

# **Scott and White Health Plan Group Choice Formulary**

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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 figure out 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 Choice Formulary?

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

The SWHP Group Choice formulary lists drugs that are covered under your prescription benefit. Drugs not listed on the formulary are generally covered unless excluded by your plan benefit. Non-formulary drugs may require an exception request to be submitted for coverage consideration or 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. The formulary may change because we review new medical information regarding drugs as well as new drugs recently approved by the FDA.

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

The Pharmacy and Therapeutics (P&T) Committee meets regularly to review new drugs approved by the FDA and new information regarding existing drugs. The Committee, primarily made up of physicians, pharmacists, and nurses, reviews information and scientific evidence concerning safety, effectiveness, and current use in therapy.

## Does the formulary ever change?

Since the P&T Committee meets regularly and reviews new information, the formulary may change. Below are some possible reasons the formulary could change:

- Generic forms of the brand drug become available. The brand-name medication may no longer be covered when a generic is available. The generic medication may be covered at the lower copayment.
- New drugs may be added by the P&T Committee.
- A drug may be withdrawn from the market by the FDA.
- A drug becomes available without a prescription (becomes available over-the-counter), then the drug may be removed from the formulary. Often, drugs available over-the-counter are not covered under the prescription benefit.

## How am I notified of changes to the formulary?

You can find the formularies on our website at [swhp.org](http://swhp.org), which are updated quarterly. To view changes to the formularies, refer to the Monthly Group Choice Formulary Changes document posted on the website. If you have questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact our SWHP Pharmacy Help Desk 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.

## 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. Examples include but are not limited to drugs used to treat multiple sclerosis, hepatitis, rheumatoid arthritis, and cancer. Specialty drugs may be self-administered in the home by injection (under the skin or into a muscle), by inhalation, by mouth, or on the skin. These drugs may also require special handling, special manufacturing processes, and have limited prescribing or limited pharmacy availability.

## What are pharmaceutical management procedures?

Pharmaceutical management procedures are processes that help ensure safe and appropriate use of drugs and ensure access to cost-effective therapy options. As part of such processes, restrictions (described in the following section) may be applied to certain drugs.

## Are there any restrictions on my coverage?

Some covered drugs may have restrictions or limitations to coverage. These may include but are not limited to prior authorization or step therapy requirements, quantity limits, or safe use requirements (e.g. drug used at medically appropriate dose, not used with other drugs of the same type, etc.). Refer to the legend for a listing of restrictions. All restrictions are effective as of the beginning of the plan year unless noted otherwise on the Monthly Group Choice Formulary Changes document.

## How do I request an exception to the SWHP formulary?

You, an authorized representative, or a prescriber can submit a request for an exception to the formulary. For example, if there are clinically significant reasons why you cannot take a drug in accordance with the coverage requirements (e.g. step therapy, quantity limits, 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, an authorized representative, or a prescriber can submit a coverage request electronically, by fax, mail, or phone. You and your prescriber will be notified of the determination in writing. If approved, the drug will be covered at the applicable copayment. If the request is denied, you may still purchase the medication at full cost. For questions regarding this process, visit [swhp.org](http://swhp.org) or 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 more information regarding plan coverage, limitations, and exclusions specific to your prescription drug benefit.

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

## 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. Selecting drugs that are listed on your formulary and at lower tier options can help save money.

### **Contraceptive Coverage**

As specified by health care reform, women must have access to a full range of FDA-approved contraceptive methods and plans must cover without cost sharing at least one form of contraception in each of the FDA identified methods. 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. These medications are noted as preventive drugs (PV). Please note some drugs may be subject to step therapy or prior authorization.

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

### **Diabetic Supplies**

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

### **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.

### **Naloxone \$0 Copay Program**

Be prepared to respond to an overdose emergency. Naloxone can be used to protect your loved ones from accidental overdose and is available at \$0 cost-share. If you or someone you know is taking

opioids, talk with your pharmacist or doctor about getting naloxone. In Texas, you can get naloxone from a pharmacy without a prescription. Naloxone is available as an injection or as naloxone nasal spray (Narcan®), and both are covered at a \$0 copay.

## Reading your formulary

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

### Tier information

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

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

### Drug list information

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

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

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

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

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

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

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

## Group Choice Formulary

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Analgesics - Drugs for Pain</b>					
acetaminophen-codeine	1	QL	hydrocodone-acetaminophen oral tablet	1	QL
acetaminophen-codeine #2	1	QL	hydrocodone-ibuprofen	1	QL
acetaminophen-codeine #3	1	QL	hydromorphone hcl oral	1	QL
acetaminophen-codeine #4	1	QL	hydromorphone hcl rectal	1	QL
ascomp-codeine	1		loracet hd oral tablet 10-325 mg	1	QL
bac	1		loracet oral tablet 5-325 mg	1	QL
BELBUCA	3	PA; QL	loracet plus oral tablet 7.5-325 mg	1	QL
buprenorphine	3	PA; QL	LORTAB	2	QL
butalbital-acetaminophen oral tablet 50-325 mg	1		methadone hcl intensol	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1		methadone hcl oral concentrate	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	1		methadone hcl oral solution	1	
butalbital-apap-caffeine oral tablet	1		methadone hcl oral tablet	1	PA
butalbital-asa-caff-codeine	1		methadone hcl oral tablet soluble	1	
butalbital-aspirin-caffeine	1		methadose oral concentrate 10 mg/ml	1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1		methadose oral tablet soluble	1	
butorphanol tartrate nasal	1	QL	methadose sugar-free	1	
codeine sulfate	1	QL	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
endocet	1	QL	morphine sulfate er oral tablet extended release	1	PA; QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL	morphine sulfate oral	1	QL
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	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

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
oxycodone hcl oral solution	1	QL	diclofenac sodium external gel 1 %	1	QL
oxycodone hcl oral tablet	1	QL	diclofenac sodium external solution	1	PA
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL	diclofenac sodium oral	1	
oxycodone-aspirin oral tablet 4.8355-325 mg	1	QL	diclofenac-misoprostol	3	
pentazocine-naloxone hcl	1	QL	diflunisal oral	1	
tramadol hcl er (biphasic)	1	PA; QL	ec-naproxen	1	
tramadol hcl er oral tablet extended release 24 hour	1	PA; QL	etodolac	1	
tramadol hcl ir	1	QL	etodolac er	1	
tramadol-acetaminophen	1	QL	flurbiprofen oral	1	
<b>Analgesics - Drugs for Pain and Inflammation</b>			goodsense aspirin adults	0	PV
adult aspirin regimen	0	PV	goodsense aspirin low dose	0	PV
aspirin adult low dose	0	PV	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
aspirin adult low strength	0	PV	INDOCIN	2	
aspirin adult oral tablet 325 mg	0	PV	indomethacin er	1	
aspirin childrens	0	PV	indomethacin oral capsule 25 mg, 50 mg	1	
aspirin ec low dose	0	PV	ketorolac tromethamine oral	1	QL
aspirin ec low strength	0	PV	medique aspirin oral tablet 325 mg	0	PV
aspirin ec oral tablet delayed release 325 mg	0	PV	meloxicam oral tablet	1	
aspirin low dose	0	PV	nabumetone oral	1	
aspirin oral tablet	0	PV	naproxen oral tablet	1	
aspirin oral tablet delayed release	0	PV	naproxen oral tablet delayed release	1	
BAYER ASPIRIN	0	PV	naproxen sodium oral tablet 275 mg, 550 mg	1	
BAYER ASPIRIN EC LOW DOSE	0	PV	oxaprozin	1	
celecoxib oral	1	QL	piroxicam oral	1	
diclofenac potassium oral tablet 50 mg	1		salsalate oral	1	
diclofenac sodium er	1		ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	0	PV
			sulindac 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
<b>Anesthetics</b>					
glydo	1		goodsense nicotine mouth/throat lozenge 4 mg	0	PV; QL; AL (Min 18 Years)
lidocaine external ointment 5 %	1			0	PV; QL; AL (Min 18 Years)
lidocaine external patch 5 %	1		habitrol		
lidocaine hcl external solution	1		naloxone hcl injection solution	1	
lidocaine hcl urethral/mucosal	1		NALOXONE HCL INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML	2	
lidocaine-prilocaine external cream	1		naloxone hcl injection solution cartridge	1	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>					
acamprosate calcium	1		naloxone hcl injection solution prefilled syringe	1	
	3	ST; PV; QL; AL (Min 18 Years)	naltrexone hcl oral	1	
APO-VARENICLINE			NARCAN	2	
buprenorphine hcl sublingual	1	QL	NICORETTE MOUTH/THROAT GUM 2 MG	0	PV; QL; AL (Min 18 Years)
buprenorphine hcl-naloxone hcl sublingual film	3	QL	NICORETTE MOUTH/THROAT LOZENGE 4 MG	0	PV; QL; AL (Min 18 Years)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL	nicotine polacrilex mini	0	PV; QL; AL (Min 18 Years)
bupropion hcl er (smoking det)	3	PV; QL; AL (Min 18 Years)	nicotine polacrilex mouth/throat	0	PV; QL; AL (Min 18 Years)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	3	ST; QL; AL (Min 18 Years)	nicotine step 1	0	PV; QL; AL (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	ST; QL; AL (Min 18 Years)	nicotine step 2	0	PV; QL; AL (Min 18 Years)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	3	ST; PV; QL; AL (Min 18 Years)	nicotine step 3	0	PV; QL; AL (Min 18 Years)
disulfiram oral	1		nicotine transdermal kit	0	PV; QL; AL (Min 18 Years)

