

Baylor Scott & White Health Plan

Group Value Formulary

Federal Employees Health
Benefits Program

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What is my prescription drug coverage?

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

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

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

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

The BSWHP Group Value formulary lists drugs that are covered under your prescription benefit. Drugs not listed on the formulary are not covered. Non-formulary drugs require an exception request to be submitted for coverage consideration. Formularies continually change to reflect the most recent advances in drug therapy; therefore, this list is not all-inclusive and does not guarantee coverage. The formulary may change because we review new medical information regarding drugs as well as new drugs recently approved by the FDA.

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

The Pharmacy and Therapeutics (P&T) Committee meets regularly to review new drugs approved by the FDA and new information regarding existing drugs. The Committee is primarily made up of physicians, pharmacists, and nurses. They review information and

scientific evidence concerning safety, effectiveness, and current use in therapy.

Does the formulary ever change?

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

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

How am I notified of changes to the formulary?

You can find the formularies on our website at [BSWHealthPlan.com](https://www.bswhealthplan.com), which are updated quarterly. To view changes to the formularies, refer to the Monthly Group Value Formulary Changes document posted on the website. If you have questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact our BSWHP Pharmacy Help Desk 1.800.728.7947.

What are brand-name and generic drugs?

BSWHP covers both brand-name and generic drugs. A brand-name medication has a trade name and is protected by a patent, which can be produced and sold only by the company holding the patent. A generic drug is a medication approved by the FDA and created to be

the same as the brand-name drug in dosage form, safety, strength, route of administration, quality, and performance characteristics. Generally, generic drugs cost less than brand-name drugs but the quality and effectiveness are the same. Generic drugs may differ from the brand-name drug in color, shape, flavor, or inactive ingredients. Some brand-name drugs have a generic equivalent and others do not. What is generic substitution?

Generic substitution occurs when a pharmacist dispenses an FDA approved generic drug in place of a brand-name drug. Generic substitution will automatically occur at pharmacies in the BSWHP network. Prescribers may choose to use a brand-name product and not allow generic substitution. Per state law, the prescriber must note “brand necessary” or “brand medically necessary” on the prescription. This does not guarantee coverage. The brand-name product may not be a covered drug on the formulary, and thus not covered by your prescription benefit. Please refer to the Member Choice Program section for additional information.

What are specialty drugs?

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

What are pharmaceutical management procedures?

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

Are there any restrictions on my coverage?

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

How do I request an exception to the BSWHP formulary?

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

To request an exception, you, an authorized representative, or a prescriber can submit a coverage request electronically, by fax, mail, or phone. You and your prescriber will be notified of the determination in writing. If approved, the drug will be covered at the applicable copayment. If the request is denied, you may still purchase the medication at full cost. For questions regarding this process, visit [BSWHealthPlan.com](https://www.bswhealthplan.com) or contact BSWHP pharmacy customer service at 1.800.728.7947.

What drugs are not covered by my prescription drug benefit?

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

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

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

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

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

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

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

How can I save money on prescriptions?

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

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

Contraceptive Coverage

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

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

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

Preventive Care Medications & Medications Covered Under Health Care Reform

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

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

Smoking Cessation Medication Coverage

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

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

Diabetic Supplies

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

Sexual Dysfunction Drugs

All drugs for sexual dysfunction are covered at Tier 3. Quantity limits may apply.

Weight Loss Drugs

Drug therapy can help achieve weight loss goals when added to diet and exercise programs. The following drugs for weight loss may be covered:

Drug Name	Drug Tier	Notes
Contrave tablet (naltrexone and bupropion extended-release)	3	Prior authorization required
phentermine tablet, capsule (generic Adipex-P, Lomaira)	1	
Qsymia capsule (phentermine and topiramate extended-release)	3	Prior authorization required
Xenical capsule (orlistat)	3	Prior authorization required
Saxenda injection (liraglutide)	3	Prior authorization and quantity limit required
Wegovy injection (semaglutide)	3	Prior authorization and quantity limit required

Please note these drugs may be subject to prior authorization. Quantity limits may apply.

Fertility Medications

Medications may be covered as part of the infertility benefit including artificial insemination and up to 3 annual cycles of in-vitro fertilization (IVF). Coverage may vary according to your plan and some drugs may be subject to prior authorization and/or quantity limits. Please refer to applicable plan benefit documents.

Oral Oncology Split Fill Program

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

Naloxone \$0 Copay Program

Be prepared to respond to an overdose emergency. Naloxone can be used to protect you and your loved ones from accidental overdose and is available at \$0 cost-share. If you or someone you know is taking opioids, talk with your pharmacist or doctor about getting naloxone. In Texas, you can get naloxone from a pharmacy without a prescription. Naloxone is available as an injection or as naloxone nasal spray (Narcan®), and both are covered at a \$0 copay.

Member Choice Program

Brand-name prescription drugs with a generic equivalent may not be covered by your plan benefit. If you or your provider request a brand-name drug when a generic equivalent is available, then you are responsible for the non-preferred co-payment plus the difference in cost of the brand-name drug and the generic equivalent drug.

Reading your formulary

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

Tier information

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

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

Drug list information

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

AL	Age limits – Medications may only be covered if you meet the minimum or maximum age limit.
PA	Prior Authorization – Your doctor is required to provide additional information to determine coverage.
PV	Preventive drugs – Zero cost share preventive medications covered under Health Care Reform according to your plan benefits. Please note: this list is subject to change.
SF	Split Fill – Oral Oncology medications restricted to a two week supply for the first two months of therapy.
QL	Quantity Limit – Medication may be limited to a certain quantity.
ST	Step Therapy – Trial of lower-cost medication(s) is required before a higher-cost medication can be covered.

Group Value Formulary

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	QL
ascomp-codeine	1	
bac	1	
BELBUCA	3	PA; QL
buprenorphine	3	PA; QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	
butalbital-apap-caffeine oral tablet	1	
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	QL
codeine sulfate	1	QL
endocet	1	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL
hydrocodone-acetaminophen	1	QL
hydrocodone-ibuprofen	3	QL
hydromorphone hcl oral	1	QL
hydromorphone hcl rectal	1	QL
methadone hcl intensol	1	
methadone hcl oral concentrate	1	
methadone hcl oral solution	1	
methadone hcl oral tablet	1	PA

Drug Name	Drug Tier	Notes
methadone hcl oral tablet soluble	1	
methadose oral tablet soluble	1	
morphine sulfate (concentrate)	1	QL
morphine sulfate er oral tablet extended release	1	PA; QL
morphine sulfate oral	1	QL
morphine sulfate rectal	1	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA; QL
OXYCODONE HCL ER	1	PA; QL
oxycodone hcl oral	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
pentazocine-naloxone hcl	1	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	PA; QL
tramadol hcl er	1	PA; QL
tramadol hcl oral tablet 100 mg, 50 mg	1	QL
tramadol-acetaminophen	1	QL
Analgesics - Drugs for Pain and Inflammation		
aspirin 81 oral tablet delayed release	0	PV
aspirin adult low dose	0	PV
aspirin adult low strength	0	PV
aspirin childrens	0	PV
aspirin ec low dose	0	PV
aspirin ec low strength	0	PV
aspirin low dose	0	PV
aspirin oral tablet chewable	0	PV

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

Drug Name	Drug Tier	Notes
aspirin oral tablet delayed release 81 mg	0	PV
aspirin regimen	0	PV
celecoxib oral	1	QL
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	1	QL
diclofenac sodium external solution 1.5 %	1	PA
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
diflunisal oral	1	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
flurbiprofen oral	1	
ft aspirin low dose	0	PV
goodsense aspirin low dose	0	PV
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN RECTAL	2	
indomethacin er	1	
indomethacin oral capsule	1	
indomethacin rectal suppository 50 mg	1	
ketorolac tromethamine oral	1	QL
meloxicam oral tablet	1	
mm aspirin	0	PV
nabumetone oral	1	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	

Drug Name	Drug Tier	Notes
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
salsalate oral	1	
ST JOSEPH LOW DOSE	0	PV
sulindac oral	1	
Anesthetics		
glydo	1	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	3	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	1	PV; QL; AL (Min 18 Years)
disulfiram oral	1	
ft nicotine	0	PV; QL; AL (Min 18 Years)
ft nicotine mini	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
goodsense nicotine mouth/throat gum 2 mg	0	PV; QL; AL (Min 18 Years)
goodsense nicotine mouth/throat lozenge 4 mg	0	PV; QL; AL (Min 18 Years)
habitrol	0	PV; QL; AL (Min 18 Years)
naloxone hcl injection	1	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	2	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG	0	PV; QL; AL (Min 18 Years)
NICORETTE MOUTH/THROAT GUM 2 MG	0	PV; QL; AL (Min 18 Years)
NICORETTE MOUTH/THROAT LOZENGE	0	PV; QL; AL (Min 18 Years)
nicotine mini	0	PV; QL; AL (Min 18 Years)
nicotine polacrilex mini	0	PV; QL; AL (Min 18 Years)
nicotine polacrilex mouth/throat	0	PV; QL; AL (Min 18 Years)
nicotine step 1	0	PV; QL; AL (Min 18 Years)
nicotine step 2	0	PV; QL; AL (Min 18 Years)
nicotine step 3	0	PV; QL; AL (Min 18 Years)
nicotine transdermal kit	0	PV; QL; AL (Min 18 Years)

Drug Name	Drug Tier	Notes
nicotine transdermal patch 24 hour 21 mg/24hr	0	PV; QL; AL (Min 18 Years)
NICOTROL	3	ST; PV; QL; AL (Min 18 Years)
NICOTROL NS	3	ST; PV; QL; AL (Min 18 Years)
SUBOXONE	3	QL
varenicline tartrate	3	PV; QL; AL (Min 18 Years)
varenicline tartrate(continue)	3	PV; QL; AL (Min 18 Years)
Antibacterials		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	3	
ampicillin	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	2	
avidoxy	1	
azithromycin oral	1	
cefadroxil	1	
cefdinir	1	
cefixime oral capsule	1	
cefpodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	3	

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
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	1	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
demeclocycline hcl	3	
dicloxacillin sodium	1	
DIFICID ORAL TABLET	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
erythromycin base oral	3	
erythromycin ethylsuccinate oral	3	
erythromycin oral	3	
fosfomicin tromethamine	1	
gentamicin sulfate external	1	
levofloxacin oral	1	
linezolid oral suspension reconstituted	3	QL
linezolid oral tablet	1	QL

