



# Formulario de beneficios Essential Health

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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 le 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 creó el formulario y cómo se revisan los nuevos medicamentos?

El Comité de Farmacia y Terapéutica (Pharmacy and Therapeutics Committee) se reúne de manera habitual para revisar los nuevos medicamentos aprobados por la Administración de Alimentos y Medicamentos (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.

## ¿Cambia alguna vez el formulario?

Debido a que el Comité de P&T se reúne regularmente y revisa la información nueva, el formulario podría cambiar. Estas son algunas posibles razones por las que el formulario podría cambiar:

- Las formas genéricas del medicamento de marca están disponibles. Es posible que el medicamento de marca ya no esté cubierto cuando haya un genérico disponible. El medicamento genérico puede estar cubierto en el copago más bajo.
- El Comité de P&T puede incluir nuevos medicamentos.
- Un medicamento puede ser retirado del mercado por la FDA.
- 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 se me notifican los cambios del formulario?**

Los formularios se encuentran disponibles en nuestro sitio web [FirstCare.com](https://www.FirstCare.com) y se los actualiza cada trimestre. Para ver los cambios de los formularios, consulte el documento mensual de cambios conocido como *Formulary Updates* (Actualizaciones en los formularios), que se encuentra publicado en el sitio web. Si tiene preguntas o desea obtener una copia impresa de los formularios o procedimientos de gestión farmacéutica, comuníquese con el 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. Los prescriptores pueden optar por usar un producto de marca y no permitir la sustitución genérica. Según la ley estatal, el prescriptor debe anotar "marca necesaria" o "marca médicamente necesaria" en la receta. Esto no garantiza la cobertura. El producto de marca puede no ser un medicamento cubierto en el formulario y, por lo tanto, no estar cubierto por su beneficio de 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. Medicamentos de ejemplos incluyen, para tratar la esclerosis múltiple, la hepatitis, la artritis reumatoide y el cáncer. Los medicamentos especializados pueden auto-administrarse en el hogar por inyección (debajo de la piel o en un 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 costo-efectivas. 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 restricciones o limitaciones de cobertura. Estos pueden incluir, pero no son limitados a, la autorización previa o los requisitos de terapia escalonada, límites de cantidad, los requisitos de uso seguro (por ejemplo, medicamento utilizado en dosis médicamente apropiada, no utilizado con otros medicamentos del mismo tipo, etc.). Consulte la leyenda para obtener una lista de restricciones. Todas las restricciones son efectivas a partir del comienzo del año del plan, a menos que se indique lo contrario en el documento de Cambios en el Formulario De Beneficios Essential Health.

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

Usted, un representante autorizado o un prescriptor 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. En adición, si usted 1) ha probado los medicamentos alternativos del formulario, o hay razones clínicamente significativas por las que las alternativas no serían apropiadas para su condición 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 autorizado o un prescriptor pueden enviarle a FCHP una solicitud de cobertura a través de [FirstCare.com](https://www.firstcare.com), por fax, por correo o por teléfono. Se les informará la decisión por escrito a usted y el prescriptor. Si se aprueba la solicitud, el medicamento estará cubierto con el copago correspondiente. Si la solicitud es

denegada, aún puede comprar el medicamento a costo completo. Si tiene preguntas sobre este proceso, comuníquese con el Servicio al Cliente de FCHP.

### **¿Qué medicamentos no están cubiertos por mi beneficio de medicamentos recetados?**

Consulte los *documentos de beneficios de su plan* para obtener más información sobre la cobertura del plan, las limitaciones y exclusiones específicas de su beneficio de medicamentos recetados. A menudo, los medicamentos de venta libre y los productos herbales no están cubiertos por los planes de beneficios.

### **¿Los medicamentos administrados por mi médico están cubiertos por el beneficio de medicamentos recetados?**

La mayoría de los medicamentos administrados por profesionales de la salud no están cubiertos por el beneficio de medicamentos recetados, pero pueden estar cubiertos por su beneficio médico.

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

Puede obtener hasta un suministro de medicamentos para 30 días por un solo 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 condiciones crónicas o a largo plazo y que se toman de forma periódica y recurrente. Para obtener este beneficio, el prescriptor 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 para dormir, las benzodiazepinas, los medicamentos especializados, y los medicamentos con límites de cantidad que se surtan 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.
- 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 señalan como medicamentos preventivos (PV). Tenga en cuenta que esta lista está sujeta a cambios.

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 señalan 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
<b>Tier CM</b>	 <b>Oral Chemotherapy</b>	Oral chemotherapy drugs may have a designated copayment or coinsurance based on state laws or client preference.
<b>Tier 1</b>	\$ <b>Generic</b>	Use Tier 1 generic drugs, instead of brand name drugs, to help reduce your out-of-pocket costs.
<b>Tier 2</b>	\$\$ <b>Preferred</b>	Preferred brand-name drugs will generally have lower copayments than non-preferred brand-name drugs.
<b>Tier 3</b>	\$\$\$ <b>Non-Preferred</b>	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
<b>Tier 4</b>	\$\$\$\$ <b>Specialty</b>	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.

<b>M</b>	Authorized generic or co-branded product
<b>PA</b>	<b>Prior Authorization</b> – Your doctor is required to provide additional information to determine coverage.
<b>PV</b>	<b>Preventive drugs</b> – May have coverage and no copayments when health care reform requirements are met.
<b>PV*</b>	<b>Preventive drugs</b> – Available at \$0 if prior authorization is approved.
<b>QL</b>	<b>Quantity Limit</b> – Medication may be limited to a certain quantity.
<b>ST</b>	<b>Step Therapy</b> – Trial of lower-cost medication(s) is required before a higher-cost medication can be covered.

## EHB Formulary

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Drug Name	Drug Tier	Notes
<b>Analgesics</b>		
Nonsteroidal Anti-inflammatory Drugs		
aspirin 81 oral tablet delayed release	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 low dose	1	PV
aspirin oral	1	PV
aspirin regimen	1	PV
celecoxib oral	1	QL
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	3	
diclofenac sodium external gel 1 %	1	QL
diclofenac sodium external solution 1.5 %	1	PA
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
diflunisal oral	3	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
flurbiprofen oral	1	
genuine aspirin	1	PV
goodsense aspirin adults	1	PV
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	1	

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

Drug Name	Drug Tier	Notes
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
Opioid Reversal Agents		
KLOXXADO	2	
naloxone hcl injection	1	
naloxone hcl nasal	1	
NARCAN	2	
Smoking Cessation Agents		
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 mini	1	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
nicotine transdermal patch 24 hour 21 mg/24hr	1	PV; QL
NICOTROL	3	ST; PV; QL
NICOTROL NS	3	ST; PV; QL
varenicline tartrate	1	PV; QL
varenicline tartrate (starter)	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
<b>Antibacterials</b>		
Aminoglycosides		
gentamicin sulfate external	1	
neomycin sulfate oral	1	
streptomycin sulfate intramuscular	3	
Antibacterials, Other		
aztreonam	1	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate in d5w	1	
clindamycin phosphate injection	1	
clindamycin phosphate vaginal	1	
daptomycin intravenous solution reconstituted 350 mg	1	
daptomycin intravenous solution reconstituted 500 mg	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	
VANDAZOLE	1	
XEPI	3	
XIFAXAN	3	PA
Beta-lactam, Cephalosporins		
cefaclor	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	3	
cefazolin sodium injection solution reconstituted 1 gm, 2 gm, 500 mg	1	
cefazolin sodium intravenous solution reconstituted 1 gm	1	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	1	
cefdinir	1	
cefepime hcl injection	3	
cefepime hcl intravenous solution 1 gm/50ml	3	
cefepime hcl intravenous solution reconstituted 2 gm	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
cefotetan disodium	1	
cefoxitin sodium	1	
cefepodoxime proxetil	3	
cefprozil	1	
ceftazidime injection	1	
ceftazidime intravenous	1	
ceftriaxone sodium injection	1	
ceftriaxone sodium intravenous	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	
<b>Beta-lactam, Penicillins</b>		
amoxicillin	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 250-62.5 mg/5ml	3	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	1	
ampicillin	1	
ampicillin sodium	1	
ampicillin-sulbactam sodium	1	

