

TRS-ActiveCare Group Value Formulary

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Group Value Formulary

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What is my prescription drug coverage?

As part of your FirstCare Health Plans (FirstCare) coverage, you may have a prescription drug benefit. This document will help you understand your prescription drug benefit and the FirstCare formulary.

Not every prescription drug benefit is the same. The best way to figure out your prescription drug coverage is to review your *Plan Documents* or call the FirstCare Customer Service department.

What is the FirstCare Plan Group Value Formulary?

A formulary is a list of covered drugs selected by FirstCare in consultation with a team of health care providers. The list represents the prescription drugs believed to be a necessary part of a quality treatment program. FirstCare will generally cover the drugs listed on the formulary as long as the drug is medically necessary and plan rules are followed. The list contains both brand-name and generic medications and is updated regularly.

The FirstCare Group Value formulary is a tiered formulary, meaning there are different copayments for different levels of drugs. The formulary includes preferred drugs that are covered under your prescription benefit. Drugs not listed on the formulary are not covered. Non-formulary drugs require prior authorization or may be subject to clinical edits. Formularies continually change to reflect the most recent advances in drug therapy due to, review of new medical information regarding current drugs listed as well as new drugs recently approved by the FDA. This list is not inclusive and does not guarantee coverage.

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

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

Does the formulary ever change?

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

- Generic forms of the brand drug become available. The brand-name medication may no longer be covered when a generic is available. The generic medication may be covered at the lower copayment.
- The P&T Committee may add new drugs.

- The FDA may withdraw a drug from the market.
- A drug becomes available without a prescription (becomes over-the-counter), then the drug may be removed from the formulary. Often, drugs available over-the-counter are not covered under the prescription benefit.

How am I notified of changes to the formulary?

You can find the FirstCare formulary on our website at firstcare.com, which are updated quarterly. To view the changes that have been made to the formularies, refer to the monthly *Formulary Changes* document posted on the website. If you have any questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact FirstCare Customer Service at 800-884-4901.

What are brand-name and generic drugs?

FirstCare covers both brand-name and generic drugs. A brand-name drug is one that is produced under the original manufacturer's brand-name. A generic drug is one approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs and the quality and effectiveness is the same. Generic drugs may differ from the brand-name drug in color, shape, flavor, or inactive ingredients. Some brand-name drugs have a generic equivalent and others do not. If a generic form of a brand-name drug becomes available, the brand-name medication may no longer be covered. The generic medication may be covered at the lower copayment.

What is generic substitution?

Generic substitution occurs when a pharmacist dispenses an FDA approved generic drug in place of a brand-name drug. Generic substitution will automatically occur at FirstCare's network pharmacies. Prescribers may choose to use a brand-name product and not allow generic substitution by indicating on the prescription "brand necessary" or "brand medically necessary." Per state law, these statements must be handwritten by the prescriber.

What are Specialty drugs?

Specialty drugs are those drugs used to treat complex or chronic conditions, and which usually require close monitoring, such as multiple sclerosis, hepatitis, rheumatoid arthritis, cancer, and other conditions that are difficult to treat with traditional therapies. Specialty drugs may be self-administered in the home by injection (under the skin or into a muscle), by inhalation, by mouth, or on the skin. These drugs may also require special handling, special manufacturing processes, and may have limited prescribing or limited pharmacy availability.

What are pharmaceutical management procedures?

Pharmaceutical management procedures are processes that help manage the drug formulary in order to provide the most cost-effective therapy options. As part of such processes, restrictions (described in the following section) may be applied to certain drugs on the formulary.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include quantity limits, prior authorization, step therapy, age limits, and others. Please refer to the legend for a complete listing of requirements.

How do I request an exception to the FirstCare formulary?

You, a representative, or a prescriber can submit a request to FirstCare to make an exception to the formulary. For example, if there are clinically significant reasons why you cannot take a drug in accordance with the coverage requirements (e.g. step therapy, age limits, quantity limits), an exception request can be submitted for review. Additionally, if you 1) have tried the formulary alternatives, or there are clinically significant reasons why the alternatives would not be appropriate for your specific condition, and 2) the requested drug is medically necessary, and 3) the drug is not excluded from coverage, an exception request to cover a drug not listed on formulary can be submitted for review.

To request an exception, you, a representative, or a prescriber can submit a coverage exception request to FirstCare via FirstCare Health Plans.org, fax, mail, or phone. You and your prescriber will be notified of the determination in writing. If approved, the drug will be covered at the applicable copayment. If the request is denied, you may still purchase the medication for the full price. For questions regarding this process, contact FirstCare customer service at 1-800-884-4901.

What drugs are not covered by my prescription drug benefit?

Please refer to your *Plan Documents* for complete plan coverage, limitations, and exclusions specific to your prescription drug benefit.

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

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

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

Maintenance medications are used to treat chronic medical conditions. Most medications that are usually taken chronically or long term are allowed a three-month supply with exception of some drug categories such as opioids, testosterone, sleep agents, benzodiazepines, specialty drugs, and drugs with quantity limits. The prescription for the drug must be written for a three-month supply of medication.

How can I save money on prescriptions?

Medications on the FirstCare formulary generally cost less than medications not listed. A generic medication will usually be the lowest copayment option. Ask the provider or pharmacist whether generic medications are appropriate.

Be sure to take this formulary with you to each visit so that the provider knows what medication is covered.

Contraceptive Coverage

As specified by health care reform, women must have access to a full range of FDA-approved contraceptive methods and plans must cover without cost sharing at least one form of contraception in each of the FDA identified methods. However, plans can use reasonable medical management within each category to determine what birth control products are available at \$0 cost-share.

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

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

Preventive Care Medications & Medications Covered Under Health Care Reform

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

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

Smoking Cessation Medication Coverage

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

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

Diabetic Supplies

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

Oral Oncology Program

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

Reading your formulary

The formulary gives you choices so you and your doctor can determine your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, TOPAMAX) and generic medications in lowercase (for example, topiramate).

Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high deductible plan, the tier cost levels will apply once you meet your deductible.

