Baylor Scott & White Health Plan Group Value Formulary

Baylor Scott & White Health Employees

3rd Quarter 2024

Baylor Scott & White Health Plan

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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, 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 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 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.

Sexual Dysfunction Drugs

All drugs for sexual dysfunction are excluded from coverage unless listed on the formulary. Quantity limits may apply.

Oral Oncology Split Fill Program

Prescriptions for drugs included in the oral oncology program will be restricted to a 2-week supply 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 or 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.

Please note the difference in cost does not apply to any Combined Deductible, Medical Deductible, Pharmacy Deductible, or the Maximum Out-of-Pocket for the Plan.

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
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	
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)
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	
fosfomycin 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 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
enoxaparin sodium injection solution prefilled syringe	1	
fondaparinux sodium	SP1	
FRAGMIN	SP3	
heparin na (pork) lock flsh 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
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	
DILANTIN-125	2	
divalproex sodium er	1	
divalproex sodium oral	1	
EPIDIOLEX	SP2	PA
epitol	1	
ethosuximide oral	1	

Drug Name	Drug Tier	Notes
felbamate	1	
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
lacosamide oral solution	3	
lacosamide oral tablet	1	
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
oxcarbazepine	1	
OXTELLAR XR	3	
phenobarbital oral	1	
phenytek	1	
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

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
vigpoder	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	
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	

Drug Name	Drug Tier	Notes
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	
protriptyline hcl	3	
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	
vilazodone hcl	3	QL
Antiemetics - Drugs for Nausea and Vomiting		
aprepitant	3	QL
compro	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
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	
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	
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
erlotinib hcl oral tablet 100 mg, 150 mg	SP1	PA; SF
erlotinib hcl oral tablet 25 mg	SP1	PA; SF; QL
etoposide oral	SP1	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	SP1	PA; QL
everolimus oral tablet soluble	SP1	PA
exemestane	1	PV
EXKIVITY	SP2	SF
FOTIVDA	SP2	PA
GAVRETO	SP2	PA; SF
gefitinib	SP1	PA; SF
GILOTRIF	SP2	PA; QL
GLEOSTINE	SP2	
HYCAMTIN ORAL	SP2	
hydroxyurea oral	1	
IBRANCE	SP2	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	SP2	PA; SF; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	SP2	PA; SF
IDHIFA	SP2	PA; QL
imatinib mesylate	SP1	PA
IMBRUVICA ORAL CAPSULE	SP2	PA; QL
IMBRUVICA ORAL SUSPENSION	SP2	PA
IMBRUVICA ORAL TABLET	SP2	PA; QL
INLYTA	SP2	PA; SF
INQOVI	SP2	PA
INREBIC	SP2	PA; SF
IRESSA	SP2	PA; SF
JAKAFI ORAL TABLET 10 MG, 5 MG	SP2	PA; SF; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	SP2	PA; SF

