



SWHP Group Value Formulary

Employees Retirement System of Texas

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What is my prescription drug coverage?

As part of your Scott and White Health Plan (SWHP) coverage, you 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 [Evidence of Coverage](#) or call the SWHP Customer Service department at 1-800-728-7947.

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 are followed. The list, updated regularly, contains both brand-name and generic medications.

This 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. Changes may occur as a result of continuous review involving new medical information regarding current drugs listed as well as new drugs recently approved by the FDA.

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 SWHP formulary, updated quarterly, can be found on our website at <https://ers.swhp.org/>. To view changes to the formulary, refer to the monthly [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. A nurse or

physician in an office may also administer specialty drugs. 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 [Evidence of Coverage](#) 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. Some medications may have 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 [Evidence of Coverage](#) 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 to decide 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 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). 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 covered at Tier 3. Clinical edits such as quantity limits, may apply.

Oral Oncology Split Fill 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
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	QL
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
ascomp-codeine	1	
buprenorphine transdermal	3	PA; QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod	1	
butalbital-apap-caffeine	1	
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	QL
carisoprodol-aspirin-codeine	1	
codeine sulfate	1	QL
endocet	1	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral	1	QL
hydromorphone hcl rectal	1	QL

Drug Name	Drug Tier	Notes
lorcet	1	QL
lorcet hd	1	QL
LORTAB	2	QL
methadone hcl intensol	1	
methadone hcl oral concentrate	1	
methadone hcl oral solution	1	
methadone hcl oral tablet	1	PA
methadone hcl oral tablet soluble	1	
methadose oral concentrate 10 mg/ml	1	
methadose oral tablet soluble	1	
methadose sugar-free	1	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
morphine sulfate er oral tablet extended release	1	PA; QL
morphine sulfate oral	1	QL
morphine sulfate rectal	1	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA; QL
OXYCODONE HCL ER	1	PA; QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral concentrate 100 mg/5ml	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
oxycodone-aspirin	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
OXYCONTIN	2	PA; QL
pentazocine-naloxone hcl	1	QL
tencon	1	
tramadol hcl er (biphasic)	1	QL
tramadol hcl er oral tablet extended release 24 hour	1	QL
tramadol hcl ir	1	QL
tramadol-acetaminophen	1	QL
Analgesics - Drugs for Pain and Inflammation		
adult aspirin regimen	0	PV
aspirin adult	0	PV
aspirin adult low strength oral tablet delayed release	0	PV
aspirin childrens	0	PV
aspirin ec low dose	0	PV
aspirin ec low strength	0	PV
aspirin ec oral tablet delayed release 325 mg	0	PV
aspirin low dose	0	PV
aspirin oral tablet	0	PV
aspirin oral tablet delayed release	0	PV
BAYER ASPIRIN	0	PV
BAYER ASPIRIN EC LOW DOSE	0	PV
celecoxib oral	1	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL
diclofenac sodium transdermal solution	1	PA
diclofenac-misoprostol	3	
diflunisal oral	1	
ec-naproxen	1	
etodolac	1	

Drug Name	Drug Tier	Notes
etodolac er	1	
fenoprofen calcium oral capsule 400 mg	1	
fenoprofen calcium oral tablet	1	
flurbiprofen oral	1	
gnp aspirin low dose	0	PV
goodsense aspirin low dose	0	PV
ibu	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	2	
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
ketoprofen er	1	
ketoprofen oral	1	
ketorolac tromethamine oral	1	QL
meclofenamate sodium oral	1	
mefenamic acid oral	3	
meloxicam oral	1	
nabumetone oral	1	
naproxen dr	1	
naproxen oral	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin	1	
piroxicam oral	1	
qc aspirin low dose oral tablet delayed release	0	PV
salsalate oral	1	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	0	PV
sulindac oral	1	
tolmetin 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
Anesthetics		
glydo	1	
lidocaine external ointment	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	3	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	3	PV; QL; AL (Min 18 Years)
CHANTIX	3	ST; PV; QL; AL (Min 18 Years)
CHANTIX CONTINUING MONTH PAK	3	ST; PV; QL; AL (Min 18 Years)
CHANTIX STARTING MONTH PAK	3	ST; PV; QL; AL (Min 18 Years)
disulfiram oral	1	
naloxone hcl injection solution	1	

Drug Name	Drug Tier	Notes
NALOXONE HCL INJECTION SOLUTION AUTO-INJECTOR	2	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe	1	
naltrexone hcl oral	1	
NARCAN	2	
NICORETTE MOUTH/THROAT GUM 2 MG	0	PV; QL; AL (Min 18 Years)
nicotine polacrilex mouth/throat	0	PV; QL; AL (Min 18 Years)
nicotine step 1	0	PV; QL; AL (Min 18 Years)
nicotine step 2	0	PV; QL; AL (Min 18 Years)
nicotine step 3	0	PV; QL; AL (Min 18 Years)
NICOTROL	3	ST; PV; QL; AL (Min 18 Years)
NICOTROL NS	3	ST; PV; QL; AL (Min 18 Years)
SUBOXONE	3	QL
Antibacterials		
amoxicillin	1	
amoxicillin-potassium clavulanate er	1	
amoxicillin-potassium clavulanate oral	1	
ampicillin	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
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	2	
avidoxy	1	
azithromycin oral	1	
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefpodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
demeclocycline hcl	3	
dicloxacillin sodium	1	
DIFICID	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
ERYPED 400	2	

Drug Name	Drug Tier	Notes
ERY-TAB	2	
erythromycin base	1	
erythromycin ethylsuccinate oral	1	
erythromycin oral	1	
FIRVANQ	3	
gentamicin sulfate external	1	
levofloxacin oral	1	
linezolid oral suspension reconstituted	3	QL
linezolid oral tablet	1	QL
methenamine hippurate	1	
methenamine mandelate oral	1	
metronidazole oral	1	
metronidazole vaginal	1	
minocycline hcl oral	1	
mondoxyne nl oral capsule 100 mg	1	
MONUROL	2	
morgidox oral	1	
moxifloxacin hcl oral	1	
mupirocin calcium	3	
mupirocin external	1	
neomycin sulfate oral	1	
nitrofurantoin	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
paramomycin sulfate oral	3	
penicillin v potassium	1	
silver sulfadiazine external	1	
ssd	1	
sulfadiazine oral	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
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	2	
SUPRAX ORAL TABLET CHEWABLE	2	
tetracycline hcl oral	1	
tinidazole oral	1	
trimethoprim oral	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg	3	
vancomycin hcl oral	3	
vandazole	1	
VIBRAMYCIN ORAL SYRUP	2	
XIFAXAN	3	PA
Anticoagulants		
ARIXTRA	SP3	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium subcutaneous	1	QL
fondaparinux sodium	SP1	QL
FRAGMIN	SP3	QL
heparin sodium (porcine)	1	
heparin sodium (porcine) pf	1	
jantoven	1	
LOVENOX SUBCUTANEOUS	SP3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL

Drug Name	Drug Tier	Notes
Anticonvulsants - Drugs for Seizures		
APTIOM	3	
BANZEL	SP2	PA
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	2	
CELONTIN	2	
clobazam oral suspension	3	PA
clobazam oral tablet	1	PA
DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLES	2	
DIASTAT ACUDIAL	2	QL
DIASTAT PEDIATRIC	2	QL
diazepam rectal	1	QL
DILANTIN	2	
DILANTIN INFATABS	2	
divalproex sodium er	1	
divalproex sodium oral	1	
EPIDIOLEX	SP2	PA
epitol	1	
ethosuximide oral	1	
felbamate	1	
FELBATOL	2	
FYCOMPA	3	
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	

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 oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral	1	
MYSOLINE	2	
NEURONTIN	2	
oxcarbazepine	1	
OXTELLAR XR	3	
phenobarbital oral	1	
PHENYTEK	2	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended	1	
primidone oral	1	
roweepra	1	
roweepra xr	1	
SABRIL	SP3	PA
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	2	
TEGRETOL-XR	2	
tiagabine hcl	1	
TOPAMAX	2	
TOPAMAX SPRINKLE	2	
topiramate oral	1	

