

# Baylor Scott & White Health Plan

## Group Value Formulary

1st Quarter 2024

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## What is my prescription drug coverage?

As part of your Baylor Scott and 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](https://www.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](https://www.bswhealthplan.com) or contact BSWHP pharmacy customer service at 1.800.728.7947.

## What drugs are not covered by my prescription drug benefit?

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

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

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

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

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

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

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

## How can I save money on prescriptions?

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

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

## Contraceptive Coverage

As specified by health care reform, women must have access to a full range of FDA-approved contraceptive methods and plans must cover without cost sharing at least one form of contraception in each of the FDA identified methods.

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

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

## Preventive Care Medications & Medications Covered Under Health Care Reform

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

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

## Smoking Cessation Medication Coverage

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



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

## Diabetic Supplies

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

## Sexual Dysfunction Drugs

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

## Oral Oncology Split Fill Program

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

## Naloxone \$0 Copay Program

Be prepared to respond to an overdose emergency. Naloxone can be used to protect you or 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.

Please note the difference in cost does not apply to any Combined Deductible, Medical Deductible, Pharmacy Deductible, or the Maximum Out-of-Pocket for the Plan

## 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.

<b>AL</b>	<b>Age limits</b> – Medications may only be covered if you meet the minimum or maximum age limit.
<b>PA</b>	<b>Prior Authorization</b> – Your doctor is required to provide additional information to determine coverage.
<b>PV</b>	<b>Preventive drugs</b> – Zero cost share preventive medications covered under Health Care Reform according to your plan benefits. Please note: this list is subject to change.
<b>SF</b>	<b>Split Fill</b> – Oral Oncology medications restricted to a two week supply for the first two months of therapy.
<b>QL</b>	<b>Quantity Limit</b> – Medication may be limited to a certain quantity.
<b>ST</b>	<b>Step Therapy</b> – 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
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine	1	QL
ascomp-codeine	1	
bac	1	
BELBUCA	3	PA; QL
buprenorphine	3	PA; QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	
butalbital-apap-caffeine oral tablet	1	
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	QL
codeine sulfate	1	QL
endocet	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
hydrocodone-acetaminophen	1	QL
hydrocodone-ibuprofen	3	QL
hydromorphone hcl oral	1	QL
hydromorphone hcl rectal	1	QL
LORTAB ORAL ELIXIR 10-300 MG/15ML	2	QL
methadone hcl intensol	1	
methadone hcl oral concentrate	1	
methadone hcl oral solution	1	

Drug Name	Drug Tier	Notes
methadone hcl oral tablet	1	PA
methadone hcl oral tablet soluble	1	
methadose oral tablet soluble	1	
morphine sulfate (concentrate)	1	QL
morphine sulfate er oral tablet extended release	1	PA; QL
morphine sulfate oral	1	QL
morphine sulfate rectal	1	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA; QL
OXYCODONE HCL ER	1	PA; QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral concentrate 100 mg/5ml	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
pentazocine-naloxone hcl	1	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	PA; QL
tramadol hcl er	1	PA; QL
tramadol hcl oral tablet	1	QL
tramadol-acetaminophen	1	QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
adult aspirin regimen	0	PV
aspirin 81 oral tablet delayed release	0	PV
aspirin adult low dose	0	PV
aspirin adult low strength	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
aspirin childrens	0	PV
aspirin ec low dose	0	PV
aspirin ec low strength	0	PV
aspirin low dose	0	PV
aspirin oral tablet chewable	0	PV
aspirin oral tablet delayed release 81 mg	0	PV
aspirin regimen	0	PV
BAYER ASPIRIN EC LOW DOSE	0	PV
celecoxib oral	1	QL
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	1	QL
diclofenac sodium external solution 1.5 %	1	PA
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
diflunisal oral	1	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
flurbiprofen oral	1	
ft aspirin low dose	0	PV
goodsense aspirin low dose	0	PV
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN RECTAL	2	
indomethacin er	1	
indomethacin oral	1	
indomethacin rectal suppository 50 mg	1	
ketorolac tromethamine oral	1	QL
meloxicam oral tablet	1	

Drug Name	Drug Tier	Notes
mm aspirin	0	PV
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	1	
piroxicam oral	1	
salsalate oral	1	
ST JOSEPH LOW DOSE	0	PV
sulindac oral	1	
<b>Anesthetics</b>		
glydo	1	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal external gel 2 %	1	
lidocaine-prilocaine external cream	1	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	3	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	1	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
disulfiram oral	1	
goodsense nicotine mouth/throat lozenge 4 mg	0	PV; QL; AL (Min 18 Years)
habitrol	0	PV; QL; AL (Min 18 Years)
naloxone hcl injection	1	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	2	
NICORETTE MOUTH/THROAT GUM 2 MG	0	PV; QL; AL (Min 18 Years)
NICORETTE MOUTH/THROAT LOZENGE 4 MG	0	PV; QL; AL (Min 18 Years)
nicotine mini	0	PV; QL; AL (Min 18 Years)
nicotine polacrilex mini	0	PV; QL; AL (Min 18 Years)
nicotine polacrilex mouth/throat	0	PV; QL; AL (Min 18 Years)
nicotine step 1	0	PV; QL; AL (Min 18 Years)
nicotine step 2	0	PV; QL; AL (Min 18 Years)
nicotine step 3	0	PV; QL; AL (Min 18 Years)
nicotine transdermal kit	0	PV; QL; AL (Min 18 Years)
nicotine transdermal patch 24 hour 21 mg/24hr	0	PV; QL; AL (Min 18 Years)

Drug Name	Drug Tier	Notes
NICOTROL	3	ST; PV; QL; AL (Min 18 Years)
NICOTROL NS	3	ST; PV; QL; AL (Min 18 Years)
SUBOXONE	3	QL
varenicline tartrate	3	PV; QL; AL (Min 18 Years)
varenicline tartrate(continue)	3	PV; QL; AL (Min 18 Years)
<b>Antibacterials</b>		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	3	
ampicillin	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	2	
avidoxy	1	
azithromycin oral	1	
cefadroxil	1	
cefdinir	1	
cefixime oral capsule	1	
cefpodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	3	
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	1	
ciprofloxacin hcl oral	1	

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
ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
demeclocycline hcl	3	
dicloxacillin sodium	1	
DIFICID ORAL TABLET	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
erythromycin base oral	3	
erythromycin ethylsuccinate oral	3	
erythromycin oral	3	
fosfomicin tromethamine	1	
gentamicin sulfate external	1	
levofloxacin oral	1	
linezolid oral suspension reconstituted	3	QL
linezolid oral tablet	1	QL
methenamine hippurate	1	

Drug Name	Drug Tier	Notes
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral	1	
mondoxyne nl	1	
moxifloxacin hcl oral	1	
mupirocin external	1	
neomycin sulfate oral	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	
nitrofurantoin macrocrystal oral capsule 25 mg	1	QL
nitrofurantoin monohydrate macrocrystals	1	
penicillin v potassium	1	
silver sulfadiazine external	1	
ssd	1	
sulfadiazine oral	3	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
tetracycline hcl oral	1	
tinidazole oral	1	
trimethoprim oral	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg	3	
vancomycin hcl oral	3	
XIFAXAN	3	PA
<b>Anticoagulants</b>		
bd heparin posiflush	1	
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL

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



Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
enoxaparin sodium injection solution 150 mg/ml	1		epitol	1	
enoxaparin sodium injection solution prefilled syringe	1		ethosuximide oral	1	
fondaparinux sodium	SP1		felbamate	1	
FRAGMIN	SP3		FYCOMPA	3	
heparin na (pork) lock flsh pf	1		gabapentin oral capsule	1	
heparin sod (pork) lock flush	1		gabapentin oral solution	1	
heparin sodium (porcine)	1		gabapentin oral tablet 600 mg, 800 mg	1	
heparin sodium (porcine) pf	1		lacosamide oral solution	3	
jantoven	1		lacosamide oral tablet	1	
warfarin sodium oral	1		lamotrigine er	3	
XARELTO	2	QL	lamotrigine oral tablet	1	
XARELTO STARTER PACK	2	QL	lamotrigine oral tablet chewable	1	
<b>Anticonvulsants - Drugs for Seizures</b>			lamotrigine oral tablet dispersible	3	
APTIOM	3		levetiracetam er	1	
carbamazepine er	1		levetiracetam oral	1	
carbamazepine oral	1		methsuximide	1	
CARBATROL	2		NAYZILAM	3	QL
CELONTIN	2		oxcarbazepine	1	
clobazam oral suspension	3	PA	OXTELLAR XR	3	
clobazam oral tablet	1	PA	phenobarbital oral	1	
DEPAKOTE	2		phenytek	1	
DEPAKOTE ER	2		phenytoin infatabs	1	
DEPAKOTE SPRINKLES	2		phenytoin oral	1	
diazepam rectal	1	QL	phenytoin sodium extended	1	
DILANTIN	2		primidone oral tablet 250 mg, 50 mg	1	
DILANTIN INFATABS	2		roweepra	1	
divalproex sodium er	1		rufinamide	SP1	PA
divalproex sodium oral	1		subvenite	1	
EPIDIOLEX	SP2	PA	TEGRETOL	2	
			TEGRETOL-XR	2	
			tiagabine hcl	1	
			topiramate oral	1	
			valproic acid 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
vigabatrin	SP1	PA
vigadrone	SP1	PA
VIMPAT ORAL TABLET	3	
ZARONTIN	2	
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
donepezil hcl	1	
galantamine hydrobromide er	1	
galantamine hydrobromide oral tablet	1	
memantine hcl	1	
memantine hcl er	1	QL
rivastigmine	1	
rivastigmine tartrate	1	
<b>Antidepressants</b>		
amitriptyline hcl oral	1	
amoxapine	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL

Drug Name	Drug Tier	Notes
escitalopram oxalate oral	1	
FETZIMA	3	QL
FETZIMA TITRATION	3	QL
fluoxetine hcl (pmdd)	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
imipramine hcl oral	1	
mirtazapine oral	1	
nefazodone hcl	1	
nortriptyline hcl oral	1	
paroxetine hcl	1	
paroxetine hcl er	1	
phenelzine sulfate oral	1	
protriptyline hcl	3	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
tranylcypromine sulfate	1	
trazodone hcl oral	1	
trimipramine maleate oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	QL
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	3	
VIIBRYD STARTER PACK	3	QL
vilazodone hcl	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
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
aprepitant	3	QL
compro	1	
doxylamine-pyridoxine	3	QL
dronabinol	3	PA; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
granisetron hcl oral	3	QL
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	QL
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine edisylate injection	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
promethegan	1	
scopolamine	1	
trimethobenzamide hcl oral	1	
<b>Antifungals</b>		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole mouth/throat	1	

Drug Name	Drug Tier	Notes
clotrimazole-betamethasone external cream	1	
clotrimazole-betamethasone external lotion	3	
CRESEMBA ORAL CAPSULE 186 MG	SP3	PA
econazole nitrate external	1	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
griseofulvin microsize oral tablet	3	
griseofulvin ultramicrosize	3	
itraconazole oral	1	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
naftifine hcl	3	
NOXAFIL ORAL SUSPENSION	2	PA
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
posaconazole oral suspension	1	PA
posaconazole oral tablet delayed release	1	PA; QL
terbinafine hcl oral	1	QL
terconazole	1	
voriconazole oral tablet	3	PA