Drug Name	Drug Tier	Notes
JAYPIRCA ORAL TABLET 100 MG	SP2	PA
JAYPIRCA ORAL TABLET 50 MG	SP2	PA; QL
KISQALI ORAL TABLET THERAPY PACK 200 MG	SP2	PA
KOSELUGO	SP2	PA
KRAZATI	SP2	PA; SF
lapatinib ditosylate	SP1	PA
lenalidomide	SP1	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
letrozole oral	1	
leucovorin calcium oral	1	
LEUKERAN	2	
LONSURF	SP2	PA
LORBRENA	SP2	PA; SF
LUMAKRAS ORAL TABLET 120 MG	SP2	PA; SF
LYNPARZA	SP2	PA
LYSODREN	SP2	
LYTGOBI (12 MG DAILY DOSE)	SP2	PA
LYTGOBI (16 MG DAILY DOSE)	SP2	PA
LYTGOBI (20 MG DAILY DOSE)	SP2	PA
MATULANE	SP2	
MEKINIST	SP2	PA
MEKTOVI	SP2	PA
mercaptopurine oral	1	
MYLERAN	2	
NERLYNX	SP2	PA; SF; QL
NEXAVAR	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
nilutamide	SP1	
NINLARO	SP2	PA
NUBEQA	SP2	PA; SF
ODOMZO	SP2	PA; SF
ONUREG	SP2	PA
ORGOVYX	SP2	PA
ORSERDU	SP2	PA
pazopanib hcl	SP1	PA; SF
PEMAZYRE	SP2	PA; SF; QL
PIQRAY	SP2	PA
POMALYST	SP2	PA
PURIXAN	SP2	
QINLOCK	SP2	PA
RETEVMO	SP2	PA; SF
REVLIMID	SP2	PA
REZLIDHIA	SP2	PA; SF
ROZLYTREK ORAL CAPSULE	SP2	PA; SF
RUBRACA	SP2	PA; SF
RYDAPT	SP2	PA
SCEMBLIX ORAL TABLET 20 MG	SP2	PA; QL
SCEMBLIX ORAL TABLET 40 MG	SP2	PA
sorafenib tosylate	SP1	PA; SF
SPRYCEL	SP2	PA; SF
STIVARGA	SP2	PA
sunitinib malate	SP1	PA; SF
TABRECTA	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
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG	SP2	PA; SF; QL
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	PV
TASIGNA	SP2	PA; SF
TAZVERIK	SP2	PA; SF
temozolomide	SP1	PA
TEPMETKO	SP2	PA
THALOMID	SP2	PA
TIBSOVO	SP2	PA; SF
toremifene citrate	SP1	
tretinoin oral	SP1	
TUKYSA	SP2	PA
TURALIO	SP2	PA
VALCHLOR	SP3	PA
VENCLEXTA	SP2	PA
VENCLEXTA STARTING PACK	SP2	PA
VERZENIO	SP2	PA; SF
VITRAKVI ORAL CAPSULE	SP2	PA; SF
VITRAKVI ORAL SOLUTION	SP2	PA
VIZIMPRO	SP2	PA; SF
VONJO	SP2	PA
VOTRIENT	SP2	PA; SF
WELIREG	SP2	PA; SF
XALKORI ORAL CAPSULE	SP2	PA; SF
XOSPATA	SP2	PA
XPOVIO (100 MG ONCE WEEKLY)	SP2	PA
XPOVIO (40 MG ONCE WEEKLY)	SP2	PA
XPOVIO (40 MG TWICE WEEKLY)	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
XPOVIO (60 MG ONCE WEEKLY)	SP2	PA
XPOVIO (60 MG TWICE WEEKLY)	SP2	PA
XPOVIO (80 MG ONCE WEEKLY)	SP2	PA
XPOVIO (80 MG TWICE WEEKLY)	SP2	PA
XTANDI	SP2	PA; SF
YONSA	SP2	PA; SF
ZELBORAF	SP2	PA
ZOLINZA	SP2	PA; SF
ZYDELIG	SP2	PA
ZYKADIA	SP2	PA; SF
Antiparasitics		
albendazole oral	1	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	
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	
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

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
clozapine oral tablet dispersible	3	QL
FANAPT	3	QL
FANAPT TITRATION PACK	3	QL
fluphenazine hcl oral	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral	1	
loxapine succinate	1	
lurasidone hcl	3	QL
olanzapine oral	1	QL
paliperidone er	3	QL
pimozide	1	
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	3	QL
BIKTARVY	SP2	
CIMDUO	SP2	
COMPLERA	SP2	
darunavir	SP1	

Drug Name	Drug Tier	Notes
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	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	SP1	PV
emtricitabine-tenofovir df oral tablet 200-300 mg	1	PV
EMTRIVA ORAL SOLUTION	SP2	
entecavir	1	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	

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
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	
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	
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

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
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
atorvastatin calcium oral tablet 10 mg, 20 mg	1	PV; AL (Min 40 Years and Max 75 Years)
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	
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
pravastatin sodium	1	PV; AL (Min 40 Years and Max 75 Years)
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
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	PV; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
simvastatin 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
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral suspension	3	
spironolactone oral tablet	1	
spironolactone-hctz	1	
telmisartan	1	
telmisartan-hctz	1	
tiadylt er	1	
timolol maleate oral	1	
torsemide	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
dextroamphetamine sulfate er	1	QL

Drug Name	Drug Tier	Notes
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)
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	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
AVONEX PREFILLED	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
KESIMPTA	SP2	PA; QL
MAVENCLAD	SP3	PA
PLEGRIDY	SP2	PA; QL
PLEGRIDY STARTER PACK	SP2	PA; QL
teriflunomide	SP1	PA; QL
VUMERITY	SP3	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	
pregabalin oral	1	QL
riluzole	1	
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	

Drug Name	Drug Tier	Notes
DENTA 5000 PLUS SENSITIVE	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	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT	2	
PREVIDENT 5000 BOOSTER PLUS	2	
PREVIDENT 5000 DRY MOUTH	2	
PREVIDENT 5000 ENAMEL PROTECT	2	
PREVIDENT 5000 KIDS	2	
PREVIDENT 5000 ORTHO DEFENSE	2	
PREVIDENT 5000 PLUS	2	
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	

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
Dermatological Agents - Drugs for Skin Conditions		
accutane	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	
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 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	3	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
desoximetasone external cream 0.25 %	1	
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	

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
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	
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)
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)