Drug Name	Drug Tier	Notes
TRILEPTAL	2	
valproic acid oral	1	
vigabatrin	SP1	PA
vigadrone	SP1	PA
VIMPAT ORAL	3	
ZARONTIN	2	
ZONEGRAN	3	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl	1	
galantamine hydrobromide er	1	
galantamine hydrobromide oral tablet	1	
memantine hcl er	1	QL
memantine hcl oral	1	
NAMENDA XR TITRATION PACK	2	QL
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants		
amitriptyline hcl oral	1	
amoxapine	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
chlordiazepoxide-amitriptyline	1	
citalopram hydrobromide	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	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
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
escitalopram oxalate	1	
FETZIMA	3	QL
FETZIMA TITRATION	3	QL
fluoxetine hcl (pmdd)	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
imipramine hcl oral	1	
imipramine pamoate	3	
maprotiline hcl	1	
mirtazapine oral	1	
nefazodone hcl	1	
nortriptyline hcl oral	1	
paroxetine hcl	1	
paroxetine hcl er	1	
PAXIL ORAL SUSPENSION	2	
phenelzine sulfate oral	1	
protriptyline hcl	1	
sertraline hcl oral	1	
tranylcypromine sulfate	1	
trazodone hcl oral	1	
trimipramine maleate oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	

Drug Name	Drug Tier	Notes
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	QL
Antiemetics - Drugs for Nausea and Vomiting		
aprepitant	3	QL
BONJESTA	3	PA; QL
compro	1	
doxylamine-pyridoxine	3	PA; QL
dronabinol	3	PA; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
granisetron hcl oral	3	QL
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	QL
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine edisylate injection	1	
prochlorperazine maleate oral	1	
scopolamine	1	
trimethobenzamide hcl oral	1	
Antifungals		
bio-statin oral powder	1	
ciclodan	1	
ciclopirox	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
ciclopirox olamine external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone	1	
CRESEMBA ORAL	SP3	
dermazene	1	
econazole nitrate external	1	
EXELDERM	2	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
hydrocortisone-iodoquinol	1	
itraconazole oral	1	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
naftifine hcl	1	
NAFTIN EXTERNAL GEL 2 %	2	
NOXAFIL ORAL SUSPENSION	2	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole nitrate	1	
OXISTAT EXTERNAL LOTION	2	
posaconazole	1	

Drug Name	Drug Tier	Notes
SULCONAZOLE NITRATE	2	
terbinafine hcl oral	1	QL
terconazole	1	
voriconazole oral	3	
Antigout Agents		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	1	
colchicine oral tablet	1	
colchicine-probenecid	1	
febuxostat	3	
probenecid	1	
Antimigraine Agents		
AIMOVIG	2	PA; QL
almotriptan malate	3	QL
dihydroergotamine mesylate injection	1	
dihydroergotamine mesylate nasal	1	QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
EMGALITY (300 MG DOSE)	2	PA; QL
ergotamine-caffeine	1	
frovatriptan succinate	3	QL
MIGERGOT	3	
naratriptan hcl	1	QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous solution	1	QL
sumatriptan succinate subcutaneous solution auto-injector	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
zolmitriptan oral	1	QL
Antimyasthenic Agents		
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
pyrazinamide oral	1	
rifabutin	3	
rifampin oral	1	
SIRTURO	SP3	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	SP1	PA; SF
AFINITOR	SP2	PA; QL
AFINITOR DISPERZ	SP2	PA
ALECENSA	SP2	PA
ALUNBRIG	SP2	PA; QL
anastrozole oral	1	PV
AYVAKIT	SP2	PA; SF; QL
BALVERSA	SP2	PA; SF
bexarotene	SP1	PA; SF
bicalutamide	1	
BOSULIF	SP2	PA; SF
BRAFTOVI	SP2	PA
BRUKINSA	SP2	PA; SF
CABOMETYX	SP2	PA; SF
CALQUENCE	SP2	PA; SF
capecitabine	SP1	PA
CAPRELSA ORAL TABLET 100 MG	SP2	PA; QL
CAPRELSA ORAL TABLET 300 MG	SP2	PA

Drug Name	Drug Tier	Notes
COMETRIQ (100 MG DAILY DOSE)	SP2	PA
COMETRIQ (140 MG DAILY DOSE)	SP2	PA
COMETRIQ (60 MG DAILY DOSE)	SP2	PA
COPIKTRA	SP2	PA; SF
COTELLIC	SP2	PA
cyclophosphamide oral	1	
DAURISMO	SP2	PA; SF
DROXIA	3	
ERIVEDGE	SP2	PA; SF
ERLEADA	SP2	PA
erlotinib hcl oral tablet 100 mg, 150 mg	SP1	PA; SF
erlotinib hcl oral tablet 25 mg	SP1	PA; SF; QL
etoposide oral	SP1	
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	SP1	PA; QL
exemestane	1	PV
FARESTON	SP2	
FARYDAK	SP2	PA
flutamide	1	
GILOTRIF	SP2	PA; QL
GLEEVEC	SP2	PA
GLEOSTINE	SP2	
HYCAMTIN ORAL	SP2	
hydroxyurea oral	1	
IBRANCE	SP2	PA
ICLUSIG ORAL TABLET 15 MG	SP2	PA; QL
ICLUSIG ORAL TABLET 45 MG	SP2	PA
IDHIFA	SP2	PA; QL
imatinib mesylate	SP1	PA
IMBRUVICA	SP2	PA
INLYTA	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
INREBIC	SP2	PA; SF
IRESSA	SP2	PA
JAKAFI ORAL TABLET 10 MG	SP2	PA; SF; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	SP2	PA; SF
KISQALI (200 MG DOSE)	SP2	PA
KISQALI (400 MG DOSE)	SP2	PA
KISQALI (600 MG DOSE)	SP2	PA
KOSELUGO	SP2	PA
LENVIMA (10 MG DAILY DOSE)	SP2	PA
LENVIMA (12 MG DAILY DOSE)	SP2	PA
LENVIMA (14 MG DAILY DOSE)	SP2	PA
LENVIMA (18 MG DAILY DOSE)	SP2	PA
LENVIMA (20 MG DAILY DOSE)	SP2	PA
LENVIMA (24 MG DAILY DOSE)	SP2	PA
LENVIMA (4 MG DAILY DOSE)	SP2	PA
LENVIMA (8 MG DAILY DOSE)	SP2	PA
letrozole oral	1	
leucovorin calcium oral	1	
LEUKERAN	2	
LONSURF	SP2	PA
LORBRENA	SP2	PA; SF
LYNPARZA	SP2	PA
LYSODREN	SP2	
MATULANE	SP2	
MEKINIST	SP2	PA
MEKTOVI	SP2	PA