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

Drug Name	Drug Tier	Notes
<b>Antigout Agents</b>		
allopurinol oral tablet 100 mg, 300 mg	1	
COLCHICINE ORAL CAPSULE	1	
colchicine oral tablet	1	
colchicine-probenecid	1	
febuxostat	1	
probenecid	1	
<b>Antimigraine Agents</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
almotriptan malate	3	QL
dihydroergotamine mesylate injection	1	PA; QL
dihydroergotamine mesylate nasal	3	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
ergotamine-caffeine	1	PA; QL
frovatriptan succinate	1	QL
naratriptan hcl	1	QL
NURTEC	2	PA; QL
QULIPTA	2	PA; QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA; QL
zolmitriptan oral	1	QL

Drug Name	Drug Tier	Notes
<b>Antimychasthenic Agents</b>		
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet 60 mg	1	
<b>Antimycobacterials</b>		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
pyrazinamide oral	1	
rifabutin	3	
rifampin oral	1	
SIRTURO	SP3	
<b>Antineoplastics - Drugs for Cancer</b>		
abiraterone acetate	SP1	PA; SF
ALECENSA	SP2	PA
ALUNBRIG	SP2	PA; QL
anastrozole oral	1	PV
AYVAKIT	SP2	PA; SF; QL
BALVERSA	SP2	PA; SF
bexarotene external	SP1	PA
bexarotene oral	SP1	PA; SF
bicalutamide	1	
BOSULIF	SP2	PA; SF
BRAFTOVI	SP2	PA
BRUKINSA	SP2	PA; SF
CABOMETYX	SP2	PA; SF
CALQUENCE ORAL CAPSULE 100 MG	SP2	PA; SF
capecitabine	SP1	PA
CAPRELSA ORAL TABLET 100 MG	SP2	PA; QL
CAPRELSA ORAL TABLET 300 MG	SP2	PA
COMETRIQ	SP2	PA

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

Drug Name	Drug Tier	Notes
COPIKTRA	SP2	PA; SF
COTELLIC	SP2	PA
cyclophosphamide oral capsule	1	
DAURISMO	SP2	PA; SF
DROXIA	3	
ERIVEDGE	SP2	PA; SF
ERLEADA	SP2	PA
erlotinib hcl oral tablet 100 mg, 150 mg	SP1	PA; SF
erlotinib hcl oral tablet 25 mg	SP1	PA; SF; QL
etoposide oral	SP1	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	SP1	PA; QL
everolimus oral tablet soluble	SP1	PA
exemestane	1	PV
EXKIVITY	SP2	PA; SF
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	SP2	
flutamide oral capsule 125 mg	1	
FOTIVDA	SP2	PA
GAVRETO	SP2	PA; SF
gefitinib	SP1	PA
GILOTRIF	SP2	PA; QL
GLEOSTINE	SP2	
HYCAMTIN ORAL	SP2	
hydroxyurea oral	1	
IBRANCE	SP2	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	SP2	PA; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	SP2	PA
IDHIFA	SP2	PA; QL
imatinib mesylate	SP1	PA

Drug Name	Drug Tier	Notes
IMBRUVICA ORAL CAPSULE	SP2	PA; QL
IMBRUVICA ORAL SUSPENSION	SP2	PA
IMBRUVICA ORAL TABLET	SP2	PA; QL
INLYTA	SP2	PA; SF
INQOVI	SP2	PA
INREBIC	SP2	PA; SF
IRESSA	SP2	PA
JAKAFI ORAL TABLET 10 MG, 5 MG	SP2	PA; SF; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	SP2	PA; SF
KISQALI ORAL TABLET THERAPY PACK 200 MG	SP2	PA
KOSELUGO	SP2	PA
KRAZATI	SP2	PA; SF
lapatinib ditosylate	SP1	PA
lenalidomide	SP1	PA
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	SP2	PA
letrozole oral	1	
leucovorin calcium oral	1	
LEUKERAN	2	
LONSURF	SP2	PA
LORBRENA	SP2	PA; SF
LUMAKRAS ORAL TABLET 120 MG	SP2	PA; SF
LYNPARZA	SP2	PA
LYSODREN	SP2	
LYTGOBI (12 MG DAILY DOSE)	SP2	PA
LYTGOBI (16 MG DAILY DOSE)	SP2	PA

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

Drug Name	Drug Tier	Notes
LYTGOBI (20 MG DAILY DOSE)	SP2	PA
MATULANE	SP2	
MEKINIST	SP2	PA
MEKTOVI	SP2	PA
melphalan	1	
mercaptopurine oral	1	
MYLERAN	2	
NERLYNX	SP2	PA; SF; QL
NEXAVAR	SP2	PA; SF
nilutamide	SP1	
NINLARO	SP2	PA
NUBEQA	SP2	PA; SF
ODOMZO	SP2	PA
ONUREG	SP2	PA
ORGOVYX	SP2	PA
PEMAZYRE	SP2	PA; SF; QL
PIQRAY	SP2	PA
POMALYST	SP2	PA
PURIXAN	SP2	
QINLOCK	SP2	PA
RETEVMO	SP2	PA; SF
REVLIMID	SP2	PA
REZLIDHIA	SP2	PA; SF
ROZLYTREK	SP2	PA; SF
RUBRACA	SP2	PA; SF
RYDAPT	SP2	PA
SCEMBLIX ORAL TABLET 20 MG	SP2	PA; QL
SCEMBLIX ORAL TABLET 40 MG	SP2	PA
sorafenib tosylate	SP1	PA; SF
SPRYCEL	SP2	PA; SF
STIVARGA	SP2	PA
sunitinib malate	SP1	PA
SYNRIBO	SP2	PA
TABRECTA	SP2	PA

Drug Name	Drug Tier	Notes
TAFINLAR	SP2	PA
TAGRISSE ORAL TABLET 40 MG	SP2	PA; QL
TAGRISSE ORAL TABLET 80 MG	SP2	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG	SP2	PA; SF
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG	SP2	PA; SF; QL
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	PV
TASIGNA	SP2	PA
TAZVERIK	SP2	PA; SF
temozolomide	SP1	PA
TEPMETKO	SP2	PA
THALOMID	SP2	PA
TIBSOVO	SP2	PA; SF
toremifene citrate	SP1	
tretinoin oral	SP1	
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	SP2	PA
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	SP2	PA
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	SP2	PA
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	SP2	PA
TUKYSA	SP2	PA
TURALIO	SP2	PA
VALCHLOR	SP3	PA

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
VENCLEXTA	SP2	PA	atovaquone-proguanil hcl	1	
VENCLEXTA STARTING PACK	SP2	PA	chloroquine phosphate oral	1	
VERZENIO	SP2	PA; SF	COARTEM	2	
VITRAKVI ORAL CAPSULE	SP2	PA; SF	hydroxychloroquine sulfate oral tablet 200 mg	1	
VITRAKVI ORAL SOLUTION	SP2	PA	IMPAVIDO	SP3	
VIZIMPRO	SP2	PA; SF	ivermectin oral	1	PA; QL
VONJO	SP2	PA	malathion	3	
VOTRIENT	SP2	PA; SF	mefloquine hcl	1	
WELIREG	SP2	PA; SF	pentamidine isethionate inhalation	1	
XALKORI	SP2	PA; SF	permethrin external	1	
XOSPATA	SP2	PA	praziquantel oral	3	
XPOVIO (100 MG ONCE WEEKLY)	SP2	PA	primaquine phosphate	1	
XPOVIO (40 MG ONCE WEEKLY)	SP2	PA	pyrimethamine oral	SP1	PA
XPOVIO (40 MG TWICE WEEKLY)	SP2	PA	quinine sulfate	1	PA
XPOVIO (60 MG ONCE WEEKLY)	SP2	PA	spinosad	3	
XPOVIO (60 MG TWICE WEEKLY)	SP2	PA	<b>Antiparkinson Agents</b>		
XPOVIO (80 MG ONCE WEEKLY)	SP2	PA	amantadine hcl oral	1	
XPOVIO (80 MG TWICE WEEKLY)	SP2	PA	apomorphine hcl subcutaneous	SP1	PA; QL
XTANDI	SP2	PA; SF	benztropine mesylate oral	1	
YONSA	SP2	PA; SF	bromocriptine mesylate oral	1	
ZEJULA ORAL CAPSULE 100 MG	SP2	PA; SF	carbidopa oral	3	
ZELBORAF	SP2	PA	carbidopa-levodopa er	1	
ZOLINZA	SP2	PA; SF	carbidopa-levodopa oral tablet	1	
ZYDELIG	SP2	PA	carbidopa-levodopa oral tablet dispersible	3	
ZYKADIA	SP2	PA; SF	carbidopa-levodopa-entacapone	3	
<b>Antiparasitics</b>			entacapone	3	
albendazole oral	1	PA	pramipexole dihydrochloride	1	
atovaquone	3		rasagiline mesylate oral	3	
			ropinirole 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
ropinirole hcl er	1	
selegiline hcl oral	1	
tolcapone	3	
trihexyphenidyl hcl	1	
<b>Antiplatelets</b>		
aspirin-dipyridamole er	1	
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
prasugrel hcl	1	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
aripiprazole oral solution	1	QL
aripiprazole oral tablet	1	QL
aripiprazole oral tablet dispersible	3	QL
asenapine maleate	3	QL
chlorpromazine hcl oral tablet	1	
clozapine oral tablet	1	QL
clozapine oral tablet dispersible	3	QL
FANAPT	3	QL
FANAPT TITRATION PACK	3	QL
fluphenazine hcl oral	1	
haloperidol lactate oral	1	
haloperidol oral	1	
loxapine succinate	1	
lurasidone hcl	3	QL
olanzapine oral	1	QL
paliperidone er	3	QL
pimozide	1	
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
risperidone	1	QL
thioridazine hcl oral	1	

