



Formulario de beneficios Essential Health

Cuarto trimestre 2022

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¿Cuál es mi cobertura para medicamentos con receta?

Como parte de su cobertura FirstCare Health Plans (FCHP), es posible que tenga un beneficio para medicamentos con receta. Este documento lo ayudará a comprender su beneficio para medicamentos con receta y el Formulario de beneficios Essential Health.

No todos los beneficios para medicamentos con receta son iguales. La mejor manera de saber cuál es su cobertura para medicamentos con receta es revisar los *documentos de beneficios de su plan* o llamar al Departamento de Servicio al Cliente de FCHP.

¿Qué es el Formulario de beneficios Essential Health?

Un formulario es una lista de medicamentos seleccionados cubiertos por su plan como parte de su beneficio de salud en consulta con un equipo de proveedores de atención médica. El formulario representa los medicamentos con receta que se cree que son una parte necesaria de un programa de tratamiento de calidad. FCHP, por lo general, cubrirá los medicamentos que se incluyen en el formulario siempre y cuando estos sean médicamente necesarios y se sigan las reglas del plan. La lista, que se actualiza de manera regular, contiene medicamentos de marca y medicamentos genéricos.

El Formulario de beneficios Essential Health incluye los medicamentos preferidos que están cubiertos por su beneficio de medicamentos con receta. Los medicamentos que no aparecen en el formulario no están cubiertos. Los medicamentos que no se encuentran en el formulario requieren autorización previa o pueden estar sujetos a revisiones clínicas. Los formularios se modifican constantemente para reflejar los últimos avances en la terapia farmacológica; por lo tanto, esta lista no es inclusiva y no garantiza la cobertura. Es posible que el formulario se modifique porque revisamos la información médica nueva relacionada con los medicamentos actuales incluidos y los medicamentos nuevos recientemente aprobados por la Administración de Alimentos y Medicamentos (FDA).

¿Cómo se elaboró el formulario y cómo se revisan los nuevos medicamentos?

El Comité de Farmacia y Terapéutica (P&T) se reúne de manera habitual para revisar los nuevos medicamentos aprobados por la FDA y la información nueva sobre los medicamentos que ya se encuentran en el formulario. El Comité, integrado principalmente por médicos, farmacéuticos y enfermeros, revisa la información y la evidencia científica en lo que respecta a la seguridad, la efectividad y el uso actual en la terapia.

¿Alguna vez se modifica el formulario?

Debido a que el Comité de P&T se reúne de manera habitual y revisa la información nueva, es posible que se modifique el formulario. Estas son algunas posibles razones por las que se podría modificar el formulario:

- Aparecen formas genéricas de un medicamento de marca. Es posible que se deje de cubrir un medicamento de marca si aparece uno genérico. El medicamento genérico se puede cubrir con un copago menor.
- El Comité de P&T puede incluir nuevos medicamentos.
- La FDA puede retirar un medicamento del mercado.
- Si un medicamento se encuentra disponible sin receta (se vuelve un medicamento de venta libre), se lo puede retirar del formulario. Por lo general, los medicamentos de venta libre no están cubiertos por el beneficio de medicamentos con receta.

¿Cómo me entero de las modificaciones en el formulario?

Los formularios se encuentran disponibles en nuestro sitio web FirstCare.com y se los actualiza cada trimestre. Para ver las modificaciones en los formularios, consulte el documento *Formulary Updates* (Actualizaciones en los formularios), que se encuentra publicado en el sitio web. Si tiene dudas o desea obtener una copia impresa de los formularios o de los procedimientos de gestión farmacéutica, comuníquese con Servicio al Cliente de FCHP.

¿Qué son los medicamentos de marca y los medicamentos genéricos?

FCHP cubre tanto los medicamentos de marca como los genéricos. Los medicamentos que tienen un nombre comercial y están protegidos por una patente (solo puede producirlos y venderlos la compañía que posee la patente) se consideran medicamentos de marca. Los medicamentos genéricos son medicamentos aprobados por la FDA y elaborados para ser iguales a los medicamentos de marca en lo que respecta a forma de dosificación, seguridad, concentración, vía de administración, calidad y características de rendimiento. Generalmente, los medicamentos genéricos son más económicos que los medicamentos de marca, pero la calidad y la efectividad son las mismas. Los medicamentos genéricos pueden diferenciarse de los medicamentos de marca en el color, la forma, el sabor o los ingredientes inactivos. Algunos medicamentos de marca tienen sus equivalentes genéricos y otros, no. Si hay una forma genérica de un medicamento de marca disponible, el medicamento de marca podría dejar de estar cubierto por su beneficio de medicamentos con receta y el medicamento genérico podría estar cubierto con un copago menor.

¿Qué es la sustitución genérica?

La sustitución genérica se da cuando un farmacéutico administra un medicamento genérico aprobado por la FDA en lugar de un medicamento de marca. La sustitución genérica se producirá automáticamente en las farmacias de la red de FCHP. La persona que receta podría elegir usar un producto de marca y no facilitar la sustitución genérica. De acuerdo con la ley estatal, la persona que receta debe escribir a mano en la receta “marca necesaria” o “marca médicamente necesaria”. Esto no garantiza la cobertura. Es posible que el producto de marca no aparezca como un medicamento cubierto en el formulario y, por lo tanto, no esté cubierto por su beneficio de medicamentos con receta.

¿Qué son los medicamentos especializados?

Los medicamentos especializados son aquellos que se usan para tratar afecciones complejas o crónicas que generalmente requieren monitoreo minucioso, como la esclerosis múltiple, la hepatitis, la artritis reumatoide y el cáncer. Los medicamentos especializados se pueden autoadministrar en el domicilio mediante inyecciones (bajo la piel o en el músculo), por inhalación, por vía oral o en la piel. Estos medicamentos también pueden requerir una manipulación especial, procesos de fabricación especiales y ser de receta limitada o de disponibilidad limitada en las farmacias.

¿Qué son los procedimientos de gestión farmacéutica?

Los procedimientos de gestión farmacéutica son procedimientos que ayudan a garantizar el uso seguro y adecuado de los medicamentos y el acceso a opciones terapéuticas rentables. Como parte de tales procedimientos, se podrían implementar restricciones en determinados medicamentos (estas se describen en la siguiente sección).

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales en la cobertura. Estos requisitos y límites podrían incluir las revisiones de seguridad, los límites de cantidad, la autorización previa y la terapia escalonada, entre otros. Consulte la inscripción para obtener la lista completa de requisitos. Todas las restricciones entran en vigencia al comienzo de año del plan, a menos que se especifique lo contrario en el documento *Actualizaciones en los formularios*.

¿Cómo solicito una excepción al Formulario de beneficios Essential Health?

Usted, un representante o la persona que receta pueden enviarle a FCHP una solicitud de excepción al formulario. Por ejemplo, si existen razones clínicamente significativas por las que usted no puede tomar un medicamento de acuerdo con los requisitos de cobertura (p. ej., terapia escalonada, límites de cantidad, etc.), se puede enviar una solicitud de excepción para que se revise el caso. Además, si usted 1) ha probado con las alternativas del formulario o existen razones clínicamente significativas por las que las alternativas no serían apropiadas para su afección específica, 2) el medicamento solicitado es médicamente necesario y 3) el medicamento no está excluido de la cobertura, se puede enviar una solicitud de excepción de cobertura de un medicamento que no está incluido en el formulario para que se revise el caso.

Para solicitar una excepción, usted, un representante o una persona que receta pueden enviarle a FCHP una solicitud de cobertura a través de FirstCare.com, por fax, por correo o por teléfono. Se les informará la decisión por escrito a usted y a la persona que le receta. Si se aprueba la solicitud, el medicamento estará cubierto con el copago correspondiente. Si esta es rechazada, puede adquirir el medicamento abonando el costo total. Si tiene preguntas acerca de este procedimiento, comuníquese con Servicio al Cliente de FCHP.

¿Qué medicamentos no están cubiertos por mi beneficio de medicamentos con receta?

Consulte los *documentos de beneficios de su plan* para conocer la cobertura completa del plan, las limitaciones y las exclusiones inherentes a su beneficio de medicamentos con recetas.

Por lo general, los medicamentos de venta libre y los productos herbales no están cubiertos por los planes de beneficios.

¿Qué cantidad de medicamentos cubre mi copago? ¿Cubre mi plan los medicamentos de mantenimiento?

Puede recibir un suministro de medicamentos de hasta 30 días por un único copago. Tenga en cuenta que los medicamentos con un límite de cantidad restringen la cantidad de medicamentos que puede recibir por receta o por copago. Por ejemplo, las categorías que incluyen medicamentos que se toman durante poco tiempo, como los antibióticos, los antivirales y la mayoría de los medicamentos tópicos, se encuentran disponibles en suministros de 30 días.

Los medicamentos de mantenimiento son medicamentos que se recetan para afecciones crónicas o a largo plazo y que se toman de forma periódica y recurrente. Para obtener este beneficio, la persona que receta debe extender la receta por 3 meses y el medicamento debe ser un medicamento de mantenimiento cubierto. Su plan de beneficio de medicamentos con receta podría no facilitar ciertos productos o categorías, como los opioides, la testosterona, los agentes del sueño, las benzodiazepinas, los medicamentos especializados, y los medicamentos con límites de cantidad que deben ser surtidos como mantenimiento.

¿Cómo puedo ahorrar dinero en las recetas?

Revise los documentos de beneficios de su plan para conocer más acerca de los copagos por recetas y la información sobre los deducibles. Los medicamentos genéricos, por lo general, serán la opción que tiene el copago más bajo; pregúntele a su proveedor o farmacéutico si su receta se puede surtir con un medicamento genérico.

Lleve este formulario con usted cuando visite a su proveedor para confirmar que los medicamentos estén cubiertos por el beneficio de su plan de medicamentos con receta. Su proveedor podrá revisar las categorías de medicamentos para ver si existen posibles opciones con copagos más bajos al recetarle un medicamento.

Cobertura de anticonceptivos

Según se especifica en la reforma del sistema de salud, las mujeres deben tener acceso a una amplia gama de métodos anticonceptivos aprobados por la FDA, y los planes deben cubrir, sin costo compartido alguno, al menos una forma anticonceptiva en cada uno de los métodos identificados por la FDA. Sin embargo, los planes pueden usar una gestión médica razonable

dentro de cada categoría para determinar qué productos anticonceptivos están disponibles a un costo compartido de \$0.

- Consulte la lista de medicamentos preventivos (PV) que aparece en el formulario para determinar cuáles son los anticonceptivos disponibles a un costo compartido de \$0.
- Ciertos anticonceptivos de venta libre (OTC) para mujeres también podrían estar cubiertos a un costo compartido de \$0. Estos se deben surtir en una farmacia de la red con una receta de un profesional de la salud.

La cobertura puede variar según su plan. Consulte los documentos de beneficios correspondientes de su plan.

