 18 Years)
ft nicotine	0	PV; QL; AL (Min 18 Years)	nicotine step 1	0	PV; QL; AL (Min 18 Years)
ft nicotine mini	0	PV; QL; AL (Min 18 Years)	nicotine step 2	0	PV; QL; AL (Min 18 Years)
goodsense nicotine mouth/throat gum 2 mg	0	PV; QL; AL (Min 18 Years)	nicotine step 3	0	PV; QL; AL (Min 18 Years)

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
nicotine transdermal kit	0	PV; QL; AL (Min 18 Years)	cephalexin oral capsule 750 mg	3	
nicotine transdermal patch 24 hour 21 mg/24hr	0	PV; QL; AL (Min 18 Years)	cephalexin oral suspension reconstituted	1	
NICOTROL	3	ST; PV; QL; AL (Min 18 Years)	cephalexin oral tablet	1	
NICOTROL NS	3	ST; PV; QL; AL (Min 18 Years)	ciprofloxacin hcl oral	1	
SUBOXONE	3	QL	clarithromycin er	1	
varenicline tartrate	3	PV; QL; AL (Min 18 Years)	clarithromycin oral	1	
varenicline tartrate(continue)	3	PV; QL; AL (Min 18 Years)	CLEOCIN VAGINAL SUPPOSITORY	2	
<b>Antibacterials</b>			clindamycin hcl oral	1	
amoxicillin	1		clindamycin palmitate hcl	1	
amoxicillin-potassium clavulanate	1		clindamycin phosphate vaginal	1	
amoxicillin-potassium clavulanate er	3		CLINDESSE	3	
ampicillin	1		demeocycline hcl	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	2		dicloxacillin sodium	1	
avidoxy	1		DIFCID ORAL TABLET	3	
azithromycin oral	1		doxycycline hydiate oral capsule	1	
cefadroxil	1		doxycycline hydiate oral tablet 100 mg, 20 mg	1	
cefdinir	1		doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
cefixime oral capsule	1		doxycycline monohydrate oral suspension reconstituted	1	
cefpodoxime proxetil	1		doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
cefprozil	1		erythromycin base oral	3	
cefuroxime axetil	1		erythromycin ethylsuccinate oral	3	
cephalexin oral capsule 250 mg, 500 mg	1		erythromycin oral	3	
			fosfomycin tromethamine	1	
			gentamicin sulfate external	1	
			levofloxacin 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
linezolid oral suspension reconstituted	3	QL	ELIQUIS	2	QL
linezolid oral tablet	1	QL	ELIQUIS DVT/PE STARTER PACK	2	QL
methenamine hippurate	1		enoxaparin sodium injection solution prefilled syringe	1	
metronidazole oral tablet	1		fondaparinux sodium	SP1	
metronidazole vaginal	1		FRAGMIN	SP3	
minocycline hcl oral	1		heparin na (pork) lock flush pf	1	
monodoxine nl	1		heparin sod (pork) lock flush	1	
moxifloxacin hcl oral	1		heparin sodium (porcine)	1	
mupirocin external	1		heparin sodium (porcine) pf	1	
neomycin sulfate oral	1		jantoven	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1		warfarin sodium oral	1	
nitrofurantoin macrocrystal oral capsule 25 mg	1	QL	XARELTO	2	QL
nitrofurantoin monohydrate macrocrystals	1		XARELTO STARTER PACK	2	QL
penicillin v potassium	1		<b>Anticonvulsants - Drugs for Seizures</b>		
silver sulfadiazine external	1		APTIOM	3	
ssd	1		carbamazepine er	1	
sulfadiazine oral	3		carbamazepine oral	1	
sulfamethoxazole-trimethoprim oral	1		CARBATROL	2	
sulfatrim pediatric	1		CELONTIN	2	
tetracycline hcl oral capsule	1		clobazam oral suspension	3	PA
tinidazole oral	1		clobazam oral tablet	1	PA
trimethoprim oral	1		DEPAKOTE	2	
vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg	3		DEPAKOTE ER	2	
vancomycin hcl oral	3		DEPAKOTE SPRINKLES	2	
XIFAXAN	3	PA	diazepam rectal	1	QL
<b>Anticoagulants</b>			DILANTIN	2	
bd heparin posiflush	1		DILANTIN INFATABS	2	
			DILANTIN-125	2	
			divalproex sodium er	1	
			divalproex sodium 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
EPIDIOLEX	SP2	PA	valproic acid oral	1	
epitol	1		vigabatrin	SP1	PA
ethosuximide oral	1		vigadronate	SP1	PA
felbamate	1		vigpoder	SP1	PA
FYCOMPA	3		VIMPAT ORAL TABLET	3	
gabapentin oral capsule	1		ZARONTIN	2	
gabapentin oral solution	1		zonisamide oral	1	
gabapentin oral tablet 600 mg, 800 mg	1		<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
lacosamide oral solution	3		donepezil hcl	1	
lacosamide oral tablet	1		galantamine hydrobromide er	1	
lamotrigine er	3		galantamine hydrobromide oral tablet	1	
lamotrigine oral tablet	1		memantine hcl	1	
lamotrigine oral tablet chewable	1		memantine hcl er	1	QL
lamotrigine oral tablet dispersible	3		rivastigmine	1	
levetiracetam er	1		rivastigmine tartrate	1	
levetiracetam oral	1		<b>Antidepressants</b>		
methsuximide	1		amitriptyline hcl oral	1	
NAYZILAM	3	QL	amoxapine	1	
oxcarbazepine	1		bupropion hcl er (sr)	1	QL
oxcarbazepine er	3		bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
phenobarbital oral	1		bupropion hcl oral	1	
phenytek	1		citalopram hydrobromide oral solution	1	
phenytoin infatabs	1		citalopram hydrobromide oral tablet	1	
phenytoin oral	1		clomipramine hcl oral	1	
phenytoin sodium extended	1		desipramine hcl oral	1	
primidone oral tablet 250 mg, 50 mg	1		desvenlafaxine succinate er	1	QL
roweepra	1		doxepin hcl oral capsule	1	
rufinamide	SP1	PA	doxepin hcl oral concentrate	1	
subvenite	1				
TEGRETOL	2				
TEGRETOL-XR	2				
tiagabine hcl	1				
topiramate 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
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL	vilazodone hcl	3	QL
escitalopram oxalate oral	1		<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
FETZIMA	3	QL	aprepitant	3	QL
FETZIMA TITRATION	3	QL	compro	1	
fluoxetine hcl (pmdd)	1		doxylamine-pyridoxine	3	QL
fluoxetine hcl oral capsule	1		dronabinol	3	PA; QL
fluoxetine hcl oral capsule delayed release	1	QL	EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
fluoxetine hcl oral solution	1		granisetron hcl oral	3	QL
fluoxetine hcl oral tablet	1		metoclopramide hcl oral solution	1	
fluvoxamine maleate	1		metoclopramide hcl oral tablet	1	
fluvoxamine maleate er	3	QL	ondansetron hcl injection	1	
imipramine hcl oral	1		ondansetron hcl oral solution	1	QL
mirtazapine oral	1		ondansetron hcl oral tablet 24 mg	1	QL
nefazodone hcl	1		ondansetron hcl oral tablet 4 mg, 8 mg	1	
nortriptyline hcl oral	1		ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
paroxetine hcl	1		perphenazine oral	1	
paroxetine hcl er	1		prochlorperazine	1	
phenelzine sulfate oral	1		prochlorperazine edisylate injection	1	
protriptyline hcl	3		prochlorperazine maleate oral	1	
sertraline hcl oral concentrate	1		promethazine hcl oral	1	
sertraline hcl oral tablet	1		promethazine hcl rectal	1	
tranylcypromine sulfate	1		promethegan	1	
trazodone hcl oral	1		scopolamine	1	
trimipramine maleate oral	1		trimethobenzamide hcl oral	1	
TRINTELLIX	3	ST; QL	<b>Antifungals</b>		
venlafaxine hcl	1		ciclodan	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	QL	ciclopirox external	1	
venlafaxine hcl er oral tablet extended release 24 hour 225 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	
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	
clotrimazole- betamethasone external lotion	3		<b>Antigout Agents</b>			
CRESEMDA ORAL CAPSULE 186 MG	SP3	PA	allopurinol oral tablet 100 mg, 300 mg	1		
econazole nitrate external	1		colchicine oral	1		
fluconazole oral	1		colchicine-probenecid	1		
griseofulvin microsize oral suspension	1		febuxostat	1		
griseofulvin microsize oral tablet	3		probenecid	1		
griseofulvin ultramicrosize	3		<b>Antimigraine Agents</b>			
itraconazole oral	1	PA	AIMOVIG SUBCUTANEOUS SOLUTION AUTO- INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL	
ketoconazole external cream	1		almotriptan malate	3	QL	
ketoconazole external shampoo	1		dihydroergotamine mesylate injection	1	PA; QL	
ketoconazole oral	1		dihydroergotamine mesylate nasal	3	PA; QL	
klayesta	1		eletriptan hydrobromide	1	QL	
naftifine hcl	3		EMGALITY	2	PA; QL	
NOXAFIL ORAL SUSPENSION	2	PA	ergotamine-caffeine	1	PA; QL	
nyamyc	1		frovatriptan succinate	1	QL	
nystatin external	1		naratriptan hcl	1	QL	
nystatin mouth/throat	1		NURTEC	2	PA; QL	
nystatin oral	1		QULIPTA	2	PA; QL	
nystatin-triamcinolone	1		rizatriptan benzoate	1	QL	
nystop	1		sumatriptan nasal	1	QL	
posaconazole oral suspension	1	PA	sumatriptan succinate oral	1	QL	
posaconazole oral tablet delayed release	1	PA; QL	sumatriptan succinate refill subcutaneous solution cartridge	1	QL	
			sumatriptan succinate subcutaneous	1	QL	
			UBRELVY	2	PA; QL	
			zolmitriptan oral	1	QL	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Antimyasthenic Agents</b>					
pyridostigmine bromide er	1		COTELLIC	SP2	PA
pyridostigmine bromide oral solution	1		cyclophosphamide oral capsule	1	
pyridostigmine bromide oral tablet 60 mg	1		dasatinib	SP1	PA; SF
<b>Antimycobacterials</b>					
dapsone oral	1		DAURISMO	SP2	PA; SF
ethambutol hcl oral	1		DROXIA	3	
isoniazid oral	1		ERIVEDGE	SP2	PA; SF
pyrazinamide oral	1		ERLEADA	SP2	PA
rifabutin	3		erlotinib hcl oral tablet 100 mg, 150 mg	SP1	PA; SF
rifampin oral	1		erlotinib hcl oral tablet 25 mg	SP1	PA; SF; QL
SIRTURO	SP3		etoposide oral	SP1	
<b>Antineoplastics - Drugs for Cancer</b>					