Drug Name	Drug Tier	Notes
thiothixene	1	
trifluoperazine hcl	1	
VRAYLAR	3	QL
ziprasidone hcl	1	QL
<b>Antivirals</b>		
abacavir sulfate	1	
abacavir sulfate-lamivudine	1	
acyclovir external ointment	1	QL
acyclovir oral	1	
adefovir dipivoxil	SP1	
APTIVUS	SP2	
atazanavir sulfate	3	
BARACLUDE ORAL SOLUTION	3	QL
BIKTARVY	SP2	
CIMDUO	SP2	
COMPLERA	SP2	
darunavir	SP1	
DELSTRIGO	SP2	
DESCOVY ORAL TABLET 120-15 MG	SP2	
DESCOVY ORAL TABLET 200-25 MG	SP2	PA; PV
DOVATO	SP2	
EDURANT	SP2	
efavirenz	3	
efavirenz-emtricitabine-tenofovir df	SP1	
efavirenz-lamivudine-tenofovir	SP1	
emtricitabine	3	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	SP1	PV
emtricitabine-tenofovir df oral tablet 200-300 mg	1	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
EMTRIVA ORAL SOLUTION	SP2	
entecavir	1	QL
EPCLUSA	SP2	PA; QL
EPIVIR HBV ORAL SOLUTION 5 MG/ML	2	
etravirine	SP1	
EVOTAZ	SP2	
famciclovir oral	1	
fosamprenavir calcium	3	
FUZEON	SP2	
GENVOYA	SP2	
HARVONI	SP2	PA; QL
INTELENCE ORAL TABLET 25 MG	SP2	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	SP3	PA
ISENTRESS	SP2	
ISENTRESS HD	SP2	
JULUCA	SP2	
LAGEVRIO	3	QL; AL (Min 18 Years)
lamivudine	1	
lamivudine-zidovudine	1	
LEXIVA ORAL SUSPENSION	SP2	
lopinavir-ritonavir oral solution	3	
lopinavir-ritonavir oral tablet	SP1	
maraviroc	SP1	PA
MAVYRET	SP2	PA; QL
nevirapine er	3	
nevirapine oral suspension	3	

Drug Name	Drug Tier	Notes
nevirapine oral tablet	1	
NORVIR ORAL PACKET	SP2	
NORVIR ORAL SOLUTION 80 MG/ML	SP2	
ODEFSEY	SP2	
oseltamivir phosphate oral	1	QL
PAXLOVID (150/100)	3	QL; AL (Min 12 Years)
PAXLOVID (300/100)	3	QL; AL (Min 12 Years)
PEGASYS	SP2	PA
PIFELTRO	SP2	
PREZCOBIX	SP2	
PREZISTA	SP2	
REYATAZ ORAL PACKET	SP2	
ribavirin oral	SP1	
rimantadine hcl	1	
ritonavir	1	
RUKOBIA	SP2	
SELZENTRY ORAL SOLUTION	SP2	PA
SELZENTRY ORAL TABLET 25 MG, 75 MG	SP2	PA
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	1	
STRIBILD	SP2	
SYM TUZA	SP2	
tenofovir disoproxil fumarate	1	PV
TIVICAY	SP2	
TIVICAY PD	SP2	
TRIUMEQ	SP2	
TRIUMEQ PD	SP2	
TYBOST	SP2	
valacyclovir hcl 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
valganciclovir hcl oral solution reconstituted	3	
valganciclovir hcl oral tablet	1	
VEMLIDY	SP2	
VIRACEPT	SP2	
VIREAD ORAL POWDER	SP2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	SP2	
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
zidovudine	1	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	QL
alprazolam oral tablet	1	QL
alprazolam xr	1	QL
bupirone hcl oral	1	
chlordiazepoxide hcl	1	QL
clonazepam oral	1	QL
clorazepate dipotassium	1	QL
diazepam intensol	1	
diazepam oral	1	
estazolam	1	QL
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam intensol	1	QL
lorazepam oral concentrate 2 mg/ml	1	QL
lorazepam oral tablet	1	QL
oxazepam	1	QL
triazolam	1	QL

Drug Name	Drug Tier	Notes
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
<b>Blood Products and Modifiers - Drugs for Blood Disorders</b>		
anagrelide hcl	3	
NEULASTA	SP3	PA
NEULASTA ONPRO	SP3	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	SP3	PA
PROMACTA	SP3	PA
tranexamic acid oral	1	
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
acebutolol hcl oral	1	
aliskiren fumarate	3	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-atorvastatin	3	
amlodipine-olmesartan	1	
amlodipine-valsartan-hctz	3	
atenolol oral	1	
atenolol-chlorthalidone	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
		PV; AL (Min 40 Years and Max 75 Years)	diltiazem hcl er coated beads	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1		diltiazem hcl er oral capsule extended release 12 hour	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1		diltiazem hcl er oral capsule extended release 24 hour	1	
benazepril hcl oral	1		diltiazem hcl er oral tablet extended release 24 hour 120 mg	3	
benazepril- hydrochlorothiazide	1		diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
betaxolol hcl oral	1		diltiazem hcl oral	1	
bisoprolol fumarate oral	1		dilt-xr	1	
bisoprolol- hydrochlorothiazide	1		disopyramide phosphate	1	
bumetanide oral	1		DIURIL	2	
candesartan cilexetil	1		dofetilide	1	
candesartan cilexetil-hctz	1		doxazosin mesylate oral	1	
captopril oral	1		droxidopa	SP1	PA
captopril- hydrochlorothiazide	1		enalapril maleate oral solution	3	
CAROSPIR	3		enalapril maleate oral tablet	1	
cartia xt	1		enalapril- hydrochlorothiazide	1	
carvedilol	1		ENTRESTO	3	QL
chlorthalidone	1		eplerenone	1	
cholestyramine light	1		ezetimibe	1	
cholestyramine oral	1		ezetimibe-simvastatin	1	
clonidine	1		felodipine er	1	
clonidine hcl oral	1		fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
colesevelam hcl	3		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
colestipol hcl	1		fenofibrate oral capsule 150 mg, 50 mg	3	
CORLANOR	3	PA; QL			
digitek oral tablet 125 mcg, 250 mcg	1				
digox	1				
digoxin oral solution	1				
digoxin oral tablet 125 mcg, 250 mcg	1				
diltiazem hcl er beads	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
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
fluvastatin sodium	1	PV; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium er	1	PV; AL (Min 40 Years and Max 75 Years)
fosinopril sodium	1	
fosinopril sodium-hctz	1	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
icosapent ethyl	3	
indapamide	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide dinitrate	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
isradipine	1	
JUXTAPID	SP3	PA; QL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	2	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	

Drug Name	Drug Tier	Notes
losartan potassium oral	1	
losartan potassium-hctz	1	
lovastatin oral	1	PV; AL (Min 40 Years and Max 75 Years)
matzim la	1	
methyldopa	1	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
midodrine hcl	1	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	2	
nadolol oral	1	
nebivolol hcl	1	
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nimodipine oral	3	
NITRO-BID	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	1	
nitro-time	1	
NORPACE CR	2	
NYMALIZE	SP3	

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

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

Drug Name	Drug Tier	Notes
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	PV; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
simvastatin oral	1	PV; AL (Min 40 Years and Max 75 Years)
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral	1	
spironolactone-hctz	1	
taztia xt	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	
telmisartan	1	
telmisartan-hctz	1	
tiadylt er	1	
timolol maleate oral	1	
torseamide	1	
trandolapril	1	
trandolapril-verapamil hcl er	3	
triamterene-hctz	1	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	3	
VECAMYL	3	
verapamil hcl er	1	
verapamil hcl oral	1	

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
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
amphetamine sulfate	1	QL
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
atomoxetine hcl	1	QL
clonidine hcl er oral tablet extended release 12 hour	1	
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL
guanfacine hcl er	1	
lisdexamfetamine dimesylate	1	QL
methamphetamine hcl	3	QL
methylphenidate	1	QL
methylphenidate hcl er	1	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
methylphenidate hcl oral	1	QL
QUILLICHEW ER	3	QL
QUILLIVANT XR	3	QL
VYVANSE	2	QL

Drug Name	Drug Tier	Notes
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AVONEX PEN	SP2	PA; QL
AVONEX PREFILLED	SP2	PA; QL
dalfampridine er	SP1	PA; QL
dimethyl fumarate oral	SP1	PA; QL
dimethyl fumarate starter pack	SP1	PA; QL
EXTAVIA	SP2	PA; QL
ingolimod hcl	SP1	PA; QL
GILENYA ORAL CAPSULE 0.25 MG	SP2	PA; QL
glatiramer acetate	SP1	PA; QL
KESIMPTA	SP2	PA; QL
MAVENCLAD	SP3	PA
PLEGRIDY	SP2	PA; QL
PLEGRIDY STARTER PACK	SP2	PA; QL
teriflunomide	SP1	PA; QL
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	1	QL
riluzole	1	PA; QL
SAVELLA	3	QL
SAVELLA TITRATION PACK	3	QL
tetrabenazine	SP1	PA
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
cevimeline 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
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	2	
DENTA 5000 PLUS	2	
DENTAGEL	2	
FLUORIDEX	2	
FLUORIDEX ENHANCED WHITENING	2	
FLUORIDEX SENSITIVITY RELIEF	2	
FLUORIMAX 5000	2	
FLUORIMAX 5000 SENSITIVE	2	
JUST RIGHT 5000	2	
kourzeq	1	
lidocaine viscous hcl	1	
oralone	1	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT	2	
PREVIDENT 5000 BOOSTER PLUS	2	
PREVIDENT 5000 DRY MOUTH	2	
PREVIDENT 5000 ENAMEL PROTECT	2	
PREVIDENT 5000 ORTHO DEFENSE	2	
PREVIDENT 5000 PLUS	2	
PREVIDENT 5000 SENSITIVE	2	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 enamel dental gel 1.1-5 %	1	
sodium fluoride 5000 plus	1	

Drug Name	Drug Tier	Notes
sodium fluoride 5000 ppm	1	
sodium fluoride 5000 ppm dental gel 1.1 %	1	
sodium fluoride 5000 sensitive dental gel 1.1-5 %	1	
sodium fluoride dental	1	
sodium fluoride mouth/throat solution 0.2 %	1	
triamcinolone acetonide mouth/throat	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
acutane	1	
acitretin	3	
adapalene external gel 0.3 %	1	
ADBRY	SP2	PA; QL
alclometasone dipropionate	1	
amnesteem	1	
azelaic acid external	1	
AZELEX	2	
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
calcipotriene external cream	1	
calcipotriene external ointment	3	
calcipotriene external solution	1	
calcitriol external	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
CAPEX	2		desoximetasone external cream 0.25 %	1	
claravis	1		desoximetasone external gel	3	
clindacin etz external swab	1		desoximetasone external liquid	3	
clindacin-p	1		desoximetasone external ointment 0.25 %	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1		diclofenac sodium external gel 3 %	1	QL
clindamycin phosphate external gel	1		DRYSOL	2	
clindamycin phosphate external lotion	1		DUPIXENT	SP2	PA; QL
clindamycin phosphate external solution	1		ery	1	
clindamycin phosphate external swab	1		erythromycin external	1	
clobetasol prop emollient base	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		FLUOROPLEX EXTERNAL CREAM 1 %	3	
clobetasol propionate external ointment	1		fluorouracil external cream 5 %	1	
clobetasol propionate external shampoo	3		fluorouracil external solution	1	
clobetasol propionate external solution	1		fluticasone propionate external cream	1	
clodan external shampoo	3		fluticasone propionate external lotion	3	
desonide external cream	1		fluticasone propionate external ointment	1	
desonide external lotion	1		halobetasol propionate external cream	1	
desonide external ointment	1		halobetasol propionate external ointment	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 ace-pramoxine external cream 2.5-1 %	1		rosadan external cream 0.75 %	1	
hydrocortisone butyrate external cream	1		rosadan external gel 0.75 %	1	
hydrocortisone butyrate external ointment	1		SANTYL	2	QL
hydrocortisone butyrate external solution	1		selenium sulfide external lotion	1	
hydrocortisone external cream 2.5 %	1		sodium sulfacetamide wash	1	
hydrocortisone external lotion 2.5 %	1		sulfacetamide sodium (acne)	1	
hydrocortisone external ointment 2.5 %	1		sulfacetamide sodium external	1	
hydrocortisone valerate	1		sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4.5 %	1	
imiquimod external cream 5 %	1		tacrolimus external	1	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1		tazarotene external cream	1	AL (Max 40 Years)
methoxsalen rapid	3		tazarotene external gel	1	AL (Max 40 Years)
metronidazole external cream	1		TAZORAC EXTERNAL CREAM 0.05 %	2	AL (Max 40 Years)
metronidazole external gel	1		TAZORAC EXTERNAL GEL	2	AL (Max 40 Years)
metronidazole external lotion	3		TEXACORT	2	
mometasone furoate external	1		tretinoin external cream	1	AL (Max 40 Years)
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1		tretinoin external gel 0.01 %, 0.025 %	1	AL (Max 40 Years)
neuac	1		tretinoin external gel 0.05 %	3	AL (Max 40 Years)
OPZELURA	2	PA; QL	triamcinolone acetonide external cream	1	
pimecrolimus	1	QL	triamcinolone acetonide external lotion	1	
PODOCON-25	1		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
podofilox external	1		triderm	1	
prednicarbate external ointment 0.1 %	1		urea external cream 40 %	1	
REGANEX	2	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
zenatane	1	
<b>Diabetes - Antidiabetic Agents</b>		
acarbose oral	1	
BYDUREON BCISE AUTOINJECTOR	3	PA; QL
BYETTA 10 MCG PEN	3	PA; QL
BYETTA 5 MCG PEN	3	PA; QL
FARXIGA	2	ST
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glipizide-metformin hcl	1	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST
INVOKAMET	3	ST
INVOKAMET XR	3	ST
INVOKANA	3	ST
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	ST
JENTADUETO	2	
JENTADUETO XR	2	
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
miglitol	3	
nateglinide	1	
OZEMPIC	2	PA; QL
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	3	