Drug Name	Drug Tier	Notes
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	3	
BICILLIN L-A	3	
dicloxacillin sodium	1	
nafcillin sodium	1	
penicillin g potassium injection solution reconstituted 20000000 unit	1	
penicillin v potassium	1	
piperacillin sodium-tazobactam sodium 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	
<b>Carbapenems</b>		
ertapenem sodium	3	
imipenem-cilastatin	3	
VABOMERE	3	
<b>Macrolides</b>		
azithromycin intravenous	1	
azithromycin oral	1	
clarithromycin oral suspension reconstituted	3	
clarithromycin oral tablet	1	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	
erythromycin base oral	3	
erythromycin ethylsuccinate oral	3	
erythromycin oral	3	
<b>Quinolones</b>		
BAXDELA ORAL	3	
CIPRO ORAL SUSPENSION RECONSTITUTED	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
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
ciprofloxacin in d5w	3	
levofloxacin intravenous	3	
levofloxacin oral solution	3	
levofloxacin oral tablet	1	
moxifloxacin hcl in nacl	1	
moxifloxacin hcl oral	1	
ofloxacin oral	3	
<b>Sulfonamides</b>		
sulfadiazine oral	3	
sulfamethoxazole-trimethoprim	1	
sulfatrim pediatric	1	
<b>Tetracyclines</b>		
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	
MINOCIN	3	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
tetracycline hcl oral	3	

Drug Name	Drug Tier	Notes
<b>Anticonvulsants</b>		
Anticonvulsants, Other		
BRIVIACT ORAL	3	ST
EPIDIOLEX	4	PA
levetiracetam er	3	
levetiracetam in nacl intravenous solution 250 mg/50ml	1	
levetiracetam oral	1	
roweepra	1	
<b>Calcium Channel Modifying Agents</b>		
CELONTIN	3	
ethosuximide oral capsule	1	
ethosuximide oral solution	3	
methsuximide	1	
zonisamide oral	1	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
clobazam oral tablet	2	PA
DIACOMIT	4	PA
diazepam rectal	3	QL
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
NAYZILAM	3	
pentobarbital sodium injection	1	
phenobarbital oral	1	
phenobarbital sodium injection	1	
primidone oral tablet 250 mg, 50 mg	1	
tiagabine hcl	3	
valproate sodium intravenous	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
valproic acid oral	1	
Glutamate Reducing Agents		
FYCOMPA	3	
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	
subvenite	1	
topiramate oral capsule sprinkle 15 mg	1	
topiramate oral capsule sprinkle 25 mg	3	
topiramate oral tablet	1	
Sodium Channel Agents		
carbamazepine er	3	
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 oral suspension	3	
oxcarbazepine oral tablet	1	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended oral capsule 100 mg	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	3	
phenytoin sodium injection	1	

Drug Name	Drug Tier	Notes
rufinamide	3	PA
VIMPAT ORAL SOLUTION	3	
<b>Antidementia Agents</b>		
Cholinesterase Inhibitors		
donepezil hcl	1	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
rivastigmine	3	
rivastigmine tartrate	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl er	3	QL
memantine hcl oral solution	3	
memantine hcl oral tablet	1	
<b>Antidepressants</b>		
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	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	1	
perphenazine-amitriptyline	3	
Monoamine Oxidase Inhibitors		
EMSAM	3	ST; QL
MARPLAN	3	
phenelzine sulfate oral	3	
tranylcypromine sulfate	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
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
FETZIMA TITRATION	3	ST; QL
fluoxetine hcl oral capsule	1	
fluvoxamine maleate	3	
fluvoxamine maleate er	3	QL
paroxetine hcl oral tablet	1	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	
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	

Drug Name	Drug Tier	Notes
desipramine hcl oral	3	
doxepin hcl oral capsule	3	
doxepin hcl oral concentrate	3	
imipramine hcl oral	1	
nortriptyline hcl oral capsule	1	
nortriptyline hcl oral solution	3	
trimipramine maleate oral	3	
<b>Antiemetics</b>		
Antiemetics, Other		
compro	3	
dimenhydrinate injection	1	
droperidol injection	1	
meclizine hcl oral tablet 12.5 mg, 25 mg	1	
metoclopramide hcl injection	1	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
perphenazine oral	2	
prochlorperazine	3	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	3	
promethegan rectal suppository 12.5 mg, 25 mg	3	
scopolamine	2	
Emetogenic Therapy Adjuncts		
ANZEMET	3	QL
aprepitant oral capsule 125 mg, 40 mg, 80 mg	3	QL
dronabinol	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
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	
<b>Antifungals</b>		
ABELCET	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 external cream	1	
clotrimazole-betamethasone external lotion	3	
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	

Drug Name	Drug Tier	Notes
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
miconazole 3	1	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	3	
nystatin-triamcinolone	1	
nystop	1	
SULCONAZOLE NITRATE EXTERNAL CREAM	3	PA
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
voriconazole oral tablet	3	PA
<b>Antigout Agents</b>		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol sodium	1	
colchicine tablet 0.6 mg oral	1	
colchicine tablet 0.6 mg oral	1	Made by Par
colchicine-probenecid	2	
febuxostat	3	ST
probenecid	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
<b>Antimigraine Agents</b>		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY	2	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL
Ergot Alkaloids		
dihydroergotamine mesylate injection	3	PA; QL
Serotonin (5-HT) Receptor Agonists		
almotriptan malate	3	QL
eletriptan hydrobromide	3	QL
naratriptan hcl	1	QL
rizatriptan benzoate	1	QL
sumatriptan nasal	3	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution	1	QL
sumatriptan succinate subcutaneous solution auto-injector	3	QL
zolmitriptan oral tablet	1	QL
zolmitriptan oral tablet dispersible	3	QL
<b>Antimyasthenic Agents</b>		
Parasympathomimetics		
pyridostigmine bromide oral tablet	1	

Drug Name	Drug Tier	Notes
<b>Antimycobacterials</b>		
Antimycobacterials, Other		
dapsone oral	3	
rifabutin	3	
Antituberculars		
cycloserine oral	1	
ethambutol hcl oral	3	
isoniazid injection	1	
isoniazid oral	1	
PRIFTIN	3	
pyrazinamide oral	1	
rifampin intravenous	1	
rifampin oral	2	
SIRTURO	3	
TRECTOR	3	
<b>Antineoplastics</b>		
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	
ORGOVYX	CM	PA
XTANDI	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
<b>Antiangiogenic Agents</b>		
lenalidomide	CM	PA
POMALYST	CM	PA
REVLIMID	CM	PA
THALOMID	CM	PA
<b>Antiestrogens/Modifiers</b>		
EMCYT	CM	
ORSERDU	CM	PA
tamoxifen citrate oral tablet 10 mg	CM	
tamoxifen citrate oral tablet 20 mg	CM	PV*
toremifene citrate	CM	
<b>Antimetabolites</b>		
capecitabine	CM	PA
decitabine	4	PA
DROXIA	3	
fludarabine phosphate	4	
fluorouracil intravenous	4	
hydroxyurea oral	CM	
mercaptopurine oral	CM	
XELODA	3	PA
<b>Antineoplastics, Other</b>		
AMELUZ	3	
daunorubicin hcl	4	
diclofenac sodium external gel 3 %	1	ST; QL
ETHYOL	4	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
IXEMPRA KIT	4	
leucovorin calcium injection solution reconstituted	1	
leucovorin calcium oral	CM	
mitomycin intravenous	4	