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
NICOTROL	3	ST; PV; QL; AL (Min 18 Years)	clindamycin phosphate vaginal	1	
NICOTROL NS	3	ST; PV; QL; AL (Min 18 Years)	CLINDESSE	3	
SUBOXONE	3	QL	demeocycline hcl	3	
varenicline tartrate	3	ST; PV; QL; AL (Min 18 Years)	dicloxacillin sodium	1	
<b>Antibacterials</b>			DIFICID ORAL TABLET	3	
amoxicillin	1		doxycycline hyclate oral capsule	1	
amoxicillin-potassium clavulanate	1		doxycycline hyclate oral tablet 100 mg, 20 mg	1	
amoxicillin-potassium clavulanate er	3		doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
ampicillin	1		erythromycin base	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125- 31.25 MG/5ML	2		erythromycin ethylsuccinate oral	3	
avidoxy	1		erythromycin oral	3	
azithromycin oral	1		FIRVANQ	3	
cefadroxil	1		fosfomycin tromethamine	1	
cefdinir	1		gentamicin sulfate external	1	
cefixime oral capsule	1		levofloxacin oral	1	
cefpodoxime proxetil	1		linezolid oral suspension reconstituted	3	QL
cefprozil	1		linezolid oral tablet	1	QL
cefuroxime axetil	1		methenamine hippurate	1	
cephalexin	1		metronidazole oral tablet	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		morgidox oral	1	
clindamycin hcl oral	1		moxifloxacin hcl oral	1	
clindamycin palmitate hcl	1		mupirocin external	1	
			neomycin sulfate oral	1	
			nitrofurantoin	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
nitrofurantoin macrocrystal	1		heparin sodium (porcine)	1	
nitrofurantoin monohydrate macrocrystals	1		heparin sodium (porcine) pf	1	
paromomycin sulfate oral	3		jantoven	1	
penicillin v potassium	1		LOVENOX SUBCUTANEOUS	SP3	QL
silver sulfadiazine external	1		warfarin sodium oral	1	
ssd	1		XARELTO	2	QL
sulfadiazine oral	3		XARELTO STARTER PACK	2	QL
sulfamethoxazole-trimethoprim oral	1		<b>Anticonvulsants - Drugs for Seizures</b>		
sulfatrim pediatric	1		APTIOM	3	
tetracycline hcl oral	1		BANZEL ORAL TABLET	SP2	PA
tinidazole oral	1		carbamazepine er	1	
trimethoprim oral	1		carbamazepine oral	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 1000 mg, 500 mg, 750 mg	3		CARBATROL	2	
vancomycin hcl oral	3		CELONTIN	2	
vandazole	1		clobazam oral suspension	3	PA
VIBRAMYCIN ORAL SYRUP	2		clobazam oral tablet	1	PA
XIFAXAN	3	PA	DEPAKOTE	2	
<b>Anticoagulants</b>			DEPAKOTE ER	2	
ARIXTRA	SP3	QL	DEPAKOTE SPRINKLES	2	
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	2		diazepam rectal	1	QL
ELIQUIS	2	QL	DILANTIN	2	
ELIQUIS DVT/PE STARTER PACK	2	QL	DILANTIN INFATABS	2	
enoxaparin sodium subcutaneous	1	QL	divalproex sodium er	1	
fondaparinux sodium	SP1	QL	divalproex sodium oral	1	
FRAGMIN	SP3	QL	EPIDIOLEX	SP2	PA
			epitol	1	
			ethosuximide oral	1	
			felbamate	1	
			FYCOMPA	3	
			gabapentin oral	1	
			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	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		zonisamide oral	1	
levetiracetam oral	1		<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
NAYZILAM	3	QL	donepezil hcl	1	
oxcarbazepine	1		galantamine hydrobromide er	1	
OXTELLAR XR	3		galantamine hydrobromide oral tablet	1	
phenobarbital oral	1		memantine hcl	1	
phenobarbital oral solution 20 mg/5ml	1		memantine hcl er	1	QL
PHENYTEK	2		rivastigmine	1	
phenytoin infatabs	1		rivastigmine tartrate	1	
phenytoin oral	1		<b>Antidepressants</b>		
phenytoin sodium extended	1		amitriptyline hcl oral	1	
primidone oral	1		amoxapine	1	
roweepra	1		bupropion hcl er (sr)	1	QL
roweepra xr oral tablet extended release 24 hour 500 mg, 750 mg	1		bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
rufinamide	SP1	PA	bupropion hcl oral	1	
subvenite	1		citalopram hydrobromide	1	
subvenite starter kit-blue	1		clomipramine hcl oral	1	
subvenite starter kit-green	1		desipramine hcl oral	1	
subvenite starter kit-orange	1		desvenlafaxine succinate er	1	QL
TEGRETOL	2		doxepin hcl oral capsule	1	
TEGRETOL-XR	2		doxepin hcl oral concentrate	1	
tiagabine hcl	1		duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
topiramate oral	1		escitalopram oxalate	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
FETZIMA	3	QL	<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
FETZIMA TITRATION	3	QL	aprepitant	3	QL
fluoxetine hcl (pmdd)	1		BONJESTA	3	PA; QL
fluoxetine hcl oral capsule	1		compro	1	
fluoxetine hcl oral capsule delayed release	1	QL	doxylamine-pyridoxine	3	PA; QL
fluoxetine hcl oral solution	1		dronabinol	3	PA; QL
fluoxetine hcl oral tablet	1		EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
fluvoxamine maleate	1		granisetron hcl oral	3	QL
fluvoxamine maleate er	3	QL	metoclopramide hcl oral solution	1	
imipramine hcl oral	1		metoclopramide hcl oral tablet	1	
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	1		ondansetron hcl injection	1	
mirtazapine oral	1		ondansetron hcl oral solution	1	QL
nefazodone hcl	1		ondansetron hcl oral tablet 24 mg	1	QL
nortriptyline hcl oral	1		ondansetron hcl oral tablet 4 mg, 8 mg	1	
paroxetine hcl	1		ondansetron odt	1	
paroxetine hcl er	1		perphenazine oral	1	
PAXIL ORAL SUSPENSION	2		prochlorperazine	1	
phenelzine sulfate oral	1		prochlorperazine edisylate injection	1	
protriptyline hcl	1		prochlorperazine maleate oral	1	
sertraline hcl oral	1		scopolamine	1	
tranylcypromine sulfate	1		trimethobenzamide hcl oral	1	
trazodone hcl oral	1		<b>Antifungals</b>		
trimipramine maleate oral	1		ciclodan	1	
TRINTELLIX	3	ST; QL	ciclopirox external	1	
venlafaxine hcl	1		ciclopirox olamine external	1	
venlafaxine hcl er oral capsule extended release 24 hour	1		clotrimazole mouth/throat	1	
venlafaxine hcl er oral tablet extended release 24 hour	3		clotrimazole-betamethasone	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
CRESEMBA ORAL	SP3	PA	COLCHICINE ORAL CAPSULE	1	
econazole nitrate external	1		colchicine oral tablet	1	
EXELDERM	3		colchicine-probenecid	1	
fluconazole oral	1		febuxostat	3	
griseofulvin microsize oral suspension	1		probenecid	1	
griseofulvin microsize oral tablet	3		<b>Antimigraine Agents</b>		
griseofulvin ultramicrosize	3		AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
itraconazole oral	1	PA	almotriptan malate	3	QL
ketoconazole external cream	1		dihydroergotamine mesylate injection	1	PA; QL
ketoconazole external shampoo	1		dihydroergotamine mesylate nasal	3	PA; QL
ketoconazole oral	1		eletriptan hydrobromide	1	QL
naftifine hcl	3		EMGALITY	2	PA; QL
NAFTIN EXTERNAL GEL 2 %	3		EMGALITY (300 MG DOSE)	2	PA; QL
NOXAFIL ORAL SUSPENSION	2		ergotamine-caffeine	1	PA
nyamyc	1		frovatriptan succinate	1	QL
nystatin external	1		naratriptan hcl	1	QL
nystatin mouth/throat	1		NURTEC	2	PA; QL
nystatin oral	1		rizatriptan benzoate	1	QL
nystatin-triamcinolone	1		sumatriptan nasal	1	QL
nystop	1		sumatriptan succinate oral	1	QL
oxiconazole nitrate	3		sumatriptan succinate refill	1	QL
OXISTAT EXTERNAL LOTION	3		sumatriptan succinate subcutaneous	1	QL
posaconazole	1		UBRELVY	2	PA; QL
SULCONAZOLE NITRATE	3		zolmitriptan oral	1	QL
terbinafine hcl oral	1	QL	<b>Antimyasthenic Agents</b>		
terconazole	1		pyridostigmine bromide er	1	
voriconazole oral tablet	3	PA	pyridostigmine bromide oral solution	1	
<b>Antigout Agents</b>					
allopurinol 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
pyridostigmine bromide oral tablet 60 mg	1	
<b>Antimycobacterials</b>		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
pyrazinamide oral	1	
rifabutin	3	
rifampin oral	1	
SIRTURO	SP3	
<b>Antineoplastics - Drugs for Cancer</b>		
abiraterone acetate	SP1	PA; SF
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
COMETRIQ	SP2	PA
COPIKTRA	SP2	PA; SF
COTELLIC	SP2	PA
cyclophosphamide oral capsule	1	
DAURISMO	SP2	PA; SF

Drug Name	Drug Tier	Notes
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	
FOTIVDA	SP2	PA
GAVRETO	SP2	PA; SF
GILOTRIF	SP2	PA; QL
GLEEVEC	SP2	PA
GLEOSTINE	SP2	
HYCAMTIN ORAL	SP2	
hydroxyurea oral	1	
IBRANCE	SP2	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	SP2	PA; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	SP2	PA
IDHIFA	SP2	PA; QL
imatinib mesylate	SP1	PA
IMBRUVICA	SP2	PA; QL
INLYTA	SP2	PA; SF
INQOVI	SP2	PA
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

