

Baylor Scott & White Health Plan

Group Value Formulary

4th Quarter 2023

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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 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 Baylor 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. 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 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 [BSWHealthPlan.com](https://www.bswhealthplan.com), 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 BSWHP Pharmacy Help Desk 1-800-728-7947.

What are brand-name and generic drugs?

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

What are specialty drugs?

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

What are pharmaceutical management procedures?

Pharmaceutical management procedures are processes that help ensure safe and appropriate use of drugs and ensure access to cost-

effective therapy options. As part of such processes, restrictions (described in the following section) may be applied to certain drugs.

Are there any restrictions on my coverage?

Some covered drugs may have restrictions or limitations to coverage. These may include but are not limited to prior authorization or step therapy requirements, quantity limits, or safe use requirements (e.g. drug used at medically appropriate dose, not used with other drugs of the same type, 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 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, 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 [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 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.

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

Drug list information

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

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

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	QL
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 capsule	1	QL
oxycodone hcl oral concentrate 100 mg/5ml	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
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	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

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 ec low strength	0	PV
aspirin low dose	0	PV
aspirin oral tablet chewable	0	PV
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	
goodsense aspirin low dose	0	PV
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	2	
indomethacin er	1	
indomethacin oral	1	
indomethacin rectal suppository 50 mg	1	
ketorolac tromethamine oral	1	QL
MELOXICAM ORAL SUSPENSION	1	
meloxicam oral tablet	1	
mm aspirin	0	PV
nabumetone oral	1	
naproxen dr	1	

Drug Name	Drug Tier	Notes
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin	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	
goodsense nicotine mouth/throat lozenge 4 mg	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
habitrol	0	PV; QL; AL (Min 18 Years)
naloxone hcl injection	1	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	2	
NICORETTE MOUTH/THROAT GUM 2 MG	0	PV; QL; AL (Min 18 Years)
NICORETTE MOUTH/THROAT LOZENGE 4 MG	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)
nicotine transdermal patch 24 hour 21 mg/24hr	0	PV; QL; AL (Min 18 Years)
NICOTROL	3	ST; PV; QL; AL (Min 18 Years)

Drug Name	Drug Tier	Notes
NICOTROL NS	3	ST; PV; QL; AL (Min 18 Years)
SUBOXONE	3	QL
varenicline tartrate	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	
cefepodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
demeclocycline hcl	3	
dicloxacillin sodium	1	

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
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
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	1	
nitrofurantoin monohydrate macrocrystals	1	
penicillin v potassium	1	

Drug Name	Drug Tier	Notes
silver sulfadiazine external	1	
ssd	1	
sulfadiazine oral	3	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
tetracycline hcl oral	1	
tinidazole oral	1	
trimethoprim oral	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg	3	
vancomycin hcl oral	3	
XIFAXAN	3	PA
Anticoagulants		
bd heparin posiflush	1	
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	
fondaparinux sodium	SP1	
FRAGMIN	SP3	
heparin na (pork) lock flush pf	1	
heparin sod (pork) lock flush	1	
heparin sodium (porcine)	1	
heparin sodium (porcine) pf	1	
jantoven	1	
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO 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
Anticonvulsants - Drugs for Seizures		
APTIOM	3	
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	2	
CELONTIN	2	
clobazam oral suspension	3	PA
clobazam oral tablet	1	PA
DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLES	2	
diazepam rectal	1	QL
DILANTIN	2	
DILANTIN INFATABS	2	
divalproex sodium er	1	
divalproex sodium oral	1	
EPIDIOLEX	SP2	PA
epitol	1	
ethosuximide oral	1	
felbamate	1	
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
lacosamide oral	3	
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	
levetiracetam er	1	
levetiracetam oral	1	
methsuximide	1	
NAYZILAM	3	QL

Drug Name	Drug Tier	Notes
oxcarbazepine	1	
OXTELLAR XR	3	
phenobarbital oral	1	
PHENYTEK	2	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended	1	
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
rufinamide	SP1	PA
subvenite	1	
TEGRETOL	2	
TEGRETOL-XR	2	
tiagabine hcl	1	
topiramate oral	1	
valproic acid oral	1	
vigabatrin	SP1	PA
vigadrone	SP1	PA
VIMPAT ORAL TABLET	3	
ZARONTIN	2	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl	1	
galantamine hydrobromide er	1	
galantamine hydrobromide oral tablet	1	
memantine hcl	1	
memantine hcl er	1	QL
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants		
amitriptyline hcl oral	1	
amoxapine	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
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
escitalopram oxalate oral	1	
FETZIMA	3	QL
FETZIMA TITRATION	3	QL
fluoxetine hcl (pmdd)	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
imipramine hcl oral	1	
mirtazapine oral	1	
nefazodone hcl	1	
nortriptyline hcl oral	1	
paroxetine hcl	1	
paroxetine hcl er	1	
phenelzine sulfate oral	1	

Drug Name	Drug Tier	Notes
protriptyline hcl	1	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
tranylcypromine sulfate	1	
trazodone hcl oral	1	
trimipramine maleate oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	QL
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	3	
VIIBRYD STARTER PACK	3	QL
vilazodone hcl	3	QL
Antiemetics - Drugs for Nausea and Vomiting		
aprepitant	3	QL
compro	1	
doxylamine-pyridoxine	3	QL
dronabinol	3	PA; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
granisetron hcl oral	3	QL
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	QL
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	

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
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	
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	

Drug Name	Drug Tier	Notes
ketoconazole oral	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	1	PA
terbinafine hcl oral	1	QL
terconazole	1	
voriconazole oral tablet	3	PA
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
COLCHICINE ORAL CAPSULE	1	
colchicine oral tablet	1	
colchicine-probenecid	1	
febuxostat	3	
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