abiraterone acetate	SP1	PA; SF	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	SP1	PA; QL
ALECENSA	SP2	PA	everolimus oral tablet soluble	SP1	PA
ALUNBRIG	SP2	PA; QL	exemestane	1	PV
anastrozole oral	1	PV	FOTIVDA	SP2	PA
AYVAKIT	SP2	PA; SF; QL	GAVRETO	SP2	PA; SF
BALVERSA	SP2	PA; SF	gefitinib	SP1	PA; SF
bexarotene external	SP1	PA	GILOTrif	SP2	PA; QL
bexarotene oral	SP1	PA; SF	GLEOSTINE	SP2	
bicalutamide	1		HYCAMTIN ORAL	SP2	
BOSULIF ORAL TABLET	SP2	PA; SF	hydroxyurea oral	1	
BRAFTOVI	SP2	PA	IBRANCE	SP2	PA
BRUKINSA	SP2	PA; SF	ICLUSIG ORAL TABLET 10 MG, 15 MG	SP2	PA; SF; QL
CABOMETYX	SP2	PA; SF	ICLUSIG ORAL TABLET 30 MG, 45 MG	SP2	PA; SF
CALQUENCE	SP2	PA; SF	IDHIFA	SP2	PA; QL
capecitabine	SP1		imatinib mesylate	SP1	PA
CAPRELSA ORAL TABLET 100 MG	SP2	PA; QL	IMBRUVICA ORAL CAPSULE	SP2	PA; QL
CAPRELSA ORAL TABLET 300 MG	SP2	PA	IMBRUVICA ORAL SUSPENSION	SP2	PA
COMETRIQ	SP2	PA	IMBRUVICA ORAL TABLET	SP2	PA; QL
COPIKTRA	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
INLYTA	SP2	PA; SF	LYTGOBI (16 MG DAILY DOSE)	SP2	PA
INQOVI	SP2	PA	LYTGOBI (20 MG DAILY DOSE)	SP2	PA
INREBIC	SP2	PA; SF	MATULANE	SP2	
IRESSA	SP2	PA; SF	MEKINIST	SP2	PA
JAKAFI ORAL TABLET 10 MG, 5 MG	SP2	PA; SF; QL	MEKTOVI	SP2	PA
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	SP2	PA; SF	mercaptopurine oral	1	
JAYPIRCA ORAL TABLET 100 MG	SP2	PA	MYLERAN	2	
JAYPIRCA ORAL TABLET 50 MG	SP2	PA; QL	NERLYNX	SP2	PA; SF; QL
KISQALI (200 MG DOSE)	SP2	PA	NEXAVAR	SP2	PA; SF
KISQALI (400 MG DOSE)	SP2	PA	nilotamide	SP1	
KISQALI (600 MG DOSE)	SP2	PA	NINLARO	SP2	PA
KOSELUGO	SP2	PA	NUBEQA	SP2	PA; SF
KRAZATI	SP2	PA; SF	ODOMZO	SP2	PA; SF
lapatinib ditosylate	SP1	PA	ONUREG	SP2	PA
lenalidomide	SP1	PA	ORGOVYX	SP2	PA
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	SP2	PA	ORSERDU	SP2	PA
letrozole oral	1		pazopanib hcl	SP1	PA; SF
leucovorin calcium oral	1		PEMAZYRE	SP2	PA; SF; QL
LEUKERAN	2		PIQRAY	SP2	PA
LONSURF	SP2	PA	POMALYST	SP2	PA
LORBRENA	SP2	PA; SF	PURIXAN	SP2	
LUMAKRAS ORAL TABLET 120 MG	SP2	PA; SF	QINLOCK	SP2	PA
LYNPARZA	SP2	PA	RETEVMO ORAL CAPSULE	SP2	PA; SF
LYSODREN	SP2		REVIMID	SP2	PA
LYTGOBI (12 MG DAILY DOSE)	SP2	PA	REZLIDHIA	SP2	PA; SF
			ROZLYTREK ORAL CAPSULE	SP2	PA; SF
			RUBRACA	SP2	PA; SF
			RYDAPT	SP2	PA
			SCEMBLIX ORAL TABLET 100 MG, 40 MG	SP2	PA
			SCEMBLIX ORAL TABLET 20 MG	SP2	PA; QL
			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
STIVARGA	SP2	PA	VOTRIENT	SP2	PA; SF
sunitinib malate	SP1	PA; SF	WELIREG	SP2	PA; SF
TABRECTA	SP2	PA	XALKORI ORAL CAPSULE	SP2	PA; SF
TAFINLAR	SP2	PA	XOSPATA	SP2	PA
TAGRISSO ORAL TABLET 40 MG	SP2	PA; SF; QL	XPOVIO (100 MG ONCE WEEKLY)	SP2	PA
TAGRISSO ORAL TABLET 80 MG	SP2	PA; SF	XPOVIO (40 MG ONCE WEEKLY)	SP2	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG	SP2	PA; SF	XPOVIO (40 MG TWICE WEEKLY)	SP2	PA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG	SP2	PA; SF; QL	XPOVIO (60 MG ONCE WEEKLY)	SP2	PA
tamoxifen citrate oral tablet 10 mg	1		XPOVIO (60 MG TWICE WEEKLY)	SP2	PA
tamoxifen citrate oral tablet 20 mg	1	PV	XPOVIO (80 MG ONCE WEEKLY)	SP2	PA
TASIGNA	SP2	PA; SF	XPOVIO (80 MG TWICE WEEKLY)	SP2	PA
TAZVERIK	SP2	PA; SF	XTANDI	SP2	PA; SF
temozolomide	SP1	PA	YONSA	SP2	PA; SF
TEPMETKO	SP2	PA	ZELBORAF	SP2	PA
THALOMID	SP2	PA	ZOLINZA	SP2	PA; SF
TIBSOVO	SP2	PA; SF	ZYDELIG	SP2	PA
toremifene citrate	SP1		ZYKADIA	SP2	PA; SF
tretinoin oral	SP1		<b>Antiparasitics</b>		
TUKYSA	SP2	PA	albendazole oral	1	PA
TURALIO	SP2	PA	atovaquone	3	
VALCHLOR	SP3	PA	atovaquone-proguanil hcl	1	
VENCLEXTA	SP2	PA	chloroquine phosphate oral	1	
VENCLEXTA STARTING PACK	SP2	PA	COARTEM	2	
VERZENIO	SP2	PA; SF	hydroxychloroquine sulfate oral tablet 200 mg	1	
VITRAKVI ORAL CAPSULE	SP2	PA; SF	IMPAVIDO	SP3	
VITRAKVI ORAL SOLUTION	SP2	PA	ivermectin oral	1	PA; QL
VIZIMPRO	SP2	PA; SF	malathion	3	
VONJO	SP2	PA	mefloquine hcl	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
pentamidine isethionate inhalation	1		prasugrel hcl	1	
permethrin external	1		<b>Antipsychotics - Drugs for Mood Disorders</b>		
praziquantel oral	3		aripiprazole oral solution	1	QL
primaquine phosphate	1		aripiprazole oral tablet	1	QL
pyrimethamine oral	SP1	PA	aripiprazole oral tablet dispersible	3	QL
quinine sulfate	1	PA	asenapine maleate	3	QL
spinosad	3		chlorpromazine hcl oral tablet	1	
<b>Antiparkinson Agents</b>			clozapine oral tablet	1	QL
amantadine hcl oral	1		clozapine oral tablet dispersible	3	QL
apomorphine hcl subcutaneous	SP1	PA; QL	FANAPT	3	QL
benztropine mesylate oral	1		FANAPT TITRATION PACK	3	QL
bromocriptine mesylate oral	1		fluphenazine hcl oral	1	
carbidopa oral	3		haloperidol lactate oral concentrate 2 mg/ml	1	
carbidopa-levodopa er	1		haloperidol oral	1	
carbidopa-levodopa oral tablet	1		loxapine succinate	1	
carbidopa-levodopa oral tablet dispersible	3		lurasidone hcl	3	QL
carbidopa-levodopa-entacapone	3		olanzapine oral	1	QL
entacapone	3		paliperidone er	3	QL
pramipexole dihydrochloride	1		pimozide	1	
rasagiline mesylate oral	3		quetiapine fumarate	1	QL
ropinirole hcl	1		quetiapine fumarate er	1	QL
ropinirole hcl er	1		risperidone	1	QL
selegiline hcl oral	1		thioridazine hcl oral	1	
tolcapone	3		thiothixene	1	
trihexyphenidyl hcl	1		trifluoperazine hcl	1	
<b>Antiplatelets</b>			VRAYLAR	3	QL
aspirin-dipyridamole er	1		ziprasidone hcl	1	QL
BRILINTA	2		<b>Antivirals</b>		
cilostazol	1		abacavir sulfate	1	
clopidogrel bisulfate oral	1		abacavir sulfate-lamivudine	1	
dipyridamole oral	1		acyclovir external ointment	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
acyclovir oral	1		INTELENCE ORAL TABLET 25 MG	SP2	
adefovir dipivoxil	SP1		ISENTRESS	SP2	
APTVUS	SP2		ISENTRESS HD	SP2	
atazanavir sulfate	3		JULUCA	SP2	
BARACLUDE ORAL SOLUTION	3	QL	LAGEVRIO	3	QL; AL (Min 18 Years)
BIKTARVY	SP2		lamivudine	1	
CIMDUO	SP2		lamivudine-zidovudine	1	
COMPLERA	SP2		lopinavir-ritonavir oral solution	3	
darunavir	SP1		lopinavir-ritonavir oral tablet	SP1	
DELSTRIGO	SP2		maraviroc	SP1	PA
DESCOVY ORAL TABLET 120-15 MG	SP2		MAVYRET	SP2	PA; QL
DESCOVY ORAL TABLET 200-25 MG	SP2	PA; PV	nevirapine er	3	
DOVATO	SP2		nevirapine oral suspension	3	
EDURANT	SP2		nevirapine oral tablet	1	
efavirenz	3		NORVIR ORAL PACKET	SP2	
efavirenz-emtricitab-tenofo df	SP1		ODEFSEY	SP2	
efavirenz-lamivudine-tenofovir	SP1		oseltamivir phosphate oral	1	QL
emtricitabine	3		PAXLOVID (150/100)	3	QL; AL (Min 12 Years)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	SP1	PV	PAXLOVID (300/100)	3	QL; AL (Min 12 Years)
emtricitabine-tenofovir df oral tablet 200-300 mg	1	PV	PEGASYS	SP2	PA
EMTRIVA ORAL SOLUTION	SP2		PIFELTRO	SP2	
entecavir	1	QL	PREZCOBIX	SP2	
EPCLUSA	SP2	PA; QL	PREZISTA	SP2	
etravirine	SP1		REYATAZ ORAL PACKET	SP2	
EVOTAZ	SP2		ribavirin oral	SP1	
famciclovir oral	1		rimantadine hcl	1	
fosamprenavir calcium	3		ritonavir	1	
FUZEON	SP2		RUKOBIA	SP2	
GENVOYA	SP2				
HARVONI	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
SELZENTRY ORAL SOLUTION	SP2	PA	estazolam	1	QL
STRIBILD	SP2		hydroxyzine hcl oral	1	
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		<b>Bipolar Agents - Drugs for Mood Disorders</b>		
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		<b>Blood Products and Modifiers - Drugs for Blood Disorders</b>		
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	
<b>Anxiolytics - Drugs for Anxiety</b>			<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
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				

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-atorvastatin	3		diltiazem hcl er beads	1	
amlodipine-olmesartan	1		diltiazem hcl er coated beads	1	
amlodipine-valsartan-hctz	3		diltiazem hcl er oral capsule extended release 12 hour	1	
atenolol oral	1		diltiazem hcl er oral capsule extended release 24 hour	1	
atenolol-chlorthalidone	1		diltiazem hcl er oral tablet extended release 24 hour 120 mg	3	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	PV; AL (Min 40 Years and Max 75 Years)	diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1		diltiazem hcl oral	1	
benazepril hcl oral	1		dilt-xr	1	
benazepril-hydrochlorothiazide	1		disopyramide phosphate	1	
betaxolol hcl oral	1		DIURIL	2	
bisoprolol fumarate oral	1		dofetilide	1	
bisoprolol-hydrochlorothiazide	1		doxazosin mesylate oral	1	
bumetanide oral	1		droxidopa	SP1	PA
candesartan cilexetil	1		enalapril maleate oral solution	3	
candesartan cilexetil-hctz	1		enalapril maleate oral tablet	1	
captopril oral	1		enalapril-hydrochlorothiazide	1	
captopril-hydrochlorothiazide	1		ENTRESTO	3	QL
cartia xt	1		eplerenone	1	
carvedilol	1		ezetimibe	1	
chlorthalidone	1		ezetimibe-simvastatin	1	
cholestyramine light	1		felodipine er	1	
cholestyramine oral	1		fenofibrate micronized	1	
clonidine	1		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
clonidine hcl oral	1		fenofibrate oral capsule 150 mg, 50 mg	3	