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

Drug list information

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

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

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	QL
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
ascomp-codeine	1	
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr	3	PA; QL
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 7.5 MCG/HR	3	PA; QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap	1	
butalbital-apap-caff-cod	1	
butalbital-apap-caffeine	1	
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	QL
carisoprodol-aspirin-codeine	1	
codeine sulfate	1	QL
endocet	1	QL
esgic oral capsule	1	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL

Drug Name	Drug Tier	Notes
hydrocodone-acetaminophen oral tablet	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral	1	QL
hydromorphone hcl rectal	1	QL
lorcet	1	QL
lorcet hd	1	QL
lorcet plus	1	QL
LORTAB	2	QL
methadone hcl intensol	1	
methadone hcl oral concentrate	1	
methadone hcl oral solution	1	
methadone hcl oral tablet	1	PA
methadone hcl oral tablet soluble	1	
methadose oral concentrate 10 mg/ml	1	
methadose oral tablet soluble	1	
methadose sugar-free	1	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
morphine sulfate er oral tablet extended release	1	PA; QL
morphine sulfate oral	1	QL
morphine sulfate rectal	1	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA; QL
OXYCODONE HCL ER	1	PA; QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral concentrate 100 mg/5ml	1	QL
oxycodone hcl oral solution	1	QL

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 tablet	1	QL
oxycodone-acetaminophen	1	QL
oxycodone-aspirin	1	QL
OXYCONTIN	2	PA; QL
pentazocine-naloxone hcl	1	QL
phrenilin forte	1	
tencon	1	
tramadol hcl er (biphasic)	1	QL
tramadol hcl er oral tablet extended release 24 hour	1	QL
tramadol hcl ir	1	QL
tramadol-acetaminophen	1	QL
vicodin	1	QL
vicodin es	1	QL
vicodin hp	1	QL
zebutal	1	
Analgesics - Drugs for Pain and Inflammation		
aspirin adult	0	PV
aspirin adult low strength oral tablet delayed release	0	PV
aspirin childrens	0	PV
aspirin ec low dose	0	PV
aspirin ec low strength	0	PV
aspirin low dose	0	PV
aspirin oral tablet	0	PV
aspirin oral tablet delayed release 325 mg	0	PV
bayer aspirin	0	PV
bayer aspirin ec low dose	0	PV
celecoxib oral	1	QL
choline-mag trisalicylate	1	
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	

Drug Name	Drug Tier	Notes
diclofenac sodium transdermal gel 1 %	1	QL
diclofenac sodium transdermal solution	3	PA
diclofenac-misoprostol	3	
diflunisal oral	1	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
fenoprofen calcium oral capsule 400 mg	1	
fenoprofen calcium oral tablet	1	
flurbiprofen oral	1	
ibu	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	2	
indomethacin er	1	
indomethacin oral	1	
ketoprofen er	1	
ketoprofen oral	1	
ketorolac tromethamine oral	1	QL
meclofenamate sodium oral	1	
medique aspirin	0	PV
mefenamic acid oral	3	
meloxicam oral	1	
nabumetone oral	1	
naproxen dr	1	
naproxen oral	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin	1	
piroxicam oral	1	
qc aspirin low dose oral tablet delayed release	0	PV
salsalate 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
st joseph low dose oral tablet delayed release	0	PV
sulindac oral	1	
tolmetin sodium	1	
Anesthetics		
glydo	1	
lidocaine external ointment	1	
lidocaine external patch	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	3	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	0	PV; QL; AL (Min 18 Years)
CHANTIX	0	ST; PV; QL; AL (Min 18 Years)
CHANTIX CONTINUING MONTH PAK	0	ST; PV; QL; AL (Min 18 Years)
CHANTIX STARTING MONTH PAK	0	ST; PV; QL; AL (Min 18 Years)
disulfiram oral	1	

Drug Name	Drug Tier	Notes
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	
NICORETTE MOUTH/THROAT GUM 2 MG	0	PV; QL; AL (Min 18 Years)
nicotine polacrilex mouth/throat gum	0	PV; QL; AL (Min 18 Years)
nicotine polacrilex mouth/throat lozenge 2 mg	0	PV; QL; AL (Min 18 Years)
nicotine step 1	0	PV; QL; AL (Min 18 Years)
nicotine step 2	0	PV; QL; AL (Min 18 Years)
nicotine step 3	0	PV; QL; AL (Min 18 Years)
NICOTROL	0	ST; PV; QL; AL (Min 18 Years)
NICOTROL NS	0	ST; PV; QL; AL (Min 18 Years)
SUBOXONE	3	QL
Antibacterials		
amoxicillin	1	
amoxicillin-potassium clavulanate er	1	
amoxicillin-potassium clavulanate oral	1	
ampicillin	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	2	
avidoxy	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
azithromycin oral	1	
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefepodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
ciprofloxacin oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
demeclocycline hcl	3	
dicloxacillin sodium	1	
DIFICID	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
e.e.s. 400	1	
ERYPED 400	2	
ERY-TAB	2	
erythromycin base	1	

Drug Name	Drug Tier	Notes
erythromycin ethylsuccinate oral	1	
FIRVANQ	3	
gentamicin sulfate external	1	
levofloxacin oral	1	
linezolid oral	3	QL
methenamine hippurate	1	
methenamine mandelate oral	1	
metronidazole oral	1	
metronidazole vaginal	1	
minocycline hcl oral	1	
mondoxyne nl oral capsule 100 mg	1	
MONUROL	3	
morgidox oral	1	
moxifloxacin hcl oral	1	
mupirocin calcium	3	
mupirocin external	1	
neomycin sulfate oral	1	
nitrofurantoin	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
paromomycin sulfate oral	3	
penicillin v potassium	1	
silver sulfadiazine external	1	
ssd	1	
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
SUPRAX ORAL CAPSULE	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
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	2	
SUPRAX ORAL TABLET CHEWABLE	2	
tetracycline hcl oral	1	
tinidazole oral	1	
trimethoprim oral	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 1000 mg, 500 mg, 750 mg	3	
vancomycin hcl oral	3	
vandazole	1	
VIBRAMYCIN ORAL SYRUP	2	
XIFAXAN	3	PA
Anticoagulants		
ARIXTRA	SP3	QL
COUMADIN	2	
ELIQUIS	2	QL
ELIQUIS STARTER PACK	2	QL
enoxaparin sodium subcutaneous	1	QL
fondaparinux sodium	SP1	QL
FRAGMIN	SP3	QL
heparin sodium (porcine)	1	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	1	
jantoven	1	
LOVENOX SUBCUTANEOUS	SP3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL

Drug Name	Drug Tier	Notes
Anticonvulsants - Drugs for Seizures		
APTIOM	3	
BANZEL	SP2	
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	2	
CELONTIN	2	
clobazam	3	PA
DEPAKENE	2	
DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLES	2	
DIASTAT ACUDIAL	2	QL
DIASTAT PEDIATRIC	2	QL
diazepam rectal	1	QL
DILANTIN	2	
DILANTIN INFATABS	2	
divalproex sodium er	1	
divalproex sodium oral	1	
EPIDIOLEX	SP2	PA
epitol	1	
ethosuximide oral	1	
felbamate	1	
FELBATOL	2	
FYCOMPA	3	
gabapentin oral	1	
GABITRIL	2	
KEPPRA ORAL	2	
KEPPRA XR	2	
LAMICTAL	2	
LAMICTAL STARTER	2	
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	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
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral	1	
MYSOLINE	2	
NEURONTIN	2	
oxcarbazepine	1	
OXTELLAR XR	3	
phenobarbital oral	1	
PHENYTEK	2	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended	1	
primidone oral	1	
roweepra	1	
roweepra xr	1	
SABRIL	SP3	PA
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	2	
TEGRETOL-XR	2	
tiagabine hcl	1	
TOPAMAX	2	
TOPAMAX SPRINKLE	2	
topiramate oral	1	
TRILEPTAL	2	
valproic acid oral	1	
vigabatrin	SP1	PA
vigadrone	SP1	PA

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

Drug Name	Drug Tier	Notes
DICLEGIS	3	PA; QL
doxylamine-pyridoxine	3	PA; QL
dronabinol	3	PA; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
granisetron hcl oral	3	QL
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	QL
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine edisylate injection	1	
prochlorperazine maleate oral	1	
scopolamine	1	
trimethobenzamide hcl oral	1	
Antifungals		
bio-statin oral powder	1	
ciclodan	1	
ciclopirox	1	
ciclopirox olamine external	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	SP3	
econazole nitrate external	1	
EXELDERM	2	
fluconazole 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
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
itraconazole oral	1	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
naftifine hcl	1	
NAFTIN EXTERNAL GEL	2	
NOXAFIL ORAL	2	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole nitrate	1	
OXISTAT EXTERNAL LOTION	2	
posaconazole	1	
terbinafine hcl oral	1	QL
terconazole	1	
voriconazole oral	3	
Antigout Agents		
allopurinol oral	1	
COLCHICINE ORAL	1	
colchicine-probenecid	1	
febuxostat	3	
probenecid	1	
ULORIC	3	ST
Antimigraine Agents		
AIMOVIG	2	PA; QL
almotriptan malate	3	QL

Drug Name	Drug Tier	Notes
dihydroergotamine mesylate injection	1	
dihydroergotamine mesylate nasal	1	QL
eletriptan hydrobromide	3	QL
EMGALITY	2	PA; QL
EMGALITY (300 MG DOSE)	2	PA; QL
ergotamine-caffeine	1	
frovatriptan succinate	3	QL
MIGERGOT	2	
MIGRANAL	2	QL
naratriptan hcl	1	QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous solution	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
zolmitriptan oral	3	QL
Antimyasthenic Agents		
MESTINON ORAL SYRUP	2	
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
pyrazinamide oral	1	
rifabutin	3	

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
rifampin oral	1	
SIRTURO	SP3	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	SP1	PA; SF
AFINITOR	SP2	PA; QL
AFINITOR DISPERZ	SP2	PA
ALECENSA	SP2	PA
ALUNBRIG	SP2	PA; QL
anastrozole oral	1	
BALVERSA	SP2	PA; SF
bexarotene	SP1	PA; SF
bicalutamide	1	
BOSULIF	SP2	PA; SF
BRAFTOVI	SP2	PA
CABOMETYX	SP2	PA; SF
CALQUENCE	SP2	PA; SF
capecitabine	SP1	PA
CAPRELSA ORAL TABLET 100 MG	SP2	PA; QL
CAPRELSA ORAL TABLET 300 MG	SP2	PA
COMETRIQ (100 MG DAILY DOSE)	SP2	PA
COMETRIQ (140 MG DAILY DOSE)	SP2	PA
COMETRIQ (60 MG DAILY DOSE)	SP2	PA
COPIKTRA	SP2	PA; SF
COTELLIC	SP2	PA
cyclophosphamide oral	1	
DAURISMO	SP2	PA; SF
DROXIA	3	
ERIVEDGE	SP2	PA; SF
ERLEADA	SP2	PA
erlotinib hcl oral tablet 100 mg, 150 mg	SP1	PA; SF
erlotinib hcl oral tablet 25 mg	SP1	PA; SF; QL

Drug Name	Drug Tier	Notes
etoposide oral	SP1	
exemestane	1	
FARESTON	SP2	
FARYDAK	SP2	PA
flutamide	1	
GILOTRIF	SP2	PA; QL
GLEEVEC	SP2	PA
GLEOSTINE	SP2	
HYCAMTIN ORAL	SP2	
hydroxyurea oral	1	
IBRANCE	SP2	PA
ICLUSIG ORAL TABLET 15 MG	SP2	PA; QL
ICLUSIG ORAL TABLET 45 MG	SP2	PA
IDHIFA	SP2	PA; QL
imatinib mesylate	SP1	PA
IMBRUVICA	SP2	PA
INLYTA	SP2	PA; SF
IRESSA	SP2	PA
JAKAFI ORAL TABLET 10 MG	SP2	PA; SF; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	SP2	PA; SF
KISQALI (200 MG DOSE)	SP2	PA
KISQALI (400 MG DOSE)	SP2	PA
KISQALI (600 MG DOSE)	SP2	PA
LENVIMA (10 MG DAILY DOSE)	SP2	PA
LENVIMA (12 MG DAILY DOSE)	SP2	PA
LENVIMA (14 MG DAILY DOSE)	SP2	PA
LENVIMA (18 MG DAILY DOSE)	SP2	PA

