

Essential Health Benefits Formulary

1st Quarter 2024

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What is my prescription drug coverage?

As part of your Baylor Scott & White Health Plan (BSWHP) coverage, you may have a prescription drug benefit. This document will help you understand your prescription drug benefit and the Essential Health Benefits 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 Essential Health Benefits 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 Essential Health Benefits 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 & 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- A drug may be withdrawn from the market by the FDA.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 Essential Health Benefits 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.

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 Essential Health Benefits Formulary Changes document.

How do I request an exception to the Essential Health Benefits 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).

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

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, CLOBEX) and generic medications in lowercase (for example, clobetasol).

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.

Drug Tier	Includes	Helpful Tips
Tier CM	 Oral Chemotherapy	Oral chemotherapy drugs may have a designated copayment or coinsurance based on state laws or client preference.
Tier 1	\$ Generic	Use Tier 1 generic drugs, instead of brand name drugs, to help reduce your out-of-pocket costs.
Tier 2	\$\$ Preferred	Preferred brand-name drugs will generally have lower copayments than non-preferred brand-name drugs.
Tier 3	\$\$\$ Non-Preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
Tier 4	\$\$\$\$ Specialty	Tier 4 is generally highest in copayment and cost. These drugs are sometimes used to treat complex and chronic conditions and may require special monitoring and handling.

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.

M	Authorized generic or co-branded product
PA	Prior Authorization – Your doctor is required to provide additional information to determine coverage.
PV	Preventive drugs – May have coverage and no copayments when health care reform requirements are met.
PV*	Preventive drugs – Available at \$0 if prior authorization is approved.
QL	Quantity Limit – Medication may be limited to a certain quantity.
ST	Step Therapy – Trial of lower-cost medication(s) is required before a higher-cost medication can be covered.

EHB Formulary

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Drug Name	Drug Tier	Notes
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
aspirin 81 oral tablet delayed release	1	PV
aspirin adult low dose	1	PV
aspirin adult low strength	1	PV
aspirin childrens	1	PV
aspirin ec low dose	1	PV
aspirin ec low strength	1	PV
aspirin low dose	1	PV
aspirin oral tablet chewable	1	PV
aspirin oral tablet delayed release 81 mg	1	PV
aspirin regimen	1	PV
celecoxib oral	1	QL
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	3	
diclofenac sodium external gel 1 %	1	QL
diclofenac sodium external solution 1.5 %	1	PA
diclofenac sodium oral	1	
diflunisal oral	3	
etodolac	1	
etodolac er	1	
fenoprofen calcium oral tablet	1	
flurbiprofen oral	1	
ft aspirin low dose	1	PV
goodsense aspirin low dose	1	PV
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	

Drug Name	Drug Tier	Notes
indomethacin oral	1	
ketoprofen oral	1	
ketorolac tromethamine injection	1	
ketorolac tromethamine intramuscular	1	
ketorolac tromethamine oral	1	QL
meclofenamate sodium oral	3	
mefenamic acid oral	3	
meloxicam oral tablet	1	
mm aspirin	1	PV
nabumetone oral	1	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin	1	
piroxicam oral	1	
ST JOSEPH LOW DOSE	3	PV
sulindac oral	1	
tolmetin sodium	1	
Opioid Analgesics, Long-acting		
buprenorphine	3	PA; QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 75 mcg/hr	3	PA; QL
fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr	1	PA; QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	3	PA; QL
hydromorphone hcl er	3	PA; QL
methadone hcl intensol	1	
methadone hcl oral concentrate	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
methadone hcl oral solution	1	
methadone hcl oral tablet	1	PA
mitigo	3	
morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg	3	PA; QL
morphine sulfate er oral tablet extended release 15 mg, 30 mg	1	PA; QL
NUCYNTA ER	3	PA; QL
OXYCONTIN	2	PA; QL
oxymorphone hcl er	3	PA; QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	3	PA; QL
tramadol hcl er	3	PA; QL
XTAMPZA ER	2	PA; QL
Opioid Analgesics, Short-acting		
acetaminophen-codeine	1	QL
ascomp-codeine	3	
bac	1	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod	3	
butalbital-apap-caffeine oral tablet	1	
butalbital-asa-caff-codeine	3	
butalbital-aspirin-caffeine	1	
butorphanol tartrate injection	1	
butorphanol tartrate nasal	3	QL
codeine sulfate	1	QL
endocet	1	QL
fentanyl citrate buccal lozenge on a handle	3	PA; QL

Drug Name	Drug Tier	Notes
hydrocodone-acetaminophen	1	QL
hydrocodone-ibuprofen oral tablet 10-200 mg	3	QL
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg	1	QL
hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	3	
hydromorphone hcl oral liquid	3	QL
hydromorphone hcl oral tablet	1	QL
hydromorphone hcl pf	3	
morphine sulfate (concentrate)	1	QL
morphine sulfate (pf) injection solution 0.5 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml	3	
morphine sulfate (pf) injection solution 10 mg/ml, 8 mg/ml	1	
morphine sulfate (pf) intravenous solution 2 mg/ml, 4 mg/ml	3	
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	3	
morphine sulfate intravenous solution 4 mg/ml	3	
morphine sulfate oral	1	QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL

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

Drug Name	Drug Tier	Notes
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
oxymorphone hcl	1	QL
pentazocine-naloxone hcl	3	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
Anesthetics		
Local Anesthetics		
glydo	1	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine hcl urethral/mucosal	1	
lidocaine viscous hcl	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium	3	
disulfiram oral	3	
naltrexone hcl oral	1	
VIVITROL	4	
Opioid Dependence Treatments		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	3	QL

Drug Name	Drug Tier	Notes
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
Opioid Reversal Agents		
KLOXXADO	2	
naloxone hcl injection	1	
naloxone hcl nasal	1	
Smoking Cessation Agents		
bupropion hcl er (smoking det)	1	PV; QL
goodsense nicotine mouth/throat lozenge 4 mg	1	PV; QL
habitrol	1	PV; QL
NICORETTE MOUTH/THROAT GUM 2 MG	3	PV; QL
NICORETTE MOUTH/THROAT LOZENGE 4 MG	3	PV; QL
nicotine mini	1	PV; QL
nicotine polacrilex mini	1	PV; QL
nicotine polacrilex mouth/throat	1	PV; QL
nicotine step 1	1	PV; QL
nicotine step 2	1	PV; QL
nicotine step 3	1	PV; QL
nicotine transdermal kit	1	PV; QL
nicotine transdermal patch 24 hour 21 mg/24hr	1	PV; QL
NICOTROL	3	ST; PV; QL
NICOTROL NS	3	ST; PV; QL
varenicline tartrate	1	PV; QL
varenicline tartrate (starter)	1	PV; QL
varenicline tartrate(continue)	1	PV; QL

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

Drug Name	Drug Tier	Notes
Antibacterials		
Aminoglycosides		
gentamicin sulfate external	1	
neomycin sulfate oral	1	
streptomycin sulfate intramuscular	3	
Antibacterials, Other		
aztreonam	1	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate in d5w	1	
clindamycin phosphate injection	1	
clindamycin phosphate vaginal	1	
daptomycin	3	
iodine tincture external tincture 2 %	1	
linezolid in sodium chloride	1	
linezolid intravenous	1	
linezolid oral	3	QL
mafenide acetate external	1	
methenamine hippurate	3	
metronidazole intravenous	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
mupirocin external	1	
NEO-SYNALAR EXTERNAL CREAM	3	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	
nitrofurantoin monohydrate macrocrystals	1	

Drug Name	Drug Tier	Notes
polymyxin b sulfate injection	1	
silver sulfadiazine external	1	
ssd	1	
trimethoprim oral	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 100 gm, 500 mg, 750 mg	1	
vancomycin hcl oral	3	
XEPI	3	
XIFAXAN ORAL TABLET 550 MG	3	PA
Beta-lactam, Cephalosporins		
cefaclor	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	3	
cefazolin sodium injection solution reconstituted 1 gm, 2 gm, 500 mg	1	
cefazolin sodium intravenous solution reconstituted 1 gm	1	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	1	
cefdinir	1	
cefepime hcl injection	3	
cefepime hcl intravenous solution 1 gm/50ml	3	
cefepime hcl intravenous solution reconstituted 2 gm	3	
cefotetan disodium	1	
cefoxitin sodium	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
cefepodoxime proxetil	3		BICILLIN L-A	3	
cefprozil	1		dicloxacillin sodium	1	
ceftazidime injection	1		nafcillin sodium	1	
ceftazidime intravenous	1		penicillin g potassium injection solution reconstituted 20000000 unit	1	
ceftriaxone sodium injection	1		penicillin v potassium	1	
ceftriaxone sodium intravenous	1		piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1	
cefuroxime axetil	1		Carbapenems		
cephalexin oral capsule 250 mg, 500 mg	1		ertapenem sodium	3	
cephalexin oral suspension reconstituted	1		imipenem-cilastatin	3	
tazicef injection	1		Macrolides		
tazicef intravenous solution reconstituted	1		azithromycin intravenous	1	
Beta-lactam, Penicillins			azithromycin oral	1	
amoxicillin	1		clarithromycin oral suspension reconstituted	3	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1		clarithromycin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 250-62.5 mg/5ml	3		DIFICID ORAL SUSPENSION RECONSTITUTED	3	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1		erythromycin base oral	3	
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	1		erythromycin ethylsuccinate oral	3	
ampicillin	1		erythromycin oral	3	
ampicillin sodium	1		Quinolones		
ampicillin-sulbactam sodium	1		BAXDELA ORAL	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	3		CIPRO ORAL SUSPENSION RECONSTITUTED	3	
			ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
			ciprofloxacin in d5w	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
levofloxacin intravenous	3	
levofloxacin oral solution	3	
levofloxacin oral tablet	1	
moxifloxacin hcl in nacl	1	
moxifloxacin hcl oral	1	
ofloxacin oral	3	
Sulfonamides		
sulfadiazine oral	3	
sulfamethoxazole-trimethoprim	1	
sulfatrim pediatric	1	
Tetracyclines		
avidoxy	1	
demeclocycline hcl	3	
doxy 100	1	
doxycycline hyclate intravenous	1	
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	3	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
MINOCIN	3	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
tetracycline hcl oral	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL	3	ST
EPIDIOLEX	4	PA

