

Baylor Scott & White Health Plan

Group Choice Formulary

2nd Quarter 2024

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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 determine 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 all-inclusive and does not guarantee coverage. The formulary may change because we review new medical information regarding drugs as well as new drugs recently approved by the FDA.

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

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

Does the formulary ever change?

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

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- A drug may be withdrawn from the market by the FDA.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

How am I notified of changes to the formulary?

You can find the formularies on our website at [BSWHealthPlan.com](https://www.bswhealthplan.com), which are updated quarterly. To view changes to the formularies, refer to the Monthly Group 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 1-800728-7947.

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.

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 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), an exception request can be submitted for review. A non-formulary drug may qualify for coverage if you 1) have tried the formulary alternatives, or there are clinically significant reasons why the alternatives would not be appropriate for your specific condition, and 2) the requested drug is medically necessary, and 3) the drug is not excluded from coverage.

To request an exception, you, an authorized representative, or a prescriber can submit a coverage request electronically, by fax, mail, or phone. You and your prescriber will be notified of the determination in writing. If approved, the drug will be covered at the applicable copayment. If the request is denied, you may still purchase the medication at full cost. For questions regarding this process, visit [BSWHealthPlan.com](https://www.bswhealthplan.com) or contact BSWHP pharmacy customer service at 1-800-728-7947.

What drugs are not covered by my prescription drug benefit?

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

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

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

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

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

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

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

How can I save money on prescriptions?

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

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

Contraceptive Coverage

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

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

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

Preventive Care Medications & Medications Covered Under Health Care Reform

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

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

Smoking Cessation Medication Coverage

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

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

Diabetic Supplies

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

Sexual Dysfunction Drugs

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

Oral Oncology Split Fill Program

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

Naloxone \$0 Copay Program

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

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	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
pentazocine-naloxone hcl	1	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	PA; QL
tramadol hcl er	1	PA; QL
tramadol hcl oral tablet 100 mg, 50 mg	1	QL
tramadol-acetaminophen	1	QL
Analgesics - Drugs for Pain and Inflammation		
aspirin 81 oral tablet delayed release	0	PV
aspirin adult low dose	0	PV
aspirin adult low strength	0	PV
aspirin childrens	0	PV
aspirin ec low dose	0	PV
aspirin ec low strength	0	PV
aspirin low dose	0	PV
aspirin oral tablet chewable	0	PV

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

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

Drug Name	Drug Tier	Notes
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
salsalate oral	1	
ST JOSEPH LOW DOSE	0	PV
sulindac oral	1	
Anesthetics		
glydo	1	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	3	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	1	PV; QL; AL (Min 18 Years)
disulfiram oral	1	
ft nicotine	0	PV; QL; AL (Min 18 Years)
ft nicotine mini	0	PV; QL; AL (Min 18 Years)

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

Drug Name	Drug Tier	Notes
goodsense nicotine mouth/throat gum 2 mg	0	PV; QL; AL (Min 18 Years)
goodsense nicotine mouth/throat lozenge 4 mg	0	PV; QL; AL (Min 18 Years)
habitrol	0	PV; QL; AL (Min 18 Years)
naloxone hcl injection	1	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	2	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG	0	PV; QL; AL (Min 18 Years)
NICORETTE MOUTH/THROAT GUM 2 MG	0	PV; QL; AL (Min 18 Years)
NICORETTE MOUTH/THROAT LOZENGE	0	PV; QL; AL (Min 18 Years)
nicotine mini	0	PV; QL; AL (Min 18 Years)
nicotine polacrilex mini	0	PV; QL; AL (Min 18 Years)
nicotine polacrilex mouth/throat	0	PV; QL; AL (Min 18 Years)
nicotine step 1	0	PV; QL; AL (Min 18 Years)
nicotine step 2	0	PV; QL; AL (Min 18 Years)
nicotine step 3	0	PV; QL; AL (Min 18 Years)
nicotine transdermal kit	0	PV; QL; AL (Min 18 Years)

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

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

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

Drug Name	Drug Tier	Notes
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

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

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
vigadrone	SP1	PA	escitalopram oxalate oral	1	
vigpoder	SP1	PA	FETZIMA	3	QL
VIMPAT ORAL TABLET	3		FETZIMA TITRATION	3	QL
ZARONTIN	2		fluoxetine hcl (pmdd)	1	
zonisamide oral	1		fluoxetine hcl oral capsule	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia			fluoxetine hcl oral capsule delayed release	1	QL
donepezil hcl	1		fluoxetine hcl oral solution	1	
galantamine hydrobromide er	1		fluoxetine hcl oral tablet	1	
galantamine hydrobromide oral tablet	1		fluvoxamine maleate	1	
memantine hcl	1		fluvoxamine maleate er	3	QL
memantine hcl er	1	QL	imipramine hcl oral	1	
rivastigmine	1		mirtazapine oral	1	
rivastigmine tartrate	1		nefazodone hcl	1	
Antidepressants			nortriptyline hcl oral	1	
amitriptyline hcl oral	1		paroxetine hcl	1	
amoxapine	1		paroxetine hcl er	1	
bupropion hcl er (sr)	1	QL	phenelzine sulfate oral	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL	protriptyline hcl	3	
bupropion hcl oral	1		sertraline hcl oral concentrate	1	
citalopram hydrobromide oral solution	1		sertraline hcl oral tablet	1	
citalopram hydrobromide oral tablet	1		tranylcypromine sulfate	1	
clomipramine hcl oral	1		trazodone hcl oral	1	
desipramine hcl oral	1		trimipramine maleate oral	1	
desvenlafaxine succinate er	1	QL	TRINTELLIX	3	ST; QL
doxepin hcl oral capsule	1		venlafaxine hcl	1	
doxepin hcl oral concentrate	1		venlafaxine hcl er oral capsule extended release 24 hour	1	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL	venlafaxine hcl er oral tablet extended release 24 hour 225 mg	3	
			vilazodone hcl	3	QL
			Antiemetics - Drugs for Nausea and Vomiting		
			aprepitant	3	QL

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

Drug Name	Drug Tier	Notes
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	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine edisylate injection	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
promethegan	1	
scopolamine	1	
trimethobenzamide hcl oral	1	
Antifungals		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone external cream	1	

Drug Name	Drug Tier	Notes
clotrimazole-betamethasone external lotion	3	
CRESEMBA ORAL CAPSULE 186 MG	SP3	PA
econazole nitrate external	1	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
griseofulvin microsize oral tablet	3	
griseofulvin ultramicrosize	3	
itraconazole oral	1	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	
naftifine hcl	3	
NAFTIN EXTERNAL GEL 2 %	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

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
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
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	

Drug Name	Drug Tier	Notes
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
pyrazinamide oral	1	
rifabutin	3	
rifampin oral	1	
SIRTURO	SP3	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	SP1	PA; SF
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	

