



SWHP Group Value Formulary

Baylor Scott & White Health Employees

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What is my prescription drug coverage?

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

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

What is the Scott & White Health Plan Group Value Formulary?

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

The SWHP Group Value formulary is a tiered formulary, meaning there are different copayments for different levels of drugs. The formulary includes preferred drugs covered under your prescription benefit. Drugs not listed on the formulary are not covered. Non-formulary drugs require prior authorization or may be subject to clinical edits. Formularies continually change to reflect the most recent advances in drug therapy; therefore, this list is not inclusive and does not guarantee coverage.

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

The SWHP Pharmacy and Therapeutics (P&T) Committee meets regularly to review new drugs approved by the FDA and new information regarding drugs that are already on the formulary. The Committee, primarily made up of physicians, pharmacists, and nurses, 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 to review 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 or the FDA may withdraw a drug from the market.

- If a drug becomes available without a prescription (becomes 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?

The BSWH Employee formulary, updated quarterly, can be found on our website at bswhp.swhp.org. To view changes to the formulary, refer to the *Monthly Drug Formulary Changes* document posted on the website. If you have any questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact SWHP Pharmacy Help Desk at 1-800-728-7947.

What are brand-name and generic drugs?

SWHP covers both brand-name and generic drugs. Medication that has a trade name and is protected by a patent (can be produced and sold only by the company holding the patent) is considered a brand name drug. A generic drug is a medication approved by the FDA and created to be the same as the brand-name drug in dosage form, safety, strength, route of administration, quality, and performance characteristics. Generally, generic drugs cost less than brand-name drugs but the quality and effectiveness are the same. Generic drugs may differ from the brand-name drug in color, shape, flavor, or inactive ingredients. Some brand-name drugs have a generic equivalent and others do not. If a generic form of a brand-name drug becomes available, the brand-name medication may no longer be covered by your prescription benefit and the generic medication may be covered at a lower copayment.

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 SWHP network. Prescribers may choose to use a brand-name product and not allow generic substitution. Per state law, the prescriber must handwrite the statement "brand necessary" or "brand medically necessary" on the prescription. This does not guarantee coverage. The brand-name product may not be a covered drug on the formulary, and thus not covered by your prescription benefit.

What are specialty drugs?

Specialty drugs are those drugs used to treat complex or chronic conditions and which usually require close monitoring, such as 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 may 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 on the formulary.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include safety edits, quantity limits, prior authorization, step therapy, and others. Please refer to the legend for a complete listing of requirements. All restrictions are effective as of the beginning of the plan year unless noted otherwise on the *Formulary Changes* document.

How do I request an exception to the SWHP formulary?

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

To request an exception, you, a representative, or a prescriber can submit a coverage exception request to SWHP via swhp.org, 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, contact SWHP 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 complete plan coverage, limitations, and exclusions specific to your prescription drug benefit.

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

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

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

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

How can I save money on prescriptions?

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

Take this formulary with you when you visit your provider to confirm medications are covered by your prescription plan benefit. Your provider will be able to review drug categories for possible lower copay options when prescribing medications.

Contraceptive Coverage

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

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

Coverage may vary according to your plan. Please refer to applicable *Plan Benefit Documents*.

Preventive Care Medications & Medications Covered Under Health Care Reform

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

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

Smoking Cessation Medication Coverage

All FDA approved tobacco cessation medications, including prescription and over-the-counter medications, are allowed at \$0 cost-share per the Patient Protection and Affordable Care Act (PPACA). You are limited to 2 smoking cessation attempts per year, up to 180 days total. Please refer to the preventive drug notation (PV) on the formulary to determine which contraceptives are available at a \$0 cost-share. 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 all Accu-Chek® (Roche Diagnostics) Products and OneTouch® (LifeScan) products.

Sexual Dysfunction Drugs

All drugs for sexual dysfunction are excluded from coverage with the exception of sildenafil (generic Viagra®) covered at Tier 3. Clinical edits such as quantity limits may apply.

Oral Oncology Program

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

Reading your formulary

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

Tier information

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

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

Drug list information

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

AL **Age limits** – Medications may only be covered if you meet the minimum or maximum age limit.

PA **Prior Authorization** – Your doctor is required to provide additional information to determine coverage.

PV **Preventive drugs** – Zero cost share preventive medications covered under Health Care Reform according to your plan benefits. Please note: this list is subject to change.

SF **Split Fill** – Oral Oncology medications restricted to a two week supply for the first two months of therapy.

QL **Quantity Limit** – Medication may be limited to a certain quantity.

ST **Step Therapy** – Trial of lower-cost medication(s) is required before a higher-cost medication can be covered.

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain					
acetaminophen-codeine	1	QL	loracet	1	QL
acetaminophen-codeine #2	1	QL	loracet hd	1	QL
acetaminophen-codeine #3	1	QL	LORTAB	2	QL
acetaminophen-codeine #4	1	QL	methadone hcl intensol	1	
ascomp-codeine	1		methadone hcl oral concentrate	1	
buprenorphine transdermal	3	PA; QL	methadone hcl oral solution	1	
butalbital-acetaminophen oral tablet 50-325 mg	1		methadone hcl oral tablet	1	PA
butalbital-apap-caff-cod	1		methadone hcl oral tablet soluble	1	
butalbital-apap-caffeine	1		methadose oral concentrate 10 mg/ml	1	
butalbital-asa-caff-codeine	1		methadose oral tablet soluble	1	
butalbital-aspirin-caffeine	1		methadose sugar-free	1	
butorphanol tartrate nasal	1	QL	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
carisoprodol-aspirin-codeine	1		morphine sulfate er oral tablet extended release	1	PA; QL
codeine sulfate	1	QL	morphine sulfate oral	1	QL
endocet	1	QL	morphine sulfate rectal	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	NUCYNTA	3	QL
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL	NUCYNTA ER	3	PA; QL
hydrocodone-acetaminophen oral tablet	1	QL	OXYCODONE HCL ER	1	PA; QL
hydrocodone-ibuprofen	1	QL	oxycodone hcl oral capsule	1	QL
hydromorphone hcl oral	1	QL	oxycodone hcl oral concentrate 100 mg/5ml	1	QL
hydromorphone hcl rectal	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
			oxycodone-aspirin	1	QL
			OXYCONTIN	2	PA; QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
pentazocine-naloxone hcl	1	QL	fenoprofen calcium oral capsule 400 mg	1	
tencon	1		fenoprofen calcium oral tablet	1	
tramadol hcl er (biphasic)	1	QL	flurbiprofen oral	1	
tramadol hcl er oral tablet extended release 24 hour	1	QL	gnp aspirin low dose	0	PV
tramadol hcl ir	1	QL	goodsense aspirin low dose	0	PV
tramadol-acetaminophen	1	QL	ibu	1	
Analgesics - Drugs for Pain and Inflammation			ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
adult aspirin regimen	0	PV	INDOCIN	2	
aspirin adult	0	PV	indomethacin er	1	
aspirin adult low strength oral tablet delayed release	0	PV	indomethacin oral capsule 25 mg, 50 mg	1	
aspirin childrens	0	PV	ketoprofen er	1	
aspirin ec low dose	0	PV	ketoprofen oral	1	
aspirin ec low strength	0	PV	ketorolac tromethamine oral	1	QL
aspirin ec oral tablet delayed release 325 mg	0	PV	meclofenamate sodium oral	1	
aspirin low dose	0	PV	mefenamic acid oral	3	
aspirin oral tablet	0	PV	meloxicam oral	1	
aspirin oral tablet delayed release	0	PV	nabumetone oral	1	
BAYER ASPIRIN	0	PV	naproxen dr	1	
BAYER ASPIRIN EC LOW DOSE	0	PV	naproxen oral	1	
celecoxib oral	1	QL	naproxen sodium oral tablet 275 mg, 550 mg	1	
diclofenac potassium	1		oxaprozin	1	
diclofenac sodium er	1		piroxicam oral	1	
diclofenac sodium oral	1		qc aspirin low dose oral tablet delayed release	0	PV
diclofenac sodium transdermal gel 1 %	1	QL	salsalate oral	1	
diclofenac sodium transdermal solution	1	PA	ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	0	PV
diclofenac-misoprostol	3		sulindac oral	1	
diflunisal oral	1		tolmetin sodium	1	
ec-naproxen	1				
etodolac	1				
etodolac er	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Anesthetics					
glydo	1		NALOXONE HCL INJECTION SOLUTION AUTO-INJECTOR	2	
lidocaine external ointment	1		naloxone hcl injection solution cartridge	1	
lidocaine external patch 5 %	1		naloxone hcl injection solution prefilled syringe	1	
lidocaine hcl external solution	1		naltrexone hcl oral	1	
lidocaine hcl urethral/mucosal	1		NARCAN	2	
lidocaine-prilocaine external cream	1		NICORETTE MOUTH/THROAT GUM 2 MG	0	PV; QL; AL (Min 18 Years)
Anti-Addiction / Substance Abuse Treatment Agents					
acamprosate calcium	1		nicotine polacrilex mouth/throat	0	PV; QL; AL (Min 18 Years)
buprenorphine hcl sublingual	1	QL	nicotine step 1	0	PV; QL; AL (Min 18 Years)
buprenorphine hcl-naloxone hcl sublingual film	3	QL	nicotine step 2	0	PV; QL; AL (Min 18 Years)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL	nicotine step 3	0	PV; QL; AL (Min 18 Years)
bupropion hcl er (smoking det)	3	PV; QL; AL (Min 18 Years)	NICOTROL	3	ST; PV; QL; AL (Min 18 Years)
CHANTIX	3	ST; PV; QL; AL (Min 18 Years)	NICOTROL NS	3	ST; PV; QL; AL (Min 18 Years)
CHANTIX CONTINUING MONTH PAK	3	ST; PV; QL; AL (Min 18 Years)	SUBOXONE	3	QL
CHANTIX STARTING MONTH PAK	3	ST; PV; QL; AL (Min 18 Years)	Antibacterials		
disulfiram oral	1		amoxicillin	1	
naloxone hcl injection solution	1		amoxicillin-potassium clavulanate er	1	
			amoxicillin-potassium clavulanate oral	1	
			ampicillin	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	2		ERY-TAB	2	
avidoxy	1		erythromycin base	1	
azithromycin oral	1		erythromycin ethylsuccinate oral	1	
cefaclor	1		erythromycin oral	1	
cefaclor er	1		FIRVANQ	3	
cefadroxil	1		gentamicin sulfate external	1	
cefdinir	1		levofloxacin oral	1	
cefixime	1		linezolid oral suspension reconstituted	3	QL
cefpodoxime proxetil	1		linezolid oral tablet	1	QL
cefprozil	1		methenamine hippurate	1	
cefuroxime axetil	1		methenamine mandelate oral	1	
cephalexin	1		metronidazole oral	1	
ciprofloxacin hcl oral	1		metronidazole vaginal	1	
clarithromycin er	1		minocycline hcl oral	1	
clarithromycin oral	1		monodoxine nl oral capsule 100 mg	1	
CLEOCIN VAGINAL SUPPOSITORY	2		MONUROL	2	
clindamycin hcl oral	1		morgidox oral	1	
clindamycin palmitate hcl	1		moxifloxacin hcl oral	1	
clindamycin phosphate vaginal	1		mupirocin calcium	3	
CLINDESSE	3		mupirocin external	1	
demecclocycline hcl	3		neomycin sulfate oral	1	
dicloxacillin sodium	1		nitrofurantoin	1	
DIFICID	3		nitrofurantoin macrocrystal oral	1	
doxycycline hyclate oral capsule	1		nitrofurantoin monohydrate macrocrystals	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1		paromomycin sulfate oral	3	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		penicillin v potassium	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1		silver sulfadiazine external	1	
ERYPED 400	2		ssd	1	
			sulfadiazine oral	3	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
sulfamethoxazole-trimethoprim oral	1		Anticonvulsants - Drugs for Seizures		
sulfatrim pediatric	1		APTIOM	3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	2		BANZEL	SP2	PA
SUPRAX ORAL TABLET CHEWABLE	2		carbamazepine er	1	
tetracycline hcl oral	1		carbamazepine oral	1	
tinidazole oral	1		CARBATROL	2	
trimethoprim oral	1		CELONTIN	2	
vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg	3		clobazam oral suspension	3	PA
vancomycin hcl oral	3		clobazam oral tablet	1	PA
vandazole	1		DEPAKOTE	2	
VIBRAMYCIN ORAL SYRUP	2		DEPAKOTE ER	2	
XIFAXAN	3	PA	DEPAKOTE SPRINKLES	2	
Anticoagulants			DIASSTAT ACUDIAL	2	QL
ARIXTRA	SP3	QL	DIASSTAT PEDIATRIC	2	QL
ELIQUIS	2	QL	diazepam rectal	1	QL
ELIQUIS DVT/PE STARTER PACK	2	QL	DILANTIN	2	
enoxaparin sodium subcutaneous	1	QL	DILANTIN INFATABS	2	
fondaparinux sodium	SP1	QL	divalproex sodium er	1	
FRAGMIN	SP3	QL	divalproex sodium oral	1	
heparin sodium (porcine)	1		EPIDIOLEX	SP2	PA
heparin sodium (porcine) pf	1		epitol	1	
jantoven	1		ethosuximide oral	1	
LOVENOX SUBCUTANEOUS	SP3	QL	felbamate	1	
warfarin sodium oral	1		FELBATOL	2	
XARELTO	2	QL	FYCOMPA	3	
XARELTO STARTER PACK	2	QL	gabapentin oral	1	
			GABITRIL	2	
			KEPPRA ORAL	2	
			KEPPRA XR	2	
			LAMICTAL	2	
			LAMICTAL STARTER	2	
			lamotrigine er	3	
			lamotrigine oral kit	3	
			lamotrigine oral tablet	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes	
lamotrigine oral tablet chewable	1		valproic acid oral	1		
lamotrigine oral tablet dispersible	3		vigabatrin	SP1	PA	
lamotrigine starter kit-blue	1		vigadronate	SP1	PA	
lamotrigine starter kit-green	1		VIMPAT ORAL	3		
lamotrigine starter kit-orange	1		ZARONTIN	2		
levetiracetam er	1		ZONEGRAN	3		
levetiracetam oral	1		zonisamide oral	1		
MYSOLINE	2		Antidementia Agents - Drugs for Alzheimer's Disease and Dementia			
NEURONTIN	2		donepezil hcl	1		
oxcarbazepine	1		galantamine hydrobromide er	1		
OXTELLAR XR	3		galantamine hydrobromide oral tablet	1		
phenobarbital oral	1		memantine hcl er	1	QL	
PHENYTEK	2		memantine hcl oral	1		
phenytoin infatabs	1		NAMENDA XR TITRATION PACK	2	QL	
phenytoin oral	1		rivastigmine	1		
phenytoin sodium extended	1		rivastigmine tartrate	1		
primidone oral	1		Antidepressants			
roweepra	1		amitriptyline hcl oral	1		
roweepra xr	1		amoxapine	1		
SABRIL	SP3	PA	bupropion hcl er (sr)	1	QL	
subvenite	1		bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL	
subvenite starter kit-blue	1		bupropion hcl oral	1		
subvenite starter kit-green	1		chlor diazepoxide-amitriptyline	1		
subvenite starter kit-orange	1		citalopram hydrobromide	1		
TEGRETOL	2		clomipramine hcl oral	1		
TEGRETOL-XR	2		desipramine hcl oral	1		
tiagabine hcl	1		desvenlafaxine succinate er	1	QL	
TOPAMAX	2		doxepin hcl oral capsule	1		
TOPAMAX SPRINKLE	2		doxepin hcl oral concentrate	1		
topiramate oral	1					
TRILEPTAL	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
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL	Antiemetics - Drugs for Nausea and Vomiting		
escitalopram oxalate	1		aprepitant	3	QL
FETZIMA	3	QL	BONJESTA	3	PA; QL
FETZIMA TITRATION	3	QL	compro	1	
fluoxetine hcl (pmdd)	1		doxylamine-pyridoxine	3	PA; QL
fluoxetine hcl oral capsule	1		dronabinol	3	PA; QL
fluoxetine hcl oral capsule delayed release	1	QL	EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
fluoxetine hcl oral solution	1		granisetron hcl oral	3	QL
fluoxetine hcl oral tablet	1		metoclopramide hcl oral solution	1	
fluvoxamine maleate	1		metoclopramide hcl oral tablet	1	
fluvoxamine maleate er	3	QL	ondansetron hcl injection	1	
imipramine hcl oral	1		ondansetron hcl oral solution	1	QL
imipramine pamoate	3		ondansetron hcl oral tablet 24 mg	1	QL
maprotiline hcl	1		ondansetron hcl oral tablet 4 mg, 8 mg	1	
mirtazapine oral	1		ondansetron odt	1	
nefazodone hcl	1		perphenazine oral	1	
nortriptyline hcl oral	1		prochlorperazine	1	
paroxetine hcl	1		prochlorperazine edisylate injection	1	
paroxetine hcl er	1		prochlorperazine maleate oral	1	
PAXIL ORAL SUSPENSION	2		scopolamine	1	
phenelzine sulfate oral	1		trimethobenzamide hcl oral	1	
protriptyline hcl	1		Antifungals		
sertraline hcl oral	1		bio-statin oral powder	1	
tranylcypromine sulfate	1		ciclodan	1	
trazodone hcl oral	1		ciclopirox	1	
trimipramine maleate oral	1		ciclopirox olamine external	1	
TRINTELLIX	3	ST; QL	clotrimazole mouth/throat	1	
venlafaxine hcl	1				
venlafaxine hcl er	1				
VIIBRYD	3	QL			
VIIBRYD STARTER PACK	3	QL			