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

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
enoxaparin sodium injection solution prefilled syringe	1		FYCOMPA	3	
fondaparinux sodium	SP1		gabapentin oral capsule	1	
FRAGMIN	SP3		gabapentin oral solution	1	
heparin na (pork) lock flush pf	1		gabapentin oral tablet 600 mg, 800 mg	1	
heparin sod (pork) lock flush	1		lacosamide oral solution	3	
heparin sodium (porcine)	1		lacosamide oral tablet	1	
heparin sodium (porcine) pf	1		lamotrigine er	3	
jantoven	1		lamotrigine oral tablet	1	
warfarin sodium oral	1		lamotrigine oral tablet chewable	1	
XARELTO	2	QL	lamotrigine oral tablet dispersible	3	
XARELTO STARTER PACK	2	QL	levetiracetam er	1	
Anticonvulsants - Drugs for Seizures			levetiracetam oral	1	
APTIOM	3		methsuximide	1	
carbamazepine er	1		NAYZILAM	3	QL
carbamazepine oral	1		oxcarbazepine	1	
CARBATROL	2		OXTELLAR XR	3	
CELONTIN	2		phenobarbital oral	1	
clobazam oral suspension	3	PA	phenytek	1	
clobazam oral tablet	1	PA	phenytoin infatabs	1	
DEPAKOTE	2		phenytoin oral	1	
DEPAKOTE ER	2		phenytoin sodium extended	1	
DEPAKOTE SPRINKLES	2		primidone oral tablet 250 mg, 50 mg	1	
diazepam rectal	1	QL	roweepra	1	
DILANTIN	2		rufinamide	SP1	PA
DILANTIN INFATABS	2		subvenite	1	
divalproex sodium er	1		TEGRETOL	2	
divalproex sodium oral	1		TEGRETOL-XR	2	
EPIDIOLEX	SP2	PA	tiagabine hcl	1	
epitol	1		topiramate oral	1	
ethosuximide oral	1		valproic acid oral	1	
felbamate	1		vigabatrin	SP1	PA
			vigadrone	SP1	PA
			vigpoder	SP1	PA

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
VIMPAT ORAL TABLET	3		FETZIMA TITRATION	3	QL
ZARONTIN	2		fluoxetine hcl (pmdd)	1	
zonisamide oral	1		fluoxetine hcl oral capsule	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia			fluoxetine hcl oral capsule delayed release	1	QL
donepezil hcl	1		fluoxetine hcl oral solution	1	
galantamine hydrobromide er	1		fluoxetine hcl oral tablet	1	
galantamine hydrobromide oral tablet	1		fluvoxamine maleate	1	
memantine hcl	1		fluvoxamine maleate er	3	QL
memantine hcl er	1	QL	imipramine hcl oral	1	
rivastigmine	1		mirtazapine oral	1	
rivastigmine tartrate	1		nefazodone hcl	1	
Antidepressants			nortriptyline hcl oral	1	
amitriptyline hcl oral	1		paroxetine hcl	1	
amoxapine	1		paroxetine hcl er	1	
bupropion hcl er (sr)	1	QL	phenelzine sulfate oral	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL	protriptyline hcl	3	
bupropion hcl oral	1		sertraline hcl oral concentrate	1	
citalopram hydrobromide oral solution	1		sertraline hcl oral tablet	1	
citalopram hydrobromide oral tablet	1		tranylcypromine sulfate	1	
clomipramine hcl oral	1		trazodone hcl oral	1	
desipramine hcl oral	1		trimipramine maleate oral	1	
desvenlafaxine succinate er	1	QL	TRINTELLIX	3	ST; QL
doxepin hcl oral capsule	1		venlafaxine hcl	1	
doxepin hcl oral concentrate	1		venlafaxine hcl er oral capsule extended release 24 hour	1	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL	venlafaxine hcl er oral tablet extended release 24 hour 225 mg	3	
escitalopram oxalate oral	1		vilazodone hcl	3	QL
FETZIMA	3	QL	Antiemetics - Drugs for Nausea and Vomiting		
			aprepitant	3	QL
			compro	1	
			doxylamine-pyridoxine	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
dronabinol	3	PA; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
granisetron hcl oral	3	QL
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	QL
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine edisylate injection	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
promethegan	1	
scopolamine	1	
trimethobenzamide hcl oral	1	
Antifungals		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone external cream	1	

Drug Name	Drug Tier	Notes
clotrimazole-betamethasone external lotion	3	
CRESEMBA ORAL CAPSULE 186 MG	SP3	PA
econazole nitrate external	1	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
griseofulvin microsize oral tablet	3	
griseofulvin ultramicrosize	3	
itraconazole oral	1	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	
naftifine hcl	3	
NOXAFIL ORAL SUSPENSION	2	PA
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
posaconazole oral suspension	1	PA
posaconazole oral tablet delayed release	1	PA; QL
terbinafine hcl oral	1	QL
terconazole	1	
voriconazole oral tablet	3	PA
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	

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

Drug Name	Drug Tier	Notes
colchicine oral	1	
colchicine-probenecid	1	
febuxostat	1	
probenecid	1	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO- INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
almotriptan malate	3	QL
dihydroergotamine mesylate injection	1	PA; QL
dihydroergotamine mesylate nasal	3	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
ergotamine-caffeine	1	PA; QL
frovatriptan succinate	1	QL
naratriptan hcl	1	QL
NURTEC	2	PA; QL
QULIPTA	2	PA; QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA; QL
zolmitriptan oral	1	QL
Antimyasthenic Agents		
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet 60 mg	1	

Drug Name	Drug Tier	Notes
Antimycobacterials		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
pyrazinamide oral	1	
rifabutin	3	
rifampin oral	1	
SIRTURO	SP3	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	SP1	PA; SF
ALECENSA	SP2	PA
ALUNBRIG	SP2	PA; QL
anastrozole oral	1	PV
AYVAKIT	SP2	PA; SF; QL
BALVERSA	SP2	PA; SF
bexarotene external	SP1	PA
bexarotene oral	SP1	PA; SF
bicalutamide	1	
BOSULIF ORAL TABLET	SP2	PA; SF
BRAFTOVI	SP2	PA
BRUKINSA	SP2	PA; SF
CABOMETYX	SP2	PA; SF
CALQUENCE	SP2	PA; SF
capecitabine	SP1	
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
DROXIA	3	
ERIVEDGE	SP2	PA; SF
ERLEADA	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
erlotinib hcl oral tablet 100 mg, 150 mg	SP1	PA; SF	JAYPIRCA ORAL TABLET 100 MG	SP2	PA
erlotinib hcl oral tablet 25 mg	SP1	PA; SF; QL	JAYPIRCA ORAL TABLET 50 MG	SP2	PA; QL
etoposide oral	SP1		KISQALI ORAL TABLET THERAPY PACK 200 MG	SP2	PA
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	SP1	PA; QL	KOSELUGO	SP2	PA
everolimus oral tablet soluble	SP1	PA	KRAZATI	SP2	PA; SF
exemestane	1	PV	lapatinib ditosylate	SP1	PA
EXKIVITY	SP2	SF	lenalidomide	SP1	PA
FOTIVDA	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
GAVRETO	SP2	PA; SF	letrozole oral	1	
gefitinib	SP1	PA; SF	leucovorin calcium oral	1	
GILOTRIF	SP2	PA; QL	LEUKERAN	2	
GLEOSTINE	SP2		LONSURF	SP2	PA
HYCAMTIN ORAL	SP2		LORBRENA	SP2	PA; SF
hydroxyurea oral	1		LUMAKRAS ORAL TABLET 120 MG	SP2	PA; SF
IBRANCE	SP2	PA	LYNPARZA	SP2	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	SP2	PA; SF; QL	LYSODREN	SP2	
ICLUSIG ORAL TABLET 30 MG, 45 MG	SP2	PA; SF	LYTGOBI (12 MG DAILY DOSE)	SP2	PA
IDHIFA	SP2	PA; QL	LYTGOBI (16 MG DAILY DOSE)	SP2	PA
imatinib mesylate	SP1	PA	LYTGOBI (20 MG DAILY DOSE)	SP2	PA
IMBRUVICA ORAL CAPSULE	SP2	PA; QL	MATULANE	SP2	
IMBRUVICA ORAL SUSPENSION	SP2	PA	MEKINIST	SP2	PA
IMBRUVICA ORAL TABLET	SP2	PA; QL	MEKTOVI	SP2	PA
INLYTA	SP2	PA; SF	melphalan	1	
INQOVI	SP2	PA	mercaptopurine oral	1	
INREBIC	SP2	PA; SF	MYLERAN	2	
IRESSA	SP2	PA; SF	NERLYNX	SP2	PA; SF; QL
JAKAFI ORAL TABLET 10 MG, 5 MG	SP2	PA; SF; QL			
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 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
NEXAVAR	SP2	PA; SF	TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG	SP2	PA; SF; QL
nilutamide	SP1		tamoxifen citrate oral tablet 10 mg	1	
NINLARO	SP2	PA	tamoxifen citrate oral tablet 20 mg	1	PV
NUBEQA	SP2	PA; SF	TASIGNA	SP2	PA; SF
ODOMZO	SP2	PA; SF	TAZVERIK	SP2	PA; SF
ONUREG	SP2	PA	temozolomide	SP1	PA
ORGOVYX	SP2	PA	TEPMETKO	SP2	PA
ORSERDU	SP2	PA	THALOMID ORAL CAPSULE 100 MG, 50 MG	SP2	PA
pazopanib hcl	SP1	PA; SF	TIBSOVO	SP2	PA; SF
PEMAZYRE	SP2	PA; SF; QL	toremifene citrate	SP1	
PIQRAY	SP2	PA	tretinoin oral	SP1	
POMALYST	SP2	PA	TUKYSA	SP2	PA
PURIXAN	SP2		TURALIO	SP2	PA
QINLOCK	SP2	PA	VALCHLOR	SP3	PA
RETEVMO	SP2	PA; SF	VENCLEXTA	SP2	PA
REVLIMID	SP2	PA	VENCLEXTA STARTING PACK	SP2	PA
REZLIDHIA	SP2	PA; SF	VERZENIO	SP2	PA; SF
ROZLYTREK ORAL CAPSULE	SP2	PA; SF	VITRAKVI ORAL CAPSULE	SP2	PA; SF
RUBRACA	SP2	PA; SF	VITRAKVI ORAL SOLUTION	SP2	PA
RYDAPT	SP2	PA	VIZIMPRO	SP2	PA; SF
SCEMBLIX ORAL TABLET 20 MG	SP2	PA; QL	VONJO	SP2	PA
SCEMBLIX ORAL TABLET 40 MG	SP2	PA	VOTRIENT	SP2	PA; SF
sorafenib tosylate	SP1	PA; SF	WELIREG	SP2	PA; SF
SPRYCEL	SP2	PA; SF	XALKORI ORAL CAPSULE	SP2	PA; SF
STIVARGA	SP2	PA	XOSPATA	SP2	PA
sunitinib malate	SP1	PA; SF	XPOVIO (100 MG ONCE WEEKLY)	SP2	PA
TABRECTA	SP2	PA	XPOVIO (40 MG ONCE WEEKLY)	SP2	PA
TAFINLAR	SP2	PA			
TAGRISSO ORAL TABLET 40 MG	SP2	PA; SF; QL			
TAGRISSO ORAL TABLET 80 MG	SP2	PA; SF			
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 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
XPOVIO (40 MG TWICE WEEKLY)	SP2	PA	apomorphine hcl subcutaneous	SP1	PA; QL
XPOVIO (60 MG ONCE WEEKLY)	SP2	PA	benztropine mesylate oral	1	
XPOVIO (60 MG TWICE WEEKLY)	SP2	PA	bromocriptine mesylate oral	1	
XPOVIO (80 MG ONCE WEEKLY)	SP2	PA	carbidopa oral	3	
XPOVIO (80 MG TWICE WEEKLY)	SP2	PA	carbidopa-levodopa er	1	
XTANDI	SP2	PA; SF	carbidopa-levodopa oral tablet	1	
YONSA	SP2	PA; SF	carbidopa-levodopa oral tablet dispersible	3	
ZELBORAF	SP2	PA	carbidopa-levodopa-entacapone	3	
ZOLINZA	SP2	PA; SF	entacapone	3	
ZYDELIG	SP2	PA	pramipexole dihydrochloride	1	
ZYKADIA	SP2	PA; SF	rasagiline mesylate oral	3	
Antiparasitics			ropinirole hcl	1	
albendazole oral	1	PA	ropinirole hcl er	1	
atovaquone	3		selegiline hcl oral	1	
atovaquone-proguanil hcl	1		tolcapone	3	
chloroquine phosphate oral	1		trihexyphenidyl hcl	1	
COARTEM	2		Antiplatelets		
hydroxychloroquine sulfate oral tablet 200 mg	1		aspirin-dipyridamole er	1	
IMPAVIDO	SP3		BRILINTA	2	
ivermectin oral	1	PA; QL	cilostazol	1	
malathion	3		clopidogrel bisulfate oral	1	
mefloquine hcl	1		dipyridamole oral	1	
pentamidine isethionate inhalation	1		prasugrel hcl	1	
permethrin external	1		Antipsychotics - Drugs for Mood Disorders		
praziquantel oral	3		aripiprazole oral solution	1	QL
primaquine phosphate	1		aripiprazole oral tablet	1	QL
pyrimethamine oral	SP1	PA	aripiprazole oral tablet dispersible	3	QL
quinine sulfate	1	PA	asenapine maleate	3	QL
spinosad	3		chlorpromazine hcl oral tablet	1	
Antiparkinson Agents					
amantadine hcl oral	1				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
clozapine oral tablet	1	QL	darunavir	SP1	
clozapine oral tablet dispersible	3	QL	DELSTRIGO	SP2	
FANAPT	3	QL	DESCOVY ORAL TABLET 120-15 MG	SP2	
FANAPT TITRATION PACK	3	QL	DESCOVY ORAL TABLET 200-25 MG	SP2	PA; PV
fluphenazine hcl oral	1		DOVATO	SP2	
haloperidol lactate oral concentrate 2 mg/ml	1		EDURANT	SP2	
haloperidol oral	1		efavirenz	3	
loxapine succinate	1		efavirenz-emtricitab-tenofo df	SP1	
lurasidone hcl	3	QL	efavirenz-lamivudine-tenofovir	SP1	
olanzapine oral	1	QL	emtricitabine	3	
paliperidone er	3	QL	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	SP1	PV
pimozide	1		emtricitabine-tenofovir df oral tablet 200-300 mg	1	PV
quetiapine fumarate	1	QL	EMTRIVA ORAL SOLUTION	SP2	
quetiapine fumarate er	1	QL	entecavir	1	QL
risperidone	1	QL	EPCLUSA	SP2	PA; QL
thioridazine hcl oral	1		etravirine	SP1	
thiothixene	1		EVOTAZ	SP2	
trifluoperazine hcl	1		famciclovir oral	1	
VRAYLAR	3	QL	fosamprenavir calcium	3	
ziprasidone hcl	1	QL	FUZEON	SP2	
Antivirals			GENVOYA	SP2	
abacavir sulfate	1		HARVONI	SP2	PA; QL
abacavir sulfate-lamivudine	1		INTELENCE ORAL TABLET 25 MG	SP2	
acyclovir external ointment	1	QL	ISENTRESS	SP2	
acyclovir oral	1		ISENTRESS HD	SP2	
adefovir dipivoxil	SP1		JULUCA	SP2	
APTIVUS	SP2			3	QL; AL (Min 18 Years)
atazanavir sulfate	3		LAGEVRIO		
BARACLUDE ORAL SOLUTION	3	QL	lamivudine	1	
BIKTARVY	SP2				
CIMDUO	SP2				
COMPLERA	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
lamivudine-zidovudine	1	
lopinavir-ritonavir oral solution	3	
lopinavir-ritonavir oral tablet	SP1	
maraviroc	SP1	PA
MAVYRET	SP2	PA; QL
nevirapine er	3	
nevirapine oral suspension	3	
nevirapine oral tablet	1	
NORVIR ORAL PACKET	SP2	
ODEFSEY	SP2	
oseltamivir phosphate oral	1	QL
PAXLOVID (150/100)	3	QL; AL (Min 12 Years)
PAXLOVID (300/100)	3	QL; AL (Min 12 Years)
PEGASYS	SP2	PA
PIFELTRO	SP2	
PREZCOBIX	SP2	
PREZISTA	SP2	
REYATAZ ORAL PACKET	SP2	
ribavirin oral	SP1	
rimantadine hcl	1	
ritonavir	1	
RUKOBIA	SP2	
SELZENTRY ORAL SOLUTION	SP2	PA
STRIBILD	SP2	
SYM TUZA	SP2	
tenofovir disoproxil fumarate	1	PV
TIVICAY	SP2	
TIVICAY PD	SP2	