Drug Name	Drug Tier	Notes
levetiracetam er	3	
levetiracetam in nacl intravenous solution 250 mg/50ml	1	
levetiracetam oral	1	
roweepra	1	
Calcium Channel Modifying Agents		
CELONTIN	3	
ethosuximide oral capsule	1	
ethosuximide oral solution	3	
methsuximide	1	
zonisamide oral	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral tablet	2	PA
DIACOMIT	4	PA
diazepam rectal	3	QL
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
NAYZILAM	3	
pentobarbital sodium injection	1	
phenobarbital oral	1	
phenobarbital sodium injection	1	
primidone oral tablet 250 mg, 50 mg	1	
tiagabine hcl	3	
valproate sodium intravenous	1	
valproic acid oral	1	
Glutamate Reducing Agents		
FYCOMPA	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
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	
subvenite	1	
topiramate oral capsule sprinkle 15 mg	1	
topiramate oral capsule sprinkle 25 mg	3	
topiramate oral tablet	1	
Sodium Channel Agents		
carbamazepine er	3	
carbamazepine oral	1	
DILANTIN ORAL CAPSULE 30 MG	3	
epitol	1	
fosphenytoin sodium injection solution 500 mg pe/10ml	1	
lacosamide oral solution	1	
lacosamide oral tablet	3	
oxcarbazepine oral suspension	3	
oxcarbazepine oral tablet	1	
phenytek	3	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended oral capsule 100 mg	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	3	
phenytoin sodium injection	1	
rufinamide	3	PA

Drug Name	Drug Tier	Notes
Antidementia Agents		
Cholinesterase Inhibitors		
donepezil hcl	1	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
rivastigmine	3	
rivastigmine tartrate	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl er	3	QL
memantine hcl oral solution	3	
memantine hcl oral tablet	1	
Antidepressants		
Antidepressants, Other		
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	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	1	
perphenazine-amitriptyline	3	
Monoamine Oxidase Inhibitors		
MARPLAN	3	
phenelzine sulfate oral	3	
tranylcypromine sulfate	3	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	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
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST; QL
FETZIMA TITRATION	3	ST; QL
fluoxetine hcl oral capsule	1	
fluvoxamine maleate	3	
fluvoxamine maleate er	3	QL
paroxetine hcl oral tablet	1	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	QL
VIIBRYD STARTER PACK	3	PA; QL
vilazodone hcl	1	PA; QL
Tricyclics		
amitriptyline hcl oral	3	
amoxapine	3	
clomipramine hcl oral	3	
desipramine hcl oral	3	
doxepin hcl oral capsule	3	
doxepin hcl oral concentrate	3	
imipramine hcl oral	1	
nortriptyline hcl oral capsule	1	
nortriptyline hcl oral solution	3	
trimipramine maleate oral	3	

Drug Name	Drug Tier	Notes
Antiemetics		
Antiemetics, Other		
compro	3	
dimenhydrinate injection	1	
droperidol injection	1	
meclizine hcl oral tablet 12.5 mg, 25 mg	1	
metoclopramide hcl injection	1	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
perphenazine oral	2	
prochlorperazine	3	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	3	
promethegan rectal suppository 12.5 mg, 25 mg	3	
scopolamine	2	
Emetogenic Therapy Adjuncts		
ANZEMET	3	QL
aprepitant oral capsule 125 mg, 40 mg, 80 mg	3	QL
dronabinol	3	PA; QL
fosaprepitant dimeglumine	1	
granisetron hcl intravenous	1	
granisetron hcl oral	1	QL
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	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
Antifungals		
ABELCET	3	
amphotericin b intravenous	1	
amphotericin b liposome	3	
caspofungin acetate	3	
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone external cream	1	
econazole nitrate external	1	
ERTACZO	3	PA
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1	
fluconazole oral	1	
flucytosine oral capsule 250 mg	1	
flucytosine oral capsule 500 mg	3	
griseofulvin microsize oral	3	
griseofulvin ultramicrosize	3	
GYNAZOLE-1	3	
itraconazole oral capsule	3	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
LULICONAZOLE	3	PA

Drug Name	Drug Tier	Notes
miconazole 3	1	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	3	
nystatin-triamcinolone	1	
nystop	1	
SULCONAZOLE NITRATE EXTERNAL CREAM	3	PA
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
voriconazole oral tablet	3	PA
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol sodium	1	
colchicine tablet 0.6 mg oral	1	
colchicine tablet 0.6 mg oral	1	Made by Par
colchicine-probenecid	2	
febuxostat	3	ST
probenecid	2	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY	2	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL

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

Drug Name	Drug Tier	Notes
Ergot Alkaloids		
dihydroergotamine mesylate injection	3	PA; QL
ergotamine-caffeine	3	PA; QL
Serotonin (5-HT) Receptor Agonists		
almotriptan malate	3	QL
eletriptan hydrobromide	3	QL
naratriptan hcl	1	QL
rizatriptan benzoate	1	QL
sumatriptan nasal	3	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution	1	QL
sumatriptan succinate subcutaneous solution auto-injector	3	QL
zolmitriptan oral tablet	1	QL
zolmitriptan oral tablet dispersible	3	QL
Antimyasthenic Agents		
Parasympathomimetics		
neostigmine methylsulfate intravenous solution prefilled syringe 3 mg/3ml	3	
pyridostigmine bromide oral tablet	1	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	3	
rifabutin	3	
Antituberculars		
cycloserine oral	1	
ethambutol hcl oral	3	
isoniazid injection	1	
isoniazid oral	1	
PRIFTIN	3	

Drug Name	Drug Tier	Notes
pyrazinamide oral	1	
rifampin intravenous	1	
rifampin oral	2	
SIRTURO	3	
TRECATOR	3	
Antineoplastics		
Alkylating Agents		
busulfan	4	
cyclophosphamide injection	4	
cyclophosphamide oral capsule	CM	
CYCLOPHOSPHAMIDE ORAL TABLET	CM	
GLEOSTINE	CM	
LEUKERAN	CM	
MATULANE	CM	
melphalan	CM	
melphalan hcl	4	
MYLERAN	CM	
temozolomide	CM	PA
ZANOSAR	4	
Antiandrogens		
abiraterone acetate	CM	PA
bicalutamide	CM	
ORGOVYX	CM	PA
XTANDI	CM	PA
Antiangiogenic Agents		
lenalidomide	CM	PA
POMALYST	CM	PA
REVLIMID	CM	PA
THALOMID	CM	PA
Antiestrogens/Modifiers		
EMCYT	CM	
ORSERDU	CM	PA
tamoxifen citrate oral tablet 10 mg	CM	

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
tamoxifen citrate oral tablet 20 mg	CM	PV*
toremifene citrate	CM	
Antimetabolites		
capecitabine	CM	PA
decitabine	4	PA
DROXIA	3	
fludarabine phosphate	4	
fluorouracil intravenous	4	
hydroxyurea oral	CM	
mercaptopurine oral	CM	
Antineoplastics, Other		
AMELUZ	3	
daunorubicin hcl	4	
diclofenac sodium external gel 3 %	1	ST; QL
ETHYOL	4	
fluorouracil external cream 5 %	3	
fluorouracil external solution	1	
IXEMPRA KIT	4	
leucovorin calcium injection solution reconstituted	1	
leucovorin calcium oral	CM	
mitomycin intravenous	4	
mitoxantrone hcl	4	PA
mutamycin	4	
NINLARO	CM	PA
ONUREG	CM	PA
paclitaxel	4	
PIQRAY	CM	PA
PROLEUKIN	4	
ROZLYTREK	CM	PA
SYNRIBO	4	PA
ZOLINZA	CM	PA

Drug Name	Drug Tier	Notes
Aromatase Inhibitors, 3rd Generation		
anastrozole oral	CM	PV*
exemestane	CM	PV*
letrozole oral	CM	
Enzyme Inhibitors		
etoposide oral	CM	
HYCAMTIN ORAL	CM	
Molecular Target Inhibitors		
ALECENSA	CM	PA
BELEODAQ	4	PA
BOSULIF	CM	PA
CABOMETYX	CM	PA
CAPRELSA ORAL TABLET 100 MG	CM	PA; QL
CAPRELSA ORAL TABLET 300 MG	CM	PA
COMETRIQ	CM	PA
COTELLIC	CM	PA
ERIVEDGE	CM	PA
erlotinib hcl oral tablet 100 mg, 150 mg	CM	PA
erlotinib hcl oral tablet 25 mg	CM	PA; QL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	CM	PA; QL
everolimus oral tablet soluble	CM	PA
GILOTRIF	CM	PA; QL
IBRANCE	CM	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	CM	PA; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	CM	PA
imatinib mesylate	CM	PA
IMBRUVICA ORAL CAPSULE	CM	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
IMBRUVICA ORAL SUSPENSION	CM	PA
IMBRUVICA ORAL TABLET	CM	PA; QL
INLYTA	CM	PA
JAKAFI ORAL TABLET 10 MG, 5 MG	CM	PA; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	CM	PA
KOSELUGO	CM	PA
lapatinib ditosylate	CM	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	CM	PA
LYNPARZA	CM	PA
MEKINIST	CM	PA
NEXAVAR	CM	PA
QINLOCK	CM	PA
RETEVMO	CM	PA
RYDAPT	CM	PA
sorafenib tosylate	CM	PA
SPRYCEL	CM	PA
STIVARGA	CM	PA
sunitinib malate	CM	PA
TABRECTA	CM	PA
TAFINLAR	CM	PA
TAGRISSE ORAL TABLET 40 MG	CM	PA; QL
TAGRISSE ORAL TABLET 80 MG	CM	PA
TASIGNA	CM	PA
TUKYSA	CM	PA
TURALIO	CM	PA
VENCLEXTA	CM	PA
VENCLEXTA STARTING PACK	CM	PA