Drug Name	Drug Tier	Notes
pioglitazone hcl-metformin hcl	1	
repaglinide	1	
RYBELSUS	2	PA; QL
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	
TRIJARDY XR	2	ST
TRULICITY	2	PA; QL
VICTOZA	2	PA; QL
XIGDUO XR	2	ST
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK AVIVA DEVICE	1	
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK GUIDE TEST STRIPS	1	
ACCU-CHEK GUIDE CONTROL	1	
ACCU-CHEK GUIDE TEST STRIPS	1	QL
ACCU-CHEK GUIDE KIT W/DEVICE	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
AGAMATRIX CONTROL LEVEL 2	2	
AGAMATRIX CONTROL LEVEL 4	2	
AGAMATRIX PRESTO TEST	2	QL
ASSURE PLATINUM	2	QL
AUTOLET II CLINISAFE	2	
AUTOLET LANCING DEVICE	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
BIOTEL CARE BLOOD GLUCOSE	2		CLEVER CHOICE COMFORT EZ	2	
BIOTEL CARE BLOOD GLUCOSE SYST	2		CONTOUR CONTROL SOLUTION	2	
BLOOD GLUCOSE MONITORING 333	2		CONTOUR MONITOR DEVICE	2	
BLOOD GLUCOSE TEST	2	QL	CONTOUR MONITOR KIT W/DEVICE	2	
BLOOD GLUCOSE TEST STRIPS 333	2	QL	CONTOUR NEXT CONTROL SOLUTION	2	
BLULINK CONTROL HIGH & LOW	2		CONTOUR NEXT EZ KIT W/DEVICE	2	
BLULINK GLUCOSE MONITORING SYS	2		CONTOUR NEXT GEN MONITOR	2	
BLULINK GLUCOSE TEST	2	QL	CONTOUR NEXT LINK KIT W/DEVICE	2	
CARESENS CONTROL SOLUTION A/B	2		CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CARESENS LANCETS 30G	2		CONTOUR NEXT ONE KIT	2	
CARESENS N FELIZ	2		CONTOUR NEXT GEN TEST STRIPS	2	QL
CARESENS N FELIZ BT	2		CONTOUR TEST STRIPS	2	QL
CARETOUCH CONTROL SOL LEVEL 2	2		CVS KETONE CARE	2	
CARETOUCH LANCING/EJECTOR	2		DEXCOM G4 PLAT PED RCV/SHARE DEVICE	3	QL
CARETOUCH TEST	2	QL	DEXCOM G4 PLAT PED RECEIVER DEVICE	3	QL
CEQUR SIMPLICITY 2U 10PK	2		DEXCOM G4 PLATINUM RCV/SHARE DEVICE	3	QL
CEQUR SIMPLICITY INSERTER	2		DEXCOM G4 PLATINUM RECEIVER DEVICE	3	QL
CHEMSTRIP 10 MD	1		DEXCOM G4 PLATINUM TRANSMITTER	3	QL
CHEMSTRIP 10/SG	1		DEXCOM G5 MOB/G4 PLAT SENSOR	3	QL
CHEMSTRIP 2 GP	1		DEXCOM G5 MOBILE RECEIVER DEVICE	3	QL
CHEMSTRIP 5 OB	1		DEXCOM G5 MOBILE TRANSMITTER	3	QL
CHEMSTRIP 7	1				
CHEMSTRIP 9	1				
CHEMSTRIP K	1				
CHEMSTRIP UGK	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
DEXCOM G5 RECEIVER KIT DEVICE	3	QL	EASY TRAK II GLUCOSE TEST	2	QL
DEXCOM G6 RECEIVER	3	QL	EASYMAX 15 LEVEL 2-3 CONTROL	2	
DEXCOM G6 SENSOR	3	QL	EASYMAX CONTROL	2	
DEXCOM G6 TRANSMITTER	3	QL	GLUCOSE CONTROL SOLUTIONS	2	
DEXCOM G7 RECEIVER	3	QL	EMBRACE EVO GLUCOSE MONITOR	2	
DEXCOM G7 SENSOR	3		EMBRACE LANCING DEVICE/EJECTOR	2	
DIATHRIVE BLOOD GLUCOSE METER	2		EMBRACE TALK BLOOD GLUCOSE	2	
DIATHRIVE BLOOD GLUCOSE TEST	2	QL	EMBRACE TALK GLUCOSE CONTROL	2	
DIATHRIVE GLUCOSE CONTROL SOLN	2		EMBRACE TALK GLUCOSE TEST	2	QL
DIATHRIVE GLUCOSE TEST	2	QL	EMBRACE TALK MONITORING SYSTEM	2	
DIATHRIVE LANCING DEVICE	2		EMBRACE WAVE BLOOD GLUCOSE	2	
DIATHRIVE+ GLUCOSE MONITOR	2		EMBRACE WAVE BLOOD GLUCOSE IN VITRO	2	QL
DIATHRIVE+ GLUCOSE TEST	2	QL	EMBRACE WAVE GLUCOSE METER	2	
DROPLET GENTEEL LANCING DEVICE	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		FORTISCARE CONTROL	2	
EASY TRAK II BLOOD GLUCOSE SYS	2		FORTISCARE G1 TEST STRIP	2	QL
EASY TRAK II CONTROL	2		FORTISCARE T1 GLUCOSE SYSTEM	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 FREEDOM LITE	2		HW EMBRACE PRO GLUCOSE METER	2	
FREESTYLE INSULINX TEST	2	QL	HW EMBRACE PRO GLUCOSE TEST	2	QL
FREESTYLE LIBRE 14 DAY READER	3	QL	HW EMBRACE TALK BLOOD GLUCOSE	2	
FREESTYLE LIBRE 14 DAY SENSOR	3		HW EMBRACE TALK GLUCOSE TEST	2	QL
FREESTYLE LIBRE 2 READER	3	QL	INFINITY BLOOD GLUCOSE TEST	2	QL
FREESTYLE LIBRE 2 SENSOR	3	QL	INPEN 100-BLUE-LILLY-HUMALOG	2	
FREESTYLE LIBRE 3 SENSOR	3		INPEN 100-BLUE-NOVOLOG-FIASP	2	
FREESTYLE LIBRE READER	3	QL	INPEN 100-GREY-LILLY-HUMALOG	2	
FREESTYLE LITE TEST	2	QL	INPEN 100-GREY-NOVOLOG-FIASP	2	
FREESTYLE PRECISION NEO TEST	2	QL	INPEN 100-PINK-LILLY-HUMALOG	2	
FREESTYLE TEST	2	QL	INPEN 100-PINK-NOVOLOG-FIASP	2	
GENTEEL LANCING KIT (BLUE)	2		KETO-DIASTIX	2	
GHT BLOOD GLUCOSE MONITOR	2		KETONE TEST	2	
GLUCOCARD 01 SENSOR PLUS	2	QL	KETOSTIX	2	
GLUCOCARD EXPRESSION TEST	2	QL	KROGER HEALTHPRO GLUCOSE TEST	2	QL
GLUCOCARD SHINE CONNEX	2		LANCETS	1	
GLUCOCARD SHINE EXPRESS	2		LANCETS	2	
GLUCOCARD SHINE TEST	2	QL	LANCETS IN VITRO STRIP	2	QL
GLUCOCARD VITAL TEST	2	QL	MICRODOT TEST	2	QL
GOJJI BLOOD GLUCOSE TEST	2	QL	MICROLET NEXT LANCING DEVICE	2	
GOJJI CONTROL	2		NOVOPEN ECHO	2	
GOJJI LANCING DEVICE/CLEAR CAP	2		ONE DROP BLOOD GLUCOSE MONITOR	2	
			ONE DROP TEST	2	QL
			ONETOUCH DELICA LANCETS 30G	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ONETOUCH DELICA LANCETS 33G	1		ONETOUCH VERIO IN VITRO LIQUID HIGH	1	
ONETOUCH DELICA LANCING DEV	1		ONETOUCH VERIO TEST STRIPS	1	QL
ONETOUCH DELICA PLUS LANCET30G	1		ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1	
ONETOUCH DELICA PLUS LANCET30G	2		ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH DELICA PLUS LANCET33G	1		ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH DELICA PLUS LANCET33G	2		PIP BLOOD GLUCOSE MONITORING	2	
ONETOUCH DELICA PLUS LANCING	1		PIP BLOOD GLUCOSE TEST STRIP	2	QL
ONETOUCH DELICA PLUS LANCING	2		PIP GLUCOSE CONTROL SOLUTION	2	
ONETOUCH DELICA SAFETY LANCING	1		POGO AUTOMATIC BLOOD GLUCOSE	2	
ONETOUCH DELICA SAFETY LANCING	2		PRECISION XTRA BLOOD GLUCOSE	2	QL
ONETOUCH FINEPOINT LANCETS	1		PRODIGY NO CODING BLOOD GLUC	2	
ONETOUCH SOLUTIONS STARTER KIT KIT W/ WELL DEVICE	1		PTS PANELS EGLU TEST	2	QL
ONETOUCH ULTRA 2 KIT W/DEVICE	1		RELION PREMIER CLASSIC	2	
ONETOUCH ULTRA IN VITRO LIQUID	1		RELION PREMIER TEST	2	QL
ONETOUCH ULTRA IN VITRO STRIP	1	QL	RIGHTEST GT333 BLOOD GLUCOSE	2	
ONETOUCH ULTRASOFT 2 LANCETS	1		RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	2	QL
ONETOUCH ULTRASOFT 2 LANCETS	2		RIGHTEST GT333 GLUCOSE TEST	2	QL
ONETOUCH ULTRASOFT LANCETS	1		TEMPO REFILL	2	
ONETOUCH VERIO FLEX SYSTEM	1		TRUE FOCUS BLOOD GLUCOSE METER	2	
			TRUE METRIX BLOOD GLUCOSE TEST	2	QL
			TRUE METRIX LEVEL 1	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
TRUE METRIX LEVEL 2	2		GVOKE HYPOPEN 1-PACK	2	
TRUE METRIX LEVEL 3	2		GVOKE HYPOPEN 2-PACK	2	
TRUE METRIX METER KIT	2		GVOKE KIT	2	
TRUE METRIX PRO BLOOD GLUCOSE	2	QL	GVOKE PFS	2	
TRUETRACK TEST	2	QL	<b>Diabetes - Insulins</b>		
UNISTRIP CONTROL IN VITRO SOLUTION LOW	2		APIDRA SOLOSTAR	3	
VERIFINE SAFE LANCET MINI 21G	2		APIDRA VIAL	3	
VERIFINE SAFE LANCET MINI 23G	2		AQ INSULIN SYRINGE	1	
VERIFINE SAFE LANCET MINI 28G	2		BD ULTRA-FINE INSULIN SYRINGES	1	
VERIFINE SAFE LANCET MINI 30G	2		DROPSAFE SAFETY SYRINGE/NEEDLE	1	
VIVAGUARD INO CONTROL SOLUTION	2		FIASP	1	
VIVAGUARD INO GLUCOSE METER	2		FIASP FLEXTOUCH	1	
VIVAGUARD INO SMART GLUC METER	2		FIASP PENFILL	1	
VIVAGUARD INO TEST STRIPS	2	QL	FIASP PUMPCART	2	
VIVAGUARD LANCING DEVICE	2		HUMALOG	2	
<b>Diabetes - Glycemic Agents</b>			HUMALOG KWIKPEN	2	
BAQSIMI ONE PACK	2		HUMALOG MIX 50/50 KWIKPEN	2	
BAQSIMI TWO PACK	2		HUMALOG MIX 50/50 VIAL	2	
diazoxide oral	3		HUMALOG MIX 75/25 KWIKPEN	2	
GLUCAGEN HYPOKIT	2		HUMALOG MIX 75/25 VIAL	2	
glucagon emergency kit 1 mg injection	1		HUMALOG U-100 JUNIOR KWIKPEN	2	
GLUCAGON EMERGENCY KIT 1 MG INJECTION	2		HUMULIN 70/30 KWIKPEN	2	
GLUCAGON EMERGENCY KIT	2		HUMULIN 70/30 VIAL	2	
			HUMULIN N KWIKPEN	2	
			HUMULIN N VIAL	2	
			HUMULIN R U-500 KWIKPEN	2	
			HUMULIN R U-500 VIAL	2	
			HUMULIN R VIAL	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
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		NOVOLIN R RELION	2	
LANTUS SOLOSTAR	2		NOVOLIN R VIAL	2	
LANTUS U-100 VIAL	2		NOVOLOG FLEXPEN	1	
LEVEMIR FLEXPEN	2		NOVOLOG MIX 70/30 FLEXPEN	1	
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML	2		NOVOLOG MIX 70/30 VIAL	1	
LEVEMIR U-100 VIAL	2		NOVOLOG PENFILL	1	
NOVOLIN 70/30 FLEXPEN	2		NOVOLOG U-100 VIAL	1	
NOVOLIN 70/30 FLEXPEN RELION	2		TOUJEO MAX SOLOSTAR	2	
NOVOLIN 70/30 RELION	2		TOUJEO SOLOSTAR	2	
NOVOLIN 70/30 VIAL	2		TRESIBA	2	
NOVOLIN N FLEXPEN	2		TRESIBA FLEXTOUCH	2	
NOVOLIN N FLEXPEN RELION	2		ULTIGUARD SAFEPAK SYR/NEEDLE	1	
NOVOLIN N RELION	2		VERIFINE INSULIN SYRINGE	1	
NOVOLIN N VIAL	2		<b>Electrolytes / Minerals / Metals / Vitamins</b>		
NOVOLIN R FLEXPEN	2		carglumic acid	SP1	PA
NOVOLIN R FLEXPEN RELION	2		cyanocobalamin injection solution 1000 mcg/ml	1	
			cytra k crystals	1	
			deferasirox oral tablet	3	PA
			effer-k oral tablet effervescent 25 meq	1	
			ergocalciferol oral capsule	1	
			ferocon	1	
			ferottrinsic	1	
			FERRALET 90	3	
			FLORIVA ORAL LIQUID	0	PV
			fluoritab oral solution 0.275 (0.125 f) mg/drop	0	PV
			folate	0	PV
			folic acid oral tablet 1 mg	1	
			folic acid oral tablet 400 mcg, 800 mcg	0	PV