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
clotrimazole-betamethasone	1		voriconazole oral	3	
CRESEMBA ORAL	SP3		Antigout Agents		
dermazene	1		allopurinol oral	1	
econazole nitrate external	1		COLCHICINE ORAL CAPSULE	1	
EXELDERM	2		colchicine oral tablet	1	
fluconazole oral	1		colchicine-probenecid	1	
griseofulvin microsize oral	1		febuxostat	3	
griseofulvin ultramicrosize	1		probenecid	1	
hydrocortisone-iodoquinol	1		Antimigraine Agents		
itraconazole oral	1	PA	AIMOVIG	2	PA; QL
ketoconazole external cream	1		almotriptan malate	3	QL
ketoconazole external shampoo	1		dihydroergotamine mesylate injection	1	
ketoconazole oral	1		dihydroergotamine mesylate nasal	1	QL
naftifine hcl	1		eletriptan hydrobromide	1	QL
NAFTIN EXTERNAL GEL 2 %	2		EMGALITY	2	PA; QL
NOXAFIL ORAL SUSPENSION	2		EMGALITY (300 MG DOSE)	2	PA; QL
nyamyc	1		ergotamine-caffeine	1	
nystatin external	1		frovatriptan succinate	3	QL
nystatin mouth/throat	1		MIGERGOT	3	
nystatin oral	1		naratriptan hcl	1	QL
nystatin-triamcinolone	1		rizatriptan benzoate	1	QL
nystop	1		sumatriptan nasal	1	QL
oxiconazole nitrate	1		sumatriptan succinate oral	1	QL
OXISTAT EXTERNAL LOTION	2		sumatriptan succinate refill	1	QL
posaconazole	1		sumatriptan succinate subcutaneous solution	1	QL
SULCONAZOLE NITRATE	2		sumatriptan succinate subcutaneous solution auto-injector	1	QL
terbinafine hcl oral	1	QL	zolmitriptan oral	1	QL
terconazole	1		Antimyasthenic Agents		
			pyridostigmine bromide er	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
pyridostigmine bromide oral solution	1		COMETRIQ (60 MG DAILY DOSE)	SP2	PA
pyridostigmine bromide oral tablet 60 mg	1		COPIKTRA	SP2	PA; SF
Antimycobacterials					
dapsone oral	1		COTELLIC	SP2	PA
ethambutol hcl oral	1		cyclophosphamide oral	1	
isoniazid oral	1		DAURISMO	SP2	PA; SF
pyrazinamide oral	1		DROXIA	3	
rifabutin	3		ERIVEDGE	SP2	PA; SF
rifampin oral	1		ERLEADA	SP2	PA
SIRTURO	SP3		erlotinib hcl oral tablet 100 mg, 150 mg	SP1	PA; SF
Antineoplastics - Drugs for Cancer					
abiraterone acetate	SP1	PA; SF	erlotinib hcl oral tablet 25 mg	SP1	PA; SF; QL
AFINITOR	SP2	PA; QL	etoposide oral	SP1	
AFINITOR DISPERZ	SP2	PA	everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	SP1	PA; QL
ALECensa	SP2	PA	exemestane	1	PV
ALUNBRIG	SP2	PA; QL	FARESTON	SP2	
anastrozole oral	1	PV	FARYDAK	SP2	PA
AYVAKIT	SP2	PA; SF; QL	flutamide	1	
BALVERSA	SP2	PA; SF	GILOTrif	SP2	PA; QL
bexarotene	SP1	PA; SF	GLEEVEC	SP2	PA
bicalutamide	1		GLEOSTINE	SP2	
BOSULIF	SP2	PA; SF	HYCAMTIN ORAL	SP2	
BRAFTOVI	SP2	PA	hydroxyurea oral	1	
BRUKINSA	SP2	PA; SF	IBRANCE	SP2	PA
CABOMETYX	SP2	PA; SF	ICLUSIG ORAL TABLET 15 MG	SP2	PA; QL
CALQUENCE	SP2	PA; SF	ICLUSIG ORAL TABLET 45 MG	SP2	PA
capecitabine	SP1	PA	IDHIFA	SP2	PA; QL
CAPRELSA ORAL TABLET 100 MG	SP2	PA; QL	imatinib mesylate	SP1	PA
CAPRELSA ORAL TABLET 300 MG	SP2	PA	IMBRUVICA	SP2	PA
COMETRIQ (100 MG DAILY DOSE)	SP2	PA	INLYTA	SP2	PA; SF
COMETRIQ (140 MG DAILY DOSE)	SP2	PA	INREBIC	SP2	PA; SF
			IRESSA	SP2	PA
			JAKAFI ORAL TABLET 10 MG	SP2	PA; SF; 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
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	SP2	PA; SF	NEXAVAR	SP2	PA; SF
KISQALI (200 MG DOSE)	SP2	PA	NILANDRON	SP2	
KISQALI (400 MG DOSE)	SP2	PA	nilotamide	SP1	
KISQALI (600 MG DOSE)	SP2	PA	NINLARO	SP2	PA
KOSELUGO	SP2	PA	NUBEQA	SP2	PA; SF
LENVIMA (10 MG DAILY DOSE)	SP2	PA	ODOMZO	SP2	PA
LENVIMA (12 MG DAILY DOSE)	SP2	PA	PEMAZYRE	SP2	PA; SF; QL
LENVIMA (14 MG DAILY DOSE)	SP2	PA	PIQRAY (200 MG DAILY DOSE)	SP2	PA
LENVIMA (18 MG DAILY DOSE)	SP2	PA	PIQRAY (250 MG DAILY DOSE)	SP2	PA
LENVIMA (20 MG DAILY DOSE)	SP2	PA	PIQRAY (300 MG DAILY DOSE)	SP2	PA
LENVIMA (24 MG DAILY DOSE)	SP2	PA	POMALYST	SP2	PA
LENVIMA (4 MG DAILY DOSE)	SP2	PA	PURIXAN	SP2	
LENVIMA (8 MG DAILY DOSE)	SP2	PA	QINLOCK	SP2	PA
letrozole oral	1		RETEVMO	SP2	PA; SF
leucovorin calcium oral	1		REVIMID	SP2	PA
LEUKERAN	2		ROZLYTREK	SP2	PA; SF
LONSURF	SP2	PA	RUBRACA	SP2	PA; SF
LORBRENA	SP2	PA; SF	RYDAPT	SP2	PA
LYNPARZA	SP2	PA	SPRYCEL	SP2	PA; SF
LYSODREN	SP2		STIVARGA	SP2	PA
MATULANE	SP2		SUTENT	SP2	PA
MEKINIST	SP2	PA	SYNRIBO	SP2	PA
MEKTOVI	SP2	PA	TABRECTA	SP2	PA
melphalan	1		TAFINLAR	SP2	PA; SF
mercaptopurine oral	1		TAGRISSO ORAL TABLET 40 MG	SP2	PA; QL
MYLERAN	2		TAGRISSO ORAL TABLET 80 MG	SP2	PA
NERLYNX	SP2	PA; SF; QL	TALZENNA	SP2	PA; SF
			tamoxifen citrate oral tablet 10 mg	1	
			tamoxifen citrate oral tablet 20 mg	1	PV
			TARCEVA ORAL TABLET 100 MG, 150 MG	SP2	PA; SF