colesevelam hcl	3				
colestipol hcl	1				
CORLANOR	3	PA; QL			
digoxin oral solution	1				
digoxin oral tablet 125 mcg, 250 mcg	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
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1		lisinopril-hydrochlorothiazide	1	
fenofibric acid oral capsule delayed release	1		losartan potassium oral	1	
flecainide acetate	1		losartan potassium-hctz	1	
		PV; AL (Min 40 Years and Max 75 Years)		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		metolazone	1	
fosinopril sodium-hctz	1		metoprolol succinate er	1	
furosemide oral	1		metoprolol tartrate oral	1	
gemfibrozil oral	1		metoprolol-hydrochlorothiazide	1	
guanfacine hcl	1		mexiletine hcl oral	1	
hydralazine hcl oral	1		midodrine hcl	1	
hydrochlorothiazide oral	1		minoxidil oral	1	
icosapent ethyl	3		moexipril hcl	1	
indapamide	1		MULTAQ	2	
irbesartan	1		nadolol oral	1	
irbesartan-hydrochlorothiazide	1		nebivolol hcl	1	
isosorbide dinitrate	1		niacin er (antihyperlipidemic)	1	
isosorbide mononitrate	1		nifedipine er	1	
isosorbide mononitrate er	1		nifedipine er osmotic release	1	
isradipine	1		nifedipine oral	1	
ivabradine hcl	3	PA; QL	nimodipine oral	3	
JUXTAPID	SP3	PA; QL	NITRO-BID	2	
labetalol hcl oral	1		NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	2		nitroglycerin sublingual	1	
lisinopril oral	1		nitroglycerin transdermal	1	
			nitroglycerin translingual	1	
			nitro-time	1	
			NORPACE CR	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
NYMALIZE	SP3				PV; AL (Min 40 Years and Max 75 Years)
olmesartan medoxomil oral	1		rosuvastatin calcium oral tablet 10 mg, 5 mg	1	
olmesartan medoxomil-hctz	1		rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
olmesartan-amlodipine-hctz	1				PV; AL (Min 40 Years and Max 75 Years)
omega-3-acid ethyl esters	1		simvastatin oral		
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	
	1	PV; AL (Min 40 Years and Max 75 Years)	telmisartan	1	
pravastatin sodium	1		telmisartan-hctz	1	
prazosin hcl oral	1		tiadylt er	1	
prevalite	1		timolol maleate oral	1	
propafenone hcl	1		torsemide	1	
propafenone hcl er	3		trandolapril	1	
propranolol hcl er	1		trandolapril-verapamil hcl er	3	
propranolol hcl oral	1		triamterene-hctz	1	
QBRELIS	3		valsartan oral tablet	1	
quinapril hcl	1		valsartan- hydrochlorothiazide	1	
quinapril- hydrochlorothiazide	1		VASCEPA	3	
quinidine gluconate er	1		VECAMYL	3	
quinidine sulfate	1		verapamil hcl er	1	
ramipril	1		verapamil hcl oral	1	
ranolazine er	1		<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
REPATHA	2	PA; QL	amphetamine sulfate	1	QL
REPATHA PUSHTRONEX SYSTEM	2	PA; QL	amphetamine- dextroamphetamine	1	QL
REPATHA SURECLICK	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	
amphetamine-dextroamphetamine er	1	QL		3	QL; AL (Max 12 Years)	
atomoxetine hcl	1	QL	QUILLIVANT XR			
clonidine hcl er oral tablet extended release 12 hour	1		VYVANSE ORAL CAPSULE	2	QL	
dexmethylphenidate hcl	1	QL	VYVANSE ORAL TABLET CHEWABLE	2	QL; AL (Max 12 Years)	
dexmethylphenidate hcl er	1	QL	<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>			
dextroamphetamine sulfate er	1	QL	AVONEX PEN	SP2	PA; QL	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL	AVONEX PREFILLED	SP2	PA; QL	
guanfacine hcl er	1		dalfampridine er	SP1	PA; QL	
lisdexamfetamine dimesylate oral capsule	1	QL	dimethyl fumarate oral	SP1	PA; QL	
lisdexamfetamine dimesylate oral tablet chewable	1	QL; AL (Max 12 Years)	dimethyl fumarate starter pack	SP1	PA; QL	
methamphetamine hcl	3	QL	EXTAVIA	SP2	PA; QL	
methylphenidate	1	QL	fingolimod hcl	SP1	PA; QL	
methylphenidate hcl er	1	QL	GILENYA ORAL CAPSULE 0.25 MG	SP2	PA; QL	
methylphenidate hcl er (cd)	1	QL	glatiramer acetate	SP1	PA; QL	
methylphenidate hcl er (la)	1	QL	KESIMPTA	SP2	PA; QL	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL	MAVENCLAD	SP3	PA	
methylphenidate hcl oral solution	1	QL	PLEGRIDY	SP2	PA; QL	
methylphenidate hcl oral tablet	1	QL	PLEGRIDY STARTER PACK	SP2	PA; QL	
methylphenidate hcl oral tablet chewable	1	QL; AL (Max 12 Years)	teriflunomide	SP1	PA; QL	
QUILLICHEW ER	3	QL; AL (Max 12 Years)	VUMERITY	SP3	PA; QL	
			ZEPOSIA	SP3	PA; QL	
			ZEPOSIA 7-DAY STARTER PACK	SP3	PA; QL	
			ZEPOSIA STARTER KIT	SP3	PA; QL	
<b>Central Nervous System Agents - Miscellaneous</b>						
			caffeine citrate oral	3		
			pregabalin oral	1	QL	
			riluzole	1		
			SAVELLA	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
SAVELLA TITRATION PACK	3	QL	PREVIDENT 5000 PLUS	2	
tetrabenazine	SP1	PA	PREVIDENT 5000 SENSITIVE	2	
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>					
cevimeline hcl	1		sf gel 1.1%	1	
chlorhexidine gluconate mouth/throat	1		sf 5000 plus	1	
CLINPRO 5000	2		sod fluoride-potassium nitrate	1	
DENTA 5000 PLUS	2		sodium fluoride 5000 enamel	1	
DENTA 5000 PLUS SENSITIVE	2		sodium fluoride 5000 plus	1	
DENTAGEL	2		sodium fluoride 5000 ppm	1	
FLUORIDEX	2		sodium fluoride 5000 sensitive	1	
FLUORIDEX ENHANCED WHITENING	2		sodium fluoride dental	1	
FLUORIDEX SENSITIVITY RELIEF	2		sodium fluoride mouth/throat	1	
FLUORIMAX 5000	2		triamcinolone acetonide mouth/throat	1	
FLUORIMAX 5000 SENSITIVE	2		<b>Dermatological Agents - Drugs for Skin Conditions</b>		
FRAICHE 5000 DENTAL	2		accutane	1	
JUST RIGHT 5000	2		acitretin	3	
kourzeq	1		adapalene external gel 0.3 %	1	
lidocaine viscous hcl	1		ADBRY	SP2	PA; QL
oralone	1		alclometasone dipropionate	1	
periogard	1		amnesteem	1	
pilocarpine hcl oral	1		azelaic acid external	1	
PREVIDENT	2		AZELEX	2	
PREVIDENT 5000 BOOSTER PLUS	2		benzoyl peroxide-erythromycin	1	
PREVIDENT 5000 DRY MOUTH	2		betamethasone dipropionate aug	1	
PREVIDENT 5000 ENAMEL PROTECT	2		betamethasone dipropionate external	1	
PREVIDENT 5000 KIDS	2		betamethasone valerate external	1	
PREVIDENT 5000 ORTHO DEFENSE	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
calcipotriene external cream	1		desonide external lotion	1	
calcipotriene external ointment	3		desonide external ointment	1	
calcipotriene external solution	1		desoximetasone external cream 0.25 %	1	
calcitriol external	3		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 pad 2%	1	
clindamycin phosphate external solution	1		erythromycin external	1	
clindamycin phosphate external swab	1		EUCRISA	2	ST
clobetasol propionate e	1		fluocinolone acetonide body	1	
clobetasol propionate external cream	1		fluocinolone acetonide external	1	
clobetasol propionate external foam	3		fluocinolone acetonide scalp	1	
clobetasol propionate external gel	1		fluocinonide emulsified base	3	
clobetasol propionate external liquid	1		fluocinonide external	1	
clobetasol propionate external lotion	1		fluorouracil external	1	
clobetasol propionate external ointment	1		fluticasone propionate external cream	1	
clobetasol propionate external shampoo	3		fluticasone propionate external lotion	3	
clobetasol propionate external solution	1		fluticasone propionate external ointment	1	
clodan	3		halobetasol propionate external cream	1	
desonide external cream	1		halobetasol propionate external ointment	1	
			hydrocortisone ace-pramoxine external cream 2.5-1 %	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
hydrocortisone butyrate external cream	1		sulfacetamide sodium (acne)	1	
hydrocortisone butyrate external ointment	1		sulfacetamide sodium external	1	
hydrocortisone butyrate external solution	1		sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4.5 %	1	
hydrocortisone external cream 2.5 %	1		tacrolimus external	1	QL
hydrocortisone external lotion 2.5 %	1		tazarotene external cream 0.1 %	1	AL (Max 40 Years)
hydrocortisone external ointment 2.5 %	1		tazarotene external gel	1	AL (Max 40 Years)
hydrocortisone valerate	1		TAZORAC EXTERNAL CREAM 0.05 %	2	AL (Max 40 Years)
imiquimod external cream 5 %	1		TAZORAC EXTERNAL GEL	2	AL (Max 40 Years)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1		TEXACORT	2	
LITFULO	SP3	PA; QL	tretinoin external cream	1	AL (Max 40 Years)
methoxsalen rapid	3		tretinoin external gel 0.01 %, 0.025 %	1	AL (Max 40 Years)
metronidazole external cream	1		tretinoin external gel 0.05 %	3	AL (Max 40 Years)
metronidazole external gel	1		triamcinolone acetonide external cream	1	
metronidazole external lotion	3		triamcinolone acetonide external lotion	1	
mometasone furoate external	1		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
neuac	1		triderm	1	
OPZELURA	2	PA; QL	urea external cream 40 %	1	
pimecrolimus	1	QL	zenatane	1	
PODOCON-25	1		<b>Diabetes - Antidiabetic Agents</b>		
podofilox external solution	1		acarbose oral	1	
REGRANEX	2	PA	BYDUREON BCISE AUTOINJECTOR	3	PA; QL
SANTYL	2	QL	BYETTA 10 MCG PEN	3	PA; QL
selenium sulfide external lotion	1		BYETTA 5 MCG PEN	3	PA; QL
sodium sulfacetamide wash	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	