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
DAURISMO	SP2	PA; SF	IRESSA	SP2	PA; SF
DROXIA	3		JAKAFI ORAL TABLET 10 MG, 5 MG	SP2	PA; SF; QL
ERIVEDGE	SP2	PA; SF	JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	SP2	PA; SF
ERLEADA	SP2	PA	JAYPIRCA ORAL TABLET 100 MG	SP2	PA
erlotinib hcl oral tablet 100 mg, 150 mg	SP1	PA; SF	JAYPIRCA ORAL TABLET 50 MG	SP2	PA; QL
erlotinib hcl oral tablet 25 mg	SP1	PA; SF; QL	KISQALI ORAL TABLET THERAPY PACK 200 MG	SP2	PA
etoposide oral	SP1		KOSELUGO	SP2	PA
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	SP1	PA; QL	KRAZATI	SP2	PA; SF
everolimus oral tablet soluble	SP1	PA	lapatinib ditosylate	SP1	PA
exemestane	1	PV	lenalidomide	SP1	PA
EXKIVITY	SP2	SF	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
FOTIVDA	SP2	PA	letrozole oral	1	
GAVRETO	SP2	PA; SF	leucovorin calcium oral	1	
gefitinib	SP1	PA; SF	LEUKERAN	2	
GILOTRIF	SP2	PA; QL	LONSURF	SP2	PA
GLEOSTINE	SP2		LORBRENA	SP2	PA; SF
HYCAMTIN ORAL	SP2		LUMAKRAS ORAL TABLET 120 MG	SP2	PA; SF
hydroxyurea oral	1		LYNPARZA	SP2	PA
IBRANCE	SP2	PA	LYSODREN	SP2	
ICLUSIG ORAL TABLET 10 MG, 15 MG	SP2	PA; SF; QL	LYTGOBI (12 MG DAILY DOSE)	SP2	PA
ICLUSIG ORAL TABLET 30 MG, 45 MG	SP2	PA; SF	LYTGOBI (16 MG DAILY DOSE)	SP2	PA
IDHIFA	SP2	PA; QL	LYTGOBI (20 MG DAILY DOSE)	SP2	PA
imatinib mesylate	SP1	PA	MATULANE	SP2	
IMBRUVICA ORAL CAPSULE	SP2	PA; QL	MEKINIST	SP2	PA
IMBRUVICA ORAL SUSPENSION	SP2	PA	MEKTOVI	SP2	PA
IMBRUVICA ORAL TABLET	SP2	PA; QL			
INLYTA	SP2	PA; SF			
INQOVI	SP2	PA			
INREBIC	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
melphalan	1	
mercaptopurine oral	1	
MYLERAN	2	
NERLYNX	SP2	PA; SF; QL
NEXAVAR	SP2	PA; SF
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
TAGRISSEO ORAL TABLET 40 MG	SP2	PA; SF; QL

Drug Name	Drug Tier	Notes
TAGRISSEO 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 ORAL CAPSULE 100 MG, 50 MG	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

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 (100 MG ONCE WEEKLY)	SP2	PA
XPOVIO (40 MG ONCE WEEKLY)	SP2	PA
XPOVIO (40 MG TWICE WEEKLY)	SP2	PA
XPOVIO (60 MG ONCE WEEKLY)	SP2	PA
XPOVIO (60 MG TWICE WEEKLY)	SP2	PA
XPOVIO (80 MG ONCE WEEKLY)	SP2	PA
XPOVIO (80 MG TWICE WEEKLY)	SP2	PA
XTANDI	SP2	PA; SF
YONSA	SP2	PA; SF
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

Drug Name	Drug Tier	Notes
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

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

Drug Name	Drug Tier	Notes
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
bupirone 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	

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
hydroxyzine pamoate oral	1		amlodipine-valsartan-hctz	3	
lorazepam intensol	1	QL	atenolol oral	1	
lorazepam oral concentrate 2 mg/ml	1	QL	atenolol-chlorthalidone	1	
lorazepam oral tablet	1	QL		1	PV; AL (Min 40 Years and Max 75 Years)
oxazepam	1	QL	atorvastatin calcium oral tablet 10 mg, 20 mg	1	
triazolam	1	QL	atorvastatin calcium oral tablet 40 mg, 80 mg	1	
Bipolar Agents - Drugs for Mood Disorders			benazepril hcl oral	1	
lithium	1		benazepril-hydrochlorothiazide	1	
lithium carbonate er	1		betaxolol hcl oral	1	
lithium carbonate oral	1		bisoprolol fumarate oral	1	
Blood Products and Modifiers - Drugs for Blood Disorders			bisoprolol-hydrochlorothiazide	1	
anagrelide hcl	3		bumetanide oral	1	
NEULASTA	SP3	PA	candesartan cilexetil	1	
NEULASTA ONPRO	SP3	PA	candesartan cilexetil-hctz	1	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	SP3	PA	captopril oral	1	
PROMACTA	SP3	PA	captopril-hydrochlorothiazide	1	
tranexamic acid oral	1		CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions			CAROSPIR	3	
acebutolol hcl oral	1		cartia xt	1	
aliskiren fumarate	3		carvedilol	1	
amiloride hcl oral	1		chlorthalidone	1	
amiloride-hydrochlorothiazide	1		cholestyramine light	1	
amiodarone hcl oral	1		cholestyramine oral	1	
amlodipine besylate oral	1		clonidine	1	
amlodipine besylate-benazepril hcl	1		clonidine hcl oral	1	
amlodipine besylate-valsartan	1		colesevelam hcl	3	
amlodipine-atorvastatin	3		colestipol hcl	1	
amlodipine-olmesartan	1		CORLANOR	3	PA; QL
			digoxin oral solution	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
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	
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	

Drug Name	Drug Tier	Notes
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	

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
losartan potassium oral	1	
losartan potassium-hctz	1	
	1	PV; AL (Min 40 Years and Max 75 Years)
lovastatin oral		
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	

Drug Name	Drug Tier	Notes
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	
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