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
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 oral tablet 10 mg, 5 mg	1	
glipizide xl	1	
glipizide-metformin hcl	1	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST
INVOKAMET	3	ST
INVOKAMET XR	3	ST
INVOKANA	3	ST
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	

Drug Name	Drug Tier	Notes
JARDIANCE	2	ST
JENTADUETO	2	
JENTADUETO XR	2	
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
miglitol	3	
MOUNJARO	2	PA; QL
nateglinide	1	
OZEMPIC	2	PA; QL
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	3	
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
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	1	
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK GUIDE TEST STRIPS	1	
ACCU-CHEK GUIDE CONTROL	1	
ACCU-CHEK GUIDE TEST STRIPS	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
ACCU-CHEK GUIDE KIT W/DEVICE	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
AGAMATRIX CONTROL LEVEL 2	2	
AGAMATRIX CONTROL LEVEL 4	2	
AGAMATRIX PRESTO TEST	2	QL
ASSURE PLATINUM	2	QL
AUTOLET II CLINISAFE	2	
AUTOLET LANCING DEVICE	2	
BIOTEL CARE BLOOD GLUCOSE	2	
BIOTEL CARE BLOOD GLUCOSE SYST	2	
BLOOD GLUCOSE MONITORING 333	2	
BLOOD GLUCOSE TEST	2	QL
BLOOD GLUCOSE TEST STRIPS 333	2	QL
BLULINK CONTROL HIGH & LOW	2	
BLULINK GLUCOSE MONITORING SYS	2	
BLULINK GLUCOSE TEST	2	QL
CARESENS CONTROL SOLUTION A/B	2	
CARESENS LANCETS 30G	2	
CARESENS N FELIZ	2	
CARESENS N FELIZ BT	2	
CARETOUCH CONTROL SOL LEVEL 2	2	
CARETOUCH LANCING/EJECTOR	2	
CARETOUCH TEST	2	QL
CEQUR SIMPLICITY 2U 10PK	2	
CEQUR SIMPLICITY INSERTER	2	
CHEMSTRIP 10 MD	1	
CHEMSTRIP 10/SG	1	
CHEMSTRIP 2 GP	1	
CHEMSTRIP 5 OB	1	
CHEMSTRIP 7	1	
CHEMSTRIP 9	1	
CHEMSTRIP K	1	
CHEMSTRIP UGK	1	
CHOSEN LANCETS 30G	2	
CHOSEN LANCING DEVICE	2	
CHOSEN SAFETY LANCETS 28G	2	
CLEVER CHOICE COMFORT EZ	2	
COMFORT TOUCH TWIST LANCET 30G	2	
CONTOUR CONTROL SOLUTION	2	
CONTOUR MONITOR DEVICE	2	
CONTOUR MONITOR KIT W/DEVICE	2	
CONTOUR NEXT CONTROL SOLUTION	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT GEN MONITOR	2	
CONTOUR NEXT LINK KIT W/DEVICE	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	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
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR TEST STRIPS	2	QL
CVS KETONE CARE	2	
DEXCOM G6 RECEIVER	3	QL
DEXCOM G6 SENSOR	3	QL
DEXCOM G6 TRANSMITTER	3	QL
DEXCOM G7 RECEIVER	3	QL
DEXCOM G7 SENSOR	3	
DIASTIX REAGENT	2	
DIATHRIVE BLOOD GLUCOSE METER	2	
DIATHRIVE BLOOD GLUCOSE TEST	2	QL
DIATHRIVE GLUCOSE CONTROL SOLN	2	
DIATHRIVE GLUCOSE TEST	2	QL
DIATHRIVE LANCING DEVICE	2	
DIATHRIVE+ GLUCOSE MONITOR	2	
DIATHRIVE+ GLUCOSE TEST	2	QL
DROPLET GENTEEL LANCING DEVICE	2	
EASY MAX BLOOD GLUCOSE TEST	2	QL
EASY MAX T1 GLUCOSE SYSTEM	2	
EASY TALK PLUS II CONTROL	2	
EASY TALK PLUS II TEST STRIPS	2	QL
EASY TOUCH HEALTHPRO GLUCOSE	2	