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
NURTEC	2	PA; QL	bicalutamide	1	
QULIPTA	2	PA; QL	BOSULIF	SP2	PA; SF
rizatriptan benzoate	1	QL	BRAFTOVI	SP2	PA
sumatriptan nasal	1	QL	BRUKINSA	SP2	PA; SF
sumatriptan succinate oral	1	QL	CABOMETYX	SP2	PA; SF
sumatriptan succinate refill subcutaneous solution cartridge	1	QL	CALQUENCE	SP2	PA; SF
sumatriptan succinate subcutaneous	1	QL	capecitabine	SP1	PA
UBRELVY	2	PA; QL	CAPRELSA ORAL TABLET 100 MG	SP2	PA; QL
zolmitriptan oral	1	QL	CAPRELSA ORAL TABLET 300 MG	SP2	PA
Antimyasthenic Agents			COMETRIQ	SP2	PA
pyridostigmine bromide er	1		COPIKTRA	SP2	PA; SF
pyridostigmine bromide oral solution	1		COTELLIC	SP2	PA
pyridostigmine bromide oral tablet 60 mg	1		cyclophosphamide oral capsule	1	
Antimycobacterials			DAURISMO	SP2	PA; SF
dapsone oral	1		DROXIA	3	
ethambutol hcl oral	1		ERIVEDGE	SP2	PA; SF
isoniazid oral	1		ERLEADA	SP2	PA
pyrazinamide oral	1		erlotinib hcl oral tablet 100 mg, 150 mg	SP1	PA; SF
rifabutin	3		erlotinib hcl oral tablet 25 mg	SP1	PA; SF; QL
rifampin oral	1		etoposide oral	SP1	
SIRTURO	SP3		everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	SP1	PA; QL
Antineoplastics - Drugs for Cancer			everolimus oral tablet soluble	SP1	PA
abiraterone acetate	SP1	PA; SF	exemestane	1	PV
AFINITOR DISPERZ	SP2	PA	EXKIVITY	SP2	PA; SF
ALECENSA	SP2	PA	FARESTON	SP2	
ALUNBRIG	SP2	PA; QL	FOTIVDA	SP2	PA
anastrozole oral	1	PV	GAVRETO	SP2	PA; SF
AYVAKIT	SP2	PA; SF; QL	gefitinib	SP1	PA
BALVERSA	SP2	PA; SF	GILOTRIF	SP2	PA; QL
bexarotene external	SP1	PA	GLEOSTINE	SP2	
bexarotene oral	SP1	PA; SF	HYCAMTIN ORAL	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
hydroxyurea oral	1		LORBRENA	SP2	PA; SF
IBRANCE	SP2	PA	LUMAKRAS ORAL TABLET 120 MG	SP2	PA; SF
ICLUSIG ORAL TABLET 10 MG, 15 MG	SP2	PA; QL	LYNPARZA	SP2	PA
ICLUSIG ORAL TABLET 30 MG, 45 MG	SP2	PA	LYSODREN	SP2	
IDHIFA	SP2	PA; QL	LYTGOBI (12 MG DAILY DOSE)	SP2	PA
imatinib mesylate	SP1	PA	LYTGOBI (16 MG DAILY DOSE)	SP2	PA
IMBRUVICA ORAL CAPSULE	SP2	PA; QL	LYTGOBI (20 MG DAILY DOSE)	SP2	PA
IMBRUVICA ORAL SUSPENSION	SP2	PA	MATULANE	SP2	
IMBRUVICA ORAL TABLET	SP2	PA; QL	MEKINIST	SP2	PA
INLYTA	SP2	PA; SF	MEKTOVI	SP2	PA
INQOVI	SP2	PA	melphalan	1	
INREBIC	SP2	PA; SF	mercaptopurine oral	1	
IRESSA	SP2	PA	MYLERAN	2	
JAKAFI ORAL TABLET 10 MG, 5 MG	SP2	PA; SF; QL	NERLYNX	SP2	PA; SF; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	SP2	PA; SF	NEXAVAR	SP2	PA; SF
KISQALI ORAL TABLET THERAPY PACK 200 MG	SP2	PA	NILANDRON	SP2	
KOSELUGO	SP2	PA	nilutamide	SP1	
KRAZATI	SP2	PA; SF	NINLARO	SP2	PA
lapatinib ditosylate	SP1	PA	NUBEQA	SP2	PA; SF
lenalidomide	SP1	PA	ODOMZO	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	ONUREG	SP2	PA
letrozole oral	1		ORGOVYX	SP2	PA
leucovorin calcium oral	1		PEMAZYRE	SP2	PA; SF; QL
LEUKERAN	2		PIQRAY	SP2	PA
LONSURF	SP2	PA	POMALYST	SP2	PA
			PURIXAN	SP2	
			QINLOCK	SP2	PA
			RETEVMO	SP2	PA; SF
			REVLIMID	SP2	PA
			REZLIDHIA	SP2	PA; SF
			ROZLYTREK	SP2	PA; SF
			RUBRACA	SP2	PA; SF
			RYDAPT	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
SCEMBLIX ORAL TABLET 20 MG	SP2	PA; QL	tretinoin oral	SP1	
SCEMBLIX ORAL TABLET 40 MG	SP2	PA	TUKYSA	SP2	PA
sorafenib tosylate	SP1	PA; SF	TURALIO	SP2	PA
SPRYCEL	SP2	PA; SF	TYKERB	SP2	PA
STIVARGA	SP2	PA	VALCHLOR	SP3	PA
sunitinib malate	SP1	PA	VENCLEXTA	SP2	PA
SUTENT	SP2	PA	VENCLEXTA STARTING PACK	SP2	PA
SYNRIBO	SP2	PA	VERZENIO	SP2	PA; SF
TABRECTA	SP2	PA	VITRAKVI ORAL CAPSULE	SP2	PA; SF
TAFINLAR	SP2	PA	VITRAKVI ORAL SOLUTION	SP2	PA
TAGRISSEO ORAL TABLET 40 MG	SP2	PA; QL	VIZIMPRO	SP2	PA; SF
TAGRISSEO ORAL TABLET 80 MG	SP2	PA	VONJO	SP2	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG	SP2	PA; SF	VOTRIENT	SP2	PA; SF
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG	SP2	PA; SF; QL	WELIREG	SP2	PA; SF
tamoxifen citrate oral tablet 10 mg	1		XALKORI	SP2	PA; SF
tamoxifen citrate oral tablet 20 mg	1	PV	XOSPATA	SP2	PA
TARCEVA ORAL TABLET 100 MG, 150 MG	SP2	PA; SF	XPOVIO (100 MG ONCE WEEKLY)	SP2	PA
TARCEVA ORAL TABLET 25 MG	SP2	PA; SF; QL	XPOVIO (40 MG ONCE WEEKLY)	SP2	PA
TARGRETIN EXTERNAL	SP2	PA	XPOVIO (40 MG TWICE WEEKLY)	SP2	PA
TARGRETIN ORAL	SP2	PA; SF	XPOVIO (60 MG ONCE WEEKLY)	SP2	PA
TASIGNA	SP2	PA	XPOVIO (60 MG TWICE WEEKLY)	SP2	PA
TAZVERIK	SP2	PA; SF	XPOVIO (80 MG ONCE WEEKLY)	SP2	PA
temozolomide	SP1	PA	XPOVIO (80 MG TWICE WEEKLY)	SP2	PA
TEPMETKO	SP2	PA	XTANDI	SP2	PA; SF
THALOMID	SP2	PA	YONSA	SP2	PA; SF
TIBSOVO	SP2	PA; SF	ZELBORAF	SP2	PA
toremifene citrate	SP1		ZOLINZA	SP2	PA; SF
			ZYDELIG	SP2	PA
			ZYKADIA	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
Antiparasitics		
albendazole oral	3	PA
atovaquone	3	
atovaquone-proguanil hcl	1	
chloroquine phosphate oral	1	
COARTEM	2	
hydroxychloroquine sulfate oral tablet 200 mg	1	
IMPAVIDO	SP3	
ivermectin oral	1	PA; QL
malathion	3	
mefloquine hcl	1	
pentamidine isethionate inhalation	1	
permethrin external	1	
praziquantel oral	3	
primaquine phosphate	1	
pyrimethamine oral	SP1	PA
quinine sulfate	1	PA
spinosad	3	
Antiparkinson Agents		
amantadine hcl oral	1	
APOKYN	SP3	PA; QL
apomorphine hcl subcutaneous	SP1	PA; QL
benztropine mesylate oral	1	
bromocriptine mesylate oral	1	
carbidopa oral	3	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet dispersible	3	
carbidopa-levodopa-entacapone	3	
entacapone	3	

Drug Name	Drug Tier	Notes
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
ropinirole hcl er	1	
selegiline hcl oral	1	
tolcapone	3	
trihexyphenidyl hcl	1	
Antiplatelets		
aspirin-dipyridamole er	1	
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
prasugrel hcl	1	
Antipsychotics - Drugs for Mood Disorders		
aripiprazole oral solution	1	QL
aripiprazole oral tablet	1	QL
aripiprazole oral tablet dispersible	3	QL
asenapine maleate	3	QL
chlorpromazine hcl oral tablet	1	
clozapine oral tablet	1	QL
clozapine oral tablet dispersible	3	QL
FANAPT	3	QL
FANAPT TITRATION PACK	3	QL
fluphenazine hcl oral	1	
haloperidol lactate oral	1	
haloperidol oral	1	
loxapine succinate	1	
lurasidone hcl	3	QL
olanzapine oral	1	QL
paliperidone er	3	QL
pimozide	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
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
risperidone	1	QL
thioridazine hcl oral	1	
thiothixene	1	
trifluoperazine hcl	1	
VRAYLAR	3	QL
ziprasidone hcl	1	QL
Antivirals		
abacavir sulfate	1	
abacavir sulfate-lamivudine	1	
acyclovir external ointment	1	QL
acyclovir oral	1	
adefovir dipivoxil	SP1	
APTIVUS	SP2	
atazanavir sulfate	3	
BARACLUDE ORAL SOLUTION	SP2	QL
BIKTARVY	SP2	
CIMDUO	SP2	
COMPLERA	SP2	
darunavir	SP1	
DELSTRIGO	SP2	
DESCOVY ORAL TABLET 120-15 MG	SP2	
DESCOVY ORAL TABLET 200-25 MG	SP2	PA; PV
DOVATO	SP2	
EDURANT	SP2	
efavirenz	3	
efavirenz-emtricitab-tenofo df	SP1	
efavirenz-lamivudine-tenofovir	SP1	
emtricitabine	3	

Drug Name	Drug Tier	Notes
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	SP1	
emtricitabine-tenofovir df oral tablet 200-300 mg	1	PV
EMTRIVA ORAL SOLUTION	SP2	
entecavir	SP1	QL
EPCLUSA	SP2	PA; QL
etravirine	SP1	
EVOTAZ	SP2	
famciclovir oral	1	
fosamprenavir calcium	3	
FUZEON	SP2	
GENVOYA	SP2	
HARVONI	SP2	PA; QL
INTELENCE ORAL TABLET 25 MG	SP2	
ISENTRESS	SP2	
ISENTRESS HD	SP2	
JULUCA	SP2	
LAGEVRIO	3	QL; AL (Min 18 Years)
lamivudine	1	
lamivudine-zidovudine	1	
LEXIVA ORAL SUSPENSION	SP2	
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	