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
KISQALI ORAL TABLET THERAPY PACK 200 MG	SP2	PA	QINLOCK	SP2	PA
KOSELUGO	SP2	PA	RETEVMO	SP2	PA; SF
lapatinib ditosylate	SP1	PA	REVLIMID	SP2	PA
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	SP2	PA	ROZLYTREK	SP2	PA; SF
letrozole oral	1		RUBRACA	SP2	PA; SF
leucovorin calcium oral	1		RYDAPT	SP2	PA
LEUKERAN	2		SPRYCEL	SP2	PA; SF
LONSURF	SP2	PA	STIVARGA	SP2	PA
LORBRENA	SP2	PA; SF	sunitinib malate	SP1	PA
LUMAKRAS	SP2	PA; SF	SUTENT	SP2	PA
LYNPARZA	SP2	PA	SYNRIBO	SP2	PA
LYSODREN	SP2		TABRECTA	SP2	PA
MATULANE	SP2		TAFINLAR	SP2	PA; SF
MEKINIST	SP2	PA	TAGRISSO ORAL TABLET 40 MG	SP2	PA; QL
MEKTOVI	SP2	PA	TAGRISSO ORAL TABLET 80 MG	SP2	PA
melphalan	1		TALZENNA	SP2	PA; SF
mercaptopurine oral	1		tamoxifen citrate oral tablet 10 mg	1	
MYLERAN	2		tamoxifen citrate oral tablet 20 mg	1	PV
NERLYNX	SP2	PA; SF; QL	TARCEVA ORAL TABLET 100 MG, 150 MG	SP2	PA; SF
NEXAVAR	SP2	PA; SF	TARCEVA ORAL TABLET 25 MG	SP2	PA; SF; QL
NILANDRON	SP2		TARGETIN EXTERNAL	SP2	PA
nilutamide	SP1		TARGETIN ORAL	SP2	PA; SF
NINLARO	SP2	PA	TASIGNA	SP2	PA
NUBEQA	SP2	PA; SF	TAZVERIK	SP2	PA; SF
ODOMZO	SP2	PA	TEMODAR ORAL	SP2	PA
ONUREG	SP2	PA	temozolomide	SP1	PA
ORGOVYX	SP2	PA	TEPMETKO	SP2	PA
PEMAZYRE	SP2	PA; SF; QL	THALOMID	SP2	PA
PIQRAY	SP2	PA	TIBSOVO	SP2	PA; SF
POMALYST	SP2	PA	toremifene citrate	SP1	
PURIXAN	SP2		tretinoin oral	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
TRUSELTIQ (100MG DAILY DOSE)	SP2	PA	XTANDI	SP2	PA; SF
TRUSELTIQ (125MG DAILY DOSE)	SP2	PA	YONSA	SP2	PA; SF
TRUSELTIQ (50MG DAILY DOSE)	SP2	PA	ZEJULA	SP2	PA; SF
TRUSELTIQ (75MG DAILY DOSE)	SP2	PA	ZELBORAF	SP2	PA
TUKYSA	SP2	PA	ZOLINZA	SP2	PA; SF
TURALIO	SP2	PA	ZYDELIG	SP2	PA
TYKERB	SP2	PA	ZYKADIA	SP2	PA; SF
UKONIQ	SP2	PA; SF	ZYTIGA	SP2	PA; SF
VALCHLOR	SP3	PA	<b>Antiparasitics</b>		
VENCLEXTA	SP2	PA	albendazole oral	3	PA
VENCLEXTA STARTING PACK	SP2	PA	atovaquone	3	
VERZENIO	SP2	PA; SF	atovaquone-proguanil hcl	1	
VITRAKVI ORAL CAPSULE	SP2	PA; SF	chloroquine phosphate oral	1	
VITRAKVI ORAL SOLUTION	SP2	PA	COARTEM	2	
VIZIMPRO	SP2	PA; SF	crotan	1	
VOTRIENT	SP2	PA; SF	EURAX EXTERNAL CREAM 10 %	2	
XALKORI	SP2	PA; SF	hydroxychloroquine sulfate oral tablet 200 mg	1	
XELODA	SP2	PA	IMPAVIDO	SP3	
XOSPATA	SP2	PA	ivermectin oral	1	PA; QL
XPOVIO (100 MG ONCE WEEKLY)	SP2	PA	lindane	1	
XPOVIO (40 MG ONCE WEEKLY)	SP2	PA	malathion	3	
XPOVIO (40 MG TWICE WEEKLY)	SP2	PA	mefloquine hcl	1	
XPOVIO (60 MG ONCE WEEKLY)	SP2	PA	pentamidine isethionate inhalation	1	
XPOVIO (60 MG TWICE WEEKLY)	SP2	PA	permethrin external	1	
XPOVIO (80 MG ONCE WEEKLY)	SP2	PA	praziquantel oral	3	
XPOVIO (80 MG TWICE WEEKLY)	SP2	PA	primaquine phosphate	1	
			pyrimethamine oral	SP1	PA
			quinine sulfate oral	1	PA
			spinosad	3	
<b>Antiparkinson Agents</b>					
			amantadine hcl oral	1	
			APOKYN	SP3	PA; QL
			benztropine mesylate 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
bromocriptine mesylate oral	1		FANAPT TITRATION PACK	3	QL
carbidopa oral	3		fluphenazine hcl oral	1	
carbidopa-levodopa er	1		haloperidol lactate oral	1	
carbidopa-levodopa oral tablet	1		haloperidol oral	1	
carbidopa-levodopa oral tablet dispersible	3		LATUDA	3	QL
carbidopa-levodopa-entacapone	3		loxapine succinate	1	
entacapone	3		olanzapine oral	1	QL
pramipexole dihydrochloride	1		paliperidone er	3	QL
rasagiline mesylate oral	3		pimozide	1	
ropinirole hcl	1		quetiapine fumarate	1	QL
ropinirole hcl er	1		quetiapine fumarate er	1	QL
selegiline hcl oral	1		risperidone	1	QL
tolcapone	3		SAPHRIS	3	QL
trihexyphenidyl hcl	1		thioridazine hcl oral	1	
<b>Antiplatelets</b>			thiothixene	1	
aspirin-dipyridamole er	1		trifluoperazine hcl	1	
BRILINTA	2		VRAYLAR	3	QL
cilostazol	1		ziprasidone hcl	1	QL
clopidogrel bisulfate oral	1		<b>Antivirals</b>		
dipyridamole oral	1		abacavir sulfate	1	
prasugrel hcl	1		abacavir sulfate-lamivudine	1	
<b>Antipsychotics - Drugs for Mood Disorders</b>			abacavir-lamivudine-zidovudine	SP1	
aripiprazole oral solution	1	QL	acyclovir external ointment	1	
aripiprazole oral tablet	1	QL	acyclovir oral	1	
aripiprazole oral tablet dispersible	3	QL	adefovir dipivoxil	SP1	
asenapine maleate	3	QL	APTIVUS	SP2	
chlorpromazine hcl oral tablet	1		APTIVUS ORAL SOLUTION 100 MG/ML	SP2	
clozapine oral tablet	1	QL	atazanavir sulfate	3	
clozapine oral tablet dispersible	3	QL	BARACLUDE ORAL SOLUTION	SP2	QL
FANAPT	3	QL	BARACLUDE ORAL TABLET	SP3	QL
BIKTARVY			BIKTARVY	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
CIMDUO	SP2		ISENTRESS HD	SP2	
COMPLERA	SP2		JULUCA	SP2	
CRIXIVAN	SP2		lamivudine	1	
DELSTRIGO	SP2		lamivudine-zidovudine	1	
DESCOVY	SP2	PA; PV	LEXIVA ORAL SUSPENSION	SP2	
didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg	SP1		lopinavir-ritonavir oral solution	3	
DOVATO	SP2		lopinavir-ritonavir oral tablet	SP1	
EDURANT	SP2		MAVYRET	SP2	PA; QL
efavirenz	3		nevirapine er	3	
efavirenz-emtricitab-tenofovir	SP1		nevirapine oral suspension	3	
efavirenz-lamivudine-tenofovir	SP1		nevirapine oral tablet	1	
emtricitabine	3		NORVIR ORAL PACKET	SP2	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	SP1		NORVIR ORAL SOLUTION	SP2	
emtricitabine-tenofovir df oral tablet 200-300 mg	1	PV	ODEFSEY	SP2	
EMTRIVA ORAL SOLUTION	SP2		oseltamivir phosphate oral	1	QL
entecavir	SP1	QL	PEGASYS	SP2	PA
EPCLUSA	SP2	PA; QL	PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML	SP2	PA
EPIVIR HBV ORAL SOLUTION	2		PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	SP2	PA
etravirine	SP1		PIFELTRO	SP2	
EVOTAZ	SP2		PREZCOBIX	SP2	
famciclovir oral	1		PREZISTA	SP2	
fosamprenavir calcium	3		RESCRIPTOR ORAL TABLET 200 MG	SP2	
FUZEON	SP2		REYATAZ ORAL PACKET	SP2	
GENVOYA	SP2		ribavirin oral	SP1	
HARVONI	SP2	PA; QL	rimantadine hcl	1	
HEPSERA	SP3		ritonavir	1	
INTELENCE	SP2				
INTRON A	SP3	PA			
INVIRASE	SP2				
ISENTRESS	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
RUKOBIA	SP2		buspirone hcl oral	1	
SELZENTRY	SP2	PA	chlordiazepoxide hcl	1	QL
stavudine	1		clonazepam oral	1	QL
STRIBILD	SP2		clorazepate dipotassium	1	QL
SYMTUZA	SP2		diazepam intensol	1	
TEMIXYS	SP2		diazepam oral	1	
tenofovir disoproxil fumarate	1	PV	estazolam	1	QL
TIVICAY	SP2		hydroxyzine hcl oral	1	
TIVICAY PD	SP2		hydroxyzine pamoate oral	1	
TRIUMEQ	SP2		lorazepam intensol	1	QL
TYBOST	SP2		lorazepam oral concentrate 2 mg/ml	1	QL
valacyclovir hcl oral	1	QL	lorazepam oral tablet	1	QL
valganciclovir hcl oral solution reconstituted	3		oxazepam	1	QL
valganciclovir hcl oral tablet	1		triazolam	1	QL
VEMLIDY	SP2		<b>Bipolar Agents - Drugs for Mood Disorders</b>		
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	SP3		lithium carbonate er	1	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	SP2		lithium carbonate oral	1	
VIRACEPT	SP2		lithium oral solution 8 meq/5ml	1	
VIREAD ORAL POWDER	SP2		<b>Blood Products and Modifiers - Drugs for Blood Disorders</b>		
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	SP2		anagrelide hcl	3	
XOFLUZA (40 MG DOSE)	3	QL	NEULASTA	SP3	PA
XOFLUZA (80 MG DOSE)	3	QL	NEULASTA ONPRO	SP3	PA
zidovudine	1		NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	SP3	PA
<b>Anxiolytics - Drugs for Anxiety</b>			PROMACTA	SP3	PA
alprazolam er	1	QL	tranexamic acid oral	1	
alprazolam oral tablet	1	QL	<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
alprazolam xr	1	QL	acebutolol hcl oral	1	
			ALDACTAZIDE ORAL TABLET 50-50 MG	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
aliskiren fumarate	3		CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	
amiloride hcl oral	1		CAROSPIR	3	
amiloride-hydrochlorothiazide	1		cartia xt	1	
amiodarone hcl oral	1		carvedilol	1	
amlodipine besylate oral	1		chlorthalidone	1	
amlodipine besylate-benazepril hcl	1		cholestyramine light	1	
amlodipine besylate-valsartan	1		cholestyramine oral	1	
amlodipine-atorvastatin	3		clonidine	1	
amlodipine-olmesartan	1		clonidine hcl oral	1	
amlodipine-valsartan-hctz	1		colesevelam hcl	3	
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		diltiazem hcl er	1	
benazepril-hydrochlorothiazide	1		diltiazem hcl er beads	1	
betaxolol hcl oral	1		diltiazem hcl er coated beads	1	
bisoprolol fumarate oral	1		diltiazem hcl oral	1	
bisoprolol-hydrochlorothiazide	1		dilt-xr	1	
bumetanide oral	1		disopyramide phosphate	1	
BYSTOLIC	3		DIURIL	2	
candesartan cilexetil	1		dofetilide	1	
candesartan cilexetil-hctz	1		doxazosin mesylate oral	1	
captopril oral	1		droxidopa	SP1	PA
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1		enalapril maleate oral solution	3	
			enalapril maleate oral tablet	1	
			enalapril-hydrochlorothiazide	1	
			ENTRESTO	3	QL
			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	Drug Name	Drug Tier	Notes
ezetimibe-simvastatin	1		labetalol hcl oral	1	
felodipine er	1		LANOXIN ORAL TABLET 125 MCG, 250 MCG	2	
fenofibrate micronized	1		lisinopril oral	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1		lisinopril-hydrochlorothiazide	1	
fenofibrate oral capsule 150 mg, 50 mg	3		losartan potassium oral	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1		losartan potassium-hctz	1	
fenofibric acid oral capsule delayed release	1				PV; AL (Min 40 Years and Max 75 Years)
flecainide acetate	1		lovastatin oral		
		PV; AL (Min 40 Years and Max 75 Years)	matzim la	1	
fluvastatin sodium	1	PV; AL (Min 40 Years and Max 75 Years)	methyldopa	1	
			methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1	
fluvastatin sodium er	1	PV; AL (Min 40 Years and Max 75 Years)	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 transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
hydrochlorothiazide oral	1		minoxidil oral	1	
icosapent ethyl	3		moexipril hcl	1	
indapamide	1		MULTAQ	2	
irbesartan	1		nadolol oral	1	
irbesartan-hydrochlorothiazide	1		nebivolol hcl	3	
isosorbide dinitrate	1		niacin er (antihyperlipidemic)	1	
isosorbide mononitrate	1		nifedipine er	1	
isosorbide mononitrate er	1		nifedipine er osmotic release	1	
isradipine	1				
JUXTAPID	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
nifedipine oral	1		propranolol-hctz oral tablet 40-25 mg, 80-25 mg	1	
nimodipine oral	3		QBRELIS	3	
NITRO-BID	2		quinapril hcl	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2		quinapril-hydrochlorothiazide	1	
nitroglycerin sublingual	1		quinidine gluconate er	1	
nitroglycerin transdermal	1		quinidine sulfate	1	
nitroglycerin translingual	1		ramipril	1	
nitro-time	1		ranolazine er	1	
NORPACE CR	2		REPATHA	SP3	PA; QL
NORTHERA	SP3	PA	REPATHA PUSHTRONEX SYSTEM	SP3	PA; QL
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)
pentoxifylline er	1		simvastatin oral		
perindopril erbumine	1		sorine	1	
phenoxybenzamine hcl oral	3		sotalol hcl (af)	1	
pindolol	1		sotalol hcl oral	1	
PRALUENT	SP3	PA; QL	spironolactone oral	1	
			spironolactone-hctz	1	
pravastatin sodium	1	PV; AL (Min 40 Years and Max 75 Years)	taztia xt	1	
prazosin hcl oral	1		TEKTURN HCT	3	
prevalite	1		telmisartan	1	
propafenone hcl	1		telmisartan-hctz	1	
propafenone hcl er	3		tiadylt er	1	
propranolol hcl er	1		timolol maleate oral	1	
propranolol hcl oral	1		torsemide	1	
			trandolapril	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
trandolapril-verapamil hcl er	3		methylphenidate hcl er oral tablet extended release 24 hour	1	QL
triamterene-hctz	1		methylphenidate hcl oral	1	QL
valsartan	1		QUILLICHEW ER	3	QL
valsartan-hydrochlorothiazide	1		QUILLIVANT XR	3	QL
VASCEPA	3		VYVANSE	2	QL
VECAMYL	3		<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
verapamil hcl er	1		AUBAGIO	SP3	PA; QL
verapamil hcl oral	1		AVONEX PEN	SP2	PA; QL
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>			AVONEX PREFILLED	SP2	PA; QL
amphetamine sulfate	1	QL	COPAXONE	SP2	PA; QL
amphetamine-dextroamphetamine	1	QL	dalfampridine er	SP1	PA; QL
amphetamine-dextroamphetamine er	1	QL	dimethyl fumarate oral	SP1	PA; QL
atomoxetine hcl	1	QL	dimethyl fumarate starter pack	SP1	PA; QL
clonidine hcl er	1		EXTAVIA	SP2	PA; QL
DAYTRANA	2	QL	GILENYA	SP2	PA; QL
dexmethylphenidate hcl	1	QL	glatiramer acetate	SP1	PA; QL
dexmethylphenidate hcl er	1	QL	glatopa	SP1	PA; QL
dextroamphetamine sulfate er	1	QL	KESIMPTA	SP2	PA; QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL	MAVENCLAD	SP3	PA
guanfacine hcl er	1		PLEGRIDY	SP2	PA; QL
methamphetamine hcl	3	QL	PLEGRIDY STARTER PACK	SP2	PA; QL
methylphenidate hcl er (cd)	1	QL	ZEPOSIA	SP3	PA; QL
methylphenidate hcl er (la)	1	QL	ZEPOSIA 7-DAY STARTER PACK	SP3	PA; QL
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	1	QL	ZEPOSIA STARTER KIT	SP3	PA; QL
<b>Central Nervous System Agents - Miscellaneous</b>					
caffeine citrate oral	3		cafeine citrate oral	3	
pregabalin	1	QL	pregabalin	1	QL
riluzole	3	PA; QL	riluzole	3	PA; QL
SAVELLA	3	QL	SAVELLA	3	QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes			
SAVELLA TITRATION PACK	3	QL	sodium fluoride 5000 plus	1				
tetrabenazine	SP1	PA	sodium fluoride 5000 ppm	1				
<b>Dental and Oral Agents</b>								
<b>- Drugs for Mouth and Throat Conditions</b>								
cavarest	1		sodium fluoride 5000 sensitive	1				
cevimeline hcl	1		sodium fluoride dental	1				
chlorhexidine gluconate mouth/throat	1		sodium fluoride mouth/throat	1				
CLINPRO 5000	2		triamcinolone acetonide mouth/throat	1				
DENTA 5000 PLUS	2		<b>Dermatological Agents</b>					
DENTAGEL	2		<b>- Drugs for Skin Conditions</b>					
FLUORIDEX	2		accutane	1	PA			
FLUORIDEX ENHANCED WHITENING	2		acitretin	3				
FLUORIDEX SENSITIVITY RELIEF	2		adapalene external gel 0.3 %	1				
lidocaine viscous hcl	1		ala-cort external cream 2.5 %	1				
oralone	1		alclometasone dipropionate	1				
paroex	1		amnesteem	1	PA			
periogard	1		azelaic acid external	3				
pilocarpine hcl oral	1		AZELEX	2				
PREVIDENT 5000 BOOSTER PLUS	2		benzoyl peroxide-erythromycin	1				
PREVIDENT 5000 DRY MOUTH	2		beser external lotion	3				
PREVIDENT 5000 ENAMEL PROTECT	2		betamethasone dipropionate aug	1				
PREVIDENT 5000 ORTHO DEFENSE	2		betamethasone dipropionate external	1				
PREVIDENT 5000 PLUS	2		betamethasone valerate external	1				
PREVIDENT 5000 SENSITIVE	2		calcipotriene external cream	3				
PREVIDENT DENTAL	2		calcipotriene external ointment	3				
sf	1		calcipotriene external solution	3				
sf 5000 plus	1		calcitriol external	3				
sodium fluoride 5000 enamel	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
CAPEX	2		desoximetasone external cream 0.25 %	1	
claravis	1	PA	desoximetasone external gel	3	
clindacin etz external swab	1		desoximetasone external liquid	3	
clindacin-p	1		desoximetasone external ointment 0.25 %	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1		diclofenac sodium external gel 3 %	1	QL
clindamycin phosphate external gel	1		DRYSOL	2	
clindamycin phosphate external lotion	1		DUPIXENT	SP2	PA; QL
clindamycin phosphate external solution	1		ery	1	
clindamycin phosphate external swab	1		erythromycin external	1	
clobetasol prop emollient base	1		EUCRISA	2	ST
clobetasol propionate e	1		FINACEA EXTERNAL FOAM	3	ST
clobetasol propionate external cream	1		fluocinolone acetonide body	1	
clobetasol propionate external foam	3		fluocinolone acetonide external	1	
clobetasol propionate external gel	1		fluocinolone acetonide scalp	1	
clobetasol propionate external liquid	1		fluocinonide emulsified base	1	
clobetasol propionate external lotion	1		fluocinonide external	1	
clobetasol propionate external ointment	1		FLUOROPLEX	3	
clobetasol propionate external shampoo	3		fluorouracil external cream 5 %	1	
clobetasol propionate external solution	1		fluorouracil external solution	1	
clodan external shampoo	3		fluticasone propionate external cream	1	
desonide external cream	1		fluticasone propionate external lotion	3	
desonide external lotion	1		fluticasone propionate external ointment	1	
desonide external ointment	1		halobetasol propionate external cream	1	
			halobetasol propionate external ointment	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
hydrocortisone ace-pramoxine external cream 2.5-1 %	1		sodium sulfacetamide wash	1	
hydrocortisone butyrate external cream	1		sulfacetamide sodium (acne)	1	
hydrocortisone butyrate external ointment	1		sulfacetamide sodium external liquid	1	
hydrocortisone butyrate external solution	1		sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4.5 %	1	
hydrocortisone external cream 2.5 %	1		tacrolimus external	1	
hydrocortisone external lotion 2.5 %	1		tazarotene external cream	1	AL (Max 40 Years)
hydrocortisone external ointment 2.5 %	1		TAZORAC EXTERNAL CREAM 0.05 %	2	AL (Max 40 Years)
hydrocortisone valerate	1		TAZORAC EXTERNAL GEL	2	AL (Max 40 Years)
imiquimod external cream 5 %	1		TEXACORT	2	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	PA	tretinoin external cream	1	AL (Max 40 Years)
methoxsalen rapid	3		tretinoin external gel 0.01 %, 0.025 %	1	AL (Max 40 Years)
metronidazole external	1		tretinoin external gel 0.05 %	3	AL (Max 40 Years)
mometasone furoate external	1		tretinoin microsphere	1	AL (Max 40 Years)
myorisan	1	PA	tretinoin microsphere pump	1	AL (Max 40 Years)
neuac external gel	1		triamcinolone acetonide external cream	1	
PICATO EXTERNAL GEL 0.015 %, 0.05 %	3	ST	triamcinolone acetonide external lotion	1	
pimecrolimus	1		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
podocon	1		triderm	1	
podofilox external	1		urea external cream 40 %	1	
prednicarbate external cream 0.1 %	1		zenatane	1	PA
REGRANEX	2	PA	<b>Diabetes - Antidiabetic Agents</b>		
rosadan external cream	1		acarbose oral	1	
rosadan external gel	1				
SANTYL	2				
selenium sulfide external lotion	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
BYDUREON BCISE AUTOINJECTOR	3	QL	SYMLINPEN 60	3	PA
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	3	QL	SYNJARDY	2	ST
BYETTA 10 MCG PEN	3	QL	SYNJARDY XR	2	ST
BYETTA 5 MCG PEN	3	QL	TRADJENTA	2	
FARXIGA	2	ST	TRULICITY	2	QL
glimepiride	1		VICTOZA	2	QL
glipizide er	1		XIGDUO XR	2	ST
glipizide ir	1		<b>Diabetes - Glucose Monitoring</b>		
glipizide xl	1		ACCU-CHEK AVIVA DEVICE	1	
glipizide-metformin hcl	1		ACCU-CHEK AVIVA PLUS KIT W/DEVICE	1	
glyburide micronized	1		ACCU-CHEK AVIVA PLUS TEST STRIPS	1	QL
glyburide oral	1		ACCU-CHEK COMPACT PLUS CONTROL	1	
glyburide-metformin	1		ACCU-CHEK COMPACT PLUS TEST STRIPS	1	QL
INVOKAMET	3	ST	ACCU-CHEK FASTCLIX LANCET KIT	1	
INVOKAMET XR	3	ST	ACCU-CHEK GUIDE TEST STRIPS	1	
INVOKANA	3	ST	ACCU-CHEK GUIDE CONTROL	1	
JANUMET	2		ACCU-CHEK GUIDE TEST STRIPS	1	QL
JANUMET XR	2		ACCU-CHEK GUIDE KIT W/DEVICE	1	
JANUVIA	2		ACCU-CHEK SMARTVIEW CONTROL	1	
JARDIANCE	2	ST	ACCU-CHEK SMARTVIEW TEST STRIPS	1	QL
JENTADUETO	2		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
JENTADUETO XR	2		AGAMATRIX CONTROL LEVEL 2	2	
metformin hcl er	1		AGAMATRIX CONTROL LEVEL 4	2	
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			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
AGAMATRIX PRESTO TEST	2	QL	CONTOUR MONITOR KIT W/DEVICE	2	
ASSURE PLATINUM	2	QL	CONTOUR NEXT CONTROL SOLUTION	2	
AUTOLET LANCING DEVICE	2		CONTOUR NEXT EZ KIT W/DEVICE	2	
BAYER CONTOUR LINK 2.4 KIT W/DEVICE	2		CONTOUR NEXT LINK KIT W/DEVICE	2	
BIOTEL CARE BLOOD GLUCOSE	2		CONTOUR NEXT MONITOR KIT W/DEVICE	2	
BIOTEL CARE BLOOD GLUCOSE SYST	2		CONTOUR NEXT ONE KIT	2	
BLOOD GLUCOSE TEST	2	QL	CONTOUR NEXT TEST STRIPS	2	QL
BLULINK CONTROL HIGH & LOW	2		CONTOUR TEST STRIPS	2	QL
BLULINK GLUCOSE MONITORING SYS	2		DEXCOM G4 PLAT PED RCV/SERIAL	3	QL
BLULINK GLUCOSE TEST	2	QL	DEXCOM G4 PLAT PED RECEIVER	3	QL
CARETOUCH CONTROL SOL LEVEL 2	2		DEXCOM G4 PLATINUM RCV/SERIAL	3	QL
CARETOUCH LANCING/EJECTOR	2		DEXCOM G4 PLATINUM RECEIVER	3	QL
CARETOUCH TEST	2	QL	DEXCOM G4 PLATINUM TRANSMITTER	3	QL
CEQUR SIMPLICITY 2U	2		DEXCOM G4 SENSOR	3	QL
CEQUR SIMPLICITY INSERTER	2		DEXCOM G5 MOB/G4 PLAT SENSOR	3	QL
CEQUR SIMPLICITY STARTER	2		DEXCOM G5 MOBILE RECEIVER	3	QL
CHEMSTRIP 10 MD	1		DEXCOM G5 MOBILE TRANSMITTER	3	QL
CHEMSTRIP 10/SG	1		DEXCOM G5 RECEIVER KIT	3	QL
CHEMSTRIP 2 GP	1		DEXCOM G6 RECEIVER	3	QL
CHEMSTRIP 5 OB	1		DEXCOM G6 SENSOR	3	QL
CHEMSTRIP 7	1		DEXCOM G6 TRANSMITTER	3	QL
CHEMSTRIP 9	1				
CHEMSTRIP K	1				
CONTOUR CONTROL SOLUTION	2				
CONTOUR MONITOR DEVICE	2				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
DIATHRIVE BLOOD GLUCOSE METER	2		EMBRACE TALK MONITORING SYSTEM	2	
DIATHRIVE BLOOD GLUCOSE TEST	2	QL	EVENCARE PROVIEW GLUCOSE TEST IN VITRO STRIP	2	QL
DIATHRIVE GLUCOSE CONTROL SOLN	2		FORA 6 CONNECT	2	QL
DIATHRIVE GLUCOSE TEST	2	QL	FORA GTEL BLOOD GLUCOSE SYSTEM	2	
DIATHRIVE LANCING DEVICE	2		FORA GTEL BLOOD GLUCOSE TEST	2	QL
DIATHRIVE+ GLUCOSE MONITOR	2		FORA TN'G ADVANCE PRO IN VITRO	2	QL
DIATHRIVE+ GLUCOSE TEST	2	QL	FORTISCARE CONTROL	2	
DROPLET GENTEEL LANCING DEVICE	2		FORTISCARE G1 TEST STRIP	2	QL
EASY TALK PLUS II TEST STRIPS	2	QL	FORTISCARE GLUCOSE SYSTEM DEVICE	2	
EASY TOUCH HEALTHPRO GLUCOSE	2	QL	FORTISCARE T1 GLUCOSE SYSTEM	2	
EASY TRAK II BLOOD GLUCOSE SYS	2		FREESTYLE FREEDOM LITE	2	
EASY TRAK II CONTROL	2		FREESTYLE INSULINX SYSTEM	2	
EASY TRAK II GLUCOSE TEST	2	QL	FREESTYLE INSULINX TEST	2	QL
EASymax 15 LEVEL 2-3 CONTROL	2		FREESTYLE LIBRE 14 DAY READER	3	QL
EASymax CONTROL	2		FREESTYLE LIBRE 14 DAY SENSOR	3	
GLUCOSE CONTROL SOLUTIONS	2		FREESTYLE LIBRE 2 READER	3	QL
EMBRACE EVO GLUCOSE MONITOR	2		FREESTYLE LIBRE 2 SENSOR	3	QL
EMBRACE LANCING DEVICE/EJECTOR	2		FREESTYLE LIBRE READER	3	QL
EMBRACE TALK BLOOD GLUCOSE	2		FREESTYLE LIBRE SENSOR SYSTEM	3	QL
EMBRACE TALK GLUCOSE CONTROL	2		FREESTYLE LITE TEST	2	QL
EMBRACE TALK GLUCOSE TEST	2	QL	FREESTYLE PRECISION NEO TEST	2	QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FREESTYLE TEST	2	QL	INPEN 100-PINK-NOVO	2	
GENTEEL LANCING KIT (BLUE)	2		KETONE TEST	2	
GHT BLOOD GLUCOSE MONITOR	2		KETOSTIX	2	
GLUCOCARD 01 SENSOR PLUS	2	QL	KROGER HEALTHPRO GLUCOSE TEST	2	QL
GLUCOCARD EXPRESSION TEST	2	QL	LANCETS	2	
GLUCOCARD SHINE CONNEX	2		LANCETS IN VITRO STRIP	2	QL
GLUCOCARD SHINE EXPRESS	2		MICRODOT TEST	2	QL
GLUCOCARD SHINE TEST	2	QL	MICROLET NEXT LANCING DEVICE	2	
GLUCOCARD VITAL TEST	2	QL	NOVOPEN ECHO	2	
GOJJI BLOOD GLUCOSE TEST	2	QL	OMNIPOD DASH SYSTEM	3	
GOJJI CONTROL	2		OMNIPOD STARTER	3	
GOJJI LANCING DEVICE/CLEAR CAP	2		ONE DROP BLOOD GLUCOSE MONITOR	2	
HARMONY BLOOD GLUCOSE TEST IN VITRO STRIP	2	QL	ONE DROP TEST	2	QL
HW EMBRACE PRO GLUCOSE METER	2		ONETOUCH DELICA LANCING DEV	1	
HW EMBRACE PRO GLUCOSE TEST	2	QL	ONETOUCH DELICA PLUS LANCING	1	
HW EMBRACE TALK BLOOD GLUCOSE	2		ONETOUCH DELICA SAFETY LANCING	2	
HW EMBRACE TALK GLUCOSE TEST	2	QL	ONETOUCH ULTRA TEST STRIPS	1	QL
INFINITY BLOOD GLUCOSE TEST	2	QL	ONETOUCH ULTRA 2 KIT W/DEVICE	1	
INPEN 100-BLUE-LILLY	2		ONETOUCH ULTRA MINI KIT W/DEVICE	1	
INPEN 100-BLUE-NOVO	2		ONETOUCH VERIO KIT W/DEVICE	1	
INPEN 100-GRAY-LILLY	2		ONETOUCH VERIO FLEX SYSTEM	1	
INPEN 100-GREY-NOVO	2		ONETOUCH VERIO IN VITRO SOLUTION HIGH	1	
INPEN 100-PINK-LILLY	2		ONETOUCH VERIO TEST STRIPS	1	QL
			ONETOUCH VERIO IQ SYSTEM	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ONETOUCH VERIO REFLECT	1		TRUE FOCUS BLOOD GLUCOSE METER	2	
ONETOUCH VERIO SYNC SYSTEM	1		TRUE METRIX BLOOD GLUCOSE TEST	2	QL
POGO AUTOMATIC BLOOD GLUCOSE	2		TRUE METRIX LEVEL 1	2	
PRECISION LINK	2		TRUE METRIX LEVEL 2	2	
PRECISION PCX PLUS TEST	2	QL	TRUE METRIX LEVEL 3	2	
PRECISION QID MONITOR	2		TRUE METRIX METER KIT	2	
PRECISION QID TEST	2	QL	TRUE METRIX PRO BLOOD GLUCOSE	2	QL
PRECISION SOF-TACT MONITOR	2		TRUETRACK TEST	2	QL
PRECISION SOF-TACT TEST	2	QL	UNISTRIP CONTROL IN VITRO SOLUTION LOW	2	
PRECISION XTRA BLOOD GLUCOSE	2	QL	V-GO 20	3	QL
PRECISION XTRA DEVICE	2		V-GO 30	3	QL
PRECISION XTRA KIT	2		V-GO 40	3	QL
PRECISION XTRA MONITOR	2		VIVAGUARD INO CONTROL SOLUTION	2	
PRODIGY NO CODING BLOOD GLUC	2		VIVAGUARD INO GLUCOSE METER	2	
RELION BLOOD GLUCOSE TEST	2	QL	VIVAGUARD INO TEST STRIPS	2	QL
RELION PREMIER CLASSIC	2		VIVAGUARD LANCING DEVICE	2	
RELION PREMIER TEST	2	QL	<b>Diabetes - Glycemic Agents</b>		
RIGHTEST GT333 BLOOD GLUCOSE	2		BAQSIMI ONE PACK	2	
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	2	QL	BAQSIMI TWO PACK	2	
SURESTEP PRO HIGH GLUCOSE	1		diazoxide oral	3	
SURESTEP PRO LOW GLUCOSE	1		GLUCAGEN HYPOKIT	2	
SURESTEP PRO NORMAL GLUCOSE	1		glucagon emergency kit 1 mg injection 1 mg	1	
			GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	2	
			GLUCAGON EMERGENCY KIT	2	
			GVOKE HYPOOPEN 1-PACK	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
GVOKE HYPOOPEN 2-PACK	2		HUMULIN N KWIKPEN	2	
GVOKE PFS	2		HUMULIN N VIAL	2	
<b>Diabetes - Insulins</b>					
APIDRA SOLOSTAR	3		HUMULIN R U-500 KWIKPEN	2	
APIDRA VIAL	3		HUMULIN R U-500 VIAL	2	
BD AUTOSHIELD DUO PEN NEEDLES	1		HUMULIN R VIAL	2	
BD ULTRA-FINE INSULIN SYRINGES	1		INSULIN PEN NEEDLES	1	
BD ULTRA-FINE PEN NEEDLES	1		INSULIN SYRINGES	1	
CARETOUCH HYPODERMIC NEEDLE 22G X 1"	1		LANTUS SOLOSTAR	2	
DROPLET MICRON	1		LANTUS U-100 VIAL	2	
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" , 23G X 1" , 25G X 1" , 25G X 5/8"	1		LEVEMIR U-100 FLEXTOUCH	2	
FIASP	1		LEVEMIR U-100 VIAL	2	
FIASP FLEXTOUCH	1		NOVOFINE AUTOCOVER PEN NEEDLE	1	
FIASP PENFILL	1		NOVOFINE PEN NEEDLE	1	
HUMALOG	2		NOVOFINE PLUS PEN NEEDLE	1	
HUMALOG KWIKPEN	2		NOVOLIN 70/30 FLEXPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2		NOVOLIN 70/30 FLEXPEN RELION	2	
HUMALOG MIX 50/50 VIAL	2		NOVOLIN 70/30 RELION	2	
HUMALOG MIX 75/25 KWIKPEN	2		NOVOLIN 70/30 VIAL	2	
HUMALOG MIX 75/25 VIAL	2		NOVOLIN N FLEXPEN	2	
HUMALOG U-100 JUNIOR KWIKPEN	2		NOVOLIN N FLEXPEN RELION	2	
HUMULIN 70/30 KWIKPEN	2		NOVOLIN N RELION	2	
HUMULIN 70/30 VIAL	2		NOVOLIN N VIAL	2	
			NOVOLIN R FLEXPEN	2	
			NOVOLIN R FLEXPEN RELION	2	
			NOVOLIN R RELION	2	
			NOVOLIN R VIAL	2	
			NOVOLOG FLEXPEN	1	
			NOVOLOG MIX 70/30 FLEXPEN	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
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	
PREVENT DROPSAFE PEN NEEDLES	1		foltrin	1	
SECURESAFE HYPODERMIC NEEDLE 18G X 1" , 19G X 1" , 19G X 1-1/2" , 22G X 1"	1		GALZIN	2	
TOUJEO MAX SOLOSTAR	2		INTEGRA F	2	
TOUJEO SOLOSTAR	2		INTEGRA PLUS	2	
TRESIBA	2		iodine strong oral	1	
TRESIBA FLEXTOUCH	2		JYNARQUE	SP2	QL
ULTIGUARD SAFEPACK SYR/NEEDLE	1		kionex oral suspension 15 gm/60ml	1	
<b>Electrolytes / Minerals / Metals / Vitamins</b>			klor-con	1	
CARBAGLU	SP3		klor-con 10	1	
CARNITOR INTRAVENOUS	3		klor-con m10	1	
clovique oral capsule 250 mg	SP1	PA	klor-con m15	1	
cyanocobalamin injection solution 1000 mcg/ml	1		klor-con m20	1	
cytra k crystals	1		klor-con sprinkle oral capsule extended release 10 meq, 8 meq	1	
deferasirox oral tablet	3	PA	klor-con/ef	1	
effer-k oral tablet effervescent 25 meq	1		K-PHOS	2	
ergocalciferol oral capsule	1		K-PHOS NO 2	2	
ferocon	1		k-prime	1	
ferotrinic	1		levocarnitine oral solution	3	
FERRALET 90	3		levocarnitine oral tablet	3	
fluoritab	0	PV	levocarnitine sf	3	
folate	0	PV	multivitamin/fluoride tablet chewable 1 mg oral	1	
			MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL	1	
			nafrinse	0	PV
			nafrinse drops	0	PV
			NASCOBAL	2	
			ONE VITE WOMENS	0	PV