Drug Name	Drug Tier	Notes
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO	2	QL
EASY TOUCH LANCING DEVICE	2	
EASY TRAK II BLOOD GLUCOSE SYS	2	
EASY TRAK II CONTROL	2	
EASY TRAK II GLUCOSE TEST	2	QL
EASYMAX 15 LEVEL 2-3 CONTROL	2	
EASYMAX CONTROL	2	
GLUCOSE CONTROL SOLUTIONS	2	
EMBRACE EVO GLUCOSE MONITOR	2	
EMBRACE LANCING DEVICE/EJECTOR	2	
EMBRACE TALK BLOOD GLUCOSE	2	
EMBRACE TALK GLUCOSE CONTROL	2	
EMBRACE TALK GLUCOSE TEST	2	QL
EMBRACE TALK MONITORING SYSTEM	2	
EMBRACE WAVE BLOOD GLUCOSE	2	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	2	QL
EMBRACE WAVE GLUCOSE METER	2	
FORA 6 CONNECT IN VITRO	2	QL
FORA 6 CONNECT/GTEL TEST	2	QL
FORA GTEL BLOOD GLUCOSE SYSTEM	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
FORA GTEL BLOOD GLUCOSE TEST	2	QL
FORA TN'G ADVANCE PRO IN VITRO	2	QL
FREESTYLE FREEDOM LITE	2	
FREESTYLE INSULINX TEST	2	QL
FREESTYLE LIBRE 14 DAY READER	3	QL
FREESTYLE LIBRE 14 DAY SENSOR	3	
FREESTYLE LIBRE 2 READER	3	QL
FREESTYLE LIBRE 2 SENSOR	3	QL
FREESTYLE LIBRE 3 READER	3	QL
FREESTYLE LIBRE 3 SENSOR	3	
FREESTYLE LIBRE READER	3	QL
FREESTYLE LITE TEST	2	QL
FREESTYLE PRECISION NEO TEST	2	QL
FREESTYLE TEST	2	QL
GENTEEL LANCING KIT (BLUE)	2	
GHT BLOOD GLUCOSE MONITOR	2	
GLUCOCARD 01 SENSOR PLUS	2	QL
GLUCOCARD EXPRESSION TEST	2	QL
GLUCOCARD SHINE CONNEX	2	
GLUCOCARD SHINE EXPRESS	2	
GLUCOCARD SHINE TEST	2	QL
GLUCOCARD VITAL TEST	2	QL
GOJJI BLOOD GLUCOSE TEST	2	QL
GOJJI CONTROL	2	
GOJJI LANCING DEVICE/CLEAR CAP	2	
HW EMBRACE PRO GLUCOSE METER	2	
HW EMBRACE PRO GLUCOSE TEST	2	QL
HW EMBRACE TALK BLOOD GLUCOSE	2	
HW EMBRACE TALK GLUCOSE TEST	2	QL
INFINITY BLOOD GLUCOSE TEST	2	QL
INPEN 100-BLUE-LILLY-HUMALOG	2	
INPEN 100-BLUE-NOVOLOG-FIASP	2	
INPEN 100-GREY-LILLY-HUMALOG	2	
INPEN 100-GREY-NOVOLOG-FIASP	2	
INPEN 100-PINK-LILLY-HUMALOG	2	
INPEN 100-PINK-NOVOLOG-FIASP	2	
KETO-DIASTIX	2	
KETONE TEST	2	
KETOSTIX	2	
KROGER HEALTHPRO GLUCOSE TEST	2	QL
LANCETS	1	
LANCETS	2	
LANCETS IN VITRO STRIP	2	QL
MICRODOT TEST	2	QL
MICROLET NEXT LANCING DEVICE	2	
MM BLOOD GLUCOSE SYSTEM	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
MM BLOOD GLUCOSE SYSTEM REFILL	2	
MM BLULINK GLUCOSE MONIT SYS	2	
MM BLULINK GLUCOSE TEST	2	QL
NOVOPEN ECHO	2	
ONE DROP BLOOD GLUCOSE MONITOR	2	
ONE DROP TEST	2	QL
ONETOUCH DELICA PLUS LANCET30G	1	
ONETOUCH DELICA PLUS LANCET30G	2	
ONETOUCH DELICA PLUS LANCET33G	1	
ONETOUCH DELICA PLUS LANCET33G	2	
ONETOUCH DELICA PLUS LANCING	1	
ONETOUCH DELICA PLUS LANCING	2	
ONETOUCH DELICA SAFETY LANCING	1	
ONETOUCH DELICA SAFETY LANCING	2	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA IN VITRO LIQUID	1	
ONETOUCH ULTRA IN VITRO STRIP	1	QL
ONETOUCH ULTRA TEST	1	QL
ONETOUCH ULTRASOFT 2 LANCETS	1	
ONETOUCH ULTRASOFT 2 LANCETS	2	
ONETOUCH VERIO FLEX SYSTEM	1	
ONETOUCH VERIO IN VITRO LIQUID HIGH	1	
ONETOUCH VERIO TEST STRIPS	1	QL
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
PIP BLOOD GLUCOSE MONITORING	2	
PIP BLOOD GLUCOSE TEST STRIP	2	QL
PIP GLUCOSE CONTROL SOLUTION	2	
POGO AUTOMATIC BLOOD GLUCOSE	2	
PRECISION XTRA BLOOD GLUCOSE	2	QL
PRODIGY NO CODING BLOOD GLUC	2	
PTS PANELS EGLU TEST	2	QL
RELION PREMIER CLASSIC	2	
RELION PREMIER TEST	2	QL
RIGHTEST GT333 BLOOD GLUCOSE	2	
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	2	QL
RIGHTEST GT333 GLUCOSE TEST	2	QL
TECHLITE LANCETS 26G	2	
TEMPO REFILL	2	
TRUE FOCUS BLOOD GLUCOSE METER	2	
TRUE METRIX BLOOD GLUCOSE TEST	2	QL
TRUE METRIX LEVEL 1	2	
TRUE METRIX LEVEL 2	2	
TRUE METRIX LEVEL 3	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
TRUE METRIX METER KIT	2	
TRUE METRIX PRO BLOOD GLUCOSE	2	QL
TRUETRACK TEST	2	QL
UNISTRIP CONTROL IN VITRO SOLUTION LOW	2	
VERIFINE SAFE LANCET MINI 21G	2	
VERIFINE SAFE LANCET MINI 23G	2	
VERIFINE SAFE LANCET MINI 28G	2	
VERIFINE SAFE LANCET MINI 30G	2	
VIVAGUARD INO CONTROL SOLUTION	2	
VIVAGUARD INO GLUCOSE METER	2	
VIVAGUARD INO SMART GLUC METER	2	
VIVAGUARD INO TEST STRIPS	2	QL
VIVAGUARD LANCETS 30G	2	
VIVAGUARD LANCING DEVICE	2	
VIVAGUARD SAFETY LANCETS 28G	2	
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
diazoxide oral	3	
glucagon emergency kit	1	
GLUCAGON EMERGENCY KIT	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
Diabetes - Insulins		
APIDRA SOLOSTAR	3	
APIDRA VIAL	3	
AQ INSULIN SYRINGE	1	
BD ULTRA-FINE INSULIN SYRINGES	1	
DROPSAFE SAFETY SYRINGE/NEEDLE	1	
FIASP	1	
FIASP FLEXTOUCH	1	
FIASP PENFILL	1	
FIASP PUMPCART	2	
HUMALOG	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	2	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	2	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	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
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	
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LEVEMIR FLEXPEN	2	
LEVEMIR U-100 VIAL	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	
NOVOLIN 70/30 RELION	2	
NOVOLIN 70/30 VIAL	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	
NOVOLIN N VIAL	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLIN R VIAL	2	
NOVOLOG FLEXPEN	1	
NOVOLOG MIX 70/30 FLEXPEN	1	
NOVOLOG MIX 70/30 VIAL	1	
NOVOLOG PENFILL	1	
NOVOLOG U-100 VIAL	1	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
ULTIGUARD SAFEPACK SYR/NEEDLE	1	
VERIFINE INSULIN SYRINGE	1	
Electrolytes / Minerals / Metals / Vitamins		
carglumic acid	SP1	PA
cyanocobalamin injection solution 1000 mcg/ml	1	
cyanocobalamin nasal	1	
cytra k crystals	1	
deferasirox oral tablet	3	
effer-k oral tablet effervescent 25 meq	1	
ergocalciferol oral capsule	1	
ferocon	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
INTEGRA PLUS	2	
iodine strong oral	1	
IRON FOLATE PLUS	2	
IRON FOLATE-F	2	
JYNARQUE	SP2	QL
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con/ef	1	
K-PHOS	2	
K-PHOS NO 2	2	
k-prime	1	
levocarnitine intravenous	3	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
LIQUACEL	3	
MASONATAL	0	PV
multivitamin w/fluoride oral tablet chewable 1 mg	1	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 1 MG	1	
NASCOBAL	2	
NEONATAL PRENATAL	0	PV
ONE VITE WOMENS	0	PV
ONE-A-DAY WOMENS PRENATAL 1	0	PV
phosphorous	1	
phospho-trin 250 neutral	1	