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



Drug Name	Drug Tier	Notes
FOLIVANE-F	2	
FOLIVANE-PLUS	2	
foltrin	1	
GALZIN	2	
INTEGRA F	2	
INTEGRA PLUS	2	
iodine strong oral	1	
IRON FOLATE PLUS	2	
JYNARQUE	SP2	QL
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con/ef	1	
K-PHOS	2	
K-PHOS NO 2	2	
k-prime	1	
levocarnitine intravenous	3	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
MASONATAL	0	PV
multivitamin w/fluoride oral tablet chewable 1 mg	1	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 1 MG	1	
nafrinse drops oral solution 0.275 (0.125 f) mg/drop	0	PV

Drug Name	Drug Tier	Notes
nafrinse oral tablet chewable 2.2 (1 f) mg	0	PV
NASCOBAL	2	
NEONATAL PRENATAL	0	PV
ONE VITE WOMENS	0	PV
ONE-A-DAY WOMENS PRENATAL 1	0	PV
phosphorous	1	
phospho-trin 250 neutral	1	
PHOSPHO-TRIN K500	2	
phytonadione oral	1	
pnv prenatal plus multivit+dha	1	
POLY-VI-FLOR ORAL TABLET CHEWABLE 1 MG	1	
pot & sod cit-cit ac	1	
potassium chloride cryser	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
prenatal multi +dha	0	PV
prenatal oral tablet 27-0.8 mg	0	PV
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral	1	
prenatal vitamin plus low iron oral tablet 27-1 mg	1	
prenatal/folic acid+dha	0	PV
preplus oral tablet 27-1 mg	1	
PROFERRIN-FORTE	2	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG	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
sod citrate-citric acid	1	
sodium fluoride oral	0	PV
sodium polystyrene sulfonate	1	
tolvaptan	SP1	QL
tricitrates	1	
trientine hcl oral capsule 250 mg	SP1	PA
VIRT-FEFA PLUS ORAL CAPSULE	2	
virt-phos 250 neutral oral tablet 155-852-130 mg	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
wes-phos 250 neutral	1	
WILZIN ORAL CAPSULE 25 MG	2	
yl folic acid	0	PV
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
esomeprazole magnesium oral capsule delayed release 40 mg	3	QL
famotidine oral suspension reconstituted	3	
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	3	
lansoprazole oral capsule delayed release 30 mg	3	QL
misoprostol oral	1	
NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	QL; AL (Max 12 Years)
omeprazole oral capsule delayed release 10 mg, 40 mg	3	QL
OMEPRAZOLE+SYRSP END SF ALKA	3	

Drug Name	Drug Tier	Notes
pantoprazole sodium oral tablet delayed release	3	QL
rabeprazole sodium oral tablet delayed release	3	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
alosetron hcl	3	PA
AMITIZA	3	QL
bisacodyl ec	0	PV; QL
bisacodyl oral	0	PV; QL
citroma	0	PV; QL
clearlax	0	PV; QL
constulose	1	
cromolyn sodium oral	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
enulose	1	
ft clearlax	0	PV; QL
ft laxative	0	PV; QL
ft magnesium citrate	0	PV; QL
GATTEX	SP3	PA
gavilax oral powder	0	PV; QL
gavilyte-c	1	PV; QL
gavilyte-g	1	PV; QL
gavilyte-n with flavor pack oral solution reconstituted 420 gm	1	PV; QL
generlac	1	
gentle laxative oral	0	PV; QL
gentlelax	0	PV; QL
glycolax	0	PV; QL
glycopyrrolate oral solution	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
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
lactulose encephalopathy	1	
lactulose oral solution	1	
LINZESS	3	QL
lubiprostone	3	QL
magnesium citrate oral solution	0	PV; QL
mm clearlax	0	PV; QL
MOVANTIK	3	QL
na sulfate-k sulfate-mg sulf	0	PV; QL
peg 3350-kcl-na bicarb-nacl	1	PV; QL
peg-3350/electrolytes	1	PV; QL
peg-3350/electrolytes/ascorb at	3	
peg-kcl-nacl-nasulf-na asc-c	3	
polyethylene glycol 3350 oral powder	0	PV; QL
qc magnesium citrate	0	PV; QL
RELISTOR SUBCUTANEOUS	SP3	QL
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA; QL
XERMELO	SP3	PA; QL

Drug Name	Drug Tier	Notes
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CERDELGA	SP3	PA
CHOLBAM	SP3	PA
CREON	2	
GALAFOLD	SP3	PA; QL
MYALEPT	SP3	PA
nitisinone	SP1	PA
OCALIVA	SP3	PA; QL
ORFADIN ORAL CAPSULE 20 MG	SP3	PA
ORFADIN ORAL SUSPENSION	SP3	PA
PANCREAZE	2	
PROCYSBI	SP3	PA
RAVICTI	SP3	PA
sodium phenylbutyrate oral	SP1	PA
STRENSIQ	SP3	PA
ZENPEP	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	3	
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
darifenacin hydrobromide er	3	
ELMIRON	2	PA
flavoxate hcl	1	
INTRAROSA	3	
LITHOSTAT	3	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral solution	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
oxybutynin chloride oral tablet 5 mg	1	
penicillamine oral tablet	SP1	PA
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
sevelamer carbonate	1	
sevelamer hcl oral tablet 400 mg	1	
sevelamer hcl oral tablet 800 mg	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	3	QL
solifenacin succinate	1	
tadalafil oral tablet 2.5 mg, 5 mg	3	QL
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	3	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
<b>Hormonal Agents - Adrenal</b>		
CORTISONE ACETATE ORAL	1	
dexamethasone intensol	1	
dexamethasone oral elixir	1	