Medicamentos de atención preventiva y medicamentos cubiertos según la reforma del sistema de salud

Los medicamentos de atención preventiva y otros medicamentos cubiertos según la reforma del sistema de salud están cubiertos de acuerdo con los beneficios de su plan. Estos medicamentos se encuentran incluidos como medicamentos preventivos (PV). Tenga en cuenta que esta lista está sujeta a modificaciones.

Para obtener este beneficio, debe surtir sus recetas en una farmacia de la red con una receta de un profesional de la salud (incluye medicamentos con receta y de venta libre).

Cobertura de medicamentos para dejar de fumar

Todos los medicamentos para dejar de fumar aprobados por la FDA, incluidos los medicamentos con receta y los de venta libre, son proporcionados a un costo compartido de \$0, de conformidad con la Ley de Protección al Paciente y Cuidado de Salud Asequible (PPACA). Usted está limitado a dos intentos para dejar de fumar al año, hasta 180 días en total. Estos medicamentos se encuentran incluidos como medicamentos preventivos (PV). Tenga en cuenta que algunos medicamentos podrían estar sujetos a terapias escalonadas o a autorizaciones previas.

Para obtener este beneficio, debe surtir sus recetas en una farmacia de la red con una receta de un profesional de la salud (incluye medicamentos con receta y de venta libre).

Programa de surtido dividido para oncología oral

Las recetas para los medicamentos incluidos en el programa de oncología oral tendrán un límite de un suministro de 2 semanas para los 2 primeros meses de terapia.

Naloxone a costo compartido de \$0

Este preparado a responder a una emergencia de sobredosis. Naloxone puede ser usado para proteger a sus seres queridos de una sobredosis accidental y puede ser obtenido sin costo alguno. Si usted o alguien a quien conoce consume opioides, consulte con su farmacéutico o doctor para obtener Naloxone. En Texas, puede obtener Naloxone en la farmacia sin receta


médica. Naloxone esta disponible en inyección o rociador nasal (Narcan®), y ambos por costo compartido de \$0.

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, CLOBEX) and generic medications in lowercase (for example, clobetasol).

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.

Drug Tier	Includes	Helpful Tips
Tier CM	 Oral Chemotherapy	Oral chemotherapy drugs may have a designated copayment or coinsurance based on state laws or client preference.
Tier 1	\$ Generic	Use Tier 1 generic drugs, instead of brand name drugs, to help reduce your out-of-pocket costs.
Tier 2	\$\$ Preferred	Preferred brand-name drugs will generally have lower copayments than non-preferred brand-name drugs.
Tier 3	\$\$\$ Non-Preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
Tier 4	\$\$\$\$ Specialty	Tier 4 is generally highest in copayment and cost. These drugs are sometimes used to treat complex and chronic conditions and may require special monitoring and handling.

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.

M	Authorized generic or co-branded product
PA	Prior Authorization – Your doctor is required to provide additional information to determine coverage.
PV	Preventive drugs – May have coverage and no copayments when health care reform requirements are met.
PV*	Preventive drugs – Available at \$0 if prior authorization is approved.
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.

EHB Formulary

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Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
adult aspirin regimen	1	PV
aspirin adult low dose	1	PV
aspirin adult low strength	1	PV
aspirin childrens	1	PV
aspirin ec low dose	1	PV
aspirin ec low strength	1	PV
aspirin ec oral tablet delayed release 325 mg	1	PV
aspirin low dose	1	PV
aspirin oral tablet	1	PV
aspirin oral tablet delayed release	1	PV
BAYER ASPIRIN	3	PV
BAYER ASPIRIN EC LOW DOSE	3	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	1	
diflunisal oral	1	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
fenoprofen calcium oral capsule 400 mg	3	
fenoprofen calcium oral tablet	3	
flurbiprofen oral	1	
genuine aspirin	1	PV
goodsense aspirin adults	1	PV

Drug Name	Drug Tier	Notes
goodsense aspirin low dose	1	PV
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
ketoprofen oral	1	
ketorolac tromethamine injection	1	
ketorolac tromethamine intramuscular	1	
ketorolac tromethamine oral	1	QL
mefenamic acid oral	3	
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin	1	
piroxicam oral	1	
ST JOSEPH LOW DOSE	3	PV
sulindac oral	1	
Opioid Analgesics, Long-acting		
buprenorphine	3	PA; QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	PA; QL
hydromorphone hcl er	3	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
methadone hcl injection	1		butalbital-aspirin-caffeine	1	
methadone hcl oral solution	1		butorphanol tartrate injection	1	
methadone hcl oral tablet	1	PA	butorphanol tartrate nasal	3	QL
methadone hcl oral tablet soluble	1		codeine sulfate	1	QL
methadose oral tablet soluble	1		duramorph injection solution 0.5 mg/ml	3	
mitigo	3		endocet	1	QL
morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg	3	PA; QL	fentanyl citrate buccal lozenge on a handle	3	PA; QL
morphine sulfate er oral tablet extended release 15 mg, 30 mg	1	PA; QL	hydrocodone-acetaminophen	1	QL
NUCYNTA ER	3	PA; QL	hydrocodone-ibuprofen	1	QL
OXYCONTIN	2	PA; QL	hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	3	
oxymorphone hcl er	3	PA; QL	hydromorphone hcl oral	1	QL
tramadol hcl er (biphasic)	3	PA; QL	hydromorphone hcl pf	3	
tramadol hcl er oral tablet extended release 24 hour	3	PA; QL	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
XTAMPZA ER	2	PA; QL	morphine sulfate (pf) injection solution 0.5 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml	3	
Opioid Analgesics, Short-acting			morphine sulfate (pf) injection solution 10 mg/ml, 8 mg/ml	1	
acetaminophen-codeine	1	QL	morphine sulfate (pf) intravenous solution 2 mg/ml, 4 mg/ml	3	
acetaminophen-codeine #2	1	QL	morphine sulfate injection solution 2 mg/ml, 4 mg/ml	3	
acetaminophen-codeine #3	1	QL	morphine sulfate intravenous solution 4 mg/ml	3	
acetaminophen-codeine #4	1	QL	morphine sulfate oral	1	QL
apap-caff-dihydrocodeine	3	PA; QL	NUCYNTA	3	PA; QL
ascomp-codeine	3				
bac	1				
butalbital-acetaminophen oral tablet 50-325 mg	1				
butalbital-apap-caff-cod	3				
butalbital-apap-caffeine	1				
butalbital-asa-caff-codeine	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
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
oxymorphone hcl	1	QL
pentazocine-naloxone hcl	1	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
Anesthetics		
Local Anesthetics		
glydo	1	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal	1	
lidocaine viscous hcl	1	
lidocaine-prilocaine external cream	1	
LIDOCAINE-TETRACAINE	3	PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium	3	
disulfiram oral	3	
naltrexone hcl oral	1	
VIVITROL	4	

Drug Name	Drug Tier	Notes
Opioid Dependence Treatments		
buprenorphine hcl injection	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
Opioid Reversal Agents		
KLOXXADO	2	
naloxone hcl injection	1	
naloxone hcl nasal	1	
NARCAN	2	
Smoking Cessation Agents		
APO-VARENICLINE	3	ST; PV; QL
bupropion hcl er (smoking det)	1	PV; QL
goodsense nicotine mouth/throat lozenge 4 mg	1	PV; QL
habitrol	1	PV; QL
NICORETTE MOUTH/THROAT GUM 2 MG	3	PV; QL
NICORETTE MOUTH/THROAT LOZENGE 4 MG	3	PV; QL
nicotine polacrilex mini	1	PV; QL
nicotine polacrilex mouth/throat	1	PV; QL
nicotine step 1	1	PV; QL
nicotine step 2	1	PV; QL
nicotine step 3	1	PV; QL
nicotine transdermal kit	1	PV; QL
NICOTROL	3	ST; PV; QL
NICOTROL NS	3	ST; PV; QL
varenicline tartrate	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
Antibacterials		
Aminoglycosides		
amikacin sulfate injection	1	
gentamicin sulfate external	1	
neomycin sulfate oral	1	
paromomycin sulfate oral	1	
streptomycin sulfate intramuscular	3	
Antibacterials, Other		
ALTABAX	3	
aztreonam	1	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate in d5w	1	
clindamycin phosphate injection	1	
clindamycin phosphate vaginal	1	
daptomycin	1	
fosfomycin tromethamine	3	
iodine tincture external tincture 2 %	1	
linezolid in sodium chloride	1	
linezolid intravenous	1	
linezolid oral	3	QL
mafenide acetate external	1	
methenamine hippurate	3	
metronidazole intravenous	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
mupirocin external	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	

Drug Name	Drug Tier	Notes
nitrofurantoin monohydrate macrocrystals	1	
polymyxin b sulfate injection	1	
silver sulfadiazine external	1	
ssd	1	
trimethoprim oral	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 100 gm, 500 mg, 750 mg	1	
vancomycin hcl oral	3	QL
vandazole	1	
XEPI	3	
XIFAXAN	3	PA
Beta-lactam, Cephalosporins		
cefaclor	1	
cefaclor er	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefazolin sodium injection	1	
cefazolin sodium intravenous solution reconstituted	1	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	1	
cefazolin sodium-dextrose intravenous solution reconstituted	1	
cefdinir	1	
cefepime hcl injection	1	
cefepime hcl intravenous 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
cefepime-dextrose	1	
cefotaxime sodium	1	
cefotetan disodium	1	
cefoxitin sodium	1	
cefpodoxime proxetil	3	
cefprozil	1	
ceftazidime and dextrose	1	
ceftazidime injection	1	
ceftazidime intravenous	1	
ceftriaxone sodium in dextrose	1	
ceftriaxone sodium injection	1	
ceftriaxone sodium intravenous	1	
ceftriaxone sodium-dextrose	1	
cefuroxime axetil	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted	1	
tazicef injection	1	
tazicef intravenous solution reconstituted	1	
Beta-lactam, Penicillins		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	3	
ampicillin	1	
ampicillin sodium	1	
ampicillin-sulbactam sodium	1	
BICILLIN L-A	3	
dicloxacillin sodium	1	
nafcillin sodium	1	
oxacillin sodium	1	

Drug Name	Drug Tier	Notes
penicillin g potassium injection solution reconstituted 20000000 unit	1	
penicillin v potassium	1	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1	
Carbapenems		
ertapenem sodium	3	
imipenem-cilastatin	3	
VABOMERE	3	
Macrolides		
azithromycin intravenous	1	
azithromycin oral	1	
clarithromycin oral suspension reconstituted	3	
clarithromycin oral tablet	1	
DIFICID ORAL TABLET	3	
erythromycin base oral	3	
erythromycin ethylsuccinate oral	3	
erythromycin oral	3	
Quinolones		
BAXDELA ORAL	3	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
levofloxacin oral	1	
moxifloxacin hcl in nacl	1	
moxifloxacin hcl oral	1	
ofloxacin 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
Sulfonamides		
sulfadiazine oral	3	
sulfamethoxazole-trimethoprim	1	
sulfatrim pediatric	1	
Tetracyclines		
avidoxy	1	
demeclocycline hcl	3	
doxy 100	1	
doxycycline hyclate intravenous	1	
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	3	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
tetracycline hcl oral	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL	3	ST
EPIDIOLEX	4	PA
levetiracetam er	1	
levetiracetam in nacl	1	
levetiracetam intravenous	1	
levetiracetam oral	1	
roweepra	1	