Drug Name	Drug Tier	Notes
PHOSPHO-TRIN K500	2	
phytonadione oral	1	
PKU GOLIKE 10G P.E.	2	
pnv prenatal plus multivit+dha	1	
POLY-VI-FLOR ORAL TABLET CHEWABLE 1 MG	1	
pot & sod cit-cit ac	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
prenatal multi +dha	0	PV
prenatal oral tablet 27-0.8 mg	0	PV
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral	1	
prenatal/folic acid+dha	0	PV
PROFERRIN-FORTE	2	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG	1	
sod citrate-citric acid	1	
sodium fluoride oral	0	PV
sodium polystyrene sulfonate	1	
tolvaptan	SP1	QL
tricitrates	1	
trientine hcl oral capsule 250 mg	SP1	PA
true folic acid oral tablet 1 mg	1	
TRUE FOLIC ACID ORAL TABLET 400 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
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
wes-phos 250 neutral	1	
yl folic acid	0	PV
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
esomeprazole magnesium oral capsule delayed release 40 mg	3	QL
famotidine oral suspension reconstituted	3	
FIRST-OMEPRAZOLE	3	
lansoprazole oral capsule delayed release 30 mg	3	QL
misoprostol oral	1	
NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	QL; AL (Max 12 Years)
omeprazole oral capsule delayed release 10 mg, 40 mg	3	QL
OMEPRAZOLE+SYRSP END SF ALKA	3	
pantoprazole sodium oral tablet delayed release	3	QL
rabeprazole sodium oral tablet delayed release	3	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	3	PA
AMITIZA	3	QL