Drug Name	Drug Tier	Notes
VOTRIENT	CM	PA
XALKORI	CM	PA
ZELBORAF	CM	PA
ZYDELIG	CM	PA
ZYKADIA	CM	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
ADCETRIS	4	PA
ENHERTU	4	PA
RITUXAN	3	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML	3	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1600-26800 MG -UT/13.4ML	4	PA
RUXIENCE	3	PA
Retinoids		
bexarotene external	4	PA
bexarotene oral	CM	PA
tretinoin oral	CM	
Treatment Adjuncts		
MESNEX ORAL	CM	
Antiparasitics		
Anthelmintics		
albendazole oral	3	PA
EMVERM	2	
ivermectin oral	3	
praziquantel oral	3	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED	3	
atovaquone	3	
atovaquone-proguanil hcl oral tablet 250-100 mg	3	

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

Drug Name	Drug Tier	Notes
atovaquone-proguanil hcl oral tablet 62.5-25 mg	1	
BENZNIDAZOLE	3	
chloroquine phosphate oral	3	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	
mefloquine hcl	1	
nitazoxanide oral	3	
primaquine phosphate	1	
pyrimethamine oral	4	PA
Pediculicides/Scabicides		
malathion	3	
permethrin external	1	
spinosad	3	
sulfurated lime	1	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate	1	
trihexyphenidyl hcl	1	
Antiparkinson Agents, Other		
amantadine hcl oral capsule	1	
amantadine hcl oral solution	1	
entacapone	3	
tolcapone	1	
Dopamine Agonists		
apomorphine hcl subcutaneous	4	PA; QL
bromocriptine mesylate oral	3	
NEUPRO	3	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
ropinirole hcl er	3	

Drug Name	Drug Tier	Notes
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral	3	
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate oral	3	
selegiline hcl oral	1	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl oral tablet	3	
fluphenazine hcl oral tablet	3	
haloperidol decanoate intramuscular	1	
haloperidol lactate	1	
haloperidol oral	1	
loxapine succinate	3	
pimozide	3	
thioridazine hcl oral	1	
thiothixene	3	
trifluoperazine hcl	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	3	
aripiprazole oral tablet	1	QL
asenapine maleate	3	QL
FANAPT	3	ST; QL
FANAPT TITRATION PACK	3	ST; QL
INVEGA HAFYERA	3	ST
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
lurasidone hcl	1	QL
olanzapine intramuscular	3	
olanzapine oral tablet	1	QL

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

Drug Name	Drug Tier	Notes
paliperidone er	3	QL
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
RISPERDAL CONSTA	3	
risperidone oral tablet	1	QL
ziprasidone hcl	3	QL
Treatment-Resistant		
clozapine oral tablet	3	QL
Antivirals		
LAGEVRIO	3	QL
PAXLOVID (150/100)	3	QL
PAXLOVID (300/100)	3	QL
Anti-cytomegalovirus (CMV) Agents		
cidofovir intravenous	1	
valganciclovir hcl	3	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	3	
BARACLUDE ORAL SOLUTION	3	QL
entecavir	1	QL
lamivudine oral tablet 100 mg	1	
Anti-hepatitis C (HCV) Agents		
EPCLUSA	3	PA; QL
HARVONI	4	PA; QL
MAVYRET	3	PA; QL
PEGASYS	4	PA
ribavirin oral	4	
ZEPATIER	4	PA; QL
Antiherpetic Agents		
acyclovir external ointment	1	QL
acyclovir oral capsule	1	
acyclovir oral suspension	3	

Drug Name	Drug Tier	Notes
acyclovir oral tablet	1	
acyclovir sodium	1	
famciclovir oral	1	
valacyclovir hcl oral	1	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	3	QL
DOVATO	2	QL
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
TIVICAY	2	
TIVICAY PD	2	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	3	QL
EDURANT	3	
efavirenz	3	
efavirenz-emtricitab-tenofo df	3	QL
efavirenz-lamivudine-tenofovir	3	QL
etravirine	3	
INTELENCE ORAL TABLET 25 MG	3	
nevirapine	3	
nevirapine er	3	
PIFELTRO	3	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate oral solution	3	
abacavir sulfate oral tablet	1	

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

Drug Name	Drug Tier	Notes
abacavir sulfate-lamivudine	3	QL
CIMDUO	2	QL
emtricitabine	3	
emtricitabine-tenofovir df	3	PV*; QL
EMTRIVA ORAL SOLUTION	2	
lamivudine oral solution	3	
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine	3	QL
ODEFSEY	3	QL
tenofovir disoproxil fumarate	1	PV*
TRIUMEQ	2	QL
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG	3	
VIREAD ORAL TABLET 200 MG, 250 MG	2	
zidovudine	3	
Anti-HIV Agents, Other		
FUZEON	2	
maraviroc	1	PA
RUKOBIA	2	
SELZENTRY ORAL SOLUTION	2	PA
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	PA
Anti-HIV Agents, Protease Inhibitors		
atazanavir sulfate	3	
darunavir	1	
EVOTAZ	2	QL
fosamprenavir calcium	3	
lopinavir-ritonavir oral solution	3	

Drug Name	Drug Tier	Notes
lopinavir-ritonavir oral tablet 100-25 mg	1	
lopinavir-ritonavir oral tablet 200-50 mg	3	
NORVIR ORAL PACKET	2	
PREZCOBIX	2	QL
PREZISTA	2	
REYATAZ ORAL PACKET	2	
ritonavir	3	
SYMTUZA	3	QL
VIRACEPT	4	
Anti-influenza Agents		
oseltamivir phosphate oral	3	QL
RELENZA DISKHALER	3	QL
rimantadine hcl	1	
Anxiolytics		
Anxiolytics, Other		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg	1	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral capsule 100 mg	3	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	1	
meprobamate	3	
Benzodiazepines		
alprazolam er	2	QL
alprazolam oral tablet	1	QL
alprazolam xr	2	QL
chlordiazepoxide hcl	1	QL
clonazepam oral tablet	1	QL
diazepam intensol	2	
diazepam oral concentrate	2	
diazepam oral solution	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
diazepam oral tablet	1	
lorazepam injection	1	
lorazepam intensol	3	QL
lorazepam oral concentrate 2 mg/ml	3	QL
lorazepam oral tablet	1	QL
Bipolar Agents		
Mood Stabilizers		
divalproex sodium er	1	
divalproex sodium oral capsule delayed release sprinkle	3	
divalproex sodium oral tablet delayed release	1	
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
Blood Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
CARESENS LANCETS 30G	2	
CEQUR SIMPLICITY 2U 10PK	2	
CHEMSTRIP 10 MD	3	
CHEMSTRIP 10/SG	3	
CHEMSTRIP 2 GP	3	
CHEMSTRIP 5 OB	3	
CHEMSTRIP 7	3	
CHEMSTRIP 9	3	
CHEMSTRIP K	3	
CHEMSTRIP UGK	3	
CLEVER CHOICE COMFORT EZ	2	
CONTOUR CONTROL SOLUTION	2	

Drug Name	Drug Tier	Notes
CONTOUR MONITOR DEVICE	2	
CONTOUR MONITOR KIT W/DEVICE	2	
CONTOUR NEXT CONTROL SOLUTION	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT GEN MONITOR KIT	2	
CONTOUR NEXT LINK KIT W/DEVICE	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR TEST STRIPS	2	QL
CVS KETONE CARE	3	
DEXCOM G6 RECEIVER	2	
DEXCOM G6 SENSOR	2	
DEXCOM G6 TRANSMITTER	2	
DEXCOM G7 RECEIVER	2	
DEXCOM G7 SENSOR	2	
GUARDIAN 4 GLUCOSE SENSOR	3	
GUARDIAN 4 TRANSMITTER	3	
GUARDIAN CONNECT TRANSMITTER	3	
GUARDIAN LINK 3 TRANSMITTER	3	
GUARDIAN SENSOR (3)	3	
GUARDIAN SENSOR 3	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
INPEN 100-BLUE-LILLY-HUMALOG	3	
INPEN 100-BLUE-NOVOLOG-FIASP	3	
INPEN 100-GREY-LILLY-HUMALOG	3	
INPEN 100-GREY-NOVOLOG-FIASP	3	
INPEN 100-PINK-LILLY-HUMALOG	3	
INPEN 100-PINK-NOVOLOG-FIASP	3	
KETO-DIASTIX	3	
KETONE TEST	3	
KETOSTIX	3	
LANCETS	2	
NOVOPEN ECHO	3	
ONETOUCH DELICA PLUS LANCING	3	
ONETOUCH DELICA SAFETY LANCING	3	
VERIFINE SAFE LANCET MINI 21G	2	
VERIFINE SAFE LANCET MINI 23G	2	
VERIFINE SAFE LANCET MINI 28G	2	
VERIFINE SAFE LANCET MINI 30G	2	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral	3	
BYDUREON BCISE AUTOINJECTOR	2	PA; QL
BYETTA 10 MCG PEN	2	PA; QL
BYETTA 5 MCG PEN	2	PA; QL
FARXIGA	2	
glimepiride	1	
glipizide er	1	

Drug Name	Drug Tier	Notes
glipizide ir	1	
glipizide xl	1	
glipizide-metformin hcl	3	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	3	
GLYXAMBI	2	
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	
JENTADUETO	2	ST
JENTADUETO XR	2	ST
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
MOUNJARO	2	PA; QL
nateglinide	3	
OZEMPIC	2	PA; QL
pioglitazone hcl	1	
repaglinide	3	
RYBELSUS	2	PA; QL
SOLIQUA	2	ST; QL
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	ST
TRULICITY	2	PA; QL
VICTOZA	2	PA; QL
XIGDUO XR	2	
XULTOPHY	2	ST; QL
Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
diazoxide oral	1	
glucagon emergency kit	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
GLUCAGON EMERGENCY KIT	2	Made by Fresenius
Insulins		
HUMALOG	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	2	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	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	
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LEVEMIR FLEXPEN	3	PA
LEVEMIR U-100 VIAL	3	PA
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	3	PA
TRESIBA FLEXTOUCH	3	PA
Blood Products and Modifiers		
SOLIRIS	4	PA
Anticoagulants		
dabigatran etexilate mesylate	1	QL