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
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	SP2	PA
STRIBILD	SP2	
SYMTUZA	SP2	
tenofovir disoproxil fumarate	1	PV
TIVICAY	SP2	
TIVICAY PD	SP2	
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	

Drug Name	Drug Tier	Notes
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
oxazepam	1	QL
triazolam	1	QL
Bipolar Agents - Drugs for Mood Disorders		
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

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
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	SP3	PA	candesartan cilexetil	1	
PROMACTA	SP3	PA	candesartan cilexetil-hctz	1	
tranexamic acid oral	1		captopril oral	1	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions			captopril-hydrochlorothiazide	1	
acebutolol hcl oral	1		CAROSPIR	3	
aliskiren fumarate	3		cartia xt	1	
amiloride hcl oral	1		carvedilol	1	
amiloride-hydrochlorothiazide	1		chlorthalidone	1	
amiodarone hcl oral	1		cholestyramine light	1	
amlodipine besylate oral	1		cholestyramine oral	1	
amlodipine besylate-benazepril hcl	1		clonidine	1	
amlodipine besylate-valsartan	1		clonidine hcl oral	1	
amlodipine-atorvastatin	3		colesevelam hcl	3	
amlodipine-olmesartan	1		colestipol hcl	1	
amlodipine-valsartan-hctz	1		CORLANOR	3	PA; QL
atenolol oral	1		digoxin oral solution	1	
atenolol-chlorthalidone	1		digoxin oral tablet 125 mcg, 250 mcg	1	
		PV; AL (Min 40 Years and Max 75 Years)	diltiazem hcl er beads	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1		diltiazem hcl er coated beads	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1		diltiazem hcl er oral capsule extended release 12 hour	1	
benazepril hcl oral	1		diltiazem hcl er oral capsule extended release 24 hour	1	
benazepril-hydrochlorothiazide	1		diltiazem hcl er oral tablet extended release 24 hour 120 mg	3	
betaxolol hcl oral	1		diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
bisoprolol fumarate oral	1		diltiazem hcl oral	1	
bisoprolol-hydrochlorothiazide	1		dilt-xr	1	
bumetanide oral	1		disopyramide phosphate	1	
			DIURIL	2	
			dofetilide	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
doxazosin mesylate oral	1		guanfacine hcl	1	
droxidopa	SP1	PA	hydralazine hcl oral	1	
enalapril maleate oral solution	3		hydrochlorothiazide oral	1	
enalapril maleate oral tablet	1		icosapent ethyl	3	
enalapril-hydrochlorothiazide	1		indapamide	1	
ENTRESTO	3	QL	irbesartan	1	
eplerenone	1		irbesartan-hydrochlorothiazide	1	
ezetimibe	1		isosorbide dinitrate	1	
ezetimibe-simvastatin	1		isosorbide mononitrate	1	
felodipine er	1		isosorbide mononitrate er	1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1		isradipine	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1		JUXTAPID	SP3	PA; QL
fenofibrate oral capsule 150 mg, 50 mg	3		labetalol hcl oral	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1		LANOXIN ORAL TABLET 125 MCG, 250 MCG	2	
fenofibric acid oral capsule delayed release	1		lisinopril oral	1	
flecainide acetate	1		lisinopril-hydrochlorothiazide	1	
	1	PV; AL (Min 40 Years and Max 75 Years)	losartan potassium oral	1	
fluvastatin sodium	1	PV; AL (Min 40 Years and Max 75 Years)	losartan potassium-hctz	1	
	1	PV; AL (Min 40 Years and Max 75 Years)		1	PV; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium er	1		lovastatin oral		
fosinopril sodium	1		matzim la	1	
fosinopril sodium-hctz	1		metolazone	1	
furosemide oral	1		metoprolol succinate er	1	
gemfibrozil oral	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	

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
nebivolol hcl	3	
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	
pentoxifylline er	1	
perindopril erbumine	1	
phenoxybenzamine hcl oral	3	PA
pindolol	1	
PRALUENT	2	PA; QL
	1	PV; AL (Min 40 Years and Max 75 Years)
pravastatin sodium		
prazosin hcl oral	1	
prevalite	1	

Drug Name	Drug Tier	Notes
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
	1	PV; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 10 mg, 5 mg		
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
	1	PV; AL (Min 40 Years and Max 75 Years)
simvastatin oral		
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral	1	
spironolactone-hctz	1	
taztia xt	1	
TEKTURNA HCT	3	
telmisartan	1	
telmisartan-hctz	1	
tiadylt er	1	
timolol maleate oral	1	
torseamide	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
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
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL
guanfacine hcl er	1	
lisdexamfetamine dimesylate	1	QL
methamphetamine hcl	3	QL
methylphenidate	1	QL
methylphenidate hcl er	1	QL
methylphenidate hcl er (cd)	1	QL

Drug Name	Drug Tier	Notes
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	1	QL
QUILLICHEW ER	3	QL
QUILLIVANT XR	3	QL
VYVANSE	2	QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	SP2	PA; QL
AVONEX PREFILLED	SP2	PA; QL
COPAXONE	SP2	PA; QL
dalfampridine er	SP1	PA; QL
dimethyl fumarate oral	SP1	PA; QL
dimethyl fumarate starter pack	SP1	PA; QL
EXTAVIA	SP2	PA; QL
fingolimod hcl	SP1	PA; QL
GILENYA ORAL CAPSULE 0.25 MG	SP2	PA; QL
glatiramer acetate	SP1	PA; QL
glatopa	SP1	PA; QL
KESIMPTA	SP2	PA; QL
MAVENCLAD	SP3	PA
PLEGRIDY	SP2	PA; QL
PLEGRIDY STARTER PACK	SP2	PA; QL
teriflunomide	SP1	PA; QL
ZEPOSIA	SP3	PA; QL
ZEPOSIA 7-DAY STARTER PACK	SP3	PA; QL
ZEPOSIA STARTER KIT	SP3	PA; QL
Central Nervous System Agents - Miscellaneous		
caffeine citrate oral	3	

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

Drug Name	Drug Tier	Notes
pregabalin	1	QL
riluzole	3	PA; QL
SAVELLA	3	QL
SAVELLA TITRATION PACK	3	QL
tetrabenazine	SP1	PA
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	2	
DENTA 5000 PLUS	2	
DENTAGEL	2	
FLUORIDEX	2	
FLUORIDEX ENHANCED WHITENING	2	
FLUORIDEX SENSITIVITY RELIEF	2	
FLUORIMAX 5000	2	
FLUORIMAX 5000 SENSITIVE	2	
JUST RIGHT 5000	2	
kourzeq	1	
lidocaine viscous hcl	1	
oralone	1	
perio gard	1	
pilocarpine hcl oral	1	
PREVIDENT	2	
PREVIDENT 5000 BOOSTER PLUS	2	
PREVIDENT 5000 DRY MOUTH	2	
PREVIDENT 5000 ENAMEL PROTECT	2	
PREVIDENT 5000 ORTHO DEFENSE	2	
PREVIDENT 5000 PLUS	2	

Drug Name	Drug Tier	Notes
PREVIDENT 5000 SENSITIVE	2	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
acutane	1	
acitretin	3	
adapalene external gel 0.3 %	1	
ADBRY	SP2	PA; QL
alclometasone dipropionate	1	
amnesteem	1	
azelaic acid external	1	
AZELEX	2	
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
calcipotriene external cream	1	
calcipotriene external ointment	3	
calcipotriene external solution	1	
calcitriol external	3	
CAPEX	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
claravis	1	
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol prop emollient base	1	
clobetasol propionate e	1	
clobetasol propionate external cream	1	
clobetasol propionate external foam	3	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	3	
clobetasol propionate external solution	1	
clodan external shampoo	3	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
desoximetasone external cream 0.25 %	1	

Drug Name	Drug Tier	Notes
desoximetasone external gel	3	
desoximetasone external liquid	3	
desoximetasone external ointment 0.25 %	1	
diclofenac sodium external gel 3 %	1	QL
DRYSOL	2	
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	