Drug Name	Drug Tier	Notes
mitoxantrone hcl	4	PA
mutamycin	4	
NINLARO	CM	PA
ONUREG	CM	PA
paclitaxel	4	
PIQRAY	CM	PA
PROLEUKIN	4	
ROZLYTREK	CM	PA
SYNRIBO	4	PA
ZOLINZA	CM	PA
<b>Aromatase Inhibitors, 3rd Generation</b>		
anastrozole oral	CM	PV*
ARIMIDEX	3	
exemestane	CM	PV*
letrozole oral	CM	
<b>Enzyme Inhibitors</b>		
etoposide oral	CM	
HYCAMTIN ORAL	CM	
RUBRACA	CM	PA
<b>Molecular Target Inhibitors</b>		
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

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
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
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 SUSPENSION	CM	PA
IMBRUVICA ORAL TABLET	CM	PA; QL
INLYTA	CM	PA
JAKAFI ORAL TABLET 10 MG, 5 MG	CM	PA; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 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 ORAL TABLET	CM	PA
NEXAVAR	CM	PA
QINLOCK	CM	PA
RETEVMO	CM	PA
RYDAPT	CM	PA
sorafenib tosylate	CM	PA
SPRYCEL	CM	PA

Drug Name	Drug Tier	Notes
STIVARGA	CM	PA
sunitinib malate	CM	PA
TABRECTA	CM	PA
TAFINLAR ORAL CAPSULE	CM	PA
TAGRISSEO ORAL TABLET 40 MG	CM	PA; QL
TAGRISSEO 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
RUXIENCE	4	PA
Retinoids		
bexarotene external	4	PA
bexarotene oral	CM	PA
TARGRETIN EXTERNAL	4	PA
tretinoin oral	CM	
Treatment Adjuncts		
MESNEX ORAL	CM	
<b>Antiparasitics</b>		
Anthelmintics		
albendazole oral	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
EMVERM	2	
ivermectin oral	3	
praziquantel oral	3	
<b>Antiprotozoals</b>		
ALINIA ORAL SUSPENSION RECONSTITUTED	3	
atovaquone	3	
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	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	
mefloquine hcl	1	
nitazoxanide oral	3	
PLAQUENIL	3	
primaquine phosphate	1	
pyrimethamine oral	4	PA
<b>Pediculicides/Scabicides</b>		
CROTAN	3	
malathion	3	
permethrin external	1	
spinosad	3	
sulfurated lime	1	
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
benztropine mesylate	1	
trihexyphenidyl hcl	1	
<b>Antiparkinson Agents, Other</b>		
amantadine hcl oral capsule	1	
amantadine hcl oral solution	1	

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

Drug Name	Drug Tier	Notes
<b>Anti-hepatitis C (HCV) Agents</b>		
EPCLUSA	4	PA; QL
HARVONI	4	PA; QL
MAVYRET	4	PA; QL
PEGASYS	4	PA
ribavirin oral	4	
ZEPATIER	4	PA; QL
<b>Antiherpetic Agents</b>		
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
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY	3	QL
DOVATO	2	QL
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
TIVICAY	2	
TIVICAY PD	2	
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
COMPLERA	3	QL
EDURANT	3	
efavirenz	3	
efavirenz-emtricitab-tenofo df	3	QL
efavirenz-lamivudine-tenofovir	3	QL
etravirine	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
INTELENCE ORAL TABLET 25 MG	3	
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	3	QL
CIMDUO	2	QL
emtricitabine	3	
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	3	QL
ODEFSEY	3	QL
tenofovir disoproxil fumarate	1	PV*
TRIUMEQ	2	QL
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG	3	
VIREAD ORAL TABLET 200 MG, 250 MG	2	
zidovudine	3	

Drug Name	Drug Tier	Notes
Anti-HIV Agents, Other		
FUZEON	2	
maraviroc	1	PA
RUKOBIA	2	
SELZENTRY ORAL SOLUTION	2	PA
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	PA
Anti-HIV Agents, Protease Inhibitors		
atazanavir sulfate	3	
darunavir	1	
EVOTAZ	2	QL
fosamprenavir calcium	3	
lopinavir-ritonavir oral solution	3	
lopinavir-ritonavir oral tablet 100-25 mg	1	
lopinavir-ritonavir oral tablet 200-50 mg	3	
NORVIR ORAL PACKET	2	
PREZCOBIX	2	QL
PREZISTA	2	
REYATAZ ORAL PACKET	2	
ritonavir	3	
SYM TUZA	3	QL
Anti-influenza Agents		
oseltamivir phosphate oral	3	QL
RELENZA DISKHALER	3	QL
rimantadine hcl	1	
TAMIFLU	3	QL
<b>Anxiolytics</b>		
Anxiolytics, Other		
bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg	1	
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
hydroxyzine pamoate oral capsule 100 mg	3	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	1	
meprobamate	3	
<b>Benzodiazepines</b>		
alprazolam er	2	QL
alprazolam oral tablet	1	QL
alprazolam xr	2	QL
chlordiazepoxide hcl	1	QL
clonazepam oral tablet	1	QL
diazepam intensol	2	
diazepam oral concentrate	2	
diazepam oral solution	2	
diazepam oral tablet	1	
lorazepam injection	1	
lorazepam intensol	3	QL
lorazepam oral concentrate 2 mg/ml	3	QL
lorazepam oral tablet	1	QL
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
DEPAKOTE	3	
divalproex sodium er	1	
divalproex sodium oral capsule delayed release sprinkle	3	
divalproex sodium oral tablet delayed release	1	
lithium carbonate er	1	
lithium carbonate oral	1	
<b>Blood Glucose Monitoring</b>		
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	

Drug Name	Drug Tier	Notes
CEQUR SIMPLICITY 2U 10PK	2	
CHEMSTRIP 10 MD	3	
CHEMSTRIP 10/SG	3	
CHEMSTRIP 2 GP	3	
CHEMSTRIP 5 OB	3	
CHEMSTRIP 7	3	
CHEMSTRIP 9	3	
CHEMSTRIP K	3	
CHEMSTRIP UGK	3	
CLEVER CHOICE COMFORT EZ	2	
CONTOUR CONTROL SOLUTION	2	
CONTOUR MONITOR DEVICE	2	
CONTOUR MONITOR KIT W/DEVICE	2	
CONTOUR NEXT CONTROL SOLUTION	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT GEN MONITOR	2	
CONTOUR NEXT LINK KIT W/DEVICE	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR TEST STRIPS	2	QL
CVS KETONE CARE	3	
INPEN 100-BLUE-LILLY-HUMALOG	3	
INPEN 100-BLUE-NOVOLOG-FIASP	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
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 DELICA PLUS LANCING	3	
ONETOUCH DELICA SAFETY LANCING	3	
VERIFINE SAFE LANCET MINI 21G	2	
VERIFINE SAFE LANCET MINI 23G	2	
VERIFINE SAFE LANCET MINI 28G	2	
VERIFINE SAFE LANCET MINI 30G	2	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
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	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glipizide-metformin hcl	3	