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
TARCEVA ORAL TABLET 25 MG	SP2	PA; SF; QL	XPOVIO (80 MG ONCE WEEKLY)	SP2	PA
TARGRETIN EXTERNAL	SP2	PA	XPOVIO (80 MG TWICE WEEKLY)	SP2	PA
TARGRETIN ORAL	SP2	PA; SF	XTANDI	SP2	PA; SF
TASIGNA	SP2	PA	YONSA	SP2	PA; SF
TAZVERIK	SP2	PA; SF	ZEJULA	SP2	PA; SF
TEMODAR ORAL	SP2	PA	ZELBORAF	SP2	PA
temozolomide	SP1	PA	ZOLINZA	SP2	PA; SF
THALOMID	SP2	PA	ZYDELIG	SP2	PA
TIBSOVO	SP2	PA; SF	ZYKADIA	SP2	PA; SF
toremifene citrate	SP1		ZYTIGA	SP2	PA; SF
tretinoin oral	SP1		Antiparasitics		
TUKYSA	SP2	PA	albendazole oral	1	PA
TURALIO	SP2	PA	atovaquone oral	3	
TYKERB	SP2	PA	atovaquone-proguanil hcl	1	
VALCHLOR	SP3	PA	chloroquine phosphate oral	1	QL
VENCLEXTA	SP2	PA	COARTEM	2	
VENCLEXTA STARTING PACK	SP2	PA	crotan	1	
VERZENIO	SP2	PA; SF	DARAPRIM	2	PA
VITRAKVI ORAL CAPSULE	SP2	PA; SF	hydroxychloroquine sulfate tablet 200 mg oral	1	
VITRAKVI ORAL SOLUTION	SP2	PA	hydroxychloroquine sulfate tablet 200 mg oral	1	QL
VIZIMPRO	SP2	PA; SF	IMPAVIDO	SP3	
VOTRIENT	SP2	PA; SF	ivermectin oral	1	
XALKORI	SP2	PA; SF	lindane	1	
XELODA	SP2	PA	malathion	3	
XOSPATA	SP2	PA	mefloquine hcl	1	
XPOVIO (100 MG ONCE WEEKLY)	SP2	PA	NEBUPENT	2	
XPOVIO (40 MG ONCE WEEKLY)	SP2	PA	pentamidine isethionate inhalation	1	
XPOVIO (40 MG TWICE WEEKLY)	SP2	PA	permethrin external	1	
XPOVIO (60 MG ONCE WEEKLY)	SP2	PA	praziquantel oral	3	
XPOVIO (60 MG TWICE WEEKLY)	SP2	PA	primaquine phosphate	1	
			pyrimethamine oral	SP1	PA
			quinine sulfate oral	1	PA

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes			
spinossad	3		aripiprazole oral tablet dispersible 15 mg	3	QL			
Antiparkinson Agents								
amantadine hcl oral	1		chlorpromazine hcl oral	1				
APOKYN	SP3	PA; QL	clozapine oral tablet	1	QL			
benztropine mesylate oral	1		clozapine oral tablet dispersible	3	QL			
bromocriptine mesylate oral	1		FANAPT	3	QL			
carbidopa oral	3		FANAPT TITRATION PACK	3	QL			
carbidopa-levodopa er	1		fluphenazine hcl oral	1				
carbidopa-levodopa oral tablet	1		haloperidol lactate oral	1				
carbidopa-levodopa oral tablet dispersible	3		haloperidol oral	1				
carbidopa-levodopa-entacapone	3		LATUDA	3	QL			
entacapone	3		loxapine succinate	1				
pramipexole dihydrochloride	1		olanzapine oral	1	QL			
rasagiline mesylate oral	3		paliperidone er	3	QL			
ropinirole hcl	1		pimozide	1				
ropinirole hcl er	3		quetiapine fumarate	1	QL			
selegiline hcl oral	1		quetiapine fumarate er	1	QL			
tolcapone	3		risperidone	1	QL			
trihexyphenidyl hcl	1		SAPHRIS	3	QL			
Antiplatelets								
aspirin-dipyridamole er	1		thioridazine hcl oral	1				
BRILINTA	2		thiothixene	1				
cilostazol	1		trifluoperazine hcl	1				
clopidogrel bisulfate oral	1		VRAYLAR	3	QL			
dipyridamole oral	1		ziprasidone hcl	1	QL			
prasugrel hcl	1		Antivirals					
Antipsychotics - Drugs for Mood Disorders								
aripiprazole oral solution	1	QL	abacavir sulfate	SP1				
aripiprazole oral tablet	1	QL	abacavir sulfate-lamivudine	SP1				
aripiprazole oral tablet dispersible 10 mg	1	QL	abacavir-lamivudine-zidovudine	SP1				
			acyclovir external	1				
			acyclovir oral	1				
			adefovir dipivoxil	SP1				
			APTVUS	SP2				
			atazanavir sulfate	SP1				
			ATRIPLA	SP2				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
BARACLUDE ORAL SOLUTION	SP2	QL	KALETRA	SP2	
BARACLUDE ORAL TABLET	SP3	QL	lamivudine oral solution	SP1	
BIKTARVY	SP2		lamivudine oral tablet 100 mg	1	
CIMDUO	SP2		lamivudine oral tablet 150 mg, 300 mg	SP1	
COMBIVIR	SP3		lamivudine-zidovudine	SP1	
COMPLERA	SP2		LEXIVA	SP2	
CRIXIVAN	SP2		lopinavir-ritonavir	SP1	
DELSTRIGO	SP2		MAVYRET	SP2	PA; QL
DESCOVY	SP2	PA; PV	nevirapine	SP1	
didanosine	SP1		nevirapine er	SP1	
DOVATO	SP2		NORVIR	SP2	
EDURANT	SP2		ODEFSEY	SP2	
efavirenz	SP1		oseltamivir phosphate oral	1	QL
efavirenz-lamivudine-tenofovir	SP1		PEGASYS	SP2	PA
emtricitabine	SP1		PEGASYS PROCLICK	SP2	PA
EMTRIVA	SP2		PEGINTRON	SP2	PA
entecavir	SP1	QL	PIFELTRO	SP2	
EPCLUSA	SP2	PA; QL	PREZCOBIX	SP2	
EPIVIR	SP3		PREZISTA	SP2	
EPIVIR HBV ORAL SOLUTION	2		RETROVIR ORAL	SP3	
EPZICOM	SP3		REYATAZ	SP2	
EVOTAZ	SP2		ribavirin oral	SP1	
famciclovir oral	1		rimantadine hcl	1	
fosamprenavir calcium	SP1		ritonavir	1	
FUZEON	SP2		SELZENTRY	SP2	PA
GENVOYA	SP2		stavudine	SP1	
HARVONI	SP2	PA; QL	STRIBILD	SP2	
HEPSERA	SP3		SUSTIVA	SP3	
INTELENCE	SP2		SYMFI	SP2	
INTRON A	SP3	PA	SYMFI LO	SP2	
INVIRASE	SP2		SYMTUZA	SP2	
ISENTRESS	SP2		TEMIXYS	SP2	
ISENTRESS HD	SP2		tenofovir disoproxil fumarate	SP1	PV
JULUCA	SP2		TIVICAY	SP2	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
TIVICAY PD	SP2		lorazepam oral concentrate 2 mg/ml	1	QL
TRIUMEQ	SP2		lorazepam oral tablet	1	QL
TRIZIVIR	SP3		oxazepam	1	QL
TRUVADA	SP2	PV	triazolam	1	QL
TYBOST	SP2		Bipolar Agents - Drugs for Mood Disorders		
valacyclovir hcl oral	1	QL	lithium	1	
valganciclovir hcl	SP1		lithium carbonate er	1	
VEMLIDY	SP2		lithium carbonate oral	1	
VIRACEPT	SP2		Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders		
VIRAMUNE	SP3		anagrelide hcl	1	
VIRAMUNE XR	SP3		ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	SP2	PA
VIREAD	SP2		NEULASTA	SP3	PA
XOFLUZA (40 MG DOSE)	3	QL	NEULASTA ONPRO	SP3	PA
XOFLUZA (80 MG DOSE)	3	QL	NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	SP3	PA
ZIAGEN ORAL SOLUTION	SP2		PROMACTA	SP3	PA
ZIAGEN ORAL TABLET	SP3		tranexamic acid oral	1	
zidovudine	SP1		Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
Anxiolytics - Drugs for Anxiety			acebutolol hcl oral	1	
alprazolam er	1	QL	ALDACTAZIDE ORAL TABLET 50-50 MG	2	
alprazolam oral tablet	1	QL	aliskiren fumarate	3	
alprazolam xr	1	QL	amiloride hcl oral	1	
buspirone hcl oral	1		amiloride-hydrochlorothiazide	1	
chlordiazepoxide hcl	1	QL	amiodarone hcl oral	1	
clonazepam oral	1	QL	amlodipine besylate oral	1	
clorazepate dipotassium	1	QL	amlodipine besylate-benazepril hcl	1	
diazepam intensol	1				
diazepam oral	1				
estazolam	1	QL			
hydroxyzine hcl oral	1				
hydroxyzine pamoate oral	1				
KLONOPIN	2	QL			
lorazepam intensol	1	QL			