Drug Name	Drug Tier	Notes
bisacodyl ec	0	PV; QL; AL (Min 45 Years and Max 75 Years)
bisacodyl oral	0	PV; QL; AL (Min 45 Years and Max 75 Years)
citroma	0	PV; QL; AL (Min 45 Years and Max 75 Years)
clearlax	0	PV; QL; AL (Min 45 Years and Max 75 Years)
constulose	1	
cromolyn sodium oral	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
enulose	1	
ft clearlax	0	PV; QL; AL (Min 45 Years and Max 75 Years)
ft laxative	0	PV; QL; AL (Min 45 Years and Max 75 Years)
ft magnesium citrate	0	PV; QL; AL (Min 45 Years and Max 75 Years)
GATTEX	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
gavilax oral powder	0	PV; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-c	1	PV; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-g	1	PV; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-n with flavor pack	1	PV; QL; AL (Min 45 Years and Max 75 Years)
generlac	1	
gentle laxative oral	0	PV; QL; AL (Min 45 Years and Max 75 Years)
gentlelax	0	PV; QL; AL (Min 45 Years and Max 75 Years)
glycolax	0	PV; QL; AL (Min 45 Years and Max 75 Years)
glycopyrrolate oral solution	3	PA
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral solution	1	
LINZESS	3	QL
lubiprostone	3	QL
magnesium citrate oral solution	0	PV; QL; AL (Min 45 Years and Max 75 Years)
mm clearlax	0	PV; QL; AL (Min 45 Years and Max 75 Years)
MOVANTIK	3	QL
na sulfate-k sulfate-mg sulf	0	PV; QL; AL (Min 45 Years and Max 75 Years)
peg 3350-kcl-na bicarb-nacl	1	PV; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes	1	PV; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes/ascorbat	3	
peg-kcl-nacl-nasulf-na asc-c	3	
polyethylene glycol 3350 oral powder	0	PV; QL; AL (Min 45 Years and Max 75 Years)
RELISTOR SUBCUTANEOUS	SP3	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
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	
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	
mirabegron er	1	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 5 mg	1	
penicillamine oral tablet	SP1	PA
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	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	
trospium chloride	1	
trospium chloride er	3	
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	