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
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
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	
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	1	
REGRANEX	2	PA
SANTYL	2	QL
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	

Drug Name	Drug Tier	Notes
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4.5 %	1	
tacrolimus external	1	QL
tazarotene external cream	1	AL (Max 40 Years)
tazarotene external gel	1	AL (Max 40 Years)
TAZORAC EXTERNAL CREAM 0.05 %	2	AL (Max 40 Years)
TAZORAC EXTERNAL GEL	2	AL (Max 40 Years)
TEXACORT	2	
tretinoin external cream	1	AL (Max 40 Years)
tretinoin external gel 0.01 %, 0.025 %	1	AL (Max 40 Years)
tretinoin external gel 0.05 %	3	AL (Max 40 Years)
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	
urea external cream 40 %	1	
zenatane	1	
Diabetes - Antidiabetic Agents		
acarbose oral	1	
BYDUREON BCISE AUTOINJECTOR	3	PA; QL
BYETTA 10 MCG PEN	3	PA; QL
BYETTA 5 MCG PEN	3	PA; QL
FARXIGA	2	ST
glimepiride	1	
glipizide er	1	
glipizide ir	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
glipizide xl	1		Diabetes - Glucose Monitoring		
glipizide-metformin hcl	1		ACCU-CHEK AVIVA DEVICE	1	
glyburide micronized	1		ACCU-CHEK FASTCLIX LANCET KIT	1	
glyburide oral	1		ACCU-CHEK GUIDE TEST STRIPS	1	
glyburide-metformin	1		ACCU-CHEK GUIDE CONTROL	1	
GLYXAMBI	2	ST	ACCU-CHEK GUIDE TEST STRIPS	1	QL
INVOKAMET	3	ST	ACCU-CHEK GUIDE KIT W/DEVICE	1	
INVOKAMET XR	3	ST	ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
INVOKANA	3	ST	AGAMATRIX CONTROL LEVEL 2	2	
JANUMET	2		AGAMATRIX CONTROL LEVEL 4	2	
JANUMET XR	2		AGAMATRIX PRESTO TEST	2	QL
JANUVIA	2		ASSURE PLATINUM	2	QL
JARDIANCE	2	ST	AUTOLET II CLINISAFE	2	
JENTADUETO	2		AUTOLET LANCING DEVICE	2	
JENTADUETO XR	2		BIOTEL CARE BLOOD GLUCOSE	2	
metformin hcl er	1		BIOTEL CARE BLOOD GLUCOSE SYST	2	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1		BLOOD GLUCOSE MONITORING 333	2	
miglitol	3		BLOOD GLUCOSE TEST	2	QL
nateglinide	1		BLOOD GLUCOSE TEST STRIPS 333	2	QL
OZEMPIC	2	PA; QL	BLULINK CONTROL HIGH & LOW	2	
pioglitazone hcl	1		BLULINK GLUCOSE MONITORING SYS	2	
pioglitazone hcl-glimepiride	3		BLULINK GLUCOSE TEST	2	QL
pioglitazone hcl-metformin hcl	1				
repaglinide	1				
RYBELSUS	2	PA; QL			
SYMLINPEN 120	3	PA			
SYMLINPEN 60	3	PA			
SYNJARDY	2	ST			
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
CARETOUCH CONTROL SOL LEVEL 2	2		CONTOUR TEST STRIPS	2	QL
CARETOUCH LANCING/EJECTOR	2		CVS KETONE CARE	2	
CARETOUCH TEST	2	QL	DEXCOM G6 RECEIVER	3	QL
CEQUR SIMPLICITY 2U 10PK	2		DEXCOM G6 SENSOR	3	QL
CEQUR SIMPLICITY INSERTER	2		DEXCOM G6 TRANSMITTER	3	QL
CHEMSTRIP 10 MD	1		DEXCOM G7 RECEIVER	3	QL
CHEMSTRIP 10/SG	1		DEXCOM G7 SENSOR	3	
CHEMSTRIP 2 GP	1		DIATHRIVE BLOOD GLUCOSE METER	2	
CHEMSTRIP 5 OB	1		DIATHRIVE BLOOD GLUCOSE TEST	2	QL
CHEMSTRIP 7	1		DIATHRIVE GLUCOSE CONTROL SOLN	2	
CHEMSTRIP 9	1		DIATHRIVE GLUCOSE TEST	2	QL
CHEMSTRIP K	1		DIATHRIVE LANCING DEVICE	2	
CHEMSTRIP UGK	1		DIATHRIVE+ GLUCOSE MONITOR	2	
CLEVER CHOICE COMFORT EZ	2		DIATHRIVE+ GLUCOSE TEST	2	QL
CONTOUR CONTROL SOLUTION	2		DROPLET GENTEEL LANCING DEVICE	2	
CONTOUR MONITOR DEVICE	2		EASY TALK PLUS II CONTROL	2	
CONTOUR MONITOR KIT W/DEVICE	2		EASY TALK PLUS II TEST STRIPS	2	QL
CONTOUR NEXT CONTROL SOLUTION	2		EASY TOUCH HEALTHPRO GLUCOSE	2	
CONTOUR NEXT EZ KIT W/DEVICE	2		EASY TOUCH HEALTHPRO GLUCOSE IN VITRO	2	QL
CONTOUR NEXT GEN MONITOR	2		EASY TOUCH LANCING DEVICE	2	
CONTOUR NEXT LINK KIT W/DEVICE	2		EASY TRAK II BLOOD GLUCOSE SYS	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2		EASY TRAK II CONTROL	2	
CONTOUR NEXT ONE KIT	2				
CONTOUR NEXT GEN TEST STRIPS	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
EASY TRAK II GLUCOSE TEST	2	QL	FREESTYLE LIBRE 2 READER	3	QL
EASYMAX 15 LEVEL 2-3 CONTROL	2		FREESTYLE LIBRE 2 SENSOR	3	QL
EASYMAX CONTROL	2		FREESTYLE LIBRE 3 SENSOR	3	
GLUCOSE CONTROL SOLUTIONS	2		FREESTYLE LIBRE READER	3	QL
EMBRACE EVO GLUCOSE MONITOR	2		FREESTYLE LITE TEST	2	QL
EMBRACE LANCING DEVICE/EJECTOR	2		FREESTYLE PRECISION NEO TEST	2	QL
EMBRACE TALK BLOOD GLUCOSE	2		FREESTYLE TEST	2	QL
EMBRACE TALK GLUCOSE CONTROL	2		GENTEEL LANCING KIT (BLUE)	2	
EMBRACE TALK GLUCOSE TEST	2	QL	GHT BLOOD GLUCOSE MONITOR	2	
EMBRACE TALK MONITORING SYSTEM	2		GLUCOCARD 01 SENSOR PLUS	2	QL
FORA 6 CONNECT IN VITRO	2	QL	GLUCOCARD EXPRESSION TEST	2	QL
FORA GTEL BLOOD GLUCOSE SYSTEM	2		GLUCOCARD SHINE CONNEX	2	
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	
			HW EMBRACE TALK GLUCOSE TEST	2	QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
INFINITY BLOOD GLUCOSE TEST	2	QL	ONETOUCH DELICA PLUS LANCING	2	
INPEN 100-BLUE-LILLY-HUMALOG	2		ONETOUCH DELICA SAFETY LANCING	1	
INPEN 100-BLUE-NOVOLOG-FIASP	2		ONETOUCH ULTRA 2 KIT W/DEVICE	1	
INPEN 100-GREY-LILLY-HUMALOG	2		ONETOUCH ULTRA IN VITRO LIQUID	1	
INPEN 100-GREY-NOVOLOG-FIASP	2		ONETOUCH ULTRA IN VITRO STRIP	1	QL
INPEN 100-PINK-LILLY-HUMALOG	2		ONETOUCH VERIO FLEX SYSTEM	1	
INPEN 100-PINK-NOVOLOG-FIASP	2		ONETOUCH VERIO IN VITRO SOLUTION HIGH	1	
KETO-DIASTIX	2		ONETOUCH VERIO TEST STRIPS	1	QL
KETONE TEST	2		ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
KETOSTIX	2		PIP BLOOD GLUCOSE MONITORING	2	
KROGER HEALTHPRO GLUCOSE TEST	2	QL	PIP BLOOD GLUCOSE TEST STRIP	2	QL
LANCETS	1		PIP GLUCOSE CONTROL SOLUTION	2	
LANCETS	2		POGO AUTOMATIC BLOOD GLUCOSE	2	
LANCETS IN VITRO STRIP	2	QL	PRECISION XTRA BLOOD GLUCOSE	2	QL
MICRODOT TEST	2	QL	PRODIGY NO CODING BLOOD GLUC	2	
MICROLET NEXT LANCING DEVICE	2		PTS PANELS EGLU TEST	2	QL
NOVOPEN ECHO	2		RELION PREMIER CLASSIC	2	
ONE DROP BLOOD GLUCOSE MONITOR	2		RELION PREMIER TEST	2	QL
ONE DROP TEST	2	QL	RIGHTEST GT333 BLOOD GLUCOSE	2	
ONETOUCH DELICA PLUS LANCET30G	1		RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	2	QL
ONETOUCH DELICA PLUS LANCET30G	2				
ONETOUCH DELICA PLUS LANCET33G	1				
ONETOUCH DELICA PLUS LANCET33G	2				
ONETOUCH DELICA PLUS LANCING	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
RIGHTEST GT333 GLUCOSE TEST	2	QL	glucagon emergency kit 1 mg injection	1	
TEMPO REFILL	2		GLUCAGON EMERGENCY KIT 1 MG INJECTION	2	
TRUE FOCUS BLOOD GLUCOSE METER	2		GLUCAGON EMERGENCY KIT	2	
TRUE METRIX BLOOD GLUCOSE TEST	2	QL	GVOKE HYPOPEN 1-PACK	2	
TRUE METRIX LEVEL 1	2		GVOKE HYPOPEN 2-PACK	2	
TRUE METRIX LEVEL 2	2		GVOKE KIT	2	
TRUE METRIX LEVEL 3	2		GVOKE PFS	2	
TRUE METRIX METER KIT	2		Diabetes - Insulins		
TRUE METRIX PRO BLOOD GLUCOSE	2	QL	APIDRA SOLOSTAR	3	
TRUETRACK TEST	2	QL	APIDRA VIAL	3	
UNISTRIP CONTROL IN VITRO SOLUTION LOW	2		AQ INSULIN SYRINGE	1	
VERIFINE SAFE LANCET MINI 21G	2		BD ULTRA-FINE INSULIN SYRINGES	1	
VERIFINE SAFE LANCET MINI 23G	2		DROPSAFE SAFETY SYRINGE/NEEDLE	1	
VERIFINE SAFE LANCET MINI 28G	2		FIASP	1	
VERIFINE SAFE LANCET MINI 30G	2		FIASP FLEXTOUCH	1	
VIVAGUARD INO CONTROL SOLUTION	2		FIASP PENFILL	1	
VIVAGUARD INO GLUCOSE METER	2		FIASP PUMPCART	2	
VIVAGUARD INO SMART GLUC METER	2		HUMALOG	2	
VIVAGUARD INO TEST STRIPS	2	QL	HUMALOG KWIKPEN	2	
VIVAGUARD LANCING DEVICE	2		HUMALOG MIX 50/50 KWIKPEN	2	
Diabetes - Glycemic Agents			HUMALOG MIX 50/50 VIAL	2	
BAQSIMI ONE PACK	2		HUMALOG MIX 75/25 KWIKPEN	2	
BAQSIMI TWO PACK	2		HUMALOG MIX 75/25 VIAL	2	
diazoxide oral	3		HUMALOG U-100 JUNIOR KWIKPEN	2	
GLUCAGEN HYPOKIT	2		HUMULIN 70/30 KWIKPEN	2	
			HUMULIN 70/30 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
HUMULIN N KWIKPEN	2		NOVOLIN R FLEXPEN	2	
HUMULIN N VIAL	2		RELION		
HUMULIN R U-500 KWIKPEN	2		NOVOLIN R RELION	2	
HUMULIN R U-500 VIAL	2		NOVOLIN R VIAL	2	
HUMULIN R VIAL	2		NOVOLOG FLEXPEN	1	
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 FLEXPEN	1	
LANTUS SOLOSTAR	2		NOVOLOG MIX 70/30 VIAL	1	
LANTUS U-100 VIAL	2		NOVOLOG PENFILL	1	
LEVEMIR FLEXPEN	2		NOVOLOG U-100 VIAL	1	
LEVEMIR U-100 VIAL	2		TOUJEO MAX SOLOSTAR	2	
NOVOLIN 70/30 FLEXPEN	2		TOUJEO SOLOSTAR	2	
NOVOLIN 70/30 FLEXPEN RELION	2		TRESIBA	2	
NOVOLIN 70/30 RELION	2		TRESIBA FLEXTOUCH	2	
NOVOLIN 70/30 VIAL	2		ULTIGUARD SAFEPACK SYR/NEEDLE	1	
NOVOLIN N FLEXPEN	2		VERIFINE INSULIN SYRINGE	1	
NOVOLIN N FLEXPEN RELION	2		Electrolytes / Minerals / Metals / Vitamins		
NOVOLIN N RELION	2		carglumic acid	SP1	PA
NOVOLIN N VIAL	2		cyanocobalamin injection solution 1000 mcg/ml	1	
NOVOLIN R FLEXPEN	2		cytra k crystals	1	
			deferasirox oral tablet	3	PA
			effer-k oral tablet effervescent 25 meq	1	
			ergocalciferol oral capsule	1	
			ferocon	1	
			ferotinsic	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