Drug Name	Drug Tier	Notes
TRIUMEQ	SP2	
TRIUMEQ PD	SP2	
TYBOST	SP2	
valacyclovir hcl oral	1	QL
valganciclovir hcl oral solution reconstituted	3	
valganciclovir hcl oral tablet	1	
VEMLIDY	SP2	
VIRACEPT	SP2	
VIREAD ORAL POWDER	SP2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	SP2	
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
zidovudine	1	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	QL
alprazolam oral tablet	1	QL
alprazolam xr	1	QL
buspirone hcl oral	1	
chlordiazepoxide hcl	1	QL
clonazepam oral	1	QL
clorazepate dipotassium	1	QL
diazepam intensol	1	
diazepam oral	1	
estazolam	1	QL
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam intensol	1	QL
lorazepam oral concentrate 2 mg/ml	1	QL
lorazepam oral tablet	1	QL

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

Drug Name	Drug Tier	Notes
	1	PV; AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 10 mg, 20 mg	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
betaxolol hcl oral	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
captopril-hydrochlorothiazide	1	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine	1	
clonidine hcl oral	1	
colesevelam hcl	3	
colestipol hcl	1	
CORLANOR	3	PA; QL
digoxin oral solution	1	
digoxin oral tablet 125 mcg, 250 mcg	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl er oral capsule extended release 12 hour	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
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg	3	
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral	1	
dilt-xr	1	
disopyramide phosphate	1	
DIURIL	2	
dofetilide	1	
doxazosin mesylate oral	1	
droxidopa	SP1	PA
enalapril maleate oral solution	3	
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO	3	QL
eplerenone	1	
ezetimibe	1	
ezetimibe-simvastatin	1	
felodipine er	1	
fenofibrate micronized	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral capsule 150 mg, 50 mg	3	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	

Drug Name	Drug Tier	Notes
fluvastatin sodium	1	PV; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium er	1	PV; AL (Min 40 Years and Max 75 Years)
fosinopril sodium	1	
fosinopril sodium-hctz	1	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
icosapent ethyl	3	
indapamide	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide dinitrate	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
isradipine	1	
JUXTAPID	SP3	PA; QL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	2	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
losartan potassium oral	1	
losartan potassium-hctz	1	
lovastatin oral	1	PV; AL (Min 40 Years and Max 75 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
matzim la	1	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
midodrine hcl	1	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	2	
nadolol oral	1	
nebivolol hcl	1	
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nimodipine oral	3	
NITRO-BID	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	1	
nitro-time	1	
NORPACE CR	2	
NYMALIZE	SP3	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	

Drug Name	Drug Tier	Notes
pentoxifylline er	1	
perindopril erbumine	1	
phenoxybenzamine hcl oral	3	PA
pindolol	1	
PRALUENT	2	PA; QL
		PV; AL (Min 40 Years and Max 75 Years)
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
propafenone hcl	1	
propafenone hcl er	3	
propranolol hcl er	1	
propranolol hcl oral	1	
QBRELIS	3	
quinapril hcl	1	
quinapril-hydrochlorothiazide	1	
quinidine gluconate er	1	
quinidine sulfate	1	
ramipril	1	
ranolazine er	1	
REPATHA	2	PA; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; QL
REPATHA SURECLICK	2	PA; QL
		PV; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
		PV; AL (Min 40 Years and Max 75 Years)
simvastatin 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
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral suspension	3	
spironolactone oral tablet	1	
spironolactone-hctz	1	
taztia xt	1	
telmisartan	1	
telmisartan-hctz	1	
tiadylt er	1	
timolol maleate oral	1	
torse mide	1	
trandolapril	1	
trandolapril-verapamil hcl er	3	
triamterene-hctz	1	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	3	
VECAMYL	3	
verapamil hcl er	1	
verapamil hcl oral	1	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphetamine sulfate	1	QL
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
atomoxetine hcl	1	QL
clonidine hcl er oral tablet extended release 12 hour	1	
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL

Drug Name	Drug Tier	Notes
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL
guanfacine hcl er	1	
lisdexamfetamine dimesylate oral capsule	1	QL
lisdexamfetamine dimesylate oral tablet chewable	1	QL; AL (Max 12 Years)
methamphetamine hcl	3	QL
methylphenidate	1	QL
methylphenidate hcl er	1	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
methylphenidate hcl oral solution	1	QL
methylphenidate hcl oral tablet	1	QL
methylphenidate hcl oral tablet chewable	1	QL; AL (Max 12 Years)
QUILLICHEW ER	3	QL; AL (Max 12 Years)
QUILLIVANT XR	3	QL; AL (Max 12 Years)
VYVANSE ORAL CAPSULE	2	QL
VYVANSE ORAL TABLET CHEWABLE	2	QL; AL (Max 12 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
Central Nervous System Agents - Drugs for Multiple Sclerosis			chlorhexidine gluconate mouth/throat	1	
AVONEX PEN	SP2	PA; QL	CLINPRO 5000	2	
AVONEX PREFILLED	SP2	PA; QL	DENTA 5000 PLUS	2	
dalfampridine er	SP1	PA; QL	DENTAGEL	2	
dimethyl fumarate oral	SP1	PA; QL	FLUORIDEX	2	
dimethyl fumarate starter pack	SP1	PA; QL	FLUORIDEX ENHANCED WHITENING	2	
EXTAVIA	SP2	PA; QL	FLUORIDEX SENSITIVITY RELIEF	2	
fingolimod hcl	SP1	PA; QL	FLUORIMAX 5000	2	
GILENYA ORAL CAPSULE 0.25 MG	SP2	PA; QL	FLUORIMAX 5000 SENSITIVE	2	
glatiramer acetate	SP1	PA; QL	JUST RIGHT 5000	2	
KESIMPTA	SP2	PA; QL	kourzeq	1	
MAVENCLAD	SP3	PA	lidocaine viscous hcl	1	
PLEGRIDY	SP2	PA; QL	oralone	1	
PLEGRIDY STARTER PACK	SP2	PA; QL	periogard	1	
teriflunomide	SP1	PA; QL	pilocarpine hcl oral	1	
VUMERITY	SP3	PA; QL	PREVIDENT	2	
ZEPOSIA	SP3	PA; QL	PREVIDENT 5000 BOOSTER PLUS	2	
ZEPOSIA 7-DAY STARTER PACK	SP3	PA; QL	PREVIDENT 5000 DRY MOUTH	2	
ZEPOSIA STARTER KIT	SP3	PA; QL	PREVIDENT 5000 ENAMEL PROTECT	2	
Central Nervous System Agents - Miscellaneous			PREVIDENT 5000 ORTHO DEFENSE	2	
caffeine citrate oral	3		PREVIDENT 5000 PLUS	2	
pregabalin oral	1	QL	PREVIDENT 5000 SENSITIVE	2	
riluzole	1		sf	1	
SAVELLA	3	QL	sf 5000 plus	1	
SAVELLA TITRATION PACK	3	QL	sodium fluoride 5000 plus	1	
tetrabenazine	SP1	PA	sodium fluoride 5000 ppm	1	
Dental and Oral Agents - Drugs for Mouth and Throat Conditions			sodium fluoride dental	1	
cevimeline hcl	1				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
triamcinolone acetonide mouth/throat	1		clindamycin phosphate external lotion	1	
Dermatological Agents - Drugs for Skin Conditions			clindamycin phosphate external solution	1	
accutane	1		clindamycin phosphate external swab	1	
acitretin	3		clobetasol prop emollient base	1	
adapalene external gel 0.3 %	1		clobetasol propionate e	1	
ADBRY	SP2	PA; QL	clobetasol propionate external cream	1	
alclometasone dipropionate	1		clobetasol propionate external foam	3	
amnestem	1		clobetasol propionate external gel	1	
azelaic acid external	1		clobetasol propionate external liquid	1	
AZELEX	2		clobetasol propionate external lotion	1	
benzoyl peroxide-erythromycin	1		clobetasol propionate external ointment	1	
betamethasone dipropionate aug	1		clobetasol propionate external shampoo	3	
betamethasone dipropionate external	1		clobetasol propionate external solution	1	
betamethasone valerate external	1		clodan	3	
calcipotriene external cream	1		desonide external cream	1	
calcipotriene external ointment	3		desonide external lotion	1	
calcipotriene external solution	1		desonide external ointment	1	
calcitriol external	3		desoximetasone external cream 0.25 %	1	
CAPEX	2		desoximetasone external gel	3	
claravis	1		desoximetasone external liquid	3	
clindacin etz external swab	1		desoximetasone external ointment 0.25 %	1	
clindacin-p	1		diclofenac sodium external gel 3 %	1	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1		DRYSOL	2	
clindamycin phosphate external gel	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
DUPIXENT	SP2	PA; QL
ery	1	
erythromycin external	1	
EUCRISA	2	ST
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	3	
fluocinonide external	1	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
fluticasone propionate external cream	1	
fluticasone propionate external lotion	3	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
hydrocortisone butyrate external cream	1	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	

Drug Name	Drug Tier	Notes
hydrocortisone external ointment 2.5 %	1	
hydrocortisone valerate	1	
imiquimod external cream 5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
LITFULO	SP3	PA; QL
methoxsalen rapid	3	
metronidazole external cream	1	
metronidazole external gel	1	
metronidazole external lotion	3	
mometasone furoate external	1	
neuac	1	
OPZELURA	2	PA; QL
pimecrolimus	1	QL
PODOCON-25	1	
podofilox external solution	1	
REGRANEX	2	PA
SANTYL	2	QL
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4.5 %	1	
tacrolimus external	1	QL
tazarotene external cream	1	AL (Max 40 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
tazarotene external gel	1	AL (Max 40 Years)	glyburide-metformin	1	
TAZORAC EXTERNAL CREAM 0.05 %	2	AL (Max 40 Years)	GLYXAMBI	2	ST
TAZORAC EXTERNAL GEL	2	AL (Max 40 Years)	INVOKAMET	3	ST
TEXACORT	2		INVOKAMET XR	3	ST
tretinoin external cream	1	AL (Max 40 Years)	INVOKANA	3	ST
tretinoin external gel 0.01 %, 0.025 %	1	AL (Max 40 Years)	JANUMET	2	
tretinoin external gel 0.05 %	3	AL (Max 40 Years)	JANUMET XR	2	
triamcinolone acetonide external cream	1		JANUVIA	2	
triamcinolone acetonide external lotion	1		JARDIANCE	2	ST
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		JENTADUETO	2	
triderm	1		JENTADUETO XR	2	
urea external cream 40 %	1		metformin hcl er	1	
zenatane	1		metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
Diabetes - Antidiabetic Agents			migliitol	3	
acarbose oral	1		MOUNJARO	2	PA; QL
BYDUREON BCISE AUTOINJECTOR	3	PA; QL	nateglinide	1	
BYETTA 10 MCG PEN	3	PA; QL	OZEMPIC	2	PA; QL
BYETTA 5 MCG PEN	3	PA; QL	pioglitazone hcl	1	
FARXIGA	2	ST	pioglitazone hcl-glimepiride	3	
glimepiride	1		pioglitazone hcl-metformin hcl	1	
glipizide er	1		repaglinide	1	
glipizide oral tablet 10 mg, 5 mg	1		RYBELSUS	2	PA; QL
glipizide xl	1		SYMLINPEN 120	3	PA
glipizide-metformin hcl	1		SYMLINPEN 60	3	PA
glyburide micronized	1		SYNJARDY	2	ST
glyburide oral	1		SYNJARDY XR	2	ST
			TRADJENTA	2	
			TRIJARDY XR	2	ST
			TRULICITY	2	PA; QL
			VICTOZA	2	PA; QL
			XIGDUO XR	2	ST

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Diabetes - Glucose Monitoring			CARESENS CONTROL SOLUTION A/B	2	
ACCU-CHEK AVIVA DEVICE	1		CARESENS LANCETS 30G	2	
ACCU-CHEK FASTCLIX LANCET KIT	1		CARESENS N FELIZ	2	
ACCU-CHEK GUIDE TEST STRIPS	1		CARESENS N FELIZ BT	2	
ACCU-CHEK GUIDE CONTROL	1		CARETOUCH CONTROL SOL LEVEL 2	2	
ACCU-CHEK GUIDE TEST STRIPS	1	QL	CARETOUCH LANCING/EJECTOR	2	
ACCU-CHEK GUIDE KIT W/DEVICE	1		CARETOUCH TEST	2	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		CEQUR SIMPLICITY 2U 10PK	2	
AGAMATRIX CONTROL LEVEL 2	2		CEQUR SIMPLICITY INSERTER	2	
AGAMATRIX CONTROL LEVEL 4	2		CHEMSTRIP 10 MD	1	
AGAMATRIX PRESTO TEST	2	QL	CHEMSTRIP 10/SG	1	
ASSURE PLATINUM	2	QL	CHEMSTRIP 2 GP	1	
AUTOLET II CLINISAFE	2		CHEMSTRIP 5 OB	1	
AUTOLET LANCING DEVICE	2		CHEMSTRIP 7	1	
BIOTEL CARE BLOOD GLUCOSE	2		CHEMSTRIP 9	1	
BIOTEL CARE BLOOD GLUCOSE SYST	2		CHEMSTRIP K	1	
BLOOD GLUCOSE MONITORING 333	2		CHEMSTRIP UGK	1	
BLOOD GLUCOSE TEST	2	QL	CLEVER CHOICE COMFORT EZ	2	
BLOOD GLUCOSE TEST STRIPS 333	2	QL	CONTOUR CONTROL SOLUTION	2	
BLULINK CONTROL HIGH & LOW	2		CONTOUR MONITOR DEVICE	2	
BLULINK GLUCOSE MONITORING SYS	2		CONTOUR MONITOR KIT W/DEVICE	2	
BLULINK GLUCOSE TEST	2	QL	CONTOUR NEXT CONTROL SOLUTION	2	
			CONTOUR NEXT EZ KIT W/DEVICE	2	
			CONTOUR NEXT GEN MONITOR	2	
			CONTOUR NEXT LINK KIT W/DEVICE	2	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
CONTOUR NEXT MONITOR KIT W/DEVICE	2		EASY TOUCH HEALTHPRO GLUCOSE IN VITRO	2	QL
CONTOUR NEXT ONE KIT	2		EASY TOUCH LANCING DEVICE	2	
CONTOUR NEXT GEN TEST STRIPS	2	QL	EASY TRAK II BLOOD GLUCOSE SYS	2	
CONTOUR TEST STRIPS	2	QL	EASY TRAK II CONTROL	2	
CVS KETONE CARE	2		EASY TRAK II GLUCOSE TEST	2	QL
DEXCOM G6 RECEIVER	3	QL	EASYMAX 15 LEVEL 2-3 CONTROL	2	
DEXCOM G6 SENSOR	3	QL	EASYMAX CONTROL	2	
DEXCOM G6 TRANSMITTER	3	QL	GLUCOSE CONTROL SOLUTIONS	2	
DEXCOM G7 RECEIVER	3	QL	EMBRACE EVO GLUCOSE MONITOR	2	
DEXCOM G7 SENSOR	3		EMBRACE LANCING DEVICE/EJECTOR	2	
DIATHRIVE BLOOD GLUCOSE METER	2		EMBRACE TALK BLOOD GLUCOSE	2	
DIATHRIVE BLOOD GLUCOSE TEST	2	QL	EMBRACE TALK GLUCOSE CONTROL	2	
DIATHRIVE GLUCOSE CONTROL SOLN	2		EMBRACE TALK GLUCOSE TEST	2	QL
DIATHRIVE GLUCOSE TEST	2	QL	EMBRACE TALK MONITORING SYSTEM	2	
DIATHRIVE LANCING DEVICE	2		EMBRACE WAVE BLOOD GLUCOSE	2	
DIATHRIVE+ GLUCOSE MONITOR	2		EMBRACE WAVE BLOOD GLUCOSE IN VITRO	2	QL
DIATHRIVE+ GLUCOSE TEST	2	QL	EMBRACE WAVE GLUCOSE METER	2	
DROPLET GENTEEL LANCING DEVICE	2		FORA 6 CONNECT IN VITRO	2	QL
EASY TALK PLUS II CONTROL	2		FORA 6 CONNECT/GTEL TEST	2	QL
EASY TALK PLUS II TEST STRIPS	2	QL	FORA GTEL BLOOD GLUCOSE SYSTEM	2	
EASY TOUCH HEALTHPRO GLUCOSE	2				