Drug Name	Drug Tier	Notes
Calcium Channel Modifying Agents		
CELONTIN	3	
ethosuximide oral	1	
zonisamide oral	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam	1	PA
DIACOMIT	4	PA
diazepam rectal	1	QL
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
pentobarbital sodium injection	1	
phenobarbital oral	1	
phenobarbital sodium injection	1	
primidone oral	1	
tiagabine hcl	1	
valproate sodium intravenous	1	
valproic acid oral	1	
Glutamate Reducing Agents		
felbamate	1	
FYCOMPA	3	
lamotrigine er	1	
lamotrigine oral	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
subvenite	1	
subvenite starter kit-blue	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
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
topiramate er	1	
topiramate oral	1	
Sodium Channel Agents		
carbamazepine er	1	
carbamazepine oral	1	
DILANTIN ORAL CAPSULE 30 MG	3	
epitol	1	
fosphenytoin sodium injection solution 500 mg pe/10ml	1	
lacosamide oral solution	1	
lacosamide oral tablet	3	
oxcarbazepine	1	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended	1	
phenytoin sodium injection	1	
rufinamide	1	PA
VIMPAT ORAL	3	
Antidementia Agents		
Antidementia Agents, Other		
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	QL
Cholinesterase Inhibitors		
donepezil hcl	1	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
rivastigmine	3	
rivastigmine tartrate	1	

Drug Name	Drug Tier	Notes
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl	1	
memantine hcl er	3	QL
Antidepressants		
Antidepressants, Other		
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	
chlordiazepoxide-amitriptyline	1	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	1	
olanzapine-fluoxetine hcl	1	QL
perphenazine-amitriptyline	1	
Monoamine Oxidase Inhibitors		
EMSAM	3	ST; QL
MARPLAN	3	
phenelzine sulfate oral	3	
tranylcypromine sulfate	3	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	3	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST; QL

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

Drug Name	Drug Tier	Notes
FETZIMA TITRATION	3	ST; QL
fluoxetine hcl oral capsule	1	
fluvoxamine maleate	3	
fluvoxamine maleate er	3	QL
nefazodone hcl	3	
paroxetine hcl oral tablet	1	
paroxetine mesylate	1	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	
trazodone hcl oral tablet 300 mg	3	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	3	PA; QL
VIIBRYD STARTER PACK	3	PA; QL
vilazodone hcl	1	PA; QL
Tricyclics		
amitriptyline hcl oral	3	
amoxapine	3	
clomipramine hcl oral	3	
desipramine hcl oral	3	
doxepin hcl oral capsule	3	
doxepin hcl oral concentrate	3	
imipramine hcl oral	1	
imipramine pamoate	3	
nortriptyline hcl oral capsule	1	
nortriptyline hcl oral solution	3	
protriptyline hcl	3	

Drug Name	Drug Tier	Notes
trimipramine maleate oral	3	
Antiemetics		
Antiemetics, Other		
compro	3	
dimenhydrinate injection	1	
droperidol injection	1	
meclizine hcl oral tablet	1	
metoclopramide hcl injection	1	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
perphenazine oral	1	
prochlorperazine	3	
prochlorperazine maleate oral	1	
scopolamine	1	
Emetogenic Therapy Adjuncts		
AKYNZEO ORAL	3	QL
ANZEMET	3	QL
aprepitant oral capsule 125 mg, 40 mg, 80 mg	3	QL
dronabinol	3	PA; QL
fosaprepitant dimeglumine	1	
granisetron hcl intravenous	1	
granisetron hcl oral	1	QL
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
palonosetron hcl	1	
Antifungals		
ABELCET	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
AMBISOME	3	
amphotericin b intravenous	1	
amphotericin b liposome	3	
caspofungin acetate	3	
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone	1	
CRESEMBA ORAL	3	PA
econazole nitrate external	1	
ERTACZO	3	PA
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1	
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	3	
griseofulvin ultramicrosize	3	
GYNAZOLE-1	3	
itraconazole oral capsule	3	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
LULICONAZOLE	3	PA
MENTAX	3	PA
miconazole 3	1	
naftifine hcl	1	

Drug Name	Drug Tier	Notes
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	3	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole nitrate	3	
posaconazole	3	PA
SULCONAZOLE NITRATE EXTERNAL CREAM	3	PA
tavaborole	1	PA
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
voriconazole oral tablet	3	PA
Antigout Agents		
allopurinol oral	1	
allopurinol sodium	1	
colchicine tablet 0.6 mg oral	1	
colchicine tablet 0.6 mg oral	1	Made by Par
colchicine-probenecid	1	
febuxostat	1	ST
probenecid	1	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
EMGALITY	2	PA; QL
Ergot Alkaloids		
dihydroergotamine mesylate injection	3	PA; QL
ergotamine-caffeine	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
Serotonin (5-HT) Receptor Agonists		
almotriptan malate	3	QL
eletriptan hydrobromide	3	QL
naratriptan hcl	1	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	3	QL
sumatriptan succinate subcutaneous solution	1	QL
sumatriptan succinate subcutaneous solution auto-injector	3	QL
sumatriptan-naproxen sodium	3	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	3	ST; QL
zolmitriptan nasal solution 5 mg	1	QL
zolmitriptan oral	1	QL
ZOMIG NASAL	3	ST; QL
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er	1	
pyridostigmine bromide oral	1	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	3	
rifabutin	3	
Antituberculars		
cycloserine oral	1	
ethambutol hcl oral	3	
isoniazid injection	1	
isoniazid oral	1	

Drug Name	Drug Tier	Notes
PASER	3	
PRIFTIN	3	
pyrazinamide oral	1	
rifampin intravenous	1	
rifampin oral	1	
SIRTURO	3	
TRECATOR	3	
Antineoplastics		
Alkylating Agents		
busulfan	4	
cyclophosphamide injection	4	
cyclophosphamide oral capsule	CM	
CYCLOPHOSPHAMIDE ORAL TABLET	CM	
GLEOSTINE	CM	
LEUKERAN	CM	
MATULANE	CM	
melphalan	CM	
melphalan hcl	4	
MYLERAN	CM	
temozolomide	CM	PA
ZANOSAR	4	
Antiandrogens		
abiraterone acetate	CM	PA
bicalutamide	CM	
flutamide	CM	
nilutamide	CM	
ORGOVYX	CM	PA
XTANDI	CM	PA
Antiangiogenic Agents		
lenalidomide	CM	PA
POMALYST	CM	PA
REVLIMID	CM	PA
THALOMID	CM	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
Antiestrogens/Modifiers		
EMCYT	CM	
SOLTAMOX	CM	PV*
tamoxifen citrate oral tablet 10 mg	CM	
tamoxifen citrate oral tablet 20 mg	CM	PV*
toremifene citrate	CM	
Antimetabolites		
capecitabine	CM	PA
decitabine	4	PA
DROXIA	3	
fludarabine phosphate	4	
fluorouracil intravenous	4	
hydroxyurea oral	CM	
mercaptopurine oral	CM	
TABLOID	CM	
Antineoplastics, Other		
AMELUZ	3	
daunorubicin hcl	4	
diclofenac sodium external gel 3 %	1	ST; QL
ETHYOL	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
IXEMPRA KIT	4	
leucovorin calcium injection	1	
leucovorin calcium oral	CM	
mitomycin intravenous	4	
mitoxantrone hcl	4	PA
mutamycin	4	
NINLARO	CM	PA
ONUREG	CM	PA

Drug Name	Drug Tier	Notes
paclitaxel	4	
PIQRAY	CM	PA
PROLEUKIN	4	
ROZLYTREK	CM	PA
SYNRIBO	4	PA
ZOLINZA	CM	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole oral	CM	PV*
exemestane	CM	PV*
letrozole oral	CM	
Enzyme Inhibitors		
etoposide oral	CM	
HYCANTIN ORAL	CM	
RUBRACA	CM	PA
Molecular Target Inhibitors		
AFINITOR DISPERZ	CM	PA
ALECENSA	CM	PA
BELEODAQ	4	PA
BOSULIF	CM	PA
CABOMETYX	CM	PA
CAPRELSA ORAL TABLET 100 MG	CM	PA; QL
CAPRELSA ORAL TABLET 300 MG	CM	PA
COMETRIQ	CM	PA
COTELLIC	CM	PA
ERIVEDGE	CM	PA
erlotinib hcl oral tablet 100 mg, 150 mg	CM	PA
erlotinib hcl oral tablet 25 mg	CM	PA; QL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	CM	PA; QL
everolimus oral tablet soluble	CM	PA
GILOTRIF	CM	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
IBRANCE	CM	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	CM	PA; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	CM	PA
imatinib mesylate	CM	PA
IMBRUVICA ORAL CAPSULE	CM	PA; QL
IMBRUVICA ORAL TABLET	CM	PA; QL
INLYTA	CM	PA
JAKAFI ORAL TABLET 10 MG	CM	PA; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	CM	PA
KOSELUGO	CM	PA
lapatinib ditosylate	CM	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	CM	PA
LYNPARZA	CM	PA
MEKINIST	CM	PA
NEXAVAR	CM	PA
QINLOCK	CM	PA
RETEVMO	CM	PA
RYDAPT	CM	PA
sorafenib tosylate	CM	PA
SPRYCEL	CM	PA
STIVARGA	CM	PA
sunitinib malate	CM	PA
SUTENT	CM	PA
TABRECTA	CM	PA
TAFINLAR	CM	PA
TAGRISSO ORAL TABLET 40 MG	CM	PA; QL

Drug Name	Drug Tier	Notes
TAGRISSO ORAL TABLET 80 MG	CM	PA
TASIGNA	CM	PA
TUKYSA	CM	PA
TURALIO	CM	PA
VENCLEXTA	CM	PA
VENCLEXTA STARTING PACK	CM	PA
VOTRIENT	CM	PA
XALKORI	CM	PA
ZELBORAF	CM	PA
ZYDELIG	CM	PA
ZYKADIA	CM	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
ADCETRIS	4	PA
ENHERTU	4	PA
RITUXAN	4	PA
RITUXAN HYCELA	4	PA
RUXIENC	4	PA
Retinoids		
bexarotene external	4	PA
bexarotene oral	CM	PA
PANRETIN	3	
TARGRETIN EXTERNAL	4	PA
tretinoin oral	CM	
Treatment Adjuncts		
MESNEX ORAL	CM	
Antiparasitics		
Anthelmintics		
albendazole oral	3	PA
EMVERM	2	
ivermectin external lotion	1	
ivermectin oral	1	PA; QL
praziquantel oral	3	
Antiprotozoals		
atovaquone	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
atovaquone-proguanil hcl oral tablet 250-100 mg	3	
atovaquone-proguanil hcl oral tablet 62.5-25 mg	1	
BENZNIDAZOLE	3	
chloroquine phosphate oral	3	
COARTEM	3	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	
mefloquine hcl	1	
nitazoxanide oral	3	
pentamidine isethionate	1	
primaquine phosphate	1	
pyrimethamine oral	4	PA
quinine sulfate oral	3	PA
Pediculicides/Scabicides		
croton	1	
lindane	3	
malathion	1	
permethrin external	1	
spinosad	1	
sulfurated lime	1	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate	1	
trihexyphenidyl hcl	1	
Antiparkinson Agents, Other		
amantadine hcl oral	1	
carbidopa-levodopa-entacapone	1	
entacapone	1	
tolcapone	1	
Dopamine Agonists		
APOKYN	4	PA; QL