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
amlodipine besylate-valsartan	1		clonidine hcl oral	1	
amlodipine-atorvastatin	3		colesevelam hcl	3	
amlodipine-olmesartan	1		COLESTID FLAVORED ORAL PACKET	2	
amlodipine-valsartan-hctz	1		COLESTID ORAL PACKET	2	
atenolol oral	1		colestipol hcl	1	
atenolol-chlorthalidone	1		CORLANOR	3	PA; QL
		PV; AL (Min 40 Years and Max 75 Years)	digitek	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1		digox	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1		digoxin oral	1	
benazepril hcl oral	1		DILATRATE-SR	2	
benazepril-hydrochlorothiazide	1		diltiazem hcl er beads	1	
betaxolol hcl oral	1		diltiazem hcl er coated beads	1	
bisoprolol fumarate	1		diltiazem hcl er oral capsule extended release 12 hour	1	
bisoprolol-hydrochlorothiazide	1		diltiazem hcl oral	1	
bumetanide oral	1		dilt-xr	1	
BYSTOLIC	3		disopyramide phosphate	1	
candesartan cilexetil	1		DIURIL	2	
candesartan cilexetil-hctz	1		dofetilide	3	
captopril oral	1		doxazosin mesylate oral	1	
captopril-hydrochlorothiazide	1		enalapril maleate oral	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3		enalapril-hydrochlorothiazide	1	
CAROSPIR	3		ENTRESTO	3	QL
cartia xt	1		EPANED	3	
carvedilol	1		eplerenone	1	
chlorthalidone	1		ezetimibe	1	
cholestyramine light	1		ezetimibe-simvastatin	1	
cholestyramine oral	1		felodipine er	1	
clonidine	1		fenofibrate micronized	1	
			fenofibrate oral capsule	1	
			fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
			fenofibric acid	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
FIBRICOR	1				PV; AL (Min 40 Years and Max 75 Years)
flecainide acetate	1		lovastatin	1	
	1	PV; AL (Min 40 Years and Max 75 Years)	matzim la	1	
fluvastatin sodium			methyldopa	1	
	1	PV; AL (Min 40 Years and Max 75 Years)	methyldopa-hydrochlorothiazide	1	
fluvastatin sodium er			metolazone	1	
fosinopril sodium	1		metoprolol succinate er	1	
fosinopril sodium-hctz	1		metoprolol tartrate oral	1	
furosemide oral	1		metoprolol-hydrochlorothiazide	1	
gemfibrozil oral	1		mexiletine hcl oral	1	
guanfacine hcl	1		midodrine hcl	1	
hydralazine hcl oral	1		minitran	1	
hydrochlorothiazide oral	1		minoxidil oral	1	
indapamide	1		moexipril hcl	1	
irbesartan	1		MULTAQ	2	
irbesartan-hydrochlorothiazide	1		nadolol oral	1	
ISORDIL TITRADOSE ORAL TABLET 40 MG	2		niacin er (antihyperlipidemic)	1	
isosorbide dinitrate	1		nifedipine er	1	
isosorbide mononitrate	1		nifedipine er osmotic release	1	
isosorbide mononitrate er	1		nifedipine oral	1	
isradipine	1		nimodipine oral	3	
JUXTAPID	SP3	PA; QL	NITRO-BID	2	
labetalol hcl oral	1		NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	2		nitroglycerin sublingual	1	
lisinopril oral	1		nitroglycerin transdermal	1	
lisinopril-hydrochlorothiazide	1		nitroglycerin translingual	1	
losartan potassium oral	1		nitro-time	1	
losartan potassium-hctz	1		NORPACE CR	2	
			NORTHERA	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
NYMALIZE	SP3		REPATHA SURECLICK	SP3	PA; QL
olmesartan medoxomil oral	1				PV; AL (Min 40 Years and Max 75 Years)
olmesartan medoxomil-hctz	1		rosuvastatin calcium oral tablet 10 mg, 5 mg	1	
olmesartan-amlodipine-hctz	1		rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
omega-3-acid ethyl esters	1				PV; AL (Min 40 Years and Max 75 Years)
pacerone oral tablet 200 mg	1		simvastatin oral	1	
pentoxifylline er	1		sorine	1	
perindopril erbumine	1		sotalol hcl (af)	1	
phenoxybenzamine hcl oral	1		sotalol hcl oral	1	
pindolol	1		spironolactone oral	1	
PRALUENT	SP3	PA; QL	spironolactone-hctz	1	
		PV; AL (Min 40 Years and Max 75 Years)	taztia xt	1	
pravastatin sodium	1		TEKTURNA HCT	3	
prazosin hcl oral	1		telmisartan	1	
prevalite	1		telmisartan-hctz	1	
propafenone hcl	1		tiadylt er	1	
propafenone hcl er	3		timolol maleate oral	1	
propranolol hcl er	1		torsemide	1	
propranolol hcl oral	1		trandolapril	1	
propranolol-hctz	1		trandolapril-verapamil hcl er	3	
QBRELIS	3		triamterene-hctz	1	
quinapril hcl	1		valsartan	1	
quinapril-hydrochlorothiazide	1		valsartan-hydrochlorothiazide	1	
quinidine gluconate er	1		VASCEPA	3	
quinidine sulfate	1		VECAMYL	3	
ramipril	1		verapamil hcl er	1	
ranolazine er	1		verapamil hcl oral	1	
REPATHA	SP3	PA; QL			
REPATHA PUSHTRONEX SYSTEM	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			
Central Nervous System Agents - Drugs for Attention Deficit Disorder								
amphetamine sulfate	3	QL	AMPYRA	SP3	PA; QL			
amphetamine-dextroamphetamine	1	QL	AUBAGIO	SP3	PA; QL			
amphetamine-dextroamphetamine er	1	QL	AVONEX PEN	SP2	PA; QL			
atomoxetine hcl	1	QL	AVONEX PREFILLED	SP2	PA; QL			
clonidine hcl er	1		COPAXONE	SP2	PA; QL			
DAYTRANA	2	QL	dalfampridine er	SP1	PA; QL			
dexmethylphenidate hcl	1	QL	dimethyl fumarate oral	SP1	PA; QL			
dexmethylphenidate hcl er	3	QL	EXTAVIA	SP2	PA; QL			
dextroamphetamine sulfate er	1	QL	GILENYA	SP2	PA; QL			
dextroamphetamine sulfate oral tablet	1	QL	glatiramer acetate	SP1	PA; QL			
guanfacine hcl er	1		glatopa	SP1	PA; QL			
metadate er	1	QL	PLEGRIDY	SP2	PA; QL			
methamphetamine hcl	3	QL	PLEGRIDY STARTER PACK	SP2	PA; QL			
methylphenidate hcl er (cd)	1	QL	TECFIDERA	SP2	PA; QL			
methylphenidate hcl er (la)	1	QL	Central Nervous System Agents - Miscellaneous					
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	1	QL	caffeine citrate oral	3				
methylphenidate hcl er oral tablet extended release 24 hour	1	QL	pregabalin oral	1	QL			
methylphenidate hcl oral	1	QL	riluzole	3	PA			
QUILLICHEW ER	3	QL	SAVELLA	3	QL			
QUILLIVANT XR	3	QL	SAVELLA TITRATION PACK	3	QL			
VYVANSE	2	QL	tetrabenazine	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	Drug Name	Drug Tier	Notes
fluoridex enhanced whitening	1		adapalene external gel 0.3 %	1	
fluoridex sensitivity relief	1		ala-cort external cream 2.5 %	1	
lidocaine viscous hcl	1		alclometasone dipropionate	1	
neutral sodium fluoride mouth/throat solution 0.2 %	1		amcinonide external cream	3	
oralone	1		amcinonide external lotion	3	
paroex	1		amnesteem	1	PA
periogard	1		avar cleanser	1	
pilocarpine hcl oral	1		avita	1	AL (Max 40 Years)
PREVIDENT 5000 BOOSTER PLUS	2		azelaic acid external	3	
PREVIDENT 5000 DRY MOUTH	2		AZELEX	2	
PREVIDENT 5000 ENAMEL PROTECT	2		benzoyl peroxide-erythromycin	1	
PREVIDENT 5000 ORTHO DEFENSE	2		beser external lotion	3	
PREVIDENT 5000 PLUS	2		betamethasone dipropionate aug	1	
PREVIDENT 5000 SENSITIVE	2		betamethasone dipropionate external	1	
PREVIDENT DENTAL	2		betamethasone valerate external	1	
prevident mouth/throat	1		calcipotriene external cream	3	
sf	1		calcipotriene external ointment	3	
sf 5000 plus	1		calcipotriene external solution	3	
sodium fluoride 5000 plus	1		calcipotriene-betameth diprop	3	QL
sodium fluoride 5000 ppm	1		calcitriol external	3	
sodium fluoride 5000 sensitive	1		CAPEX	2	
sodium fluoride dental	1		claravis	1	PA
triamicinolone acetonide mouth/throat	1		clindacin etz external swab	1	
Dermatological Agents - Drugs for Skin Conditions			clindacin-p	1	
acitretin	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
clindamycin phosphbenzoyl perox external gel 1-5 %, 1.2-5 %	1		desoximetasone external gel	1	
clindamycin phosphate external gel	1		desoximetasone external liquid	3	
clindamycin phosphate external lotion	1		desoximetasone external ointment 0.25 %	1	
clindamycin phosphate external solution	1		diclofenac sodium transdermal gel 3 %	1	QL
clindamycin phosphate external swab	1		diflorasone diacetate external cream	3	
clobetasol prop emollient base	1		diflorasone diacetate external ointment	1	
clobetasol propionate e	1		DRYSOL	2	
clobetasol propionate emulsion	3		DUPIXENT	SP2	PA; QL
clobetasol propionate external cream	1		ELIDEL	2	ST
clobetasol propionate external foam	3		EPIFOAM	2	
clobetasol propionate external gel	1		ery	1	
clobetasol propionate external liquid	1		erythromycin external	1	
clobetasol propionate external lotion	1		EUCRISA	2	ST
clobetasol propionate external ointment	1		FINACEA EXTERNAL FOAM	3	ST
clobetasol propionate external shampoo	3		fluocinolone acetonide body	1	
clobetasol propionate external solution	1		fluocinolone acetonide external	1	
clodan external shampoo	3		fluocinolone acetonide scalp	1	
CONDYLOX	2		fluocinonide emulsified base	1	
desonide external cream	1		fluocinonide external	1	
desonide external lotion	1		FLUOROPLEX	2	
desonide external ointment	1		fluorouracil external cream 5 %	1	
desoximetasone external cream 0.25 %	1		fluorouracil external solution	1	
			fluticasone propionate external cream	1	
			fluticasone propionate external lotion	3	
			fluticasone 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
gordons urea	1		prednicarbate	1	
halobetasol propionate external cream	1		REGRANEX	2	PA
halobetasol propionate external ointment	1		rosadan external cream	1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1		rosadan external gel	1	
hydrocortisone butyrate external cream	1		SANTYL	2	
hydrocortisone butyrate external ointment	1		selenium sulfide external lotion	1	
hydrocortisone butyrate external solution	1		selenium sulfide external shampoo 2.25 %	1	
hydrocortisone external cream 2.5 %	1		sodium sulfacetamide wash liquid 10 % external	1	
hydrocortisone external lotion 2.5 %	1		SODIUM SULFACETAMIDE WASH LIQUID 10 % EXTERNAL	2	
hydrocortisone external ointment 2.5 %	1		sss 10-5 external foam	1	
hydrocortisone valerate	1		sulfacetamide sodium (acne)	1	
imiquimod external	1		sulfacetamide sodium external liquid	1	
isotretinoin oral	1	PA	sulfacetamide sodium-sulfur external emulsion	1	
methoxsalen rapid	3		sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	
metronidazole external	1		sulfacetamide sodium-sulfur external lotion 10-5 %	1	
mometasone furoate external	1		sulfacetamide sodium-sulfur external suspension 10-5 %	1	
myorisan	1	PA	sulfacetamide-sulfur in urea	3	
neuac external gel	1		TACLONEX EXTERNAL SUSPENSION	3	QL
PICATO	3	ST	tacrolimus external ointment	1	
pimecrolimus	1		tazarotene external	1	AL (Max 40 Years)
podocon	1		TAZORAC EXTERNAL CREAM 0.05 %	2	AL (Max 40 Years)
podofilox external	1				
PRAMOSONE EXTERNAL CREAM 1-1 %	2				
PRAMOSONE EXTERNAL LOTION	2				
PRAMOSONE EXTERNAL OINTMENT	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
TAZORAC EXTERNAL GEL	2	AL (Max 40 Years)	glipizide-metformin hcl	1	
TEXACORT	2		glyburide micronized	1	
tovet external foam	3		glyburide oral	1	
tretinoin external cream	1	AL (Max 40 Years)	glyburide-metformin	1	
tretinoin external gel 0.01 %, 0.025 %	1	AL (Max 40 Years)	INVOKAMET	2	
tretinoin external gel 0.05 %	3	AL (Max 40 Years)	INVOKANA	2	
tretinoin microsphere	1	AL (Max 40 Years)	JANUMET	2	
tretinoin microsphere pump	1	AL (Max 40 Years)	JANUMET XR	2	
triamcinolone acetonide external aerosol solution	3		JANUVIA	2	
triamcinolone acetonide external cream	1		JARDIANCE	2	
triamcinolone acetonide external lotion	1		JENTADUETO	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		JENTADUETO XR	2	
triderm	1		metformin hcl er	1	
urea external cream 40 %	1		metformin hcl oral tablet	1	
uremez-40	1		miglitol	3	
zenatane	1	PA	nateglinide	1	
Diabetes - Antidiabetic Agents			OZEMPIC	2	QL
acarbose oral	1		pioglitazone hcl	1	
BYDUREON	3	QL	pioglitazone hcl-glimepiride	3	
BYDUREON BCISE AUTOINJECTOR	3	QL	pioglitazone hcl-metformin hcl	1	
BYETTA 10 MCG PEN	3	QL	repaglinide	1	
BYETTA 5 MCG PEN	3	QL	RYBELSUS	3	QL
glimepiride	1		SYMLINPEN 120	3	PA
glipizide er	1		SYMLINPEN 60	3	PA
glipizide ir	1		SYNJARDY	2	
glipizide xl	1		tolbutamide	1	
			TRADJENTA	2	
			TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	2	QL
			VICTOZA	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
Diabetes - Glucose Monitoring			AGAMATRIX CONTROL LEVEL 4	2	
ACCU-CHEK AVIVA DEVICE	1		AGAMATRIX PRESTO TEST	2	QL
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	1		ASSURE PLATINUM	2	QL
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	1		AUTOLET LANCING DEVICE	2	
ACCU-CHEK AVIVA PLUS TEST STRIPS	1	QL	BAYER CONTOUR LINK 2.4 KIT W/DEVICE	2	
ACCU-CHEK COMPACT PLUS CARE KIT	1		BIOTEL CARE BLOOD GLUCOSE SYST	2	
ACCU-CHEK COMPACT PLUS CONTROL	1		BLOOD GLUCOSE TEST	2	QL
ACCU-CHEK COMPACT PLUS TEST STRIPS	1	QL	CARETOUCH CONTROL SOL LEVEL 2	2	
ACCU-CHEK FASTCLIX LANCET KIT	1		CARETOUCH LANCING/EJECTOR	2	
ACCU-CHEK GUIDE KIT W/DEVICE	1		CARETOUCH TEST	2	QL
ACCU-CHEK GUIDE CONTROL	1		CEQUR SIMPLICITY 2U	2	
ACCU-CHEK GUIDE TEST STRIPS	1	QL	CEQUR SIMPLICITY INSERTER	2	
ACCU-CHEK GUIDE KIT W/DEVICE	1		CEQUR SIMPLICITY STARTER	2	
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	1		CHEMSTRIP UGK	1	
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	1		CONTOUR CONTROL	2	
ACCU-CHEK SMARTVIEW CONTROL	1		CONTOUR NEXT CONTROL	2	
ACCU-CHEK SMARTVIEW TEST STRIPS	1	QL	CONTOUR NEXT LINK	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		CONTOUR NEXT MONITOR	2	
AGAMATRIX CONTROL LEVEL 2	2		CONTOUR NEXT TEST	2	QL
			CONTOUR TEST	2	QL
			DIATHRIVE BLOOD GLUCOSE METER	2	
			DIATHRIVE BLOOD GLUCOSE TEST	2	QL
			DIATHRIVE GLUCOSE CONTROL SOLN	2	
			DIATHRIVE GLUCOSE TEST	2	QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
DIATHRIVE LANCING DEVICE	2		FREESTYLE PRECISION NEO TEST	2	QL
EASY TRAK II BLOOD GLUCOSE SYS	2		FREESTYLE TEST	2	QL
EASY TRAK II CONTROL	2		GENTEEL LANCING KIT (BLUE)	2	
EASY TRAK II GLUCOSE TEST	2	QL	GLUCOCARD 01 SENSOR PLUS	2	QL
EASymax 15 LEVEL 2-3 CONTROL	2		GLUCOCARD EXPRESSION TEST	2	QL
EASymax CONTROL	2		GLUCOCARD SHINE CONNEX	2	
EASymax CONTROL NORMAL/HIGH	2		GLUCOCARD SHINE EXPRESS	2	
EMBRACE TALK BLOOD GLUCOSE	2		GLUCOCARD SHINE TEST	2	QL
EMBRACE TALK GLUCOSE CONTROL	2		GLUCOCARD VITAL TEST	2	QL
EMBRACE TALK GLUCOSE TEST	2	QL	GOJJI BLOOD GLUCOSE TEST	2	QL
EMBRACE TALK MONITORING SYSTEM	2		GOJJI BLOOD TEST STRIP/LANCETS	2	QL
EVENCARE PROVIEW GLUCOSE TEST	2	QL	GOJJI CONTROL	2	
FORA GTEL BLOOD GLUCOSE SYSTEM	2		GOJJI LANCING DEVICE/CLEAR CAP	2	
FORA GTEL BLOOD GLUCOSE TEST	2	QL	HARMONY BLOOD GLUCOSE TEST	2	QL
FORTISCARE CONTROL	2		HW EMBRACE PRO GLUCOSE METER	2	
FORTISCARE GLUCOSE SYSTEM DEVICE	2		HW EMBRACE PRO GLUCOSE TEST	2	QL
FORTISCARE T1 GLUCOSE SYSTEM	2		HW EMBRACE TALK BLOOD GLUCOSE	2	
FREESTYLE FREEDOM LITE	2		HW EMBRACE TALK GLUCOSE TEST	2	QL
FREESTYLE INSULINX SYSTEM	2		INFINITY BLOOD GLUCOSE TEST	2	QL
FREESTYLE INSULINX TEST	2	QL	INPEN 100-BLUE-LILLY	2	
FREESTYLE LITE TEST	2	QL	INPEN 100-BLUE-NOVO	2	
			INPEN 100-GRAY-LILLY	2	
			INPEN 100-GREY-NOVO	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
INPEN 100-PINK-LILLY	2		PRECISION LINK	2	
INPEN 100-PINK-NOVO	2		PRECISION PCX PLUS TEST	2	QL
KETONE TEST	2		PRECISION QID MONITOR	2	
KETOSTIX	2		PRECISION QID TEST	2	QL
KROGER HEALTHPRO GLUCOSE TEST	2	QL	PRECISION SOF-TACT MONITOR	2	
LANCETS	1		PRECISION SOF-TACT TEST	2	QL
LANCETS	2		PRECISION XTRA BLOOD GLUCOSE	2	QL
LANCETS KIT	2		PRECISION XTRA DEVICE	2	
MICRODOT TEST	2	QL	PRECISION XTRA KIT	2	
MICROLET NEXT LANCING DEVICE	2		PRECISION XTRA MONITOR	2	
NOVOPEN ECHO	2		PRODIGY NO CODING BLOOD GLUC	2	
ONE DROP BLOOD GLUCOSE MONITOR	2		RELION BLOOD GLUCOSE TEST	2	QL
ONE DROP TEST	2	QL	RELION PREMIER CLASSIC	2	
ONETOUCH DELICA LANCING DEV	1		RELION PREMIER TEST	2	QL
ONETOUCH DELICA PLUS LANCING	1		RELION ULTIMA TEST	2	QL
ONETOUCH ULTRA	1	QL	SURESTEP PRO HIGH GLUCOSE	1	
ONETOUCH ULTRA 2 KIT W/DEVICE	1		SURESTEP PRO LOW GLUCOSE	1	
ONETOUCH ULTRA MINI KIT W/DEVICE	1		SURESTEP PRO NORMAL GLUCOSE	1	
ONETOUCH VERIO KIT W/DEVICE	1		TRUE FOCUS BLOOD GLUCOSE METER	2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1		TRUE METRIX BLOOD GLUCOSE TEST	2	QL
ONETOUCH VERIO IN VITRO SOLUTION HIGH	1		TRUE METRIX LEVEL 1	2	
ONETOUCH VERIO TEST STRIPS	1	QL	TRUE METRIX LEVEL 2	2	
ONETOUCH VERIO IQ SYSTEM	1		TRUE METRIX LEVEL 3	2	
ONETOUCH VERIO REFLECT	1		TRUE METRIX PRO BLOOD GLUCOSE	2	QL
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	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
TRUETRACK TEST	2	QL	EASYPOINT NEEDLE 18G X 1" , 18G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2"	1	
UNISTRIP CONTROL IN VITRO SOLUTION LOW	2		FIASP	1	
VIVAGUARD INO CONTROL SOLUTION	2		FIASP FLEXTOUCH	1	
VIVAGUARD INO GLUCOSE METER	2		FIASP PENFILL	1	
VIVAGUARD INO TEST STRIPS	2	QL	HUMALOG KWIKPEN	2	
VIVAGUARD LANCING DEVICE	2		HUMALOG MIX 50/50 KWIKPEN	2	
Diabetes - Glycemic Agents			HUMALOG MIX 50/50 VIAL	2	
BAQSIMI ONE PACK	2		HUMALOG MIX 75/25 KWIKPEN	2	
BAQSIMI TWO PACK	2		HUMALOG MIX 75/25 VIAL	2	
diazoxide oral	1		HUMALOG U-100 JUNIOR KWIKPEN	2	
GLUCAGEN HYPOKIT	2		HUMALOG VIAL	2	
GLUCAGON EMERGENCY KIT	2		HUMULIN 70/30 KWIKPEN	2	
GVOKE HYPOOPEN 1-PACK	2		HUMULIN 70/30 VIAL	2	
GVOKE HYPOOPEN 2-PACK	2		HUMULIN N KWIKPEN	2	
GVOKE PFS	2		HUMULIN N VIAL	2	
PROGLYCEM	2		HUMULIN R U-500 KWIKPEN	2	
Diabetes - Insulins			HUMULIN R U-500 VIAL	2	
APIDRA SOLOSTAR	3		HUMULIN R VIAL	2	
APIDRA VIAL	3		INSULIN PEN NEEDLES	1	
BD AUTOSHIELD DUO PEN NEEDLES	1		INSULIN SYRINGES	1	
BD ULTRA-FINE INSULIN SYRINGES	1		LANTUS SOLOSTAR	2	
BD ULTRA-FINE PEN NEEDLES	1		LANTUS U-100 VIAL	2	
BD VEO INSULIN SYR U/F 1/2UNIT	1		LEVEMIR U-100 FLEXTOUCH	2	
DROPLET MICRON	1		LEVEMIR U-100 VIAL	2	
			MAXICOMFORT SYR 27G X 1/2"	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
NOVOFINE			TOUJEO SOLOSTAR	2	
AUTOCOVER PEN	1		TRESIBA	2	
NEEDLE			TRESIBA FLEXTOUCH	2	
NOVOFINE PEN	1		Electrolytes / Minerals / Metals / Vitamins		
NEEDLE			CARBAGLU	SP3	
NOVOFINE PLUS PEN	1		CARNITOR INTRAVENOUS	3	
NEEDLE			CARNITOR ORAL SOLUTION	3	
NOVOLIN 70/30 FLEXPEN	2		CARNITOR SF	3	
NOVOLIN 70/30 FLEXPEN RELION	2		CITRANATAL BLOOM	3	
NOVOLIN 70/30 RELION	2		clovique	SP1	PA
NOVOLIN 70/30 VIAL	2		cyanocobalamin injection solution 1000 mcg/ml	1	
NOVOLIN N FLEXPEN	2		cytra k crystals	1	
NOVOLIN N FLEXPEN RELION	2		deferasirox oral tablet soluble	SP1	PA
NOVOLIN N RELION	2		effer-k oral tablet effervescent 25 meq	1	
NOVOLIN N VIAL	2		ergocalciferol oral capsule	1	
NOVOLIN R FLEXPEN	2		EXJADE	SP3	PA
NOVOLIN R FLEXPEN RELION	2		ferocon	1	
NOVOLIN R RELION	2		ferotrintrinsic	1	
NOVOLIN R VIAL	2		FERRALET 90	3	
NOVOLOG FLEXPEN	1		FERRIPROX	SP3	PA
NOVOLOG MIX 70/30 FLEXPEN	1		fluoritab	0	PV
NOVOLOG MIX 70/30 VIAL	1		folic acid oral tablet 1 mg	1	
NOVOLOG PENFILL	1		folic acid oral tablet 400 mcg, 800 mcg	0	PV
NOVOLOG U-100 VIAL	1		FOLIVANE-F	2	
NOVOTWIST PEN NEEDLE	1		FOLIVANE-PLUS	2	
SECURESAFE HYPODERMIC NEEDLE 18G X 1" , 19G X 1" , 19G X 1-1/2" , 22G X 1"	1		foltrin	1	
SEMGLEE SUBCUTANEOUS SOLUTION	2		GALZIN	2	
TOUJEO MAX SOLOSTAR	2		INTEGRA F	2	
			INTEGRA PLUS	2	
			iodine strong oral	1	
			kionex	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
klor-con	1		pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
klor-con 10	1		pot bicarb-pot chloride	1	
klor-con m10	1		potassium bicarbonate oral	1	
KLOR-CON M15	2		potassium chloride crys er	1	
klor-con m20	1		potassium chloride er	1	
klor-con sprinkle	1		potassium chloride oral	1	
klor-con/ef	1		potassium citrate er	1	
K-PHOS	2		potassium citrate-citric acid	1	
K-PHOS NO 2	2		prenatal multi +dha	0	PV
k-prime	1		prenatal oral tablet 27-0.8 mg, 28-0.8 mg	0	PV
levocarnitine oral solution	3		prenatal oral tablet 27-1 mg	1	
levocarnitine oral tablet	3		prenatal plus iron	1	
levocarnitine sf	3		PRENATRIX	1	
ludent oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	0	PV	PROFERRIN-FORTE	2	
M-NATAL PLUS	1		QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG	1	
multi prenatal	0	PV	sod citrate-citric acid	1	
multivitamin/fluoride oral tablet chewable 1 mg	1		sodium fluoride oral	0	PV
mvc-fluoride oral tablet chewable 1 mg	1		sodium polystyrene sulfonate	1	
nafrinse	0	PV	sps	1	
nafrinse drops	0	PV	SYPRINE	SP3	PA
NASCOBAL	2		taron-crystals	1	
NEONATAL COMPLETE ORAL TABLET 27-1 MG	1		TRICARE PRENATAL DHA ONE	3	
NEONATAL PLUS	1		tricitrates	1	
ONE VITE WOMENS	0	PV	tricon	1	
ONE VITE WOMENS PLUS	1		trientine hcl	SP1	PA
ONE-A-DAY WOMENS PRENATAL 1	0	PV	VIRT-FEFA PLUS	2	
ORACIT	2		virt-phos 250 neutral	1	
phospha 250 neutral	1				
phosphorous	1				
phospho-trin 250 neutral	1				
phytonadione oral	1				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1		AMITIZA	3	QL
VITATELY WITH GINGER	1		ANASPAZ	2	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer			bisacodyl ec	0	PV; QL
CARAFATE ORAL SUSPENSION	2		chlordiazepoxide-clidinium	1	
esomeprazole magnesium oral capsule delayed release 40 mg	3	QL	citroma	0	PV; QL
esomeprazole magnesium oral packet	3	QL; AL (Max 12 Years)	clearlax	0	PV; QL
famotidine oral suspension reconstituted	3		constulose	1	
lansoprazole oral capsule delayed release 30 mg	3	QL	cromolyn sodium oral	3	
lansoprazole oral tablet delayed release dispersible	3	QL; AL (Max 12 Years)	CUVPOSA	3	
misoprostol oral	1		dicyclomine hcl oral	1	
NEXIUM ORAL PACKET			diphenoxylate-atropine	1	
omeprazole oral capsule delayed release 10 mg, 40 mg	3	QL	ed-spaz	1	
pantoprazole sodium oral tablet delayed release	3	QL	enulose	1	
PREVACID SOLUTAB			GATTEX	SP3	PA
rabeprazole sodium oral tablet delayed release	3	QL	gavilax oral powder	0	PV; QL
sucralfate oral	1		gavilyte-c	1	PV; QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			gavilyte-g	1	PV; QL
alosetron hcl	3	PA	gavilyte-n with flavor pack	1	PV; QL
			generlac	1	
			gentle laxative oral	0	PV; QL
			glycolax	0	PV; QL
			glycopyrrolate oral tablet 1 mg, 2 mg	1	
			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
			magnesium citrate oral solution	0	PV; QL
			methscopolamine bromide oral	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
MOVANTIK	3	QL	CREON	2	
MOVIPREP	3		GALAFOLD	SP3	PA; QL
nulev	1		MYALEPT	SP3	PA
oscimin	1		nitisinone	SP1	PA
oscimin sr	1		OCALIVA	SP3	PA; QL
OSMOPREP	3		ORFADIN	SP3	PA
pb-hyoscy-atropine-scopolamine	1		PANCREAZE	2	
peg 3350-kcl-na bicarb-nacl	1	PV; QL	PROCYSB1	SP3	PA
peg-3350/electrolytes	1	PV; QL	RAVICTI	SP3	PA
peg-3350/electrolytes/ascorb at	3		sodium phenylbutyrate oral	SP1	
peg-kcl-nacl-nasulf-na asc-c	3		STRENSIQ	SP3	PA
phenobarbital-belladonna alk	1		ZENPEP	2	
phenohydro	1		Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
propantheline bromide oral	1		AURYXIA	3	
qc magnesium citrate	0	PV; QL	bethanechol chloride oral	1	
RELISTOR SUBCUTANEOUS	SP3	QL	calcium acetate (phos binder) oral capsule	1	
SUPREP BOWEL PREP KIT	3		darifenacin hydrobromide er	3	
SYMAX DUOTAB	2		DEPEN TITRATABS	SP2	PA
symax-sl	1		ELMIRON	2	
symax-sr	1		flavoxate hcl	1	
trilyte	1	PV; QL	INTRAROSA	3	
ursodiol oral	1		LITHOSTAT	3	
VIBERZI	3	PA; QL	MYRBETRIQ	2	
XERMELO	SP3	PA; QL	oxybutynin chloride er	1	
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment			oxybutynin chloride oral	1	
BUPHENYL	SP3		penicillamine oral tablet	SP1	PA
CERDELGA	SP3	PA	phenazo oral tablet 200 mg	1	
CHOLBAM	SP3	PA	phenazopyridine hcl oral tablet 100 mg, 200 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	Drug Name	Drug Tier	Notes
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	3	QL	methylprednisolone oral	1	
solifenacin succinate	1		prednisolone oral solution	1	
tadalafil oral tablet 2.5 mg, 5 mg	3	QL	prednisolone sodium phosphate oral	1	
tolterodine tartrate	1		prednisone intensol	1	
tolterodine tartrate er	1		prednisone oral	1	
trospium chloride	1		Hormonal Agents - Men's Health		
trospium chloride er	3		ANDRODERM	2	PA
uribel	1		danazol oral	3	
uro-mp	1		DEPO-TESTOSTERONE	2	PA
vilamit mb	1		testosterone cypionate intramuscular	1	PA
Genitourinary Agents - Drugs for Prostate Conditions			testosterone enanthate intramuscular	1	PA
alfuzosin hcl er	1		testosterone transdermal	3	PA
dutasteride oral	1		Hormonal Agents - Osteoporosis		
dutasteride-tamsulosin hcl	1		OSPHENA	3	
finasteride oral tablet 5 mg	1		raloxifene hcl	1	PV
silodosin	1		Hormonal Agents - Pituitary		
tamsulosin hcl	1		cabergoline	1	
terazosin hcl	1		DDAVP RHINAL TUBE	2	
Hormonal Agents - Adrenal			desmopressin ace spray refrig	1	
cortisone acetate oral	1		desmopressin acetate injection	1	
dexamethasone intensol	1		desmopressin acetate oral	1	
dexamethasone oral elixir	1		desmopressin acetate spray	1	
dexamethasone oral solution	1		NORDITROPIN FLEXPRO	SP2	PA
dexamethasone oral tablet	1		NUTROPIN AQ NUSPIN 10	SP2	PA
fludrocortisone acetate oral	1		NUTROPIN AQ NUSPIN 20	SP2	PA
hydrocortisone oral	1				
MEDROL ORAL TABLET 2 MG	2				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
NUTROPIN AQ NUSPIN 5	SP2	PA	BALCOLTRA	3	
octreotide acetate	SP1	PA	balziva	0	PV
OMNITROPE	SP2	PA	bekyree	0	PV
ORILISSA	3	QL	blisovi 24 fe	0	PV
SIGNIFOR	SP3	PA; QL	blisovi fe 1.5/30	0	PV
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP3	PA	blisovi fe 1/20	0	PV
STIMATE	2		briellyn	0	PV
Hormonal Agents - Sex Hormones and Birth Control			camila	0	PV
afirmelle	0	PV	camrese	0	PV; QL
altavera	0	PV	camrese lo	0	PV; QL
alyacen 1/35	0	PV	caziant	0	PV
alyacen 7/7/7	0	PV	charlotte 24 fe	0	PV
amabelz	1		chateal	0	PV
amethia	0	PV; QL	chateal eq	0	PV
amethia lo	0	PV; QL	CLIMARA PRO	3	
amethyst	0	PV	COMBIPATCH	3	
ANGELIQ	2		covaryx	1	
ANNOVERA	3	QL	covaryx hs	1	
apri	0	PV	cryselle-28	0	PV
aranelle	0	PV	cyclafem 1/35	0	PV
ashlyna	0	PV; QL	cyclafem 7/7/7	0	PV
aubra	0	PV	cyred	0	PV
aubra eq	0	PV	cyred eq	0	PV
aurovela 1.5/30	0	PV	dasetta 1/35	0	PV
aurovela 1/20	0	PV	dasetta 7/7/7	0	PV
aurovela 24 fe	0	PV	daysee	0	PV; QL
aurovela fe 1.5/30	0	PV	deblitane	0	PV
aurovela fe 1/20	0	PV	DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	2	
aviane	0	PV	delyla	0	PV
ayuna	0	PV	DEPO-ESTRADIOL	2	
azurette	0	PV	desogestrel-ethinyl estradiol	0	PV
			DIVIGEL	3	
			dotti	1	
			drospirene-eth estrad-levomefol	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
drospirenone-ethinyl estradiol	0	PV	hailey 1.5/30	0	PV
DUAVEE	2		hailey 24 fe	0	PV
eemt	1		hailey fe 1.5/30	0	PV
eemt hs	1		hailey fe 1/20	0	PV
ELESTRIN	3		heather	0	PV
elinest	0	PV	incassia	0	PV
ELLA	0	PV	introvale	0	PV; QL
eluryng	0	PV	isibloom	0	PV
emoquette	0	PV	jaimiess	0	PV; QL
enpresse-28	0	PV	jasmiel	0	PV
enskyce	0	PV	jencycla	0	PV
errin	0	PV	jinteli	1	
est estrogens-methyltest	1		jolessa	0	PV; QL
est estrogens-methyltest ds	1		juleber	0	PV
est estrogens-methyltest hs	1		junel 1.5/30	0	PV
estarylla	0	PV	junel 1/20	0	PV
estradiol oral	1		junel fe 1.5/30	0	PV
estradiol transdermal	1		junel fe 1/20	0	PV
estradiol vaginal	1		junel fe 24	0	PV
estradiol valerate intramuscular	1		kaitlib fe	0	PV
estradiol-norethindrone acet	1		kalliga	0	PV
ESTRING	3	QL	kariva	0	PV
ESTROGEL	3		kelnor 1/35	0	PV
ethynodiol diac-eth estradiol	0	PV	kelnor 1/50	0	PV
etonogestrel-ethinyl estradiol	0	PV	kurvelo	0	PV
EVAMIST	3		KYLEENA	0	PV
falmina	0	PV	larin 1.5/30	0	PV
fayosim	0	PV; QL	larin 1/20	0	PV
femynor	0	PV	larin 24 fe	0	PV
fyavolv	1		larin fe 1.5/30	0	PV
gianvi	0	PV	larin fe 1/20	0	PV
			larissa	0	PV
			layolis fe	0	PV
			leena	0	PV
			lessina	0	PV
			levonest	0	PV