Drug Name	Drug Tier	Notes
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution 150 mg/ml	4	
enoxaparin sodium injection solution 300 mg/3ml	3	
enoxaparin sodium injection solution prefilled syringe	3	
fondaparinux sodium	3	
heparin sodium (porcine) injection solution prefilled syringe	1	
heparin sodium (porcine) pf injection solution 5000 unit/ml	3	
jantoven	1	
PRADAXA ORAL CAPSULE 110 MG	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Blood Formation Modifiers		
anagrelide hcl	3	
ARANESP (ALBUMIN FREE)	4	PA
MOZOBIL	4	
NEULASTA	4	PA
NEULASTA ONPRO	4	PA
NIVESTYM	4	PA
plerixafor	4	
PROMACTA	4	PA
PYRUKYND	4	PA; QL
PYRUKYND TAPER PACK	4	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
REBLOZYL	4	PA
RETACRIT	4	PA
Hemostasis Agents		
ALPHANATE	4	
aminocaproic acid oral tablet	3	
COAGADEX	4	
CORIFACT	4	
ELOCTATE	4	
FEIBA	4	
HEMLIBRA	4	
HUMATE-P	4	
NOVOEIGHT	4	
NOVOSEVEN RT	4	
NUWIQ	4	
OBIZUR	4	
RECOMBINATE	4	
RIASTAP	4	
RIXUBIS	4	
XYNTHA	4	
XYNTHA SOLOFUSE	4	
Platelet Modifying Agents		
aspirin-dipyridamole er	3	
BRILINTA	2	
CABLIVI	4	PA; QL
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	2	
prasugrel hcl	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl oral	1	
guanfacine hcl	1	
midodrine hcl	1	

Drug Name	Drug Tier	Notes
Alpha-adrenergic Blocking Agents		
doxazosin mesylate oral	1	
phenoxybenzamine hcl oral	3	PA
prazosin hcl oral	1	
Angiotensin II Receptor Antagonists		
irbesartan	1	
losartan potassium oral	1	
olmesartan medoxomil oral	1	
telmisartan oral tablet 20 mg	1	
telmisartan oral tablet 40 mg, 80 mg	2	
valsartan oral tablet	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl oral	1	
enalapril maleate oral tablet	1	
fosinopril sodium	1	
lisinopril oral	1	
quinapril hcl	1	
ramipril	1	
trandolapril	1	
Antiarrhythmics		
amiodarone hcl oral tablet 200 mg	1	
disopyramide phosphate	3	
dofetilide	3	
flecainide acetate	1	
mexiletine hcl oral	3	
procainamide hcl injection solution 100 mg/ml	3	
propafenone hcl	1	
quinidine sulfite	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
sotalol hcl (af)	1	
sotalol hcl oral	1	
Beta-adrenergic Blocking Agents		
acebutolol hcl oral	2	
atenolol oral	1	
betaxolol hcl oral	1	
bisoprolol fumarate oral	1	
carvedilol	1	
labetalol hcl oral	1	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
nebivolol hcl	3	
pindolol	3	
propranolol hcl er	3	
propranolol hcl intravenous	1	
propranolol hcl oral	1	
Calcium Channel Blocking Agents		
amlodipine besylate oral	1	
cartia xt	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl oral	1	
dilt-xr	1	
felodipine er	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg	1	

Drug Name	Drug Tier	Notes
nifedipine er oral tablet extended release 24 hour 90 mg	3	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	3	
nimodipine oral	3	
taztia xt	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
Cardiovascular Agents, Other		
amiloride-hydrochlorothiazide	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	3	
amlodipine-olmesartan	3	
atenolol-chlorthalidone	1	
bisoprolol-hydrochlorothiazide	1	
digoxin oral solution	3	
digoxin oral tablet 125 mcg, 250 mcg	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO	2	QL
epinephrine injection solution	1	
epinephrine pf	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
irbesartan-hydrochlorothiazide	1		Dyslipidemics, Fibric Acid Derivatives		
lisinopril-hydrochlorothiazide	1		fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg	3	
losartan potassium-hctz	1		fenofibrate micronized oral capsule 67 mg	1	
mannitol intravenous solution 20 %	3		fenofibrate oral capsule 134 mg, 200 mg	3	
metyrosine	1	PA; QL	fenofibrate oral capsule 67 mg	1	
olmesartan medoxomil-hctz	1		fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
pentoxifylline er	1		fenofibric acid oral capsule delayed release	3	
quinapril-hydrochlorothiazide	1		gemfibrozil oral	1	
ranolazine er	3		Dyslipidemics, HMG CoA Reductase Inhibitors		
spironolactone-hctz	1		atorvastatin calcium oral tablet 10 mg, 20 mg	1	PV*
triamterene-hctz	1		atorvastatin calcium oral tablet 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide	1		fluvastatin sodium	3	
VYNDAMAX	4	PA; QL	lovastatin oral	1	PV
Diuretics, Carbonic Anhydrase Inhibitors			pravastatin sodium	1	
acetazolamide er	3		rosuvastatin calcium	1	
acetazolamide oral	3		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	PV*
Diuretics, Loop			simvastatin oral tablet 80 mg	1	
bumetanide oral	1		Dyslipidemics, Other		
ethacrynic acid	3		cholestyramine light	3	
furosemide injection	1		cholestyramine oral	3	
furosemide oral	1		colesevelam hcl oral tablet	3	
toremide	1		colestipol hcl	3	
Diuretics, Potassium-sparing			ezetimibe	1	
amiloride hcl oral	1		ezetimibe-simvastatin	3	
eplerenone	3		niacin er (antihyperlipidemic)	3	
spironolactone oral	1				
Diuretics, Thiazide					
chlorthalidone	1				
hydrochlorothiazide oral	1				
indapamide	1				
metolazone	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
omega-3-acid ethyl esters	3	
prevalite	3	
REPATHA	2	PA; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; QL
REPATHA SURECLICK	2	PA; QL
Vasodilators, Direct-acting Arterial		
hydralazine hcl oral	1	
minoxidil oral	1	
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
RECTIV	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine sulfate	3	QL
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
dextroamphetamine sulfate er	3	QL
dextroamphetamine sulfate oral solution	3	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL
lisdexamfetamine dimesylate	1	QL
VYVANSE	2	QL

Drug Name	Drug Tier	Notes
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl	3	QL
clonidine hcl er oral tablet extended release 12 hour	1	
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	3	QL
guanfacine hcl er	3	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	3	QL
methylphenidate hcl er oral tablet extended release	3	QL
methylphenidate hcl oral tablet	1	QL
Central Nervous System, Other		
riluzole	3	PA; QL
SKYCLARYS	4	PA; QL
tetrabenazine	4	PA
Fibromyalgia Agents		
pregabalin oral capsule	1	QL
pregabalin oral solution	3	QL
SAVELLA	3	ST; QL
SAVELLA TITRATION PACK	3	ST; QL
Multiple Sclerosis Agents		
AVONEX PEN	4	PA; QL
AVONEX PREFILLED	4	PA; QL
BAFIERTAM	4	PA; QL
BETASERON	4	PA; QL
dalfampridine er	4	PA; QL
dimethyl fumarate oral	3	PA; QL
dimethyl fumarate starter pack	3	PA; QL

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

Drug Name	Drug Tier	Notes
fingolimod hcl	4	PA; QL
GILENYA ORAL CAPSULE 0.25 MG	4	PA; QL
glatiramer acetate	4	PA; QL
glatopa	4	PA; QL
MAYZENT	4	PA; QL
MAYZENT STARTER PACK	4	PA; QL
TYSABRI	4	PA; QL

Dental and Oral Agents

cevimeline hcl	3	
chlorhexidine gluconate mouth/throat	1	
DEBACTEROL	3	
easygel	1	
fluoridex daily renewal	1	
kourzeq	1	
oralone	1	
periogard	1	
pilocarpine hcl oral tablet 5 mg	2	
pilocarpine hcl oral tablet 7.5 mg	3	
PREVIDENT MOUTH/THROAT	3	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm dental cream	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	

Dermatological Agents

acutane	3	
acitretin	3	
adapalene external cream	3	
adapalene external gel 0.1 %	1	

Drug Name	Drug Tier	Notes
adapalene external gel 0.3 %	3	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	3	
ammonium lactate external	1	
amnesteem	3	
benzoyl peroxide-erythromycin	3	
calcipotriene external ointment	3	
calcipotriene external solution	3	
calcitriol external	3	
CIBINQO	4	PA; QL
claravis	3	
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %	3	
clindamycin phosphate external gel	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
coal tar external	1	
DUPIXENT	4	PA; QL
ery	3	
erythromycin external	1	
imiquimod external cream 5 %	1	

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

Drug Name	Drug Tier	Notes
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
ivermectin external cream	3	
lactic acid e	1	
lactic acid external	1	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
neuc	1	
pimecrolimus	3	ST; QL
podofilox external	1	
REGRANEX	3	PA
SANTYL	3	QL
selenium sulfide external lotion	1	
SKYRIZI INTRAVENOUS	4	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QL
STELARA INTRAVENOUS	4	PA
STELARA SUBCUTANEOUS	4	PA; QL
sulfacetamide sodium (acne)	3	
tacrolimus external	3	QL
TALTZ	4	PA; QL
tazarotene external cream	3	PA
TREMFYA	4	PA; QL
tretinoin external cream 0.025 %, 0.05 %	2	
tretinoin external cream 0.1 %	3	
tretinoin external gel 0.01 %, 0.025 %	3	