Drug Name	Drug Tier	Notes
apomorphine hcl subcutaneous	4	PA; QL
bromocriptine mesylate oral	1	
NEUPRO	3	ST
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	1	
ropinirole hcl	1	
ropinirole hcl er	1	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral	3	
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate oral	1	
selegiline hcl oral	1	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl oral tablet	3	
fluphenazine hcl oral tablet	3	
haloperidol decanoate intramuscular	1	
haloperidol lactate	1	
haloperidol oral	1	
loxapine succinate	3	
pimozide	1	
thioridazine hcl oral	1	
thiothixene	3	
trifluoperazine hcl	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	3	
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
asenapine maleate	1	QL
FANAPT	3	ST; QL
FANAPT TITRATION PACK	3	ST; QL
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA	3	PA; QL
olanzapine intramuscular	3	
olanzapine oral tablet	1	QL
paliperidone er	3	QL
quetiapine fumarate	1	QL
quetiapine fumarate er	3	QL
REXULTI	3	QL
RISPERDAL CONSTA	3	
risperidone oral tablet	1	QL
ziprasidone hcl	3	QL
Treatment-Resistant		
clozapine oral tablet	3	QL
Antivirals		
LAGEVRIO	3	QL
PAXLOVID (150/100)	3	QL
PAXLOVID (300/100)	3	QL
Anti-cytomegalovirus (CMV) Agents		
cidofovir intravenous	1	
valganciclovir hcl	3	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	4	
BARACLUDE ORAL SOLUTION	4	QL
entecavir	4	QL
EPIVIR HBV ORAL SOLUTION	4	
lamivudine oral tablet 100 mg	4	
VEMLIDY	4	

Drug Name	Drug Tier	Notes
Anti-hepatitis C (HCV) Agents		
EPCLUSA	4	PA; QL
HARVONI	4	PA; QL
MAVYRET	4	PA; QL
PEGASYS	4	PA
ribavirin oral	4	
ZEPATIER	4	PA; QL
Anti-hepatitis C (HCV) Agents, Other		
INTRON A	4	PA
Antiherpetic Agents		
acyclovir external ointment	1	
acyclovir oral capsule	1	
acyclovir oral suspension	3	
acyclovir oral tablet	1	
acyclovir sodium	1	
famciclovir oral	1	
valacyclovir hcl oral	1	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	3	QL
DOVATO	2	QL
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
TIVICAY	2	
TIVICAY PD	2	
TYBOST	2	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	2	QL
EDURANT	2	
efavirenz	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
efavirenz-emtricitab-tenofovir	3	QL
efavirenz-lamivudine-tenofovir	3	QL
etravirine	1	
INTELENCE ORAL TABLET 25 MG	2	
nevirapine	3	
nevirapine er	3	
PIFELTRO	3	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate oral solution	3	
abacavir sulfate oral tablet	1	
abacavir sulfate-lamivudine	1	QL
CIMDUO	2	QL
emtricitabine	1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	3	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	3	PV*; QL
EMTRIVA ORAL SOLUTION	2	
lamivudine oral solution	3	
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine	1	QL
ODEFSEY	3	QL
stavudine	1	
tenofovir disoproxil fumarate	1	PV*
TRIUMEQ	2	QL
VIREAD ORAL POWDER	2	

Drug Name	Drug Tier	Notes
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
zidovudine	3	
Anti-HIV Agents, Other		
FUZEON	2	
maraviroc	1	PA
RUKOBIA	2	
SELZENTRY	2	PA
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	2	
atazanavir sulfate	3	
EVOTAZ	2	QL
fosamprenavir calcium	3	
lopinavir-ritonavir oral solution	3	
lopinavir-ritonavir oral tablet	1	
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
PREZCOBIX	2	QL
PREZISTA	2	
REYATAZ ORAL PACKET	2	
ritonavir	3	
SYMTUZA	3	QL
VIRACEPT	2	
Anti-influenza Agents		
oseltamivir phosphate oral	3	QL
RELENZA DISKHALER	3	QL
rimantadine hcl	1	
Anxiolytics		
Anxiolytics, Other		
bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 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	Drug Name	Drug Tier	Notes
hydroxyzine hcl intramuscular	1		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
hydroxyzine hcl oral	1		ACCU-CHEK SOFTCLIX LANCETS	2	
hydroxyzine pamoate oral capsule 100 mg	3		CEQUR SIMPLICITY 2U KIT	2	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	1		CEQUR SIMPLICITY STARTER KIT	2	
meprobamate	3		CHEMSTRIP 10 MD	3	
Benzodiazepines			CHEMSTRIP 10/SG	3	
alprazolam er	1	QL	CHEMSTRIP 2 GP	3	
alprazolam oral tablet	1	QL	CHEMSTRIP 5 OB	3	
alprazolam xr	1	QL	CHEMSTRIP 7	3	
chlordiazepoxide hcl	1	QL	CHEMSTRIP 9	3	
clonazepam oral tablet	1	QL	CHEMSTRIP K	3	
clorazepate dipotassium	1	QL	CHEMSTRIP UGK	3	
diazepam intensol	1		CONTOUR CONTROL SOLUTION	2	
diazepam oral	1		CONTOUR MONITOR DEVICE	2	
estazolam	1	QL	CONTOUR MONITOR KIT W/DEVICE	2	
lorazepam injection	1		CONTOUR NEXT CONTROL SOLUTION	2	
lorazepam intensol	3	QL	CONTOUR NEXT EZ KIT W/DEVICE	2	
lorazepam oral concentrate 2 mg/ml	3	QL	CONTOUR NEXT GEN MONITOR	2	
lorazepam oral tablet	1	QL	CONTOUR NEXT LINK KIT W/DEVICE	2	
oxazepam	3	QL	CONTOUR NEXT MONITOR KIT W/DEVICE	2	
Bipolar Agents			CONTOUR NEXT ONE KIT	2	
Mood Stabilizers			CONTOUR NEXT TEST STRIPS	2	QL
divalproex sodium er	1		CONTOUR TEST STRIPS	2	QL
divalproex sodium oral	1		CVS KETONE CARE	3	
lithium carbonate er	1				
lithium carbonate oral	1				
Blood Glucose Monitoring					
ACCU-CHEK FASTCLIX LANCET KIT	2				
ACCU-CHEK FASTCLIX LANCETS	2				
ACCU-CHEK SAFE-T PRO LANCETS	2				

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

Drug Name	Drug Tier	Notes
EMBRACE PRESSURE ACTIVATED 21G	2	
EMBRACE PRESSURE ACTIVATED 28G	2	
INPEN 100-BLUE-LILLY-HUMALOG	3	
INPEN 100-BLUE-NOVOLOG-FIASP	3	
INPEN 100-GREY-LILLY-HUMALOG	3	
INPEN 100-GREY-NOVOLOG-FIASP	3	
INPEN 100-PINK-LILLY-HUMALOG	3	
INPEN 100-PINK-NOVOLOG-FIASP	3	
KETO-DIASTIX	3	
KETONE TEST	3	
KETOSTIX	3	
LANCETS	2	
NOVOPEN ECHO	3	
ONETOUCH CLUB LANCETS FINE PT	2	
ONETOUCH DELICA LANCETS 30G	2	
ONETOUCH DELICA LANCETS 33G	2	
ONETOUCH DELICA LANCING DEV	3	
ONETOUCH DELICA PLUS LANCET30G	2	
ONETOUCH DELICA PLUS LANCET33G	2	
ONETOUCH DELICA PLUS LANCING	3	
ONETOUCH FINEPOINT LANCETS	2	
ONETOUCH ULTRASOFT LANCETS	2	

Drug Name	Drug Tier	Notes
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral	3	
BYDUREON BCISE AUTOINJECTOR	2	ST; QL
BYETTA 10 MCG PEN	2	ST; QL
BYETTA 5 MCG PEN	2	ST; QL
FARXIGA	2	ST
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glipizide-metformin hcl	3	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	3	
GLYXAMBI	2	ST
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	ST
JENTADUETO	2	ST
JENTADUETO XR	2	ST
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
miglitol	3	
nateglinide	3	
OZEMPIC	2	ST; QL
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	3	
pioglitazone hcl-metformin hcl	3	
repaglinide	3	
RYBELSUS	2	ST; QL

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

Drug Name	Drug Tier	Notes
SOLIQUA	2	ST; QL
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	ST
TRULICITY	2	ST; QL
VICTOZA	2	ST; QL
XIGDUO XR	2	ST
XULTOPHY	2	ST; QL
Glycemic Agents		
diazoxide oral	1	
glucagon emergency kit	1	
GLUCAGON EMERGENCY KIT	2	Made by Fresenius
Insulins		
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	
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LEVEMIR U-100 FLEXTOUCH	3	PA

Drug Name	Drug Tier	Notes
LEVEMIR U-100 VIAL	3	PA
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	3	PA
TRESIBA FLEXTOUCH	3	PA
Blood Products and Modifiers		
SOLIRIS	4	PA
Anticoagulants		
dabigatran etexilate mesylate	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	4	QL
fondaparinux sodium	4	QL
heparin sodium (porcine) injection solution prefilled syringe	1	
heparin sodium (porcine) pf injection solution 5000 unit/ml	1	
jantoven	1	
PRADAXA	2	QL
SAVAYSA	3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
ZONTIVITY	3	
Blood Formation Modifiers		
anagrelide hcl	3	
ARANESP (ALBUMIN FREE)	4	PA
MOZOBIL	4	PA; QL
NEULASTA	4	PA
NEULASTA ONPRO	4	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
NIVESTYM	4	PA
PROCRIT	4	PA
PROMACTA	4	PA
PYRUKYND	4	PA; QL
PYRUKYND TAPER PACK	4	PA; QL
REBLOZYL	4	PA
RETACRIT	4	PA
Hemostasis Agents		
ALPHANATE	4	
aminocaproic acid oral tablet	1	
COAGADEX	4	
CORIFACT	4	
ELOCTATE	4	
FEIBA	4	
HEMLIBRA	4	
HUMATE-P	4	
NOVOEIGHT	4	
NOVOSEVEN RT	4	
NUWIQ	4	
OBIZUR	4	
RECOMBINATE	4	
RIASTAP	4	
RIXUBIS	4	
XYNTHA	4	
XYNTHA SOLOFUSE	4	
Platelet Modifying Agents		
aspirin-dipyridamole er	3	
BRILINTA	2	
CABLIVI	4	PA; QL
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
eptifibatide intravenous solution 200 mg/100ml	3	
prasugrel hcl	3	