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
LENVIMA (20 MG DAILY DOSE)	SP2	PA	RUBRACA	SP2	PA; SF
LENVIMA (24 MG DAILY DOSE)	SP2	PA	RYDAPT	SP2	PA
LENVIMA (4 MG DAILY DOSE)	SP2	PA	SPRYCEL	SP2	PA; SF
LENVIMA (8 MG DAILY DOSE)	SP2	PA	STIVARGA	SP2	PA
letrozole oral	1		SUTENT	SP2	PA
leucovorin calcium oral	1		SYLATRON	SP3	PA
LEUKERAN	2		SYNRIBO	SP2	PA
LONSURF	SP2	PA	TAFINLAR	SP2	PA; SF
LORBRENA	SP2	PA; SF	TAGRISSO ORAL TABLET 40 MG	SP2	PA; QL
LYNPARZA	SP2	PA	TAGRISSO ORAL TABLET 80 MG	SP2	PA
LYSODREN	SP2		TALZENNA	SP2	PA; SF
MATULANE	SP2		tamoxifen citrate oral tablet 10 mg	1	
MEKINIST	SP2	PA	tamoxifen citrate oral tablet 20 mg	1	PV
MEKTOVI	SP2	PA	TARCEVA ORAL TABLET 100 MG, 150 MG	SP2	PA; SF
melphalan	1		TARCEVA ORAL TABLET 25 MG	SP2	PA; SF; QL
mercaptopurine oral	1		TARGRETIN EXTERNAL	SP2	PA
MYLERAN	2		TARGRETIN ORAL	SP2	PA; SF
NERLYNX	SP2	PA; SF; QL	TASIGNA	SP2	PA
NEXAVAR	SP2	PA; SF	TEMODAR ORAL	SP2	PA
NILANDRON	SP2		temozolomide	SP1	PA
nilutamide	SP1		THALOMID	SP2	PA
NINLARO	SP2	PA	TIBSOVO	SP2	PA; SF
NUBEQA	SP2	SF	toremifene citrate	SP1	
ODOMZO	SP2	PA	tretinoin oral	SP1	
PIQRAY (200 MG DAILY DOSE)	SP2	PA	TURALIO	SP2	
PIQRAY (250 MG DAILY DOSE)	SP2	PA	TYKERB	SP2	PA
PIQRAY (300 MG DAILY DOSE)	SP2	PA	VALCHLOR	SP3	PA
POMALYST	SP2	PA	VENCLEXTA	SP2	PA
PURIXAN	SP2		VENCLEXTA STARTING PACK	SP2	PA
REVLIMID	SP2	PA	VERZENIO	SP2	PA; SF
ROZLYTREK	SP2	SF			

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

Drug Name	Drug Tier	Notes
VITRAKVI ORAL CAPSULE	SP2	PA; SF
VITRAKVI ORAL SOLUTION	SP2	PA
VIZIMPRO	SP2	PA; SF
VOTRIENT	SP2	PA; SF
XALKORI	SP2	PA; SF
XELODA	SP2	PA
XOSPATA	SP2	PA
XPOVIO (100 MG ONCE WEEKLY)	SP2	
XPOVIO (60 MG ONCE WEEKLY)	SP2	
XPOVIO (80 MG ONCE WEEKLY)	SP2	
XPOVIO (80 MG TWICE WEEKLY)	SP2	
XTANDI	SP2	PA; SF
YONSA	SP2	PA; SF
ZEJULA	SP2	PA; SF
ZELBORAF	SP2	PA
ZOLINZA	SP2	PA; SF
ZYDELIG	SP2	PA
ZYKADIA	SP2	PA; SF
ZYTIGA	SP2	PA; SF
Antiparasitics		
albendazole oral	1	PA
atovaquone oral	3	
atovaquone-proguanil hcl	1	
chloroquine phosphate oral	1	
COARTEM	2	
crotan	1	
DARAPRIM	2	
EURAX EXTERNAL CREAM	2	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	SP3	

Drug Name	Drug Tier	Notes
ivermectin oral	1	
lindane	1	
malathion	3	
mefloquine hcl	1	
NEBUPENT	2	
permethrin external	1	
praziquantel oral	3	
primaquine phosphate	1	
quinine sulfate oral	1	PA
spinosad	3	
Antiparkinson Agents		
amantadine hcl oral	1	
APOKYN	SP3	PA; QL
benztropine mesylate oral	1	
bromocriptine mesylate oral	1	
carbidopa oral	3	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet dispersible	3	
carbidopa-levodopa-entacapone	3	
entacapone	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
ropinirole hcl er	3	
selegiline hcl oral	1	
tolcapone	3	
trihexyphenidyl hcl oral elixir	1	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets		
aspirin-dipyridamole 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
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
prasugrel hcl	1	
Antipsychotics - Drugs for Mood Disorders		
aripiprazole	1	QL
chlorpromazine hcl oral	1	
clozapine oral tablet	1	QL
clozapine oral tablet dispersible	3	QL
FANAPT	3	QL
FANAPT TITRATION PACK	3	QL
fluphenazine hcl oral	1	
haloperidol lactate oral	1	
haloperidol oral	1	
LATUDA	3	QL
loxapine succinate	1	
olanzapine oral	1	QL
paliperidone er	3	QL
pimozide	1	
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
risperidone	1	QL
SAPHRIS	3	QL
thioridazine hcl oral	1	
thiothixene	1	
trifluoperazine hcl	1	
VRAYLAR	3	QL
ziprasidone hcl	1	QL
Antivirals		
abacavir sulfate	SP1	
abacavir sulfate-lamivudine	SP1	
abacavir-lamivudine-zidovudine	SP1	
acyclovir external	1	