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes	
ONE-A-DAY WOMENS PRENATAL 1	0	PV	taron-crystals oral packet 3300-1002 mg	1		
ORACIT	2		TOLVAPTAN ORAL TABLET 15 MG	SP1	QL	
phosphorous	1		tolvaptan oral tablet 30 mg	SP1	QL	
phospho-trin 250 neutral	1		tricitrates	1		
phytonadione oral	1		trientine hcl	SP1	PA	
pot & sod cit-cit ac	1		VIRT-FEFA PLUS	2		
potassium chloride crys er	1		virt-phos 250 neutral	1		
potassium chloride er	1		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1		
potassium chloride oral	1		WILZIN	2		
potassium citrate er	1		yl folic acid	0	PV	
potassium citrate-citric acid	1		<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>			
prenatal multi +dha	0	PV	esomeprazole magnesium oral capsule delayed release 40 mg	3	QL	
prenatal oral tablet 27-0.8 mg	0	PV	esomeprazole magnesium oral packet	3	QL; AL (Max 12 Years)	
prenatal oral tablet 27-1 mg	1		famotidine oral suspension reconstituted	3		
prenatal plus iron	1		lansoprazole oral capsule delayed release 30 mg	3	QL	
prenatal vitamin plus low iron	1		lansoprazole oral tablet delayed release dispersible	3	QL; AL (Max 12 Years)	
preplus	1		misoprostol oral	1		
PROFERRIN-FORTE	2		NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	QL; AL (Max 12 Years)	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG	1		omeprazole oral capsule delayed release 10 mg, 40 mg	3	QL	
sod citrate-citric acid	1		pantoprazole sodium oral tablet delayed release	3	QL	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	0	PV	rabeprazole sodium oral tablet delayed release	3	QL	
sodium fluoride oral tablet	0	PV				
sodium fluoride oral tablet chewable	0	PV				
sodium polystyrene sulfonate	1					
sodium polystyrene sulfonate oral suspension 15 gm/60ml	1					
sps	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
sucralfate oral	1		mm clearlax	0	PV; QL
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>			MOVANTIK	3	QL
alosetron hcl	3	PA	oscimin sr	1	
AMITIZA	3	QL	OSMOPREP	3	
bisacodyl ec	0	PV; QL	peg 3350-kcl-na bicarb-nacl	1	PV; QL
citroma	0	PV; QL	peg-3350/electrolytes	1	PV; QL
clearlax	0	PV; QL	peg-3350/electrolytes/ascorb at	3	
constulose	1		peg-kcl-nacl-nasulf-na asc-c	3	
cromolyn sodium oral	3		polyethylene glycol 3350 oral powder	0	PV; QL
CUVPOSA	3		PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM	3	
dicyclomine hcl oral	1		qc magnesium citrate	0	PV; QL
diphenoxylate-atropine	1		RELISTOR SUBCUTANEOUS	SP3	QL
enulose	1		SUPREP BOWEL PREP KIT	3	
GATTEX	SP3	PA	SYMAX DUOTAB ORAL TABLET EXTENDED RELEASE 0.375 MG	2	
gavilax oral powder	0	PV; QL	trilyte oral solution reconstituted 420 gm	1	PV; QL
gavilyte-c	1	PV; QL	ursodiol oral capsule 300 mg	1	
gavilyte-g	1	PV; QL	ursodiol oral tablet	1	
gavilyte-n with flavor pack	1	PV; QL	VIBERZI	3	PA; QL
generlac	1		XERMELO	SP3	PA; QL
gentle laxative oral	0	PV; QL	<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
glycolax	0	PV; QL	CERDELGA	SP3	PA
glycopyrrolate oral	1		CHOLBAM	SP3	PA
hyoscyamine sulfate er	1		CREON	2	
hyoscyamine sulfate oral	1		GALAFOLD	SP3	PA; QL
hyoscyamine sulfate sl	1		MYALEPT	SP3	PA
hyoscyamine sulfate sublingual	1				
hyosyne	1				
lactulose encephalopathy	1				
lactulose oral solution	1				
LINZESS	3	QL			
LUBIPROSTONE	3	QL			
magnesium citrate oral solution	0	PV; QL			