Drug Name	Drug Tier	Notes
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 2 MG	2	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible	3	
prednisone intensol	1	
prednisone oral	1	
<b>Hormonal Agents - Men's Health</b>		
ANDRODERM	2	PA
danazol oral	3	
DEPO-TESTOSTERONE	2	PA
testosterone cypionate intramuscular	1	PA
testosterone enanthate intramuscular	1	PA
testosterone transdermal	3	PA
<b>Hormonal Agents - Pituitary</b>		
cabergoline	1	
desmopressin ace spray refrig	3	
desmopressin acetate injection	1	
DESMOPRESSIN ACETATE NASAL	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
desmopressin acetate oral	1		amethyst	0	PV
desmopressin acetate pf	1		ANGELIQ	2	
desmopressin acetate spray	1		ANNOVERA	0	PV; QL
NORDITROPIN FLEXPRO	SP2	PA	apri	0	PV
NUTROPIN AQ NUSPIN 10	SP2	PA	aranelle	0	PV
NUTROPIN AQ NUSPIN 20	SP2	PA	ashlyna	0	PV; QL
NUTROPIN AQ NUSPIN 5	SP2	PA	aubra eq	0	PV
octreotide acetate	SP1	PA	aubra oral tablet 0.1-20 mg-mcg	0	PV
OMNITROPE	SP2	PA	aurovela 1.5/30	0	PV
ORLISSA	3	PA; QL	aurovela 1/20	0	PV
SANDOSTATIN	SP1	PA	aurovela 24 fe	0	PV
SIGNIFOR	SP3	PA; QL	aurovela fe 1.5/30	0	PV
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP3	PA	aurovela fe 1/20	0	PV
STIMATE NASAL SOLUTION 1.5 MG/ML	2		aviane	0	PV
<b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b>			ayuna	0	PV
OSPHENA	3		azurette	0	PV
raloxifene hcl	1	PV	BALCOLTRA	3	PV
<b>Hormonal Agents - Sex Hormones and Birth Control</b>			balziva	0	PV
afirmelle	0	PV	blisovi 24 fe	0	PV
aftera	0	PV	blisovi fe 1.5/30	0	PV
altavera	0	PV	blisovi fe 1/20	0	PV
alyacen 1/35	0	PV	briellyn	0	PV
alyacen 7/7/7	0	PV	camila	0	PV
amabelz	1		camrese	0	PV; QL
amethia	0	PV; QL	camrese lo	0	PV; QL
			caziant oral tablet 0.1/0.125/0.15 -0.025 mg	0	PV
			charlotte 24 fe	0	PV
			chateal eq	0	PV
			chateal oral tablet 0.15-30 mg-mcg	0	PV
			CLIMARA PRO	3	
			COMBIPATCH	3	
			cryselle-28	0	PV
			curae	0	PV
			cyclafem 1/35 oral tablet 1-35 mg-mcg	0	PV

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

Drug Name	Drug Tier	Notes
cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	0	PV
cyred eq	0	PV
cyred oral tablet 0.15-30 mg-mcg	0	PV
dasetta 1/35	0	PV
dasetta 7/7/7	0	PV
daysee	0	PV; QL
deblitane	0	PV
delyla	0	PV
DEPO-ESTRADIOL	2	
desogestrel-ethinyl estradiol	0	PV
dolishale	0	PV
dotti	1	
drospiren-eth estrad-levomefol	0	PV
drospirenone-ethinyl estradiol	0	PV
DUAVEE	2	
econtra ez oral tablet 1.5 mg	0	PV
econtra one-step	0	PV
ELESTRIN	3	
elinest	0	PV
ELLA	0	PV
eluryng	0	PV
emoquette oral tablet 0.15-30 mg-mcg	0	PV
enilloring	0	PV
enpresse-28	0	PV
enskyce	0	PV
errin	0	PV
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	0	PV

Drug Name	Drug Tier	Notes
estradiol oral	1	
estradiol transdermal gel	3	
estradiol transdermal patch twice weekly	1	
estradiol transdermal patch weekly	1	
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
ESTRING	3	QL
ESTROGEL	3	
ethynodiol diac-eth estradiol	0	PV
etonogestrel-ethinyl estradiol	0	PV
EVAMIST	3	
falmina	0	PV
fayosim oral tablet 42-21-21-7 days	0	PV; QL
femynor oral tablet 0.25-35 mg-mcg	0	PV
finzala	0	PV
fyavolv	1	
gemmily	0	PV
hailey 1.5/30	0	PV
hailey 24 fe	0	PV
hailey fe 1.5/30	0	PV
hailey fe 1/20	0	PV
haloette	0	PV
heather	0	PV
her style	0	PV
iclevia	0	PV; QL
incassia	0	PV
introvale	0	PV; QL
isibloom	0	PV
jaimiess	0	PV; QL
jasmiel	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
jencycla	0	PV
jinteli	1	
jolessa	0	PV; QL
joyeaux	0	PV
juleber	0	PV
junel 1.5/30	0	PV
junel 1/20	0	PV
junel fe 1.5/30	0	PV
junel fe 1/20	0	PV
junel fe 24	0	PV
kaitlib fe	0	PV
kalliga	0	PV
kariva	0	PV
kelnor 1/35	0	PV
kelnor 1/50	0	PV
kurvelo	0	PV
KYLEENA	0	PV
larin 1.5/30	0	PV
larin 1/20	0	PV
larin 24 fe	0	PV
larin fe 1.5/30	0	PV
larin fe 1/20	0	PV
larissia oral tablet 0.1-20 mg-mcg	0	PV
layolis fe	0	PV
leena	0	PV
lessina	0	PV
levonest	0	PV
levonorgest-eth est & eth est	0	PV; QL
levonorgest-eth estrad 91-day	0	PV; QL
levonorgest-eth estradiol-iron	0	PV
levonorgestrel	0	PV
levonorgestrel-ethinyl estrad	0	PV

Drug Name	Drug Tier	Notes
levonorg-eth estrad triphasic	0	PV
levora 0.15/30 (28)	0	PV
LILETTA (52 MG)	0	PV
lillow oral tablet 0.15-30 mg-mcg	0	PV
LO LOESTRIN FE	3	PV
lojaimiess	0	PV; QL
loryna	0	PV
low-ogestrel	0	PV
lo-zumandimine	0	PV
lutera	0	PV
lyleq	0	PV
lyllana	1	
lyza	0	PV
marlissa	0	PV
medroxyprogesterone acetate intramuscular	0	PV; QL
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1	
megestrol acetate oral tablet	1	
MENEST	2	
merzee	0	PV
mibelas 24 fe	0	PV
microgestin 1.5/30	0	PV
microgestin 1/20	0	PV
microgestin 24 fe	0	PV
microgestin fe 1.5/30	0	PV
microgestin fe 1/20	0	PV
mili	0	PV
mimvey	1	
MIRENA (52 MG)	0	PV
mono-linyah	0	PV
my choice	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
my way	0	PV
NATAZIA	0	PV
necon 0.5/35 (28)	0	PV
new day	0	PV
NEXPLANON	0	PV
nikki	0	PV
nora-be	0	PV
norethin ace-eth estrad-fe	0	PV
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	0	PV
norethindrone oral	0	PV
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe	0	PV
norethin-eth estradiol-fe	0	PV
norgestimate-eth estradiol	0	PV
norgestimate-ethinyl estradiol triphasic	0	PV
norlyda	0	PV
norlyroc	0	PV
nortrel 0.5/35 (28)	0	PV
nortrel 1/35 (21)	0	PV
nortrel 1/35 (28)	0	PV
nortrel 7/7/7	0	PV
nylia 1/35	0	PV
nylia 7/7/7	0	PV
nymyo	0	PV
ocella	0	PV
opcicon one-step	0	PV
option 2	0	PV
ORIAHNN	3	PA; QL
orsythia	0	PV

Drug Name	Drug Tier	Notes
PARAGARD INTRAUTERINE COPPER	0	PV
philith	0	PV
pimtrea	0	PV
pirmella 1/35 oral tablet 1-35 mg-mcg	0	PV
pirmella 7/7/7	0	PV
portia-28	0	PV
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
previfem oral tablet 0.25-35 mg-mcg	0	PV
progesterone intramuscular	1	
progesterone oral	1	
react	0	PV
reclipsen	0	PV
rivelsa	0	PV; QL
setlakin	0	PV; QL
sharobel	0	PV
simliya	0	PV
simpesse	0	PV; QL
SKYLA	0	PV
SLYND	3	PV
sprintec 28	0	PV
sronyx	0	PV
syeda	0	PV
take action	0	PV
tarina 24 fe	0	PV
tarina fe 1/20 eq	0	PV
tarina fe 1/20 oral tablet 1-20 mg-mcg	0	PV
taysofy	0	PV
tilia fe	0	PV
tri femynor	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
tri-estarylla	0	PV
tri-legest fe	0	PV
tri-linyah	0	PV
tri-lo-estarylla	0	PV
tri-lo-marzia	0	PV
tri-lo-mili	0	PV
tri-lo-sprintec	0	PV
tri-mili	0	PV
tri-nymyo	0	PV
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	0	PV
tri-sprintec	0	PV
trivora (28)	0	PV
tri-vylibra	0	PV
tri-vylibra lo	0	PV
tulana oral tablet 0.35 mg	0	PV
tydemy	0	PV
velivet	0	PV
vestura	0	PV
vienva	0	PV
viorele	0	PV
volnea	0	PV
vyfemla	0	PV
vylibra	0	PV
wera	0	PV
wymzya fe	0	PV
xulane	0	PV
yuvafem	1	
zafemy	0	PV
zarah oral tablet 3-0.03 mg	0	PV
zovia 1/35 (28)	0	PV
zovia 1/35e (28) oral tablet 1-35 mg-mcg	0	PV
zumandimine	0	PV