Drug Name	Drug Tier	Notes
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	3	
GLYXAMBI	2	
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	
JENTADUETO	2	ST
JENTADUETO XR	2	ST
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
nateglinide	3	
OZEMPIC	2	ST; QL
pioglitazone hcl	1	
repaglinide	3	
RYBELSUS	2	ST; QL
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	
XULTOPHY	2	ST; QL
<b>Glycemic Agents</b>		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
diazoxide oral	1	
glucagon emergency kit	1	
GLUCAGON EMERGENCY KIT	2	Made by Fresenius
<b>Insulins</b>		
HUMALOG	2	
HUMALOG KWIKPEN	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
HUMALOG MIX 50/50 KWIKPEN	2		heparin sodium (porcine) injection solution prefilled syringe	1	
HUMALOG MIX 50/50 VIAL	2		heparin sodium (porcine) pf injection solution 5000 unit/ml	3	
HUMALOG MIX 75/25 KWIKPEN	2		jantoven	1	
HUMALOG MIX 75/25 VIAL	2		PRADAXA ORAL CAPSULE	2	QL
HUMALOG U-100 JUNIOR KWIKPEN	2		warfarin sodium oral	1	
HUMULIN 70/30 KWIKPEN	2		XARELTO	2	QL
HUMULIN 70/30 VIAL	2		XARELTO STARTER PACK	2	QL
HUMULIN N KWIKPEN	2		<b>Blood Formation Modifiers</b>		
HUMULIN N VIAL	2		anagrelide hcl	3	
HUMULIN R U-500 KWIKPEN	2		ARANESP (ALBUMIN FREE)	4	PA
HUMULIN R U-500 VIAL	2		EPOGEN	4	PA
HUMULIN R VIAL	2		MOZOBIL	4	PA; QL
LANTUS SOLOSTAR	2		NEULASTA	4	PA
LANTUS U-100 VIAL	2		NEULASTA ONPRO	4	PA
LEVEMIR FLEXPEN	3	PA	NIVESTYM	4	PA
LEVEMIR U-100 VIAL	3	PA	plerixafor	4	PA; QL
TOUJEO MAX SOLOSTAR	2		PROCRIT	4	PA
TOUJEO SOLOSTAR	2		PROMACTA	4	PA
TRESIBA	3	PA	PYRUKYND	4	PA; QL
TRESIBA FLEXTOUCH	3	PA	PYRUKYND TAPER PACK	4	PA; QL
<b>Blood Products and Modifiers</b>			REBLOZYL	4	PA
SOLIRIS	4	PA	RETACRIT	4	PA
<b>Anticoagulants</b>			<b>Hemostasis Agents</b>		
dabigatran etexilate mesylate	1	QL	ALPHANATE	4	
ELIQUIS	2	QL	aminocaproic acid oral tablet	3	
ELIQUIS DVT/PE STARTER PACK	2	QL	COAGADEX	4	
enoxaparin sodium	3		CORIFACT	4	
fondaparinux sodium	3		ELOCTATE	4	
			FEIBA	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
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	2	
prasugrel hcl	3	
<b>Cardiovascular Agents</b>		
Alpha-adrenergic Agonists		
clonidine hcl oral	1	
guanfacine hcl	1	
midodrine hcl	1	
Alpha-adrenergic Blocking Agents		
doxazosin mesylate oral	1	
phenoxybenzamine hcl oral	3	PA
prazosin hcl oral	1	
Angiotensin II Receptor Antagonists		
irbesartan	1	
losartan potassium oral	1	
olmesartan medoxomil oral	1	

Drug Name	Drug Tier	Notes
telmisartan oral tablet 20 mg	1	
telmisartan oral tablet 40 mg, 80 mg	2	
valsartan oral tablet	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl oral	1	
enalapril maleate oral tablet	1	
fosinopril sodium	1	
lisinopril oral	1	
quinapril hcl	1	
ramipril	1	
trandolapril	1	
Antiarrhythmics		
amiodarone hcl oral tablet 200 mg	1	
disopyramide phosphate	3	
dofetilide	3	
flecainide acetate	1	
mexiletine hcl oral	3	
procainamide hcl injection solution 100 mg/ml	3	
propafenone hcl	1	
quinidine sulfate	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
Beta-adrenergic Blocking Agents		
acebutolol hcl oral	2	
atenolol oral	1	
betaxolol hcl oral	1	
bisoprolol fumarate oral	1	
carvedilol	1	
labetalol hcl oral	1	
metoprolol succinate er	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
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
nebivolol hcl	3	
pindolol	3	
propranolol hcl er	3	
propranolol hcl intravenous	1	
propranolol hcl oral	1	
Calcium Channel Blocking Agents		
amlodipine besylate oral	1	
cartia xt	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
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	

Drug Name	Drug Tier	Notes
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
Cardiovascular Agents, Other		
amiloride-hydrochlorothiazide	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	3	
amlodipine-olmesartan	3	
atenolol-chlorthalidone	1	
bisoprolol-hydrochlorothiazide	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	
irbesartan-hydrochlorothiazide	1	
lisinopril-hydrochlorothiazide	1	
losartan potassium-hctz	1	
mannitol intravenous solution 20 %	3	
metyrosine	1	PA; QL
olmesartan medoxomil-hctz	1	
pentoxifylline er	1	
quinapril-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
ranolazine er	3	
spironolactone-hctz	1	
triamterene-hctz	1	
valsartan-hydrochlorothiazide	1	
VYNDAMAX	4	PA; QL
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide er	3	
acetazolamide oral	3	
Diuretics, Loop		
bumetanide oral	1	
ethacrynic acid	3	
furosemide injection	1	
furosemide oral	1	
toremide	1	
Diuretics, Potassium-sparing		
amiloride hcl oral	1	
eplerenone	3	
spironolactone oral	1	
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, 200 mg	3	
fenofibrate oral capsule 67 mg	1	

Drug Name	Drug Tier	Notes
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	3	
gemfibrozil oral	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg	1	PV*
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
fluvastatin sodium	3	
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

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
Vasodilators, Direct-acting Arterial		
hydralazine hcl oral	1	
minoxidil oral	1	
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	
<b>Central Nervous System Agents</b>		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL	3	QL
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
lisdexamfetamine dimesylate	1	QL
VYVANSE	2	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl	3	QL

Drug Name	Drug Tier	Notes
clonidine hcl er oral tablet extended release 12 hour	1	
CONCERTA	3	QL
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	3	QL
guanfacine hcl er	3	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	3	QL
methylphenidate hcl er oral tablet extended release	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		
riluzole	3	PA; QL
SKYCLARYS	4	PA; QL
tetrabenazine	4	PA
Fibromyalgia Agents		
pregabalin oral capsule	1	QL
pregabalin oral solution	3	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

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
dimethyl fumarate starter pack	4	PA; QL
fingolimod hcl	4	PA; QL
GILENYA	4	PA; QL
glatiramer acetate	4	PA; QL
glatopa	4	PA; QL
MAYZENT	4	PA; QL
MAYZENT STARTER PACK	4	PA; QL
TYSABRI	4	PA; QL
<b>Dental and Oral Agents</b>		
cevimeline hcl	3	
chlorhexidine gluconate mouth/throat	1	
DEBACTEROL	3	
easygel	1	
fluoridex daily renewal	1	
kourzeq	1	
oralone	1	
periogard	1	
pilocarpine hcl oral tablet 5 mg	2	
pilocarpine hcl oral tablet 7.5 mg	3	
PREVIDENT MOUTH/THROAT	3	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm dental cream	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
<b>Dermatological Agents</b>		
acutane	3	
acitretin	3	
adapalene external cream	3	