Drug Name	Drug Tier	Notes
zenatane	3	
Electrolytes/Minerals/Minerals/Vitamins		
Electrolyte/Mineral Replacement		
carglumic acid	4	PA
corvita 150	1	
ferocon	1	
ferotinsic	1	
ferrocite plus	1	
foltrin	1	
iodine strong oral	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral packet	3	
klor-con oral tablet extended release	1	
k-tan plus	1	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
na ferric gluc cplx in sucrose	1	
polysaccharide iron forte	1	
potassium chloride cryser	1	
potassium chloride er	1	
potassium chloride intravenous solution 10 meq/50ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	1	
potassium chloride oral packet	3	
potassium chloride oral solution	1	
potassium citrate er	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
purevit dualfe plus	1	
se-tan plus	1	
sod citrate-citric acid	1	
sodium acetate intravenous solution 2 meq/ml	3	
sodium fluoride oral	1	PV
trigels-f forte	1	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	3	
deferasirox oral tablet soluble	3	PA
deferiprone	3	PA
sodium polystyrene sulfonate	1	
SPS	3	
trientine hcl oral capsule 250 mg	4	PA
Phosphate Binders		
calcium acetate (phos binder)	1	
calcium acetate oral tablet 667 mg	1	
FOSRENOL ORAL PACKET	3	
sevelamer carbonate oral tablet	3	
Vitamins		
adc/f (0.5mg/ml)	1	
biocel	1	
bp vit 3	1	
b-plex	1	
b-plex plus	1	
cyanocobalamin injection solution 1000 mcg/ml	1	
ergocalciferol oral capsule	1	
fabb	1	

Drug Name	Drug Tier	Notes
fa-vitamin b-6-vitamin b-12	1	
folate	1	PV
folbee plus	1	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	PV
folplex 2.2	1	
hydroxocobalamin acetate	1	
lysiplex plus oral tablet	1	
MASONATAL	3	PV
multivitamin w/fluoride	1	
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
multi-vitamin/fluoride/iron	1	
NASCOBAL	3	
NEONATAL PRENATAL	3	PV
nephronex oral tablet	1	
nutrifac zx	1	
ONE VITE WOMENS	3	PV
ONE-A-DAY WOMENS PRENATAL 1	3	PV
phytonadione injection	1	
phytonadione oral	3	
prenatal multi +dha	1	PV
prenatal oral tablet 27-0.8 mg	1	PV
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral	1	
prenatal/folic acid+dha	1	PV
pyridoxine hcl injection	1	
thiamine hcl injection	1	
triphrocaps	1	
tri-vite/fluoride	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
v-c forte	1	
virt-caps	1	
vita s forte	1	
vitacel	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
vitamin k1 injection	1	
vitamins acd-fluoride	1	
wescaps	1	
yl folic acid	1	PV
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
dicyclomine hcl oral	1	
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml	1	
glycopyrrolate oral solution	1	PA
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
methscopolamine bromide oral	3	
Gastrointestinal Agents, Other		
alvimopan	1	
amoxicill-clarithro-lansopraz	3	
bis subcit-metronid-tetracyc	1	
bismuth/metronidaz/tetra cyclin	1	

Drug Name	Drug Tier	Notes
cromolyn sodium oral	3	
diphenoxylate-atropine oral tablet	1	
GATTEX	4	PA
loperamide hcl oral capsule	1	
MOTEGRITY	3	ST; QL
MOTOFEN	3	PA
OMECLAMOX-PAK	2	
SYMPROIC	2	ST; QL
ursodiol oral capsule 300 mg	3	
ursodiol oral tablet	3	
Histamine2 (H2) Receptor Antagonists		
cimetidine oral	1	
famotidine (pf)	1	
famotidine oral suspension reconstituted	3	
famotidine oral tablet 20 mg, 40 mg	1	
nizatidine	1	
Irritable Bowel Syndrome Agents		
alosetron hcl	3	PA
LINZESS	2	ST; QL
Laxatives		
bisacodyl ec	1	PV; QL
bisacodyl oral	1	PV; QL
citroma	1	PV; QL
clearlax	1	PV; QL
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	3	
constulose	1	
enulose	1	
ft clearlax	1	PV; QL
ft laxative	1	PV; QL
ft magnesium citrate	1	PV; QL

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

Drug Name	Drug Tier	Notes
gavilax oral powder	1	PV; QL
gavilyte-c	1	PV; QL
gavilyte-g	1	PV; QL
generlac	1	
gentle laxative oral	1	PV; QL
gentlelax	1	PV; QL
glycolax	1	PV; QL
lactulose encephalopathy	1	
lactulose oral solution	1	
magnesium citrate oral solution	1	PV; QL
mineral oil heavy oral	1	
mm clearlax	1	PV; QL
na sulfate-k sulfate-mg sulf	1	QL
peg 3350-kcl-na bicarb-nacl	1	PV; QL
peg-3350/electrolytes	1	PV; QL
peg-3350/electrolytes/ascorb at	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	3	ST
polyethylene glycol 3350 oral powder	1	PV; QL
qc magnesium citrate	1	PV; QL
Protectants		
misoprostol oral	1	
sucalfate oral tablet	1	
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule delayed release 40 mg	1	
lansoprazole oral capsule delayed release	1	QL
omeprazole oral capsule delayed release	1	QL

Drug Name	Drug Tier	Notes
pantoprazole sodium intravenous	1	QL
pantoprazole sodium oral tablet delayed release	1	QL
rabeprazole sodium oral tablet delayed release	2	QL
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
betaine	4	
CERDELGA	4	PA
CHOLBAM	4	PA
CREON	2	
CYSTAGON	4	
EVRYSDI	4	PA; QL
GALAFOLD	4	PA; QL
miglustat	4	PA
MYALEPT	4	PA
nitisinone	4	PA
ORFADIN ORAL CAPSULE 20 MG	4	PA
ORFADIN ORAL SUSPENSION	4	PA
PROLASTIN-C	4	PA
REVCOVI	4	PA
sapropterin dihydrochloride	4	PA
sod benz-sod phenylacet	1	
sodium phenylbutyrate oral	4	PA
STRENSIQ	4	PA
SUCRAID	4	PA
TEGSEDI	4	PA; QL
yargesa	4	PA
ZENPEP	2	
Genitourinary Agents		
Antispasmodics, Urinary		
fesoterodine fumarate er	3	
flavoxate 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
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
oxybutynin chloride er	1	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 5 mg	1	
solifenacin succinate	1	
tolterodine tartrate	2	
tolterodine tartrate er	2	
tropium chloride	1	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
silodosin	2	
tamsulosin hcl	1	
terazosin hcl	1	
Genitourinary Agents, Other		
acetic acid irrigation	1	
bethanechol chloride oral	1	
ENCARE	3	PV
glycine irrigation	1	
glycine urologic	1	
OPTIONS GYNOL II CONTRACEPTIVE	3	PV
penicillamine oral tablet	4	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
RENACIDIN	3	
sorbitol-mannitol	1	
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL
TODAY SPONGE	3	PV

Drug Name	Drug Tier	Notes
VCF VAGINAL CONTRACEPTIVE	3	PV
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ala-cort	1	
alclometasone dipropionate	1	
amcinonide external lotion	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	1	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	3	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
clobetasol propionate external cream	3	
clobetasol propionate external gel	3	
clobetasol propionate external ointment	3	
clobetasol propionate external solution	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
clocortolone pivalate	3		fluocinonide external	1	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	3		flurandrenolide external cream	3	
desonide external cream	3		fluticasone propionate external cream	1	
desonide external ointment	3		fluticasone propionate external ointment	1	
desoximetasone external cream 0.25 %	1		halcinonide	3	ST
desoximetasone external liquid	3		halobetasol propionate external cream	3	
desoximetasone external ointment 0.25 %	3		halobetasol propionate external ointment	3	
dexamethasone intensol	1		hydrocortisone butyrate external solution	1	
dexamethasone oral elixir	3		hydrocortisone external cream 1 %, 2.5 %	1	
dexamethasone oral solution	1		hydrocortisone external lotion 2.5 %	1	
dexamethasone oral tablet	1		hydrocortisone external ointment 1 %, 2.5 %	1	
dexamethasone sod phosphate pf	1		hydrocortisone oral	1	
dexamethasone sodium phosphate injection	1		hydrocortisone valerate external cream	3	
diflorasone diacetate external cream	3		KENALOG INJECTION SUSPENSION 10 MG/ML	3	
fludrocortisone acetate oral	1		KENALOG-80	3	
fluocinolone acetonide body	1		methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
fluocinolone acetonide external cream	3		methylprednisolone oral	1	
fluocinolone acetonide external ointment	3		mometasone furoate external	1	
fluocinolone acetonide external solution	1		prednisolone oral solution	1	
fluocinolone acetonide scalp	1		prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml	1	QL
fluocinonide emulsified base	3		prednisone oral tablet	1	

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

Drug Name	Drug Tier	Notes
prednisone oral tablet therapy pack	1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG	3	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide injection suspension 40 mg/ml	1	
triderm	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
cabergoline	1	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	4	PA
desmopressin ace spray refrig	3	
desmopressin acetate oral	3	
desmopressin acetate spray	3	
INCRELEX	4	PA
NORDITROPIN FLEXPRO	4	PA
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	4	PA
NUTROPIN AQ NUSPIN 10	4	PA
NUTROPIN AQ NUSPIN 20	4	PA

Drug Name	Drug Tier	Notes
NUTROPIN AQ NUSPIN 5	4	PA
OMNITROPE	4	PA
oxytocin injection	1	
PREGNYL	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
mifepristone	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol oral	3	
INTRAROSA	3	ST
testosterone cypionate intramuscular	1	PA
testosterone enanthate intramuscular	1	PA
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	3	PA
testosterone transdermal solution	3	PA
Estrogens		
afirmelle	1	PV
altavera	1	PV
alyacen 1/35	1	PV
alyacen 7/7/7	1	PV
amabelz	1	
amethia	1	PV; QL
amethyst	1	PV
ANNOVERA	3	PV; QL
apri	1	PV
aranelle	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
ashlyna	1	PV; QL
aubra eq	1	PV
aurovela 1.5/30	1	PV
aurovela 1/20	1	PV
aurovela 24 fe	1	PV
aurovela fe 1.5/30	1	PV
aurovela fe 1/20	1	PV
aviane	1	PV
ayuna	1	PV
azurette	1	PV
balziva	1	PV
blisovi 24 fe	1	PV
blisovi fe 1.5/30	1	PV
blisovi fe 1/20	1	PV
briellyn	1	PV
camrese	1	PV; QL
camrese lo	1	PV; QL
charlotte 24 fe	1	PV
chateal eq	1	PV
COMBIPATCH	3	
cryselle-28	1	PV
cyred eq	1	PV
dasetta 1/35	1	PV
dasetta 7/7/7	1	PV
daysee	1	PV; QL
delyla	1	PV
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
dolishale	1	PV
dotti	3	
drospiren-eth estrad-levomefol	1	PV
drospirenone-ethinyl estradiol	1	PV
elinest	1	PV
eluryng	1	PV