Drug Name	Drug Tier	Notes
melfhalan	1	
mercaptopurine oral	1	
MYLERAN	2	
NERLYNX	SP2	PA; SF; QL
NEXAVAR	SP2	PA; SF
NILANDRON	SP2	
nilutamide	SP1	
NINLARO	SP2	PA
NUBEQA	SP2	PA; SF
ODOMZO	SP2	PA
PEMAZYRE	SP2	PA; SF; QL
PIQRAY (200 MG DAILY DOSE)	SP2	PA
PIQRAY (250 MG DAILY DOSE)	SP2	PA
PIQRAY (300 MG DAILY DOSE)	SP2	PA
POMALYST	SP2	PA
PURIXAN	SP2	
QINLOCK	SP2	PA
RETEVMO	SP2	PA; SF
REVLIMID	SP2	PA
ROZLYTREK	SP2	PA; SF
RUBRACA	SP2	PA; SF
RYDAPT	SP2	PA
SPRYCEL	SP2	PA; SF
STIVARGA	SP2	PA
SUTENT	SP2	PA
SYNRIBO	SP2	PA
TABRECTA	SP2	PA
TAFINLAR	SP2	PA; SF
TAGRISSE ORAL TABLET 40 MG	SP2	PA; QL
TAGRISSE ORAL TABLET 80 MG	SP2	PA
TALZENNA	SP2	PA; SF
tamoxifen citrate oral tablet 10 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
tamoxifen citrate oral tablet 20 mg	1	PV
TARCEVA ORAL TABLET 100 MG, 150 MG	SP2	PA; SF
TARCEVA ORAL TABLET 25 MG	SP2	PA; SF; QL
TARGRETIN EXTERNAL	SP2	PA
TARGRETIN ORAL	SP2	PA; SF
TASIGNA	SP2	PA
TAZVERIK	SP2	PA; SF
TEMODAR ORAL	SP2	PA
temozolomide	SP1	PA
THALOMID	SP2	PA
TIBSOVO	SP2	PA; SF
toremifene citrate	SP1	
tretinoin oral	SP1	
TUKYSA	SP2	PA
TURALIO	SP2	PA
TYKERB	SP2	PA
VALCHLOR	SP3	PA
VENCLEXTA	SP2	PA
VENCLEXTA STARTING PACK	SP2	PA
VERZENIO	SP2	PA; SF
VITRAKVI ORAL CAPSULE	SP2	PA; SF
VITRAKVI ORAL SOLUTION	SP2	PA
VIZIMPRO	SP2	PA; SF
VOTRIENT	SP2	PA; SF
XALKORI	SP2	PA; SF
XELODA	SP2	PA
XOSPATA	SP2	PA
XPOVIO (100 MG ONCE WEEKLY)	SP2	PA
XPOVIO (40 MG ONCE WEEKLY)	SP2	PA

Drug Name	Drug Tier	Notes
XPOVIO (40 MG TWICE WEEKLY)	SP2	PA
XPOVIO (60 MG ONCE WEEKLY)	SP2	PA
XPOVIO (60 MG TWICE WEEKLY)	SP2	PA
XPOVIO (80 MG ONCE WEEKLY)	SP2	PA
XPOVIO (80 MG TWICE WEEKLY)	SP2	PA
XTANDI	SP2	PA; SF
YONSA	SP2	PA; SF
ZEJULA	SP2	PA; SF
ZELBORAF	SP2	PA
ZOLINZA	SP2	PA; SF
ZYDELIG	SP2	PA
ZYKADIA	SP2	PA; SF
ZYTIGA	SP2	PA; SF
Antiparasitics		
albendazole oral	1	PA
atovaquone oral	3	
atovaquone-proguanil hcl	1	
chloroquine phosphate oral	1	QL
COARTEM	2	
crotan	1	
DARAPRIM	2	PA
hydroxychloroquine sulfate tablet 200 mg oral	1	
hydroxychloroquine sulfate tablet 200 mg oral	1	QL
IMPAVIDO	SP3	
ivermectin oral	1	
lindane	1	
malathion	3	
mefloquine hcl	1	
NEBUPENT	2	
pentamidine isethionate inhalation	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
permethrin external	1	
praziquantel oral	3	
primaquine phosphate	1	
pyrimethamine oral	SP1	PA
quinine sulfate oral	1	PA
spinosad	3	
Antiparkinson Agents		
amantadine hcl oral	1	
APOKYN	SP3	PA; QL
benztropine mesylate oral	1	
bromocriptine mesylate oral	1	
carbidopa oral	3	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet dispersible	3	
carbidopa-levodopa-entacapone	3	
entacapone	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
ropinirole hcl er	3	
selegiline hcl oral	1	
tolcapone	3	
trihexyphenidyl hcl	1	
Antiplatelets		
aspirin-dipyridamole er	1	
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
prasugrel hcl	1	

Drug Name	Drug Tier	Notes
Antipsychotics - Drugs for Mood Disorders		
aripiprazole oral solution	1	QL
aripiprazole oral tablet	1	QL
aripiprazole oral tablet dispersible 10 mg	1	QL
aripiprazole oral tablet dispersible 15 mg	3	QL
chlorpromazine hcl oral	1	
clozapine oral tablet	1	QL
clozapine oral tablet dispersible	3	QL
FANAPT	3	QL
FANAPT TITRATION PACK	3	QL
fluphenazine hcl oral	1	
haloperidol lactate oral	1	
haloperidol oral	1	
LATUDA	3	QL
loxapine succinate	1	
olanzapine oral	1	QL
paliperidone er	3	QL
pimozide	1	
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
risperidone	1	QL
SAPHRIS	3	QL
thioridazine hcl oral	1	
thiothixene	1	
trifluoperazine hcl	1	
VRAYLAR	3	QL
ziprasidone hcl	1	QL
Antivirals		
abacavir sulfate	SP1	
abacavir sulfate-lamivudine	SP1	
abacavir-lamivudine-zidovudine	SP1	

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

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

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

Drug Name	Drug Tier	Notes
SUSTIVA	SP3	
SYMFI	SP2	
SYMFI LO	SP2	
SYMTUZA	SP2	
TEMIKYS	SP2	
tenofovir disoproxil fumarate	SP1	PV
TIVICAY	SP2	
TIVICAY PD	SP2	
TRIUMEQ	SP2	
TRIZIVIR	SP3	
TRUVADA	SP2	PV
TYBOST	SP2	
valacyclovir hcl oral	1	QL
valganciclovir hcl	SP1	
VEMLIDY	SP2	
VIRACEPT	SP2	
VIRAMUNE	SP3	
VIRAMUNE XR	SP3	
VIREAD	SP2	
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZIAGEN ORAL SOLUTION	SP2	
ZIAGEN ORAL TABLET	SP3	
zidovudine	SP1	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	QL
alprazolam oral tablet	1	QL
alprazolam xr	1	QL
buspirone hcl oral	1	
chlordiazepoxide hcl	1	QL
clonazepam oral	1	QL
clorazepate dipotassium	1	QL
diazepam intensol	1	

Drug Name	Drug Tier	Notes
diazepam oral	1	
estazolam	1	QL
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	2	QL
lorazepam intensol	1	QL
lorazepam oral concentrate 2 mg/ml	1	QL
lorazepam oral tablet	1	QL
oxazepam	1	QL
triazolam	1	QL
Bipolar Agents - Drugs for Mood Disorders		
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders		
anagrelide hcl	1	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	SP2	PA
NEULASTA	SP3	PA
NEULASTA ONPRO	SP3	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	SP3	PA
PROMACTA	SP3	PA
tranexamic acid oral	1	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
ALDACTAZIDE ORAL TABLET 50-50 MG	2	
aliskiren fumarate	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
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-atorvastatin	3	
amlodipine-olmesartan	1	
amlodipine-valsartan-hctz	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
		PV; AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 10 mg, 20 mg	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
betaxolol hcl oral	1	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	3	
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
captopril-hydrochlorothiazide	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	

Drug Name	Drug Tier	Notes
CAROSPIR	3	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine	1	
clonidine hcl oral	1	
colesevelam hcl	3	
COLESTID FLAVORED ORAL PACKET	2	
COLESTID ORAL PACKET	2	
colestipol hcl	1	
CORLANOR	3	PA; QL
digitek	1	
digox	1	
digoxin oral	1	
DILATRATE-SR	2	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl oral	1	
dilt-xr	1	
disopyramide phosphate	1	
DIURIL	2	
dofetilide	3	
doxazosin mesylate oral	1	
enalapril maleate oral	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO	3	QL
EPANED	3	
eplerenone	1	
ezetimibe	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
ezetimibe-simvastatin	1	
felodipine er	1	
fenofibrate micronized	1	
fenofibrate oral capsule	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid	1	
FIBRICOR	1	
flecainide acetate	1	
fluvastatin sodium	1	PV; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium er	1	PV; AL (Min 40 Years and Max 75 Years)
fosinopril sodium	1	
fosinopril sodium-hctz	1	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
indapamide	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
ISORDIL TITRADOSE ORAL TABLET 40 MG	2	
isosorbide dinitrate	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
isradipine	1	
JUXTAPID	SP3	PA; QL
labetalol hcl oral	1	