FARXIGA	2	ST	SYNJARDY	2	ST	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1		SYNJARDY XR	2	ST	
glipizide er	1		TRADJENTA	2		
glipizide oral tablet 10 mg, 5 mg	1		TRIJARDY XR	2	ST	
glipizide xl	1		TRULICITY	2	PA; QL	
glipizide-metformin hcl	1		VICTOZA	2	PA; QL	
glyburide micronized	1		XIGDUO XR	2	ST	
glyburide oral	1		<b>Diabetes - Glucose Monitoring</b>			
glyburide-metformin	1		ACCU-CHEK AVIVA DEVICE	1		
GLYXAMBI	2	ST	ACCU-CHEK FASTCLIX LANCET KIT	1		
INVOKAMET	3	ST	ACCU-CHEK GUIDE TEST STRIPS	1		
INVOKAMET XR	3	ST	ACCU-CHEK GUIDE CONTROL	1		
INVOKANA	3	ST	ACCU-CHEK GUIDE TEST STRIPS	1	QL	
JANUMET	2		ACCU-CHEK GUIDE KIT W/DEVICE	1		
JANUMET XR	2		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		
JANUVIA	2		AGAMATRIX CONTROL LEVEL 2	2		
JARDIANCE	2	ST	AGAMATRIX CONTROL LEVEL 4	2		
JENTADUETO	2		AGAMATRIX PRESTO TEST	2	QL	
JENTADUETO XR	2		ASSURE PLATINUM	2	QL	
metformin hcl er	1		AUTOLET II CLINISAFE	2		
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1		AUTOLET LANCING DEVICE	2		
miglitol	3		BIOTEL CARE BLOOD GLUCOSE	2		
MOUNJARO	2	PA; QL	BIOTEL CARE BLOOD GLUCOSE SYST	2		
nateglinide	1		BLOOD GLUCOSE MONITORING 333	2		
OZEMPIC	2	PA; QL	BLOOD GLUCOSE TEST	2	QL	
pioglitazone hcl	1					
pioglitazone hcl-glimepiride	3					
pioglitazone hcl-metformin hcl	1					
repaglinide	1					
RYBELSUS	2	PA; QL				
SYMLINPEN 120	3	PA				
SYMLINPEN 60	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
BLOOD GLUCOSE TEST STRIPS 333	2	QL	COMFORT TOUCH TWIST LANCET 30G	2	
BLULINK CONTROL HIGH & LOW	2		CONTOUR CONTROL SOLUTION	2	
BLULINK GLUCOSE MONITORING SYS	2		CONTOUR MONITOR DEVICE	2	
BLULINK GLUCOSE TEST	2	QL	CONTOUR MONITOR KIT W/DEVICE	2	
CARESENS CONTROL SOLUTION A/B	2		CONTOUR NEXT CONTROL SOLUTION	2	
CARESENS LANCETS 30G	2		CONTOUR NEXT EZ KIT W/DEVICE	2	
CARESENS N FELIZ	2		CONTOUR NEXT GEN MONITOR	2	
CARESENS N FELIZ BT	2		CONTOUR NEXT LINK KIT W/DEVICE	2	
CARETOUCH CONTROL SOL LEVEL 2	2		CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CARETOUCH LANCING/EJECTOR	2		CONTOUR NEXT ONE KIT	2	
CARETOUCH TEST	2	QL	CONTOUR NEXT GEN TEST STRIPS	2	QL
CEQUR SIMPLICITY 2U 10PK	2		CONTOUR PLUS BLUE	2	
CEQUR SIMPLICITY INSERTER	2		CONTOUR PLUS TEST	2	QL
CHEMSTRIP 10 MD	1		CONTOUR TEST STRIPS	2	QL
CHEMSTRIP 10/SG	1		CVS KETONE CARE	2	
CHEMSTRIP 2 GP	1		DEXCOM G6 RECEIVER	3	QL
CHEMSTRIP 5 OB	1		DEXCOM G6 SENSOR	3	QL
CHEMSTRIP 7	1		DEXCOM G6 TRANSMITTER	3	QL
CHEMSTRIP 9	1		DEXCOM G7 RECEIVER	3	QL
CHEMSTRIP K	1		DEXCOM G7 SENSOR	3	
CHEMSTRIP UGK	1		DIASTIX REAGENT	2	
CHOSEN LANCETS 30G	2		DIATHRIVE BLOOD GLUCOSE METER	2	
CHOSEN LANCING DEVICE	2		DIATHRIVE BLOOD GLUCOSE TEST	2	QL
CHOSEN SAFETY LANCETS 28G	2				
CLEVER CHOICE COMFORT EZ	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
DIATHRIVE GLUCOSE CONTROL SOLN	2		EMBRACE TALK BLOOD GLUCOSE	2	
DIATHRIVE GLUCOSE TEST	2	QL	EMBRACE TALK GLUCOSE CONTROL	2	
DIATHRIVE LANCING DEVICE	2		EMBRACE TALK GLUCOSE TEST	2	QL
DIATHRIVE+ GLUCOSE MONITOR	2		EMBRACE TALK MONITORING SYSTEM	2	
DIATHRIVE+ GLUCOSE TEST	2	QL	EMBRACE WAVE BLOOD GLUCOSE	2	
DROPLET GENTEEL LANCING DEVICE	2		EMBRACE WAVE BLOOD GLUCOSE IN VITRO	2	QL
EASY MAX BLOOD GLUCOSE TEST	2	QL	EMBRACE WAVE GLUCOSE METER	2	
EASY MAX T1 GLUCOSE SYSTEM	2		FORA 6 CONNECT IN VITRO	2	QL
EASY TALK PLUS II CONTROL	2		FORA 6 CONNECT/GTEL TEST	2	QL
EASY TALK PLUS II TEST STRIPS	2	QL	FORA GTEL BLOOD GLUCOSE SYSTEM	2	
EASY TOUCH HEALTHPRO GLUCOSE	2		FORA GTEL BLOOD GLUCOSE TEST	2	QL
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO	2	QL	FORA TN'G ADVANCE PRO IN VITRO	2	QL
EASY TOUCH LANCING DEVICE	2		FREESTYLE FREEDOM LITE	2	
EASY TRAK II BLOOD GLUCOSE SYS	2		FREESTYLE INSULINX TEST	2	QL
EASY TRAK II CONTROL	2		FREESTYLE LIBRE 14 DAY READER	3	QL
EASY TRAK II GLUCOSE TEST	2	QL	FREESTYLE LIBRE 14 DAY SENSOR	3	
EASymax 15 LEVEL 2-3 CONTROL	2		FREESTYLE LIBRE 2 READER	3	QL
EASymax CONTROL	2		FREESTYLE LIBRE 2 SENSOR	3	QL
GLUCOSE CONTROL SOLUTIONS	2		FREESTYLE LIBRE 3 PLUS SENSOR	3	
EMBRACE EVO GLUCOSE MONITOR	2		FREESTYLE LIBRE 3 READER	3	QL
EMBRACE LANCING DEVICE/EJECTOR	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
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	
GENTEEL LANCING KIT (BLUE)	2		KETO-DIASTIX	2	
GHT BLOOD GLUCOSE MONITOR	2		KETONE TEST	2	
GLUCOCARD 01 SENSOR PLUS	2	QL	KETOSTIX	2	
GLUCOCARD EXPRESSION TEST	2	QL	KROGER HEALTHPRO GLUCOSE TEST	2	QL
GLUCOCARD SHINE CONNEX	2		LANCETS	1	
GLUCOCARD SHINE EXPRESS	2		LANCETS	2	
GLUCOCARD SHINE TEST	2	QL	LANCETS IN VITRO STRIP	2	QL
GLUCOCARD VITAL TEST	2	QL	LANCETS SUPER THIN	2	
GOJJI BLOOD GLUCOSE TEST	2	QL	MICRODOT TEST	2	QL
GOJJI CONTROL	2		MICROLET NEXT LANCING DEVICE	2	
GOJJI LANCING DEVICE/CLEAR CAP	2		MM BLOOD GLUCOSE SYSTEM	2	
HW EMBRACE PRO GLUCOSE METER	2		MM BLOOD GLUCOSE SYSTEM REFILL	2	
HW EMBRACE PRO GLUCOSE TEST	2	QL	MM BLULINK GLUCOSE MONIT SYS	2	
HW EMBRACE TALK BLOOD GLUCOSE	2		MM BLULINK GLUCOSE TEST	2	QL
HW EMBRACE TALK GLUCOSE TEST	2	QL	NOVOPEN ECHO	2	
INFINITY BLOOD GLUCOSE TEST	2	QL	ONE DROP BLOOD GLUCOSE MONITOR	2	
INPEN 100-BLUE-LILLY-HUMALOG	2		ONE DROP TEST	2	QL
			ONETOUCH DELICA PLUS LANCET30G	1	
			ONETOUCH DELICA PLUS LANCET30G	2	
			ONETOUCH DELICA PLUS LANCET33G	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
ONETOUCH DELICA PLUS LANCET33G	2		POGO AUTOMATIC BLOOD GLUCOSE	2	
ONETOUCH DELICA PLUS LANCING	1		PRECISION XTRA BLOOD GLUCOSE	2	QL
ONETOUCH DELICA PLUS LANCING	2		PRODIGY NO CODING BLOOD GLUC	2	
ONETOUCH DELICA SAFETY LANCING	1		PTS PANELS EGLU TEST	2	QL
ONETOUCH DELICA SAFETY LANCING	2		RELION PREMIER CLASSIC	2	
ONETOUCH ULTRA 2 KIT W/DEVICE	1		RELION PREMIER TEST	2	QL
ONETOUCH ULTRA IN VITRO LIQUID	1		RIGHTEST GT333 BLOOD GLUCOSE	2	
ONETOUCH ULTRA IN VITRO STRIP	1	QL	RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	2	QL
ONETOUCH ULTRA TEST STRIPS	1	QL	RIGHTEST GT333 GLUCOSE TEST	2	QL
ONETOUCH ULTRASOFT 2 LANCETS	1		TECHLITE LANCETS 26G	2	
ONETOUCH ULTRASOFT 2 LANCETS	2		TEMPO REFILL	2	
ONETOUCH VERIO FLEX SYSTEM	1		TRUE FOCUS BLOOD GLUCOSE METER	2	
ONETOUCH VERIO IN VITRO LIQUID HIGH	1		TRUE METRIX BLOOD GLUCOSE TEST	2	QL
ONETOUCH VERIO TEST STRIPS	1	QL	TRUE METRIX LEVEL 1	2	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1		TRUE METRIX LEVEL 2	2	
PERFECT POINT SAFETY LANCETS	2		TRUE METRIX LEVEL 3	2	
PIP BLOOD GLUCOSE MONITORING	2		TRUE METRIX METER KIT	2	
PIP BLOOD GLUCOSE TEST STRIP	2	QL	TRUE METRIX PRO BLOOD GLUCOSE	2	QL
PIP GLUCOSE CONTROL SOLUTION	2		TRUETRACK TEST	2	QL
			UNISTRIP CONTROL IN VITRO SOLUTION LOW	2	
			VERIFINE SAFE LANCET MINI 21G	2	
			VERIFINE SAFE LANCET MINI 23G	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
VERIFINE SAFE LANCET MINI 28G	2		FIASP	1	
VERIFINE SAFE LANCET MINI 30G	2		FIASP FLEXTOUCH	1	
VIVAGUARD INO CONTROL SOLUTION	2		FIASP PENFILL	1	
VIVAGUARD INO GLUCOSE METER	2		FIASP PUMPCART	2	
VIVAGUARD INO SMART GLUC METER	2		HUMALOG	2	
VIVAGUARD INO TEST STRIPS	2	QL	HUMALOG KWIKPEN	2	
VIVAGUARD LANCETS 30G	2		HUMALOG MIX 50/50 KWIKPEN	2	
VIVAGUARD LANCING DEVICE	2		HUMALOG MIX 50/50 VIAL	2	
VIVAGUARD SAFETY LANCETS 28G	2		HUMALOG MIX 75/25 KWIKPEN	2	
<b>Diabetes - Glycemic Agents</b>			HUMALOG MIX 75/25 VIAL	2	
BAQSIMI ONE PACK	2		HUMALOG U-100 JUNIOR KWIKPEN	2	
BAQSIMI TWO PACK	2		HUMULIN 70/30 KWIKPEN	2	
diazoxide oral	3		HUMULIN 70/30 VIAL	2	
glucagon emergency kit	1		HUMULIN N KWIKPEN	2	
GLUCAGON EMERGENCY KIT	2		HUMULIN N VIAL	2	
GVOKE HYPOOPEN 1-PACK	2		HUMULIN R U-500 KWIKPEN	2	
GVOKE HYPOOPEN 2-PACK	2		HUMULIN R U-500 VIAL	2	
GVOKE KIT	2		HUMULIN R VIAL	2	
GVOKE PFS	2				
<b>Diabetes - Insulins</b>					
APIDRA SOLOSTAR	3				
APIDRA VIAL	3				
AQ INSULIN SYRINGE	1				
BD ULTRA-FINE INSULIN SYRINGES	1				
DROPSAFE SAFETY SYRINGE/NEEDLE	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
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 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	1		NOVOLOG MIX 70/30 VIAL NOVOLOG PENFILL NOVOLOG U-100 VIAL TOUJEO MAX SOLOSTAR TOUJEO SOLOSTAR TRESIBA TRESIBA FLEXTOUCH ULTIGUARD SAFEPACK SYR/NEEDLE VERIFINE INSULIN SYRINGE	1 1 1 2 2 2 2 1 1	
LANTUS SOLOSTAR	2		<b>Electrolytes / Minerals / Metals / Vitamins</b>		
LANTUS U-100 VIAL	2		carglumic acid	SP1	PA
LEVEMIR FLEXPEN	2		cyanocobalamin injection solution 1000 mcg/ml	1	
LEVEMIR U-100 VIAL	2		cyanocobalamin nasal	1	
NOVOLIN 70/30 FLEXPEN	2		cytra k crystals	1	
NOVOLIN 70/30 FLEXPEN RELION	2		deferasirox oral tablet	3	
NOVOLIN 70/30 RELION	2		effer-k oral tablet effervescent 25 meq	1	
NOVOLIN 70/30 VIAL	2		ergocalciferol oral capsule	1	
NOVOLIN N FLEXPEN	2		ferocon	1	
NOVOLIN N FLEXPEN RELION	2		ferotrinisic	1	
NOVOLIN N RELION	2		FERRALET 90	3	
NOVOLIN N VIAL	2		FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 1 MG	1	