Drug Name	Drug Tier	Notes
enilloring	1	PV
enpresse-28	1	PV
enskyce	1	PV
estarylla	1	PV
estradiol oral	1	
estradiol transdermal gel	1	
estradiol transdermal patch twice weekly	3	
estradiol transdermal patch weekly	1	
estradiol vaginal cream	1	
estradiol vaginal tablet	3	
estradiol-norethindrone acet	1	
ethynodiol diac-eth estradiol	1	PV
etonogestrel-ethinyl estradiol	1	PV
falmina	1	PV
finzala	1	PV
fyavolv	2	
gemmily	1	PV
hailey 1.5/30	1	PV
hailey 24 fe	1	PV
hailey fe 1.5/30	1	PV
hailey fe 1/20	1	PV
haloette	1	PV
iclevia	1	PV; QL
introvale	1	PV; QL
isibloom	1	PV
jaimiess	1	PV; QL
jasmiel	1	PV
jinteli	2	
jolessa	1	PV; QL
joyeaux	1	PV
juleber	1	PV
junel 1.5/30	1	PV
junel 1/20	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
junel fe 1.5/30	1	PV
junel fe 1/20	1	PV
junel fe 24	1	PV
kaitlib fe	1	PV
kalliga	1	PV
kariva	1	PV
kelnor 1/35	1	PV
kelnor 1/50	1	PV
kurvelo	1	PV
larin 1.5/30	1	PV
larin 1/20	1	PV
larin 24 fe	1	PV
larin fe 1.5/30	1	PV
larin fe 1/20	1	PV
layolis fe	1	PV
leena	1	PV
lessina	1	PV
levonest	1	PV
levonorgest-eth est & eth est	1	PV; QL
levonorgest-eth estrad 91-day	1	PV; QL
levonorgest-eth estradiol-iron	1	PV
levonorgestrel-ethinyl estrad	1	PV
levonorg-eth estrad triphasic	1	PV
levora 0.15/30 (28)	1	PV
lojaimiess	1	PV; QL
loryna	1	PV
low-ogestrel	1	PV
lo-zumandimine	1	PV
lutera	1	PV
lyllana	3	
marlissa	1	PV

Drug Name	Drug Tier	Notes
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
merzee	1	PV
mibelas 24 fe	1	PV
microgestin 1.5/30	1	PV
microgestin 1/20	1	PV
microgestin 24 fe	1	PV
microgestin fe 1.5/30	1	PV
microgestin fe 1/20	1	PV
mili	1	PV
mimvey	1	
mono-lynyah	1	PV
NATAZIA	2	PV
necon 0.5/35 (28)	1	PV
nikki	1	PV
norethin ace-eth estrad-fe	1	PV
norethindrone acet-ethinyl est	1	PV
norethindrone-eth estradiol	2	
norethindron-ethinyl estrad-fe	1	PV
norethin-eth estradiol-fe	1	PV
norgestimate-eth estradiol	1	PV
norgestimate-ethinyl estradiol triphasic	1	PV
nortrel 0.5/35 (28)	1	PV
nortrel 1/35 (21)	1	PV
nortrel 1/35 (28)	1	PV
nortrel 7/7/7	1	PV
nylia 1/35	1	PV
nylia 7/7/7	1	PV
nymyo	1	PV
ocella	1	PV
philith	1	PV

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
pimtreea	1	PV	volnea	1	PV
portia-28	1	PV	vyfemla	1	PV
PREMARIN ORAL	2		vylibra	1	PV
PREMARIN VAGINAL	2		wera	1	PV
PREMPHASE	2		wymzya fe	1	PV
PREMPRO	2		xulane	1	PV
reclipsen	1	PV	yuvafem	3	
rivelsa	1	PV; QL	zafemy	1	PV
setlakin	1	PV; QL	zovia 1/35 (28)	1	PV
simliya	1	PV	zumandimine	1	PV
simpesse	1	PV; QL	Progestins		
sprintec 28	1	PV	aftera	1	PV
sronyx	1	PV	camila	1	PV
syeda	1	PV	curae	1	PV
tarina 24 fe	1	PV	deblitane	1	PV
tarina fe 1/20 eq	1	PV	DEPO-SUBQ PROVERA 104	3	QL
taysofy	1	PV	econtra one-step	1	PV
tilia fe	1	PV	ELLA	3	PV
tri-estarylla	1	PV	errin	1	PV
tri-legest fe	1	PV	heather	1	PV
tri-linyah	1	PV	her style	1	PV
tri-lo-estarylla	1	PV	incassia	1	PV
tri-lo-marzia	1	PV	jencycla	1	PV
tri-lo-mili	1	PV	KYLEENA	3	PV
tri-lo-sprintec	1	PV	levonorgestrel	1	PV
tri-mili	1	PV	LILETTA (52 MG)	3	PV
tri-nymyo	1	PV	lyleq	1	PV
tri-sprintec	1	PV	lyza	1	PV
trivora (28)	1	PV	medroxyprogesterone acetate intramuscular	1	PV; QL
tri-vylibra	1	PV	medroxyprogesterone acetate oral	1	
tri-vylibra lo	1	PV	megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	CM	
tydemy	1	PV			
velivet	1	PV			
vestura	1	PV			
vienva	1	PV			
viorele	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
megestrol acetate oral tablet	CM	
MIRENA (52 MG)	3	PV
my choice	1	PV
my way	1	PV
new day	1	PV
NEXPLANON	3	PV
nora-be	1	PV
norethindrone acetate oral	1	
norethindrone oral	1	PV
norlyroc	1	PV
opcicon one-step	1	PV
option 2	1	PV
progesterone intramuscular	1	
progesterone oral	1	
react	1	PV
sharobel	1	PV
SKYLA	3	PV
take action	1	PV
Selective Estrogen Receptor Modifying Agents		
raloxifene hcl	1	PV*
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium intravenous	1	
liothyronine sodium oral	1	
np thyroid	1	
thyroid oral	1	
unithroid	1	