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
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	PV; AL (Min 40 Years and Max 75 Years)	amphetamine-dextroamphetamine	1	QL
rosuvastatin calcium oral tablet 20 mg, 40 mg	1		amphetamine-dextroamphetamine er	1	QL
simvastatin oral	1	PV; AL (Min 40 Years and Max 75 Years)	atomoxetine hcl	1	QL
sotalol hcl (af)	1		clonidine hcl er oral tablet extended release 12 hour	1	
sotalol hcl oral	1		dexmethylphenidate hcl	1	QL
spironolactone oral suspension	3		dexmethylphenidate hcl er	1	QL
spironolactone oral tablet	1		dextroamphetamine sulfate er	1	QL
spironolactone-hctz	1		dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL
taztia xt	1		guanfacine hcl er	1	
telmisartan	1		lisdexamphetamine dimesylate oral capsule	1	QL
telmisartan-hctz	1		lisdexamphetamine dimesylate oral tablet chewable	1	QL; AL (Max 12 Years)
tiadylt er	1		methamphetamine hcl	3	QL
timolol maleate oral	1		methylphenidate	1	QL
torseamide	1		methylphenidate hcl er	1	QL
trandolapril	1		methylphenidate hcl er (cd)	1	QL
trandolapril-verapamil hcl er	3		methylphenidate hcl er (la)	1	QL
triamterene-hctz	1		methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
valsartan oral tablet	1		methylphenidate hcl oral solution	1	QL
valsartan-hydrochlorothiazide	1		methylphenidate hcl oral tablet	1	QL
VASCEPA	3		methylphenidate hcl oral tablet chewable	1	QL; AL (Max 12 Years)
VECAMYL	3		QUILLICHEW ER	3	QL; AL (Max 12 Years)
verapamil hcl er	1				
verapamil hcl oral	1				
Central Nervous System Agents - Drugs for Attention Deficit Disorder					
amphetamine sulfate	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
QUILLIVANT XR	3	QL; AL (Max 12 Years)	SAVELLA TITRATION PACK	3	QL
VYVANSE ORAL CAPSULE	2	QL	tetrabenazine	SP1	PA
VYVANSE ORAL TABLET CHEWABLE	2	QL; AL (Max 12 Years)	Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
Central Nervous System Agents - Drugs for Multiple Sclerosis			cevimeline hcl	1	
AVONEX PEN	SP2	PA; QL	chlorhexidine gluconate mouth/throat	1	
AVONEX PREFILLED	SP2	PA; QL	CLINPRO 5000	2	
dalfampridine er	SP1	PA; QL	DENTA 5000 PLUS	2	
dimethyl fumarate oral	SP1	PA; QL	DENTAGEL	2	
dimethyl fumarate starter pack	SP1	PA; QL	FLUORIDEX	2	
EXTAVIA	SP2	PA; QL	FLUORIDEX ENHANCED WHITENING	2	
fingolimod hcl	SP1	PA; QL	FLUORIDEX SENSITIVITY RELIEF	2	
GILENYA ORAL CAPSULE 0.25 MG	SP2	PA; QL	FLUORIMAX 5000	2	
glatiramer acetate	SP1	PA; QL	FLUORIMAX 5000 SENSITIVE	2	
KESIMPTA	SP2	PA; QL	JUST RIGHT 5000	2	
MAVENCLAD	SP3	PA	kourzeq	1	
PLEGRIDY	SP2	PA; QL	lidocaine viscous hcl	1	
PLEGRIDY STARTER PACK	SP2	PA; QL	oralone	1	
teriflunomide	SP1	PA; QL	periogard	1	
VUMERITY	SP3	PA; QL	pilocarpine hcl oral	1	
ZEPOSIA	SP3	PA; QL	PREVIDENT	2	
ZEPOSIA 7-DAY STARTER PACK	SP3	PA; QL	PREVIDENT 5000 BOOSTER PLUS	2	
ZEPOSIA STARTER KIT	SP3	PA; QL	PREVIDENT 5000 DRY MOUTH	2	
Central Nervous System Agents - Miscellaneous			PREVIDENT 5000 ENAMEL PROTECT	2	
caffeine citrate oral	3		PREVIDENT 5000 ORTHO DEFENSE	2	
pregabalin oral	1	QL	PREVIDENT 5000 PLUS	2	
riluzole	1		PREVIDENT 5000 SENSITIVE	2	
SAVELLA	3	QL	sf	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
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	
amnestem	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	
claravis	1	
clindacin etz external swab	1	

Drug Name	Drug Tier	Notes
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	3	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	3	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
desoximetasone external liquid	3		hydrocortisone butyrate external solution	1	
desoximetasone external ointment 0.25 %	1		hydrocortisone external cream 2.5 %	1	
diclofenac sodium external gel 3 %	1	QL	hydrocortisone external lotion 2.5 %	1	
DRYSOL	2		hydrocortisone external ointment 2.5 %	1	
DUPIXENT	SP2	PA; QL	hydrocortisone valerate	1	
ery	1		imiquimod external cream 5 %	1	
erythromycin external	1		isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
EUCRISA	2	ST	LITFULO	SP3	PA; QL
fluocinolone acetonide body	1		methoxsalen rapid	3	
fluocinolone acetonide external	1		metronidazole external cream	1	
fluocinolone acetonide scalp	1		metronidazole external gel	1	
fluocinonide emulsified base	3		metronidazole external lotion	3	
fluocinonide external	1		mometasone furoate external	1	
fluorouracil external cream 5 %	1		neuac	1	
fluorouracil external solution	1		OPZELURA	2	PA; QL
fluticasone propionate external cream	1		pimecrolimus	1	QL
fluticasone propionate external lotion	3		PODOCON-25	1	
fluticasone propionate external ointment	1		podofilox external solution	1	
halobetasol propionate external cream	1		REGGRANEX	2	PA
halobetasol propionate external ointment	1		SANTYL	2	QL
hydrocortisone ace-pramoxine external cream 2.5-1 %	1		selenium sulfide external lotion	1	
hydrocortisone butyrate external cream	1		sodium sulfacetamide wash	1	
hydrocortisone butyrate external ointment	1		sulfacetamide sodium (acne)	1	
			sulfacetamide sodium external	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
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	

Drug Name	Drug Tier	Notes
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	
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