Drug Name	Drug Tier	Notes
adapalene external gel 0.1 %	1	
adapalene external gel 0.3 %	3	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	3	
ammonium lactate external	1	
amnesteem	3	
benzoyl peroxide-erythromycin	3	
calcipotriene external cream	3	
calcipotriene external ointment	3	
calcipotriene external solution	3	
calcitriol external	3	
CIBINQO	4	PA
claravis	3	
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %	3	
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	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
coal tar external	1	
DUPIXENT	4	PA; QL
ery	3	
erythromycin external	1	
imiquimod external cream 5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
lactic acid e	1	
lactic acid external	1	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
neuac	1	
pimecrolimus	3	ST; QL
podofilox external	1	
REGRANEX	3	PA
SANTYL	3	QL
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)	3	
tacrolimus external	3	QL
TALTZ	4	PA
tazarotene external cream	3	PA
TREMFYA	4	PA
tretinoin external cream 0.025 %, 0.05 %	2	

Drug Name	Drug Tier	Notes
tretinoin external cream 0.1 %	3	
tretinoin external gel 0.01 %, 0.025 %	3	
zenatane	3	
<b>Electrolytes/Minerals/Minerals/Vitamins</b>		
<b>Electrolyte/Mineral Replacement</b>		
carglumic acid	4	PA
corvita 150	1	
ferocon	1	
ferotinsic	1	
ferrocite plus	1	
foltrin	1	
iodine strong oral	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral packet	3	
klor-con oral tablet extended release	1	
k-tan plus	1	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
na ferric gluc cplx in sucrose	1	
polysaccharide iron forte	1	
potassium chloride cryster	1	
potassium chloride er	1	
potassium chloride intravenous solution 10 meq/50ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	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
potassium chloride oral packet	3	
potassium chloride oral solution	1	
potassium citrate er	2	
purevit dualfe plus	1	
se-tan plus	1	
sod citrate-citric acid	1	
sodium acetate intravenous solution 2 meq/ml	3	
sodium fluoride oral	1	PV
trigels-f forte	1	
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CHEMET	3	
deferasirox oral tablet soluble	3	PA
deferiprone	3	PA
sodium polystyrene sulfonate	1	
sps	3	
trientine hcl	4	PA
VELTASSA	3	
<b>Phosphate Binders</b>		
calcium acetate (phos binder)	1	
calcium acetate oral tablet 667 mg	1	
FOSRENOL ORAL PACKET	3	
sevelamer carbonate oral tablet	3	
VELPHORO	3	
<b>Vitamins</b>		
adc/f (0.5mg/ml)	1	
biocel	1	
bp vit 3	1	
b-plex	1	

Drug Name	Drug Tier	Notes
b-plex plus	1	
cyanocobalamin injection solution 1000 mcg/ml	1	
ergocalciferol oral capsule	1	
fabb	1	
fa-vitamin b-6-vitamin b-12	1	
folate	1	PV
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
multivitamin w/fluoride	1	
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
multi-vitamin/fluoride/iron	1	
NASCOBAL	3	
NEONATAL PRENATAL	3	PV
nephronex oral tablet	1	
nutrifac zx	1	
ONE VITE WOMENS	3	PV
ONE-A-DAY WOMENS PRENATAL 1	3	PV
phytonadione injection	1	
phytonadione oral	3	
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	

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
prenatal/folic acid+dha	1	PV
pyridoxine hcl injection	1	
thiamine hcl injection	1	
triphrocaps	1	
tri-vite/fluoride	1	
v-c forte	1	
virt-caps	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	
yl folic acid	1	PV
<b>Gastrointestinal Agents</b>		
Antispasmodics, Gastrointestinal		
dicyclomine hcl oral	1	
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml	1	
glycopyrrolate oral solution	1	PA
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
methscopolamine bromide oral	3	
Gastrointestinal Agents, Other		
alvimopan	1	

Drug Name	Drug Tier	Notes
amoxicill-clarithro-lansopraz	3	
bis subcit-metronid-tetracyc	1	
bismuth/metronidaz/tetra cyclin	1	
cromolyn sodium oral	3	
diphenoxylate-atropine oral tablet	1	
GATTEX	4	PA
loperamide hcl oral capsule	1	
MOTTEGRITY	3	ST; QL
MOTOFEN	3	PA
OMECLAMOX-PAK	2	
PYLERA	2	
SYMPROIC	2	ST; QL
ursodiol oral capsule 300 mg	3	
ursodiol oral tablet	3	
Histamine2 (H2) Receptor Antagonists		
cimetidine oral	1	
famotidine (pf)	1	
famotidine oral suspension reconstituted	3	
famotidine oral tablet 20 mg, 40 mg	1	
nizatidine	1	
Irritable Bowel Syndrome Agents		
alosetron hcl	3	PA
LINZESS	2	ST; QL
Laxatives		
bisacodyl ec	1	PV; QL
bisacodyl oral	1	PV; QL
citroma	1	PV; QL
clearlax	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
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	3	
constulose	1	
enulose	1	
ft clearlax	1	PV; QL
ft laxative	1	PV; QL
ft magnesium citrate	1	PV; QL
gavilax oral powder	1	PV; QL
gavilyte-c	1	PV; QL
gavilyte-g	1	PV; QL
generlac	1	
gentle laxative oral	1	PV; QL
gentlelax	1	PV; QL
glycolax	1	PV; QL
lactulose encephalopathy	1	
lactulose oral solution	1	
magnesium citrate oral solution	1	PV; QL
mineral oil heavy oral	1	
mm clearlax	1	PV; QL
na sulfate-k sulfate-mg sulf	1	QL
peg 3350-kcl-na bicarb-nacl	1	PV; QL
peg-3350/electrolytes	1	PV; QL
peg-3350/electrolytes/ascorb at	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	3	ST
polyethylene glycol 3350 oral powder	1	PV; QL
qc magnesium citrate	1	PV; QL
SUPREP BOWEL PREP KIT	3	
<b>Protectants</b>		
misoprostol oral	1	

Drug Name	Drug Tier	Notes
sucralfate oral tablet	1	
<b>Proton Pump Inhibitors</b>		
esomeprazole		
magnesium oral capsule delayed release 40 mg	1	
lansoprazole oral capsule delayed release	1	QL
omeprazole oral capsule delayed release	1	QL
pantoprazole sodium intravenous	1	QL
pantoprazole sodium oral tablet delayed release	1	QL
rabeprazole sodium oral tablet delayed release	2	QL
<b>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
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

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
SUCRAID	4	
TEGSEDI	4	PA
ZENPEP	2	
<b>Genitourinary Agents</b>		
Antispasmodics, Urinary		
darifenacin hydrobromide er	3	
fesoterodine fumarate er	1	
flavoxate hcl	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
oxybutynin chloride er	1	
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet 5 mg	1	
solifenacin succinate	1	
tolterodine tartrate	2	
tolterodine tartrate er	2	
TOVIAZ	3	
tropium chloride	1	
tropium chloride er	3	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
silodosin	2	
tamsulosin hcl	1	
terazosin hcl	1	
Genitourinary Agents, Other		
acetic acid irrigation	1	
bethanechol chloride oral	1	
ENCARE	3	PV
glycine irrigation	1	
glycine urologic	1	

Drug Name	Drug Tier	Notes
OPTIONS GYNOL II CONTRACEPTIVE	3	PV
penicillamine oral tablet	4	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
RENACIDIN	3	
sorbitol-mannitol	1	
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL
TODAY SPONGE	3	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	3	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	3	PV
vcf vaginal contraceptive vaginal gel	1	PV
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
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	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	1	