Drug Name	Drug Tier	Notes
<b>Hormonal Agents - Thyroid</b>		
adthyza	1	
ARMOUR THYROID	2	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	2	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	2	
thyroid oral	1	
TIROSINT	3	
unithroid	1	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	SP3	PA; QL
ACTEMRA SUBCUTANEOUS	SP3	PA; QL
ACTIMMUNE	SP2	PA
azathioprine oral tablet 50 mg	1	
BERINERT	SP2	PA; QL
	0	PV; AL (Max 24 Months)
BEYFORTUS		
CELLCEPT	SP3	
CIMZIA	SP2	PA; QL
CIMZIA STARTER KIT	SP2	PA; QL
COSENTYX (300 MG DOSE)	SP3	PA; QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
COSENTYX 150 MG/ML SUBCUTANEOUS	SP3	PA; QL	HUMIRA PEN	SP2	PA; QL
COSENTYX SENSOREADY (300 MG)	SP3	PA; QL	HUMIRA PEN-CD/UC/HS STARTER	SP2	PA; QL
COSENTYX SENSOREADY PEN	SP3	PA; QL	HUMIRA PEN-PEDIATRIC UC START	SP2	PA; QL
COSENTYX UNOREADY	SP3	PA; QL	HUMIRA PEN-PS/UV/ADOL HS START	SP2	PA; QL
cyclosporine modified	1		HUMIRA PEN-PSOR/UEVIT STARTER	SP2	PA; QL
cyclosporine oral	1		icatibant acetate	SP1	PA; QL
CYLTEZO	SP2	PA; QL	KINERET	SP3	PA
CYLTEZO-CD/UC/HS STARTER	SP2	PA; QL	leflunomide oral	1	
CYLTEZO-PSORIASIS STARTER	SP2	PA; QL	methotrexate sodium	1	
ENBREL MINI	SP2	PA; QL	methotrexate sodium (pf)	1	
ENBREL SUBCUTANEOUS SOLUTION	SP2	PA; QL	mycophenolate mofetil oral	1	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP2	PA; QL	mycophenolate sodium	1	
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	SP2		MYFORTIC	SP3	
ENBREL SURECLICK	SP2	PA; QL	NEORAL	SP3	
ENVARUSUS XR	SP2		OLUMIANT	SP3	PA; QL
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	SP1		ORENCIA CLICKJECT	SP3	PA; QL
FIRAZYR	SP3	PA; QL	ORENCIA SUBCUTANEOUS	SP3	PA; QL
gengraf	1		OTEZLA	SP2	PA; QL
HADLIMA	SP2	PA; QL	PROGRAF ORAL CAPSULE	SP3	
HADLIMA PUSHTOUCH	SP2	PA; QL	PROGRAF ORAL PACKET	SP2	
HAEGARDA	SP2	PA	RAPAMUNE ORAL SOLUTION	SP2	
HUMIRA	SP2	PA; QL	RIDAURA	SP2	
HUMIRA PEDIATRIC CROHNS START	SP2	PA; QL	RINVOQ	SP2	PA; QL
			sajazir	SP1	PA; QL
			SANDIMMUNE ORAL CAPSULE	SP3	
			SANDIMMUNE ORAL SOLUTION	SP2	
			SIMPONI	SP2	PA; QL
			sirolimus oral solution	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
sirolimus oral tablet	1	
SKYRIZI	SP2	PA; QL
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	SP2	PA; QL
SKYRIZI PEN	SP2	PA; QL
STELARA SUBCUTANEOUS	SP2	PA; QL
tacrolimus oral	1	
TALTZ	SP3	PA; QL
TREMFYA	SP2	PA; QL
XATMEP	3	
XELJANZ ORAL TABLET	SP2	PA; QL
XELJANZ XR	SP2	PA; QL
ZORTRESS	SP3	
<b>Immunological Agents - Drugs for Vaccination</b>		
ABRYSVO	0	PV
	3	PV; AL (Max 6 Years)
ACTHIB		
ADACEL	0	PV
AFLURIA QUADRIVALENT	0	PV
BCG VACCINE	3	
BEXSERO	0	PV
BOOSTRIX	0	PV
COMIRNATY	0	PV
DAPTACEL	0	PV
	0	PV; AL (Min 9 Years and Max 16 Years)
DENGVAXIA		

Drug Name	Drug Tier	Notes
DIPHThERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	0	PV
ENGERIX-B	0	PV
	0	PV; AL (Min 65 Years)
FLUAD QUADRIVALENT		
FLUARIX QUADRIVALENT	0	PV
FLUBLOK QUADRIVALENT	0	PV
FLUCELVAX QUADRIVALENT	0	PV
FLULAVAL QUADRIVALENT	0	PV
	3	PV; AL (Min 2 Years and Max 49 Years)
FLUMIST QUADRIVALENT		
FLUZONE HIGH-DOSE QUADRIVALENT	0	PV; AL (Min 65 Years)
FLUZONE QUADRIVALENT	0	PV
	3	PV; AL (Min 9 Years and Max 26 Years)
GARDASIL 9		
HAVRIX	0	PV
	3	PV; AL (Min 18 Years)
HEPLISAV-B		
	3	PV; AL (Max 6 Years)
HIBERIX		
IMOVAX RABIES	3	
INFANRIX	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
	3	PV; AL (Max 17 Years)	STAMARIL	3	
IPOL			TDVAX	0	PV
KINRIX	0	PV	TENIVAC	0	PV
MENACTRA	0	PV	TETANUS-DIPHThERIA TOXOIDS TD	0	PV
MENQUADFI	0	PV	TRUMENBA	0	PV
MENVEO	0	PV	TWINRIX	0	PV
M-M-R II	0	PV	TYPHIM VI	3	
MODERNA COVID-19 VAC 6M-11Y	0	PV	VAQTA	0	PV
NOVAVAX COVID-19 VACCINE	0	PV; QL	VARIVAX	0	PV
PEDIARIX	0	PV	VAXCHORA	3	
	3	PV; AL (Max 6 Years)	VAXELIS	0	PV
PEDVAX HIB			VAXNEUVANCE	0	PV
PENTACEL	0	PV	VIVOTIF	2	
PFIZER COVID-19 VAC-TRIS 5-11Y	0	PV	YF-VAX	3	
PFIZER COVID-19 VAC-TRIS 6M-4Y	0	PV	<b>Inflammatory Bowel Disease Agents</b>		
PNEUMOVAX 23	0	PV	anucort-hc	1	
	0	PV; AL (Min 18 Years)	balsalazide disodium	1	
PREHEVBRIO			budesonide er	3	
PREVNAR 13	0	PV	budesonide oral	1	
PREVNAR 20	0	PV	hydrocortisone (perianal)	1	
PRIORIX	0	PV	hydrocortisone ace-pramoxine external cream 1-1 %	1	
PROQUAD	0	PV	hydrocortisone acetate rectal suppository 25 mg	1	
QUADRACEL	0	PV	hydrocortisone rectal	1	
RECOMBIVAX HB	0	PV	hydrocort-pramoxine (perianal)	1	
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	PV; AL (Max 8 Months)	mesalamine er oral capsule extended release 500 mg	1	
	3	PV; AL (Max 8 Months)	mesalamine oral	1	
ROTATEQ			mesalamine rectal	1	
	3	PV; AL (Min 19 Years)	mesalamine-cleanser	1	
SHINGRIX			PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	
SPIKEVAX	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
PROCTOFOAM HC	2		AEROCHAMBER W/FLOWSIGNAL	2	
procto-med hc	1		AQINJECT PEN NEEDLE	1	
proctosol hc	1		AUM INSULIN SAFETY PEN NEEDLE	1	
proctozone-hc	1		AUM MINI INSULIN PEN NEEDLE	1	
sulfasalazine oral	1		AUM PEN NEEDLE	1	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>			AUM READYGARD DUO PEN NEEDLE	1	
alendronate sodium oral solution	1		AUM SAFETY PEN NEEDLE	1	
alendronate sodium oral tablet 10 mg, 5 mg	1		BD AUTOSHIELD DUO PEN NEEDLES	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL	BD ECLIPSE LUER-LOK NEEDLE	1	
calcitonin (salmon) nasal	1	QL	BD ECLIPSE NEEDLE 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	1	
FORTEO	SP2	PA	BD FILTER NEEDLE	1	
ibandronate sodium oral	1	QL	BD SYRINGE LUER-LOK 30 ML	1	
risedronate sodium oral tablet 150 mg, 35 mg	1	QL	BD ULTRA-FINE PEN NEEDLES	1	
risedronate sodium oral tablet 30 mg, 5 mg	1		BREATHE COMFORT CHAMBER/ADULT	2	
risedronate sodium oral tablet delayed release	3	QL	BREATHE COMFORT CHAMBER/CHILD	2	
TERIPARATIDE (RECOMBINANT)	SP2	PA	BREATHE EASE LARGE	2	
TYMLOS	SP2	PA	BREATHE EASE MEDIUM	2	
<b>Metabolic Bone Disease Agents - Other</b>			BREATHE EASE SMALL	2	
calcitriol oral	1		BREATHERITE VALVED MDI CHAMBER	2	
cinacalcet hcl	1		CAMINO PRO COMPLETE/GLYTACTIN	2	
paricalcitol oral	1				
<b>Miscellaneous Therapeutic Agents</b>					
AEROCHAMBER MINI CHAMBER	2				
AEROCHAMBER MV	2				
AEROCHAMBER PLUS FLO-VU	2				
AEROCHAMBER PLUS FLOW VU	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
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		EASY TOUCH HYPODERMIC NEEDLE 16G X 1"	1	
CAREPOINT SAFETY 1ST NEEDLE	1		EASYPOINT NEEDLE	1	
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	
DUREX EXTRA SENSITIVE THIN	0	PV	GLYTACTIN BETTERMILK DE-LITE	2	
EASIVENT	2		GLYTACTIN BUILD 10PE	2	
EASY GLIDE LUER LOCK SYRINGE	1		GLYTACTIN BUILD 20/20	2	
EASY GLIDE SLIP LOCK SYRINGE	1		GLYTACTIN BUILD 20/20 PKU	2	
			GLYTACTIN BURST	2	
			GLYTACTIN COMPLETE 10PE	2	
			GLYTACTIN RESTORE 10	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
GLYTACTIN RESTORE 5	2		NEOPHE	2	
GLYTACTIN RESTORE LITE 10	2		NORDIPEN 5 INJECTION DEVICE	1	
GLYTACTIN RESTORE LITE 10PE	2		NORM-JECT LUER SLIP SYRINGE	1	
GLYTACTIN RTD 10	2		NOVOFINE AUTOCOVER PEN NEEDLE	1	
GLYTACTIN RTD 15	2		NOVOFINE PEN NEEDLE	1	
GLYTACTIN RTD LITE 15	2		NOVOFINE PLUS PEN NEEDLE	1	
GLYTACTIN SWIRL 15	2		NOVOTWIST PEN NEEDLE 32G X 5 MM	1	
GLYTACTIN SWIRL 15PE	2		OMNIPOD 5 G6 INTRO (GEN 5)	3	
HUMATROPEN FOR 12MG	1		OMNIPOD 5 G6 POD (GEN 5)	3	QL
HUMATROPEN FOR 24MG	1		OMNIPOD CLASSIC PDM (GEN 3) KIT	3	
HUMATROPEN FOR 6MG	1		OMNIPOD CLASSIC PODS (GEN 3)	3	QL
INCONTROL ULTICARE PEN NEEDLES	1		OMNIPOD DASH INTRO (GEN 4)	3	
INSPIREASE RESERVOIR BAGS	2		OMNIPOD DASH PDM (GEN 4)	3	
INSULIN PEN NEEDLES	1		OMNIPOD DASH PODS (GEN 4)	3	QL
J-TIP KIT W/VIAL ADAPTERS	1		OMNIPOD GO KIT 20 UNIT/24HR, 30 UNIT/24HR, 40 UNIT/24HR	3	
K-Y ME & YOU EXTRA LUBRICATED	0	PV	OMNIPOD POD PALS	3	QL
K-Y ME & YOU INTENSE	0	PV	OPTICHAMBER DIAMOND	2	
LIPISTART	2		OPTICHAMBER DIAMOND-LG MASK	2	
methergine	3	QL	OPTICHAMBER DIAMOND-MD MASK	2	
methylergonovine maleate oral	3	QL	OPTICHAMBER DIAMOND-SM MASK	2	
MICROCHAMBER DEVICE	2				
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	1				
NEOCATE JUNIOR	3				
NEOCATE SPLASH	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
OPTIONS GYNOL II CONTRACEPTIVE	0	PV	PRO COMFORT SPACER CHILD	2	
PANDA MASK LARGE	2		PRO COMFORT SPACER INFANT	2	
PANDA MASK MEDIUM	2		PROCARE SPACER/ADULT MASK	2	
PANDA MASK SMALL	2		PROCARE SPACER/CHILD MASK	2	
PARI VORTEX ADULT MASK	2		PURAMINO DHA/ARA	3	
PEDIATRIC PANDA MASK	2		PURE COMFORT SAFETY PEN NEEDLE	1	
PHENEX-1	2		PURE COMFORT SPACER CHAMBER	2	
PHENEX-2	2		RAYA SURE PEN NEEDLE	1	
PHENYLADE DRINK MIX	2		RENASTART	2	
PHENYLADE GMP MIX DHA/FIBER	2		SAFETY PEN NEEDLES	1	
PHENYLADE GMP READY	2		SECURESAFE HYPODERMIC NEEDLE 19G X 1" , 19G X 1-1/2" , 22G X 1" , 25G X 1-1/2"	1	
PHENYLADE GMP ULTRA	2		SYRINGE LUER LOCK 30 ML	1	
PIP PEN NEEDLES 31G X 5MM	1		SYRINGE LUER SLIP 1 ML	1	
PIP PEN NEEDLES 32G X 4MM	1		TODAY SPONGE	0	PV
PKU EASY	2		TOLEREX	3	
PKU EASY MICROTABS	2		VCF VAGINAL CONTRACEPTIVE	0	PV
PKU EASY SHAKE & GO	2		VERIFINE INSULIN PEN NEEDLE	1	
PKU EXPRESS 15 PLUS+	2		VERIFINE PLUS PEN NEEDLE	1	
PKU EXPRESS 20 PLUS+	2		V-GO 20	3	QL
PKU GO ORAL PACKET	2		V-GO 30	3	QL
PKU SPHERE 20	2		V-GO 40	3	QL
PKU START	2		VIVONEX PEDIATRIC	3	
POCKET SPACER	2		VIVONEX PEDIATRIC RTF	3	
PREKUNIL	2		VORTEX VALVED HOLDING CHAMBER	2	
PREMIUM CONDOMS LUBRICATED	0	PV			
PRO COMFORT SPACER ADULT	2				