NOVOLIN R FLEXPEN	2		FLORIVA ORAL LIQUID	0	PV
NOVOLIN R FLEXPEN RELION	2		folate	0	PV
NOVOLIN R RELION	2		folic acid oral tablet 1 mg	1	
NOVOLIN R VIAL	2		folic acid oral tablet 400 mcg, 800 mcg	0	PV
NOVOLOG FLEXPEN	1		FOLIVANE-F	2	
NOVOLOG MIX 70/30 FLEXPEN	1		FOLIVANE-PLUS	2	
			foltrin	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ft folic acid	0	PV	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		PKU GOLIKE 10G P.E.	2	
IRON FOLATE-F	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		potassium chloride crys er	1	
klor-con m10	1		potassium chloride er	1	
klor-con m15	1		potassium chloride oral	1	
klor-con m20	1		potassium citrate er	1	
klor-con/ef	1		potassium citrate-citric acid	1	
K-PHOS	2		prenatal multi +dha	0	PV
K-PHOS NO 2	2		prenatal oral tablet 27-0.8 mg	0	PV
k-prime	1		prenatal oral tablet 27-1 mg	1	
levocarnitine intravenous	3		prenatal plus vitamin/mineral	1	
levocarnitine oral solution	1		prenatal vitamins oral tablet 27-0.8 mg	0	PV
levocarnitine oral tablet	1		prenatal/folic acid+dha	0	PV
levocarnitine sf	1		PROFERRIN-FORTE	2	
LIQUACEL	3		QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG	1	
MASONATAL	0	PV	sod citrate-citric acid	1	
multivitamin w/fluoride oral tablet chewable 1 mg	1		sodium fluoride oral	0	PV
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1		sodium polystyrene sulfonate	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	1		tolvaptan	SP1	QL
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 1 MG	1		tricitrates	1	
NASCOBAL	2				
NEONATAL PRENATAL	0	PV			
ONE VITE WOMENS	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
trientine hcl oral capsule 250 mg	SP1	PA		0	PV; QL; AL (Min 45 Years and Max 75 Years)
TRUE FOLIC ACID ORAL TABLET 400 MCG	0	PV	bisacodyl ec		
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1			0	PV; QL; AL (Min 45 Years and Max 75 Years)
wes-phos 250 neutral	1		bisacodyl oral		
yl folic acid	0	PV		0	PV; QL; AL (Min 45 Years and Max 75 Years)
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>			citroma		
esomeprazole magnesium oral capsule delayed release 40 mg	3	QL		0	PV; QL; AL (Min 45 Years and Max 75 Years)
famotidine oral suspension reconstituted	3		clearlax		
FIRST-OMEPRAZOLE	3		constulose	1	
lansoprazole oral capsule delayed release 30 mg	3	QL	cromolyn sodium oral	3	
misoprostol oral	1		dicyclomine hcl oral	1	
NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	QL; AL (Max 12 Years)	diphenoxylate-atropine	1	
omeprazole oral capsule delayed release 10 mg, 40 mg	3	QL	enulose	1	
OMEPRAZOLE+SYRSP END SF ALKA	3			0	PV; QL; AL (Min 45 Years and Max 75 Years)
pantoprazole sodium oral tablet delayed release	3	QL	ft clearlax		
rabeprazole sodium oral tablet delayed release	3	QL		0	PV; QL; AL (Min 45 Years and Max 75 Years)
sucralfate oral suspension	3		ft laxative		
sucralfate oral tablet	1			0	PV; QL; AL (Min 45 Years and Max 75 Years)
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>			ft magnesium citrate		
alosetron hcl	3	PA	GATTEX	SP3	PA
AMITIZA	3	QL			

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
gavilax oral powder	0	PV; QL; AL (Min 45 Years and Max 75 Years)	hyosyne	1	
gavilyte-c	1	PV; QL; AL (Min 45 Years and Max 75 Years)	lactulose encephalopathy oral solution 10 gm/15ml	1	
gavilyte-g	1	PV; QL; AL (Min 45 Years and Max 75 Years)	lactulose oral solution	1	
gavilyte-n with flavor pack	1	PV; QL; AL (Min 45 Years and Max 75 Years)	LINZESS	3	QL
generlac	1		lubiprostone	3	QL
gentle laxative oral tablet delayed release	0	PV; QL; AL (Min 45 Years and Max 75 Years)	magnesium citrate oral solution	0	PV; QL; AL (Min 45 Years and Max 75 Years)
gentlelax	0	PV; QL; AL (Min 45 Years and Max 75 Years)	mm clearlax	0	PV; QL; AL (Min 45 Years and Max 75 Years)
glycolax	0	PV; QL; AL (Min 45 Years and Max 75 Years)	MOVANTIK	3	QL
glycopyrrolate oral solution	3	PA	na sulfate-k sulfate-mg sulf	0	PV; QL; AL (Min 45 Years and Max 75 Years)
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL	peg 3350-kcl-na bicarb- nacl	1	PV; QL; AL (Min 45 Years and Max 75 Years)
hyoscyamine sulfate er	1		peg-3350/electrolytes	1	PV; QL; AL (Min 45 Years and Max 75 Years)
hyoscyamine sulfate oral	1		peg- 3350/electrolytes/ascorb at	3	
hyoscyamine sulfate sublingual	1		peg-kcl-nacl-nasulf-na asc-c	3	
					PV; QL; AL (Min 45 Years and Max 75 Years)
					polyethylene glycol 3350 oral powder
			RELISTOR SUBCUTANEOUS	SP3	QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
true laxative	0	PV; QL; AL (Min 45 Years and Max 75 Years)	darifenacin hydrobromide er	3	
ursodiol oral capsule 300 mg	1		ELMIRON	2	PA
ursodiol oral tablet	1		flavoxate hcl	1	
VIBERZI	3	PA; QL	INTRAROSA	3	
XERMELO	SP3	PA; QL	LITHOSTAT	3	
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>			mirabegron er	1	
CERDELGA	SP3	PA	MYRBETRIQ	2	
CHOLBAM	SP3	PA	oxybutynin chloride er	1	
CREON	2		oxybutynin chloride oral solution	1	
GALAFOLD	SP3	PA; QL	oxybutynin chloride oral tablet 5 mg	1	
MYALEPT	SP3	PA	penicillamine oral tablet	SP1	PA
nitisinone	SP1	PA	phenazo oral tablet 200 mg	1	
OCALIVA	SP3	PA; QL	phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
ORFADIN ORAL CAPSULE 20 MG	SP3	PA	sevelamer carbonate	1	
ORFADIN ORAL SUSPENSION	SP3	PA	sevelamer hcl oral tablet 400 mg	1	
PANCREAZE	2		sevelamer hcl oral tablet 800 mg	3	
PROCYSBI	SP3	PA	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	3	QL
RAVICTI	SP3	PA	solifenacain succinate	1	
sodium phenylbutyrate oral	SP1	PA	tadalafil oral tablet 2.5 mg, 5 mg	3	QL
STRENSIQ	SP3	PA	tolterodine tartrate	1	
ZENPEP	2		tolterodine tartrate er	1	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>			trospium chloride	1	
AURYXIA	3		trospium chloride er	3	
bethanechol chloride oral	1		<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
calcium acetate (phos binder) oral capsule	1		alfuzosin hcl er	1	
			dutasteride oral	1	
			dutasteride-tamsulosin hcl	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
finasteride oral tablet 5 mg	1		testosterone enanthate intramuscular	1	PA
silodosin	1		testosterone transdermal	3	PA
tamsulosin hcl	1		<b>Hormonal Agents - Pituitary</b>		
terazosin hcl	1		cabergoline	1	
<b>Hormonal Agents - Adrenal</b>			desmopressin ace spray refrig	3	
CORTISONE ACETATE ORAL	1		desmopressin acetate injection	1	
dexamethasone intensol	1		DESMOPRESSIN ACETATE NASAL	2	
dexamethasone oral elixir	1		desmopressin acetate oral	1	
dexamethasone oral solution	1		desmopressin acetate pf	1	
dexamethasone oral tablet	1		desmopressin acetate spray	1	
fludrocortisone acetate oral	1		LUPRON DEPOT-PED (6-MONTH)	SP2	PA
hydrocortisone oral	1		NORDITROPIN FLEXPRO	SP2	PA
MEDROL ORAL TABLET 2 MG	2		NUTROPIN AQ NUSPIN 10	SP2	PA
methylprednisolone oral	1		NUTROPIN AQ NUSPIN 20	SP2	PA
prednisolone oral solution	1		NUTROPIN AQ NUSPIN 5	SP2	PA
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1		octreotide acetate	SP1	PA
prednisolone sodium phosphate oral tablet dispersible	3		OMNITROPE	SP2	PA
prednisone intensol	1		ORILISSA	3	PA; QL
prednisone oral	1		SANDOSTATIN	SP1	PA
<b>Hormonal Agents - Men's Health</b>			SIGNIFOR	SP3	PA; QL
ANDRODERM	2	PA	SOGROYA	SP3	PA
danazol oral	3		SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP3	PA
DEPO-TESTOSTERONE	2	PA			
testosterone cypionate intramuscular	1	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
<b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b>					
OSPHENA	3		chateal eq	0	PV
raloxifene hcl	1	PV	CLIMARA PRO	3	
<b>Hormonal Agents - Sex Hormones and Birth Control</b>					
afirmelle	0	PV	COMBIPATCH	3	
aftera	0	PV	cryselle-28	0	PV
altavera	0	PV	curae	0	PV
alyacen 1/35	0	PV	cyred eq	0	PV
alyacen 7/7/7	0	PV	dasetta 1/35	0	PV
amethyst	0	PV	dasetta 7/7/7	0	PV
ANGELIQ	2		daysee	0	PV; QL
ANNOVERA	0	PV; QL	deblitane	0	PV
apri	0	PV	delyla	0	PV
aranelle	0	PV	DEPO-ESTRADIOL	2	
ashlyna	0	PV; QL	desogestrel-ethinyl estradiol	0	PV
aubra eq	0	PV	dolishale	0	PV
aurovela 1.5/30	0	PV	dotti	1	
aurovela 1/20	0	PV	drospirenen-eth estrad-levomefol	0	PV
aurovela 24 fe	0	PV	drospirenone-ethinyl estradiol	0	PV
aurovela fe 1.5/30	0	PV	DUAVEE	2	
aurovela fe 1/20	0	PV	econtra one-step	0	PV
aviane	0	PV	ELESTRIN	3	
ayuna	0	PV	elinest	0	PV
azurette	0	PV	ELLA	0	PV
balziva	0	PV	eluryng	0	PV
blisovi 24 fe	0	PV	emzahh	0	PV
blisovi fe 1.5/30	0	PV	enilloring	0	PV
blisovi fe 1/20	0	PV	enpresso-28	0	PV
briellyn	0	PV	enskyce	0	PV
camila	0	PV	errin	0	PV
camrese	0	PV; QL	est estrogens-methyltest	1	
camrese lo	0	PV; QL	est estrogens-methyltest ds	1	
charlotte 24 fe	0	PV	est estrogens-methyltest hs	1	
			estarrylla	0	PV
			estradiol 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
estradiol transdermal gel	3		joyeaux	0	PV
estradiol transdermal patch twice weekly	1		juleber	0	PV