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

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
CONTOUR NEXT GEN MONITOR	2		EASY TOUCH HEALTHPRO GLUCOSE	2	
CONTOUR NEXT LINK KIT W/DEVICE	2		EASY TOUCH HEALTHPRO GLUCOSE IN VITRO	2	QL
CONTOUR NEXT MONITOR KIT W/DEVICE	2		EASY TOUCH LANCING DEVICE	2	
CONTOUR NEXT ONE KIT	2		EASY TRAK II BLOOD GLUCOSE SYS	2	
CONTOUR NEXT GEN TEST STRIPS	2	QL	EASY TRAK II CONTROL	2	
CONTOUR TEST STRIPS	2	QL	EASY TRAK II GLUCOSE TEST	2	QL
CVS KETONE CARE	2		EASYMAX 15 LEVEL 2-3 CONTROL	2	
DEXCOM G6 RECEIVER	3	QL	EASYMAX CONTROL	2	
DEXCOM G6 SENSOR	3	QL	GLUCOSE CONTROL SOLUTIONS	2	
DEXCOM G6 TRANSMITTER	3	QL	EMBRACE EVO GLUCOSE MONITOR	2	
DEXCOM G7 RECEIVER	3	QL	EMBRACE LANCING DEVICE/EJECTOR	2	
DEXCOM G7 SENSOR	3		EMBRACE TALK BLOOD GLUCOSE	2	
DIATHRIVE BLOOD GLUCOSE METER	2		EMBRACE TALK GLUCOSE CONTROL	2	
DIATHRIVE BLOOD GLUCOSE TEST	2	QL	EMBRACE TALK GLUCOSE TEST	2	QL
DIATHRIVE GLUCOSE CONTROL SOLN	2		EMBRACE TALK MONITORING SYSTEM	2	
DIATHRIVE GLUCOSE TEST	2	QL	EMBRACE WAVE BLOOD GLUCOSE	2	
DIATHRIVE LANCING DEVICE	2		EMBRACE WAVE BLOOD GLUCOSE IN VITRO	2	QL
DIATHRIVE+ GLUCOSE MONITOR	2		EMBRACE WAVE GLUCOSE METER	2	
DIATHRIVE+ GLUCOSE TEST	2	QL	FORA 6 CONNECT IN VITRO	2	QL
DROPLET GENTEEL LANCING DEVICE	2		FORA 6 CONNECT/GTEL TEST	2	QL
EASY TALK PLUS II CONTROL	2				
EASY TALK PLUS II 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
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	
FREESTYLE LIBRE 2 READER	3	QL	HW EMBRACE TALK GLUCOSE TEST	2	QL
FREESTYLE LIBRE 2 SENSOR	3	QL	INFINITY BLOOD GLUCOSE TEST	2	QL
FREESTYLE LIBRE 3 READER	3	QL	INPEN 100-BLUE-LILLY-HUMALOG	2	
FREESTYLE LIBRE 3 SENSOR	3		INPEN 100-BLUE-NOVOLOG-FIASP	2	
FREESTYLE LIBRE READER	3	QL	INPEN 100-GREY-LILLY-HUMALOG	2	
FREESTYLE LITE TEST	2	QL	INPEN 100-GREY-NOVOLOG-FIASP	2	
FREESTYLE PRECISION NEO TEST	2	QL	INPEN 100-PINK-LILLY-HUMALOG	2	
FREESTYLE TEST	2	QL	INPEN 100-PINK-NOVOLOG-FIASP	2	
GENTEEL LANCING KIT (BLUE)	2		KETO-DIASTIX	2	
GHT BLOOD GLUCOSE MONITOR	2		KETONE TEST	2	
GLUCOCARD 01 SENSOR PLUS	2	QL	KETOSTIX	2	
GLUCOCARD EXPRESSION TEST	2	QL	KROGER HEALTHPRO GLUCOSE TEST	2	QL
			LANCETS	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
LANCETS	2		ONETOUCH ULTRASOFT 2 LANCETS	1	
LANCETS IN VITRO STRIP	2	QL	ONETOUCH ULTRASOFT 2 LANCETS	2	
MICRODOT TEST	2	QL	ONETOUCH VERIO FLEX SYSTEM	1	
MICROLET NEXT LANCING DEVICE	2		ONETOUCH VERIO IN VITRO LIQUID HIGH	1	
MM BLOOD GLUCOSE SYSTEM	2		ONETOUCH VERIO TEST STRIPS	1	QL
MM BLOOD GLUCOSE SYSTEM REFILL	2		ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
MM BLULINK GLUCOSE MONIT SYS	2		PIP BLOOD GLUCOSE MONITORING	2	
MM BLULINK GLUCOSE TEST	2	QL	PIP BLOOD GLUCOSE TEST STRIP	2	QL
NOVOPEN ECHO	2		PIP GLUCOSE CONTROL SOLUTION	2	
ONE DROP BLOOD GLUCOSE MONITOR	2		POGO AUTOMATIC BLOOD GLUCOSE	2	
ONE DROP TEST	2	QL	PRECISION XTRA BLOOD GLUCOSE	2	QL
ONETOUCH DELICA PLUS LANCET30G	1		PRODIGY NO CODING BLOOD GLUC	2	
ONETOUCH DELICA PLUS LANCET30G	2		PTS PANELS EGLU TEST	2	QL
ONETOUCH DELICA PLUS LANCET33G	1		RELION PREMIER CLASSIC	2	
ONETOUCH DELICA PLUS LANCET33G	2		RELION PREMIER TEST	2	QL
ONETOUCH DELICA PLUS LANCING	1		RIGHTEST GT333 BLOOD GLUCOSE	2	
ONETOUCH DELICA PLUS LANCING	2		RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	2	QL
ONETOUCH DELICA SAFETY LANCING	1		RIGHTEST GT333 GLUCOSE TEST	2	QL
ONETOUCH DELICA SAFETY LANCING	2		TECHLITE LANCETS 26G	2	
ONETOUCH ULTRA 2 KIT W/DEVICE	1				
ONETOUCH ULTRA IN VITRO LIQUID	1				
ONETOUCH ULTRA IN VITRO STRIP	1	QL			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
TEMPO REFILL	2		GLUCAGON EMERGENCY KIT	2	
TRUE FOCUS BLOOD GLUCOSE METER	2		GVOKE HYPOPEN 1-PACK	2	
TRUE METRIX BLOOD GLUCOSE TEST	2	QL	GVOKE HYPOPEN 2-PACK	2	
TRUE METRIX LEVEL 1	2		GVOKE KIT	2	
TRUE METRIX LEVEL 2	2		GVOKE PFS	2	
TRUE METRIX LEVEL 3	2		Diabetes - Insulins		
TRUE METRIX METER KIT	2		APIDRA SOLOSTAR	3	
TRUE METRIX PRO BLOOD GLUCOSE	2	QL	APIDRA VIAL	3	
TRUETRACK TEST	2	QL	AQ INSULIN SYRINGE	1	
UNISTRIP CONTROL IN VITRO SOLUTION LOW	2		BD ULTRA-FINE INSULIN SYRINGES	1	
VERIFINE SAFE LANCET MINI 21G	2		DROPSAFE SAFETY SYRINGE/NEEDLE	1	
VERIFINE SAFE LANCET MINI 23G	2		FIASP	1	
VERIFINE SAFE LANCET MINI 28G	2		FIASP FLEXTOUCH	1	
VERIFINE SAFE LANCET MINI 30G	2		FIASP PENFILL	1	
VIVAGUARD INO CONTROL SOLUTION	2		FIASP PUMPCART	2	
VIVAGUARD INO GLUCOSE METER	2		HUMALOG	2	
VIVAGUARD INO SMART GLUC METER	2		HUMALOG KWIKPEN	2	
VIVAGUARD INO TEST STRIPS	2	QL	HUMALOG MIX 50/50 KWIKPEN	2	
VIVAGUARD LANCING DEVICE	2		HUMALOG MIX 50/50 VIAL	2	
Diabetes - Glycemic Agents			HUMALOG MIX 75/25 KWIKPEN	2	
BAQSIMI ONE PACK	2		HUMALOG MIX 75/25 VIAL	2	
BAQSIMI TWO PACK	2		HUMALOG U-100 JUNIOR KWIKPEN	2	
diazoxide oral	3		HUMULIN 70/30 KWIKPEN	2	
GLUCAGEN HYPOKIT	2		HUMULIN 70/30 VIAL	2	
glucagon emergency kit	1		HUMULIN N KWIKPEN	2	
			HUMULIN N VIAL	2	
			HUMULIN R U-500 KWIKPEN	2	
			HUMULIN R U-500 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 R VIAL	2		NOVOLOG MIX 70/30 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 VIAL	1	
LANTUS SOLOSTAR	2		NOVOLOG PENFILL	1	
LANTUS U-100 VIAL	2		NOVOLOG U-100 VIAL	1	
LEVEMIR FLEXPEN	2		TOUJEO MAX SOLOSTAR	2	
LEVEMIR U-100 VIAL	2		TOUJEO SOLOSTAR	2	
NOVOLIN 70/30 FLEXPEN	2		TRESIBA	2	
NOVOLIN 70/30 FLEXPEN RELION	2		TRESIBA FLEXTOUCH	2	
NOVOLIN 70/30 RELION	2		ULTIGUARD SAFEPACK SYR/NEEDLE	1	
NOVOLIN 70/30 VIAL	2		VERIFINE INSULIN SYRINGE	1	
NOVOLIN N FLEXPEN	2		Electrolytes / Minerals / Metals / Vitamins		
NOVOLIN N FLEXPEN RELION	2		carglumic acid	SP1	PA
NOVOLIN N RELION	2		CARNITOR INTRAVENOUS	3	
NOVOLIN N VIAL	2		cyanocobalamin injection solution 1000 mcg/ml	1	
NOVOLIN R FLEXPEN	2		cyanocobalamin nasal	1	
NOVOLIN R FLEXPEN RELION	2		cytra k crystals	1	
NOVOLIN R RELION	2		deferasirox oral tablet	3	
NOVOLIN R VIAL	2		effer-k oral tablet effervescent 25 meq	1	
NOVOLOG FLEXPEN	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
			FOLIVANE-F	2	
			FOLIVANE-PLUS	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
foltrin	1		phosphorous	1	
GALZIN	2		phospho-trin 250 neutral	1	
INTEGRA F	2		PHOSPHO-TRIN K500	2	
INTEGRA PLUS	2		phytonadione oral	1	
iodine strong oral	1		pnv prenatal plus multivit+dha	1	
IRON FOLATE PLUS	2		POLY-VI-FLOR ORAL TABLET CHEWABLE 1 MG	1	
JYNARQUE	SP2	QL	pot & sod cit-cit ac	1	
klor-con	1		potassium chloride cryser	1	
klor-con 10	1		potassium chloride er	1	
klor-con m10	1		potassium chloride oral	1	
klor-con m15	1		potassium citrate er	1	
klor-con m20	1		potassium citrate-citric acid	1	
klor-con/ef	1		prenatal multi +dha	0	PV
K-PHOS	2		prenatal oral tablet 27-0.8 mg	0	PV
K-PHOS NO 2	2		prenatal oral tablet 27-1 mg	1	
k-prime	1		prenatal plus vitamin/mineral	1	
levocarnitine intravenous	3		prenatal/folic acid+dha	0	PV
levocarnitine oral solution	1		PROFERRIN-FORTE	2	
levocarnitine oral tablet	1		QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG	1	
levocarnitine sf	1		sod citrate-citric acid	1	
LIQUACEL	3		sodium fluoride oral	0	PV
MASONATAL	0	PV	sodium polystyrene sulfonate	1	
multivitamin w/fluoride oral tablet chewable 1 mg	1		tolvaptan	SP1	QL
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1		tricitrates	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	1		trientine hcl oral capsule 250 mg	SP1	PA
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 1 MG	1		TRUE FOLIC ACID ORAL TABLET 400 MCG	0	PV
NASCOBAL	2				
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
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
bisacodyl ec	0	PV; QL
bisacodyl oral	0	PV; QL
citroma	0	PV; QL
clearlax	0	PV; QL