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	
nitisinone	SP1	PA	sevelamer hcl oral tablet 800 mg	3		
OCALIVA	SP3	PA; QL	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	3	QL	
ORFADIN	SP3	PA	solifenacin succinate	1		
PANCREAZE	2		tadalafil oral tablet 2.5 mg, 5 mg	3	QL	
PROCYSBI	SP3	PA	tolterodine tartrate	1		
RAVICTI	SP3	PA	tolterodine tartrate er	1		
sodium phenylbutyrate oral	SP1		trospium chloride	1		
STRENSIQ	SP3	PA	trospium chloride er	3		
ZENPEP	2		<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>			
AURYXIA	3		<b>Genitourinary Agents - Drugs for Prostate Conditions</b>			
bethanechol chloride oral	1		alfuzosin hcl er	1		
calcium acetate (phos binder) oral capsule	1		dutasteride oral	1		
darifenacin hydrobromide er	3		dutasteride-tamsulosin hcl	1		
ELMIRON	2		finasteride oral tablet 5 mg	1		
flavoxate hcl	1		silodosin	1		
INTRAROSA	3		tamsulosin hcl	1		
LITHOSTAT	3		terazosin hcl	1		
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	2	PA	<b>Hormonal Agents - Adrenal</b>			
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2		cortisone acetate oral tablet 25 mg	1		
oxybutynin chloride er	1		dexamethasone intensol	1		
oxybutynin chloride oral	1		dexamethasone oral elixir	1		
penicillamine oral tablet	SP1	PA	dexamethasone oral solution	1		
phenazo oral tablet 200 mg	1		dexamethasone oral tablet	1		
phenazopyridine hcl oral tablet 100 mg, 200 mg	1		fludrocortisone acetate oral	1		
sevelamer carbonate	1		hydrocortisone oral	1		
sevelamer hcl oral tablet 400 mg	1		MEDROL ORAL TABLET 2 MG	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
methylprednisolone oral	1		NUTROPIN AQ NUSPIN 20	SP2	PA
prednisolone oral solution	1		NUTROPIN AQ NUSPIN 5	SP2	PA
prednisolone sodium phosphate oral solution	1		octreotide acetate	SP1	PA
prednisolone sodium phosphate oral tablet dispersible	3		OMNITROPE	SP2	PA
prednisone intensol	1		ORILISSA	3	PA; QL
prednisone oral	1		SIGNIFOR	SP3	PA; QL
<b>Hormonal Agents - Men's Health</b>			SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP3	PA
ANDRODERM	2	PA	STIMATE	2	
danazol oral	3		<b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b>		
DEPO-TESTOSTERONE	2	PA	OSPHENA	3	
testosterone cypionate intramuscular	1	PA	raloxifene hcl	1	PV
testosterone enanthate intramuscular	1	PA	<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
testosterone transdermal	3	PA	afirmelle	0	PV
<b>Hormonal Agents - Pituitary</b>			altavera	0	PV
cabergoline	1		alyacen 1/35	0	PV
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 %	2		alyacen 7/7/7	0	PV
desmopressin ace spray refrig	1		amabelz	1	
desmopressin acetate injection	1		amethia	0	PV; QL
DESMOPRESSIN ACETATE NASAL	2		amethia lo oral tablet 0.1-0.02 & 0.01 mg	0	PV; QL
desmopressin acetate oral	1		amethyst	0	PV
desmopressin acetate pf	1		ANGELIQ	2	
desmopressin acetate spray	1		ANNOVERA	0	PV; QL
NORDITROPIN FLEXPRO	SP2	PA	apri	0	PV
NUTROPIN AQ NUSPIN 10	SP2	PA	aranelle	0	PV
			ashlyna	0	PV; QL
			aubra	0	PV
			aubra eq	0	PV
			aurovela 1.5/30	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
aurovela 1/20	0	PV	DEPO-ESTRADIOL	2	
aurovela 24 fe	0	PV	desogestrel-ethinyl estradiol	0	PV
aurovela fe 1.5/30	0	PV	DIVIGEL	3	
aurovela fe 1/20	0	PV	dolishale	0	PV
aviane	0	PV	dotti	1	
ayuna	0	PV	drospiren-eth estrad-levomefol	0	PV
azurette	0	PV	drospirenone-ethinyl estradiol	0	PV
BALCOLTRA	3		DUAVEE	2	
balziva	0	PV	ELESTRIN	3	
bekyree oral tablet 0.15-0.02/0.01 mg (21/5)	0	PV	elinest	0	PV
blisovi 24 fe	0	PV	ELLA	0	PV
blisovi fe 1.5/30	0	PV	eluryng	0	PV
blisovi fe 1/20	0	PV	emoquette	0	PV
briellyn	0	PV	enpresse-28	0	PV
camila	0	PV	enskyce	0	PV
camrese	0	PV; QL	errin	0	PV
camrese lo	0	PV; QL	est estrogens-methyltest	1	
caziant	0	PV	est estrogens-methyltest	1	
charlotte 24 fe	0	PV	ds		
chateal	0	PV	est estrogens-methyltest	1	
chateal eq	0	PV	hs		
CLIMARA PRO	3		estarrylla	0	PV
COMBIPATCH	3		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	1	
cyred	0	PV	intramuscular		
cyred eq	0	PV	estradiol-norethindrone	1	
dasetta 1/35	0	PV	acet		
dasetta 7/7/7	0	PV	ESTRING	3	QL
daysee	0	PV; QL	ESTROGEL	3	
deblitane	0	PV	ethynodiol diac-eth estradiol	0	PV
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	2		etongestrel-ethinyl estradiol	0	PV
delyla	0	PV	EVAMIST	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
falmina	0	PV	larin fe 1.5/30	0	PV
fayosim	0	PV; QL	larin fe 1/20	0	PV
femynor	0	PV	larissia	0	PV
fyavolv	1		layolis fe	0	PV
gemmily	0	PV	leena	0	PV
gianvi oral tablet 3-0.02 mg	0	PV	lessina	0	PV
hailey 1.5/30	0	PV	levonest	0	PV
hailey 24 fe	0	PV	levonorgest-eth est & eth est	0	PV; QL
hailey fe 1.5/30	0	PV	levonorgest-eth estrad 91-day	0	PV; QL
hailey fe 1/20	0	PV	levonorgestrel	0	PV
heather	0	PV	levonorgestrel-ethinyl estrad	0	PV
iclevia	0	PV; QL	levonorg-eth estrad triphasic	0	PV
incassia	0	PV	levora 0.15/30 (28)	0	PV
introvale	0	PV; QL	LILETTA (52 MG)	0	PV
isibloom	0	PV	lillow	0	PV
jaimiess	0	PV; QL	LO LOESTRIN FE	3	
jasmiel	0	PV	lojaimiess	0	PV; QL
jencycla	0	PV	lopreeza oral tablet 1-0.5 mg	1	
jinteli	1		loryna	0	PV
jolessa	0	PV; QL	low-ogestrel	0	PV
juleber	0	PV	lo-zumandimine	0	PV
junel 1.5/30	0	PV	lutera	0	PV
junel 1/20	0	PV	lyeq	0	PV
junel fe 1.5/30	0	PV	lyllana	1	
junel fe 1/20	0	PV	lyza	0	PV
junel fe 24	0	PV	marlissa	0	PV
kaitlib fe	0	PV	medroxyprogesterone acetate intramuscular	0	PV; QL
kalliga	0	PV	medroxyprogesterone acetate oral	1	
kariva	0	PV	megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	1	
kelnor 1/35	0	PV			
kelnor 1/50	0	PV			
kurvelo	0	PV			
KYLEENA	0	PV			
larin 1.5/30	0	PV			
larin 1/20	0	PV			
larin 24 fe	0	PV			