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
levonorgest-eth est & eth est	0	PV; QL	MIRENA (52 MG)	0	PV
levonorgest-eth estrad 91-day	0	PV; QL	mono-linyah	0	PV
levonorgestrel	0	PV	NATAZIA	0	PV
levonorgestrel-ethinyl estrad	0	PV	necon 0.5/35 (28)	0	PV
levonorg-eth estrad triphasic	0	PV	NEXPLANON	0	PV
levora 0.15/30 (28)	0	PV	nikki	0	PV
LILETTA (52 MG)	0	PV	nora-be	0	PV
lillow	0	PV	norethin ace-eth estrad-fe	0	PV
LO LOESTRIN FE	3		norethindrone acetate oral	1	
lojaimiess	0	PV; QL	norethindrone acet-ethinyl est	0	PV
lopreeza	1		norethindrone oral	0	PV
loryna	0	PV	norethindrone-eth estradiol	1	
low-ogestrel	0	PV	norethin-eth estradiol-fe	0	PV
lo-zumandimine	0	PV	norgestimate-eth estradiol	0	PV
lutera	0	PV	norgestimate-ethinyl estradiol triphasic	0	PV
lyza	0	PV	norlyda	0	PV
marlissa	0	PV	norlyroc	0	PV
medroxyprogesterone acetate intramuscular	0	PV; QL	nortrel 0.5/35 (28)	0	PV
medroxyprogesterone acetate oral	1		nortrel 1/35 (21)	0	PV
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	1		nortrel 1/35 (28)	0	PV
megestrol acetate oral tablet	1		nortrel 7/7/7	0	PV
melodetta 24 fe	0	PV	ocella	0	PV
MENEST	2		orsythia	0	PV
mibelas 24 fe	0	PV	PARAGARD INTRAUTERINE COPPER	0	PV
microgestin 1.5/30	0	PV	philith	0	PV
microgestin 1/20	0	PV	pimtrea	0	PV
microgestin fe 1.5/30	0	PV	pirmella 1/35	0	PV
microgestin fe 1/20	0	PV	pirmella 7/7/7	0	PV
mili	0	PV	portia-28	0	PV
mimvey	1		PREMARIN ORAL	2	
			PREMARIN VAGINAL	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PREMPHASE	2		tri-vylibra lo	0	PV
PREMPRO	2		tulana	0	PV
preventeza	0	PV	tydemy	0	PV
previfem	0	PV	velivet	0	PV
progesterone intramuscular	1		vienva	0	PV
progesterone micronized oral	1		viorele	0	PV
reclipsen	0	PV	volnea	0	PV
rivelsa	0	PV; QL	vyfemla	0	PV
setlakin	0	PV; QL	vylibra	0	PV
sharobel	0	PV	wera	0	PV
simliya	0	PV	wymzya fe	0	PV
simpesse	0	PV; QL	xulane	0	PV
SKYLA	0	PV	yuvafem	1	
SLYND	3		zarah	0	PV
sprintec 28	0	PV	zovia 1/35e (28)	0	PV
sronyx	0	PV	zumandimine	0	PV
syeda	0	PV	Hormonal Agents - Thyroid		
tarina 24 fe	0	PV	ARMOUR THYROID	2	
tarina fe 1/20	0	PV	euthyrox	1	
tarina fe 1/20 eq	0	PV	levo-t	1	
TAYTULLA	3		levothyroxine sodium oral	1	
tilia fe	0	PV	levoxyl	1	
tri femynor	0	PV	liothyronine sodium oral	1	
tri-estarylla	0	PV	methimazole oral	1	
tri-legest fe	0	PV	NATURE-THROID	2	
tri-linyah	0	PV	np thyroid	1	
tri-lo-estarylla	0	PV	propylthiouracil oral	1	
tri-lo-marzia	0	PV	SYNTHROID	2	
tri-lo-mili	0	PV	TIROSINT	3	
tri-lo-sprintec	0	PV	unithroid	1	
tri-mili	0	PV	WESTHROID	2	
tri-previfem	0	PV	WP THYROID	2	
tri-sprintec	0	PV	Immunological Agents - Drugs for Immune System Stimulation or Suppression		
trivora (28)	0	PV	ACTEMRA ACTPEN	SP3	PA
tri-vylibra	0	PV			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ACTEMRA SUBCUTANEOUS	SP3	PA	KINERET	SP3	PA
ACTIMMUNE	SP2	PA	leflunomide oral	1	
azathioprine oral	1		methotrexate oral	1	
BERINERT	SP2	PA	methotrexate sodium	1	
CELLCEPT	SP3		methotrexate sodium (pf)	1	
CIMZIA	SP2	PA	mycophenolate mofetil	1	
CIMZIA PREFILLED KIT	SP2	PA	mycophenolate sodium	1	
CIMZIA STARTER KIT	SP2	PA	MYFORTIC	SP3	
COSENTYX (300 MG DOSE)	SP3	PA	NEORAL	SP3	
COSENTYX 150 MG/ML	SP3	PA	ORENCIA CLICKJECT	SP3	PA
COSENTYX SENSOREADY (300 MG)	SP3	PA	ORENCIA SUBCUTANEOUS	SP3	PA
COSENTYX SENSOREADY PEN	SP3	PA	OTEZLA	SP2	PA
cyclosporine modified	1		PROGRAF ORAL CAPSULE	SP3	
cyclosporine oral	1		PROGRAF ORAL PACKET	SP2	
ENBREL	SP3	PA	RAPAMUNE ORAL SOLUTION	SP2	
ENBREL MINI	SP3	PA	RAPAMUNE ORAL TABLET	SP3	
ENBREL SURECLICK	SP3	PA	RIDAURA	SP2	
ENVARSUS XR	SP2		RINVOQ	SP2	PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	SP1	PA	SANDIMMUNE ORAL CAPSULE	SP3	
FIRAZYR	SP3	PA	SANDIMMUNE ORAL SOLUTION	SP2	
gengraf	1		SIMPONI	SP2	PA
HAEGARDA	SP2	PA	sirolimus oral solution	SP1	
HUMIRA	SP2	PA	sirolimus oral tablet	1	
HUMIRA PEDIATRIC CROHNS START	SP2	PA	SKYRIZI (150 MG DOSE)	SP2	PA
HUMIRA PEN	SP2	PA	STELARA SUBCUTANEOUS	SP2	PA
HUMIRA PEN-CD/UC/HS STARTER	SP2	PA	tacrolimus oral	1	
HUMIRA PEN-PS/UV/ADOL HS START	SP2	PA	TALTZ	SP2	PA
icatibant acetate	SP1	PA	TREMFYA	SP2	PA
IMURAN	2		XATMEP	SP2	
			XELJANZ	SP2	PA