Drug Name	Drug Tier	Notes
constulose	1	
cromolyn sodium oral	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
enulose	1	
ft clearlax	0	PV; QL
ft laxative	0	PV; QL
ft magnesium citrate	0	PV; QL
GATTEX	SP3	PA
gavilax oral powder	0	PV; QL
gavilyte-c	1	PV; QL
gavilyte-g	1	PV; QL
generlac	1	
gentle laxative oral	0	PV; QL
gentlelax	0	PV; QL
glycolax	0	PV; QL
glycopyrrolate oral solution	3	PA
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
lactulose encephalopathy	1	
lactulose oral solution	1	
LINZESS	3	QL
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

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-3350/electrolytes	1	PV; QL
peg-3350/electrolytes/ascorbic acid	3	
peg-kcl-nacl-nasulf-nascl-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
OICALIVA	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 (phosphate 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 solution	1	
oxybutynin chloride oral tablet 5 mg	1	
penicillamine oral tablet	SP1	PA
phenazone 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	
trospium chloride	1	
trospium 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	
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

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	
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

Drug Name	Drug Tier	Notes
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
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	2	
delyla	0	PV
DEPO-ESTRADIOL	2	
desogestrel-ethinyl estradiol oral tablet 0.15- 0.02/0.01 mg (21/5)	0	PV
DIVIGEL	3	
dolishale	0	PV
dotti	1	
drospiren-eth estrad- levomefol	0	PV
drospirenone-ethinyl estradiol	0	PV
DUAVEE	2	
econtra one-step	0	PV
ELESTRIN	3	
elinest	0	PV
ELLA	0	PV
eluryng	0	PV
enilloring	0	PV
enpresse-28	0	PV