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
FORA GTEL BLOOD GLUCOSE TEST	2	QL	GLUCOCARD SHINE EXPRESS	2	
FORA TN'G ADVANCE PRO IN VITRO	2	QL	GLUCOCARD SHINE TEST	2	QL
FORTISCARE CONTROL	2		GLUCOCARD VITAL TEST	2	QL
FORTISCARE G1 TEST STRIP	2	QL	GOJJI BLOOD GLUCOSE TEST	2	QL
FORTISCARE T1 GLUCOSE SYSTEM	2		GOJJI CONTROL	2	
FREESTYLE FREEDOM LITE	2		GOJJI LANCING DEVICE/CLEAR CAP	2	
FREESTYLE INSULINX TEST	2	QL	HW EMBRACE PRO GLUCOSE METER	2	
FREESTYLE LIBRE 14 DAY READER	3	QL	HW EMBRACE PRO GLUCOSE TEST	2	QL
FREESTYLE LIBRE 14 DAY SENSOR	3		HW EMBRACE TALK BLOOD GLUCOSE	2	
FREESTYLE LIBRE 2 READER	3	QL	HW EMBRACE TALK GLUCOSE TEST	2	QL
FREESTYLE LIBRE 2 SENSOR	3	QL	INFINITY BLOOD GLUCOSE TEST	2	QL
FREESTYLE LIBRE 3 READER	3	QL	INPEN 100-BLUE-LILLY-HUMALOG	2	
FREESTYLE LIBRE 3 SENSOR	3		INPEN 100-BLUE-NOVOLOG-FIASP	2	
FREESTYLE LIBRE READER	3	QL	INPEN 100-GREY-LILLY-HUMALOG	2	
FREESTYLE LITE TEST	2	QL	INPEN 100-GREY-NOVOLOG-FIASP	2	
FREESTYLE PRECISION NEO TEST	2	QL	INPEN 100-PINK-LILLY-HUMALOG	2	
FREESTYLE TEST	2	QL	INPEN 100-PINK-NOVOLOG-FIASP	2	
GENTEEL LANCING KIT (BLUE)	2		KETO-DIASTIX	2	
GHT BLOOD GLUCOSE MONITOR	2		KETONE TEST	2	
GLUCOCARD 01 SENSOR PLUS	2	QL	KETOSTIX	2	
GLUCOCARD EXPRESSION TEST	2	QL	KROGER HEALTHPRO GLUCOSE TEST	2	QL
GLUCOCARD SHINE CONNEX	2		LANCETS	1	
			LANCETS	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
LANCETS IN VITRO STRIP	2	QL	ONETOUCH ULTRASOFT 2 LANCETS	2	
MICRODOT TEST	2	QL	ONETOUCH VERIO FLEX SYSTEM	1	
MICROLET NEXT LANCING DEVICE	2		ONETOUCH VERIO IN VITRO LIQUID HIGH	1	
MM BLOOD GLUCOSE SYSTEM	2		ONETOUCH VERIO TEST STRIPS	1	QL
MM BLOOD GLUCOSE SYSTEM REFILL	2		ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
MM BLULINK GLUCOSE MONIT SYS	2		PIP BLOOD GLUCOSE MONITORING	2	
MM BLULINK GLUCOSE TEST	2	QL	PIP BLOOD GLUCOSE TEST STRIP	2	QL
NOVOPEN ECHO	2		PIP GLUCOSE CONTROL SOLUTION	2	
ONE DROP BLOOD GLUCOSE MONITOR	2		POGO AUTOMATIC BLOOD GLUCOSE	2	
ONE DROP TEST	2	QL	PRECISION XTRA BLOOD GLUCOSE	2	QL
ONETOUCH DELICA PLUS LANCET30G	1		PRODIGY NO CODING BLOOD GLUC	2	
ONETOUCH DELICA PLUS LANCET30G	2		PTS PANELS EGLU TEST	2	QL
ONETOUCH DELICA PLUS LANCET33G	1		RELION PREMIER CLASSIC	2	
ONETOUCH DELICA PLUS LANCET33G	2		RELION PREMIER TEST	2	QL
ONETOUCH DELICA PLUS LANCING	1		RIGHTEST GT333 BLOOD GLUCOSE	2	
ONETOUCH DELICA PLUS LANCING	2		RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	2	QL
ONETOUCH DELICA SAFETY LANCING	1		RIGHTEST GT333 GLUCOSE TEST	2	QL
ONETOUCH DELICA SAFETY LANCING	2		TECHLITE LANCETS 26G	2	
ONETOUCH ULTRA 2 KIT W/DEVICE	1		TEMPO REFILL	2	
ONETOUCH ULTRA IN VITRO LIQUID	1		TRUE FOCUS BLOOD GLUCOSE METER	2	
ONETOUCH ULTRA IN VITRO STRIP	1	QL			
ONETOUCH ULTRASOFT 2 LANCETS	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
TRUE METRIX BLOOD GLUCOSE TEST	2	QL	GVOKE HYPOPEN 2-PACK	2	
TRUE METRIX LEVEL 1	2		GVOKE KIT	2	
TRUE METRIX LEVEL 2	2		GVOKE PFS	2	
TRUE METRIX LEVEL 3	2		Diabetes - Insulins		
TRUE METRIX METER KIT	2		APIDRA SOLOSTAR	3	
TRUE METRIX PRO BLOOD GLUCOSE	2	QL	APIDRA VIAL	3	
TRUETRACK TEST	2	QL	AQ INSULIN SYRINGE	1	
UNISTRIP CONTROL IN VITRO SOLUTION LOW	2		BD ULTRA-FINE INSULIN SYRINGES	1	
VERIFINE SAFE LANCET MINI 21G	2		DROPSAFE SAFETY SYRINGE/NEEDLE	1	
VERIFINE SAFE LANCET MINI 23G	2		FIASP	1	
VERIFINE SAFE LANCET MINI 28G	2		FIASP FLEXTOUCH	1	
VERIFINE SAFE LANCET MINI 30G	2		FIASP PENFILL	1	
VIVAGUARD INO CONTROL SOLUTION	2		FIASP PUMPCART	2	
VIVAGUARD INO GLUCOSE METER	2		HUMALOG	2	
VIVAGUARD INO SMART GLUC METER	2		HUMALOG KWIKPEN	2	
VIVAGUARD INO TEST STRIPS	2	QL	HUMALOG MIX 50/50 KWIKPEN	2	
VIVAGUARD LANCING DEVICE	2		HUMALOG MIX 50/50 VIAL	2	
Diabetes - Glycemic Agents			HUMALOG MIX 75/25 KWIKPEN	2	
BAQSIMI ONE PACK	2		HUMALOG MIX 75/25 VIAL	2	
BAQSIMI TWO PACK	2		HUMALOG U-100 JUNIOR KWIKPEN	2	
diazoxide oral	3		HUMULIN 70/30 KWIKPEN	2	
GLUCAGEN HYPOKIT	2		HUMULIN 70/30 VIAL	2	
glucagon emergency kit	1		HUMULIN N KWIKPEN	2	
GLUCAGON EMERGENCY KIT	2		HUMULIN N VIAL	2	
GVOKE HYPOPEN 1-PACK	2		HUMULIN R U-500 KWIKPEN	2	
			HUMULIN R U-500 VIAL	2	
			HUMULIN R VIAL	2	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	1		NOVOLOG MIX 70/30 VIAL	1	
LANTUS SOLOSTAR	2		NOVOLOG PENFILL	1	
LANTUS U-100 VIAL	2		NOVOLOG U-100 VIAL	1	
LEVEMIR FLEXPEN	2		TOUJEO MAX SOLOSTAR	2	
LEVEMIR U-100 VIAL	2		TOUJEO SOLOSTAR	2	
NOVOLIN 70/30 FLEXPEN	2		TRESIBA	2	
NOVOLIN 70/30 FLEXPEN RELION	2		TRESIBA FLEXTOUCH	2	
NOVOLIN 70/30 RELION	2		ULTIGUARD SAFEPACK SYR/NEEDLE	1	
NOVOLIN 70/30 VIAL	2		VERIFINE INSULIN SYRINGE	1	
NOVOLIN N FLEXPEN	2		Electrolytes / Minerals / Metals / Vitamins		
NOVOLIN N FLEXPEN RELION	2		carglumic acid	SP1	PA
NOVOLIN N RELION	2		cyanocobalamin injection solution 1000 mcg/ml	1	
NOVOLIN N VIAL	2		cyanocobalamin nasal	1	
NOVOLIN R FLEXPEN	2		cytra k crystals	1	
NOVOLIN R FLEXPEN RELION	2		deferasirox oral tablet	3	
NOVOLIN R RELION	2		effer-k oral tablet effervescent 25 meq	1	
NOVOLIN R VIAL	2		ergocalciferol oral capsule	1	
NOVOLOG FLEXPEN	1		ferocon	1	
NOVOLOG MIX 70/30 FLEXPEN	1		ferotrinsic	1	
			FERRALET 90	3	
			FLORIVA ORAL LIQUID	0	PV
			folate	0	PV
			folic acid oral tablet 1 mg	1	
			folic acid oral tablet 400 mcg, 800 mcg	0	PV
			FOLIVANE-F	2	
			FOLIVANE-PLUS	2	
			foltrin	1	
			GALZIN	2	
			INTEGRA F	2	

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
INTEGRA PLUS	2		phytonadione oral	1	
iodine strong oral	1		pnv prenatal plus multivit+dha	1	
IRON FOLATE PLUS	2		POLY-VI-FLOR ORAL TABLET CHEWABLE 1 MG	1	
JYNARQUE	SP2	QL	pot & sod cit-cit ac	1	
klor-con	1		potassium chloride cryser	1	
klor-con 10	1		potassium chloride er	1	
klor-con m10	1		potassium chloride oral	1	
klor-con m15	1		potassium citrate er	1	
klor-con m20	1		potassium citrate-citric acid	1	
klor-con/ef	1		prenatal multi +dha	0	PV
K-PHOS	2		prenatal oral tablet 27-0.8 mg	0	PV
K-PHOS NO 2	2		prenatal oral tablet 27-1 mg	1	
k-prime	1		prenatal plus vitamin/mineral	1	
levocarnitine intravenous	3		prenatal/folic acid+dha	0	PV
levocarnitine oral solution	1		PROFERRIN-FORTE	2	
levocarnitine oral tablet	1		QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG	1	
levocarnitine sf	1		sod citrate-citric acid	1	
LIQUACEL	3		sodium fluoride oral	0	PV
MASONATAL	0	PV	sodium polystyrene sulfonate	1	
multivitamin w/fluoride oral tablet chewable 1 mg	1		tolvaptan	SP1	QL
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1		tricitrates	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	1		trientine hcl oral capsule 250 mg	SP1	PA
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 1 MG	1		TRUE FOLIC ACID ORAL TABLET 400 MCG	0	PV
NASCOBAL	2		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
NEONATAL PRENATAL	0	PV	wes-phos 250 neutral	1	
ONE VITE WOMENS	0	PV			
ONE-A-DAY WOMENS PRENATAL 1	0	PV			
phosphorous	1				
phospho-trin 250 neutral	1				
PHOSPHO-TRIN K500	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
yl folic acid	0	PV	enulose	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer			ft clearlax	0	PV; QL
esomeprazole magnesium oral capsule delayed release 40 mg	3	QL	ft laxative	0	PV; QL
famotidine oral suspension reconstituted	3		ft magnesium citrate	0	PV; QL
FIRST-OMEPRAZOLE	3		GATTEX	SP3	PA
lansoprazole oral capsule delayed release 30 mg	3	QL	gavilax oral powder	0	PV; QL
misoprostol oral	1		gavilyte-c	1	PV; QL
NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	QL; AL (Max 12 Years)	gavilyte-g	1	PV; QL
omeprazole oral capsule delayed release 10 mg, 40 mg	3	QL	generlac	1	
OMEPRAZOLE+SYRSP END SF ALKA	3		gentle laxative oral	0	PV; QL
pantoprazole sodium oral tablet delayed release	3	QL	gentlelax	0	PV; QL
rabeprazole sodium oral tablet delayed release	3	QL	glycolax	0	PV; QL
sucralfate oral suspension	3		glycopyrrolate oral solution	3	PA
sucralfate oral tablet	1		glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			hyoscyamine sulfate er	1	
alosetron hcl	3	PA	hyoscyamine sulfate oral	1	
bisacodyl ec	0	PV; QL	hyoscyamine sulfate sl	1	
bisacodyl oral	0	PV; QL	hyoscyamine sulfate sublingual	1	
citroma	0	PV; QL	hyosyne	1	
clearlax	0	PV; QL	lactulose encephalopathy	1	
constulose	1		lactulose oral solution	1	
cromolyn sodium oral	3		LINZESS	3	QL
dicyclomine hcl oral	1		lubiprostone	3	QL
diphenoxylate-atropine	1		magnesium citrate oral solution	0	PV; QL
			mm clearlax	0	PV; QL
			MOVANTIK	3	QL
			na sulfate-k sulfate-mg sulf	0	PV; QL
			peg 3350-kcl-na bicarb- nacl	1	PV; QL
			peg-3350/electrolytes	1	PV; QL
			peg- 3350/electrolytes/ascorb at	3	