estradiol transdermal patch weekly	1		junel 1.5/30	0	PV
estradiol vaginal	1		junel 1/20	0	PV
estradiol valerate intramuscular	1		junel fe 1.5/30	0	PV
estradiol-norethindrone acet	1		junel fe 1/20	0	PV
estratest f.s.	1		junel fe 24	0	PV
ESTRING	3	QL	kaitlib fe	0	PV
ethynodiol diac-eth estradiol	0	PV	kalliga	0	PV
etonogestrel-ethinyl estradiol	0	PV	kariva	0	PV
EVAMIST	3		kelnor 1/35	0	PV
falmina	0	PV	kelnor 1/50	0	PV
finzala	0	PV	kurvelo	0	PV
fyavolv	1		KYLEENA	0	PV
gallifrey	1		larin 1.5/30	0	PV
gemmily	0	PV	larin 1/20	0	PV
hailey 1.5/30	0	PV	larin 24 fe	0	PV
hailey 24 fe	0	PV	larin fe 1.5/30	0	PV
hailey fe 1.5/30	0	PV	larin fe 1/20	0	PV
hailey fe 1/20	0	PV	layolis fe	0	PV
haloette	0	PV	leena	0	PV
heather	0	PV	lessina	0	PV
her style	0	PV	levonest	0	PV
iclevia	0	PV; QL	levonorgest-eth est & eth est	0	PV; QL
incassia	0	PV	levonorgest-eth estrad 91-day	0	PV; QL
introvale	0	PV; QL	levonorgest-eth estradiol-iron	0	PV
isibloom	0	PV	levonorgestrel	0	PV
jaimiess	0	PV; QL	levonorgestrel-ethinyl estrad	0	PV
jasmiel	0	PV	levonorg-eth estrad triphasic	0	PV
jencycla	0	PV	levora 0.15/30 (28)	0	PV
jintel	1		LILETTA (52 MG)	0	PV
jolessa	0	PV; QL	LO LOESTRIN FE	3	PV
			lojaimiess	0	PV; QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
loryna	0	PV	nora-be	0	PV
low-ogestrel	0	PV	norelgestromin-eth estradiol	0	PV
lo-zumandimine	0	PV	norethin ace-eth estrad- fe	0	PV
lutera	0	PV	norethindrone acetate oral	1	
lyeq	0	PV	norethindrone acet- ethinyl est	0	PV
lyllana	1		norethindrone oral	0	PV
lyza	0	PV	norethindrone-eth estradiol	1	
marlissa	0	PV	norethindron-ethinyl estradiol-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		norlyroc	0	PV
MENEST	2		nortrel 0.5/35 (28)	0	PV
merzee	0	PV	nortrel 1/35 (21)	0	PV
mibelas 24 fe	0	PV	nortrel 1/35 (28)	0	PV
microgestin 1.5/30	0	PV	nortrel 7/7/7	0	PV
microgestin 1/20	0	PV	nylia 1/35	0	PV
microgestin 24 fe oral tablet 1-20 mg-mcg	0	PV	nylia 7/7/7	0	PV
microgestin fe 1.5/30	0	PV	nymyo oral tablet 0.25-35 mg-mcg	0	PV
microgestin fe 1/20	0	PV	ocella	0	PV
mili	0	PV	opcicon one-step	0	PV
mimvey	1		OPILL	0	PV
MIRENA (52 MG)	0	PV	option 2	0	PV
mono-linyah	0	PV	ORIAHNN	3	PA; QL
my choice	0	PV	PARAGARD INTRAUTERINE COPPER	0	PV
my way	0	PV	philith	0	PV
NATAZIA	0	PV	pimtreia	0	PV
necon 0.5/35 (28)	0	PV	portia-28	0	PV
new day	0	PV			
NEXPLANON	0	PV			
nikki	0	PV			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PREMARIN ORAL	2		tri-vylibra	0	PV
PREMARIN VAGINAL	2		tri-vylibra lo	0	PV
PREMPHASE	2		turqoz	0	PV
PREMPRO	2		tydemy	0	PV
progesterone intramuscular	1		velivet	0	PV
progesterone oral	1		vestura	0	PV
react	0	PV	vienna	0	PV
reclipsen	0	PV	viorele	0	PV
rivelsa	0	PV; QL	volnea	0	PV
setlakin	0	PV; QL	vyfemla	0	PV
sharobel	0	PV	vylibra	0	PV
simliya	0	PV	wera	0	PV
simpesse	0	PV; QL	wymzya fe	0	PV
SKYLA	0	PV	xulane	0	PV
SLYND	3	PV	yuvafem	1	
sprintec 28	0	PV	zafemy	0	PV
sronyx	0	PV	zovia 1/35 (28)	0	PV
syeda	0	PV	zumandimine	0	PV
take action	0	PV	<b>Hormonal Agents - Thyroid</b>		
tarina 24 fe	0	PV	ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	2	
tarina fe 1/20 eq	0	PV	adthyza oral tablet 130 mg, 16.25 mg, 32.5 mg, 65 mg, 97.5 mg	1	
taysofy	0	PV	ARMOUR THYROID	2	
tilia fe	0	PV	euthyrox	1	
tri-estarrylla	0	PV	levo-t	1	
tri-legest fe	0	PV	LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
tri-linyah	0	PV	levothyroxine sodium oral tablet	1	
tri-lo-estarrylla	0	PV	levoxyl	1	
tri-lo-marzia	0	PV	liothyronine sodium oral	1	
tri-lo-mili	0	PV	methimazole oral	1	
tri-lo-sprintec	0	PV	NIVA THYROID	2	
tri-mili	0	PV			
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	0	PV			
tri-sprintec	0	PV			
trivora (28)	0	PV			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
np thyroid	1		COSENTYX SENSOREADY PEN	SP3	PA; QL
propylthiouracil oral	1		COSENTYX UNOREADY	SP3	PA; QL
SYNTHROID	2		cyclosporine modified	1	
thyroid oral	1		cyclosporine oral	1	
TIROSINT	3		CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	SP2	PA; QL
unithroid	1		CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	SP2	PA; QL
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>			CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	SP2	PA; QL
ACTEMRA ACTPEN	SP3	PA; QL	CYLTEZO- PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	SP2	PA; QL
ACTEMRA SUBCUTANEOUS	SP3	PA; QL	ENBREL	SP2	PA; QL
ACTIMMUNE	SP2	PA	ENBREL MINI	SP2	PA; QL
ADALIMUMAB-ADBM (2 PEN)	SP2	PA; QL	ENBREL SURECLICK	SP2	PA; QL
ADALIMUMAB-ADBM (2 SYRINGE)	SP2	PA; QL	ENVARSUS XR	SP2	
ADALIMUMAB- ADBM(CD/UC/HS STRT)	SP2	PA; QL	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	SP1	
ADALIMUMAB- ADBM(PS/UV STARTER)	SP2	PA; QL	FIRAZYR	SP3	PA; QL
azathioprine oral tablet 50 mg	1		genograf	1	
BERINERT	SP2	PA; QL	HADLIMA	SP2	PA; QL
BEYFORTUS	0	PV; AL (Max 24 Months)	HADLIMA PUSHTOUCH	SP2	PA; QL
CELLCEPT	SP3		HAEGARDA	SP2	PA
CIMZIA	SP2	PA; QL	HUMIRA (2 PEN)	SP2	PA; QL
CIMZIA (2 SYRINGE)	SP2	PA; QL	HUMIRA (2 SYRINGE)	SP2	PA; QL
CIMZIA STARTER KIT	SP2	PA; QL	HUMIRA-CD/UC/HS STARTER	SP2	PA; QL
COSENTYX (300 MG DOSE)	SP3	PA; QL			
COSENTYX 150 MG/ML SUBCUTANEOUS	SP3	PA; QL			
COSENTYX SENSOREADY (300 MG)	SP3	PA; QL			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes																																																																																													
HUMIRA- PSORIASIS/UVEIT STARTER	SP2	PA; QL	SKYRIZI PEN	SP2	PA; QL																																																																																													
icatibant acetate	SP1	PA; QL	SKYRIZI SUBCUTANEOUS	SP2	PA; QL																																																																																													
JYLAMVO	3		STELARA SUBCUTANEOUS	SP2	PA; QL																																																																																													
KINERET	SP3	PA	tacrolimus oral	1																																																																																														
leflunomide oral	1		TALTZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR	SP3	PA; QL																																																																																													
methotrexate sodium	1		TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	SP3	PA; QL																																																																																													
methotrexate sodium (pf)	1		TREMFYA SUBCUTANEOUS SOLUTION PEN- INJECTOR	SP2	PA; QL																																																																																													
mycophenolate mofetil oral	1		TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	SP2	PA; QL																																																																																													
mycophenolate sodium	1		XATMEP	3																																																																																														
mycophenolic acid	1		XELJANZ ORAL TABLET	SP2	PA; QL																																																																																													
MYFORTIC	SP3		XELJANZ XR	SP2	PA; QL																																																																																													
NEORAL	SP3		ZORTRESS	SP3																																																																																														
OLUMIANT	SP3	PA; QL	<b>Immunological Agents - Drugs for Vaccination</b>						ORENCIA CLICKJECT	SP3	PA; QL	ABRYSVO	3	PV; QL; AL (Min 60 Years)	ORENCIA SUBCUTANEOUS	SP3	PA; QL	ACTHIB	3	PV; AL (Max 6 Years)	OTEZLA ORAL TABLET 30 MG	SP2	PA; QL	ADACEL	0	PV	OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	SP2	PA; QL	AFLURIA	0	PV	PROGRAF ORAL CAPSULE	SP3		AFLURIA PRESERVATIVE FREE	0	PV	PROGRAF ORAL PACKET	SP2		AREXVY	0	PV; QL; AL (Min 60 Years)	RAPAMUNE ORAL SOLUTION	SP2					RIDAURA	SP2					RINVOQ	SP2	PA; QL				sajazir	SP1	PA; QL				SANDIMMUNE ORAL	SP3					SIMPONI	SP2	PA; QL				sirolimus oral solution	SP1					sirolimus oral tablet	1					SKYRIZI INTRAVENOUS	SP2	PA			
<b>Immunological Agents - Drugs for Vaccination</b>																																																																																																		
ORENCIA CLICKJECT	SP3	PA; QL	ABRYSVO	3	PV; QL; AL (Min 60 Years)																																																																																													
ORENCIA SUBCUTANEOUS	SP3	PA; QL	ACTHIB	3	PV; AL (Max 6 Years)																																																																																													
OTEZLA ORAL TABLET 30 MG	SP2	PA; QL	ADACEL	0	PV																																																																																													
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	SP2	PA; QL	AFLURIA	0	PV																																																																																													
PROGRAF ORAL CAPSULE	SP3		AFLURIA PRESERVATIVE FREE	0	PV																																																																																													