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

Drug Name	Drug Tier	Notes
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

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
levonorgestrel-ethinyl estrad	0	PV	my way	0	PV
levonorg-eth estrad triphasic	0	PV	NATAZIA	0	PV
levora 0.15/30 (28)	0	PV	necon 0.5/35 (28)	0	PV
LILETTA (52 MG)	0	PV	new day	0	PV
LO LOESTRIN FE	3	PV	NEXPLANON	0	PV
lojaimiess	0	PV; QL	nikki	0	PV
loryna	0	PV	nora-be	0	PV
low-ogestrel	0	PV	norelgestromin-eth estradiol	0	PV
lo-zumandimine	0	PV	norethin ace-eth estrad-fe	0	PV
lutera	0	PV	norethindrone acetate oral	1	
lyleq	0	PV	norethindrone acet-ethinyl est	0	PV
lyllana	1		norethindrone oral	0	PV
lyza	0	PV	norethindrone-eth estradiol	1	
marlissa	0	PV	norethindron-ethinyl estrad-fe	0	PV
medroxyprogesterone acetate intramuscular	0	PV; QL	norethin-eth estradiol-fe	0	PV
medroxyprogesterone acetate oral	1		norgestimate-eth estradiol	0	PV
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1		norgestimate-ethinyl estradiol triphasic	0	PV
megestrol acetate oral tablet	1		norlyroc	0	PV
MENEST	2		nortrel 0.5/35 (28)	0	PV
merzee	0	PV	nortrel 1/35 (21)	0	PV
mibelas 24 fe	0	PV	nortrel 1/35 (28)	0	PV
microgestin 1.5/30	0	PV	nortrel 7/7/7	0	PV
microgestin 1/20	0	PV	nylia 1/35	0	PV
microgestin 24 fe	0	PV	nylia 7/7/7	0	PV
microgestin fe 1.5/30	0	PV	nymyo	0	PV
microgestin fe 1/20	0	PV	ocella	0	PV
mili	0	PV	opcicon one-step	0	PV
mimvey	1		OPILL	0	PV
MIRENA (52 MG)	0	PV	option 2	0	PV
mono-lynyah	0	PV	ORIAHNN	3	PA; QL
my choice	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
PARAGARD INTRAUTERINE COPPER	0	PV	tri-mili	0	PV
philith	0	PV	tri-nymyo	0	PV
pimtrea	0	PV	tri-sprintec	0	PV
portia-28	0	PV	trivora (28)	0	PV
PREMARIN ORAL	2		tri-vylibra	0	PV
PREMARIN VAGINAL	2		tri-vylibra lo	0	PV
PREMPHASE	2		turqoz	0	PV
PREMPRO	2		tydemy	0	PV
progesterone intramuscular	1		velivet	0	PV
progesterone oral	1		vestura	0	PV
react	0	PV	vienva	0	PV
reclipsen	0	PV	viorele	0	PV
rivelsa	0	PV; QL	volnea	0	PV
setlakin	0	PV; QL	vyfemla	0	PV
sharobel	0	PV	vylibra	0	PV
simliya	0	PV	wera	0	PV
simpesse	0	PV; QL	wymzya fe	0	PV
SKYLA	0	PV	xulane	0	PV
SLYND	3	PV	yuvaferm	1	
sprintec 28	0	PV	zafemy	0	PV
sronyx	0	PV	zovia 1/35 (28)	0	PV
syeda	0	PV	zumandimine	0	PV
take action	0	PV	Hormonal Agents - Thyroid		
tarina 24 fe	0	PV	ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	2	
tarina fe 1/20 eq	0	PV	adthya oral tablet 130 mg, 16.25 mg, 32.5 mg, 65 mg, 97.5 mg	1	
taysofy	0	PV	ARMOUR THYROID	2	
tilia fe	0	PV	euthyrox	1	
tri-estarylla	0	PV	levo-t	1	
tri-legest fe	0	PV	LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
tri-linyah	0	PV	levothyroxine sodium oral tablet	1	
tri-lo-estarylla	0	PV			
tri-lo-marzia	0	PV			
tri-lo-mili	0	PV			
tri-lo-sprintec	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
levoxyl	1		COSENTYX SENSOREADY (300 MG)	SP3	PA; QL
liothyronine sodium oral	1		COSENTYX SENSOREADY PEN	SP3	PA; QL
methimazole oral	1		COSENTYX UNOREADY	SP3	PA; QL
NIVA THYROID	2		cyclosporine modified	1	
np thyroid	1		cyclosporine oral	1	
propylthiouracil oral	1		CYLTEZO (2 PEN)	SP2	PA; QL
SYNTHROID	2		CYLTEZO (2 SYRINGE)	SP2	PA; QL
thyroid oral	1		CYLTEZO-CD/UC/HS STARTER	SP2	PA; QL
TIROSINT	3		CYLTEZO- PSORIASIS/UV STARTER	SP2	PA; QL
unithroid	1		ENBREL	SP2	PA; QL
Immunological Agents - Drugs for Immune System Stimulation or Suppression			ENBREL MINI	SP2	PA; QL
ACTEMRA ACTPEN	SP3	PA; QL	ENBREL SURECLICK	SP2	PA; QL
ACTEMRA SUBCUTANEOUS	SP3	PA; QL	ENVARBUS XR	SP2	
ACTIMMUNE	SP2	PA	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	SP1	
ADALIMUMAB-ADBM (2 PEN)	SP2	PA; QL	FIRAZYR	SP3	PA; QL
ADALIMUMAB-ADBM (2 SYRINGE)	SP2	PA; QL	gengraf	1	
ADALIMUMAB- ADBM(CD/UC/HS STRT)	SP2	PA; QL	HADLIMA	SP2	PA; QL
ADALIMUMAB- ADBM(PS/UV STARTER)	SP2	PA; QL	HADLIMA PUSHTOUCH	SP2	PA; QL
azathioprine oral tablet 50 mg	1		HAEGARDA	SP2	PA
BERINERT	SP2	PA; QL	HUMIRA (2 PEN)	SP2	PA; QL
	0	PV; AL (Max 24 Months)	HUMIRA (2 SYRINGE)	SP2	PA; QL
BEYFORTUS			HUMIRA-CD/UC/HS STARTER	SP2	PA; QL
CELLCEPT	SP3		HUMIRA-PED<40KG CROHNS STARTER	SP2	PA; QL
CIMZIA	SP2	PA; QL	HUMIRA-PED>=40KG CROHNS START	SP2	PA; QL
CIMZIA STARTER KIT	SP2	PA; QL	HUMIRA-PED>=40KG UC STARTER	SP2	PA; QL
COSENTYX (300 MG DOSE)	SP3	PA; QL			
COSENTYX 150 MG/ML SUBCUTANEOUS	SP3	PA; QL			