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



Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
WIDE-SEAL DIAPHRAGM 60	0	PV	FLAREX	2	
WIDE-SEAL DIAPHRAGM 65	0	PV	fluorometholone	1	
WIDE-SEAL DIAPHRAGM 70	0	PV	flurbiprofen sodium	1	
WIDE-SEAL DIAPHRAGM 75	0	PV	FML FORTE	2	
WIDE-SEAL DIAPHRAGM 80	0	PV	FML OPHTHALMIC OINTMENT 0.1 %	2	
WIDE-SEAL DIAPHRAGM 85	0	PV	gatifloxacin ophthalmic	1	
WIDE-SEAL DIAPHRAGM 90	0	PV	GENTAK OPHTHALMIC OINTMENT 0.3 %	1	
WIDE-SEAL DIAPHRAGM 95	0	PV	gentamicin sulfate ophthalmic	1	
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>			ketorolac tromethamine ophthalmic	1	
ALOCRIAL	2		levofloxacin ophthalmic solution 0.5 %	1	
ALOMIDE	2		LOTEMAX OPHTHALMIC OINTMENT	3	QL
ALREX	3		loteprednol etabonate ophthalmic gel	1	QL
AZASITE	3		loteprednol etabonate ophthalmic suspension	3	
azelastine hcl ophthalmic	1		MAXIDEX	2	
bacitracin ophthalmic	1		moxifloxacin hcl ophthalmic	1	
BESIVANCE	3		NATACYN	3	
bromfenac sodium (once-daily)	1	QL	neomycin-polymyxin-dexameth ophthalmic ointment	1	
CILOXAN	2		neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
ciprofloxacin hcl ophthalmic	1		neomycin-polymyxin-hc ophthalmic	1	
cromolyn sodium ophthalmic	1		ofloxacin ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1		olopatadine hcl ophthalmic	1	
diclofenac sodium ophthalmic	1		prednisolone acetate ophthalmic	1	
difluprednate	3				
epinastine hcl	1				
erythromycin ophthalmic	1				

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

Drug Name	Drug Tier	Notes
prednisolone sodium phosphate ophthalmic	1	
PROLENSA	3	QL
sulfacetamide sodium ophthalmic	1	
TOBRADEX	2	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX	2	
trifluridine	1	
ZIRGAN	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
acetazolamide er	1	
acetazolamide oral	1	
apraclonidine hcl	1	
betaxolol hcl ophthalmic	1	
BETIMOL	2	
BETOPTIC-S	2	
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	1	
brinzolamide	3	
carteolol hcl	1	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IOPIDINE	2	
latanoprost ophthalmic	1	
levobunolol hcl	1	
LUMIGAN	2	QL
methazolamide oral	3	
PHOSPHOLINE IODIDE	2	

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

Drug Name	Drug Tier	Notes
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal	1	QL
benzonatate oral capsule 100 mg, 200 mg	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	1	
guaiaatussin ac	1	PA; QL; AL (Min 18 Years)
guaifenesin ac	1	PA; QL; AL (Min 18 Years)
guaifenesin-codeine	1	PA; QL; AL (Min 18 Years)
hydrocod poli-chlorphe poli er	1	PA; QL; AL (Min 18 Years)
hydrocodone bit-homatrop mbr	1	PA; QL; AL (Min 18 Years)
hydromet	1	PA; QL; AL (Min 18 Years)
ipratropium bromide nasal	1	
maxi-tuss ac	1	PA; QL; AL (Min 18 Years)
promethazine vc	1	
promethazine vc/codeine	1	PA; QL; AL (Min 18 Years)
promethazine-codeine	1	PA; QL; AL (Min 18 Years)
promethazine-dm	1	

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
promethazine-phenyleph- codeine oral syrup 6.25- 5-10 mg/5ml	1	PA; QL; AL (Min 18 Years)	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	2	QL
promethazine- phenylephrine oral syrup 6.25-5 mg/5ml	1		budesonide inhalation	1	QL
pseudoephedrine- bromphen-dm	1		COMBIVENT RESPIMAT	2	QL
sodium chloride inhalation	1		cromolyn sodium inhalation	3	
SSKI	2		DALIRESP	3	PA
virtussin ac w/alc oral liquid 100-10 mg/5ml	1	PA; QL; AL (Min 18 Years)	elixophyllin	1	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>			epinephrine injection solution auto-injector	1	
acetylcysteine inhalation	1		FASENRA	SP2	PA
ADVAIR HFA	2	QL	FASENRA PEN	SP2	PA
albuterol sulfate hfa	1	QL	FLOVENT DISKUS	2	QL
albuterol sulfate inhalation	1	QL	FLOVENT HFA	2	QL
albuterol sulfate oral	1		fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
ANORO ELLIPTA	2	QL	FLUTICASONE- SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
ASMANEX (120 METERED DOSES)	2	QL	INCRUSE ELLIPTA	2	QL
ASMANEX (14 METERED DOSES)	2	QL	ipratropium bromide inhalation	1	QL
ASMANEX (30 METERED DOSES)	2	QL	ipratropium-albuterol	1	QL
ASMANEX (60 METERED DOSES)	2	QL	levalbuterol hcl inhalation	3	QL
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT	2	QL	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	ST; QL
ASMANEX HFA	2	QL	montelukast sodium oral	1	
ATROVENT HFA	2	QL	OFEV	SP3	PA
			pirfenidone	SP1	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
PROAIR RESPICLICK	3	ST; QL
PULMICORT FLEXHALER	2	QL
QVAR REDHALER	2	QL
roflumilast	3	PA
SEREVENT DISKUS	2	QL
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	2	QL
SYMJEPI	2	
THEO-24	2	
theophylline	1	
theophylline er	1	
TRELEGY ELLIPTA	2	QL
VENTOLIN HFA	3	ST; QL
wixela inhub	1	QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	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	
TRIKAFTA	SP3	PA; QL

Drug Name	Drug Tier	Notes
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADEMPAS	SP3	PA; QL
alyq	SP1	PA; QL
ambrisentan	SP1	PA; QL
bosentan	SP1	PA; QL
OPSUMIT	SP2	PA; QL
sildenafil citrate oral tablet 20 mg	SP1	PA; QL
tadalafil (pah)	SP1	PA; QL
TRACLEER 32 MG	SP2	PA; QL
TYVASO	SP2	PA; QL
TYVASO DPI MAINTENANCE KIT	SP2	PA; QL
TYVASO DPI TITRATION KIT	SP2	PA; QL
TYVASO REFILL	SP2	PA; QL
TYVASO STARTER	SP2	PA; QL
UPTRAVI ORAL	SP3	PA; QL
VENTAVIS	SP2	PA; QL
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
baclofen oral tablet	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
dantrolene sodium oral	1	
metaxalone oral tablet 800 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	QL
tizanidine hcl oral	1	

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

Drug Name	Drug Tier	Notes
<b>Sleep Disorder Agents</b>		
armodafinil	1	QL
BELSOMRA	3	ST; QL
DAYVIGO	3	ST; QL
doxepin hcl oral tablet	3	QL
eszopiclone	1	QL
modafinil	1	QL
ramelteon	1	QL
temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL
WAKIX	SP3	PA; QL
zaleplon	1	QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral tablet	1	QL

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

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VIVAGUARD INO TEST		XIGDUO XR.....	ZYLET.....	58
STRIPS.....	38	XIIDRA.....		
VIVAGUARD LANCING		XOFLUZA (40 MG DOSE)..		
DEVICE.....	38	XOFLUZA (80 MG DOSE)..		
VIVONEX PEDIATRIC.....	55	XOLAIR.....		
VIVONEX PEDIATRIC		XOSPATA.....		
RTF.....	55	XPOVIO (100 MG ONCE		
VIVOTIF.....	51	WEEKLY).....		
VIZIMPRO.....	22	XPOVIO (40 MG ONCE		
volnea.....	48	WEEKLY).....		
VONJO.....	22	XPOVIO (40 MG TWICE		
voriconazole.....	18	WEEKLY).....		
VORTEX VALVED		XPOVIO (60 MG ONCE		
HOLDING CHAMBER.....	55	WEEKLY).....		
VOTRIENT.....	22	XPOVIO (60 MG TWICE		
VRAYLAR.....	23	WEEKLY).....		
VUMERITY.....	29	XPOVIO (80 MG ONCE		
vyfemla.....	48	WEEKLY).....		
vylibra.....	48	XPOVIO (80 MG TWICE		
VYVANSE.....	29	WEEKLY).....		
WAKIX.....	61	XTANDI.....		
warfarin sodium.....	16	xulane.....		
WELIREG.....	22	YF-VAX.....		
wera.....	48	yl folic acid.....		
wes-phos 250 neutral.....	41	YONSA.....		
WIDE-SEAL DIAPHRAGM		yuvafem.....		
60.....	56	zafemy.....		
WIDE-SEAL DIAPHRAGM		zafirlukast.....		
65.....	56	zaleplon.....		
WIDE-SEAL DIAPHRAGM		zarah.....		
70.....	56	ZARONTIN.....		