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
peg-kcl-nacl-nasulf-na asc-c	3		calcium acetate (phos binder) oral capsule	1	
polyethylene glycol 3350 oral powder	0	PV; QL	darifenacin hydrobromide er	3	
qc magnesium citrate	0	PV; QL	ELMIRON	2	PA
RELISTOR SUBCUTANEOUS	SP3	QL	flavoxate hcl	1	
ursodiol oral capsule 300 mg	1		INTRAROSA	3	
ursodiol oral tablet	1		LITHOSTAT	3	
VIBERZI	3	PA; QL	MYRBETRIQ	2	
XERMELO	SP3	PA; QL	oxybutynin chloride er	1	
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment			oxybutynin chloride oral solution	1	
CERDELGA	SP3	PA	oxybutynin chloride oral tablet 5 mg	1	
CHOLBAM	SP3	PA	penicillamine oral tablet	SP1	PA
CREON	2		phenazo oral tablet 200 mg	1	
GALAFOLD	SP3	PA; QL	phenazopyridine hcl oral	1	
MYALEPT	SP3	PA	sevelamer carbonate	1	
nitisinone	SP1	PA	sevelamer hcl oral tablet 400 mg	1	
OCALIVA	SP3	PA; QL	sevelamer hcl oral tablet 800 mg	3	
ORFADIN ORAL CAPSULE 20 MG	SP3	PA	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	3	QL
ORFADIN ORAL SUSPENSION	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	PA	tropium chloride	1	
STRENSIQ	SP3	PA	tropium chloride er	3	
ZENPEP	2		Genitourinary Agents - Drugs for Prostate Conditions		
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions			alfuzosin hcl er	1	
AURYXIA	3		dutasteride oral	1	
bethanechol chloride oral	1		dutasteride-tamsulosin hcl	1	

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

Drug Name	Drug Tier	Notes
finasteride oral tablet 5 mg	1	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
Hormonal Agents - Adrenal		
CORTISONE ACETATE ORAL	1	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 2 MG	2	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible	3	
prednisone intensol	1	
prednisone oral	1	
Hormonal Agents - Men's Health		
ANDRODERM	2	PA
danazol oral	3	
DEPO-TESTOSTERONE	2	PA
testosterone cypionate intramuscular	1	PA

Drug Name	Drug Tier	Notes
testosterone enanthate intramuscular	1	PA
testosterone transdermal	3	PA
Hormonal Agents - Pituitary		
cabergoline	1	
desmopressin ace spray refrig	3	
desmopressin acetate injection	1	
DESMOPRESSIN ACETATE NASAL	2	
desmopressin acetate oral	1	
desmopressin acetate pf	1	
desmopressin acetate spray	1	
LUPRON DEPOT-PED (6-MONTH)	SP2	PA
NORDITROPIN FLEXPPO	SP2	PA
NUTROPIN AQ NUSPIN 10	SP2	PA
NUTROPIN AQ NUSPIN 20	SP2	PA
NUTROPIN AQ NUSPIN 5	SP2	PA
octreotide acetate	SP1	PA
OMNITROPE	SP2	PA
ORLISSA	3	PA; QL
SANDOSTATIN	SP1	PA
SIGNIFOR	SP3	PA; QL
SOGROYA	SP3	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP3	PA

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

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

Drug Name	Drug Tier	Notes
charlotte 24 fe	0	PV
chateal eq	0	PV
CLIMARA PRO	3	
COMBIPATCH	3	
cryselle-28	0	PV
curae	0	PV
cyred eq	0	PV
dasetta 1/35	0	PV
dasetta 7/7/7	0	PV
daysee	0	PV; QL
deblitane	0	PV
delyla	0	PV
DEPO-ESTRADIOL	2	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	0	PV
dolishale	0	PV
dotti	1	
drospiren-eth estrad-levomefol	0	PV
drospirenone-ethinyl estradiol	0	PV
DUAVEE	2	
econtra one-step	0	PV
ELESTRIN	3	
elinest	0	PV
ELLA	0	PV
eluryng	0	PV
enilloring	0	PV
enpresse-28	0	PV
enskyce	0	PV
errin	0	PV
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	0	PV

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
estradiol oral	1	
estradiol transdermal gel	3	
estradiol transdermal patch twice weekly	1	
estradiol transdermal patch weekly	1	
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
ESTRING	3	QL
ESTROGEL	3	
ethynodiol diac-eth estradiol	0	PV
etonogestrel-ethinyl estradiol	0	PV
EVAMIST	3	
falmina	0	PV
finzala	0	PV
fyavolv	1	
gemmily	0	PV
hailey 1.5/30	0	PV
hailey 24 fe	0	PV
hailey fe 1.5/30	0	PV
hailey fe 1/20	0	PV
haloette	0	PV
heather	0	PV
her style	0	PV
iclevia	0	PV; QL
incassia	0	PV
introvale	0	PV; QL
isibloom	0	PV
jaimiess	0	PV; QL
jasmiel	0	PV
jencycla	0	PV
jinteli	1	
jolessa	0	PV; QL

Drug Name	Drug Tier	Notes
joyeaux	0	PV
juleber	0	PV
junel 1.5/30	0	PV
junel 1/20	0	PV
junel fe 1.5/30	0	PV
junel fe 1/20	0	PV
junel fe 24	0	PV
kaitlib fe	0	PV
kalliga	0	PV
kariva	0	PV
kelnor 1/35	0	PV
kelnor 1/50	0	PV
kurvelo	0	PV
KYLEENA	0	PV
larin 1.5/30	0	PV
larin 1/20	0	PV
larin 24 fe	0	PV
larin fe 1.5/30	0	PV
larin fe 1/20	0	PV
layolis fe	0	PV
leena	0	PV
lessina	0	PV
levonest	0	PV
levonorgest-eth est & eth est	0	PV; QL
levonorgest-eth estrad 91-day	0	PV; QL
levonorgest-eth estradiol-iron	0	PV
levonorgestrel	0	PV
levonorgestrel-ethinyl estrad	0	PV
levonorg-eth estrad triphasic	0	PV
levora 0.15/30 (28)	0	PV
LILETTA (52 MG)	0	PV
LO LOESTRIN FE	3	PV
lojaimiess	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
loryna	0	PV
low-ogestrel	0	PV
lo-zumandimine	0	PV
luteria	0	PV
lyleq	0	PV
lyllana	1	
lyza	0	PV
marlissa	0	PV
medroxyprogesterone acetate intramuscular	0	PV; QL
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1	
megestrol acetate oral tablet	1	
MENEST	2	
merzee	0	PV
mibelas 24 fe	0	PV
microgestin 1.5/30	0	PV
microgestin 1/20	0	PV
microgestin 24 fe	0	PV
microgestin fe 1.5/30	0	PV
microgestin fe 1/20	0	PV
mili	0	PV
mimvey	1	
MIRENA (52 MG)	0	PV
mono-lynyah	0	PV
my choice	0	PV
my way	0	PV
NATAZIA	0	PV
necon 0.5/35 (28)	0	PV
new day	0	PV
NEXPLANON	0	PV
nikki	0	PV
nora-be	0	PV

Drug Name	Drug Tier	Notes
norelgestromin-eth estradiol	0	PV
norethin ace-eth estrad-fe	0	PV
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	0	PV
norethindrone oral	0	PV
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe	0	PV
norethin-eth estradiol-fe	0	PV
norgestimate-eth estradiol	0	PV
norgestimate-ethinyl estradiol triphasic	0	PV
norlyroc	0	PV
nortrel 0.5/35 (28)	0	PV
nortrel 1/35 (21)	0	PV
nortrel 1/35 (28)	0	PV
nortrel 7/7/7	0	PV
nylia 1/35	0	PV
nylia 7/7/7	0	PV
nymyo	0	PV
ocella	0	PV
opcicon one-step	0	PV
OPILL	0	PV
option 2	0	PV
ORIAHNN	3	PA; QL
PARAGARD INTRAUTERINE COPPER	0	PV
philith	0	PV
pimtrea	0	PV
portia-28	0	PV
PREMARIN ORAL	2	
PREMARIN VAGINAL	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
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
react	0	PV
reclipsen	0	PV
rivelsa	0	PV; QL
setlakin	0	PV; QL
sharobel	0	PV
simliya	0	PV
simpesse	0	PV; QL
SKYLA	0	PV
SLYND	3	PV
sprintec 28	0	PV
sronyx	0	PV
syeda	0	PV
take action	0	PV
tarina 24 fe	0	PV
tarina fe 1/20 eq	0	PV
taysofy	0	PV
tilia fe	0	PV
tri-estarylla	0	PV
tri-legest fe	0	PV
tri-linyah	0	PV
tri-lo-estarylla	0	PV
tri-lo-marzia	0	PV
tri-lo-mili	0	PV
tri-lo-sprintec	0	PV
tri-mili	0	PV
tri-nymyo	0	PV
tri-sprintec	0	PV
trivora (28)	0	PV
tri-vylibra	0	PV
tri-vylibra lo	0	PV
turqoz	0	PV
tydemy	0	PV

Drug Name	Drug Tier	Notes
velivet	0	PV
vestura	0	PV
vienva	0	PV
violele	0	PV
volnea	0	PV
vyfemla	0	PV
vylibra	0	PV
wera	0	PV
wymzya fe	0	PV
xulane	0	PV
yuvafem	1	
zafemy	0	PV
zovia 1/35 (28)	0	PV
zumandimine	0	PV
Hormonal Agents - Thyroid		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	2	
adthyza oral tablet 130 mg, 16.25 mg, 32.5 mg, 65 mg, 97.5 mg	1	
ARMOUR THYROID	2	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	2	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	2	
thyroid oral	1	