Drug Name	Drug Tier	Notes
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	3	
clonidine hcl oral	1	
guanfacine hcl	1	
midodrine hcl	1	
Alpha-adrenergic Blocking Agents		
doxazosin mesylate oral	1	
phenoxybenzamine hcl oral	1	
prazosin hcl oral	1	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	1	
irbesartan	1	
losartan potassium oral	1	
olmesartan medoxomil oral	1	
telmisartan	1	
valsartan oral tablet	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl oral	1	
captopril oral	1	
enalapril maleate oral tablet	1	
fosinopril sodium	1	
lisinopril oral	1	
moexipril hcl	1	
perindopril erbumine	1	
quinapril hcl	1	
ramipril	1	
trandolapril	1	
Antiarrhythmics		
amiodarone hcl oral tablet 200 mg	1	
disopyramide phosphate	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
dofetilide	3	
flecainide acetate	1	
mexiletine hcl oral	1	
procainamide hcl injection solution 100 mg/ml	3	
propafenone hcl	1	
quinidine sulfate	1	
sorine	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
Beta-adrenergic Blocking Agents		
acebutolol hcl oral	1	
atenolol oral	1	
betaxolol hcl oral	1	
bisoprolol fumarate oral	1	
carvedilol	1	
labetalol hcl oral	1	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
nebivolol hcl	1	
pindolol	3	
propranolol hcl er	3	
propranolol hcl intravenous	1	
propranolol hcl oral	1	
timolol maleate oral	3	
Calcium Channel Blocking Agents		
amlodipine besylate oral	1	
cartia xt	1	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	

Drug Name	Drug Tier	Notes
diltiazem hcl oral	1	
dilt-xr	1	
felodipine er	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg	1	
nifedipine er oral tablet extended release 24 hour 90 mg	3	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	3	
nimodipine oral	3	
taztia xt	1	
tiadylt er	1	
verapamil hcl er oral capsule extended release 24 hour	3	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
Cardiovascular Agents, Other		
aliskiren fumarate	3	
amiloride-hydrochlorothiazide	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	3	
amlodipine-atorvastatin	1	
amlodipine-olmesartan	3	
atenolol-chlorthalidone	1	
benazepril-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
bisoprolol-hydrochlorothiazide	1	
CORLANOR	3	PA; QL
DEMSER	3	
digitek	1	
digoxin oral solution	3	
digoxin oral tablet 125 mcg, 250 mcg	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO	2	QL
epinephrine injection solution	1	
epinephrine pf	1	
fosinopril sodium-hctz	1	
irbesartan-hydrochlorothiazide	1	
lisinopril-hydrochlorothiazide	1	
losartan potassium-hctz	1	
mannitol intravenous solution 20 %	3	
metoprolol-hydrochlorothiazide	1	
metyrosine	1	
olmesartan medoxomil-hctz	1	
pentoxifylline er	1	
quinapril-hydrochlorothiazide	1	
ranolazine er	3	
spironolactone-hctz	1	
triamterene-hctz	1	
valsartan-hydrochlorothiazide	1	
VYNDAMAX	4	PA; QL
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide er	3	

Drug Name	Drug Tier	Notes
acetazolamide oral	3	
methazolamide oral tablet 25 mg	1	
methazolamide oral tablet 50 mg	3	
Diuretics, Loop		
bumetanide oral	1	
ethacrynic acid	3	
furosemide oral	1	
toremide	1	
Diuretics, Potassium-sparing		
amiloride hcl oral	1	
eplerenone	1	
spironolactone oral	1	
triamterene oral	3	
Diuretics, Thiazide		
chlorthalidone	1	
hydrochlorothiazide oral	1	
indapamide	1	
metolazone	3	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg	3	
fenofibrate micronized oral capsule 67 mg	1	
fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg	3	
fenofibrate oral capsule 67 mg	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	3	
gemfibrozil 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
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg	1	PV*
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
lovastatin oral	1	PV
pravastatin sodium	1	
rosuvastatin calcium	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	PV*
simvastatin oral tablet 80 mg	1	
Dyslipidemics, Other		
cholestyramine light	3	
cholestyramine oral	3	
colesevelam hcl oral tablet	3	
colestipol hcl	3	
ezetimibe	1	
ezetimibe-simvastatin	3	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
niacin er (antihyperlipidemic)	3	
omega-3-acid ethyl esters	3	
prevalite	3	
REPATHA	2	PA; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; QL
REPATHA SURECLICK	2	PA; QL
Vasodilators, Direct-acting Arterial		
hydralazine hcl oral	1	
minoxidil oral	1	

Drug Name	Drug Tier	Notes
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	3	
RECTIV	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine sulfate	3	QL
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
dextroamphetamine sulfate er	3	QL
dextroamphetamine sulfate oral solution	3	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL
VYVANSE	2	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl	3	QL
clonidine hcl er	1	
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	3	QL
guanfacine hcl er	3	
methylphenidate hcl er	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
methylphenidate hcl er (cd)	3	QL
methylphenidate hcl er (la)	3	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	3	QL
methylphenidate hcl er (xr)	3	QL
methylphenidate hcl oral solution	3	QL
methylphenidate hcl oral tablet	1	QL
methylphenidate hcl oral tablet chewable	3	QL
Central Nervous System, Other		
caffeine citrate oral	1	
riluzole	3	PA; QL
tetrabenazine	4	PA
Fibromyalgia Agents		
pregabalin	1	QL
SAVELLA	3	ST; QL
SAVELLA TITRATION PACK	3	ST; QL
Multiple Sclerosis Agents		
AVONEX PEN	4	PA; QL
AVONEX PREFILLED	4	PA; QL
BAFIERTAM	4	PA; QL
BETASERON	4	PA; QL
COPAXONE	4	PA; QL
dalfampridine er	4	PA; QL
dimethyl fumarate oral	4	PA; QL
dimethyl fumarate starter pack	4	PA; QL
GILENYA	4	PA; QL
glatiramer acetate	4	PA; QL
glatopa	4	PA; QL
MAYZENT	4	PA; QL

Drug Name	Drug Tier	Notes
MAYZENT STARTER PACK	4	PA; QL
TYSABRI	4	PA; QL
Dental and Oral Agents		
cavarest	1	
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
DEBACTEROL	3	
easygel	1	
fluoridex daily renewal	1	
oralone	1	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT MOUTH/THROAT	3	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm dental cream	1	
sodium fluoride 5000 ppm dental gel	1	
sodium fluoride dental	1	
sodium fluoride mouth/throat	3	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents		
acutane	1	PA
acitretin	3	
adapalene external cream	1	PA
adapalene external gel	1	PA
adapalene-benzoyl peroxide external gel	1	
ammonium lactate external	1	
amnestem	1	PA
azelaic acid 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
AZELEX	3	
benzoyl peroxide-erythromycin	1	
calcipotriene external cream	3	
calcipotriene external ointment	3	
calcipotriene external solution	3	
calcitriol external	3	
CIBINQO	4	PA
claravis	1	PA
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phosphate-benzoyl peroxide	1	
clindamycin phosphate external gel	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
coal tar external	1	
CONDYLOX	3	
DUPIXENT	4	PA; QL
EPIDUO FORTE	3	
ery	1	
erythromycin external	1	
imiquimod external cream 5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	PA
ivermectin external cream	1	
lactic acid e	1	
lactic acid external	1	

Drug Name	Drug Tier	Notes
methoxsalen rapid	1	
metronidazole external	1	
MIRVASO	2	
myorisan	1	PA
neuac external gel	1	
pimecrolimus	1	ST
podofilox external	1	
REGRANEX	3	PA
rosadan external cream	1	
rosadan external gel	1	
SANTYL	3	
selenium sulfide external lotion	1	
SKYRIZI INTRAVENOUS	4	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA
STELARA INTRAVENOUS	4	PA
STELARA SUBCUTANEOUS	4	PA; QL
sulfacetamide sodium (acne)	1	
tacrolimus external	1	
TALTZ	4	PA
tazarotene external cream	3	PA
TREMFYA	4	PA
tretinoin external cream	1	PA
tretinoin external gel 0.01 %, 0.025 %	1	PA
zenatane	1	PA
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
CARBAGLU	4	
carglumic acid	4	

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
corvita 150	1	
ferocon	1	
ferotrinsic	1	
ferrocite plus	1	
fluoritab	1	PV
foltrin	1	
hemocyte-f	1	
iodine strong oral	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
k-tan plus	1	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
na ferric gluc cplx in sucrose	1	
nafrinse	1	PV
nafrinse drops	1	PV
polysaccharide iron forte	1	
potassium chloride cryser	1	
potassium chloride er	1	
potassium chloride intravenous solution 10 meq/50ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	1	
potassium chloride oral	1	
potassium citrate er	1	
purevit dualfe plus	1	
se-tan plus	1	
sod citrate-citric acid	1	
sodium acetate intravenous solution 2 meq/ml	1	

Drug Name	Drug Tier	Notes
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	PV
sodium fluoride oral tablet	1	PV
sodium fluoride oral tablet chewable	1	PV
trigels-f forte	1	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	3	
deferasirox oral tablet soluble	3	PA
deferiprone	3	PA
sodium polystyrene sulfonate	1	
sps	3	
trientine hcl	4	PA
VELTASSA	3	
Phosphate Binders		
calcium acetate (phos binder)	1	
calcium acetate oral tablet 667 mg	1	
FOSRENOL ORAL PACKET	3	
lanthanum carbonate	3	
PHOSLYRA	3	
sevelamer carbonate oral tablet	3	
VELPHORO	3	
Vitamins		
adc/f (0.5mg/ml)	1	
airavite	1	
biocel	1	
bp vit 3	1	
b-plex	1	
b-plex plus	1	
cyanocobalamin injection solution 1000 mcg/ml	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
ergocalciferol oral capsule	1	
fabb	1	
fa-vitamin b-6-vitamin b-12	1	
folate	1	PV
folbee	1	
folbee plus	1	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	PV
folplex 2.2	1	
hydroxocobalamin acetate	1	
lysiplex plus oral tablet	1	
MASONATAL	3	PV
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
multi-vitamin/fluoride/iron	1	
NASCOBAL	3	
nephronex oral tablet	1	
nufol	1	
nutrifac zx	1	
ONE VITE WOMENS	3	PV
ONE-A-DAY WOMENS PRENATAL 1	3	PV
phytonadione injection	1	
phytonadione oral	1	
prenatal multi +dha	1	PV
prenatal oral tablet 27-0.8 mg	1	PV
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral	1	
prenatal vitamin plus low iron	1	
prenatal/folic acid+dha	1	PV