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
FOLIVANE-F	2		phosphorous	1	
FOLIVANE-PLUS	2		phospho-trin 250 neutral	1	
foltrin	1		PHOSPHO-TRIN K500	2	
GALZIN	2		phytonadione oral	1	
INTEGRA F	2		pnv prenatal plus multivit+dha	1	
INTEGRA PLUS	2		POLY-VI-FLOR ORAL TABLET CHEWABLE 1 MG	1	
iodine strong oral	1		pot & sod cit-cit ac	1	
JYNARQUE	SP2	QL	potassium chloride cryser	1	
klor-con	1		potassium chloride er	1	
klor-con 10	1		potassium chloride oral	1	
klor-con m10	1		potassium citrate er	1	
klor-con m15	1		potassium citrate-citric acid	1	
klor-con m20	1		prenatal multi +dha	0	PV
klor-con/ef	1		prenatal oral tablet 27-0.8 mg	0	PV
K-PHOS	2		prenatal oral tablet 27-1 mg	1	
K-PHOS NO 2	2		prenatal plus vitamin/mineral	1	
k-prime	1		prenatal/folic acid+dha	0	PV
levocarnitine intravenous	3		PROFERRIN-FORTE	2	
levocarnitine oral solution	3		QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG	1	
levocarnitine oral tablet	3		sod citrate-citric acid	1	
levocarnitine sf	3		sodium fluoride oral	0	PV
MASONATAL	0	PV	sodium polystyrene sulfonate	1	
multivitamin w/fluoride oral tablet chewable 1 mg	1		sps	1	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1		tolvaptan	SP1	QL
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	1		tricitrates	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 1 MG	1		trientine hcl	SP1	PA
NASCOBAL	2		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
NEONATAL PRENATAL	0	PV			
ONE VITE WOMENS	0	PV			
ONE-A-DAY WOMENS PRENATAL 1	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
wes-phos 250 neutral	1		diphenoxylate-atropine	1	
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
lansoprazole oral capsule delayed release 30 mg	3	QL	GATTEX	SP3	PA
misoprostol oral	1		gavilax oral powder	0	PV; QL
NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	QL; AL (Max 12 Years)	gavilyte-c	1	PV; QL
omeprazole oral capsule delayed release 10 mg, 40 mg	3	QL	gavilyte-g	1	PV; QL
OMEPRAZOLE+SYRSP END SF ALKA	3		generlac	1	
pantoprazole sodium oral tablet delayed release	3	QL	gentle laxative oral	0	PV; QL
rabeprazole sodium oral tablet delayed release	3	QL	gentlelax	0	PV; QL
sucralfate oral suspension	3		glycolax	0	PV; QL
sucralfate oral tablet	1		glycopyrrolate oral solution	3	PA
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
alosetron hcl	3	PA	hyoscyamine sulfate er	1	
AMITIZA	3	QL	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
			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
peg-kcl-nacl-nasulf-na asc-c	3	
polyethylene glycol 3350 oral powder	0	PV; QL
qc magnesium citrate	0	PV; QL
RELISTOR SUBCUTANEOUS	SP3	QL
SUPREP BOWEL PREP KIT	3	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA; QL
XERMELO	SP3	PA; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	SP3	PA
CHOLBAM	SP3	PA
CREON	2	
GALAFOLD	SP3	PA; QL
MYALEPT	SP3	PA
nitisinone	SP1	PA
OCALIVA	SP3	PA; QL
ORFADIN ORAL CAPSULE 20 MG	SP3	PA
ORFADIN ORAL SUSPENSION	SP3	PA
PANCREAZE	2	
PROCYSBI	SP3	PA
RAVICTI	SP3	PA
sodium phenylbutyrate oral	SP1	PA
STRENSIQ	SP3	PA
ZENPEP	2	