Drug Name	Drug Tier	Notes
LANOXIN ORAL TABLET 125 MCG, 250 MCG	2	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
losartan potassium oral	1	
losartan potassium-hctz	1	
lovastatin	1	PV; AL (Min 40 Years and Max 75 Years)
matzim la	1	
methyldopa	1	
methyldopa-hydrochlorothiazide	1	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
midodrine hcl	1	
minitran	1	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	2	
nadolol oral	1	
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nimodipine oral	3	
NITRO-BID	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
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	1	
nitro-time	1	
NORPACE CR	2	
NORTHERA	SP3	PA
NYMALIZE	SP3	
olmesartan medoxomil oral	1	
olmesartan medoxomil- hctz	1	
olmesartan-amlodipine- hctz	1	
omega-3-acid ethyl esters	1	
pacerone oral tablet 200 mg	1	
pentoxifylline er	1	
perindopril erbumine	1	
phenoxybenzamine hcl oral	1	
pindolol	1	
PRALUENT	SP3	PA; QL
	1	PV; AL (Min 40 Years and Max 75 Years)
pravastatin sodium		
prazosin hcl oral	1	
prevalite	1	
propafenone hcl	1	
propafenone hcl er	3	
propranolol hcl er	1	
propranolol hcl oral	1	
propranolol-hctz	1	
QBRELIS	3	

Drug Name	Drug Tier	Notes
quinapril hcl	1	
quinapril- hydrochlorothiazide	1	
quinidine gluconate er	1	
quinidine sulfate	1	
ramipril	1	
ranolazine er	1	
REPATHA	SP3	PA; QL
REPATHA PUSHTRONEX SYSTEM	SP3	PA; QL
REPATHA SURECLICK	SP3	PA; QL
	1	PV; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 10 mg, 5 mg		
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
	1	PV; AL (Min 40 Years and Max 75 Years)
simvastatin oral		
sorine	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral	1	
spironolactone-hctz	1	
taztia xt	1	
TEKTURNA HCT	3	
telmisartan	1	
telmisartan-hctz	1	
tiadylt er	1	
timolol maleate oral	1	
toremide	1	
trandolapril	1	
trandolapril-verapamil hcl er	3	
triamterene-hctz	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
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	3	
VECAMYL	3	
verapamil hcl er	1	
verapamil hcl oral	1	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphetamine sulfate	3	QL
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
atomoxetine hcl	1	QL
clonidine hcl er	1	
DAYTRANA	2	QL
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	3	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral tablet	1	QL
guanfacine hcl er	1	
metadate er	1	QL
methamphetamine hcl	3	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	1	QL
methylphenidate hcl er oral tablet extended release 24 hour	1	QL

Drug Name	Drug Tier	Notes
methylphenidate hcl oral	1	QL
QUILLICHEW ER	3	QL
QUILLIVANT XR	3	QL
VYVANSE	2	QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	SP3	PA; QL
AUBAGIO	SP3	PA; QL
AVONEX PEN	SP2	PA; QL
AVONEX PREFILLED	SP2	PA; QL
COPAXONE	SP2	PA; QL
dalfampridine er	SP1	PA; QL
dimethyl fumarate oral	SP1	PA; QL
EXTAVIA	SP2	PA; QL
GILENYA	SP2	PA; QL
glatiramer acetate	SP1	PA; QL
glatopa	SP1	PA; QL
PLEGRIDY	SP2	PA; QL
PLEGRIDY STARTER PACK	SP2	PA; QL
TECFIDERA	SP2	PA; QL
Central Nervous System Agents - Miscellaneous		
caffeine citrate oral	3	
pregabalin oral	1	QL
riluzole	3	PA
SAVELLA	3	QL
SAVELLA TITRATION PACK	3	QL
tetrabenazine	SP1	PA
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest	1	
cevimeline hcl	3	
chlorhexidine gluconate mouth/throat	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
clinpro 5000	1	
denta 5000 plus	1	
dentagel	1	
fluoridex	1	
fluoridex enhanced whitening	1	
fluoridex sensitivity relief	1	
lidocaine viscous hcl	1	
neutral sodium fluoride mouth/throat solution 0.2 %	1	
oralone	1	
paroex	1	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	2	
PREVIDENT 5000 DRY MOUTH	2	
PREVIDENT 5000 ENAMEL PROTECT	2	
PREVIDENT 5000 ORTHO DEFENSE	2	
PREVIDENT 5000 PLUS	2	
PREVIDENT 5000 SENSITIVE	2	
PREVIDENT DENTAL	2	
prevident mouth/throat	1	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride dental	1	
triamcinolone acetone mouth/throat	1	

Drug Name	Drug Tier	Notes
Dermatological Agents - Drugs for Skin Conditions		
acitretin	3	
adapalene external gel 0.3 %	1	
ala-cort external cream 2.5 %	1	
alclometasone dipropionate	1	
amcinonide external cream	3	
amcinonide external lotion	3	
amnestem	1	PA
avar cleanser	1	
avita	1	AL (Max 40 Years)
azelaic acid external	3	
AZELEX	2	
benzoyl peroxide-erythromycin	1	
besser external lotion	3	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
calcipotriene external cream	3	
calcipotriene external ointment	3	
calcipotriene external solution	3	
calcipotriene-betameth diprop	3	QL
calcitriol external	3	
CAPEX	2	
claravis	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
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol prop emollient base	1	
clobetasol propionate e	1	
clobetasol propionate emulsion	3	
clobetasol propionate external cream	1	
clobetasol propionate external foam	3	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	3	
clobetasol propionate external solution	1	
clodan external shampoo	3	
CONDYLOX	2	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	

Drug Name	Drug Tier	Notes
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	1	
desoximetasone external liquid	3	
desoximetasone external ointment 0.25 %	1	
diclofenac sodium transdermal gel 3 %	1	QL
diflorasone diacetate external cream	3	
diflorasone diacetate external ointment	1	
DRYSOL	2	
DUPIXENT	SP2	PA; QL
ELIDEL	2	ST
EPIFOAM	2	
ery	1	
erythromycin external	1	
EUCRISA	2	ST
FINACEA EXTERNAL FOAM	3	ST
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external	1	
FLUOROPLEX	2	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
fluticasone propionate external cream	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
fluticasone propionate external lotion	3		PRAMOSONE EXTERNAL LOTION	2	
fluticasone propionate external ointment	1		PRAMOSONE EXTERNAL OINTMENT	2	
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				
podocon	1				
podofilox external	1				
PRAMOSONE EXTERNAL CREAM 1-1 %	2				

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

Drug Name	Drug Tier	Notes
tazarotene external	1	AL (Max 40 Years)
TAZORAC EXTERNAL CREAM 0.05 %	2	AL (Max 40 Years)
TAZORAC EXTERNAL GEL	2	AL (Max 40 Years)
TEXACORT	2	
tovet external foam	3	
tretinoin external cream	1	AL (Max 40 Years)
tretinoin external gel 0.01 %, 0.025 %	1	AL (Max 40 Years)
tretinoin external gel 0.05 %	3	AL (Max 40 Years)
tretinoin microsphere	1	AL (Max 40 Years)
tretinoin microsphere pump	1	AL (Max 40 Years)
triamcinolone acetonide external aerosol solution	3	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	
urea external cream 40 %	1	
uremez-40	1	
zenatane	1	PA
Diabetes - Antidiabetic Agents		
acarbose oral	1	
BYDUREON	3	QL
BYDUREON BCISE AUTOINJECTOR	3	QL
BYETTA 10 MCG PEN	3	QL
BYETTA 5 MCG PEN	3	QL

Drug Name	Drug Tier	Notes
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glipizide-metformin hcl	1	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
INVOKAMET	2	
INVOKANA	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
metformin hcl er	1	
metformin hcl oral tablet	1	
miglitol	3	
nateglinide	1	
OZEMPIC	2	QL
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	3	
pioglitazone hcl-metformin hcl	1	
repaglinide	1	
RYBELSUS	3	QL
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	
tolbutamide	1	
TRADJENTA	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
TRULICITY SUBCUTANEOUS SOLUTION PEN- INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	2	QL
VICTOZA	2	QL
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	1	
DIATHRIVE BLOOD GLUCOSE METER	1	
EASY TRAK II BLOOD GLUCOSE SYS	1	
EMBRACE TALK BLOOD GLUCOSE	1	
FORA GTEL BLOOD GLUCOSE SYSTEM	1	
FORTISCARE GLUCOSE SYSTEM DEVICE	1	
FORTISCARE T1 GLUCOSE SYSTEM	1	
HW EMBRACE PRO GLUCOSE METER	1	
HW EMBRACE TALK BLOOD GLUCOSE	1	
PRECISION QID MONITOR	1	
PRECISION SOF-TACT MONITOR	1	
PRECISION XTRA DEVICE	1	
PRECISION XTRA MONITOR	1	
RELION PREMIER CLASSIC	1	
TRUE FOCUS BLOOD GLUCOSE METER	1	
VIVAGUARD INO GLUCOSE METER	1	