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
TIROSINT	3		CYLTEZO (2 PEN)	SP2	PA; QL
unithroid	1		CYLTEZO (2 SYRINGE)	SP2	PA; QL
Immunological Agents - Drugs for Immune System Stimulation or Suppression			CYLTEZO-CD/UC/HS STARTER	SP2	PA; QL
ACTEMRA ACTPEN	SP3	PA; QL	CYLTEZO- PSORIASIS/UV STARTER	SP2	PA; QL
ACTEMRA SUBCUTANEOUS	SP3	PA; QL	ENBREL	SP2	PA; QL
ACTIMMUNE	SP2	PA	ENBREL MINI	SP2	PA; QL
ADALIMUMAB-ADBM (2 PEN)	SP2	PA; QL	ENBREL SURECLICK	SP2	PA; QL
ADALIMUMAB-ADBM (2 SYRINGE)	SP2	PA; QL	ENVARUSUS XR	SP2	
ADALIMUMAB- ADBM(CD/UC/HS STRT)	SP2	PA; QL	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	SP1	
ADALIMUMAB- ADBM(PS/UV STARTER)	SP2	PA; QL	FIRAZYR	SP3	PA; QL
azathioprine oral tablet 50 mg	1		gengraf	1	
BERINERT	SP2	PA; QL	HADLIMA	SP2	PA; QL
	0	PV; AL (Max 24 Months)	HADLIMA PUSHTOUCH	SP2	PA; QL
BEYFORTUS			HAEGARDA	SP2	PA
CELLCEPT	SP3		HUMIRA (2 PEN)	SP2	PA; QL
CIMZIA	SP2	PA; QL	HUMIRA (2 SYRINGE)	SP2	PA; QL
CIMZIA STARTER KIT	SP2	PA; QL	HUMIRA-CD/UC/HS STARTER	SP2	PA; QL
COSENTYX (300 MG DOSE)	SP3	PA; QL	HUMIRA-PED<40KG CROHNS STARTER	SP2	PA; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	SP3	PA; QL	HUMIRA-PED>=40KG CROHNS START	SP2	PA; QL
COSENTYX SENSOREADY (300 MG)	SP3	PA; QL	HUMIRA-PED>=40KG UC STARTER	SP2	PA; QL
COSENTYX SENSOREADY PEN	SP3	PA; QL	HUMIRA- PSORIASIS/UEIT STARTER	SP2	PA; QL
COSENTYX UNOREADY	SP3	PA; QL	icatibant acetate	SP1	PA; QL
cyclosporine modified	1		JYLAMVO	3	
cyclosporine oral	1		KINERET	SP3	PA
			leflunomide oral	1	
			methotrexate sodium	1	
			methotrexate sodium (pf)	1	
			mycophenolate mofetil 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
mycophenolate sodium	1	
mycophenolic acid	1	
MYFORTIC	SP3	
NEORAL	SP3	
OLUMIANT	SP3	PA; QL
ORENCIA CLICKJECT	SP3	PA; QL
ORENCIA SUBCUTANEOUS	SP3	PA; QL
OTEZLA	SP2	PA; QL
PROGRAF ORAL CAPSULE	SP3	
PROGRAF ORAL PACKET	SP2	
RAPAMUNE ORAL SOLUTION	SP2	
RIDAURA	SP2	
RINVOQ	SP2	PA; QL
sajazir	SP1	PA; QL
SANDIMMUNE ORAL CAPSULE	SP3	
SANDIMMUNE ORAL SOLUTION	SP2	
SIMPONI	SP2	PA; QL
sirolimus oral solution	SP1	
sirolimus oral tablet	1	
SKYRIZI INTRAVENOUS	SP2	PA
SKYRIZI PEN	SP2	PA; QL
SKYRIZI SUBCUTANEOUS	SP2	PA; QL
STELARA SUBCUTANEOUS	SP2	PA; QL
tacrolimus oral	1	
TALTZ	SP3	PA; QL
TREMFYA	SP2	PA; QL
XATMEP	3	
XELJANZ ORAL TABLET	SP2	PA; QL
XELJANZ XR	SP2	PA; QL

Drug Name	Drug Tier	Notes
ZORTRESS	SP3	
Immunological Agents - Drugs for Vaccination		
ABRYSVO	3	PV; QL; AL (Min 60 Years)
ACTHIB	3	PV; AL (Max 6 Years)
ADACEL	0	PV
AFLURIA QUADRIVALENT	0	PV
AREXVY	3	PV; QL; AL (Min 60 Years)
BCG VACCINE	3	
BEXSERO	0	PV
BOOSTRIX	0	PV
COMIRNATY	0	PV
DAPTACEL	0	PV
DENGVAXIA	0	PV; AL (Min 9 Years and Max 16 Years)
ENGERIX-B	0	PV
FLUAD QUADRIVALENT	0	PV; AL (Min 65 Years)
FLUARIX QUADRIVALENT	0	PV
FLUBLOK QUADRIVALENT	0	PV
FLUCELVAX QUADRIVALENT	0	PV
FLULAVAL QUADRIVALENT	0	PV
FLUMIST QUADRIVALENT	3	PV; AL (Min 2 Years and Max 49 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
FLUZONE HIGH-DOSE QUADRIVALENT	0	PV; AL (Min 65 Years)	PREHEVBRIO	0	PV; AL (Min 18 Years)
FLUZONE QUADRIVALENT	0	PV	PREVNAR 20	0	PV
GARDASIL 9	3	PV; AL (Min 9 Years and Max 26 Years)	PRIORIX	0	PV
HAVRIX	0	PV	PROQUAD	0	PV
HEPLISAV-B	3	PV; AL (Min 18 Years)	QUADRACEL	0	PV
HIBERIX	3	PV; AL (Max 6 Years)	RECOMBIVAX HB	0	PV
IMOVAX RABIES	3		ROTARIX	3	PV; AL (Max 8 Months)
INFANRIX	0	PV	ROTATEQ	3	PV; AL (Max 8 Months)
IPOL	3	PV; AL (Max 17 Years)	SHINGRIX	3	PV; AL (Min 19 Years)
KINRIX	0	PV	SPIKEVAX	0	PV
MENQUADFI	0	PV	STAMARIL	3	
MENVEO	0	PV	TDVAX	0	PV
M-M-R II	0	PV	TENIVAC	0	PV
MODERNA COVID-19 VAC 6M-11Y	0	PV	TETANUS-DIPHThERIA TOXOIDS TD	0	PV
NOVAVAX COVID-19 VACCINE	0	PV	TRUMENBA	0	PV
PEDIARIX	0	PV	TWINRIX	0	PV
PEDVAX HIB	3	PV; AL (Max 6 Years)	TYPHIM VI	3	
PENBRAYA	0	PV	VAQTA	0	PV
PENTACEL	0	PV	VARIVAX	0	PV
PFIZER COVID-19 VAC-TRIS 5-11Y	0	PV	VAXCHORA	3	
PFIZER COVID-19 VAC-TRIS 6M-4Y	0	PV	VAXELIS	0	PV
PNEUMOVAX 23	0	PV	VAXNEUVANCE	0	PV
			VIVOTIF	2	
			YF-VAX	3	
			Inflammatory Bowel Disease Agents		
			anucort-hc	1	
			balsalazide disodium	1	
			budesonide er	3	
			budesonide 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
hydrocortisone (perianal)	1		teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	SP1	PA
hydrocortisone ace-pramoxine external cream 1-1 %	1		TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	SP2	PA
hydrocortisone acetate rectal suppository 25 mg	1		TYMLOS	SP2	PA
hydrocortisone rectal	1		Metabolic Bone Disease Agents - Other		
hydrocort-pramoxine (perianal)	1		calcitriol oral	1	
mesalamine er	1		cinacalcet hcl	1	
mesalamine oral	1		paricalcitol oral	1	
mesalamine rectal	1		Miscellaneous Therapeutic Agents		
mesalamine-cleanser	1		ADVOCATE INSULIN PEN NEEDLE	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2		AEROCHAMBER HOLDING CHAMBER	2	
PROCTOFOAM HC	2		AEROCHAMBER MINI CHAMBER	2	
procto-med hc	1		AEROCHAMBER MV	2	
proctosol hc	1		AEROCHAMBER PLS FLOVU MTHPIECE	2	
proctozone-hc	1		AEROCHAMBER PLUS FLO-VU INTERM	2	
sulfasalazine oral	1		AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis			AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
alendronate sodium oral solution	1		AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
alendronate sodium oral tablet 10 mg, 5 mg	1		AEROCHAMBER PLUS FLOW VU	2	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL	AEROCHAMBER W/FLOWSIGNAL	2	
calcitonin (salmon) nasal	1	QL			
FORTEO	SP2	PA			
ibandronate sodium oral	1	QL			
risedronate sodium oral tablet 150 mg, 35 mg	1	QL			
risedronate sodium oral tablet 30 mg, 5 mg	1				
risedronate sodium oral tablet delayed release	3	QL			
teriparatide	SP1	PA			