Drug Name	Drug Tier	Notes
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
darifenacin hydrobromide er	3	
ELMIRON	2	PA
flavoxate hcl	1	
INTRAROSA	3	
LITHOSTAT	3	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet 5 mg	1	
penicillamine oral tablet	SP1	PA
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
sevelamer carbonate	1	
sevelamer hcl oral tablet 400 mg	1	
sevelamer hcl oral tablet 800 mg	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	3	QL
solifenacin succinate	1	
tadalafil oral tablet 2.5 mg, 5 mg	3	QL
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	3	

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
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
Hormonal Agents - Adrenal		
CORTISONE ACETATE ORAL	1	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 2 MG	2	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral 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	

Drug Name	Drug Tier	Notes
Hormonal Agents - Men's Health		
ANDRODERM	2	PA
danazol oral	3	
DEPO-TESTOSTERONE	2	PA
testosterone cypionate intramuscular	1	PA
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	
NORDITROPIN FLEXPRO	SP2	PA
NUTROPIN AQ NUSPIN 10	SP2	PA
NUTROPIN AQ NUSPIN 20	SP2	PA
NUTROPIN AQ NUSPIN 5	SP2	PA
octreotide acetate	SP1	PA
OMNITROPE	SP2	PA
ORLISSA	3	PA; QL
SANDOSTATIN	SP1	PA
SIGNIFOR	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
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP3	PA
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	
amethia	0	PV; QL
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
BALCOLTRA	3	PV
balziva	0	PV
blisovi 24 fe	0	PV

Drug Name	Drug Tier	Notes
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
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
enpresse-28	0	PV
enskyce	0	PV
errin	0	PV
est estrogens-methyltest	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
est estrogens-methyltest ds	1		jasmiel	0	PV
est estrogens-methyltest hs	1		jencycla	0	PV
estarylla	0	PV	jinteli	1	
estradiol oral	1		jolessa	0	PV; QL
estradiol transdermal gel	3		joyeaux	0	PV
estradiol transdermal patch twice weekly	1		juleber	0	PV
estradiol transdermal patch weekly	1		junel 1.5/30	0	PV
estradiol vaginal	1		junel 1/20	0	PV
estradiol valerate intramuscular	1		junel fe 1.5/30	0	PV
estradiol-norethindrone acet	1		junel fe 1/20	0	PV
ESTRING	3	QL	junel fe 24	0	PV
ESTROGEL	3		kaitlib fe	0	PV
ethynodiol diac-eth estradiol	0	PV	kalliga	0	PV
etonogestrel-ethinyl estradiol	0	PV	kariva	0	PV
EVAMIST	3		kelnor 1/35	0	PV
falmina	0	PV	kelnor 1/50	0	PV
finzala	0	PV	kurvelo	0	PV
fyavolv	1		KYLEENA	0	PV
gemmily	0	PV	larin 1.5/30	0	PV
hailey 1.5/30	0	PV	larin 1/20	0	PV
hailey 24 fe	0	PV	larin 24 fe	0	PV
hailey fe 1.5/30	0	PV	larin fe 1.5/30	0	PV
hailey fe 1/20	0	PV	larin fe 1/20	0	PV
haloette	0	PV	layolis fe	0	PV
heather	0	PV	leena	0	PV
her style	0	PV	lessina	0	PV
iclevia	0	PV; QL	levonest	0	PV
incassia	0	PV	levonorgest-eth est & eth est	0	PV; QL
introvale	0	PV; QL	levonorgest-eth estrad 91-day	0	PV; QL
isibloom	0	PV	levonorgest-eth estradiol-iron	0	PV
jaimiess	0	PV; QL	levonorgestrel	0	PV
			levonorgestrel-ethinyl estrad	0	PV
			levonorg-eth estrad triphasic	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
levora 0.15/30 (28)	0	PV	new day	0	PV
LILETTA (52 MG)	0	PV	NEXPLANON	0	PV
LO LOESTRIN FE	3	PV	nikki	0	PV
lojaimiess	0	PV; QL	nora-be	0	PV
loryna	0	PV	norethin ace-eth estrad-fe	0	PV
low-ogestrel	0	PV	norethindrone acetate oral	1	
lo-zumandimine	0	PV	norethindrone acet-ethinyl est	0	PV
luteria	0	PV	norethindrone oral	0	PV
lyleq	0	PV	norethindrone-eth estradiol	1	
lyllana	1		norethindron-ethinyl estrad-fe	0	PV
lyza	0	PV	norethin-eth estradiol-fe	0	PV
marlissa	0	PV	norgestimate-eth estradiol	0	PV
medroxyprogesterone acetate intramuscular	0	PV; QL	norgestimate-ethinyl estradiol triphasic	0	PV
medroxyprogesterone acetate oral	1		norlyroc	0	PV
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1		nortrel 0.5/35 (28)	0	PV
megestrol acetate oral tablet	1		nortrel 1/35 (21)	0	PV
MENEST	2		nortrel 1/35 (28)	0	PV
merzee	0	PV	nortrel 7/7/7	0	PV
mibelas 24 fe	0	PV	nylia 1/35	0	PV
microgestin 1.5/30	0	PV	nylia 7/7/7	0	PV
microgestin 1/20	0	PV	nymyo	0	PV
microgestin 24 fe	0	PV	ocella	0	PV
microgestin fe 1.5/30	0	PV	opcicon one-step	0	PV
microgestin fe 1/20	0	PV	option 2	0	PV
mili	0	PV	ORIAHNN	3	PA; QL
mimvey	1		PARAGARD INTRAUTERINE COPPER	0	PV
MIRENA (52 MG)	0	PV	philith	0	PV
mono-lynyah	0	PV	pimtrea	0	PV
my choice	0	PV	portia-28	0	PV
my way	0	PV	PREMARIN ORAL	2	
NATAZIA	0	PV			
necon 0.5/35 (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
PREMARIN VAGINAL	2	
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
tyblume	0	PV