Drug Name	Drug Tier	Notes
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
diazoxide oral	1	
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
GVOKE HYPOPEN 1- PACK	2	
GVOKE HYPOPEN 2- PACK	2	
GVOKE PFS	2	
PROGLYCEM	2	
Diabetes - Insulins		
APIDRA SOLOSTAR	3	
APIDRA VIAL	3	
BD AUTOSHIELD DUO PEN NEEDLES	1	
BD ULTRA-FINE INSULIN SYRINGES	1	
BD ULTRA-FINE PEN NEEDLES	1	
BD VEO INSULIN SYR U/F 1/2UNIT	1	
DROPLET MICRON	1	
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	
FIASP	1	
FIASP FLEXTOUCH	1	
FIASP PENFILL	1	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	2	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HUMALOG MIX 75/25 KWIKPEN	2		NOVOLIN N FLEXPEN RELION	2	
HUMALOG MIX 75/25 VIAL	2		NOVOLIN N RELION	2	
HUMALOG U-100 JUNIOR KWIKPEN	2		NOVOLIN N VIAL	2	
HUMALOG VIAL	2		NOVOLIN R FLEXPEN	2	
HUMULIN 70/30 KWIKPEN	2		NOVOLIN R FLEXPEN RELION	2	
HUMULIN 70/30 VIAL	2		NOVOLIN R RELION	2	
HUMULIN N KWIKPEN	2		NOVOLIN R VIAL	2	
HUMULIN N VIAL	2		NOVOLOG FLEXPEN	1	
HUMULIN R U-500 KWIKPEN	2		NOVOLOG MIX 70/30 FLEXPEN	1	
HUMULIN R U-500 VIAL	2		NOVOLOG MIX 70/30 VIAL	1	
HUMULIN R VIAL	2		NOVOLOG PENFILL	1	
INSULIN PEN NEEDLES	1		NOVOLOG U-100 VIAL	1	
INSULIN SYRINGES	1		NOVOTWIST PEN NEEDLE	1	
LANTUS SOLOSTAR	2		SECURESAFE HYPODERMIC NEEDLE 18G X 1" , 19G X 1" , 19G X 1-1/2" , 22G X 1"	1	
LANTUS U-100 VIAL	2		SEMGLEE SUBCUTANEOUS SOLUTION	2	
LEVEMIR U-100 FLEXTOUCH	2		TOUJEO MAX SOLOSTAR	2	
LEVEMIR U-100 VIAL	2		TOUJEO SOLOSTAR	2	
MAXICOMFORT SYR 27G X 1/2"	1		TRESIBA	2	
NOVOFINE AUTOCOVER PEN NEEDLE	1		TRESIBA FLEXTOUCH	2	
NOVOFINE PEN NEEDLE	1		Electrolytes / Minerals / Metals / Vitamins		
NOVOFINE PLUS PEN NEEDLE	1		CARBAGLU	SP3	
NOVOLIN 70/30 FLEXPEN	2		CARNITOR INTRAVENOUS	3	
NOVOLIN 70/30 FLEXPEN RELION	2		CARNITOR ORAL SOLUTION	3	
NOVOLIN 70/30 RELION	2		CARNITOR SF	3	
NOVOLIN 70/30 VIAL	2		CITRANATAL BLOOM	3	
NOVOLIN N FLEXPEN	2		clovique	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
cyanocobalamin injection solution 1000 mcg/ml	1	
cytra k crystals	1	
deferasirox oral tablet soluble	SP1	PA
effer-k oral tablet effervescent 25 meq	1	
ergocalciferol oral capsule	1	
EXJADE	SP3	PA
ferocon	1	
ferotinsic	1	
FERRALET 90	3	
FERRIPROX	SP3	PA
fluoritab	0	PV
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	0	PV
FOLIVANE-F	2	
FOLIVANE-PLUS	2	
foltrin	1	
GALZIN	2	
INTEGRA F	2	
INTEGRA PLUS	2	
iodine strong oral	1	
kionex	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
KLOR-CON M15	2	
klor-con m20	1	
klor-con sprinkle	1	
klor-con/ef	1	
K-PHOS	2	
K-PHOS NO 2	2	
k-prime	1	
levocarnitine oral solution	3	
levocarnitine oral tablet	3	

Drug Name	Drug Tier	Notes
levocarnitine sf	3	
ludent oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	0	PV
M-NATAL PLUS	1	
multi prenatal	0	PV
multivitamin/fluoride oral tablet chewable 1 mg	1	
mvc-fluoride oral tablet chewable 1 mg	1	
nafrinse	0	PV
nafrinse drops	0	PV
NASCOBAL	2	
NEONATAL COMPLETE ORAL TABLET 27-1 MG	1	
NEONATAL PLUS	1	
ONE VITE WOMENS	0	PV
ONE VITE WOMENS PLUS	1	
ONE-A-DAY WOMENS PRENATAL 1	0	PV
ORACIT	2	
phospha 250 neutral	1	
phosphorous	1	
phospho-trin 250 neutral	1	
phytonadione oral	1	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
pot bicarb-pot chloride	1	
potassium bicarbonate oral	1	
potassium chloride cryser	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
potassium citrate-citric 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
prenatal multi +dha	0	PV
prenatal oral tablet 27-0.8 mg, 28-0.8 mg	0	PV
prenatal oral tablet 27-1 mg	1	
prenatal plus iron	1	
PRENATRIX	1	
PROFERRIN-FORTE	2	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG	1	
sod citrate-citric acid	1	
sodium fluoride oral	0	PV
sodium polystyrene sulfonate	1	
sps	1	
SYPRINE	SP3	PA
taron-crystals	1	
TRICARE PRENATAL DHA ONE	3	
tricitrates	1	
tricon	1	
trientine hcl	SP1	PA
VIRT-FEFA PLUS	2	
virt-phos 250 neutral	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
VITATHELY WITH GINGER	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
CARAFATE ORAL SUSPENSION	2	
esomeprazole magnesium oral capsule delayed release 40 mg	3	QL

Drug Name	Drug Tier	Notes
esomeprazole magnesium oral packet	3	QL; AL (Max 12 Years)
famotidine oral suspension reconstituted	3	
lansoprazole oral capsule delayed release 30 mg	3	QL
lansoprazole oral tablet delayed release dispersible	3	QL; AL (Max 12 Years)
misoprostol oral	1	
NEXIUM ORAL PACKET	3	QL; AL (Max 12 Years)
omeprazole oral capsule delayed release 10 mg, 40 mg	3	QL
pantoprazole sodium oral tablet delayed release	3	QL
PREVACID SOLUTAB	3	QL; AL (Max 12 Years)
rabeprazole sodium oral tablet delayed release	3	QL
sucralfate oral	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	3	PA
AMITIZA	3	QL
ANASPAZ	2	
bisacodyl ec	0	PV; QL
chlordiazepoxide-clidinium	1	
citroma	0	PV; QL
clearlax	0	PV; QL
constulose	1	
cromolyn sodium oral	3	
CUVPOSA	3	
dicyclomine hcl oral	1	

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

Drug Name	Drug Tier	Notes
diphenoxylate-atropine	1	
ed-spaz	1	
enulose	1	
GATTEX	SP3	PA
gavilax oral powder	0	PV; QL
gavilyte-c	1	PV; QL
gavilyte-g	1	PV; QL
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	
MOVANTIK	3	QL
MOVIPREP	3	
nulev	1	
oscimin	1	
oscimin sr	1	
OSMOPREP	3	
pb-hyoscy-atropine-scopolamine	1	
peg 3350-kcl-na bicarb-nacl	1	PV; QL
peg-3350/electrolytes	1	PV; QL