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HUMIRA-PSORIASIS/UEVIT STARTER	SP2	PA; QL	SKYRIZI SUBCUTANEOUS	SP2	PA; QL
icatibant acetate	SP1	PA; QL	STELARA SUBCUTANEOUS	SP2	PA; QL
JYLAMVO	3	PA	tacrolimus oral	1	
KINERET	SP3	PA	TALTZ	SP3	PA; QL
leflunomide oral	1		TREMFYA	SP2	PA; QL
methotrexate sodium	1		XATMEP	3	
methotrexate sodium (pf)	1		XELJANZ ORAL TABLET	SP2	PA; QL
mycophenolate mofetil oral	1		XELJANZ XR	SP2	PA; QL
mycophenolate sodium	1		ZORTRESS	SP3	
mycophenolic acid	1		Immunological Agents - Drugs for Vaccination		
MYFORTIC	SP3			3	PV; QL; AL (Min 60 Years)
NEORAL	SP3		ABRYSVO	3	PV; AL (Max 6 Years)
OLUMIANT	SP3	PA; QL		3	PV; AL (Max 6 Years)
ORENCIA CLICKJECT	SP3	PA; QL	ACTHIB	0	PV
ORENCIA SUBCUTANEOUS	SP3	PA; QL	ADACEL	0	PV
OTEZLA	SP2	PA; QL	AFLURIA QUADRIVALENT	0	PV
PROGRAF ORAL CAPSULE	SP3			3	PV; QL; AL (Min 60 Years)
PROGRAF ORAL PACKET	SP2		AREXVY	3	
RAPAMUNE ORAL SOLUTION	SP2		BCG VACCINE	3	
RIDAURA	SP2		BEXSERO	0	PV
RINVOQ	SP2	PA; QL	BOOSTRIX	0	PV
sajazir	SP1	PA; QL	COMIRNATY	0	PV
SANDIMMUNE ORAL CAPSULE	SP3		DAPTACEL	0	PV
SANDIMMUNE ORAL SOLUTION	SP2			0	PV; AL (Min 9 Years and Max 16 Years)
SIMPONI	SP2	PA; QL	DENGVAXIA	0	PV
sirolimus oral solution	SP1		ENGERIX-B	0	PV; AL (Min 65 Years)
sirolimus oral tablet	1			0	PV; AL (Min 65 Years)
SKYRIZI INTRAVENOUS	SP2	PA	FLUAD QUADRIVALENT	0	
SKYRIZI 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	Drug Name	Drug Tier	Notes
FLUARIX QUADRIVALENT	0	PV	NOVAVAX COVID-19 VACCINE	0	PV
FLUBLOK QUADRIVALENT	0	PV	PEDIARIX	0	PV
FLUCELVAX QUADRIVALENT	0	PV	PEDVAX HIB	3	PV; AL (Max 6 Years)
FLULAVAL QUADRIVALENT	0	PV	PENBRAYA	0	PV
FLUMIST QUADRIVALENT	3	PV; AL (Min 2 Years and Max 49 Years)	PENTACEL	0	PV
FLUZONE HIGH-DOSE QUADRIVALENT	0	PV; AL (Min 65 Years)	PFIZER COVID-19 VAC-TRIS 5-11Y	0	PV
FLUZONE QUADRIVALENT	0	PV	PFIZER COVID-19 VAC-TRIS 6M-4Y	0	PV
GARDASIL 9	3	PV; AL (Min 9 Years and Max 26 Years)	PNEUMOVAX 23	0	PV
HAVRIX	0	PV	PREHEVBRIO	0	PV; AL (Min 18 Years)
HEPLISAV-B	3	PV; AL (Min 18 Years)	PREVNAR 20	0	PV
HIBERIX	3	PV; AL (Max 6 Years)	PRIORIX	0	PV
IMOVAX RABIES	3		PROQUAD	0	PV
INFANRIX	0	PV	QUADRACEL	0	PV
IPOL	3	PV; AL (Max 17 Years)	RECOMBIVAX HB	0	PV
KINRIX	0	PV	ROTARIX	3	PV; AL (Max 8 Months)
MENQUADFI	0	PV	ROTATEQ	3	PV; AL (Max 8 Months)
MENVEO	0	PV	SHINGRIX	3	PV; AL (Min 19 Years)
M-M-R II	0	PV	SPIKEVAX	0	PV
MODERNA COVID-19 VAC 6M-11Y	0	PV	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

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
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	

Drug Name	Drug Tier	Notes
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	
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	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
AEROCHAMBER PLUS FLO-VU INTERM	2		BREATHE COMFORT CHAMBER/ADULT	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2		BREATHE COMFORT CHAMBER/CHILD	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2		BREATHE EASE LARGE	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2		BREATHE EASE MEDIUM	2	
AEROCHAMBER PLUS FLOW VU	2		BREATHE EASE SMALL	2	
AEROCHAMBER W/FLOWSIGNAL	2		BREATHRITE VALVED MDI CHAMBER	2	
AQINJECT PEN NEEDLE	1		CAMINO PRO COMPLETE/GLYTACTIN	2	
ASSURE ID DUO PRO PEN NEEDLES	1		CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	1	
ASSURE ID PRO PEN NEEDLES	1		CAREPOINT SAFETY 1ST NEEDLE	1	
AUM INSULIN SAFETY PEN NEEDLE	1		CAREPOINT SYRINGE LUER LOCK 1 ML , 30 ML	1	
AUM MINI INSULIN PEN NEEDLE	1		CAREPOINT SYRINGE LUER SLIP 1 ML	1	
AUM PEN NEEDLE	1		CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 26G X 1" , 27G X 1-1/2"	1	
AUM READYGARD DUO PEN NEEDLE	1		CARETOUCH LUER LOCK 1 ML	1	
AUM SAFETY PEN NEEDLE	1		CAYA	0	PV
BD AUTOSHIELD DUO PEN NEEDLES	1		CLEVER CHOICE HOLDING CHAMBER	2	
BD ECLIPSE LUER-LOK NEEDLE	1		COMFORT EZ PRO PEN NEEDLES	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		COMPACT SPACE CHAMBER	2	
BD FILTER NEEDLE	1		COMPACT SPACE CHAMBER/LG MASK	2	
BD SYRINGE LUER-LOK 30 ML	1		COMPACT SPACE CHAMBER/MED MASK	2	
BD ULTRA-FINE 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
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	
EASYPPOINT 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	HUMATROPEN FOR 6MG	1	
FLEXICHAMBER	2		INCONTROL ULTICARE PEN NEEDLES	1	
FLEXICHAMBER ADULT MASK/SMALL	2		INSPIREASE RESERVOIR BAGS	2	
FLEXICHAMBER CHILD MASK/LARGE	2		INSULIN PEN NEEDLES	1	
FLEXICHAMBER CHILD MASK/SMALL	2		J-TIP KIT W/VIAL ADAPTERS	1	
FORA D40G GLUCOSE/PRESSURE	2		LIPISTART	2	
GLYTACTIN BETTERMILK 15	2		methergine	3	QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
methylergonovine maleate oral	3	QL	OPTICHAMBER DIAMOND	2	
MICROCHAMBER DEVICE	2		OPTICHAMBER DIAMOND-LG MASK	2	
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	1		OPTICHAMBER DIAMOND-MD MASK	2	
NEOCATE JUNIOR	3		OPTICHAMBER DIAMOND-SM MASK	2	
NEOCATE SPLASH	3		OPTIONS GYNOL II CONTRACEPTIVE	0	PV
NEOPHE	2		PANDA MASK LARGE	2	
NORDIPEN 5 INJECTION DEVICE	1		PANDA MASK MEDIUM	2	
NORM-JECT LUER SLIP SYRINGE	1		PANDA MASK SMALL	2	
NOVOFINE AUTOCOVER PEN NEEDLE	1		PARI VORTEX ADULT MASK	2	
NOVOFINE PEN NEEDLE	1		PEDIATRIC PANDA MASK	2	
NOVOFINE PLUS PEN NEEDLE	1		PHENEX-1	2	
OMNIPOD 5 G6 INTRO (GEN 5)	3		PHENEX-2	2	
OMNIPOD 5 G6 PODS (GEN 5)	3	QL	PHENYLADE DRINK MIX	2	
OMNIPOD 5 G7 INTRO (GEN 5)	3		PHENYLADE GMP MIX DHA/FIBER	2	
OMNIPOD 5 G7 PODS (GEN 5)	3	QL	PHENYLADE GMP READY	2	
OMNIPOD CLASSIC PODS (GEN 3)	3	QL	PHENYLADE GMP ULTRA	2	
OMNIPOD DASH INTRO (GEN 4)	3		PIP PEN NEEDLES 31G X 5MM	1	
OMNIPOD DASH PDM (GEN 4)	3		PIP PEN NEEDLES 32G X 4MM	1	
OMNIPOD DASH PODS (GEN 4)	3	QL	PKU AIR20 GOLD	2	
OMNIPOD GO KIT 20 UNIT/24HR, 30 UNIT/24HR, 40 UNIT/24HR	3		PKU AIR20 GREEN	2	
OMNIPOD POD PALS	3	QL	PKU AIR20 YELLOW	2	
			PKU EASY	2	
			PKU EASY MICROTABS	2	
			PKU EASY SHAKE & GO	2	
			PKU EXPRESS 15 PLUS+	2	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PKU EXPRESS 20 PLUS+	2		VERIFINE PLUS PEN NEEDLE	1	
PKU SPHERE 20	2		V-GO 20	3	QL
PKU START	2		V-GO 30	3	QL
POCKET SPACER	2		V-GO 40	3	QL
PREKUNIL	2		VIVONEX PEDIATRIC	3	
PRO COMFORT SPACER ADULT	2		VIVONEX PEDIATRIC RTF	3	
PRO COMFORT SPACER CHILD	2		VORTEX VALVED HOLDING CHAMBER	2	
PRO COMFORT SPACER INFANT	2		WIDE-SEAL DIAPHRAGM 60	0	PV
PROCARE SPACER/ADULT MASK	2		WIDE-SEAL DIAPHRAGM 65	0	PV
PROCARE SPACER/CHILD MASK	2		WIDE-SEAL DIAPHRAGM 70	0	PV
PURAMINO DHA/ARA	3		WIDE-SEAL DIAPHRAGM 75	0	PV
PURE COMFORT SAFETY PEN NEEDLE	1		WIDE-SEAL DIAPHRAGM 80	0	PV
PURE COMFORT SPACER CHAMBER	2		WIDE-SEAL DIAPHRAGM 85	0	PV
RAYA SURE PEN NEEDLE	1		WIDE-SEAL DIAPHRAGM 90	0	PV
RENASTART	2		WIDE-SEAL DIAPHRAGM 95	0	PV
SAFETY PEN NEEDLES	1		Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
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		ALOCRIAL	2	
SYRINGE LUER SLIP 1 ML	1		ALOMIDE	2	
TODAY SPONGE	0	PV	ALREX	3	
TOLEREX	3		AZASITE	3	
UNIFINE PROTECT PEN NEEDLE	1		azelastine hcl ophthalmic	1	
VCF VAGINAL CONTRACEPTIVE	0	PV	bacitracin ophthalmic	1	
VERIFINE INSULIN PEN NEEDLE	1		BESIVANCE	3	
			bromfenac sodium (once-daily)	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
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 OPTHALMIC OINTMENT	3	QL
loteprednol etabonate ophthalmic gel	1	QL
loteprednol etabonate ophthalmic suspension	3	
MAXIDEX	2	
moxifloxacin hcl ophthalmic	1	
NATACYN	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	