Drug Name	Drug Tier	Notes
acyclovir oral	1	
adefovir dipivoxil	SP1	
APTIVUS	SP2	
atazanavir sulfate	SP1	
ATRIPLA	SP2	
BARACLUDE ORAL SOLUTION	SP2	QL
BARACLUDE ORAL TABLET	SP3	QL
BIKTARVY	SP2	
CIMDUO	SP2	
COMBIVIR	SP3	
COMPLERA	SP2	
CRIXIVAN	SP2	
DELSTRIGO	SP2	
DESCOVY	SP2	
didanosine	SP1	
DOVATO	SP2	
EDURANT	SP2	
efavirenz	SP1	
EMTRIVA	SP2	
entecavir	SP1	QL
EPCLUSA	SP2	PA; QL
EPIVIR	SP3	
EPIVIR HBV ORAL SOLUTION	2	
EPZICOM	SP3	
EVOTAZ	SP2	
famciclovir	1	
fosamprenavir calcium	SP1	
FUZEON	SP2	QL
GENVOYA	SP2	
HARVONI	SP2	PA; QL
HEPSERA	SP3	
INTELENCE	SP2	
INTRON A	SP3	PA
INVIRASE	SP2	

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

Drug Name	Drug Tier	Notes
ISENTRESS	SP2	
ISENTRESS HD	SP2	
JULUCA	SP2	
KALETRA	SP2	
lamivudine oral solution	SP1	
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg, 300 mg	SP1	
lamivudine-zidovudine	SP1	
LEXIVA	SP2	
lopinavir-ritonavir	SP1	
MAVYRET	SP2	PA; QL
nevirapine	SP1	
nevirapine er	SP1	
NORVIR	SP2	
ODEFSEY	SP2	
oseltamivir phosphate oral	1	QL
PEGASYS	SP2	PA
PEGASYS PROCLICK	SP2	PA
PEGINTRON	SP2	PA
PIFELTRO	SP2	
PREZCOBIX	SP2	
PREZISTA	SP2	
RESCRIPTOR	SP2	
RETROVIR INTRAVENOUS	SP2	
RETROVIR ORAL	SP3	
REYATAZ	SP2	
ribasphere oral capsule	SP1	
ribasphere oral tablet 200 mg	SP1	
ribavirin oral	SP1	
rimantadine hcl	1	
ritonavir	1	
SELZENTRY	SP2	PA
stavudine	SP1	

Drug Name	Drug Tier	Notes
STRIBILD	SP2	
SUSTIVA	SP3	
SYMFI	SP2	
SYMFI LO	SP2	
SYMTUZA	SP2	
tenofovir disoproxil fumarate	SP1	
TIVICAY	SP2	
TRIUMEQ	SP2	
TRIZIVIR	SP3	
TRUVADA	SP2	
TYBOST	SP2	
valacyclovir hcl oral	1	QL
valganciclovir hcl	SP1	
VEMLIDY	SP2	
VIDEX	SP2	
VIDEX EC	SP3	
VIRACEPT	SP2	
VIRAMUNE	SP3	
VIRAMUNE XR	SP3	
VIREAD	SP2	
XOFLUZA	3	QL
ZIAGEN ORAL SOLUTION	SP2	
ZIAGEN ORAL TABLET	SP3	
zidovudine	SP1	
ZOVIRAX EXTERNAL CREAM	2	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	QL
alprazolam oral tablet	1	QL
alprazolam xr	1	QL
bupirone hcl oral	1	
chlordiazepoxide hcl	1	QL
clonazepam oral	1	QL
clorazepate dipotassium	1	QL
diazepam intensol	1	

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
diazepam oral	1	
estazolam	1	QL
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	2	QL
lorazepam intensol	1	QL
lorazepam oral	1	QL
meprobamate	1	
oxazepam	1	QL
triazolam	1	QL
Bipolar Agents - Drugs for Mood Disorders		
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders		
anagrelide hcl	1	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	SP2	PA
NEULASTA	SP3	PA
NEULASTA ONPRO	SP3	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	SP3	PA
PROMACTA	SP3	PA
tranexamic acid oral	1	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide oral tablet 125 mg	1	
ALDACTAZIDE ORAL TABLET 50-50 MG	2	
aliskiren fumarate	3	
amiloride hcl oral	1	

Drug Name	Drug Tier	Notes
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-atorvastatin	3	
amlodipine-olmesartan	1	
amlodipine-valsartan-hctz	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
	1	PV; AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 10 mg, 20 mg	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
betaxolol hcl oral	1	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	3	
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
captopril-hydrochlorothiazide	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	
CAROSPIR	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
cartia xt	1	
carvedilol	1	
chlorothiazide	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
choline fenofibrate	1	
clonidine	1	
clonidine hcl oral	1	
colesevelam hcl	3	
COLESTID FLAVORED ORAL PACKET	2	
COLESTID ORAL PACKET	2	
colestipol hcl	1	
CORLANOR	3	PA; QL
digitek	1	
digox	1	
digoxin oral	1	
DILATRATE-SR	2	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg	1	
diltiazem hcl oral	1	
dilt-xr	1	
disopyramide phosphate	1	
DIURIL	2	
dofetilide	3	
doxazosin mesylate oral	1	
enalapril maleate oral	1	
enalapril-hydrochlorothiazide	1	