Drug Name	Drug Tier	Notes
peg-3350/electrolytes/ascorbic acid	3	
peg-kcl-nacl-nasulf-naasc-c	3	
phenobarbital-belladonna alk	1	
phenohydro	1	
propantheline bromide oral	1	
qc magnesium citrate	0	PV; QL
RELISTOR SUBCUTANEOUS	SP3	QL
SUPREP BOWEL PREP KIT	3	
SYMAX DUOTAB	2	
symax-sl	1	
symax-sr	1	
trilyte	1	PV; QL
ursodiol oral	1	
VIBERZI	3	PA; QL
XERMELO	SP3	PA; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
BUPHENYL	SP3	
CERDELGA	SP3	PA
CHOLBAM	SP3	PA
CREON	2	
GALAFOLD	SP3	PA; QL
MYALEPT	SP3	PA
nitisinone	SP1	PA
OCALIVA	SP3	PA; QL
ORFADIN	SP3	PA
PANCREAZE	2	
PROCYSBI	SP3	PA
RAVICTI	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
sodium phenylbutyrate oral	SP1	
STRENSIQ	SP3	PA
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
darifenacin hydrobromide er	3	
DEPEN TITRATABS	SP2	PA
ELMIRON	2	
flavoxate hcl	1	
INTRAROSA	3	
LITHOSTAT	3	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
penicillamine oral tablet	SP1	PA
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
sevelamer carbonate	3	
sevelamer hcl	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	3	QL
solifenacin succinate	1	
tadalafil oral tablet 2.5 mg, 5 mg	3	QL
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	3	

Drug Name	Drug Tier	Notes
uribel	1	
uro-mp	1	
vilamit mb	1	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
Hormonal Agents - Adrenal		
cortisone acetate oral	1	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 2 MG	2	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
Hormonal Agents - Men's Health		
ANDRODERM	2	PA

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

Drug Name	Drug Tier	Notes
danazol oral	3	
DEPO-TESTOSTERONE	2	PA
testosterone cypionate intramuscular	1	PA
testosterone enanthate intramuscular	1	PA
testosterone transdermal	3	PA
Hormonal Agents - Osteoporosis		
OSPHENA	3	
raloxifene hcl	1	PV
Hormonal Agents - Pituitary		
cabergoline	1	
DDAVP RHINAL TUBE	2	
desmopressin ace spray refrig	1	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
NORDITROPIN FLEXPRO	SP2	PA
NUTROPIN AQ NUSPIN 10	SP2	PA
NUTROPIN AQ NUSPIN 20	SP2	PA
NUTROPIN AQ NUSPIN 5	SP2	PA
octreotide acetate	SP1	PA
OMNITROPE	SP2	PA
ORLISSA	3	QL
SIGNIFOR	SP3	PA; QL
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP3	PA

Drug Name	Drug Tier	Notes
STIMATE	2	
Hormonal Agents - Sex Hormones and Birth Control		
afirmelle	0	PV
altavera	0	PV
alyacen 1/35	0	PV
alyacen 7/7/7	0	PV
amabelz	1	
amethia	0	PV; QL
amethia lo	0	PV; QL
amethyst	0	PV
ANGELIQ	2	
ANNOVERA	3	QL
apri	0	PV
aranelle	0	PV
ashlyna	0	PV; QL
aubra	0	PV
aubra eq	0	PV
aurovela 1.5/30	0	PV
aurovela 1/20	0	PV
aurovela 24 fe	0	PV
aurovela fe 1.5/30	0	PV
aurovela fe 1/20	0	PV
aviane	0	PV
ayuna	0	PV
azurette	0	PV
BALCOLTRA	3	
balziva	0	PV
bekyree	0	PV
blisovi 24 fe	0	PV
blisovi fe 1.5/30	0	PV
blisovi fe 1/20	0	PV
briellyn	0	PV
camila	0	PV
camrese	0	PV; QL
camrese lo	0	PV; QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
caziant	0	PV	enpresse-28	0	PV
charlotte 24 fe	0	PV	enskyce	0	PV
chateal	0	PV	errin	0	PV
chateal eq	0	PV	est estrogens-methyltest	1	
CLIMARA PRO	3		est estrogens-methyltest ds	1	
COMBIPATCH	3		est estrogens-methyltest hs	1	
covaryx	1		estarylla	0	PV
covaryx hs	1		estradiol oral	1	
cryselle-28	0	PV	estradiol transdermal	1	
cyclafem 1/35	0	PV	estradiol vaginal	1	
cyclafem 7/7/7	0	PV	estradiol valerate intramuscular	1	
cyred	0	PV	estradiol-norethindrone acet	1	
cyred eq	0	PV	ESTRING	3	QL
dasetta 1/35	0	PV	ESTROGEL	3	
dasetta 7/7/7	0	PV	ethynodiol diac-eth estradiol	0	PV
daysee	0	PV; QL	etonogestrel-ethinyl estradiol	0	PV
deblitane	0	PV	EVAMIST	3	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	2		falmina	0	PV
delyla	0	PV	fayosim	0	PV; QL
DEPO-ESTRADIOL	2		femynor	0	PV
desogestrel-ethinyl estradiol	0	PV	fyavolv	1	
DIVIGEL	3		gianvi	0	PV
dotti	1		hailey 1.5/30	0	PV
drospiren-eth estrad-levomefol	0	PV	hailey 24 fe	0	PV
drospirenone-ethinyl estradiol	0	PV	hailey fe 1.5/30	0	PV
DUAVEE	2		hailey fe 1/20	0	PV
eeemt	1		heather	0	PV
eeemt hs	1		incassia	0	PV
ELESTRIN	3		introvale	0	PV; QL
elinest	0	PV	isibloom	0	PV
ELLA	0	PV	jaimiess	0	PV; QL
eluryng	0	PV	jasmiel	0	PV
emoquette	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
jencycla	0	PV	lillow	0	PV
jinteli	1		LO LOESTRIN FE	3	
jolessa	0	PV; QL	lojaimiess	0	PV; QL
juleber	0	PV	lopreeza	1	
junel 1.5/30	0	PV	loryna	0	PV
junel 1/20	0	PV	low-ogestrel	0	PV
junel fe 1.5/30	0	PV	lo-zumandimine	0	PV
junel fe 1/20	0	PV	lutera	0	PV
junel fe 24	0	PV	lyza	0	PV
kaitlib fe	0	PV	marlissa	0	PV
kalliga	0	PV	medroxyprogesterone acetate intramuscular	0	PV; QL
kariva	0	PV	medroxyprogesterone acetate oral	1	
kelnor 1/35	0	PV	megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	1	
kelnor 1/50	0	PV	megestrol acetate oral tablet	1	
kurvelo	0	PV	melodetta 24 fe	0	PV
KYLEENA	0	PV	MENEST	2	
larin 1.5/30	0	PV	mibelas 24 fe	0	PV
larin 1/20	0	PV	microgestin 1.5/30	0	PV
larin 24 fe	0	PV	microgestin 1/20	0	PV
larin fe 1.5/30	0	PV	microgestin fe 1.5/30	0	PV
larin fe 1/20	0	PV	microgestin fe 1/20	0	PV
larissia	0	PV	mili	0	PV
layolis fe	0	PV	mimvey	1	
leena	0	PV	MIRENA (52 MG)	0	PV
lessina	0	PV	mono-linyah	0	PV
levonest	0	PV	NATAZIA	0	PV
levonorgest-eth est & eth est	0	PV; QL	necon 0.5/35 (28)	0	PV
levonorgest-eth estrad 91-day	0	PV; QL	NEXPLANON	0	PV
levonorgestrel	0	PV	nikki	0	PV
levonorgestrel-ethinyl estrad	0	PV	nora-be	0	PV
levonorg-eth estrad triphasic	0	PV	norethin ace-eth estrad-fe	0	PV
levora 0.15/30 (28)	0	PV			
LILETTA (52 MG)	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
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	0	PV
norethindrone oral	0	PV
norethindrone-eth estradiol	1	
norethin-eth estradiol-fe	0	PV
norgestimate-eth estradiol	0	PV
norgestimate-ethinyl estradiol triphasic	0	PV
norlyda	0	PV
norlyroc	0	PV
nortrel 0.5/35 (28)	0	PV
nortrel 1/35 (21)	0	PV
nortrel 1/35 (28)	0	PV
nortrel 7/7/7	0	PV
ocella	0	PV
orsythia	0	PV
PARAGARD INTRAUTERINE COPPER	0	PV
philith	0	PV
pimtree	0	PV
pirmella 1/35	0	PV
pirmella 7/7/7	0	PV
portia-28	0	PV
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
preventeza	0	PV
previfem	0	PV
progesterone intramuscular	1	
progesterone micronized oral	1	
reclipsen	0	PV