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
megestrol acetate oral tablet	1		nortrel 1/35 (21)	0	PV
melodetta 24 fe oral tablet chewable 1-20 mg-mcg(24)	0	PV	nortrel 1/35 (28)	0	PV
MENEST	2		nortrel 7/7/7	0	PV
merzee	0	PV	nylia 7/7/7	0	PV
mibelas 24 fe	0	PV	nymyo	0	PV
microgestin 1.5/30	0	PV	ocella	0	PV
microgestin 1/20	0	PV	ogestrel oral tablet 0.5-50 mg-mcg	0	PV
microgestin 24 fe	0	PV	orsythia	0	PV
microgestin fe 1.5/30	0	PV	PARAGARD INTRAUTERINE COPPER	0	PV
microgestin fe 1/20	0	PV	philith	0	PV
milii	0	PV	pimtrea	0	PV
mimvey	1		pirmella 1/35	0	PV
MIRENA (52 MG)	0	PV	pirmella 7/7/7	0	PV
mono-linyah	0	PV	portia-28	0	PV
NATAZIA	0	PV	PREMARIN ORAL	2	
necon 0.5/35 (28)	0	PV	PREMARIN VAGINAL	2	
NEXPLANON	0	PV	PREMPHASE	2	
nikki	0	PV	PREMPRO	2	
nora-be	0	PV	preventeza	0	PV
norethin ace-eth estrad-fe	0	PV	previfem	0	PV
norethindrone acetate oral	1		progesterone intramuscular	1	
norethindrone acet-ethinyl est	0	PV	progesterone oral	1	
norethindrone oral	0	PV	reclipsen	0	PV
norethindrone-eth estradiol	1		rivelsa	0	PV; QL
norethin-eth estradiol-fe	0	PV	setlakin	0	PV; QL
norgestimate-eth estradiol	0	PV	sharobel	0	PV
norgestimate-ethinyl estradiol triphasic	0	PV	simliya	0	PV
norlyda	0	PV	simpesse	0	PV; QL
norlyroc	0	PV	SKYLA	0	PV
nortrel 0.5/35 (28)	0	PV	SLYND	3	
			sprintec 28	0	PV
			sronyx	0	PV
			syeda	0	PV
			tarina 24 fe	0	PV