Drug Name	Drug Tier	Notes
ENTRESTO	3	QL
EPANED	3	
eplerenone	1	
eprosartan mesylate	1	
ezetimibe	1	
ezetimibe-simvastatin	1	
felodipine er	1	
fenofibrate micronized	1	
fenofibrate oral capsule	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid	1	
FIBRICOR	1	
flecainide acetate	1	
fluvastatin sodium	1	PV; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium er	1	PV; AL (Min 40 Years and Max 75 Years)
fosinopril sodium	1	
fosinopril sodium-hctz	1	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
indapamide	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
ISORDIL TITRADOSE ORAL TABLET 40 MG	2	
isosorbide dinitrate	1	
isosorbide dinitrate 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
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
isradipine	1	
JUXTAPID	SP3	PA; QL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	2	
lisinopril oral	1	
lisinopril- hydrochlorothiazide	1	
losartan potassium	1	
losartan potassium-hctz	1	
	1	PV; AL (Min 40 Years and Max 75 Years)
lovastatin		
matzim la	1	
methyldopa	1	
methyldopa- hydrochlorothiazide	1	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
metoprolol- hydrochlorothiazide	1	
mexiletine hcl oral	1	
midodrine hcl	1	
minitran	1	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	2	
nadolol oral	1	
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	

Drug Name	Drug Tier	Notes
nifedipine oral	1	
nimodipine oral	1	
NITRO-BID	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
nitroglycerin er oral capsule extended release 2.5 mg	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	1	
nitro-time	1	
NORPACE CR	2	
NORTHERA	SP3	PA
NYMALIZE	SP3	
olmesartan medoxomil oral	1	
olmesartan medoxomil- hctz	1	
olmesartan-amlodipine- hctz	1	
omega-3-acid ethyl esters	3	
pacerone	1	
pentoxifylline er	1	
perindopril erbumine	1	
phenoxybenzamine hcl oral	1	
pindolol	1	
PRALUENT	SP3	PA; QL
	1	PV; AL (Min 40 Years and Max 75 Years)
pravastatin sodium		
prazosin hcl oral	1	
prevalite	1	
propafenone hcl	1	

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

Drug Name	Drug Tier	Notes
propafenone hcl er	3	
propranolol hcl er	1	
propranolol hcl oral	1	
propranolol-hctz	1	
QBRELIS	3	
quinapril hcl	1	
quinapril-hydrochlorothiazide	1	
quinidine gluconate er	1	
quinidine sulfate	1	
ramipril	1	
RANEXA	3	
ranolazine er	3	
REPATHA	SP3	PA; QL
REPATHA PUSHTRONEX SYSTEM	SP3	PA; QL
REPATHA SURECLICK	SP3	PA; QL
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	PV; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
simvastatin oral	1	PV; AL (Min 40 Years and Max 75 Years)
sorine	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral	1	
spironolactone-hctz	1	
taztia xt	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	1	
telmisartan-hctz	1	

Drug Name	Drug Tier	Notes
timolol maleate oral	1	
torseamide	1	
trandolapril	1	
trandolapril-verapamil hcl er	3	
triamterene-hctz	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	3	
VECAMYL	3	
verapamil hcl er	1	
verapamil hcl oral	1	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphetamine sulfate	3	QL
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
atomoxetine hcl	1	QL
clonidine hcl er	1	
DAYTRANA	2	QL
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	3	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral tablet	1	QL
guanfacine hcl er	1	
metadate er	1	QL
methamphetamine hcl	3	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	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
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	1	QL
methylphenidate hcl er oral tablet extended release 24 hour	1	QL
methylphenidate hcl oral	1	QL
QUILLICHEW ER	3	QL
QUILLIVANT XR	3	QL
VYVANSE	2	QL
zenzedi oral tablet 10 mg, 5 mg	1	QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	SP3	PA; QL
AUBAGIO	SP3	PA; QL
AVONEX PEN	SP2	PA; QL
AVONEX PREFILLED	SP2	PA; QL
COPAXONE	SP2	PA; QL
dalfampridine er	SP1	PA; QL
EXTAVIA	SP2	PA; QL
GILENYA	SP2	PA; QL
glatiramer acetate	SP1	PA; QL
glatopa	SP1	PA; QL
PLEGRIDY	SP2	PA; QL
PLEGRIDY STARTER PACK	SP2	PA; QL
TECFIDERA	SP2	PA; QL
Central Nervous System Agents - Miscellaneous		
caffeine citrate oral	3	
LYRICA	3	QL
pregabalin oral	1	QL
riluzole	3	PA; QL
SAVELLA	3	QL
SAVELLA TITRATION PACK	3	QL

Drug Name	Drug Tier	Notes
tetrabenazine	SP1	PA
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest	1	
cevimeline hcl	3	
chlorhexidine gluconate mouth/throat	1	
clinpro 5000	1	
denta 5000 plus	1	
dentagel	1	
fluoridex	1	
fluoridex enhanced whitening	1	
fluoridex sensitivity relief	1	
lidocaine viscous mouth/throat solution 2 %	1	
neutral sodium fluoride	1	
oralone	1	
paroex	1	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	2	
PREVIDENT 5000 DRY MOUTH	2	
PREVIDENT 5000 ENAMEL PROTECT	2	
PREVIDENT 5000 ORTHO DEFENSE	2	
PREVIDENT 5000 PLUS	2	
PREVIDENT 5000 SENSITIVE	2	
PREVIDENT DENTAL	2	
prevident mouth/throat	1	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride dental	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
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
acitretin	3	
adapalene external gel 0.3 %	1	
AKTIPAK	2	
ala-cort external cream 2.5 %	1	
alclometasone dipropionate	1	
amcinonide external cream	3	
amcinonide external lotion	3	
amneestem	1	PA
avar cleanser	1	
avita	1	AL (Max 40 Years)
azelaic acid external	3	
AZELEX	2	
benzoyl peroxide-erythromycin	1	
beser external lotion	3	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
calcipotriene	3	
calcipotriene-betameth diprop	3	QL
calcitrene	3	
calcitriol external	3	
CAPEX	2	
claravis	1	PA
clindacin etz external swab	1	