Drug Name	Drug Tier	Notes
tydemy	0	PV
velivet	0	PV
vestura	0	PV
vienva	0	PV
viorele	0	PV
volnea	0	PV
vyfemla	0	PV
vylibra	0	PV
wera	0	PV
wymzya fe	0	PV
xulane	0	PV
yuvaferm	1	
zafemy	0	PV
zovia 1/35 (28)	0	PV
zumandimine	0	PV
Hormonal Agents - Thyroid		
adthyza	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	
TIROSINT	3	
unithroid	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
Immunological Agents - Drugs for Immune System Stimulation or Suppression			HUMIRA PEN- CD/UC/HS STARTER	SP2	PA; QL
ACTEMRA ACTPEN	SP3	PA; QL	HUMIRA PEN- PEDIATRIC UC START	SP2	PA; QL
ACTEMRA SUBCUTANEOUS	SP3	PA; QL	HUMIRA PEN- PS/UV/ADOL HS START	SP2	PA; QL
ACTIMMUNE	SP2	PA	HUMIRA PEN- PSOR/UEVIT STARTER	SP2	PA; QL
azathioprine oral tablet 50 mg	1		icatibant acetate	SP1	PA; QL
BERINERT	SP2	PA; QL	KINERET	SP3	PA
CELLCEPT	SP3		leflunomide oral	1	
CIMZIA	SP2	PA; QL	methotrexate oral tablet 2.5 mg	1	
CIMZIA STARTER KIT	SP2	PA; QL	methotrexate sodium	1	
COSENTYX (300 MG DOSE)	SP3	PA; QL	methotrexate sodium (pf)	1	
COSENTYX 150 MG/ML	SP3	PA; QL	mycophenolate mofetil oral	1	
COSENTYX SENSOREADY (300 MG)	SP3	PA; QL	mycophenolate sodium	1	
COSENTYX SENSOREADY PEN	SP3	PA; QL	MYFORTIC	SP3	
COSENTYX UNOREADY	SP3	PA; QL	NEORAL	SP3	
cyclosporine modified	1		OLUMIANT	SP3	PA; QL
cyclosporine oral	1		ORENCIA CLICKJECT	SP3	PA; QL
ENBREL	SP2	PA; QL	ORENCIA SUBCUTANEOUS	SP3	PA; QL
ENBREL MINI	SP2	PA; QL	OTEZLA	SP2	PA; QL
ENBREL SURECLICK	SP2	PA; QL	PROGRAF ORAL CAPSULE	SP3	
ENVARUSUS XR	SP2		PROGRAF ORAL PACKET	SP2	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	SP1		RAPAMUNE ORAL SOLUTION	SP2	
FIRAZYR	SP3	PA; QL	RIDAURA	SP2	
gengraf	1		RINVOQ	SP2	PA; QL
HAEGARDA	SP2	PA	sajazir	SP1	PA; QL
HUMIRA	SP2	PA; QL	SANDIMMUNE ORAL CAPSULE	SP3	
HUMIRA PEDIATRIC CROHNS START	SP2	PA; QL	SANDIMMUNE ORAL SOLUTION	SP2	
HUMIRA PEN	SP2	PA; QL	SIMPONI	SP2	PA; QL
			sirolimus oral solution	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
sirolimus oral tablet	1	
SKYRIZI	SP2	PA; QL
SKYRIZI PEN	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
ZORTRESS	SP3	
Immunological Agents - Drugs for Vaccination		
	3	PV; AL (Max 6 Years)
ACTHIB		
ADACEL	0	PV
AFLURIA QUADRIVALENT	0	PV
BCG VACCINE	3	
BEXSERO	0	PV
BOOSTRIX	0	PV
DAPTACEL	0	PV
	0	PV; AL (Min 9 Years and Max 16 Years)
DENGVAXIA		
ENGERIX-B	0	PV
	0	PV; AL (Min 65 Years)
FLUAD QUADRIVALENT		
FLUARIX QUADRIVALENT	0	PV
FLUBLOK QUADRIVALENT	0	PV
FLUCELVAX QUADRIVALENT	0	PV

Drug Name	Drug Tier	Notes
FLULAVAL QUADRIVALENT	0	PV
	3	PV; AL (Min 2 Years and Max 49 Years)
FLUMIST QUADRIVALENT		
FLUZONE HIGH-DOSE QUADRIVALENT	0	PV; AL (Min 65 Years)
FLUZONE QUADRIVALENT	0	PV
	3	PV; AL (Min 9 Years and Max 26 Years)
GARDASIL 9		
HAVRIX	0	PV
	3	PV; AL (Min 18 Years)
HEPLISAV-B		
	3	PV; AL (Max 6 Years)
HIBERIX		
IMOVAX RABIES	3	
INFANRIX	0	PV
	3	PV; AL (Max 17 Years)
IPOL		
KINRIX	0	PV
MENACTRA	0	PV
MENQUADFI	0	PV
MENVEO	0	PV
M-M-R II	0	PV
MODERNA COVID-19 BIVAL 6M-5Y	0	PV; QL
MODERNA COVID-19 BIVALENT	0	PV; QL
NOVAVAX COVID-19 VACCINE	0	PV; QL
PEDIARIX	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
PEDVAX HIB	3	PV; AL (Max 6 Years)
PENTACEL	0	PV
PFIZER COVID-19 BIVAL 6MO-4YR	0	PV; QL
PFIZER COVID-19 VAC BIVAL 5-11	0	PV; QL
PFIZER COVID-19 VAC BIVALENT	0	PV; QL
PNEUMOVAX 23	0	PV
PREHEVBRIO	0	PV; AL (Min 18 Years)
PREVNAR 13	0	PV
PREVNAR 20	0	PV
PRIORIX	0	PV
PROQUAD	0	PV
QUADRACEL	0	PV
RECOMBIVAX HB	0	PV
ROTARIX	3	PV; AL (Max 8 Months)
ROTATEQ	3	PV; AL (Max 8 Months)
SHINGRIX	3	PV; AL (Min 19 Years)
STAMARIL	3	
TDVAX	0	PV
TENIVAC	0	PV
TETANUS-DIPHThERIA TOXOIDS TD	0	PV
TRUMENBA	0	PV
TWINRIX	0	PV
TYPHIM VI	3	
VAQTA	0	PV
VARIVAX	0	PV
VAXCHORA	3	

Drug Name	Drug Tier	Notes
VAXELIS	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	
hydrocortisone (perianal)	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal suppository 25 mg	1	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	1	
mesalamine er	1	
mesalamine oral	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	
PROCTOFOAM HC	2	
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
sulfasalazine oral	1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral solution	1	
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL

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
calcitonin (salmon) nasal	1	QL	BD ECLIPSE LUER-LOK NEEDLE	1	
FORTEO	SP2	PA	BD ECLIPSE NEEDLE 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	1	
ibandronate sodium oral	1	QL	BD FILTER NEEDLE	1	
risedronate sodium oral tablet 150 mg, 35 mg	1	QL	BD SYRINGE LUER-LOK 30 ML	1	
risedronate sodium oral tablet 30 mg, 5 mg	1		BD ULTRA-FINE PEN NEEDLES	1	
risedronate sodium oral tablet delayed release	3	QL	BREATHE COMFORT CHAMBER/ADULT	2	
TERIPARATIDE (RECOMBINANT)	SP2	PA	BREATHE COMFORT CHAMBER/CHILD	2	
TYMLOS	SP2	PA	BREATHE EASE LARGE	2	
Metabolic Bone Disease Agents - Other			BREATHE EASE MEDIUM	2	
calcitriol oral	1		BREATHE EASE SMALL	2	
cinacalcet hcl	3		BREATHERITE VALVED MDI CHAMBER	2	
paricalcitol oral	1		CAMINO PRO COMPLETE/GLYTACTIN	2	
Miscellaneous Therapeutic Agents			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	
AEROCHAMBER MINI CHAMBER	2		CAREPOINT SAFETY 1ST NEEDLE	1	
AEROCHAMBER MV	2		CAREPOINT SYRINGE LUER LOCK 1 ML , 30 ML	1	
AEROCHAMBER PLUS FLO-VU	2		CAREPOINT SYRINGE LUER SLIP 1 ML	1	
AEROCHAMBER PLUS FLOW VU	2		CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 26G X 1" , 27G X 1-1/2"	1	
AEROCHAMBER W/FLOWSIGNAL	2		CARETOUCH LUER LOCK 1 ML	1	
AQINJECT PEN NEEDLE	1		CAYA	0	PV
AUM INSULIN SAFETY PEN NEEDLE	1				
AUM MINI INSULIN PEN NEEDLE	1				
AUM PEN NEEDLE	1				
AUM READYGARD DUO PEN NEEDLE	1				
AUM SAFETY PEN NEEDLE	1				
BD AUTOSHIELD DUO PEN NEEDLES	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
CLEVER CHOICE HOLDING CHAMBER	2		FLEXICHAMBER ADULT MASK/SMALL	2	
COMFORT EZ PRO PEN NEEDLES	1		FLEXICHAMBER CHILD MASK/LARGE	2	
COMPACT SPACE CHAMBER	2		FLEXICHAMBER CHILD MASK/SMALL	2	
COMPACT SPACE CHAMBER/LG MASK	2		FORA D40G GLUCOSE/PRESSURE	2	
COMPACT SPACE CHAMBER/MED MASK	2		GLYTACTIN BETTERMILK 15	2	
COMPACT SPACE CHAMBER/SM MASK	2		GLYTACTIN BETTERMILK DE-LITE	2	
CONDOMS	0	PV	GLYTACTIN BUILD 10PE	2	
DEFLUX METAL NEEDLE	1		GLYTACTIN BUILD 20/20	2	
DROPLET MICRON	1		GLYTACTIN BUILD 20/20 PKU	2	
DUREX EXTRA SENSITIVE THIN	0	PV	GLYTACTIN BURST	2	
EASIVENT	2		GLYTACTIN COMPLETE 10PE	2	
EASY GLIDE LUER LOCK SYRINGE	1		GLYTACTIN RESTORE 10	2	
EASY GLIDE SLIP LOCK SYRINGE	1		GLYTACTIN RESTORE 5	2	
EASY TOUCH HYPODERMIC NEEDLE 16G X 1"	1		GLYTACTIN RESTORE LITE 10	2	
EASYPOINT NEEDLE	1		GLYTACTIN RESTORE LITE 10PE	2	
ELECARE	3		GLYTACTIN RTD 10	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 15	2	
ENCARE	0	PV	GLYTACTIN RTD LITE 15	2	
EO28 SPLASH	3		GLYTACTIN SWIRL 15	2	
EQUACARE JR	3		GLYTACTIN SWIRL 15PE	2	
ESSENTIAL CARE JR	3		HUMATROPEN FOR 12MG	1	
FC2 FEMALE CONDOM	0	PV	HUMATROPEN FOR 24MG	1	
FEMCAP	0	PV			
FLEXICHAMBER	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
HUMATROPEN FOR 6MG	1		OMNIPOD CLASSIC PODS (GEN 3)	3	QL
INCONTROL ULTICARE PEN NEEDLES	1		OMNIPOD DASH INTRO (GEN 4)	3	
INSPIREASE RESERVOIR BAGS	2		OMNIPOD DASH PDM (GEN 4)	3	
INSULIN PEN NEEDLES	1		OMNIPOD DASH PODS (GEN 4)	3	QL
J-TIP KIT W/VIAL ADAPTERS	1		OMNIPOD GO KIT 20 UNIT/24HR, 30 UNIT/24HR, 40 UNIT/24HR	3	
K-Y ME & YOU EXTRA LUBRICATED	0	PV	OMNIPOD POD PALS	3	QL
K-Y ME & YOU INTENSE	0	PV	OPTICHAMBER DIAMOND	2	
LIPISTART	2		OPTICHAMBER DIAMOND-LG MASK	2	
methergine	3	QL	OPTICHAMBER DIAMOND-MD MASK	2	
methylergonovine maleate oral	3	QL	OPTICHAMBER DIAMOND-SM MASK	2	
MICROCHAMBER DEVICE	2		OPTIONS GYNOL II CONTRACEPTIVE	0	PV
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	1		PANDA MASK LARGE	2	
NEOCATE JUNIOR	3		PANDA MASK MEDIUM	2	
NEOCATE SPLASH	3		PANDA MASK SMALL	2	
NEOPHE	2		PARI VORTEX ADULT MASK	2	
NORDIPEN 5 INJECTION DEVICE	1		PEDIATRIC PANDA MASK	2	
NORM-JECT LUER SLIP SYRINGE	1		PHENEX-1	2	
NOVOFINE AUTOCOVER PEN NEEDLE	1		PHENEX-2	2	
NOVOFINE PEN NEEDLE	1		PHENYLADE DRINK MIX	2	
NOVOFINE PLUS PEN NEEDLE	1		PHENYLADE GMP MIX DHA/FIBER	2	
OMNIPOD 5 G6 INTRO (GEN 5)	3		PHENYLADE GMP READY	2	
OMNIPOD 5 G6 POD (GEN 5)	3	QL	PHENYLADE GMP ULTRA	2	