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 - 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
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 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
ORILISSA	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
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	
raloxifene hcl	1	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
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
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
emzahh	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
estradiol oral	1	
estradiol transdermal gel	3	
estradiol transdermal patch twice weekly	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
estradiol transdermal patch weekly	1	
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
ESTRING	3	QL
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
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
loryna	0	PV
low-ogestrel	0	PV
lo-zumandimine	0	PV
lutera	0	PV
lyleq	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
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-linyah	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
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	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
react	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
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
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
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	
TIROSINT	3	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	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
ACTEMRA SUBCUTANEOUS	SP3	PA; QL
ACTIMMUNE	SP2	PA
ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	SP2	PA; QL
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	SP2	PA; QL
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	SP2	PA; QL
ADALIMUMAB-ADBM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	SP2	PA; QL
ADALIMUMAB-ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	SP2	PA; QL
azathioprine oral tablet 50 mg	1	
BERINERT	SP2	PA; QL
BEYFORTUS	0	PV; AL (Max 24 Months)
CELLCEPT	SP3	
CIMZIA	SP2	PA; QL
CIMZIA (2 SYRINGE)	SP2	PA; QL
CIMZIA STARTER KIT	SP2	PA; QL
COSENTYX (300 MG DOSE)	SP3	PA; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	SP3	PA; QL
COSENTYX SENSOREADY (300 MG)	SP3	PA; QL
COSENTYX SENSOREADY PEN	SP3	PA; QL
COSENTYX UNOREADY	SP3	PA; QL
cyclosporine modified	1	
cyclosporine oral	1	
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	SP2	PA; QL
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	SP2	PA; QL
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	SP2	PA; QL
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	SP2	PA; QL
ENBREL	SP2	PA; QL
ENBREL MINI	SP2	PA; QL
ENBREL SURECLICK	SP2	PA; QL
ENVARSUS XR	SP2	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	SP1	
FIRAZYR	SP3	PA; QL
gengraf	1	
HADLIMA	SP2	PA; QL
HADLIMA PUSHTOUCH	SP2	PA; QL
HAEGARDA	SP2	PA
HUMIRA (2 PEN)	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
HUMIRA (2 SYRINGE)	SP2	PA; QL
HUMIRA-CD/UC/HS STARTER	SP2	PA; QL
HUMIRA-PED<40KG CROHNS STARTER	SP2	PA; QL
HUMIRA-PED>/=40KG CROHNS START	SP2	PA; QL
HUMIRA-PED>/=40KG UC STARTER	SP2	PA; QL
HUMIRA-PSORIASIS/UVEIT STARTER	SP2	PA; QL
icatibant acetate	SP1	PA; QL
JYLAMVO	3	
KINERET	SP3	PA
leflunomide oral	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil oral	1	
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
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	0	PV; AL (Min 60 Years)
BCG VACCINE	3	
BEXSERO	0	PV
BOOSTRIX	0	PV
COMIRNATY	0	PV
DAPTACEL	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
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)
FLUZONE HIGH-DOSE QUADRIVALENT	0	PV; AL (Min 65 Years)
FLUZONE QUADRIVALENT	0	PV
GARDASIL 9	3	PV; AL (Min 9 Years and Max 45 Years)
HAVRIX	0	PV
HEPLISAV-B	3	PV; AL (Min 18 Years)
HIBERIX	3	PV; AL (Max 6 Years)
IMOVAX RABIES	3	
INFANRIX	0	PV
IPOL	3	PV; AL (Max 17 Years)
KINRIX	0	PV
MENQUADFI	0	PV
MENVEO	0	PV
M-M-R II	0	PV
MODERNA COVID-19 VAC 6M-11Y	0	PV
NOVAVAX COVID-19 VACCINE	0	PV
PEDIARIX	0	PV
PEDVAX HIB	3	PV; AL (Max 6 Years)
PENBRAYA	0	PV
PENTACEL	0	PV
PFIZER COVID-19 VAC-TRIS 5-11Y	0	PV
PFIZER COVID-19 VAC-TRIS 6M-4Y	0	PV
PNEUMOVAX 23	0	PV
PREHEVBRIO	0	PV; AL (Min 18 Years)
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)
SPIKEVAX	0	PV
STAMARIL	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
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	
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
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
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	SP1	PA
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	SP2	PA
TYMLOS	SP2	PA
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
cinacalcet hcl	1	
paricalcitol oral	1	
Miscellaneous Therapeutic Agents		
ADVOCATE INSULIN PEN NEEDLE	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
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
AQINJECT PEN NEEDLE	1	
ASSURE ID DUO PRO PEN NEEDLES	1	
ASSURE ID PRO PEN NEEDLES	1	
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	
BD ECLIPSE LUER-LOK NEEDLE	1	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	1	
BD FILTER NEEDLE	1	
BD SYRINGE LUER-LOK 30 ML	1	
BD ULTRA-FINE PEN NEEDLES	1	
BREATHE COMFORT CHAMBER/ADULT	2	