Drug Name	Drug Tier	Notes
clindacin-p	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol prop emollient base	1	
clobetasol propionate e	1	
clobetasol propionate emulsion	3	
clobetasol propionate external cream	1	
clobetasol propionate external foam	3	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	3	
clobetasol propionate external solution	1	
clodan external shampoo	3	
clotrimazole-betamethasone	1	
CONDYLOX	2	
dermazene	1	
desonide external	1	
desoximetasone external cream 0.25 %	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
desoximetasone external gel	1		fluorouracil external solution	1	
desoximetasone external liquid	3		fluticasone propionate external cream	1	
desoximetasone external ointment 0.25 %	1		fluticasone propionate external lotion	3	
diclofenac sodium transdermal gel 3 %	3	QL	fluticasone propionate external ointment	1	
diflorasone diacetate external cream	3		gordons urea	1	
diflorasone diacetate external ointment	1		halobetasol propionate external cream	1	
DRYSOL	2		halobetasol propionate external ointment	1	
DUPIXENT	SP2	PA; QL	hydrocortisone ace-pramoxine external	1	
ELIDEL	2	ST	hydrocortisone butyrate external cream	1	
EPIFOAM	2		hydrocortisone butyrate external ointment	1	
ery	1		hydrocortisone butyrate external solution	1	
erythromycin external	1		hydrocortisone external cream 2.5 %	1	
EUCRISA	2	ST	hydrocortisone external lotion 2.5 %	1	
FINACEA EXTERNAL FOAM	3	ST	hydrocortisone external ointment 2.5 %	1	
fluocinolone acetonide body	1		hydrocortisone valerate	1	
fluocinolone acetonide external	1		hydrocortisone-iodoquinol	1	
fluocinolone acetonide scalp	1		imiquimod external	1	
fluocinonide emulsified base	1		isotretinoin oral	1	PA
fluocinonide external cream 0.05 %	1		methoxsalen oral	3	
fluocinonide external cream 0.1 %	3		methoxsalen rapid	3	
fluocinonide external gel	1		metronidazole external	1	
fluocinonide external ointment	1		mometasone furoate external	1	
fluocinonide external solution	1		myorisan	1	PA
FLUOROPLEX	2		neuac external gel	1	
fluorouracil external cream 5 %	1		PICATO	3	ST

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

Drug Name	Drug Tier	Notes
pimecrolimus	1	
podocon	1	
podofilox external	1	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL LOTION	2	
PRAMOSONE EXTERNAL OINTMENT	2	
prednicarbate	1	
REGRANEX	2	PA
rosadan external cream	1	
rosadan external gel	1	
SANTYL	2	
selenium sulfide external lotion	1	
selenium sulfide external shampoo 2.25 %	1	
sodium sulfacetamide wash liquid 10 % external	1	
SODIUM SULFACETAMIDE WASH LIQUID 10 % EXTERNAL	2	
sss 10-5 external foam	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external liquid	1	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	

Drug Name	Drug Tier	Notes
sulfacetamide-sulfur in urea	3	
synalar external cream	1	
synalar external ointment	1	
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external	1	
tazarotene external	1	AL (Max 40 Years)
TAZORAC EXTERNAL CREAM 0.05 %	2	AL (Max 40 Years)
TAZORAC EXTERNAL GEL	2	AL (Max 40 Years)
TEXACORT	2	
tretinoin external cream	1	AL (Max 40 Years)
tretinoin external gel 0.01 %, 0.025 %	1	AL (Max 40 Years)
tretinoin external gel 0.05 %	3	AL (Max 40 Years)
tretinoin microsphere	1	AL (Max 40 Years)
tretinoin microsphere pump	1	AL (Max 40 Years)
triamcinolone acetonide external aerosol solution	3	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
triderm	1	
urea external cream 40 %	1	
uremez-40	1	
zenatane	1	PA
Diabetes - Antidiabetic Agents		
acarbose oral	1	
BYDUREON	2	QL

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

Drug Name	Drug Tier	Notes
BYDUREON BCISE AUTOINJECTOR	2	QL
BYETTA 10 MCG PEN	2	QL
BYETTA 5 MCG PEN	2	QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glipizide-metformin hcl	1	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
INVOKAMET	2	
INVOKANA	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
metformin hcl er	1	
metformin hcl oral tablet	1	
miglitol	3	
nateglinide	1	
OZEMPIC	2	QL
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	3	
pioglitazone hcl-metformin hcl	3	
repaglinide	1	
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	
tolbutamide	1	
TRADJENTA	2	
TRULICITY	2	QL