Drug Name	Drug Tier	Notes
pyridoxine hcl injection	1	
thiamine hcl injection	1	
triphrocaps	1	
tri-vite/fluoride	1	
v-c forte	1	
virt-caps	1	
virt-gard	1	
vita s forte	1	
vitacel	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
vitamin k1 injection	1	
vitamins acd-fluoride	1	
vp-vite rx	1	
wescaps	1	
westab mini	1	
westab one	1	
yl folic acid	1	PV
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
CUVPOSA	3	
dicyclomine hcl oral	1	
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml	1	
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
glycopyrrolate pf	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
methscopolamine bromide oral	3	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Gastrointestinal Agents, Other			constulose	1	
alvimopan	1		enulose	1	
amoxicill-clarithro-lansopraz	1		gavilax oral powder	1	PV; QL
cromolyn sodium oral	1		gavilyte-c	1	PV; QL
diphenoxylate-atropine	1		gavilyte-g	1	PV; QL
GATTEX	4	PA	generlac	1	
loperamide hcl oral capsule	1		gentle laxative oral	1	PV; QL
MOTEGRITY	3	ST; QL	gentlelax	1	PV; QL
MOTOFEN	3	PA	glycolax	1	PV; QL
OMECLAMOX-PAK	2		lactulose encephalopathy	1	
PYLERA	2		lactulose oral solution	1	
SYMPROIC	2	ST; QL	magnesium citrate oral solution	1	PV; QL
ursodiol oral capsule 300 mg	1		mineral oil heavy oral	1	
ursodiol oral tablet	1		mm clearlax	1	PV; QL
Histamine2 (H2) Receptor Antagonists			na sulfate-k sulfate-mg sulf solution 17.5-3.13-1.6 gm/177ml oral	1	
cimetidine hcl	1		NA SULFATE-K SULFATE-MG SULF SOLUTION 17.5-3.13-1.6 GM/177ML ORAL	3	
cimetidine oral	1		peg 3350-kcl-na bicarb-nacl	1	PV; QL
famotidine (pf)	1		peg-3350/electrolytes	1	PV; QL
famotidine intravenous	1		peg-3350/electrolytes/ascorb at	1	
famotidine oral suspension reconstituted	1		peg-kcl-nacl-nasulf-na asc-c	1	
famotidine oral tablet 20 mg, 40 mg	1		polyethylene glycol 3350 oral powder	1	PV; QL
famotidine premixed	1		qc magnesium citrate	1	PV; QL
nizatidine	1		SUPREP BOWEL PREP KIT	3	
Irritable Bowel Syndrome Agents			Protectants		
alosetron hcl	3	PA	misoprostol oral	1	
LINZESS	2	ST; QL	sucralfate oral	1	
Laxatives					
bisacodyl ec	1	PV; QL			
citroma	1	PV; QL			
clearlax	1	PV; QL			
CLENPIQ	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
Proton Pump Inhibitors		
DEXILANT	2	QL
DEXLANSOPRAZOLE	2	M; QL
esomeprazole sodium	1	
lansoprazole oral capsule delayed release	1	QL
omeprazole oral capsule delayed release	1	QL
pantoprazole sodium intravenous	1	QL
pantoprazole sodium oral	1	QL
rabeprazole sodium oral tablet delayed release	1	QL
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
betaine	4	
CERDELGA	4	PA
CHOLBAM	4	PA
CREON	2	
CYSTAGON	4	
EVRYSDI	4	PA; QL
GALAFOLD	4	PA; QL
miglustat	4	PA
MYALEPT	4	PA
nitisinone	4	PA
ORFADIN ORAL CAPSULE 20 MG	4	PA
ORFADIN ORAL SUSPENSION	4	PA
PROLASTIN-C	4	PA
REVCOVI	4	PA
sapropterin dihydrochloride	4	PA
sod benz-sod phenylacet	1	
sodium phenylbutyrate oral	4	
STRENSIQ	4	PA
SUCRAID	4	

Drug Name	Drug Tier	Notes
TEGSEDI	4	PA
ZENPEP	2	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er	1	
fesoterodine fumarate er	1	
flavoxate hcl	1	
GELNIQUE	3	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
solifenacin succinate	1	
tolterodine tartrate	1	
tolterodine tartrate er	1	
TOVIAZ	3	
tropium chloride	1	
tropium chloride er	1	
Benign Prostatic Hypertrophy Agents		
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	
Genitourinary Agents, Other		
acetic acid irrigation	1	
argyle sterile saline	1	
bethanechol chloride oral	1	
curity sterile saline	1	
ELMIRON	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
ENCARE	3	PV; QL
glycine irrigation	1	
glycine urologic	1	
OPTIONS GYNOL II CONTRACEPTIVE	3	PV; QL
penicillamine oral tablet	4	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENACIDIN	3	
sodium chloride irrigation	1	
sorbitol-mannitol	1	
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL
TODAY SPONGE	3	PV; QL
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	3	PV; QL
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	3	PV; QL
vcf vaginal contraceptive vaginal gel	1	PV; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ala-cort	1	
alclometasone dipropionate	1	
amcinonide external lotion	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	3	
betamethasone dipropionate aug external lotion	3	

Drug Name	Drug Tier	Notes
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external	1	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
clobetasol prop emollient base	3	
clobetasol propionate external cream	3	
clobetasol propionate external gel	3	
clobetasol propionate external lotion	3	
clobetasol propionate external ointment	3	
clobetasol propionate external shampoo	3	
clobetasol propionate external solution	3	
clodan external shampoo	3	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	3	
desonide external cream	3	
desonide external lotion	3	
desonide external ointment	3	
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	3	
desoximetasone external liquid	3	
desoximetasone external ointment 0.25 %	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
dexamethasone intensol	1	
dexamethasone oral elixir	3	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone sod phosphate pf	1	
dexamethasone sodium phosphate injection	1	
diflorasone diacetate external cream	3	
fludrocortisone acetate oral	1	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external	1	
flurandrenolide external cream	3	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halcinonide	3	ST
halobetasol propionate external cream	3	
halobetasol propionate external ointment	3	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	

Drug Name	Drug Tier	Notes
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral	1	
hydrocortisone valerate external cream	1	
KENALOG-80	3	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
methylprednisolone oral	1	
mometasone furoate external	1	
prednicarbate	1	
prednisolone oral	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG	3	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide injection suspension 40 mg/ml	1	
triderm	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
cabergoline	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
CHORIONIC GONADOTROPIN INTRAMUSCULAR	4	PA	oxandrolone oral	1	PA; QL
desmopressin ace spray refrig	3		testosterone cypionate intramuscular	1	PA
desmopressin acetate oral	3		testosterone enanthate intramuscular	1	PA
desmopressin acetate spray	3		testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	3	PA
INCRELEX	4	PA	testosterone transdermal solution	3	PA
NORDITROPIN FLEXPRO	4	PA	Estrogens		
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	4	PA	afirmelle	1	PV
NUTROPIN AQ NUSPIN 10	4	PA	altavera	1	PV
NUTROPIN AQ NUSPIN 20	4	PA	alyacen 1/35	1	PV
NUTROPIN AQ NUSPIN 5	4	PA	alyacen 7/7/7	1	PV
oxytocin injection	1		amabelz	1	
PREGNYL	4	PA	amethia	1	PV; QL
vasopressin intravenous solution	1		amethyst	1	PV
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML	3		ANNOVERA	3	PV; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			apri	1	PV
mifepristone	1		aranelle	1	PV
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			ashlyna	1	PV; QL
Androgens			aubra	1	PV
danazol oral	3		aubra eq	1	PV
INTRAROSA	3	ST	aurovela 1.5/30	1	PV
			aurovela 1/20	1	PV
			aurovela 24 fe	1	PV
			aurovela fe 1.5/30	1	PV
			aurovela fe 1/20	1	PV
			aviane	1	PV
			ayuna	1	PV
			azurette	1	PV
			balziva	1	PV
			BIJUVA	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
blisovi 24 fe	1	PV
blisovi fe 1.5/30	1	PV
blisovi fe 1/20	1	PV
briellyn	1	PV
camrese	1	PV; QL
camrese lo	1	PV; QL
charlotte 24 fe	1	PV
chateal	1	PV
chateal eq	1	PV
COMBIPATCH	3	
cryselle-28	1	PV
cyred	1	PV
cyred eq	1	PV
dasetta 1/35	1	PV
dasetta 7/7/7	1	PV
daysee	1	PV; QL
delyla	1	PV
desogestrel-ethinyl estradiol	1	PV
DIVIGEL	3	
dolishale	1	PV
dotti	1	
drospiren-eth estrad-levomefol	1	PV
drospirenone-ethinyl estradiol	1	PV
DUAVEE	2	
elinest	1	PV
eluryng	1	PV
emoquette	1	PV
enpresse-28	1	PV
enskyce	1	PV
estarylla	1	PV
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal cream	1	
estradiol vaginal tablet	3	

Drug Name	Drug Tier	Notes
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
ethynodiol diac-eth estradiol	1	PV
etonogestrel-ethinyl estradiol	1	PV
falmina	1	PV
fayosim	1	PV; QL
femynor	1	PV
finzala	1	PV
fyavolv	1	
gemmily	1	PV
hailey 1.5/30	1	PV
hailey 24 fe	1	PV
hailey fe 1.5/30	1	PV
hailey fe 1/20	1	PV
iclevia	1	PV; QL
introvale	1	PV; QL
isibloom	1	PV
jaimiess	1	PV; QL
jasmiel	1	PV
jinteli	1	
jolessa	1	PV; QL
juleber	1	PV
junel 1.5/30	1	PV
junel 1/20	1	PV
junel fe 1.5/30	1	PV
junel fe 1/20	1	PV
junel fe 24	1	PV
kaitlib fe	1	PV
kalliga	1	PV
kariva	1	PV
kelnor 1/35	1	PV
kelnor 1/50	1	PV
kurvelo	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
larin 1.5/30	1	PV
larin 1/20	1	PV
larin 24 fe	1	PV
larin fe 1.5/30	1	PV
larin fe 1/20	1	PV
layolis fe	1	PV
leena	1	PV
lessina	1	PV
levonest	1	PV
levonorgest-eth est & eth est	1	PV; QL
levonorgest-eth estrad 91-day	1	PV; QL
levonorgestrel-ethinyl estrad	1	PV
levonorg-eth estrad triphasic	1	PV
levora 0.15/30 (28)	1	PV
lojaimiess	1	PV; QL
loryna	1	PV
low-ogestrel	1	PV
lo-zumandimine	1	PV
lutra	1	PV
lyllana	1	
marlissa	1	PV
MENEST	2	
merzee	1	PV
microgestin 1.5/30	1	PV
microgestin 1/20	1	PV
microgestin 24 fe	1	PV
microgestin fe 1.5/30	1	PV
microgestin fe 1/20	1	PV
mili	1	PV
mimvey	1	
mono-lynyah	1	PV
NATAZIA	2	PV
necon 0.5/35 (28)	1	PV