PROGRAF ORAL PACKET	SP2		AREXVY	0	PV; QL; AL (Min 60 Years)																																																																																													
RAPAMUNE ORAL SOLUTION	SP2																																																																																																	
RIDAURA	SP2																																																																																																	
RINVOQ	SP2	PA; QL																																																																																																
sajazir	SP1	PA; QL																																																																																																
SANDIMMUNE ORAL	SP3																																																																																																	
SIMPONI	SP2	PA; QL																																																																																																
sirolimus oral solution	SP1																																																																																																	
sirolimus oral tablet	1																																																																																																	
SKYRIZI INTRAVENOUS	SP2	PA																																																																																																

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
BCG VACCINE	3			3	PV; AL (Max 6 Years)
BEXSERO	0	PV	HIBERIX	3	
BOOSTRIX	0	PV	IMOVAX RABIES	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5- 18.5 LF-MCG/0.5	0	PV	INFANRIX	0	PV
COMIRNATY	0	PV		3	PV; AL (Max 17 Years)
DAPTACEL	0	PV	IPOL	0	
		PV; AL (Min 9 Years and Max 16 Years)	JYNNEOS	0	PV
DENGVAXIA	0		KINRIX	0	PV
ENGERIX-B	0	PV	MENQUADFI	0	PV
	0	PV; AL (Min 65 Years)	MENVEO	0	PV
FLUAD	0		M-M-R II	0	PV
FLUARIX	0	PV	MODERNA COVID-19 VAC 6M-11Y	0	PV
FLUBLOK	0	PV		0	PV; QL; AL (Min 60 Years)
FLUCELVAX	0	PV	MRESVIA		
FLULAVAL	0	PV	NOVAVAX COVID-19 VACCINE	0	PV
	0	PV; AL (Min 2 Years and Max 49 Years)	PEDIARIX	0	PV
FLUMIST				3	PV; AL (Max 6 Years)
	0	PV; AL (Min 65 Years)	PEDVAX HIB	0	PV
FLUZONE HIGH-DOSE	0		PENBRAYA	0	PV
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	0	PV	PENTACEL	0	PV
	3	PV; AL (Min 9 Years and Max 45 Years)	PFIZER COVID-19 VAC- TRIS 5-11Y	0	PV
GARDASIL 9			PFIZER COVID-19 VAC- TRIS 6M-4Y	0	PV
HAVRIX	0	PV	PNEUMOVAX 23	0	PV
	3	PV; AL (Min 18 Years)		0	PV; AL (Min 18 Years)
HEPLISAV-B			PREHEVBRIOD	0	
			PREVNAR 20	0	PV
			PRIORIX	0	PV
			PROQUAD	0	PV
			QUADRACEL	0	PV
			RECOMBIVAX HB	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
ROTARIX	3	PV; AL (Max 8 Months)	mesalamine er	1	
ROTATEQ	3	PV; AL (Max 8 Months)	mesalamine oral	1	
SHINGRIX	3	PV; AL (Min 19 Years)	mesalamine rectal	1	
SPIKEVAX	0	PV	mesalamine-cleanser	1	
STAMARIL	3		PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	
TDVAX	0	PV	PROCTOFOAM HC	2	
TENIVAC	0	PV	procto-med hc	1	
TETANUS-DIPHTHERIA TOXOIDS TD	0	PV	proctosol hc	1	
TRUMENBA	0	PV	protozone-hc	1	
TWINRIX	0	PV	sulfasalazine oral	1	
TYPHIM VI	3		<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
VAQTA	0	PV	alendronate sodium oral solution	1	
VARIVAX	0	PV	alendronate sodium oral tablet 10 mg, 5 mg	1	
VAXCHORA	3		alendronate sodium oral tablet 35 mg, 70 mg	1	QL
VAXELIS	0	PV	calcitonin (salmon) nasal	1	QL
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
<b>Inflammatory Bowel Disease Agents</b>			risedronate sodium oral tablet 30 mg, 5 mg	1	
anucort-hc	1		risedronate sodium oral tablet delayed release	3	QL
balsalazide disodium	1		teriparatide	SP1	PA
budesonide er	3		teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	SP1	PA
budesonide oral	1				
hydrocortisone (perianal)	1				
hydrocortisone ace-pramoxine external cream 1-1 %	1				
hydrocortisone acetate rectal suppository 25 mg	1				
hydrocortisone rectal	1				
hydrocort-pramoxine (perianal)	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN- INJECTOR 620 MCG/2.48ML	SP2	PA	AUM INSULIN SAFETY PEN NEEDLE	1	
TYMLOS	SP2	PA	AUM MINI INSULIN PEN NEEDLE	1	
<b>Metabolic Bone Disease Agents - Other</b>			AUM PEN NEEDLE	1	
calcitriol oral	1		AUM READYGARD DUO PEN NEEDLE	1	
cinacalcet hcl	1		AUM SAFETY PEN NEEDLE	1	
paricalcitol oral	1		BD AUTOSHIELD DUO PEN NEEDLES	1	
<b>Miscellaneous Therapeutic Agents</b>			BD ECLIPSE LUER-LOK NEEDLE	1	
ADVOCATE INSULIN PEN NEEDLE	1		BD ECLIPSE NEEDLE 18G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	1	
AEROCHAMBER HOLDING CHAMBER	2		BD FILTER NEEDLE	1	
AEROCHAMBER MINI CHAMBER	2		BD SYRINGE LUER- LOK 30 ML	1	
AEROCHAMBER MV	2		BD ULTRA-FINE PEN NEEDLES	1	
AEROCHAMBER PLS FLOVU MTHPIECE	2		BREATHE COMFORT CHAMBER/ADULT	2	
AEROCHAMBER PLUS FLO-VU INTERM	2		BREATHE COMFORT CHAMBER/CHILD	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2		BREATHE EASE LARGE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2		BREATHE EASE MEDIUM	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2		BREATHE EASE SMALL	2	
AEROCHAMBER PLUS FLOW VU	2		BREATHERITE VALVED MDI CHAMBER	2	
AEROCHAMBER W/FLOWSIGNAL	2		CAMILO PRO COMPLETE/GLYTACTI N	2	
AQINJECT PEN NEEDLE	1		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	
ASSURE ID DUO PRO PEN NEEDLES	1		CAREPOINT SAFETY 1ST NEEDLE	1	
ASSURE ID PRO PEN NEEDLES	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
CAREPOINT SYRINGE LUER LOCK 1 ML , 30 ML	1		ELECARE	3	
CAREPOINT SYRINGE LUER SLIP 1 ML	1		EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1	
CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 26G X 1" , 27G X 1-1/2"	1		ENCARE	0	PV
CARETOUCH LUER LOCK 1 ML	1		EO28 SPLASH	3	
CAYA	0	PV	EQUACARE JR	3	
CLEVER CHOICE HOLDING CHAMBER	2		ESSENTIAL CARE JR	3	
COMFORT EZ PRO PEN NEEDLES	1		FC2 FEMALE CONDOM	0	PV
COMPACT SPACE CHAMBER	2		FEMCAP	0	PV
COMPACT SPACE CHAMBER/LG MASK	2		FLEXICHAMBER	2	
COMPACT SPACE CHAMBER/MED MASK	2		FLEXICHAMBER ADULT MASK/SMALL	2	
COMPACT SPACE CHAMBER/SM MASK	2		FLEXICHAMBER CHILD MASK/LARGE	2	
CONDOMS	0	PV	FLEXICHAMBER CHILD MASK/SMALL	2	
DEFLUX METAL NEEDLE	1		FORA D40G GLUCOSE/PRESSURE	2	
DROPLET MICRON	1		GLYTACTIN BETTERMILK 15	2	
DROPSAFE SICURA	1		GLYTACTIN BETTERMILK DE-LITE	2	
DUREX EXTRA SENSITIVE THIN	0	PV	GLYTACTIN BUILD 10PE	2	
DUREX TROPICAL	0	PV	GLYTACTIN BUILD 20/20	2	
EASIVENT	2		GLYTACTIN BUILD 20/20 PKU	2	
EASY GLIDE LUER LOCK SYRINGE	1		GLYTACTIN BURST	2	
EASY GLIDE SLIP LOCK SYRINGE	1		GLYTACTIN COMPLETE 10PE	2	
EASY TOUCH HYPODERMIC NEEDLE 16G X 1"	1		GLYTACTIN RESTORE 10	2	
EASYPPOINT NEEDLE	1		GLYTACTIN RESTORE 5	2	
			GLYTACTIN RESTORE LITE 10	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
GLYTACTIN RESTORE LITE 10PE	2		NOVOFINE PEN NEEDLE	1	
GLYTACTIN RTD 10	2		NOVOFINE PLUS PEN NEEDLE	1	
GLYTACTIN RTD 15	2		OMNIPOD 5 G6 INTRO (GEN 5)	3	
GLYTACTIN RTD LITE 15	2		OMNIPOD 5 G6 PODS (GEN 5)	3	QL
GLYTACTIN SWIRL 15	2		OMNIPOD 5 LIBRE2 PLUS G6	3	
GLYTACTIN SWIRL 15PE	2		OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	QL
HUMATROPEN FOR 12MG	1		OMNIPOD CLASSIC PODS (GEN 3)	3	QL
HUMATROPEN FOR 24MG	1		OMNIPOD DASH INTRO (GEN 4)	3	
HUMATROPEN FOR 6MG	1		OMNIPOD DASH PDM (GEN 4)	3	
INCONTROL ULTICARE PEN NEEDLES	1		OMNIPOD DASH PODS (GEN 4)	3	QL
INSPIREASE RESERVOIR BAGS	2		OMNIPOD GO KIT 20 UNIT/24HR, 30 UNIT/24HR, 40 UNIT/24HR	3	
INSULIN PEN NEEDLES	1		OMNIPOD POD PALS	3	QL
IWILFIN	SP2	PA	OPTICHAMBER DIAMOND	2	
J-TIP KIT W/VIAL ADAPTERS	1		OPTICHAMBER DIAMOND-LG MASK	2	
LIPISTART	2		OPTICHAMBER DIAMOND-MD MASK	2	
methergine	3	QL	OPTICHAMBER DIAMOND-SM MASK	2	
methylergonovine maleate oral	3	QL	OPTIONS GYNOL II CONTRACEPTIVE	0	PV
MICROCHAMBER DEVICE	2		PANDA MASK LARGE	2	
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	1		PANDA MASK MEDIUM	2	
NEOCATE JUNIOR	3		PANDA MASK SMALL	2	
NEOCATE SPLASH	3		PARI VORTEX ADULT MASK	2	
NEOCATE SYNEO JUNIOR	3		PEDIATRIC PANDA MASK	2	
NEOPHE	2				
NORDIPEN 5 INJECTION DEVICE	1				
NORM-JECT LUER SLIP SYRINGE	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PERFECT POINT SAFETY NEEDLE	1		PROCARE SPACER/ADULT MASK	2	
PHENEX-1	2		PROCARE SPACER/CHILD MASK	2	
PHENEX-2	2		PURAMINO DHA/ARA	3	
PHENYLADE DRINK MIX	2		PURE COMFORT SAFETY PEN NEEDLE	1	
PHENYLADE GMP MIX DHA/FIBER	2		PURE COMFORT SPACER CHAMBER	2	
PHENYLADE GMP READY	2		RAYA SURE PEN NEEDLE	1	
PHENYLADE GMP ULTRA	2		RESTART	2	
PIP PEN NEEDLES 31G X 5MM	1		SAFETY PEN NEEDLES	1	
PIP PEN NEEDLES 32G X 4MM	1		SECURESAFE HYPODERMIC NEEDLE 19G X 1" , 19G X 1-1/2" , 22G X 1" , 25G X 1-1/2"	1	
PKU AIR20 GOLD	2		SYRINGE LUER LOCK 30 ML	1	
PKU AIR20 GREEN	2		SYRINGE LUER SLIP 1 ML	1	
PKU AIR20 YELLOW	2		TODAY SPONGE	0	PV
PKU EASY	2		TOLEREX	3	
PKU EASY MICROTABS	2		TRUE COVER	0	PV
PKU EASY MICROTABS PLUS	2		UNIFINE PROTECT PEN NEEDLE	1	
PKU EASY SHAKE & GO	2		VCF VAGINAL CONTRACEPTIVE	0	PV
PKU EXPRESS 15 PLUS+	2		VERIFINE INSULIN PEN NEEDLE	1	
PKU EXPRESS 20 PLUS+	2		VERIFINE PLUS PEN NEEDLE	1	
PKU SPHERE 20	2		V-GO 20	3	QL