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
AQINJECT PEN NEEDLE	1		CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	1	
ASSURE ID DUO PRO PEN NEEDLES	1		CAREPOINT SAFETY 1ST NEEDLE	1	
ASSURE ID PRO PEN NEEDLES	1		CAREPOINT SYRINGE LUER LOCK 1 ML , 30 ML	1	
AUM INSULIN SAFETY PEN NEEDLE	1		CAREPOINT SYRINGE LUER SLIP 1 ML	1	
AUM MINI INSULIN PEN NEEDLE	1		CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 26G X 1" , 27G X 1-1/2"	1	
AUM PEN NEEDLE	1		CARETOUCH LUER LOCK 1 ML	1	
AUM READYGARD DUO PEN NEEDLE	1		CAYA	0	PV
AUM SAFETY PEN NEEDLE	1		CLEVER CHOICE HOLDING CHAMBER	2	
BD AUTOSHIELD DUO PEN NEEDLES	1		COMFORT EZ PRO PEN NEEDLES	1	
BD ECLIPSE LUER-LOK NEEDLE	1		COMPACT SPACE CHAMBER	2	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	1		COMPACT SPACE CHAMBER/LG MASK	2	
BD FILTER NEEDLE	1		COMPACT SPACE CHAMBER/MED MASK	2	
BD SYRINGE LUER-LOK 30 ML	1		COMPACT SPACE CHAMBER/SM MASK	2	
BD ULTRA-FINE PEN NEEDLES	1		CONDOMS	0	PV
BREATHE COMFORT CHAMBER/ADULT	2		DEFLUX METAL NEEDLE	1	
BREATHE COMFORT CHAMBER/CHILD	2		DROPLET MICRON	1	
BREATHE EASE LARGE	2		DUREX EXTRA SENSITIVE THIN	0	PV
BREATHE EASE MEDIUM	2		EASIVENT	2	
BREATHE EASE SMALL	2		EASY GLIDE LUER LOCK SYRINGE	1	
BREATHERITE VALVED MDI CHAMBER	2		EASY GLIDE SLIP LOCK SYRINGE	1	
CAMINO PRO COMPLETE/GLYTACTIN	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
EASY TOUCH HYPODERMIC NEEDLE 16G X 1"	1		GLYTACTIN RESTORE 5	2	
EASYPOINT NEEDLE	1		GLYTACTIN RESTORE LITE 10	2	
ELECARE	3		GLYTACTIN RESTORE LITE 10PE	2	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1		GLYTACTIN RTD 10	2	
ENCARE	0	PV	GLYTACTIN RTD 15	2	
EO28 SPLASH	3		GLYTACTIN RTD LITE 15	2	
EQUACARE JR	3		GLYTACTIN SWIRL 15	2	
ESSENTIAL CARE JR	3		GLYTACTIN SWIRL 15PE	2	
FC2 FEMALE CONDOM	0	PV	HUMATROPEN FOR 12MG	1	
FEMCAP	0	PV	HUMATROPEN FOR 24MG	1	
FLEXICHAMBER	2		HUMATROPEN FOR 6MG	1	
FLEXICHAMBER ADULT MASK/SMALL	2		INCONTROL ULTICARE PEN NEEDLES	1	
FLEXICHAMBER CHILD MASK/LARGE	2		INSPIREASE RESERVOIR BAGS	2	
FLEXICHAMBER CHILD MASK/SMALL	2		INSULIN PEN NEEDLES	1	
FORA D40G GLUCOSE/PRESSURE	2		J-TIP KIT W/VIAL ADAPTERS	1	
GLYTACTIN BETTERMILK 15	2		LIPISTART	2	
GLYTACTIN BETTERMILK DE-LITE	2		methergine	3	QL
GLYTACTIN BUILD 10PE	2		methylegonovine maleate oral	3	QL
GLYTACTIN BUILD 20/20	2		MICROCHAMBER DEVICE	2	
GLYTACTIN BUILD 20/20 PKU	2		MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	1	
GLYTACTIN BURST	2		NEOCATE JUNIOR	3	
GLYTACTIN COMPLETE 10PE	2		NEOCATE SPLASH	3	
GLYTACTIN RESTORE 10	2		NEOPHE	2	
			NORDIPEN 5 INJECTION DEVICE	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
NORM-JECT LUER SLIP SYRINGE	1		PANDA MASK SMALL	2	
NOVOFINE AUTOCOVER PEN NEEDLE	1		PARI VORTEX ADULT MASK	2	
NOVOFINE PEN NEEDLE	1		PEDIATRIC PANDA MASK	2	
NOVOFINE PLUS PEN NEEDLE	1		PHENEX-1	2	
OMNIPOD 5 G6 INTRO (GEN 5)	3		PHENEX-2	2	
OMNIPOD 5 G6 PODS (GEN 5)	3	QL	PHENYLADE DRINK MIX	2	
OMNIPOD 5 G7 INTRO (GEN 5)	3		PHENYLADE GMP MIX DHA/FIBER	2	
OMNIPOD 5 G7 PODS (GEN 5)	3	QL	PHENYLADE GMP READY	2	
OMNIPOD CLASSIC PODS (GEN 3)	3	QL	PHENYLADE GMP ULTRA	2	
OMNIPOD DASH INTRO (GEN 4)	3		PIP PEN NEEDLES 31G X 5MM	1	
OMNIPOD DASH PDM (GEN 4)	3		PIP PEN NEEDLES 32G X 4MM	1	
OMNIPOD DASH PODS (GEN 4)	3	QL	PKU AIR20 GOLD	2	
OMNIPOD GO KIT 20 UNIT/24HR, 30 UNIT/24HR, 40 UNIT/24HR	3		PKU AIR20 GREEN	2	
OMNIPOD POD PALS	3	QL	PKU AIR20 YELLOW	2	
OPTICHAMBER DIAMOND	2		PKU EASY	2	
OPTICHAMBER DIAMOND-LG MASK	2		PKU EASY MICROTABS	2	
OPTICHAMBER DIAMOND-MD MASK	2		PKU EASY SHAKE & GO	2	
OPTICHAMBER DIAMOND-SM MASK	2		PKU EXPRESS 15 PLUS+	2	
OPTIONS GYNOL II CONTRACEPTIVE	0	PV	PKU EXPRESS 20 PLUS+	2	
PANDA MASK LARGE	2		PKU SPHERE 20	2	
PANDA MASK MEDIUM	2		PKU START	2	
			POCKET SPACER	2	
			PREKUNIL	2	
			PRO COMFORT SPACER ADULT	2	
			PRO COMFORT SPACER CHILD	2	
			PRO COMFORT SPACER INFANT	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
PROCARE SPACER/ADULT MASK	2		WIDE-SEAL DIAPHRAGM 65	0	PV
PROCARE SPACER/CHILD MASK	2		WIDE-SEAL DIAPHRAGM 70	0	PV
PURAMINO DHA/ARA	3		WIDE-SEAL DIAPHRAGM 75	0	PV
PURE COMFORT SAFETY PEN NEEDLE	1		WIDE-SEAL DIAPHRAGM 80	0	PV
PURE COMFORT SPACER CHAMBER	2		WIDE-SEAL DIAPHRAGM 85	0	PV
RAYA SURE PEN NEEDLE	1		WIDE-SEAL DIAPHRAGM 90	0	PV
RENASTART	2		WIDE-SEAL DIAPHRAGM 95	0	PV
SAFETY PEN NEEDLES	1		Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
SECURES SAFE HYPODERMIC NEEDLE 19G X 1" , 19G X 1-1/2" , 22G X 1" , 25G X 1-1/2"	1				
SYRINGE LUER LOCK 30 ML	1		ALOCRIAL	2	
SYRINGE LUER SLIP 1 ML	1		ALOMIDE	2	
TODAY SPONGE	0	PV	AZASITE	3	
TOLEREX	3		azelastine hcl ophthalmic	1	
UNIFINE PROTECT PEN NEEDLE	1		bacitracin ophthalmic	1	
VCF VAGINAL CONTRACEPTIVE	0	PV	BESIVANCE	3	
VERIFINE INSULIN PEN NEEDLE	1		bromfenac sodium (once-daily)	1	QL
VERIFINE PLUS PEN NEEDLE	1		bromfenac sodium ophthalmic solution 0.07 %	3	QL
V-GO 20	3	QL	CILOXAN	2	
V-GO 30	3	QL	ciprofloxacin hcl ophthalmic	1	
V-GO 40	3	QL	cromolyn sodium ophthalmic	1	
VIVONEX PEDIATRIC	3		dexamethasone sodium phosphate ophthalmic	1	
VIVONEX PEDIATRIC RTF	3		diclofenac sodium ophthalmic	1	
VORTEX VALVED HOLDING CHAMBER	2		difluprednate	3	
WIDE-SEAL DIAPHRAGM 60	0	PV	epinastine hcl	1	
			erythromycin ophthalmic	1	

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

Drug Name	Drug Tier	Notes
FLAREX	2	
fluorometholone	1	
flurbiprofen sodium	1	
FML FORTE	2	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPTHALMIC OINTMENT	3	QL
loteprednol etabonate ophthalmic gel	1	QL
loteprednol etabonate ophthalmic suspension	3	
MAXIDEX	2	
moxifloxacin hcl ophthalmic	1	
NATACYN	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic	1	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.2 %	1	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
PROLENSA	3	QL
sulfacetamide sodium ophthalmic	1	
TOBRADEX	2	

Drug Name	Drug Tier	Notes
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX	2	
trifluridine	1	
XDEMVY	SP2	PA; QL
ZIRGAN	3	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	1	
acetazolamide oral	1	
apraclonidine hcl	1	
betaxolol hcl ophthalmic	1	
BETIMOL	2	
BETOPTIC-S	2	
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	1	
brinzolamide	3	
carteolol hcl	1	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IOPIDINE	2	
latanoprost ophthalmic	1	
levobunolol hcl	1	
LUMIGAN	2	QL
methazolamide oral	3	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	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
timolol maleate (once-daily)	1	
timolol maleate ophthalmic	1	
timolol maleate pf solution 0.25 % ophthalmic	1	
travoprost (bak free)	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
altafrin	1	
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution 1 %	1	
bacitracin-polymyxin b	1	
bacitra-neomycin-polymyxin-hc	1	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	3	PA
LACRISERT	2	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-gramicidin	1	
neo-polycin	1	
neo-polycin hc	1	
phenylephrine hcl ophthalmic	1	
polycin	1	
polymyxin b-trimethoprim	1	
proparacaine hcl ophthalmic	1	
RESTASIS	3	PA
RESTASIS MULTIDOSE	3	PA
tetracaine hcl ophthalmic	1	
tropicamide ophthalmic	1	

Drug Name	Drug Tier	Notes
XIIDRA	3	PA
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CIPRO HC	2	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
CIPROFLOXACIN-FLUOCINOLONE PF	2	
CORTISPORIN-TC	2	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	2	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
benzonatate oral capsule 100 mg, 200 mg	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	1	
	1	PA; QL; AL (Min 18 Years)
guaifenesin-codeine		
hydrocod poli-chlorphe poli er	1	PA; QL; AL (Min 18 Years)
hydrocodone bit-homatrop mbr	1	PA; 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
hydromet	1	PA; QL; AL (Min 18 Years)	ATROVENT HFA	2	QL
ipratropium bromide nasal	1		BREO ELLIPTA	2	QL
maxi-tuss ac	1	PA; QL; AL (Min 18 Years)	budesonide inhalation	1	QL
promethazine vc	1		COMBIVENT RESPIMAT	2	QL
promethazine vc/codeine	1	PA; QL; AL (Min 18 Years)	cromolyn sodium inhalation	3	
promethazine-codeine oral solution	1	PA; QL; AL (Min 18 Years)	DALIRESP	3	PA
promethazine-dm	1		elixophyllin	1	
pseudoephedrine-bromphen-dm	1		epinephrine injection solution auto-injector	1	
sodium chloride inhalation	1		FASENRA	SP2	PA
SSKI	2		FASENRA PEN	SP2	PA
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions			FLUTICASONE PROPIONATE DISKUS	2	QL
acetylcysteine inhalation	1		FLUTICASONE PROPIONATE HFA	2	QL
ADVAIR HFA	2	QL	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
albuterol sulfate hfa	1	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
albuterol sulfate inhalation	1	QL	INCRUSE ELLIPTA	2	QL
albuterol sulfate oral	1		ipratropium bromide inhalation	1	QL
ANORO ELLIPTA	2	QL	ipratropium-albuterol	1	QL
ASMANEX (120 METERED DOSES)	2	QL	levalbuterol hcl inhalation	3	QL
ASMANEX (14 METERED DOSES)	2	QL	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	ST; QL
ASMANEX (30 METERED DOSES)	2	QL	montelukast sodium oral	1	
ASMANEX (60 METERED DOSES)	2	QL	OFEV	SP3	PA
ASMANEX HFA	2	QL	pirfenidone	SP1	PA
			PROAIR RESPICLICK	3	ST; QL

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

Drug Name	Drug Tier	Notes
PULMICORT FLEXHALER	2	QL
QVAR REDHALER	2	QL
roflumilast	3	PA
SEREVENT DISKUS	2	QL
SPIRIVA HANDHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	2	QL
THEO-24	2	
theophylline er	1	
theophylline oral	1	
TRELEGY ELLIPTA	2	QL
VENTOLIN HFA	3	ST; QL
wixela inhub	1	QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	SP2	PA
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
CAYSTON	SP3	PA
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	SP3	PA
KALYDECO ORAL TABLET	SP3	PA
ORKAMBI	SP3	PA; QL
PULMOZYME	SP2	PA
TOBI PODHALER	SP2	QL
tobramycin inhalation	SP1	
TRIKAFTA	SP3	PA; QL

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

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

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

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

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