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



Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
betamethasone dipropionate external lotion	1		dexamethasone oral elixir	3	
betamethasone dipropionate external ointment	3		dexamethasone oral solution	1	
betamethasone valerate external cream	1		dexamethasone oral tablet	1	
betamethasone valerate external lotion	1		dexamethasone sod phosphate pf	1	
betamethasone valerate external ointment	1		dexamethasone sodium phosphate injection	1	
clobetasol propionate external cream	3		diflorasone diacetate external cream	3	
clobetasol propionate external gel	3		fludrocortisone acetate oral	1	
clobetasol propionate external lotion	3		fluocinolone acetonide body	1	
clobetasol propionate external ointment	3		fluocinolone acetonide external cream	3	
clobetasol propionate external shampoo	3		fluocinolone acetonide external ointment	3	
clobetasol propionate external solution	3		fluocinolone acetonide external solution	1	
clodan external shampoo	3		fluocinolone acetonide scalp	1	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	3		fluocinonide emulsified base	3	
desonide external cream	3		fluocinonide external	1	
desonide external lotion	3		flurandrenolide external cream	3	
desonide external ointment	3		fluticasone propionate external cream	1	
desoximetasone external cream 0.25 %	1		fluticasone propionate external ointment	1	
desoximetasone external gel	3		halcinonide	3	ST
desoximetasone external liquid	3		halobetasol propionate external cream	3	
desoximetasone external ointment 0.25 %	3		halobetasol propionate external ointment	3	
dexamethasone intensol	1		hydrocortisone butyrate external 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
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral	1	
hydrocortisone valerate external cream	1	
KENALOG INJECTION SUSPENSION 10 MG/ML	3	
KENALOG-80	3	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
methylprednisolone oral	1	
mometasone furoate external	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml	1	QL
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	

Drug Name	Drug Tier	Notes
triderm	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
cabergoline	1	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	4	PA
desmopressin ace spray refrig	3	
desmopressin acetate oral	3	
desmopressin acetate spray	3	
INCRELEX	4	PA
NORDITROPIN FLEXPRO	4	PA
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	4	PA
NUTROPIN AQ NUSPIN 10	4	PA
NUTROPIN AQ NUSPIN 20	4	PA
NUTROPIN AQ NUSPIN 5	4	PA
oxytocin injection	1	
PREGNYL	4	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
mifepristone	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
Androgens		
danazol oral	3	
DEPO-TESTOSTERONE	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
INTRAROSA	3	ST
testosterone cypionate intramuscular	1	PA
testosterone enanthate intramuscular	1	PA
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
testosterone transdermal solution	3	PA
<b>Estrogens</b>		
afirmelle	1	PV
altavera	1	PV
alyacen 1/35	1	PV
alyacen 7/7/7	1	PV
amabelz	1	
amethia	1	PV; QL
amethyst	1	PV
ANNOVERA	3	PV; QL
apri	1	PV
aranelle	1	PV
ashlyna	1	PV; QL
abra eq	1	PV
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	
blisovi 24 fe	1	PV

Drug Name	Drug Tier	Notes
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 eq	1	PV
COMBIPATCH	3	
cryselle-28	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 oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
DIVIGEL	3	
dolishale	1	PV
dotti	1	
drospiren-eth estrad-levomefol	1	PV
drospirenone-ethinyl estradiol	1	PV
elinest	1	PV
eluryng	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	
estradiol-norethindrone acet	1	
ethynodiol diac-eth estradiol	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
etonogestrel-ethinyl estradiol	1	PV
falmina	1	PV
finzala	1	PV
fyavolv	2	
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
haloette	1	PV
iclevia	1	PV; QL
introvale	1	PV; QL
isibloom	1	PV
jaimiess	1	PV; QL
jasmiel	1	PV
jinteli	2	
jolessa	1	PV; QL
joyeaux	1	PV
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
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

Drug Name	Drug Tier	Notes
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
levonorgest-eth estradiol-iron	1	PV
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
luteru	1	PV
lyllana	1	
marlissa	1	PV
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
merzee	1	PV
mibelas 24 fe	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-linyah	1	PV
NATAZIA	2	PV
necon 0.5/35 (28)	1	PV
nikki	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
norethin ace-eth estrad-fe	1	PV
norethindrone acet-ethinyl est	1	PV
norethindrone-eth estradiol	2	
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
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
syeda	1	PV
tarina 24 fe	1	PV
tarina fe 1/20 eq	1	PV

Drug Name	Drug Tier	Notes
taysofy	1	PV
tilia fe	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
<b>Progestins</b>		
aftera	1	PV
camila	1	PV
curae	1	PV
deblitane	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
DEPO-SUBQ PROVERA 104	3	QL
econtra one-step	1	PV
ELLA	3	PV
errin	1	PV
heather	1	PV
her style	1	PV
incassia	1	PV
jencycla	1	PV
KYLEENA	3	PV
levonorgestrel	1	PV
LILETTA (52 MG)	3	PV
lyleq	1	PV
lyza	1	PV
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	3	
megestrol acetate oral tablet	CM	
MIRENA (52 MG)	3	PV
my choice	1	PV
my way	1	PV
new day	1	PV
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