Drug Name	Drug Tier	Notes
rivelsa	0	PV; QL
setlakin	0	PV; QL
sharobel	0	PV
simliya	0	PV
simpesse	0	PV; QL
SKYLA	0	PV
SLYND	3	
sprintec 28	0	PV
sronyx	0	PV
syeda	0	PV
tarina 24 fe	0	PV
tarina fe 1/20	0	PV
tarina fe 1/20 eq	0	PV
TAYTULLA	3	
tilia fe	0	PV
tri femynor	0	PV
tri-estarylla	0	PV
tri-legest fe	0	PV
tri-linyah	0	PV
tri-lo-estarylla	0	PV
tri-lo-marzia	0	PV
tri-lo-mili	0	PV
tri-lo-sprintec	0	PV
tri-mili	0	PV
tri-previfem	0	PV
tri-sprintec	0	PV
trivora (28)	0	PV
tri-vylibra	0	PV
tri-vylibra lo	0	PV
tulana	0	PV
tydemy	0	PV
velivet	0	PV
vienva	0	PV
viorele	0	PV
volnea	0	PV
vyfemla	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
vylibra	0	PV
wera	0	PV
wymzya fe	0	PV
xulane	0	PV
yuvaferm	1	
zarah	0	PV
zovia 1/35e (28)	0	PV
zumandimine	0	PV
Hormonal Agents - Thyroid		
ARMOUR THYROID	2	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID	2	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	2	
TIROSINT	3	
unithroid	1	
WESTHROID	2	
WP THYROID	2	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	SP3	PA
ACTEMRA SUBCUTANEOUS	SP3	PA
ACTIMMUNE	SP2	PA
azathioprine oral	1	
BERINERT	SP2	PA
CELLCEPT	SP3	
CIMZIA	SP2	PA
CIMZIA PREFILLED KIT	SP2	PA

Drug Name	Drug Tier	Notes
CIMZIA STARTER KIT	SP2	PA
COSENTYX (300 MG DOSE)	SP3	PA
COSENTYX 150 MG/ML	SP3	PA
COSENTYX SENSOREADY (300 MG)	SP3	PA
COSENTYX SENSOREADY PEN	SP3	PA
cyclosporine modified	1	
cyclosporine oral	1	
ENBREL	SP3	PA
ENBREL MINI	SP3	PA
ENBREL SURECLICK	SP3	PA
ENVARBUS XR	SP2	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	SP1	PA
FIRAZYR	SP3	PA
gengraf	1	
HAEGARDA	SP2	PA
HUMIRA	SP2	PA
HUMIRA PEDIATRIC CROHNS START	SP2	PA
HUMIRA PEN	SP2	PA
HUMIRA PEN- CD/UC/HS STARTER	SP2	PA
HUMIRA PEN- PS/UV/ADOL HS START	SP2	PA
icatibant acetate	SP1	PA
IMURAN	2	
KINERET	SP3	PA
leflunomide oral	1	
methotrexate oral	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil	1	
mycophenolate sodium	1	
MYFORTIC	SP3	

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

Drug Name	Drug Tier	Notes
NEORAL	SP3	
ORENCIA CLICKJECT	SP3	PA
ORENCIA SUBCUTANEOUS	SP3	PA
OTEZLA	SP2	PA
PROGRAF ORAL CAPSULE	SP3	
PROGRAF ORAL PACKET	SP2	
RAPAMUNE ORAL SOLUTION	SP2	
RAPAMUNE ORAL TABLET	SP3	
RIDAURA	SP2	
RINVOQ	SP2	PA
SANDIMMUNE ORAL CAPSULE	SP3	
SANDIMMUNE ORAL SOLUTION	SP2	
SIMPONI	SP2	PA
sirolimus oral solution	SP1	
sirolimus oral tablet	1	
SKYRIZI (150 MG DOSE)	SP2	PA
STELARA SUBCUTANEOUS	SP2	PA
tacrolimus oral	1	
TALTZ	SP2	PA
TREMFYA	SP2	PA
XATMEP	SP2	
XELJANZ	SP2	PA
XELJANZ XR	SP2	PA
ZORTRESS	SP3	PA
Immunological Agents - Drugs for Vaccination		
	3	PV; AL (Max 6 Years)
ACTHIB		
ADACEL	0	PV

Drug Name	Drug Tier	Notes
AFLURIA QUADRIVALENT	0	PV
BCG VACCINE	3	
BEXSERO	0	PV
BOOSTRIX	0	PV
DAPTACEL	0	PV
DIPHTHERIA-TETANUS TOXOIDS DT	0	PV
ENGERIX-B	0	PV
	0	PV; AL (Min 65 Years)
FLUAD		
	0	PV; AL (Min 65 Years)
FLUAD QUADRIVALENT		
FLUARIX QUADRIVALENT	0	PV
FLUBLOK QUADRIVALENT	0	PV
FLUCELVAX QUADRIVALENT	0	PV
FLULAVAL QUADRIVALENT	0	PV
	3	PV; AL (Min 2 Years and Max 49 Years)
FLUMIST QUADRIVALENT		
	0	PV; AL (Min 65 Years)
FLUZONE HIGH-DOSE QUADRIVALENT		
FLUZONE QUADRIVALENT	0	PV
	3	PV; AL (Min 9 Years and Max 26 Years)
GARDASIL 9		
HAVRIX	0	PV
	3	PV; AL (Min 18 Years)
HEPLISAV-B		

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
HIBERIX	3	PV; AL (Max 6 Years)
IMOVAX RABIES	3	
INFANRIX	0	PV
IPOL	3	PV; AL (Max 17 Years)
KINRIX	0	PV
MENACTRA	0	PV
MENVEO	0	PV
M-M-R II	0	PV
PEDIARIX	0	PV
PEDVAX HIB	3	PV; AL (Max 6 Years)
PENTACEL	0	PV
PNEUMOVAX 23	0	PV
PREVNAR 13	0	PV
PROQUAD	0	PV
QUADRACEL	0	PV
RECOMBIVAX HB	0	PV
ROTARIX	3	PV; AL (Max 8 Months)
ROTATEQ	3	PV; AL (Max 8 Months)
SHINGRIX	3	PV; AL (Min 50 Years)
STAMARIL	3	
TDVAX	0	PV
TENIVAC	0	PV
TETANUS-DIPHThERIA TOXOIDS TD	0	PV
TRUMENBA	0	PV
TWINRIX	0	PV
TYPHIM VI	3	
VAQTA	0	PV