Drug Name	Drug Tier	Notes
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	CM	
Hormonal Agents, Suppressant (Pituitary)		
leuprolide acetate injection	4	PA
LUPRON DEPOT (1-MONTH)	4	PA
LUPRON DEPOT (3-MONTH)	4	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	4	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	4	PA
LUPRON DEPOT-PED (1-MONTH)	4	PA
LUPRON DEPOT-PED (3-MONTH)	4	PA
LUPRON DEPOT-PED (6-MONTH)	4	PA
octreotide acetate	4	PA
SIGNIFOR	4	PA; QL
SOMAVERT	4	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral	1	
propylthiouracil oral	2	
Immunological Agents		
Angioedema Agents		
CINRYZE	4	PA
icatibant acetate	4	PA; QL
sajazir	4	PA; QL
Immune Suppressants		
ADALIMUMAB-ADAZ	4	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
AMJEVITA	4	PA; QL	HYRIMOZ		
AVSOLA	4	PA	SUBCUTANEOUS		
azathioprine oral tablet 100 mg	3		SOLUTION PREFILLED	4	PA; QL
azathioprine oral tablet 50 mg	1		SYRINGE 10 MG/0.1		
CIMZIA	4	PA; QL	ML, 20 MG/0.2ML, 40		
CIMZIA STARTER KIT	4	PA; QL	MG/0.4ML		
cyclosporine intravenous	1		HYRIMOZ-CROHNS/UC	4	PA; QL
cyclosporine modified	1		STARTER PACK		
cyclosporine oral	1		HYRIMOZ-PED	4	PA; QL
CYLTEZO	4	PA; QL	CROHNS STARTER		
CYLTEZO-CD/UC/HS	4	PA; QL	HYRIMOZ-PLAQUE	4	PA; QL
STARTER			PSORIASIS START		
CYLTEZO-PSORIASIS	4	PA; QL	INFLECTRA	4	PA
STARTER			KINERET	4	PA
ENBREL	4	PA; QL	methotrexate sodium (pf)	1	
ENBREL MINI	4	PA; QL	methotrexate sodium	1	
ENBREL SURECLICK	4	PA; QL	injection		
everolimus oral tablet			methotrexate sodium oral	CM	
0.25 mg, 0.5 mg, 0.75	3		mycophenolate mofetil	3	
mg, 1 mg			hcl		
gengraf	1		mycophenolate mofetil	3	
HUMIRA	4	PA; QL	intravenous		
HUMIRA PEDIATRIC			mycophenolate mofetil	1	
CROHNS START	4	PA; QL	oral capsule		
HUMIRA PEN	4	PA; QL	mycophenolate mofetil	3	
HUMIRA PEN-			oral suspension		
CD/UC/HS STARTER	4	PA; QL	reconstituted		
HUMIRA PEN-			mycophenolate mofetil	1	
PEDIATRIC UC START	4	PA; QL	oral tablet		
HUMIRA PEN-			mycophenolate sodium	1	
PS/UV/ADOL HS START	4	PA; QL	ORENCIA CLICKJECT	4	PA; QL
HUMIRA PEN-			ORENCIA	4	PA; QL
PSOR/UEIT STARTER	4	PA; QL	SUBCUTANEOUS		
HYRIMOZ			SANDIMMUNE ORAL	2	
SUBCUTANEOUS			SOLUTION		
SOLUTION AUTO-	4	PA; QL	SIMPONI	4	PA; QL
INJECTOR 40			SIMPONI ARIA	4	PA
MG/0.4ML, 80 MG/0.8ML			sirolimus oral	3	
			SKYRIZI PEN	4	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
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL	OTEZLA	4	PA; QL
tacrolimus oral	1		RINVOQ	4	PA; QL
temsirolimus	4		SYNAGIS	4	PA
XELJANZ	4	PA; QL	ULTOMIRIS	4	PA
XELJANZ XR	4	PA; QL	XOLAIR	4	PA
Immunoglobulins			Vaccines		
GAMASTAN	4	PA	ABRYSVO	3	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML	4	PA	ACTHIB	2	PV
GAMMAKED INJECTION SOLUTION 1 GM/10ML	4	PA	ADACEL	2	PV
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	4	PA	AFLURIA QUADRIVALENT	2	PV
HEPAGAM B	4		AREXVY	3	
HIZENTRA	4	PA	BEXSERO	2	PV
HYPERHEP B	4		BOOSTRIX	2	PV
HYPERRHO S/D	4		COMIRNATY	2	PV
MICRHOGAM ULTRA- FILTERED PLUS	4		DAPTACEL	2	PV
NABI-HB	4		DENGVAXIA	2	PV*
RHOGAM ULTRA- FILTERED PLUS	4		ENGERIX-B	2	PV
RHOPHYLAC	4		FLUAD QUADRIVALENT	2	PV
Immunomodulators			FLUARIX QUADRIVALENT	2	PV
ACTEMRA ACTPEN	4	PA; QL	FLUBLOK QUADRIVALENT	2	PV
ACTEMRA SUBCUTANEOUS	4	PA; QL	FLUCELVAX QUADRIVALENT	2	PV
ACTIMMUNE	4	PA	FLULAVAL QUADRIVALENT	2	PV
BENLYSTA SUBCUTANEOUS	4	PA	FLUMIST QUADRIVALENT	2	PV
BEYFORTUS	2	PV	FLUZONE HIGH-DOSE QUADRIVALENT	2	PV
GAMIFANT	4	PA	FLUZONE QUADRIVALENT	2	PV
ILARIS	4	PA; QL	GARDASIL 9	2	PV
leflunomide oral	1		HAVRIX	2	PV
			HEPLISAV-B	2	PV
			HIBERIX	2	PV
			INFANRIX	2	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
IPOL	2	PV
KINRIX	2	PV
MENACTRA	2	PV
MENQUADFI	2	PV
MENVEO	2	PV
M-M-R II	2	PV
MODERNA COVID-19 VAC 6M-11Y	2	PV
NOVAVAX COVID-19 VACCINE	2	PV; QL
PEDIARIX	2	PV
PEDVAX HIB	2	PV
PENTACEL	2	PV
PFIZER COVID-19 VAC-TRIS 5-11Y	2	PV
PFIZER COVID-19 VAC-TRIS 6M-4Y	2	PV
PNEUMOVAX 23	2	PV
PREHEVBRIO	2	PV
PREVNAR 13	2	PV
PREVNAR 20	2	PV
PRIORIX	2	PV
PROQUAD	2	PV
QUADRACEL	2	PV
RECOMBIVAX HB	2	PV
ROTARIX	2	PV
ROTATEQ	2	PV
SHINGRIX	2	PV
SPIKEVAX	2	PV
TDVAX	2	PV
TENIVAC	2	PV
TETANUS-DIPHThERIA TOXOIDS TD	2	PV
TRUMENBA	2	PV
TWINRIX	2	PV
VAQTA	2	PV
VARIVAX	2	PV
VAXELIS	2	PV

Drug Name	Drug Tier	Notes
VAXNEUVANCE	2	PV
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	3	
DIPENTUM	3	
mesalamine er	3	
mesalamine oral tablet delayed release 1.2 gm	3	
mesalamine rectal	3	
SFROWASA	3	
Glucocorticoids		
budesonide er	3	
budesonide oral	3	
CORTIFOAM	3	
hydrocortisone (perianal)	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone rectal	3	
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
Sulfonamides		
sulfasalazine oral	1	
Metabolic Bone Disease Agents		
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
calcitonin (salmon) injection	1	
calcitonin (salmon) nasal	1	QL
calcitriol intravenous	1	
calcitriol oral	1	
cinacalcet hcl	3	PA
doxercalciferol intravenous	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
ibandronate sodium	1	QL
pamidronate disodium	4	
paricalcitol	1	
PROLIA	4	PA; QL
risedronate sodium oral tablet 150 mg	3	QL
risedronate sodium oral tablet 30 mg	3	
risedronate sodium oral tablet 35 mg	1	QL
risedronate sodium oral tablet 5 mg	1	
risedronate sodium oral tablet delayed release	3	QL
TERIPARATIDE (RECOMBINANT)	4	PA
XGEVA	4	PA
zoledronic acid	4	
Miscellaneous Therapeutic Agents		
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
ALCOHOL PREP PADS PAD , 70 %	3	
AQ INSULIN SYRINGE	2	
AQINJECT PEN NEEDLE	2	
AUM INSULIN SAFETY PEN NEEDLE	2	
AUM MINI INSULIN PEN NEEDLE	2	
AUM PEN NEEDLE	2	

Drug Name	Drug Tier	Notes
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE	2	
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
benzalkonium chloride external solution	1	
BOTOX	3	PA; Non-Cosmetic
BREATHE COMFORT CHAMBER/ADULT	2	
BREATHE COMFORT CHAMBER/CHILD	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE VALVED MDI CHAMBER	2	
CAMINO PRO COMPLETE/GLYTACTIN	2	
CAYA	3	PV
CLEVER CHOICE HOLDING CHAMBER	2	
COMFORT EZ PRO PEN NEEDLES	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
CONDOMS	3	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
deferoxamine mesylate	1		FLEXICHAMBER CHILD MASK/LARGE	2	
DIASCREEN 10	3		FLEXICHAMBER CHILD MASK/SMALL	2	
DIASCREEN 1B	3		GLYTACTIN BETTERMILK 15	2	
DIASCREEN 1G	3		GLYTACTIN BETTERMILK DE-LITE	2	
DIASCREEN 1K	3		GLYTACTIN BUILD 10PE	2	
DIASCREEN 2GK	3		GLYTACTIN BUILD 20/20	2	
DIASCREEN 2GP	3		GLYTACTIN BUILD 20/20 PKU	2	
DIASCREEN 3	3		GLYTACTIN BURST	2	
DIASCREEN 4NL	3		GLYTACTIN COMPLETE 10PE	2	
DIASCREEN 4OBL	3		GLYTACTIN RESTORE 10	2	
DIASCREEN 4PH	3		GLYTACTIN RESTORE 5	2	
DIASCREEN 5	3		GLYTACTIN RESTORE LITE 10	2	
DIASCREEN 6	3		GLYTACTIN RESTORE LITE 10PE	2	
DIASCREEN 7	3		GLYTACTIN RTD 10	2	
DIASCREEN 8	3		GLYTACTIN RTD 15	2	
DIASCREEN 9	3		GLYTACTIN RTD LITE 15	2	
DIASCREEN LIQUID URINE CONTROL	3		GLYTACTIN SWIRL 15	2	
DROPLET MICRON	2		GLYTACTIN SWIRL 15PE	2	
DROPSAFE ALCOHOL PREP	3		INCONTROL ULTICARE PEN NEEDLES	2	
DROPSAFE SAFETY SYRINGE/NEEDLE	2		INSPIREASE RESERVOIR BAGS	2	
DUREX EXTRA SENSITIVE THIN	3	PV	INSULIN PEN NEEDLES	2	
EASIVENT	2				
ELECARE	3				
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2				
EQUACARE JR	3				
ergoloid mesylates oral	3				
FC2 FEMALE CONDOM	3	PV			
FEMCAP	3	PV			
FLEXICHAMBER	2				
FLEXICHAMBER ADULT MASK/SMALL	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	2		OMNIPOD 5 G6 POD (GEN 5)	2	
J-TIP KIT W/VIAL ADAPTERS	3		OMNIPOD CLASSIC PODS (GEN 3)	2	
K-Y ME & YOU EXTRA LUBRICATED	3	PV	OMNIPOD DASH INTRO (GEN 4)	2	
K-Y ME & YOU INTENSE	3	PV	OMNIPOD DASH PDM (GEN 4)	2	
LIPISTART	2		OMNIPOD DASH PODS (GEN 4)	2	
methergine	3	QL	OPTICHAMBER DIAMOND	2	
methylergonovine maleate oral	3	QL	OPTICHAMBER DIAMOND-LG MASK	2	
MICROCHAMBER DEVICE	2		OPTICHAMBER DIAMOND-MD MASK	2	
NEOCATE SPLASH	3		OPTICHAMBER DIAMOND-SM MASK	2	
NEOPHE	2		PANDA MASK LARGE	2	
NOVOFINE AUTOCOVER PEN NEEDLE	2		PANDA MASK MEDIUM	2	
NOVOFINE PEN NEEDLE	2		PANDA MASK SMALL	2	
NOVOFINE PLUS PEN NEEDLE	2		PARAGARD INTRAUTERINE COPPER	3	PV
OMNIPOD 5 G6 INTRO (GEN 5)	2		PARI VORTEX ADULT MASK	2	
			PEDIATRIC PANDA MASK	2	
			PHENEX-1	2	
			PHENEX-2	2	
			PHENYLADE DRINK MIX	2	
			PHENYLADE GMP MIX DHA/FIBER	2	
			PHENYLADE GMP READY	2	
			PHENYLADE GMP ULTRA	2	
			PIP PEN NEEDLES 31G X 5MM	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
PIP PEN NEEDLES 32G X 4MM	2	
PKU EASY	2	
PKU EASY MICROTABS	2	
PKU EASY SHAKE & GO	2	
PKU EXPRESS 15 PLUS+	2	
PKU EXPRESS 20 PLUS+	2	
PKU SPHERE 20	2	
PKU START	2	
POCKET SPACER	2	
PREKUNIL	2	
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
PRO COMFORT SPACER INFANT	2	
PROCARE SPACER/ADULT MASK	2	
PROCARE SPACER/CHILD MASK	2	
PURE COMFORT SAFETY PEN NEEDLE	2	
PURE COMFORT SPACER CHAMBER	2	
RAYA SURE PEN NEEDLE	2	
RENASTART	2	
SAFETY PEN NEEDLES	2	
ULTIGUARD SAFEPACK SYR/NEEDLE	2	
VERIFINE INSULIN PEN NEEDLE	2	
VERIFINE INSULIN SYRINGE	2	
VERIFINE PLUS PEN NEEDLE	2	