Drug Name	Drug Tier	Notes
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*
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium intravenous	1	
liothyronine sodium oral	1	
np thyroid	1	
thyroid oral	1	
unithroid	1	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	CM	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
leuprolide acetate injection	4	PA
LUPRON DEPOT (1-MONTH)	4	PA
LUPRON DEPOT (3-MONTH)	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
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	4	PA	cyclosporine modified	1	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	4	PA	cyclosporine oral	1	
LUPRON DEPOT-PED (1-MONTH)	4	PA	CYLTEZO	4	PA
LUPRON DEPOT-PED (3-MONTH)	4	PA	CYLTEZO-CD/UC/HS STARTER	4	PA
LUPRON DEPOT-PED (6-MONTH)	4	PA	CYLTEZO-PSORIASIS STARTER	4	PA
octreotide acetate	4	PA	ENBREL	4	PA
SIGNIFOR	4	PA; QL	ENBREL MINI	4	PA
SOMATULINE DEPOT	4	PA	ENBREL SURECLICK	4	PA
SOMAVERT	4	PA	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
<b>Hormonal Agents, Suppressant (Thyroid)</b>			gengraf	1	
<b>Antithyroid Agents</b>			HUMIRA	4	PA
methimazole oral	1		HUMIRA PEDIATRIC CROHNS START	4	PA
propylthiouracil oral	2		HUMIRA PEN	4	PA
<b>Immunological Agents</b>			HUMIRA PEN-CD/UC/HS STARTER	4	PA
<b>Angioedema Agents</b>			HUMIRA PEN-PEDIATRIC UC START	4	PA
CINRYZE	4	PA	HUMIRA PEN-PS/UV/ADOL HS START	4	PA
icatibant acetate	4	PA; QL	HUMIRA PEN-PSOR/UEIT STARTER	4	PA
sajazir	4	PA; QL	HYRIMOZ	4	PA
<b>Immune Suppressants</b>			HYRIMOZ-CROHNS/UC STARTER PACK	4	PA
ADALIMUMAB-ADAZ	4	PA	HYRIMOZ-PED CROHNS STARTER	4	PA
AMJEVITA	4	PA	HYRIMOZ-PLAQUE PSORIASIS START	4	PA
AVSOLA	4	PA	INFLECTRA	4	PA
azathioprine oral tablet 100 mg	3		KINERET	4	PA
azathioprine oral tablet 50 mg, 75 mg	1		methotrexate oral tablet 2.5 mg	CM	
azathioprine sodium	1		methotrexate sodium (pf)	1	
CIMZIA	4	PA	methotrexate sodium injection	1	
CIMZIA STARTER KIT	4	PA			
cyclosporine intravenous	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
methotrexate sodium oral	CM		GAMMAPLEX	4	PA
mycophenolate mofetil hcl	3		GAMUNEX-C	4	PA
mycophenolate mofetil intravenous	3		HEPAGAM B	4	
mycophenolate mofetil oral capsule	1		HIZENTRA	4	PA
mycophenolate mofetil oral suspension reconstituted	3		HYPERHEP B	4	
mycophenolate mofetil oral tablet	1		HYPERRHO S/D	4	
mycophenolate sodium	1		HYQVIA	4	PA
ORENCIA CLICKJECT	4	PA	MICRHOGAM ULTRA-FILTERED PLUS	4	
ORENCIA SUBCUTANEOUS	4	PA	NABI-HB	4	
SANDIMMUNE ORAL SOLUTION	2		OCTAGAM	4	PA
SIMPONI	4	PA	PRIVIGEN	4	PA
SIMPONI ARIA	4	PA	RHOGAM ULTRA-FILTERED PLUS	4	
sirolimus oral	3		RHOPHYLAC	4	
SKYRIZI PEN	4	PA; QL	Immunomodulators		
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL	ACTEMRA ACTPEN	4	PA
tacrolimus oral	1		ACTEMRA SUBCUTANEOUS	4	PA
temsirolimus	4		ACTIMMUNE	4	PA
XELJANZ	4	PA	BENLYSTA SUBCUTANEOUS	4	PA
XELJANZ XR	4	PA	GAMIFANT	4	PA
Immunoglobulins			ILARIS	4	PA; QL
BIVIGAM	4	PA	leflunomide oral	1	
CUVITRU	4	PA	OTEZLA	4	PA
FLEBOGAMMA DIF	4	PA	RINVOQ	4	PA
GAMASTAN	4	PA	SYNAGIS	4	PA
GAMMAGARD	4	PA	ULTOMIRIS	4	PA
GAMMAGARD S/D LESS IGA	4	PA	XOLAIR	4	PA
GAMMAKED	4	PA	Vaccines		
			ABRYSVO	3	
			ACTHIB	2	PV
			ADACEL	2	PV
			AFLURIA QUADRIVALENT	2	PV
			AREXVY	3	
			BEXSERO	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
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone rectal	3	
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
<b>Sulfonamides</b>		
sulfasalazine oral	1	
<b>Metabolic Bone Disease Agents</b>		
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 oral	1	
cinacalcet hcl	3	PA
doxercalciferol intravenous	1	
ibandronate sodium	1	QL
pamidronate disodium	4	
paricalcitol	1	
PROLIA	4	PA; QL
risedronate sodium oral tablet 150 mg	3	QL
risedronate sodium oral tablet 30 mg	3	
risedronate sodium oral tablet 35 mg	1	QL
risedronate sodium oral tablet 5 mg	1	
risedronate sodium oral tablet delayed release	3	QL
TERIPARATIDE (RECOMBINANT)	4	PA

Drug Name	Drug Tier	Notes
XGEVA	4	PA
zoledronic acid	4	
<b>Miscellaneous Therapeutic Agents</b>		
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	
AQ INSULIN SYRINGE	2	
AQINJECT PEN NEEDLE	2	
AUM INSULIN SAFETY PEN NEEDLE	2	
AUM MINI INSULIN PEN NEEDLE	2	
AUM PEN NEEDLE	2	
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE	2	
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
benzalkonium chloride external solution	1	
BOTOX	3	PA; Non-Cosmetic
BREATHE COMFORT CHAMBER/ADULT	2	
BREATHE COMFORT CHAMBER/CHILD	2	

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Drug Name	Drug Tier	Notes
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE VALVED MDI CHAMBER	2	
CAMINO PRO COMPLETE/GLYTACTIN	2	
CAYA	3	PV
CLEVER CHOICE HOLDING CHAMBER	2	
COMFORT EZ PRO PEN NEEDLES	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
CONDOMS	3	PV
deferroxamine mesylate	1	
DIASCREEN 10	3	
DIASCREEN 1B	3	
DIASCREEN 1G	3	
DIASCREEN 1K	3	
DIASCREEN 2GK	3	
DIASCREEN 2GP	3	
DIASCREEN 3	3	
DIASCREEN 4NL	3	
DIASCREEN 4OBL	3	
DIASCREEN 4PH	3	
DIASCREEN 5	3	
DIASCREEN 6	3	
DIASCREEN 7	3	
DIASCREEN 8	3	
DIASCREEN 9	3	

Drug Name	Drug Tier	Notes
DIASCREEN LIQUID URINE CONTROL	3	
DROPLET MICRON	2	
DROPSAFE ALCOHOL PREP	3	
DROPSAFE SAFETY SYRINGE/NEEDLE	2	
DUREX EXTRA SENSITIVE THIN	3	PV
EASIVENT	2	
ELECARE	3	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	
EQUACARE JR	3	
ergoloid mesylates oral	3	
FC2 FEMALE CONDOM	3	PV
FEMCAP	3	PV
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	
GLYTACTIN BUILD 10PE	2	
GLYTACTIN BUILD 20/20	2	
GLYTACTIN BUILD 20/20 PKU	2	
GLYTACTIN BURST	2	
GLYTACTIN COMPLETE 10PE	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 RESTORE 10	2		K-Y ME & YOU INTENSE	3	PV
GLYTACTIN RESTORE 5	2		LIPISTART	2	
GLYTACTIN RESTORE LITE 10	2		methergine	3	QL
GLYTACTIN RESTORE LITE 10PE	2		methylergonovine maleate oral	3	QL
GLYTACTIN RTD 10	2		MICROCHAMBER DEVICE	2	
GLYTACTIN RTD 15	2		NEOCATE SPLASH	3	
GLYTACTIN RTD LITE 15	2		NEOPHE	2	
GLYTACTIN SWIRL 15	2		NOVOFINE AUTOCOVER PEN NEEDLE	2	
GLYTACTIN SWIRL 15PE	2		NOVOFINE PEN NEEDLE	2	
INCONTROL ULTICARE PEN NEEDLES	2		NOVOFINE PLUS PEN NEEDLE	2	
INSPIREASE RESERVOIR BAGS	2		OMNIPOD 5 G6 INTRO (GEN 5)	2	
INSULIN PEN NEEDLES	2		OMNIPOD 5 G6 POD (GEN 5)	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 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	2		OMNIPOD CLASSIC PODS (GEN 3)	2	
J-TIP KIT W/VIAL ADAPTERS	3		OMNIPOD DASH INTRO (GEN 4)	2	
K-Y ME & YOU EXTRA LUBRICATED	3	PV	OMNIPOD DASH PDM (GEN 4)	2	
			OMNIPOD DASH PODS (GEN 4)	2	
			OPTICHAMBER DIAMOND	2	
			OPTICHAMBER DIAMOND-LG MASK	2	
			OPTICHAMBER DIAMOND-MD MASK	2	
			OPTICHAMBER DIAMOND-SM MASK	2	
			PANDA MASK LARGE	2	
			PANDA MASK MEDIUM	2	
			PANDA MASK SMALL	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PARAGARD INTRAUTERINE COPPER	3	PV	PURE COMFORT SAFETY PEN NEEDLE	2	
PARI VORTEX ADULT MASK	2		PURE COMFORT SPACER CHAMBER	2	
PEDIATRIC PANDA MASK	2		RAYA SURE PEN NEEDLE	2	
PHENEX-1	2		RENASTART	2	
PHENEX-2	2		SAFETY PEN NEEDLES	2	
PHENYLADE DRINK MIX	2		ULTIGUARD SAFEPACK SYR/NEEDLE	2	
PHENYLADE GMP MIX DHA/FIBER	2		VERIFINE INSULIN PEN NEEDLE	2	
PHENYLADE GMP READY	2		VERIFINE INSULIN SYRINGE	2	
PHENYLADE GMP ULTRA	2		VISTOGARD	3	
PIP PEN NEEDLES 31G X 5MM	2		VORTEX VALVED HOLDING CHAMBER	2	
PIP PEN NEEDLES 32G X 4MM	2		WIDE-SEAL DIAPHRAGM 60	3	PV
PKU EASY	2		WIDE-SEAL DIAPHRAGM 65	3	PV
PKU EASY MICROTABS	2		WIDE-SEAL DIAPHRAGM 70	3	PV
PKU EXPRESS 15 PLUS+	2		WIDE-SEAL DIAPHRAGM 75	3	PV
PKU EXPRESS 20 PLUS+	2		WIDE-SEAL DIAPHRAGM 80	3	PV
PKU SPHERE 20	2		WIDE-SEAL DIAPHRAGM 85	3	PV
PKU START	2		WIDE-SEAL DIAPHRAGM 90	3	PV
POCKET SPACER	2		WIDE-SEAL DIAPHRAGM 95	3	PV
PREKUNIL	2		XIAFLEX	4	PA
PRO COMFORT SPACER ADULT	2		ZOKINVY	4	PA; QL
PRO COMFORT SPACER CHILD	2		<b>Ophthalmic Agents</b>		
PRO COMFORT SPACER INFANT	2		Aminoglycosides		
PROCARE SPACER/ADULT MASK	2		gentamicin sulfate ophthalmic	1	
PROCARE SPACER/CHILD MASK	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
neomycin-polymyxin-gramicidin	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX	3	
Antibacterials, Other		
bacitracin ophthalmic	3	
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	
Antifungals		
NATACYN	2	
Antiherpetic Agents		
trifluridine	3	
Macrolides		
AZASITE	3	