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
XELJANZ XR	SP2	PA			PV; AL (Min 9 Years and Max 26 Years)
ZORTRESS	SP3	PA		3	
Immunological Agents - Drugs for Vaccination					
	3	PV; AL (Max 6 Years)	GARDASIL 9	0	PV
ACTHIB	0	PV	HAVRIX	3	PV; AL (Min 18 Years)
ADACEL	0	PV	HEPLISAV-B	3	PV; AL (Max 6 Years)
AFLURIA QUADRIVALENT	0	PV	HIBERIX	3	PV; AL (Max 6 Years)
BCG VACCINE	3		IMOVOX RABIES	3	
BEXSERO	0	PV	INFANRIX	0	PV
BOOSTRIX	0	PV			PV; AL (Max 17 Years)
DAPTACEL	0	PV	IOPOL	0	PV
DIPHTHERIA-TETANUS TOXOIDS DT	0	PV	KINRIX	0	PV
ENGERIX-B	0	PV	MENACTRA	0	PV
	0	PV; AL (Min 65 Years)	MENVEO	0	PV
FLUAD	0	PV; AL (Min 65 Years)	M-M-R II	0	PV
	0	PV; AL (Min 65 Years)	PEDIARIX	0	PV
FLUAD QUADRIVALENT	0	PV; AL (Min 65 Years)		3	PV; AL (Max 6 Years)
FLUARIX QUADRIVALENT	0	PV	PEDVAX HIB	0	PV
FLUBLOK QUADRIVALENT	0	PV	PENTACEL	0	PV
FLUCELVAX QUADRIVALENT	0	PV	PNEUMOVAX 23	0	PV
FLULAVAL QUADRIVALENT	0	PV	PREVNAR 13	0	PV
	3	PV; AL (Min 2 Years and Max 49 Years)	PROQUAD	0	PV
FLUMIST QUADRIVALENT	0	PV; AL (Min 65 Years)	QUADRACEL	0	PV
FLUZONE HIGH-DOSE QUADRIVALENT	0	PV; AL (Min 65 Years)	RECOMBIVAX HB	0	PV
FLUZONE QUADRIVALENT	0	PV		3	PV; AL (Max 8 Months)
			ROTARIX		
			ROTATEQ	3	PV; AL (Max 8 Months)
				3	PV; AL (Min 50 Years)
			SHINGRIX		
			STAMARIL	3	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
TDVAX	0	PV	PENTASA	2	
TENIVAC	0	PV	PROCTOFOAM HC	2	
TETANUS-DIPHTHERIA TOXOIDS TD	0	PV	procto-med hc	1	
TRUMENBA	0	PV	procto-pak	1	
TWINRIX	0	PV	proctosol hc	1	
TYPHIM VI	3		protozone-hc	1	
VAQTA	0	PV	sulfasalazine oral	1	
VARIVAX	0	PV	UCERIS ORAL	3	
VAXCHORA	3		Metabolic Bone Disease Agents - Drugs for Osteoporosis		
VIVOTIF	2		alendronate sodium oral solution	1	
YF-VAX	3		alendronate sodium oral tablet 10 mg, 5 mg	1	
Inflammatory Bowel Disease Agents			alendronate sodium oral tablet 35 mg, 70 mg	1	QL
ANALPRAM-HC EXTERNAL LOTION	2		calcitonin (salmon)	1	QL
anucort-hc	1		FORTEO	SP2	PA
anusol-hc rectal	1		ibandronate sodium oral	1	QL
APRISO	2		risedronate sodium oral tablet 150 mg, 35 mg	1	QL
balsalazide disodium	1		risedronate sodium oral tablet 30 mg, 5 mg	1	
budesonide er	3		risedronate sodium oral tablet delayed release	3	QL
budesonide oral	3		TYMLOS	SP2	PA
CANASA	2		Metabolic Bone Disease Agents - Other		
hemmorex-hc	1		calcitriol oral	1	
hydrocortisone (perianal)	1		cinacalcet hcl	SP1	PA
hydrocortisone ace- pramoxine external cream 1-1 %	1		paricalcitol oral	1	
hydrocortisone acetate rectal suppository 25 mg	1		SENSIPAR	SP3	PA
hydrocortisone acetate rectal suppository 30 mg	3		Miscellaneous Therapeutic Agents		
hydrocortisone rectal	1		BREATHE EASE LARGE	2	
hydrocort-pramoxine (perianal)	1		BREATHE EASE MEDIUM	2	
mesalamine er	1		BREATHE EASE SMALL	2	
mesalamine oral	1				
mesalamine rectal	1				
mesalamine-cleanser	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
BREATHERITE	2		GLYTACTIN RESTORE 10	2	
CAMINO PRO COMPLETE/GLYTACTIN	2		GLYTACTIN RESTORE 5	2	
CAYA	0	PV; QL	GLYTACTIN RESTORE LITE 10	2	
CLEVER CHOICE HOLDING CHAMBER	2		GLYTACTIN RESTORE LITE 10PE	2	
COMPACT SPACE CHAMBER/LG MASK	2		GLYTACTIN RTD 10	2	
COMPACT SPACE CHAMBER/MED MASK	2		GLYTACTIN RTD 15	2	
COMPACT SPACE CHAMBER/SM MASK	2		GLYTACTIN RTD LITE 15	2	
EASIVENT	2		GLYTACTIN SWIRL 15PE	2	
EASY GLIDE LUER LOCK SYRINGE	1		heparin lock flush	1	
EASYPOINT NEEDLE 25G X 1-1/2"	1		heparin sodium lock flush	1	
encare	0	PV; QL	HUMATROPEN FOR 12MG	1	
FC FEMALE CONDOM	0	PV; QL	HUMATROPEN FOR 24MG	1	
FC2 FEMALE CONDOM	0	PV; QL	HUMATROPEN FOR 6MG	1	
FEMCAP	0	PV; QL	INSPIREASE RESERVOIR BAGS	2	
FLEXICHAMBER ADULT MASK/SMALL	2		J-TIP KIT W/VIAL ADAPTERS	1	
FLEXICHAMBER CHILD MASK/LARGE	2		MASK VORTEX	2	
FLEXICHAMBER CHILD MASK/SMALL	2		methergine	3	
FORA D40G GLUCOSE/PRESSURE	2		methylergonovine maleate oral	3	
GLYTACTIN BETTERMILK 15	2		MICROCHAMBER DEVICE	2	
GLYTACTIN BETTERMILK DE-LITE	2		NORDIPEN 5 INJECTION DEVICE	1	
GLYTACTIN BUILD 10PE	2		NORM-JECT LUER SLIP SYRINGE	1	
GLYTACTIN BUILD 20/20 PKU	2		OPTIONS CONCEPTROL	0	PV; QL
GLYTACTIN BURST	2		PANDA MASK LARGE	2	
GLYTACTIN COMPLETE 10PE	2		PANDA MASK MEDIUM	2	
			PANDA MASK SMALL	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes	
PEDIATRIC PANDA MASK	2		WIDE-SEAL DIAPHRAGM 75	0	PV; QL	
PHENACTIN AA PLUS	2		WIDE-SEAL DIAPHRAGM 80	0	PV; QL	
PHENEX-1	2		WIDE-SEAL DIAPHRAGM 85	0	PV; QL	
PHENYLADE DRINK MIX	2		WIDE-SEAL DIAPHRAGM 90	0	PV; QL	
PHENYLADE GMP READY	2		WIDE-SEAL DIAPHRAGM 95	0	PV; QL	
PKU EASY	2		Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation			
PKU EASY MICROTABS	2		ALOCRIL	2		
pocket spacer	2		ALOMIDE	2		
PRO COMFORT SPACER ADULT	2		ALREX	2		
PRO COMFORT SPACER CHILD	2		AZASITE	3		
PRO COMFORT SPACER INFANT	2		azelastine hcl ophthalmic	1		
PROCARE SPACER/ADULT MASK	2		bacitracin ophthalmic	1		
PROCARE SPACER/CHILD MASK	2		BESIVANCE	3		
SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2"	1		bromfenac sodium (once-daily)	1	QL	
SYRINGE LUER LOCK 30 ML	1		CILOXAN OPHTHALMIC OINTMENT	2		
SYRINGE LUER SLIP 1 ML	1		ciprofloxacin hcl ophthalmic	1		
TODAY SPONGE	0	PV; QL	cromolyn sodium ophthalmic	1		
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	0	PV; QL	dexamethasone sodium phosphate ophthalmic	1		
vcf vaginal contraceptive vaginal gel	0	PV; QL	diclofenac sodium ophthalmic	1		
WIDE-SEAL DIAPHRAGM 60	0	PV; QL	DUREZOL	3		
WIDE-SEAL DIAPHRAGM 65	0	PV; QL	epinastine hcl	1		
WIDE-SEAL DIAPHRAGM 70	0	PV; QL	erythromycin ophthalmic	1		
			FLAREX	2		
			fluorometholone	1		
			flurbiprofen sodium	1		
			FML	2		