Drug Name	Drug Tier	Notes
VISTOGARD	3	
VORTEX VALVED HOLDING CHAMBER	2	
WIDE-SEAL DIAPHRAGM 60	3	PV
WIDE-SEAL DIAPHRAGM 65	3	PV
WIDE-SEAL DIAPHRAGM 70	3	PV
WIDE-SEAL DIAPHRAGM 75	3	PV
WIDE-SEAL DIAPHRAGM 80	3	PV
WIDE-SEAL DIAPHRAGM 85	3	PV
WIDE-SEAL DIAPHRAGM 90	3	PV
WIDE-SEAL DIAPHRAGM 95	3	PV
XIAFLEX	4	PA
ZOKINVY	4	PA; QL
Ophthalmic Agents		
Aminoglycosides		
gentamicin sulfate ophthalmic	1	
neomycin-polymyxin-gramicidin	1	
TOBRADEX	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX	3	
Antibacterials, Other		
bacitracin ophthalmic	3	
bacitracin-polymyxin b ophthalmic	1	
bacitra-neomycin-polymyxin-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
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic	1	
neo-polycin	1	
neo-polycin hc	1	
polycin	1	
polymyxin b-trimethoprim	1	
Antifungals		
NATACYN	2	
Antiherpetic Agents		
trifluridine	3	
Macrolides		
AZASITE	3	
erythromycin ophthalmic	1	
Ophthalmic Agents, Other		
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution 1 %	1	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	1	PA
CYSTADROPS	4	QL
CYSTARAN	4	QL
sulfacetamide-prednisolone	1	
SYFOVRE	4	PA
ZYLET	3	
Ophthalmic Anti-allergy Agents		
ALOCRIAL	3	PA

Drug Name	Drug Tier	Notes
ALOMIDE	3	
altafrin	1	
azelastine hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
epinastine hcl	3	
olopatadine hcl ophthalmic	1	
phenylephrine hcl ophthalmic	1	
ZERVIATE	3	ST
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	
apraclonidine hcl	1	
betaxolol hcl ophthalmic	1	
brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %	1	
brimonidine tartrate-timolol	1	
carteolol hcl	1	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
levobunolol hcl	1	
PHOSPHOLINE IODIDE	3	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
Ophthalmic Anti-inflammatories		
bromfenac sodium (once-daily)	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
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	3	
FLAREX	3	
fluorometholone	1	
flurbiprofen sodium	1	
ketorolac tromethamine ophthalmic	1	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
PROLENSA	2	QL
Ophthalmic Prostaglandin and Prostaglandin Analogs		
bimatoprost ophthalmic	3	QL
latanoprost ophthalmic	1	
LUMIGAN	2	QL
tafluprost (pf)	1	QL
travoprost (bak free)	3	QL
Quinolones		
ciprofloxacin hcl ophthalmic	1	
gatifloxacin ophthalmic	1	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	1	
ofloxacin ophthalmic	1	
Sulfonamides		
sulfacetamide sodium ophthalmic	1	
Otic Agents		
acetic acid otic	1	
CIPRO HC	3	
ciprofloxacin hcl otic	3	

Drug Name	Drug Tier	Notes
ciprofloxacin-dexamethasone	3	
CORTISPORIN-TC	3	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	3	
neomycin-polymyxin-hc otic	3	
ofloxacin otic	1	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	QL
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
cetirizine hcl oral solution 1 mg/ml	1	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral	1	
diphenhydramine hcl injection	1	
levocetirizine dihydrochloride oral tablet	1	
olopatadine hcl nasal	3	QL
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR HFA	2	QL
ARNUITY ELLIPTA	2	QL
BREO ELLIPTA	2	QL
budesonide inhalation	3	QL
FLOVENT DISKUS	2	QL
FLOVENT HFA	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
flunisolide nasal	2	QL
FLUTICASONE PROPIONATE HFA	2	M; QL
fluticasone propionate nasal	1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	M; QL
PULMICORT FLEXHALER	2	QL
QVAR REDHALER	2	QL
SYMBICORT	2	QL
wixela inhub	1	QL
Antileukotrienes		
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
zafirlukast	3	
zileuton er	3	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL
ipratropium bromide inhalation	1	QL
ipratropium bromide nasal	1	
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
tiotropium bromide monohydrate	2	QL

Drug Name	Drug Tier	Notes
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Made by Teva; QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	QL
arformoterol tartrate	3	QL
epinephrine (anaphylaxis) injection solution 30 mg/30ml	1	
epinephrine injection solution auto-injector 0.15 mg/0.15ml	1	
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	Made by Mylan
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	Made by Mylan
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
formoterol fumarate inhalation	3	QL
levalbuterol hcl inhalation	3	QL
SEREVENT DISKUS	2	QL
STRIVERDI RESPIMAT	2	QL
Cystic Fibrosis Agents		
KALYDECO ORAL TABLET	4	PA
ORKAMBI ORAL PACKET 75-94 MG	4	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
ORKAMBI ORAL TABLET	4	PA; QL
PULMOZYME	4	PA
tobramycin nebulization solution 300 mg/5ml inhalation	4	
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast	1	PA
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	3	
theophylline er oral tablet extended release 24 hour	3	
Pulmonary Antihypertensives		
ADEMPAS	4	PA; QL
alyq	4	PA; QL
ambrisentan	4	PA; QL
bosentan	4	PA; QL
OPSUMIT	4	PA; QL
sildenafil citrate oral suspension reconstituted	4	PA; QL
sildenafil citrate oral tablet 20 mg	4	PA; QL
tadalafil (pah)	4	PA; QL
TRACLEER 32 MG	4	PA; QL
treprostinil	4	PA
TYVASO	4	PA; QL
TYVASO DPI MAINTENANCE KIT	4	PA; QL
TYVASO DPI TITRATION KIT	4	PA; QL
TYVASO REFILL	4	PA; QL
TYVASO STARTER	4	PA; QL
VENTAVIS	4	PA; QL

Drug Name	Drug Tier	Notes
Pulmonary Fibrosis Agents		
OFEV	4	PA
Respiratory Tract Agents, Other		
acetylcysteine inhalation	3	
ANORO ELLIPTA	2	QL
benzonatate	1	
BREZTRI AEROSPHERE	2	QL
COMBIVENT RESPIMAT	2	QL
hydrocodone bit-homatrop mbr	1	PA; QL
hydromet	1	PA; QL
ipratropium-albuterol	1	QL
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NUCALA	4	PA; QL
PULMOSAL	3	
sodium chloride inhalation	1	
STIOLTO RESPIMAT	2	QL
TRELEGY ELLIPTA	2	QL
Skeletal Muscle Relaxants		
baclofen oral tablet 10 mg, 20 mg	1	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
methocarbamol injection	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	QL
orphenadrine-aspirin-caffeine	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
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone	1	QL
temazepam oral capsule 15 mg, 30 mg	1	QL
zaleplon	1	QL
zolpidem tartrate er	2	QL
zolpidem tartrate oral tablet	1	QL
Sleep Disorders, Other		
BELSOMRA	3	ST; QL
ramelteon	3	QL
Wakefulness Promoting Agents		
armodafinil	3	PA; QL
modafinil	1	PA; QL
SUNOSI	3	PA; QL

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

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VENCLEXTA.....	24	WIDE-SEAL DIAPHRAGM 65.....	53	ZOLINZA.....	23
VENCLEXTA STARTING PACK.....	24	WIDE-SEAL DIAPHRAGM 70.....	53	zolmitriptan.....	22
venlafaxine hcl.....	20	WIDE-SEAL DIAPHRAGM 75.....	53	zolpidem tartrate.....	58
venlafaxine hcl er.....	20	WIDE-SEAL DIAPHRAGM 80.....	53	zolpidem tartrate er.....	58
VENTAVIS.....	57	WIDE-SEAL DIAPHRAGM 85.....	53	zonisamide.....	18
verapamil hcl.....	32	WIDE-SEAL DIAPHRAGM 90.....	53	zovia 1/35 (28).....	45
verapamil hcl er.....	32	WIDE-SEAL DIAPHRAGM 95.....	53	zumandimine.....	45
VERIFINE INSULIN PEN NEEDLE.....	53	wixela inhub.....	56	ZYDELIG.....	24
VERIFINE INSULIN SYRINGE.....	53	wymzya fe.....	45	ZYKADIA.....	24
VERIFINE PLUS PEN NEEDLE.....	53	XALKORI.....	24	ZYLET.....	54
VERIFINE SAFE LANCET MINI 21G.....	29	XARELTO.....	30		
VERIFINE SAFE LANCET MINI 23G.....	29	XARELTO STARTER PACK.....	30		
VERIFINE SAFE LANCET MINI 28G.....	29	XELJANZ.....	48		
VERIFINE SAFE LANCET MINI 30G.....	29	XELJANZ XR.....	48		
vestura.....	45	XEPI.....	16		
VICTOZA.....	29	XGEVA.....	50		
vienva.....	45	XIAFLEX.....	53		
VIIIBRYD STARTER PACK.....	20	XIFAXAN.....	16		
vilazodone hcl.....	20	XIGDUO XR.....	29		
violele.....	45	XOLAIR.....	48		
VIRACEPT.....	27	XTAMPZA ER.....	14		
VIREAD.....	27	XTANDI.....	22		
virt-caps.....	38	xulane.....	45		
VISTOGARD.....	53	XULTOPHY.....	29		
vita s forte.....	38	XYNTHA.....	31		
vitacel.....	38	XYNTHA SOLOFUSE.....	31		
		yargesa.....	39		