Drug Name	Drug Tier	Notes
nikki	1	PV
norethin ace-eth estrad-fe	1	PV
norethindrone acet-ethinyl est	1	PV
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe	1	PV
norethin-eth estradiol-fe	1	PV
norgestimate-eth estradiol	1	PV
norgestimate-ethinyl estradiol triphasic	1	PV
nortrel 0.5/35 (28)	1	PV
nortrel 1/35 (21)	1	PV
nortrel 1/35 (28)	1	PV
nortrel 7/7/7	1	PV
nylia 1/35	1	PV
nylia 7/7/7	1	PV
nymyo	1	PV
ocella	1	PV
philith	1	PV
pimtrea	1	PV
pirmella 1/35	1	PV
pirmella 7/7/7	1	PV
portia-28	1	PV
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
reclipsen	1	PV
rivelsa	1	PV; QL
setlakin	1	PV; QL
simliya	1	PV
simpesse	1	PV; QL
sprintec 28	1	PV
sronyx	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
syeda	1	PV
tarina 24 fe	1	PV
tarina fe 1/20	1	PV
tarina fe 1/20 eq	1	PV
taysofy	1	PV
tilia fe	1	PV
tri femynor	1	PV
tri-estarylla	1	PV
tri-legest fe	1	PV
tri-linyah	1	PV
tri-lo-estarylla	1	PV
tri-lo-marzia	1	PV
tri-lo-mili	1	PV
tri-lo-sprintec	1	PV
tri-mili	1	PV
tri-nymyo	1	PV
tri-sprintec	1	PV
trivora (28)	1	PV
tri-vylibra	1	PV
tri-vylibra lo	1	PV
tyblume	1	PV
tydemy	1	PV
velivet	1	PV
vestura	1	PV
vienva	1	PV
viorele	1	PV
volnea	1	PV
vyfemla	1	PV
vylibra	1	PV
wera	1	PV
wymzya fe	1	PV
xulane	1	PV
yuvaferm	3	
zafemy	1	PV
zovia 1/35 (28)	1	PV
zumandimine	1	PV

Drug Name	Drug Tier	Notes
Progestins		
aftera	1	PV
camila	1	PV
deblitane	1	PV
DEPO-SUBQ PROVERA 104	3	QL
econtra ez	1	PV
econtra one-step	1	PV
ELLA	3	PV
errin	1	PV
heather	1	PV
hydroxyprogesterone caproate intramuscular oil	4	PA
incassia	1	PV
jencycla	1	PV
KYLEENA	3	PV
levonorgestrel	1	PV
LILETTA (52 MG)	3	PV
lyleq	1	PV
lyza	1	PV
MAKENA SUBCUTANEOUS	4	PA
medroxyprogesterone acetate intramuscular	1	PV; QL
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	CM	
megestrol acetate oral suspension 625 mg/5ml	1	
megestrol acetate oral tablet	CM	
MIRENA (52 MG)	3	PV
my choice	1	PV
my way	1	PV
new day	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
NEXPLANON	3	PV
nora-be	1	PV
norethindrone acetate oral	1	
norethindrone oral	1	PV
norlyroc	1	PV
opcicon one-step	1	PV
option 2	1	PV
progesterone intramuscular	1	
progesterone oral	1	
react	1	PV
sharobel	1	PV
SKYLA	3	PV
take action	1	PV
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	
raloxifene hcl	1	PV*
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium intravenous	1	
liothyronine sodium oral	1	
np thyroid	1	
unithroid	1	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	CM	

Drug Name	Drug Tier	Notes
Hormonal Agents, Suppressant (Pituitary)		
leuprolide acetate injection	4	PA
LUPRON DEPOT (1-MONTH)	4	PA
LUPRON DEPOT (3-MONTH)	4	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	4	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	4	PA
LUPRON DEPOT-PED (1-MONTH)	4	PA
LUPRON DEPOT-PED (3-MONTH)	4	PA
octreotide acetate	4	PA
SIGNIFOR	4	PA; QL
SOMATULINE DEPOT	4	PA
SOMAVERT	4	PA
SYNAREL	2	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral	1	
propylthiouracil oral	1	
Immunological Agents		
Angioedema Agents		
BERINERT	4	PA; QL
CINRYZE	4	PA
icatibant acetate	4	PA; QL
sajazir	4	PA; QL
Immune Suppressants		
AVSOLA	4	PA
AZASAN	3	
azathioprine 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
azathioprine sodium	1		mycophenolate sodium	1	
CIMZIA	4	PA	ORENCIA CLICKJECT	4	PA
CIMZIA PREFILLED KIT	4	PA	ORENCIA SUBCUTANEOUS	4	PA
CIMZIA STARTER KIT	4	PA	SANDIMMUNE ORAL SOLUTION	2	
cyclosporine intravenous	1		SIMPONI	4	PA
cyclosporine modified	1		SIMPONI ARIA	4	PA
cyclosporine oral	1		sirolimus oral	1	
ENBREL	4	PA	SKYRIZI (150 MG DOSE)	4	PA
ENBREL MINI	4	PA	SKYRIZI PEN	4	PA; QL
ENBREL SURECLICK	4	PA	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1		tacrolimus oral	1	
gengraf	1		temsirolimus	4	
HUMIRA	4	PA	XELJANZ	4	PA
HUMIRA PEDIATRIC CROHNS START	4	PA	XELJANZ XR	4	PA
HUMIRA PEN	4	PA	ZORTRESS ORAL TABLET 1 MG	3	
HUMIRA PEN-CD/UC/HS STARTER	4	PA	Immunoglobulins		
HUMIRA PEN-PEDIATRIC UC START	4	PA	BIVIGAM	4	PA
HUMIRA PEN-PS/UV/ADOL HS START	4	PA	CUVITRU	4	PA
HUMIRA PEN-PSOR/UEIT STARTER	4	PA	FLEBOGAMMA DIF	4	PA
INFLECTRA	4	PA	GAMASTAN	4	PA
KINERET	4	PA	GAMMAGARD	4	PA
methotrexate oral	CM		GAMMAGARD S/D LESS IGA	4	PA
methotrexate sodium (pf)	1		GAMMAKED	4	PA
methotrexate sodium injection	1		GAMMAPLEX	4	PA
methotrexate sodium oral	CM		GAMUNEX-C	4	PA
mycophenolate mofetil hcl	1		HEPAGAM B	4	
mycophenolate mofetil intravenous	1		HIZENTRA	4	PA
mycophenolate mofetil oral	1		HYPERHEP B	4	
			HYPERRHO S/D	4	
			HYQVIA	4	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
MICRHOGAM ULTRA-FILTERED PLUS	4		FLUARIX QUADRIVALENT	2	PV
NABI-HB	4		FLUBLOK QUADRIVALENT	2	PV
OCTAGAM	4	PA	FLUCELVAX QUADRIVALENT	2	PV
PRIVIGEN	4	PA	FLULAVAL QUADRIVALENT	2	PV
RHOGAM ULTRA-FILTERED PLUS	4		FLUMIST QUADRIVALENT	2	PV
RHOPHYLAC	4		FLUZONE HIGH-DOSE QUADRIVALENT	2	PV
WINRHO SDF	4		FLUZONE QUADRIVALENT	2	PV
Immunomodulators			GARDASIL 9	2	PV
ACTEMRA ACTPEN	4	PA	HAVRIX	2	PV
ACTEMRA SUBCUTANEOUS	4	PA	HEPLISAV-B	2	PV
ACTIMMUNE	4	PA	HIBERIX	2	PV
BENLYSTA SUBCUTANEOUS	4	PA	INFANRIX	2	PV
GAMIFANT	4	PA	IPOL	2	PV
ILARIS	4	PA; QL	JANSSEN COVID-19 VACCINE	2	PV
leflunomide oral	1		KINRIX	2	PV
OTEZLA	4	PA	MENACTRA	2	PV
RINVOQ	4	PA	MENQUADFI	2	PV
SYNAGIS	4	PA	MENVEO	2	PV
ULTOMIRIS	4	PA	M-M-R II	2	PV
XOLAIR	4	PA	MODERNA COVID-19 VACCINE	2	PV
Vaccines			PEDIARIX	2	PV
ACTHIB	2	PV	PEDVAX HIB	2	PV
ADACEL	2	PV	PENTACEL	2	PV
AFLURIA QUADRIVALENT	2	PV	PFIZER COVID-19 VAC-TRIS 5-11Y	2	PV
BEXSERO	2	PV	PFIZER-BIONT COVID-19 VAC-TRIS	2	PV
BOOSTRIX	2	PV	PFIZER-BIONTECH COVID-19 VACC	2	PV
COMIRNATY	2	PV	PNEUMOVAX 23	2	PV
DAPTACEL	2	PV			
DIPHThERIA-TETANUS TOXOIDS DT	2	PV			
ENGERIX-B	2	PV			
FLUAD QUADRIVALENT	2	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
PREHEVBRIO	2	PV
PREVNAR 13	2	PV
PREVNAR 20	2	PV
PROQUAD	2	PV
QUADRACEL	2	PV
RECOMBIVAX HB	2	PV
ROTARIX	2	PV
ROTATEQ	2	PV
SHINGRIX	2	PV
SPIKEVAX COVID-19 VACCINE	2	PV
TDVAX	2	PV
TENIVAC	2	PV
TETANUS-DIPHThERIA TOXOIDS TD	2	PV
TRUMENBA	2	PV
TWINRIX	2	PV
VAQTA	2	PV
VARIVAX	2	PV
VAXELIS	2	PV
VAXNEUVANCE	2	PV
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	1	
DIPENTUM	3	
mesalamine er	1	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
PENTASA	3	
Glucocorticoids		
budesonide er	3	
budesonide oral	3	
CORTIFOAM	3	

Drug Name	Drug Tier	Notes
hydrocortisone (perianal)	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone rectal	1	
procto-med hc	1	
procto-pak	1	
proctosol hc	1	
proctozone-hc	1	
Sulfonamides		
sulfasalazine oral	1	
Metabolic Bone Disease Agents		
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) injection	1	
calcitonin (salmon) nasal	1	QL
calcitriol intravenous	1	
calcitriol oral	1	
cinacalcet hcl	3	PA
doxercalciferol intravenous	1	
ibandronate sodium	1	QL
pamidronate disodium	4	
paricalcitol	1	
PROLIA	4	PA; QL
RAYALDEE	3	
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	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
TERIPARATIDE (RECOMBINANT)	4	PA
XGEVA	4	PA
zoledronic acid	4	
Miscellaneous Therapeutic Agents		
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
ALCOHOL PREP PADS PAD , 70 %	3	
AUM MINI INSULIN PEN NEEDLE	2	
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE	2	
BD AUTOSHIELD DUO PEN NEEDLES	2	
bd heparin posiflush	1	
bd posiflush	1	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
benzalkonium chloride external solution	1	
BOTOX	4	PA; Non-Cosmetic
BREATHE COMFORT CHAMBER/ADULT	2	
BREATHE COMFORT CHAMBER/CHILD	2	
BREATHE EASE LARGE	2	