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FML FORTE	2		ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
gatifloxacin ophthalmic	1		apraclonidine hcl	1	
gentak	1		AZOPT	2	
gentamicin sulfate ophthalmic	1		betaxolol hcl ophthalmic	1	
ketorolac tromethamine ophthalmic	1		BETIMOL	2	
levofloxacin ophthalmic	1		BETOPTIC-S	2	
LOTEMAX OPHTHALMIC GEL	2	QL	bimatoprost ophthalmic	1	QL
LOTEMAX OPHTHALMIC OINTMENT	2	QL	brimonidine tartrate ophthalmic	1	
loteprednol etabonate	1		carteolol hcl	1	
MAXIDEX	2		COMBIGAN	2	
moxifloxacin hcl ophthalmic	1		dorzolamide hcl ophthalmic	1	
NATACYN	3		dorzolamide hcl-timolol mal	1	
ofloxacin ophthalmic	1		dorzolamide hcl-timolol mal pf	3	
olopatadine hcl ophthalmic	1		IOPIDINE	2	
PAZEO	3		latanoprost ophthalmic	1	
prednisolone acetate ophthalmic	1		levobunolol hcl	1	
prednisolone acetate p-f	1		LUMIGAN	2	QL
prednisolone sodium phosphate ophthalmic	1		methazolamide oral	1	
PROLENSA	3	QL	PHOSPHOLINE IODIDE	2	
sulfacetamide sodium ophthalmic	1		pilocarpine hcl ophthalmic	1	
tobramycin ophthalmic	1		RHOPRESSA	3	
TOBREX OPHTHALMIC OINTMENT	2		ROCKLATAN	3	QL
trifluridine	1		SIMBRINZA	2	
ZIRGAN	3		timolol maleate ophthalmic	1	
Ophthalmic Agents - Drugs for Glaucoma			TIMOPTIC OCUDOSE	2	
acetazolamide er	1		TRAVATAN Z	3	QL
acetazolamide oral	1		travoprost (bak free)	3	QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions						
ak-poly-bac	1		PRED-G	2		
altacaine	1		PRED-G S.O.P.	2		
altafrin	1		proparacaine hcl ophthalmic	1		
atropine sulfate ophthalmic ointment	1		RESTASIS	3	PA	
atropine sulfate ophthalmic solution 1 %	1		RESTASIS MULTIDOSE	3	PA	
bacitracin-polymyxin b ophthalmic	1		sulfacetamide-prednisolone ophthalmic solution	1		
bacitra-neomycin-polymyxin-hc	1		tetracaine hcl ophthalmic	1		
BLEPHAMIDE	2		TOBRADEX OPTHALMIC OINTMENT	2		
BLEPHAMIDE S.O.P.	2		tobramycin-dexamethasone	1		
cyclopentolate hcl ophthalmic	1		tropicamide ophthalmic	1		
homatropaire	1		XIIDRA	3	PA	
ISOPTO ATROPINE	1		ZYLET	3		
LACRISERT	2		Otic Agents - Drugs for Ear Conditions			
neomycin-bacitracin zn-polymyx	1		acetic acid otic	1		
neomycin-polymyxin-dexameth ophthalmic ointment	1		CIPRO HC	2		
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1		CIPRODEX	2		
neomycin-polymyxin-gramicidin	1		ciprofloxacin hcl otic	1		
neomycin-polymyxin-hc ophthalmic	1		ciprofloxacin-dexamethasone	1		
neo-polycin	1		CIPROFLOXACIN-FLUOCINOLONE PF	2		
neo-polycin hc	1		flac	1		
phenylephrine hcl ophthalmic	1		fluocinolone acetonide otic	1		
polycin	1		hydrocortisone-acetic acid	1		
polymyxin b-trimethoprim	1		neomycin-polymyxin-hc otic	1		
			ofloxacin otic	1		
			OTOVEL	2		