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

Drug Name	Drug Tier	Notes
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
EASIVENT	2	
EASY GLIDE LUER LOCK SYRINGE	1	
EASYPOINT NEEDLE 25G X 1-1/2"	1	
encare	0	PV; QL
FC FEMALE CONDOM	0	PV; QL
FC2 FEMALE CONDOM	0	PV; QL
FEMCAP	0	PV; QL
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
GLYTACTIN BETTERMILK 15	2	
GLYTACTIN BETTERMILK DE-LITE	2	
GLYTACTIN BUILD 10PE	2	
GLYTACTIN BUILD 20/20 PKU	2	
GLYTACTIN BURST	2	
GLYTACTIN COMPLETE 10PE	2	
GLYTACTIN RESTORE 10	2	
GLYTACTIN RESTORE 5	2	
GLYTACTIN RESTORE LITE 10	2	
GLYTACTIN RESTORE LITE 10PE	2	
GLYTACTIN RTD 10	2	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
GLYTACTIN RTD 15	2		PKU EASY	2	
GLYTACTIN RTD LITE 15	2		PKU EASY MICROTABS	2	
GLYTACTIN SWIRL 15PE	2		pocket spacer	2	
heparin lock flush	1		PRO COMFORT SPACER ADULT	2	
heparin sodium lock flush	1		PRO COMFORT SPACER CHILD	2	
HUMATROPEN FOR 12MG	1		PRO COMFORT SPACER INFANT	2	
HUMATROPEN FOR 24MG	1		PROCARE SPACER/ADULT MASK	2	
HUMATROPEN FOR 6MG	1		PROCARE SPACER/CHILD MASK	2	
INSPIREASE RESERVOIR BAGS	2		SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2"	1	
J-TIP KIT W/VIAL ADAPTERS	1		SYRINGE LUER LOCK 30 ML	1	
MASK VORTEX	2		SYRINGE LUER SLIP 1 ML	1	
methergine	3		TODAY SPONGE	0	PV; QL
methylergonovine maleate oral	3		VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	0	PV; QL
MICROCHAMBER DEVICE	2		vcf vaginal contraceptive vaginal gel	0	PV; QL
NORDIPEN 5 INJECTION DEVICE	1		WIDE-SEAL DIAPHRAGM 60	0	PV; QL
NORM-JECT LUER SLIP SYRINGE	1		WIDE-SEAL DIAPHRAGM 65	0	PV; QL
OPTIONS CONCEPTROL	0	PV; QL	WIDE-SEAL DIAPHRAGM 70	0	PV; QL
PANDA MASK LARGE	2		WIDE-SEAL DIAPHRAGM 75	0	PV; QL
PANDA MASK MEDIUM	2		WIDE-SEAL DIAPHRAGM 80	0	PV; QL
PANDA MASK SMALL	2		WIDE-SEAL DIAPHRAGM 85	0	PV; QL
PEDIATRIC PANDA MASK	2		WIDE-SEAL DIAPHRAGM 90	0	PV; QL
PHENACTIN AA PLUS	2				
PHENEX-1	2				
PHENYLADE DRINK MIX	2				
PHENYLADE GMP READY	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
WIDE-SEAL DIAPHRAGM 95	0	PV; QL
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALOCRI	2	
ALOMIDE	2	
ALREX	2	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	QL
CILOXAN OPHTHALMIC OINTMENT	2	
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
DUREZOL	3	
epinastine hcl	1	
erythromycin ophthalmic	1	
FLAREX	2	
fluorometholone	1	
flurbiprofen sodium	1	
FML	2	
FML FORTE	2	
gatifloxacin ophthalmic	1	
gentak	1	
gentamicin sulfate ophthalmic	1	
ketorolac tromethamine ophthalmic	1	

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

Drug Name	Drug Tier	Notes
bacitracin-polymyxin b ophthalmic	1	
bacitra-neomycin-polymyxin-hc	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
cyclopentolate hcl ophthalmic	1	
homatropaire	1	
ISOPTO ATROPINE	1	
LACRISERT	2	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin	1	
neomycin-polymyxin-hc ophthalmic	1	
neo-polycin	1	
neo-polycin hc	1	
phenylephrine hcl ophthalmic	1	
polycin	1	
polymyxin b-trimethoprim	1	
PRED-G	2	
PRED-G S.O.P.	2	
proparacaine hcl ophthalmic	1	
RESTASIS	3	PA
RESTASIS MULTIDOSE	3	PA
sulfacetamide-prednisolone ophthalmic solution	1	
tetracaine hcl ophthalmic	1	

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

Drug Name	Drug Tier	Notes
TOBRADEX OPHTHALMIC OINTMENT	2	
tobramycin- dexamethasone	1	
tropicamide ophthalmic	1	
XIIDRA	3	PA
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CIPRO HC	2	
CIPRODEX	2	
ciprofloxacin hcl otic	1	
ciprofloxacin- dexamethasone	1	
CIPROFLOXACIN- FLUOCINOLONE PF	2	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	2	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
benzonatate oral capsule 100 mg, 200 mg	1	
bromfed dm	1	
cyproheptadine hcl oral	1	
FASENRA	SP2	PA
FASENRA PEN	SP2	PA
fluticasone propionate nasal	1	

Drug Name	Drug Tier	Notes
guaiaatussin ac	1	PA; QL; AL (Min 18 Years)
guaifenesin ac	1	PA; QL; AL (Min 18 Years)
hydrocodone polst- chlorphen polst er susp	1	PA; QL; AL (Min 18 Years)
hydrocodone- homatropine	1	PA; QL; AL (Min 18 Years)
hydromet	1	PA; QL; AL (Min 18 Years)
ipratropium bromide nasal	1	
maxi-tuss ac	1	PA; QL; AL (Min 18 Years)
nebusal inhalation nebulization solution 3 %	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
promethazine-codeine	1	PA; QL; AL (Min 18 Years)
promethazine-dm	1	
promethazine-phenyleph- codeine	1	PA; QL; AL (Min 18 Years)
promethazine- phenylephrine	1	
promethegan	1	
pseudoephedrine- bromphen-dm oral syrup	1	
pulmosal	1	
sodium chloride inhalation	1	
SSKI	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
virtussin ac w/alc	1	PA; QL; AL (Min 18 Years)
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
acetylcysteine inhalation	1	
ADVAIR HFA	2	QL
albuterol sulfate er	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	QL
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml	1	
albuterol sulfate oral	1	
ANORO ELLIPTA	2	QL
ARCAPTA NEOHALER	2	
ASMANEX (120 METERED DOSES)	2	QL
ASMANEX (14 METERED DOSES)	2	QL
ASMANEX (30 METERED DOSES)	2	QL
ASMANEX (60 METERED DOSES)	2	QL
ASMANEX (7 METERED DOSES)	2	QL
ASMANEX HFA	2	QL
ATROVENT HFA	2	QL

Drug Name	Drug Tier	Notes
BREO ELLIPTA	2	QL
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	3	QL
COMBIVENT RESPIMAT	2	QL
cromolyn sodium inhalation	3	
DALIRESP	3	PA
epinephrine injection solution auto-injector	1	
ESBRIET	SP3	PA
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
INCRUSE ELLIPTA	2	QL
ipratropium bromide inhalation	1	QL
ipratropium-albuterol	1	QL
levalbuterol hcl inhalation	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	1	QL
montelukast sodium oral	1	
OFEV	SP3	PA
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PROVENTIL 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
PULMICORT FLEXHALER	2	QL
QVAR REDIHALER	2	QL
SEREVENT DISKUS	2	QL
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	3	QL
SYMJEPI	2	
terbutaline sulfate oral	1	
THEO-24	2	
theophylline	1	
theophylline er	1	
TRELEGY ELLIPTA	2	QL
VENTOLIN HFA	1	QL
wixela inhub	1	QL
XOPENEX HFA	3	QL
zafirlukast	1	
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
tobramycin nebulization solution 300 mg/5ml inhalation	SP1	
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	SP3	PA; QL
ambrisentan	SP1	PA; QL
bosentan	SP1	PA; QL
LETAIRIS	SP2	PA; QL

Drug Name	Drug Tier	Notes
OPSUMIT	SP2	PA; QL
sildenafil citrate oral tablet 20 mg	SP1	PA; QL
TRACLEER	SP2	PA; QL
TYVASO	SP2	PA; QL
TYVASO REFILL	SP2	PA; 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
BELSOMRA	3	QL
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eszopiclone	1	QL
flurazepam hcl	1	PA; QL
modafinil	1	PA; QL
ramelteon	3	QL
SILENOR	3	QL
temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL
zaleplon	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
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL

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

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GINGER.....	35	WEEKLY).....	20
VITRAKVI.....	20	XPOVIO (40 MG TWICE	
VIVAGUARD INO		WEEKLY).....	20
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