Drug Name	Drug Tier	Notes
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
CAMINO PRO COMPLETE/GLYTACTIN	2	
CAYA	3	PV; QL
CLEVER CHOICE HOLDING CHAMBER	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
deferoxamine mesylate	1	
DIASCREEN 1B	3	
DIASCREEN 1K STRIP	3	
DROPLET MICRON	2	
DROPSAFE ALCOHOL PREP	3	
EASIVENT	2	
ELECARE	3	
EQUACARE JR	3	
ergoloid mesylates oral	3	
FC2 FEMALE CONDOM	3	PV; QL
FEMCAP	3	PV; QL
FLEXICHAMBER	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
GLYTACTIN BETTERMILK 15	2	
GLYTACTIN BETTERMILK DE-LITE	2	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
GLYTACTIN BUILD 10PE	2		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 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	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 15PE	2				
heparin sod (pork) lock flush	1				J-TIP KIT W/VIAL ADAPTERS
INCONTROL ULTICARE PEN NEEDLES	2		methergine	1	QL
INSPIREASE RESERVOIR BAGS	2		methylegonovine maleate oral	1	QL
INSULIN PEN NEEDLES	2		MICROCHAMBER	2	
			monoject flush syringe	1	
			monoject sodium chloride flush	1	
			NEOCATE SPLASH	3	
			normal saline flush	1	
			NOVOFINE AUTOCOVER PEN NEEDLE	2	
			NOVOFINE PEN NEEDLE	2	
			NOVOFINE PLUS PEN NEEDLE	2	
			OMNIPOD 5 G6 INTRO (GEN 5)	2	
			OMNIPOD 5 G6 POD (GEN 5)	2	
			OMNIPOD CLASSIC PDM (GEN 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	Drug Name	Drug Tier	Notes
OMNIPOD CLASSIC PODS (GEN 3)	2		PKU START	2	
OMNIPOD DASH INTRO (GEN 4)	2		POCKET SPACER	2	
OMNIPOD DASH PDM (GEN 4)	2		PRO COMFORT SPACER ADULT	2	
OMNIPOD DASH PODS (GEN 4)	2		PRO COMFORT SPACER CHILD	2	
OPTICHAMBER DIAMOND	2		PRO COMFORT SPACER INFANT	2	
OPTICHAMBER DIAMOND-LG MASK	2		PROCARE SPACER/ADULT MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2		PROCARE SPACER/CHILD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2		PURE COMFORT SPACER CHAMBER	2	
PANDA MASK LARGE	2		SAFETY PEN NEEDLES	2	
PANDA MASK MEDIUM	2		sodium chloride flush	1	
PANDA MASK SMALL	2		THYROGEN	4	PA
PARAGARD INTRAUTERINE COPPER	3	PV	ULTIGUARD SAFEPACK SYR/NEEDLE	2	
PEDIATRIC PANDA MASK	2		VISTOGARD	3	
PHENEX-1	2		VORTEX VALVED HOLDING CHAMBER	2	
PHENEX-2	2		WIDE-SEAL DIAPHRAGM 60	3	PV; QL
PHENYLADE DRINK MIX	2		WIDE-SEAL DIAPHRAGM 65	3	PV; QL
PHENYLADE GMP READY	2		WIDE-SEAL DIAPHRAGM 70	3	PV; QL
PHENYLADE GMP ULTRA	2		WIDE-SEAL DIAPHRAGM 75	3	PV; QL
PKU EASY	2		WIDE-SEAL DIAPHRAGM 80	3	PV; QL
PKU EASY MICROTABS	2		WIDE-SEAL DIAPHRAGM 85	3	PV; QL
PKU EXPRESS 15 PLUS+	2		WIDE-SEAL DIAPHRAGM 90	3	PV; QL
PKU EXPRESS 20 PLUS+	2		WIDE-SEAL DIAPHRAGM 95	3	PV; QL
PKU GO	2		XIAFLEX	4	PA
PKU SPHERE 20	2		ZOKINVY	4	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
Ophthalmic Agents		
Aminoglycosides		
gentak	1	
gentamicin sulfate ophthalmic	1	
neomycin-polymyxin-gramicidin	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX	3	
Antibacterials, Other		
ak-poly-bac	1	
bacitracin ophthalmic	1	
bacitracin-polymyxin b ophthalmic	1	
bacitra-neomycin-polymyxin-hc	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic	1	
neo-polycin	1	
neo-polycin hc	1	
polycin	1	
polymyxin b-trimethoprim	1	
Anti-cytomegalovirus (CMV) Agents		
ZIRGAN	3	

Drug Name	Drug Tier	Notes
Antifungals		
NATACYN	2	
Antiherpetic Agents		
trifluridine	1	
Macrolides		
AZASITE	3	
erythromycin ophthalmic	1	
Ophthalmic Agents, Other		
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution 1 %	1	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	1	PA
CYSTADROPS	4	PA; QL
CYSTARAN	4	PA; QL
homatropaire	1	
PRED-G S.O.P.	3	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
sulfacetamide-prednisolone	1	
XIIDRA	2	PA
ZYLET	3	
Ophthalmic Anti-allergy Agents		
ALOCRIIL	3	PA
ALOMIDE	3	
altafrin	1	
azelastine hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
epinastine hcl	1	
olopatadine hcl ophthalmic	1	
phenylephrine hcl ophthalmic	1	

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Drug Name	Drug Tier	Notes
ZERVIAE	3	ST
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	
apraclonidine hcl	1	
betaxolol hcl ophthalmic	1	
BETIMOL	3	
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	1	
brinzolamide	1	
carteolol hcl	1	
COMBIGAN	2	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IOPIDINE	3	
levobunolol hcl	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	2	QL
ROCKLATAN	2	QL
SIMBRINZA	2	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf ophthalmic solution 0.5 %	1	

Drug Name	Drug Tier	Notes
Ophthalmic Anti-inflammatories		
bromfenac sodium (once-daily)	1	QL
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	1	
DUREZOL	3	PA
EYSUVIS	3	PA
FLAREX	3	
fluorometholone	1	
flurbiprofen sodium	1	
FML	2	
ketorolac tromethamine ophthalmic	1	
loteprednol etabonate ophthalmic suspension	1	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
PROLENSA	2	QL
Ophthalmic Prostaglandin and Prostanoid Analogs		
bimatoprost ophthalmic	1	QL
latanoprost ophthalmic	1	
LUMIGAN	2	QL
travoprost (bak free)	1	QL
ZIOPTAN	3	QL
Quinolones		
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
gatifloxacin ophthalmic	1	
levofloxacin ophthalmic	1	
moxifloxacin hcl (2x day)	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
moxifloxacin hcl ophthalmic solution	1	
ofloxacin ophthalmic	1	
Sulfonamides		
sulfacetamide sodium ophthalmic	1	
Otic Agents		
acetic acid otic	1	
CIPRO HC	3	
ciprofloxacin hcl otic	1	ST
ciprofloxacin-dexamethasone	3	
CORTISPORIN-TC	3	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	QL
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
cetirizine hcl oral solution 1 mg/ml	1	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral	1	
desloratadine oral tablet	3	
diphenhydramine hcl injection	1	

Drug Name	Drug Tier	Notes
diphenhydramine hcl oral elixir	1	
levocetirizine dihydrochloride oral	1	
olopatadine hcl nasal	3	QL
promethazine hcl oral	1	
promethazine hcl rectal	3	
promethegan rectal suppository 12.5 mg, 25 mg	3	
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR HFA	2	QL
ARNUITY ELLIPTA	2	QL
ASMANEX (120 METERED DOSES)	2	ST; QL
ASMANEX (14 METERED DOSES)	2	ST; QL
ASMANEX (30 METERED DOSES)	2	ST; QL
ASMANEX (60 METERED DOSES)	2	ST; QL
ASMANEX HFA	2	ST; QL
BREO ELLIPTA	2	QL
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	3	QL
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
flunisolide nasal	1	QL
fluticasone propionate nasal	1	
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	3	M; QL
PULMICORT FLEXHALER	2	QL
QVAR REDIHALER	2	QL
SYMBICORT	2	QL
wixela inhub	1	QL
Antileukotrienes		
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
zafirlukast	3	
zileuton er	3	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL
ipratropium bromide inhalation	1	QL
ipratropium bromide nasal	1	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Made by Par; QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	Made by Teva; QL
albuterol sulfate inhalation	1	QL

Drug Name	Drug Tier	Notes
arformoterol tartrate	1	QL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	3	QL
epinephrine (anaphylaxis)	1	
epinephrine injection solution auto-injector 0.15 mg/0.15ml	1	
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	Made by Mylan
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	Made by Mylan
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
formoterol fumarate inhalation	1	QL
levalbuterol hcl inhalation	1	QL
SEREVENT DISKUS	2	QL
STRIVERDI RESPIMAT	2	QL
Cystic Fibrosis Agents		
KALYDECO	4	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	4	PA; QL
ORKAMBI ORAL TABLET	4	PA; QL
PULMOZYME	4	PA
tobramycin inhalation	4	
Mast Cell Stabilizers		
cromolyn sodium inhalation	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
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP ORAL TABLET 500 MCG	3	PA
theophylline er	3	
Pulmonary Antihypertensives		
ADEMPAS	4	PA; QL
alyq	4	PA; QL
ambrisentan	4	PA; QL
bosentan	4	PA; QL
OPSUMIT	4	PA; QL
ORENITRAM	4	PA
sildenafil citrate intravenous	4	PA
sildenafil citrate oral suspension reconstituted	4	PA; QL
sildenafil citrate oral tablet 20 mg	4	PA; QL
tadalafil (pah)	4	PA; QL
TRACLEER 32 MG	4	PA; QL
treprostinil	4	PA
TYVASO	4	PA; QL
TYVASO DPI MAINTENANCE KIT	4	PA; QL
TYVASO DPI TITRATION KIT	4	PA; QL
TYVASO REFILL	4	PA; QL
TYVASO STARTER	4	PA; QL
UPTRAVI ORAL	4	PA; QL
VENTAVIS	4	PA; QL
Pulmonary Fibrosis Agents		
OFEV	4	PA
Respiratory Tract Agents, Other		
acetylcysteine inhalation	1	
ANORO ELLIPTA	2	QL

Drug Name	Drug Tier	Notes
benzonatate	1	
BREZTRI AEROSPHERE	2	QL
COMBIVENT RESPIMAT	2	QL
hydrocodone bit-homatrop mbr	1	PA; QL
hydromet	1	PA; QL
ipratropium-albuterol	1	QL
mometasone furoate nasal	1	QL
NUCALA	4	PA; QL
sodium chloride inhalation	1	
STIOLTO RESPIMAT	2	QL
TRELEGY ELLIPTA	2	QL
TUZISTRA XR	3	PA; QL
Skeletal Muscle Relaxants		
baclofen oral tablet 10 mg, 20 mg	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
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methocarbamol injection	1	
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orphenadrine citrate injection	1	
orphenadrine-aspirin-caffeine	3	QL
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone	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
temazepam	1	QL
triazolam	1	QL
zaleplon	1	QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL
Sleep Disorders, Other		
BELSOMRA	3	ST; QL
doxepin hcl oral tablet	3	QL
HETLIOZ	4	PA; QL
ramelteon	3	QL
Wakefulness Promoting Agents		
armodafinil	3	PA; QL
modafinil	1	PA; QL
SUNOSI	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.

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