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes			
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold								
azelastine hcl nasal	1	QL	promethazine-phenylephrine	1				
benzonatate oral capsule 100 mg, 200 mg	1		promethegan	1				
bromfed dm	1		pseudoephedrine-bromphen-dm oral syrup	1				
cyproheptadine hcl oral	1		pulmosal	1				
FASENRA	SP2	PA	sodium chloride inhalation	1				
FASENRA PEN	SP2	PA	SSKI	2				
guaiatussin ac	1	PA; QL; AL (Min 18 Years)			PA; QL; AL (Min 18 Years)			
guaifenesin ac	1	PA; QL; AL (Min 18 Years)	Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions					
hydrocodone polst-chlorphen polst er susp	1	PA; QL; AL (Min 18 Years)	acetylcysteine inhalation	1				
hydrocodone-homatropine	1	PA; QL; AL (Min 18 Years)	ADVAIR HFA	2	QL			
hydromet	1	PA; QL; AL (Min 18 Years)	albuterol sulfate er	1				
ipratropium bromide nasal	1		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL			
maxi-tuss ac	1	PA; QL; AL (Min 18 Years)	ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	QL			
nebusal inhalation nebulization solution 3 %	1		albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	QL			
promethazine hcl oral	1		albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml	1				
promethazine hcl rectal	1		albuterol sulfate oral	1				
promethazine-codeine	1	PA; QL; AL (Min 18 Years)	ANORO ELLIPTA	2	QL			
promethazine-dm	1		ARCAPTA NEOHALER	2				
promethazine-phenyleph-codeine	1	PA; QL; AL (Min 18 Years)	ASMANEX (120 METERED DOSES)	2	QL			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ASMANEX (14 METERED DOSES)	2	QL	levalbuterol hcl inhalation	1	QL
ASMANEX (30 METERED DOSES)	2	QL	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	1	QL
ASMANEX (60 METERED DOSES)	2	QL	montelukast sodium oral	1	
ASMANEX (7 METERED DOSES)	2	QL	OFEV	SP3	PA
ASMANEX HFA	2	QL	PROAIR HFA	2	QL
ATROVENT HFA	2	QL	PROAIR RESPICLICK	2	QL
BREO ELLIPTA	2	QL	PROVENTIL HFA	2	QL
budesonide inhalation	1	QL	PULMICORT FLEXHALER	2	QL
BUDESONIDE-FORMOTEROL FUMARATE	3	QL	QVAR REDIHALER	2	QL
COMBIVENT RESPIMAT	2	QL	SEREVENT DISKUS	2	QL
cromolyn sodium inhalation	3		SPIRIVA HANDIHALER	2	QL
DALIRESP	3	PA	SPIRIVA RESPIMAT	2	QL
epinephrine injection solution auto-injector	1		STIOLTO RESPIMAT	2	QL
ESBRIET	SP3	PA	SYMBICORT	3	QL
FLOVENT DISKUS	2	QL	SYMJEPI	2	
FLOVENT HFA	2	QL	terbutaline sulfate oral	1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL	THEO-24	2	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL	theophylline	1	
INCRUSE ELLIPTA	2	QL	theophylline er	1	
ipratropium bromide inhalation	1	QL	TRELEGY ELLIPTA	2	QL
ipratropium-albuterol	1	QL	VENTOLIN HFA	1	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis					
			CAYSTON	SP3	PA
			KALYDECO	SP3	PA
			ORKAMBI	SP3	PA; QL
			PULMOZYME	SP2	PA
			TOBI NEBULIZER	SP3	
			TOBI PODHALER	SP2	QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
tobramycin nebulization solution 300 mg/5ml inhalation	SP1		BELSOMRA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension			doxepin hcl oral tablet	3	QL
ADEMPAS	SP3	PA; QL	eszopiclone	1	QL
ambrisentan	SP1	PA; QL	flurazepam hcl	1	PA; QL
bosentan	SP1	PA; QL	modafinil	1	PA; QL
LETAIRIS	SP2	PA; QL	ramelteon	3	QL
OPSUMIT	SP2	PA; QL	SILENOR	3	QL
sildenafil citrate oral tablet 20 mg	SP1	PA; QL	temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL
TRACLEER	SP2	PA; QL	zaleplon	1	QL
TYVASO	SP2	PA; QL	zolpidem tartrate er	3	QL
TYVASO REFILL	SP2	PA; QL	zolpidem tartrate oral	1	QL
TYVASO STARTER	SP2	PA; QL			
UPTRAVI	SP3	PA; QL			
VENTAVIS	SP2	PA; QL			
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm					
baclofen oral	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	1				
methocarbamol oral	1				
orphenadrine citrate er	1				
tizanidine hcl oral capsule	3				
tizanidine hcl oral tablet	1				
Sleep Disorder Agents					
armodafinil	1	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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tolmetin sodium	11	tri-lo-marzia	44	VALCHLOR	20
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