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
tarina fe 1/20	0	PV	zumandimine	0	PV
tarina fe 1/20 eq	0	PV	<b>Hormonal Agents - Thyroid</b>		
taysofy	0	PV	ARMOUR THYROID	2	
tilia fe	0	PV	euthyrox	1	
tri femynor	0	PV	levo-t	1	
tri-estarrylla	0	PV	LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
tri-legest fe	0	PV	levothyroxine sodium oral tablet	1	
tri-linyah	0	PV	levoxyl	1	
tri-lo-estarrylla	0	PV	liothyronine sodium oral	1	
tri-lo-marzia	0	PV	methimazole oral	1	
tri-lo-mili	0	PV	nature-throid	1	
tri-lo-sprintec	0	PV	np thyroid	1	
tri-mili	0	PV	propylthiouracil oral	1	
tri-nymyo	0	PV	SYNTHROID	2	
tri-previfem	0	PV	thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
tri-sprintec	0	PV	TIROSINT	3	
trivora (28)	0	PV	unithroid	1	
tri-vylibra	0	PV	westhroid	1	
tri-vylibra lo	0	PV	wp thyroid	1	
tulana	0	PV	<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
tyblume	0	PV	ACTEMRA ACTPEN	SP3	PA
tydemy	0	PV	ACTEMRA SUBCUTANEOUS	SP3	PA
velivet	0	PV	ACTIMMUNE	SP2	PA
vestura	0	PV	azathioprine oral	1	
vienva	0	PV	BERINERT	SP2	PA; QL
viorele	0	PV	CELLCEPT	SP3	
volnea	0	PV	CIMZIA	SP2	PA
vyfemla	0	PV	CIMZIA PREFILLED KIT	SP2	PA
vylibra	0	PV	CIMZIA STARTER KIT	SP2	PA
wera	0	PV			
wymzya fe	0	PV			
xulane	0	PV			
yuvafem	1				
zafemy	0	PV			
zarah	0	PV			
zovia 1/35 (28)	0	PV			
zovia 1/35e (28)	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
COSENTYX (300 MG DOSE)	SP3	PA	mycophenolate sodium	1	
COSENTYX 150 MG/ML	SP3	PA	MYFORTIC	SP3	
COSENTYX SENSOREADY (300 MG)	SP3	PA	NEORAL	SP3	
COSENTYX SENSOREADY PEN	SP3	PA	ORENCIA CLICKJECT	SP3	PA
cyclosporine modified	1		ORENCIA SUBCUTANEOUS	SP3	PA
cyclosporine oral	1		OTEZLA	SP2	PA
ENBREL	SP3	PA	PROGRAF ORAL CAPSULE	SP3	
ENBREL MINI	SP3	PA	PROGRAF ORAL PACKET	SP2	
ENBREL SURECLICK	SP3	PA	RAPAMUNE ORAL SOLUTION	SP2	
ENVARSUS XR	SP2		RAPAMUNE ORAL TABLET	SP3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	SP1		RIDAURA	SP2	
FIRAZYR	SP3	PA; QL	RINVOQ	SP2	PA
gengraf	1		sajazir	SP1	PA; QL
HAEGARDA	SP2	PA	SANDIMMUNE ORAL CAPSULE	SP3	
HUMIRA	SP2	PA	SANDIMMUNE ORAL SOLUTION	SP2	
HUMIRA PEDIATRIC CROHNS START	SP2	PA	SIMPONI	SP2	PA
HUMIRA PEN	SP2	PA	sirolimus oral solution	SP1	
HUMIRA PEN-CD/UC/HS STARTER	SP2	PA	sirolimus oral tablet	1	
HUMIRA PEN-PEDIATRIC UC START	SP2	PA	SKYRIZI	SP2	PA; QL
HUMIRA PEN-PS/UV/ADOL HS START	SP2	PA	SKYRIZI (150 MG DOSE)	SP2	PA; QL
HUMIRA PEN-PSOR/UVEIT STARTER	SP2	PA	SKYRIZI PEN	SP2	PA; QL
icatibant acetate	SP1	PA; QL	STELARA SUBCUTANEOUS	SP2	PA; QL
KINERET	SP3	PA	tacrolimus oral	1	
leflunomide oral	1		TALTZ	SP2	PA
methotrexate oral	1		TREMFYA	SP2	PA
methotrexate sodium	1		XATMEP	3	
methotrexate sodium (pf)	1		XELJANZ ORAL TABLET	SP2	PA
mycophenolate mofetil oral	1		XELJANZ XR	SP2	PA
			ZORTRESS	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	Drug Name	Drug Tier	Notes
<b>Immunological Agents - Drugs for Vaccination</b>					
ACTHIB	3	PV; AL (Max 6 Years)	GARDASIL 9	3	PV; AL (Min 9 Years and Max 26 Years)
ADACEL	0	PV	HAVRIX	0	PV
AFLURIA QUADRIVALENT	0	PV	HEPLISAV-B	3	PV; AL (Min 18 Years)
BCG VACCINE	3		HIBERIX	3	PV; AL (Max 6 Years)
BEXSERO	0	PV	IMOVAX RABIES	3	
BOOSTRIX	0	PV	INFANRIX	0	PV
DAPTACEL	0	PV	IPOL	3	PV; AL (Max 17 Years)
DIPHTHERIA-TETANUS TOXOIDS DT	0	PV	JANSSEN COVID-19 VACCINE	0	PV
ENGERIX-B INTRAMUSCULAR INJECTABLE 10 MCG/0.5ML, 20 MCG/ML	0	PV	KINRIX INTRAMUSCULAR SUSPENSION	0	PV
FLUAD QUADRIVALENT	0	PV; AL (Min 65 Years)	MENACTRA	0	PV
FLUARIX QUADRIVALENT	0	PV	MENQUADFI	0	PV
FLUBLOK QUADRIVALENT	0	PV	MENVEO	0	PV
FLUCELVAX QUADRIVALENT	0	PV	M-M-R II	0	PV
FLULAVAL QUADRIVALENT	0	PV	MODERNA COVID-19 VACCINE	0	PV
FLUMIST QUADRIVALENT	3	PV; AL (Min 2 Years and Max 49 Years)	PEDIARIX	0	PV
FLUZONE HIGH-DOSE QUADRIVALENT	0	PV; AL (Min 65 Years)	PEDVAX HIB	3	PV; AL (Max 6 Years)
FLUZONE QUADRIVALENT	0	PV	PENTACEL	0	PV
			PFIZER-BIONTECH COVID-19 VACC	0	PV
			PNEUMOVAX 23	0	PV
			PREVNAR 13	0	PV
			PROQUAD	0	PV
			QUADRACEL	0	PV
			RECOMBIVAX HB	0	PV

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ROTARIX	3	PV; AL (Max 8 Months)	hydrocortisone ace-pramoxine external cream 1-1 %	1	
ROTAQUE	3	PV; AL (Max 8 Months)	hydrocortisone acetate rectal suppository 25 mg	1	
SHINGRIX	3	PV; AL (Min 50 Years)	hydrocortisone rectal	1	
STAMARIL	3		hydrocort-pramoxine (perianal)	1	
TDVAX	0	PV	mesalamine er oral capsule 0.375 gm	1	
TENIVAC	0	PV	mesalamine oral	1	
TETANUS-DIPHTHERIA TOXOIDS TD	0	PV	mesalamine rectal	1	
TRUMENBA	0	PV	mesalamine-cleanser	1	
TWINRIX	0	PV	PENTASA	2	
TYPHIM VI	3		PROCTOFOAM HC	2	
VAQTA	0	PV	procto-med hc	1	
VARIVAX	0	PV	procto-pak	1	
VAXCHORA	3		proctosol hc	1	
VAXELIS	0	PV	proctozone-hc	1	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	2		sulfasalazine oral	1	
YF-VAX	3		<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	3	PV; AL (Min 60 Years)	alendronate sodium oral solution	1	
<b>Inflammatory Bowel Disease Agents</b>			alendronate sodium oral tablet 10 mg, 5 mg	1	
anucort-hc	1		alendronate sodium oral tablet 35 mg, 70 mg	1	QL
balsalazide disodium	1		calcitonin (salmon) nasal	1	QL
budesonide er	3		FORTEO	SP2	PA
budesonide oral	1		ibandronate sodium oral	1	QL
colocort rectal enema 100 mg/60ml	1		risedronate sodium oral tablet 150 mg, 35 mg	1	QL
hydrocortisone (perianal)	1		risedronate sodium oral tablet 30 mg, 5 mg	1	
			risedronate sodium oral tablet delayed release	3	QL
			TERIPARATIDE (RECOMBINANT)	SP2	PA