PKU START	2		V-GO 30	3	QL
POCKET SPACER	2		V-GO 40	3	QL
PREKUNIL	2		VIVONEX PEDIATRIC	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				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
WIDE-SEAL DIAPHRAGM 65	0	PV	FLAREX	2	
WIDE-SEAL DIAPHRAGM 70	0	PV	fluorometholone	1	
WIDE-SEAL DIAPHRAGM 75	0	PV	flurbiprofen sodium	1	
WIDE-SEAL DIAPHRAGM 80	0	PV	FML FORTE	2	
WIDE-SEAL DIAPHRAGM 85	0	PV	gatifloxacin ophthalmic	1	
WIDE-SEAL DIAPHRAGM 90	0	PV	gentamicin sulfate ophthalmic	1	
WIDE-SEAL DIAPHRAGM 95	0	PV	ketorolac tromethamine ophthalmic	1	
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>			LOTEMAX OPHTHALMIC OINTMENT	3	QL
ALOCRIL	2		loteprednol etabonate ophthalmic gel	1	QL
ALOMIDE	2		loteprednol etabonate ophthalmic suspension	3	
AZASITE	3		MAXIDEX	2	
azelastine hcl ophthalmic	1		moxifloxacin hcl ophthalmic	1	
bacitracin ophthalmic	1		NATACYN	3	
BESIVANCE	3		neomycin-polymyxin- dexameth ophthalmic ointment	1	
bromfenac sodium (once-daily)	1	QL	neomycin-polymyxin- dexameth ophthalmic suspension 3.5-10000- 0.1	1	
bromfenac sodium ophthalmic solution 0.07 %	3	QL	neomycin-polymyxin-hc ophthalmic	1	
CILOXAN	2		ofloxacin ophthalmic	1	
ciprofloxacin hcl ophthalmic	1		olopatadine hcl ophthalmic solution 0.2 %	1	
cromolyn sodium ophthalmic	1		prednisolone acetate ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1		prednisolone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1		PROLENSA	3	QL
difluprednate	3		sulfacetamide sodium ophthalmic	1	
epinastine hcl	1		TOBRADEX	2	
erythromycin ophthalmic	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
tobramycin ophthalmic	1		timolol maleate (once-daily)	1	
tobramycin-dexamethasone	1		timolol maleate ophthalmic	1	
TOBREX	2		timolol maleate pf solution 0.25 % ophthalmic	1	
trifluridine	1		travoprost (bak free)	3	QL
XDEMVY	SP2	PA; QL	<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ZIRGAN	3		<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
acetazolamide er	1		alfafrin	1	
acetazolamide oral	1		atropine sulfate ophthalmic ointment	1	
apraclonidine hcl	1		atropine sulfate ophthalmic solution 1 %	1	
betaxolol hcl ophthalmic	1		bacitracin-polymyxin b	1	
BETIMOL	2		bacitra-neomycin-polymyxin-hc	1	
BETOPTIC-S	2		cyclopentolate hcl ophthalmic	1	
bimatoprost ophthalmic	1	QL	cyclosporine ophthalmic	3	PA
brimonidine tartrate ophthalmic	1		neomycin-bacitracin zn-polymyx	1	
brimonidine tartrate-timolol	1		neomycin-polymyxin-gramicidin	1	
brinzolamide	3		neo-polycin	1	
carteolol hcl	1		neo-polycin hc	1	
dorzolamide hcl ophthalmic	1		phenylephrine hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1		polycin	1	
dorzolamide hcl-timolol mal pf	1		polymyxin b-trimethoprim	1	
IOPIDINE	2		proparacaine hcl ophthalmic	1	
latanoprost ophthalmic	1		RESTASIS	3	PA
levobunolol hcl	1		RESTASIS MULTIDOSE	3	PA
LUMIGAN	2	QL	tetracaine hcl ophthalmic	1	
methazolamide oral	3		tropicamide ophthalmic	1	
PHOSPHOLINE IODIDE	2		XiIDRA	3	PA
pilocarpine hcl ophthalmic	1				
RHOPRESSA	3	QL			
ROCKLATAN	3	QL			
SIMBRINZA	2				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ZYLET	3		hydromet	1	PA; QL; AL (Min 18 Years)
<b>Otic Agents - Drugs for Ear Conditions</b>			ipratropium bromide nasal	1	
acetic acid otic	1		maxi-tuss ac	1	PA; QL; AL (Min 18 Years)
CIPRO HC	2		promethazine vc	1	
ciprofloxacin hcl otic	1		promethazine-codeine oral solution	1	PA; QL; AL (Min 18 Years)
ciprofloxacin-dexamethasone	1		promethazine-dm	1	
CIPROFLOXACIN-FLUOCINOLONE PF	2		promethazine-phenylephrine	1	
CORTISPORIN-TC	2		pseudoephedrine-bromphen-dm	1	
flac	1		sodium chloride inhalation	1	
fluocinolone acetonide otic	1		SSKI	2	
hydrocortisone-acetic acid	1		<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
neomycin-polymyxin-hc otic	1		acetylcysteine inhalation	1	
ofloxacin otic	1		ADVAIR HFA	2	QL
OTOVEL	2		albuterol sulfate hfa	1	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>			albuterol sulfate inhalation	1	QL
azelastine hcl nasal	1	QL	albuterol sulfate oral	1	
benzonatate oral capsule 100 mg, 200 mg	1		ANORO ELLIPTA	2	QL
cyproheptadine hcl oral	1		ASMANEX (120 METERED DOSES)	2	QL
fluticasone propionate nasal	1		ASMANEX (14 METERED DOSES)	2	QL
guaiifenesin-codeine	1	PA; QL; AL (Min 18 Years)	ASMANEX (30 METERED DOSES)	2	QL
hydrocod poli-chlorphe poli er	1	PA; QL; AL (Min 18 Years)	ASMANEX (60 METERED DOSES)	2	QL
hydrocodone bit-homatrop mbr	1	PA; QL; AL (Min 18 Years)	ASMANEX HFA	2	QL
			ATROVENT HFA	2	QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
BREO ELLIPTA	2	QL	montelukast sodium oral	1	
budesonide inhalation	1	QL	OFEV	SP3	PA
COMBIVENT RESPIMAT	2	QL	pirfenidone	SP1	PA
cromolyn sodium inhalation	3		PROAIR RESPICLICK	3	ST; QL
DALIRESP	3	PA	PULMICORT FLEXHALER	2	QL
elioxophyllin	1		QVAR REDIHALER	2	QL
epinephrine injection solution auto-injector	1		roflumilast	3	PA
FASENRA PEN	SP2	PA	SEREVENT DISKUS	2	QL
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	SP2	PA; QL	SPIRIVA HANDIHALER	1	QL
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	SP2	PA	SPIRIVA RESPIMAT	2	QL
FLUTICASONE PROPIONATE DISKUS	2	QL	STIOLTO RESPIMAT	2	QL
FLUTICASONE PROPIONATE HFA	2	QL	SYMBICORT	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL	THEO-24	2	
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	theophylline oral	1	
ipratropium bromide inhalation	1	QL	TRELEGY ELLIPTA	2	QL
ipratropium-albuterol	1	QL	VENTOLIN HFA	3	ST; QL
levalbuterol hcl inhalation	3	QL	wixela inhub	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	ST; QL	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	SP2	PA
			zafirlukast	1	
			<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
			CAYSTON	SP3	PA
			KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	SP3	PA
			KALYDECO ORAL TABLET	SP3	PA
			ORKAMBI	SP3	PA; QL
			PULMOZYME	SP2	PA
			TOBI PODHALER	SP2	QL
			tobramycin inhalation	SP1	

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
TRIKAFTA	SP3	PA; QL	metaxalone oral tablet 800 mg	1	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>			methocarbamol oral tablet 500 mg, 750 mg	1	
ADEMPAS	SP3	PA; QL	orphenadrine citrate er	1	QL
alyq	SP1	PA; QL	tizanidine hcl oral	1	
ambrisentan	SP1	PA; QL	<b>Sleep Disorder Agents</b>		
bosentan	SP1	PA; QL	armodafinil	1	QL
OPSUMIT	SP2	PA; QL	BELSOMRA	3	ST; QL
sildenafil citrate oral tablet 20 mg	SP1	PA; QL	DAYVIGO	3	ST; QL
tadalafil (pah)	SP1	PA; QL	doxepin hcl oral tablet	3	QL
TRACLEER 32 MG	SP2	PA; QL	eszopiclone	1	QL
TYVASO	SP2	PA; QL	modafinil oral	1	QL
TYVASO DPI INSTITUTIONAL KIT	SP2	PA; QL	ramelteon	1	QL
TYVASO DPI MAINTENANCE KIT	SP2	PA; QL	temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL
TYVASO DPI TITRATION KIT	SP2	PA; QL	WAKIX	SP3	PA; QL
TYVASO REFILL KIT	SP2	PA; QL	zaleplon	1	QL
TYVASO STARTER KIT	SP2	PA; QL	zolpidem tartrate er	1	QL
UPTRAVI ORAL	SP3	PA; QL	zolpidem tartrate oral tablet	1	QL
UPTRAVI TITRATION	SP3	PA; QL			
VENTAVIS	SP2	PA; QL			
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>					
baclofen oral tablet 10 mg, 20 mg, 5 mg	1				
carisoprodol oral tablet 350 mg	1				
chlorzoxazone oral tablet 500 mg	1				
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1				
dantrolene sodium oral	1				

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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voriconazole.....	19	WEEKLY) .....	22
VORTEX VALVED		XPOVIO (60 MG ONCE	
HOLDING CHAMBER.....	56	WEEKLY) .....	22
VOTRIENT.....	22	XPOVIO (60 MG TWICE	
VRAYLAR.....	23	WEEKLY) .....	22
VUMERTY.....	29	XPOVIO (80 MG ONCE	
vyfemla.....	48	WEEKLY) .....	22
vylibra.....	48	XPOVIO (80 MG TWICE	
VYVANSE.....	29	WEEKLY) .....	22
WAKIX.....	61	XTANDI .....	22
warfarin sodium.....	16	xulane .....	48
WELIREG.....	22	YF-VAX .....	52
wera.....	48	yl folic acid .....	41
wes-phos 250 neutral.....	41	YONSA .....	22
WIDE-SEAL DIAPHRAGM		yuvafem .....	48
60.....	56	zafemy .....	48
WIDE-SEAL DIAPHRAGM		zafirlukast .....	60
65.....	57	zaleplon .....	61
WIDE-SEAL DIAPHRAGM		ZARONTIN .....	17
70.....	57	ZELBORAF .....	22
WIDE-SEAL DIAPHRAGM		zenatane .....	32
75.....	57	ZENPEP .....	43
WIDE-SEAL DIAPHRAGM		ZEPOSIA .....	29
80.....	57	ZEPOSIA 7-DAY	
WIDE-SEAL DIAPHRAGM		STARTER PACK .....	29
85.....	57	ZEPOSIA STARTER KIT ..	29
WIDE-SEAL DIAPHRAGM		zidovudine .....	25
90.....	57	ziprasidone hcl .....	23
WIDE-SEAL DIAPHRAGM		ZIRGAN .....	58
95.....	57	ZOLINZA .....	22
wixela inhub.....	60	zolmitriptan .....	19
wymzya fe.....	48	zolpidem tartrate .....	61
XALKORI.....	22	zolpidem tartrate er .....	61
XARELTO.....	16	zonisamide .....	17
XARELTO STARTER		ZORTRESS .....	50
PACK.....	16	zovia 1/35 (28) .....	48
XATMEP.....	50	zumandimine .....	48
XDEMVY.....	58	ZYDELIG .....	22
XELJANZ.....	50	ZYKADIA .....	22
XELJANZ XR.....	50	ZYLET .....	59