Drug Name	Drug Tier	Notes
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	QL
CYSTARAN	4	QL
homatropaire	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
sulfacetamide-prednisolone	1	
SYFOVRE	4	PA
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	3	
olopatadine hcl ophthalmic	1	
phenylephrine hcl ophthalmic	1	
ZERVIAE	3	ST
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
apraclonidine hcl	1	

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Drug Name	Drug Tier	Notes
betaxolol hcl ophthalmic	1	
BETIMOL	3	
brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %	1	
brimonidine tartrate-timolol	1	
brinzolamide	3	
carteolol hcl	1	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
levobunolol hcl	1	
PHOSPHOLINE IODIDE	3	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
Ophthalmic Anti-inflammatory		
bromfenac sodium (once-daily)	3	QL
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
FLAREX	3	
fluorometholone	1	
flurbiprofen sodium	1	
ketorolac tromethamine ophthalmic	1	
loteprednol etabonate ophthalmic suspension	3	
prednisolone acetate ophthalmic	1	

Drug Name	Drug Tier	Notes
prednisolone sodium phosphate ophthalmic	1	
PROLENSA	2	QL
Ophthalmic Prostaglandin and Prostanoid Analogs		
bimatoprost ophthalmic	3	QL
latanoprost ophthalmic	1	
LUMIGAN	2	QL
tafluprost (pf)	1	QL
travoprost (bak free)	3	QL
ZIOPTAN	3	QL
Quinolones		
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
gatifloxacin ophthalmic	1	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	1	
ofloxacin ophthalmic	1	
Sulfonamides		
sulfacetamide sodium ophthalmic	1	
Otic Agents		
acetic acid otic	1	
ciprofloxacin hcl otic	3	
ciprofloxacin-dexamethasone	3	
CORTISPORIN-TC	3	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	3	
neomycin-polymyxin-hc otic	3	
ofloxacin otic	1	

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Drug Name	Drug Tier	Notes
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Antihistamines</b>		
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	
diphenhydramine hcl injection	1	
levocetirizine dihydrochloride oral	1	
olopatadine hcl nasal	3	QL
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ADVAIR HFA	2	QL
ARNUITY ELLIPTA	2	QL
BREO ELLIPTA	2	QL
budesonide inhalation	3	QL
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
flunisolide nasal	2	QL
FLUTICASONE PROPIONATE HFA	2	M; 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

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 REDHALER	2	QL
SYMBICORT	2	QL
wixela inhub	1	QL
<b>Antileukotrienes</b>		
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
zafirlukast	3	
zileuton er	3	ST
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	3	QL
ipratropium bromide inhalation	1	QL
ipratropium bromide nasal	1	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
tiotropium bromide monohydrate	2	QL
<b>Bronchodilators, Sympathomimetic</b>		
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 Teva; QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	QL	Phosphodiesterase Inhibitors, Airways Disease		
arformoterol tartrate	3	QL	DALIRESP ORAL TABLET 500 MCG	3	PA
epinephrine (anaphylaxis) injection solution 30 mg/30ml	1		roflumilast	1	PA
epinephrine injection solution auto-injector 0.15 mg/0.15ml	1		theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1	
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	Made by Mylan	theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	3	
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1		theophylline er oral tablet extended release 24 hour	3	
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	Made by Mylan	Pulmonary Antihypertensives		
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1		ADEMPAS	4	PA; QL
formoterol fumarate inhalation	3	QL	alyq	4	PA; QL
levabuterol hcl inhalation	3	QL	ambrisentan	4	PA; QL
SEREVENT DISKUS	2	QL	bosentan	4	PA; QL
STRIVERDI RESPIMAT	2	QL	OPSUMIT	4	PA; QL
Cystic Fibrosis Agents			sildenafil citrate oral suspension reconstituted	4	PA; QL
KALYDECO ORAL TABLET	4	PA	sildenafil citrate oral tablet 20 mg	4	PA; QL
ORKAMBI ORAL PACKET 75-94 MG	4	PA; QL	tadalafil (pah)	4	PA; QL
ORKAMBI ORAL TABLET	4	PA; QL	TRACLEER 32 MG	4	PA; QL
PULMOZYME	4	PA	treprostinil	4	PA
tobramycin nebulization solution 300 mg/5ml inhalation	4		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
			VENTAVIS	4	PA; QL
			Pulmonary Fibrosis Agents		
			OFEV	4	PA

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Drug Name	Drug Tier	Notes
Respiratory Tract Agents, Other		
acetylcysteine inhalation	3	
ANORO ELLIPTA	2	QL
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	3	QL
nebusal inhalation nebulization solution 3 %	1	
NUCALA	4	PA; QL
pulmosal	1	
sodium chloride inhalation	1	
STIOLTO RESPIMAT	2	QL
TRELEGY ELLIPTA	2	QL
<b>Skeletal Muscle Relaxants</b>		
baclofen oral tablet 10 mg, 20 mg	1	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
methocarbamol injection	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	QL
orphenadrine-aspirin-caffeine	3	QL
tizanidine hcl oral tablet	1	

Drug Name	Drug Tier	Notes
<b>Sleep Disorder Agents</b>		
GABA Receptor Modulators		
eszopiclone	1	QL
temazepam oral capsule 15 mg, 30 mg	1	QL
zaleplon	1	QL
zolpidem tartrate er	2	QL
zolpidem tartrate oral tablet	1	QL
Sleep Disorders, Other		
BELSOMRA	3	ST; QL
Wakefulness Promoting Agents		
armodafinil	3	PA; QL
modafinil	1	PA; QL
SUNOSI	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.

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