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
TYMLOS	SP2	PA	CAYA	0	PV; QL
<b>Metabolic Bone Disease Agents - Other</b>					
calcitriol oral	1		CLEVER CHOICE HOLDING CHAMBER	2	
cinacalcet hcl	3	PA	COMPACT SPACE CHAMBER	2	
paricalcitol oral	1		COMPACT SPACE CHAMBER/LG MASK	2	
SENSIPAR	SP3	PA	COMPACT SPACE CHAMBER/MED MASK	2	
<b>Miscellaneous Therapeutic Agents</b>					
AEROCHAMBER MINI CHAMBER	2		COMPACT SPACE CHAMBER/SM MASK	2	
AEROCHAMBER MV	2		DEFLUX METAL NEEDLE	1	
AEROCHAMBER PLUS FLO-VU	2		EASIVENT	2	
AEROCHAMBER PLUS FLOW VU	2		EASY GLIDE LUER LOCK SYRINGE	1	
AEROCHAMBER W/FLOWSIGNAL	2		EASY GLIDE SLIP LOCK SYRINGE	1	
BREATHE EASE LARGE	2		EASYPOINT NEEDLE 25G X 1-1/2"	1	
BREATHE EASE MEDIUM	2		ELECARE	3	
BREATHE EASE SMALL	2		ENCARE	0	PV; QL
BREATHERITE	2		EO28 SPLASH	3	
BREATHERITE COLL SPACER ADULT	2		EQUACARE JR	3	
BREATHERITE COLL SPACER CHILD	2		ESSENTIAL CARE JR	3	
BREATHERITE COLL SPACER INFANT	2		FC FEMALE CONDOM	0	PV; QL
BREATHERITE SPACER NEONATE	2		FC2 FEMALE CONDOM	0	PV; QL
BREATHERITE SPACER SMALL CHILD	2		FEMCAP	0	PV; QL
CAMINO PRO COMPLETE/GLYTACTIN	2		FLEXICHAMBER	2	
CARETOUCH HYPODERMIC NEEDLE 26G X 1"	1		FLEXICHAMBER ADULT MASK/SMALL	2	
CARETOUCH LUER LOCK 1 ML	1		FLEXICHAMBER CHILD MASK/LARGE	2	
			FLEXICHAMBER CHILD MASK/SMALL	2	
			FORA D40G GLUCOSE/PRESSURE	2	
			GLYTACTIN BETTERMILK 15	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 BETTERMILK DE-LITE	2		MICROCHAMBER	2	
GLYTACTIN BUILD 10PE	2		NEOCATE JUNIOR	3	
GLYTACTIN BUILD 20/20	2		NORDIPEN 5 INJECTION DEVICE	1	
GLYTACTIN BUILD 20/20 PKU	2		NORM-JECT LUER SLIP SYRINGE	1	
GLYTACTIN BURST	2		OMNIPOD 5 PACK	3	QL
GLYTACTIN COMPLETE 10PE	2		OMNIPOD DASH 5 PACK PODS	3	QL
GLYTACTIN RESTORE 10	2		OPTICHAMBER DIAMOND	2	
GLYTACTIN RESTORE 5	2		OPTICHAMBER DIAMOND-LG MASK	2	
GLYTACTIN RESTORE LITE 10	2		OPTICHAMBER DIAMOND-MD MASK	2	
GLYTACTIN RESTORE LITE 10PE	2		OPTICHAMBER DIAMOND-SM MASK	2	
GLYTACTIN RTD 10	2		OPTIONS CONCEPTROL VAGINAL GEL 4 %	0	PV; QL
GLYTACTIN RTD 15	2		OPTIONS GYNOL II CONTRACEPTIVE	0	PV; QL
GLYTACTIN RTD LITE 15	2		PANDA MASK LARGE	2	
GLYTACTIN SWIRL 15PE	2		PANDA MASK MEDIUM	2	
heparin lock flush	1		PANDA MASK SMALL	2	
heparin sodium lock flush	1		PEDIATRIC PANDA MASK	2	
HUMATROPEN FOR 12MG	1		PHENACTIN AA PLUS ORAL LIQUID	2	
HUMATROPEN FOR 24MG	1		PHENEX-1	2	
HUMATROPEN FOR 6MG	1		PHENEX-2	2	
INSPIREASE RESERVOIR BAGS	2		PHENYLADE DRINK MIX	2	
J-TIP KIT W/VIAL ADAPTERS	1		PHENYLADE GMP READY	2	
MASK VORTEX	2		PHENYLADE GMP ULTRA	2	
methergine	3	QL	PKU EASY	2	
methylergonovine maleate oral	3	QL	PKU EASY MICROTABS	2	
			PKU GO	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
PKU SPHERE 20 ORAL LIQUID	2		WIDE-SEAL DIAPHRAGM 80	0	PV; QL
POCKET SPACER	2		WIDE-SEAL DIAPHRAGM 85	0	PV; QL
PRO COMFORT SPACER ADULT	2		WIDE-SEAL DIAPHRAGM 90	0	PV; QL
PRO COMFORT SPACER CHILD	2		WIDE-SEAL DIAPHRAGM 95	0	PV; QL
PRO COMFORT SPACER INFANT	2		<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
PROCARE SPACER/ADULT MASK	2		ALOCRIL	2	
PROCARE SPACER/CHILD MASK	2		ALOMIDE	2	
PURAMINO DHA/ARA	3		ALREX	2	
SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2"	1		AZASITE	3	
SYRINGE LUER LOCK 30 ML	1		azelastine hcl ophthalmic	1	
SYRINGE LUER SLIP 1 ML	1		bacitracin ophthalmic	1	
TODAY SPONGE	0	PV; QL	BESIVANCE	3	
TOLEREX	3		bromfenac sodium (once-daily)	1	QL
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	0	PV; QL	CILOXAN OPHTHALMIC OINTMENT	2	
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	0	PV; QL	ciprofloxacin hcl ophthalmic	1	
vcf vaginal contraceptive vaginal gel	0	PV; QL	cromolyn sodium ophthalmic	1	
VIVONEX PEDIATRIC	3		dexamethasone sodium phosphate ophthalmic	1	
VORTEX VALVED HOLDING CHAMBER	2		diclofenac sodium ophthalmic	1	
WIDE-SEAL DIAPHRAGM 60	0	PV; QL	difluprednate	3	
WIDE-SEAL DIAPHRAGM 65	0	PV; QL	DUREZOL	3	
WIDE-SEAL DIAPHRAGM 70	0	PV; QL	epinastine hcl	1	
WIDE-SEAL DIAPHRAGM 75	0	PV; QL	erythromycin ophthalmic	1	
			FLAREX	2	
			fluorometholone	1	
			flurbiprofen sodium	1	
			FML	2	
			FML FORTE	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
gatifloxacin ophthalmic	1		ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
gentak	1		apraclonidine hcl	1	
gentamicin sulfate ophthalmic	1		betaxolol hcl ophthalmic	1	
ketorolac tromethamine ophthalmic	1		BETIMOL	2	
levofloxacin ophthalmic	1		BETOPICT-S	2	
LOTEMAX OPHTHALMIC OINTMENT	2	QL	bimatoprost ophthalmic	1	QL
loteprednol etabonate ophthalmic gel	1	QL	brimonidine tartrate ophthalmic	1	
loteprednol etabonate ophthalmic suspension	1		brinzolamide	1	
MAXIDEX	2		carteolol hcl	1	
moxifloxacin hcl ophthalmic solution	1		COMBIGAN	2	
NATACYN	3		dorzolamide hcl ophthalmic	1	
ofloxacin ophthalmic	1		dorzolamide hcl-timolol mal	1	
olopatadine hcl ophthalmic	1		dorzolamide hcl-timolol mal pf	1	
prednisolone acetate ophthalmic	1		IOPIDINE	2	
prednisolone acetate p-f	1		latanoprost ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1		levobunolol hcl	1	
PROLENSA	3	QL	LUMIGAN	2	QL
sulfacetamide sodium ophthalmic	1		methazolamide oral	3	
tobramycin ophthalmic	1		PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION	2	
TOBREX OPHTHALMIC OINTMENT	2		RECONSTITUTED 0.125 %		
trifluridine	1		pilocarpine hcl ophthalmic	1	
ZIRGAN	3		RHOPRESSA	3	QL
<b>Ophthalmic Agents - Drugs for Glaucoma</b>			ROCKLATAN	3	QL
acetazolamide er	1		SIMBRINZA	2	
acetazolamide oral	1		timolol maleate ophthalmic	1	
			travoprost (bak free)	3	QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>			PRED-G S.O.P.	2	
ak-poly-bac	1		proparacaine hcl ophthalmic	1	
altafrin	1		RESTASIS	3	PA
atropine sulfate ophthalmic ointment	1		RESTASIS MULTIDOSE	3	PA
atropine sulfate ophthalmic solution 1 %	1		tetcaine ophthalmic solution 0.5 %	1	
bacitracin-polymyxin b ophthalmic	1		tetracaine hcl ophthalmic	1	
bacitra-neomycin-polymyxin-hc	1		TOBRADEX OPHTHALMIC OINTMENT	2	
cyclopentolate hcl ophthalmic	1		tobramycin-dexamethasone	1	
homatropaire	1		tropicamide ophthalmic	1	
homatropine hbr ophthalmic solution 5 %	1		XIIDRA	3	PA
ISOPTO ATROPINE	1		ZYLET	3	
LACRISERT	2		<b>Otic Agents - Drugs for Ear Conditions</b>		
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		ciprofloxacin hcl otic	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1		ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-gramicidin	1		CIPROFLOXACIN-FLUOCINOLONE PF	2	
neomycin-polymyxin-hc ophthalmic	1		COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	2	
neo-polycin	1		CORTISPORIN-TC	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	
PRED-G	2		ofloxacin otic	1	
			OTOVEL	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>			promethazine vc	1	
allergy spray 24 hour nasal aerosol	1			1	PA; QL; AL (Min 18 Years)
azelastine hcl nasal	1	QL	promethazine vc/codeine	1	PA; QL; AL (Min 18 Years)
benzonatate oral capsule 100 mg, 200 mg	1		promethazine-codeine	1	
cyproheptadine hcl oral	1		promethazine-dm	1	
FASENRA	SP2	PA	promethazine-phenyleph- codeine	1	PA; QL; AL (Min 18 Years)
FASENRA PEN	SP2	PA	promethazine- phenylephrine	1	
fluticasone propionate nasal	1		promethegan	1	
	1	PA; QL; AL (Min 18 Years)	pseudoephedrine- bromphen-dm	1	
guaiatussin ac			pulmosal inhalation nebulization solution 7 %	1	
	1	PA; QL; AL (Min 18 Years)	sodium chloride inhalation	1	
guaifenesin ac	1	PA; QL; AL (Min 18 Years)	SSKI	2	
hydrocodone polst- chlorphen polst er susp	1	PA; QL; AL (Min 18 Years)		1	PA; QL; AL (Min 18 Years)
hydrocodone- homatropine	1	PA; QL; AL (Min 18 Years)	virtussin ac w/alc		
	1	PA; QL; AL (Min 18 Years)	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP2	PA
hydromet	1	PA; QL; AL (Min 18 Years)	<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
ipratropium bromide nasal	1		acetylcysteine inhalation	1	
	1	PA; QL; AL (Min 18 Years)	ADVAIR HFA	2	QL
maxi-tuss ac	1	PA; QL; AL (Min 18 Years)	albuterol sulfate hfa	1	QL
nasal allergy 24 hour	1		albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	QL
nebusal inhalation nebulization solution 3 %	1				
phenadoz rectal suppository 12.5 mg, 25 mg	1				
promethazine hcl oral	1				
promethazine hcl rectal	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml	1		FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
albuterol sulfate oral	1		INCRUSE ELLIPTA	2	QL
ANORO ELLIPTA	2	QL	ipratropium bromide inhalation	1	QL
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG	2		ipratropium-albuterol	1	QL
ASMANEX (120 METERED DOSES)	2	QL	levalbuterol hcl inhalation	1	QL
ASMANEX (14 METERED DOSES)	2	QL	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	1	QL
ASMANEX (30 METERED DOSES)	2	QL	montelukast sodium oral	1	
ASMANEX (60 METERED DOSES)	2	QL	OFEV	SP3	PA
ASMANEX (7 METERED DOSES)	2	QL	PROAIR HFA	2	QL
ASMANEX HFA	2	QL	PROAIR RESPICLICK	2	QL
ATROVENT HFA	2	QL	PROVENTIL HFA	2	QL
BREO ELLIPTA	2	QL	PULMICORT FLEXHALER	2	QL
budesonide inhalation	1	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	2	QL
FLOVENT DISKUS	2	QL	SYMJEPI	2	
FLOVENT HFA	2	QL	THEO-24	2	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL	theophylline	1	
			theophylline er	1	
			TRELEGY ELLIPTA	2	QL
			VENTOLIN HFA	1	QL
			wixela inhub	1	QL
			XOPENEX HFA	3	QL
			zafirlukast	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>			cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
CAYSTON	SP3	PA	dantrolene sodium oral	1	
KALYDECO	SP3	PA	metaxalone oral tablet 800 mg	1	
ORKAMBI	SP3	PA; QL	methocarbamol oral	1	
PULMOZYME	SP2	PA	orphenadrine citrate er	1	
TOBI PODHALER	SP2	QL	tizanidine hcl oral	1	
tobramycin nebulization solution 300 mg/5ml inhalation	SP1		<b>Sleep Disorder Agents</b>		
TRIKAFTA	SP3	PA; QL	armodafinil	1	PA; QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>			BELSOMRA	3	QL
ADEMPAS	SP3	PA; QL	doxepin hcl oral tablet	3	QL
alyq	SP1	PA; QL	eszopiclone	1	QL
ambrisentan	SP1	PA; QL	modafinil	1	PA; QL
bosentan	SP1	PA; QL	ramelteon	1	QL
OPSUMIT	SP2	PA; QL	temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL
sildenafil citrate oral tablet 20 mg	SP1	PA; QL	zaleplon	1	QL
tadalafil (pah)	SP1	PA; QL	zolpidem tartrate er	3	QL
TRACLEER 32 MG	SP2	PA; QL	zolpidem tartrate oral	1	QL
TYVASO	SP2	PA; QL			
TYVASO REFILL	SP2	PA; QL			
TYVASO STARTER	SP2	PA; QL			
UPTRAVI ORAL	SP3	PA; QL			
VENTAVIS	SP2	PA; QL			
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>					
baclofen oral	1				
carisoprodol oral tablet 350 mg	1				
chlorzoxazone oral tablet 500 mg	1				

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

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PRALUENT		26	ENAMEL PROTECT	28	propafenone hcl er	26
pramipexole			PREVIDENT 5000 ORTHO		proparacaine hcl	53
dihydrochloride		21	DEFENSE	28	propranolol hcl	26
prasugrel hcl		21	PREVIDENT 5000 PLUS	28	propranolol hcl er	26
pravastatin sodium		26	PREVIDENT 5000		propranolol-hctz	26
praziquantel		20	SENSITIVE	28	propylthiouracil	45
prazosin hcl		26	previfem	44	PROQUAD	47
PRECISION LINK		35	PREVNAR 13	47	protriptyline hcl	16
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TEST		35	PREZISTA	22	pseudoephedrine-	
PRECISION QID			primaquine phosphate	20	bromphen-dm	54
MONITOR		35	primidone	15	PULMICORT FLEXHALER	55
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PRECISION SOF-TACT			ADULT	51	PULMOZYME	56
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PRECISION SOF-TACT			CHILD	51	PURIXAN	19
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PRECISION XTRA		35	INFANT	51	pyridostigmine bromide	17, 18
PRECISION XTRA			PROAIR HFA	55	pyridostigmine bromide er	17
BLOOD GLUCOSE		35	PROAIR RESPICLICK	55	pyrimethamine	20
PRECISION XTRA			probenecid	17	QBRELIS	26
MONITOR		35	PROCARE		qc magnesium citrate	39
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prednicarbate		30	SPACER/CHILD MASK	51	quetiapine fumarate	21
prednisolone		41	prochlorperazine	16	quetiapine fumarate er	21
prednisolone acetate		52	prochlorperazine edisylate	16	QUFLORA PEDIATRIC	38
prednisolone acetate p-f		52	prochlorperazine maleate	16	QUILLICHEW ER	27
prednisolone sodium			PROCTOFOAM HC	48	QUILLIVANT XR	27
phosphate		41, 52	procto-med hc	48	quinapril hcl	26
prednisone		41	procto-pak	48	quinapril-	
prednisone intensol		41	proctosol hc	48	hydrochlorothiazide	26
pregabalin		27	proctozone-hc	48	quinidine gluconate er	26
PREMARIN		44	PROCYSB	40	quinidine sulfate	26
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rabeprazole sodium.....	38	roweepra xr.....	15	enamel.....	28
raloxifene hcl.....	41	ROZLYTREK.....	19	sodium fluoride 5000 plus ..	28
ramelteon.....	56	RUBRACA.....	19	sodium fluoride 5000 ppm..	28
ramipril.....	26	rufinamide.....	15	sodium fluoride 5000	
ranolazine er.....	26	RUKOBIA.....	23	sensitive.....	28
RAPAMUNE.....	46	RYBELSUS.....	31	sodium phenylbutyrate.....	40
rasagiline mesylate.....	21	RYDAPT.....	19	sodium polystyrene	
RAVICTI.....	40	sajazir.....	46	sulfonate.....	38
reclipsen.....	44	salsalate.....	11	sodium sulfacetamide	
RECOMBIVAX HB.....	47	SANDIMMUNE.....	46	wash.....	30
REGRANEX.....	30	SANTYL.....	30	solifenacin succinate.....	40
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repaglinide.....	31	scopolamine.....	16	spinosad.....	20
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REPATHA PUSHTRONEX SYSTEM.....	26	HYPODERMIC NEEDLE		SPIRIVA RESPIMAT.....	55
REPATHA SURECLICK....	26	selegiline hcl.....	21	spironolactone.....	26
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rifampin.....	18	sharobel.....	44	STELARA.....	46
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risperidone.....	21	SIMBRINZA.....	52	SUBOXONE.....	13
ritonavir.....	22	simliya.....	44	subvenite.....	15
rivastigmine.....	15	simpesse.....	44	subvenite starter kit-blue....	15
rivastigmine tartrate.....	15	SIMPONI.....	46	subvenite starter kit-green..	15
rivelsa.....	44	simvastatin.....	26	subvenite starter kit-orange	15
rizatriptan benzoate.....	17	sirolimus.....	46	sucralfate.....	39
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ROTARIX.....	48	SLYND.....	44	sulfur.....	30
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		sodium chloride.....	54	sulfamethoxazole-	
		sodium fluoride.....	28, 38	trimethoprim.....	14
				sulfasalazine.....	48
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SYMLINPEN 120.....	31	testosterone cypionate.....	41	trandolapril.....	26
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SYNRIBO.....	19	tetrabenazine.....	28	trazodone hcl.....	16
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tazarotene.....	30	TOBRADEX.....	53	tri-lo-estarrylla.....	45
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XPOVIO (40 MG TWICE WEEKLY).....	20		
XPOVIO (60 MG ONCE WEEKLY).....	20		
XPOVIO (60 MG TWICE WEEKLY).....	20		
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XTANDI.....	20		
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