Drug Name	Drug Tier	Notes
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	
XDEMYVY	SP2	PA; QL
ZIRGAN	3	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	1	
acetazolamide oral	1	
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	
apraclonidine hcl	1	
betaxolol hcl ophthalmic	1	
BETIMOL	2	
BETOPTIC-S	2	
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic	1	

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

Drug Name	Drug Tier	Notes
brimonidine tartrate-timolol	1	
brinzolamide	3	
carteolol hcl	1	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IOPIDINE	2	
latanoprost ophthalmic	1	
levobunolol hcl	1	
LUMIGAN	2	QL
methazolamide oral	3	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
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	

Drug Name	Drug Tier	Notes
bacitra-neomycin-polymyxin-hc	1	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	3	PA
LACRISERT	2	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-gramicidin	1	
neo-polycin	1	
neo-polycin hc	1	
phenylephrine hcl ophthalmic	1	
polycin	1	
polymyxin b-trimethoprim	1	
proparacaine hcl ophthalmic	1	
RESTASIS	3	PA
RESTASIS MULTIDOSE	3	PA
tetracaine hcl ophthalmic	1	
tropicamide ophthalmic	1	
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		
allergy spray 24 hour nasal aerosol	1	
azelastine hcl nasal	1	QL
benzonatate oral capsule 100 mg, 200 mg	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	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)
nasal allergy 24 hour	1	
promethazine vc	1	
promethazine vc/codeine	1	PA; QL; AL (Min 18 Years)
promethazine-codeine oral solution	1	PA; QL; AL (Min 18 Years)
promethazine-dm	1	

Drug Name	Drug Tier	Notes
pseudoephedrine-bromphen-dm	1	
sodium chloride inhalation	1	
SSKI	2	
triamcinolone acetonide nasal	1	
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	SP2	PA
FASENRA PEN	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
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
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	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	2	QL
THEO-24	2	
theophylline er	1	
theophylline oral	1	

Drug Name	Drug Tier	Notes
TRELEGY ELLIPTA	2	QL
VENTOLIN HFA	3	ST; QL
wixela inhub	1	QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	SP2	PA
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
CAYSTON	SP3	PA
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	SP3	PA
KALYDECO ORAL TABLET	SP3	PA
ORKAMBI	SP3	PA; QL
PULMOZYME	SP2	PA
TOBI PODHALER	SP2	QL
tobramycin inhalation	SP1	
TRIKAFTA	SP3	PA; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	SP3	PA; QL
alyq	SP1	PA; QL
ambrisentan	SP1	PA; QL
bosentan	SP1	PA; QL
OPSUMIT	SP2	PA; QL
sildenafil citrate oral tablet 20 mg	SP1	PA; QL
tadalafil (pah)	SP1	PA; QL
TRACLEER 32 MG	SP2	PA; QL
TYVASO	SP2	PA; QL
TYVASO DPI MAINTENANCE KIT	SP2	PA; QL

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 TITRATION KIT	SP2	PA; QL
TYVASO REFILL	SP2	PA; QL
TYVASO STARTER	SP2	PA; QL
UPTRAVI ORAL	SP3	PA; QL
UPTRAVI TITRATION	SP3	PA; QL
VENTAVIS	SP2	PA; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
dantrolene sodium oral	1	
metaxalone oral tablet 800 mg	1	
methocarbamol oral	1	
orphenadrine citrate er	1	QL
tizanidine hcl oral	1	
Sleep Disorder Agents		
armodafinil	1	QL
BELSOMRA	3	ST; QL
DAYVIGO	3	ST; QL
doxepin hcl oral tablet	3	QL
eszopiclone	1	QL
modafinil oral	1	QL
ramelteon	1	QL
temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL
WAKIX	SP3	PA; QL
zaleplon	1	QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral tablet	1	QL

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

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