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

Drug Name	Drug Tier	Notes
PIP PEN NEEDLES 31G X 5MM	1	
PIP PEN NEEDLES 32G X 4MM	1	
PKU EASY	2	
PKU EASY MICROTABS	2	
PKU EXPRESS 15 PLUS+	2	
PKU EXPRESS 20 PLUS+	2	
PKU SPHERE 20	2	
PKU START	2	
POCKET SPACER	2	
PREKUNIL	2	
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
PRO COMFORT SPACER INFANT	2	
PROCARE SPACER/ADULT MASK	2	
PROCARE SPACER/CHILD MASK	2	
PURAMINO DHA/ARA	3	
PURE COMFORT SAFETY PEN NEEDLE	1	
PURE COMFORT SPACER CHAMBER	2	
RAYA SURE PEN NEEDLE	1	
RENASTART	2	
SAFETY PEN NEEDLES	1	
SECURESAFE 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	
SYRINGE LUER SLIP 1 ML	1	

Drug Name	Drug Tier	Notes
TODAY SPONGE	0	PV
TOLEREX	3	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	0	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	0	PV
vcf vaginal contraceptive vaginal gel	0	PV
VERIFINE INSULIN PEN NEEDLE	1	
V-GO 20	3	QL
V-GO 30	3	QL
V-GO 40	3	QL
VIVONEX PEDIATRIC	3	
VIVONEX PEDIATRIC RTF	3	
VORTEX VALVED HOLDING CHAMBER	2	
WIDE-SEAL DIAPHRAGM 60	0	PV
WIDE-SEAL DIAPHRAGM 65	0	PV
WIDE-SEAL DIAPHRAGM 70	0	PV
WIDE-SEAL DIAPHRAGM 75	0	PV
WIDE-SEAL DIAPHRAGM 80	0	PV
WIDE-SEAL DIAPHRAGM 85	0	PV
WIDE-SEAL DIAPHRAGM 90	0	PV
WIDE-SEAL DIAPHRAGM 95	0	PV
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALOCRIAL	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
ALOMIDE	2	
ALREX	3	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	QL
CILOXAN	2	
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	3	
epinastine hcl	1	
erythromycin ophthalmic	1	
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	

Drug Name	Drug Tier	Notes
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	1	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
PROLENSA	3	QL
sulfacetamide sodium ophthalmic	1	
TOBRADEX OPTHALMIC OINTMENT	2	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX	2	
trifluridine	1	
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	

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
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	
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 ophthalmic	1	
bacitra-neomycin-polymyxin-hc	1	

Drug Name	Drug Tier	Notes
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	3	PA
homatropaire	1	
ISOPTO ATROPINE	1	
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	
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	

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

Drug Name	Drug Tier	Notes
neomycin-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	
guaifenesin ac	1	PA; QL; AL (Min 18 Years)
guaifenesin-codeine	1	PA; QL; AL (Min 18 Years)
hydrocod poli-chlorphe poli er	1	PA; QL; AL (Min 18 Years)
hydrocodone bit-homatrop mbr	1	PA; QL; AL (Min 18 Years)
hydromet	1	PA; QL; AL (Min 18 Years)
ipratropium bromide nasal	1	
maxi-tuss ac	1	PA; QL; AL (Min 18 Years)
nebusal inhalation nebulization solution 3 %	1	
promethazine vc	1	
promethazine vc/codeine	1	PA; QL; AL (Min 18 Years)
promethazine-codeine	1	PA; QL; AL (Min 18 Years)

Drug Name	Drug Tier	Notes
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
pulmosal	1	
sodium chloride inhalation	1	
SSKI	2	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
acetylcysteine inhalation	1	
ADVAIR HFA	2	QL
albuterol sulfate hfa	1	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	QL
albuterol sulfate oral	1	
ANORO ELLIPTA	2	QL
ASMANEX (120 METERED DOSES)	2	QL
ASMANEX (14 METERED DOSES)	2	QL
ASMANEX (30 METERED DOSES)	2	QL
ASMANEX (60 METERED DOSES)	2	QL
ASMANEX HFA	2	QL
ATROVENT HFA	2	QL
BREO ELLIPTA	2	QL
brey-na	3	QL
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	2	QL
cromolyn sodium inhalation	3	
DALIRESP	3	PA
elixophyllin	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
epinephrine injection solution auto-injector	1	
FASENRA	SP2	PA
FASENRA PEN	SP2	PA
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
INCRUSE ELLIPTA	2	QL
ipratropium bromide inhalation	1	QL
ipratropium-albuterol	1	QL
levalbuterol hcl inhalation	3	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	ST; QL
montelukast sodium oral	1	
OFEV	SP3	PA
pirfenidone	SP1	PA
PROAIR RESPICLICK	3	ST; QL
PULMICORT FLEXHALER	2	QL
QVAR REDHALER	2	QL
roflumilast	3	PA
SEREVENT DISKUS	2	QL
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	2	QL
SYMJEPI	2	

Drug Name	Drug Tier	Notes
THEO-24	2	
theophylline	1	
theophylline er	1	
TRELEGY ELLIPTA	2	QL
VENTOLIN HFA	3	ST; QL
wixela inhub	1	QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	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
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

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
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
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 tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	QL
tizanidine hcl oral	1	

Sleep Disorder Agents

armodafinil	1	QL
BELSOMRA	3	ST; QL
DAYVIGO	3	ST; QL
doxepin hcl oral tablet	3	QL
eszopiclone	1	QL
modafinil	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	3	QL

Drug Name	Drug Tier	Notes
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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