BREATHE COMFORT CHAMBER/CHILD	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE VALVED MDI CHAMBER	2	
CAMINO PRO COMPLETE/GLYTACTIN	2	
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	
CAREPOINT SAFETY 1ST NEEDLE	1	
CAREPOINT SYRINGE LUER LOCK 1 ML , 30 ML	1	
CAREPOINT SYRINGE LUER SLIP 1 ML	1	
CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 26G X 1" , 27G X 1-1/2"	1	
CARETOUCH LUER LOCK 1 ML	1	
CAYA	0	PV
CLEVER CHOICE HOLDING CHAMBER	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
COMFORT EZ PRO PEN NEEDLES	1	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
CONDOMS	0	PV
DEFLUX METAL NEEDLE	1	
DROPLET MICRON	1	
DROPSAFE SICURA	1	
DUREX EXTRA SENSITIVE THIN DEVICE	0	PV
EASIVENT	2	
EASY GLIDE LUER LOCK SYRINGE	1	
EASY GLIDE SLIP LOCK SYRINGE	1	
EASY TOUCH HYPODERMIC NEEDLE 16G X 1"	1	
EASYPOINT NEEDLE	1	
ELECARE	3	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1	
ENCARE	0	PV
EO28 SPLASH	3	
EQUACARE JR	3	
ESSENTIAL CARE JR	3	
FC2 FEMALE CONDOM	0	PV
FEMCAP	0	PV
FLEXICHAMBER	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
FORA D40G GLUCOSE/PRESSURE	2	
GLYTACTIN BETTERMILK 15	2	
GLYTACTIN BETTERMILK DE-LITE	2	
GLYTACTIN BUILD 10PE	2	
GLYTACTIN BUILD 20/20	2	
GLYTACTIN BUILD 20/20 PKU	2	
GLYTACTIN BURST	2	
GLYTACTIN COMPLETE 10PE	2	
GLYTACTIN RESTORE 10	2	
GLYTACTIN RESTORE 5	2	
GLYTACTIN RESTORE LITE 10	2	
GLYTACTIN RESTORE LITE 10PE	2	
GLYTACTIN RTD 10	2	
GLYTACTIN RTD 15	2	
GLYTACTIN RTD LITE 15	2	
GLYTACTIN SWIRL 15	2	
GLYTACTIN SWIRL 15PE	2	
HUMATROPEN FOR 12MG	1	
HUMATROPEN FOR 24MG	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
HUMATROPEN FOR 6MG	1	
INCONTROL ULTICARE PEN NEEDLES	1	
INSPIREASE RESERVOIR BAGS	2	
INSULIN PEN NEEDLES	1	
J-TIP KIT W/VIAL ADAPTERS	1	
LIPISTART	2	
methergine	3	QL
methylergonovine maleate oral	3	QL
MICROCHAMBER DEVICE	2	
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	1	
NEOCATE JUNIOR	3	
NEOCATE SPLASH	3	
NEOPHE	2	
NORDIPEN 5 INJECTION DEVICE	1	
NORM-JECT LUER SLIP SYRINGE	1	
NOVOFINE PEN NEEDLE	1	
NOVOFINE PLUS PEN NEEDLE	1	
OMNIPOD 5 G6 INTRO (GEN 5)	3	
OMNIPOD 5 G6 PODS (GEN 5)	3	QL
OMNIPOD CLASSIC PODS (GEN 3)	3	QL
OMNIPOD DASH INTRO (GEN 4)	3	
OMNIPOD DASH PDM (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	QL
OMNIPOD GO KIT 20 UNIT/24HR, 30 UNIT/24HR, 40 UNIT/24HR	3	
OMNIPOD POD PALS	3	QL
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
OPTIONS GYNOL II CONTRACEPTIVE	0	PV
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PARI VORTEX ADULT MASK	2	
PEDIATRIC PANDA MASK	2	
PHENEX-1	2	
PHENEX-2	2	
PHENYLADE DRINK MIX	2	
PHENYLADE GMP MIX DHA/FIBER	2	
PHENYLADE GMP READY	2	
PHENYLADE GMP ULTRA	2	
PIP PEN NEEDLES 31G X 5MM	1	
PIP PEN NEEDLES 32G X 4MM	1	
PKU AIR20 GOLD	2	
PKU AIR20 GREEN	2	
PKU AIR20 YELLOW	2	
PKU EASY	2	
PKU EASY MICROTABS	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
PKU EASY MICROTABS PLUS	2	
PKU EASY SHAKE & GO	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	
TODAY SPONGE	0	PV
TOLEREX	3	
TRUE COVER	0	PV
UNIFINE PROTECT PEN NEEDLE	1	
VCF VAGINAL CONTRACEPTIVE	0	PV
VERIFINE INSULIN PEN NEEDLE	1	
VERIFINE PLUS PEN NEEDLE	1	
V-GO 20	3	QL
V-GO 30	3	QL
V-GO 40	3	QL
VIVONEX PEDIATRIC	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		
ALOCRIL	2	
ALOMIDE	2	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
BESIVANCE	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
bromfenac sodium (once-daily)	1	QL
bromfenac sodium ophthalmic solution 0.07 %	3	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 OPHTHALMIC 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	
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	

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
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	1	
bacitra-neomycin-polymyxin-hc	1	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	3	PA

Drug Name	Drug Tier	Notes
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	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	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
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	
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)
promethazine vc	1	
promethazine-codeine oral solution	1	PA; QL; AL (Min 18 Years)
promethazine-dm	1	
pseudoephedrine-bromphen-dm	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	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
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	2	QL
cromolyn sodium inhalation	3	
DALIRESP	3	PA
elixophyllin	1	
epinephrine injection solution auto-injector	1	
FASENRA PEN	SP2	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	SP2	PA
FLUTICASONE PROPIONATE DISKUS	2	QL
FLUTICASONE PROPIONATE HFA	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	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
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 REDIHALER	2	QL
roflumilast	3	PA
SEREVENT DISKUS	2	QL
SPIRIVA HANDIHALER	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

Drug Name	Drug Tier	Notes
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
TYVASO DPI INSTITUTIONAL KIT	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

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
VENTAVIS	SP2	PA; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	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	
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

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