Drug Name	Drug Tier	Notes
VICTOZA	2	QL
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	1	
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	1	
ACCU-CHEK AVIVA PLUS	1	
ACCU-CHEK AVIVA PLUS TEST STRIPS	1	QL
ACCU-CHEK COMPACT PLUS CARE KIT	1	
ACCU-CHEK COMPACT PLUS CONTROL	1	
ACCU-CHEK COMPACT PLUS TEST STRIPS	1	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK GUIDE	1	
ACCU-CHEK GUIDE CONTROL	1	
ACCU-CHEK GUIDE TEST STRIPS	1	QL
ACCU-CHEK GUIDE ME	1	
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	1	
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	1	
ACCU-CHEK SMARTVIEW CONTROL	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	1	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
BAYER CONTOUR IN VITRO LIQUID HIGH , LOW , NORMAL	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
BIOTEL CARE BLOOD GLUCOSE SYST	2		FREESTYLE INSULINX SYSTEM	2	
CARETOUCH LANCING/EJECTOR	2		FREESTYLE INSULINX TEST	2	QL
CHEMSTRIP UGK	1		FREESTYLE LITE TEST	2	QL
CONTOUR NEXT CONTROL	2		FREESTYLE PRECISION NEO TEST	2	QL
CONTOUR NEXT MONITOR	2		FREESTYLE TEST	2	QL
CONTOUR NEXT TEST	2	QL	GENTEEL LANCING KIT (BLUE)	2	
CONTOUR TEST	2	QL	GLUCOCARD 01 SENSOR PLUS	2	QL
DIATHRIVE BLOOD GLUCOSE METER	2		GLUCOCARD EXPRESSION TEST	2	QL
DIATHRIVE BLOOD GLUCOSE TEST	2	QL	GLUCOCARD SHINE CONNEX	2	
DIATHRIVE GLUCOSE CONTROL SOLN	2		GLUCOCARD SHINE EXPRESS	2	
DIATHRIVE GLUCOSE TEST	2	QL	GLUCOCARD SHINE TEST	2	QL
DIATHRIVE LANCING DEVICE	2		GLUCOCARD VITAL TEST	2	QL
EASYMAX CONTROL	2		HW EMBRACE PRO GLUCOSE METER	2	
EASYPLUS BLOOD GLUCOSE TEST	2	QL	HW EMBRACE PRO GLUCOSE TEST	2	QL
EMBRACE TALK BLOOD GLUCOSE	2		HW EMBRACE TALK BLOOD GLUCOSE	2	
EMBRACE TALK GLUCOSE CONTROL	2		HW EMBRACE TALK GLUCOSE TEST	2	QL
EMBRACE TALK GLUCOSE TEST	2	QL	INPEN 100-BLUE-LILLY	2	
EMBRACE TALK MONITORING SYSTEM	2		INPEN 100-BLUE-NOVO	2	
FORA GTEL BLOOD GLUCOSE SYSTEM	2		INPEN 100-GRAY-LILLY	2	
FORA GTEL BLOOD GLUCOSE TEST	2	QL	INPEN 100-GREY-NOVO	2	
FORTISCARE CONTROL	2		INPEN 100-PINK-LILLY	2	
FREESTYLE FREEDOM LITE	2		INPEN 100-PINK-NOVO	2	
			KETOCARE IN VITRO STRIP	2	
			KETOSTIX	2	
			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	Drug Name	Drug Tier	Notes
LANCETS	1		PRECISION XTRA BLOOD GLUCOSE	2	QL
LANCETS KIT	2		PRECISION XTRA DEVICE	2	
MICROLET NEXT LANCING DEVICE	2		PRECISION XTRA KIT	2	
NOVOPEN ECHO	2		PRECISION XTRA MONITOR	2	
ONE DROP BLOOD GLUCOSE MONITOR	2		RELION BLOOD GLUCOSE TEST	2	QL
ONE DROP TEST	2	QL	RELION ULTIMA TEST	2	QL
ONETOUCH DELICA LANCING DEV	1		SURESTEP PRO HIGH GLUCOSE	1	
ONETOUCH DELICA PLUS LANCING	1		SURESTEP PRO LOW GLUCOSE	1	
ONETOUCH ULTRA 2	1		SURESTEP PRO NORMAL GLUCOSE	1	
ONETOUCH ULTRA BLUE TEST STRIPS	1	QL	TRUE FOCUS BLOOD GLUCOSE METER	2	
ONETOUCH ULTRA MINI	1		TRUE METRIX BLOOD GLUCOSE TEST	2	QL
ONE TOUCH VERIO KIT W/DEVICE	1		TRUE METRIX LEVEL 1	2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1		TRUE METRIX LEVEL 2	2	
ONETOUCH VERIO IN VITRO SOLUTION HIGH	1		TRUE METRIX LEVEL 3	2	
ONETOUCH VERIO TEST STRIPS	1	QL	TRUETRACK TEST	2	QL
ONETOUCH VERIO IQ SYSTEM	1		UNISTRIP CONTROL IN VITRO SOLUTION LOW	2	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1		V-GO 20	2	
PRECISION LINK	2		VIVAGUARD INO CONTROL SOLUTION	2	
PRECISION PCX PLUS TEST	2	QL	VIVAGUARD INO GLUCOSE METER	2	
PRECISION QID MONITOR	2		VIVAGUARD INO TEST STRIPS	2	QL
PRECISION QID TEST	2	QL	VIVAGUARD LANCING DEVICE	2	
PRECISION SOF-TACT MONITOR	2		Diabetes - Glycemic Agents		
PRECISION SOF-TACT TEST	2	QL	GLUCAGEN HYPOKIT	2	
			GLUCAGON EMERGENCY	2	
			PROGLYCEM	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
Diabetes - Insulins			INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	1	
APIDRA SOLOSTAR	3		INSULIN SYRINGES	1	
APIDRA VIAL	3		LANTUS SOLOSTAR	2	
BD AUTOSHIELD DUO PEN NEEDLES	1		LANTUS U-100 VIAL	2	
BD INTEGRA NEEDLE 25G X 5/8"	1		LEVEMIR U-100 FLEXTOUCH	2	
BD SAFETYGLIDE SYRINGE/NEEDLE 21G X 1-1/2"	1		LEVEMIR U-100 VIAL	2	
BD ULTRA-FINE INSULIN SYRINGES	1		MAXICOMFORT SYR 27G X 1/2"	1	
BD ULTRA-FINE PEN NEEDLES	1		MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	1	
FIASP	2		NOVOFINE AUTOCOVER PEN NEEDLE	1	
FIASP FLEXTOUCH	2		NOVOFINE PEN NEEDLE	1	
HUMALOG KWIKPEN	2		NOVOFINE PLUS PEN NEEDLE	1	
HUMALOG MIX 50/50 KWIKPEN	2		NOVOLIN 70/30 FLEXPEN	2	
HUMALOG MIX 50/50 VIAL	2		NOVOLIN 70/30 FLEXPEN RELION	2	
HUMALOG MIX 75/25 KWIKPEN	2		NOVOLIN 70/30 RELION	2	
HUMALOG MIX 75/25 VIAL	2		NOVOLIN 70/30 VIAL	2	
HUMALOG U-100 JUNIOR KWIKPEN	2		NOVOLIN N RELION	2	
HUMALOG U-100 VIAL AND CARTRIDGE	2		NOVOLIN N VIAL	2	
HUMULIN 70/30 KWIKPEN	2		NOVOLIN R RELION	2	
HUMULIN 70/30 VIAL	2		NOVOLIN R VIAL	2	
HUMULIN N KWIKPEN	2		NOVOLOG FLEXPEN	2	
HUMULIN N VIAL	2		NOVOLOG MIX 70/30 FLEXPEN	2	
HUMULIN R U-500 KWIKPEN	2				
HUMULIN R U-500 VIAL (CONCENTRATED)	2				
HUMULIN R VIAL	2				

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

Drug Name	Drug Tier	Notes
NOVOLOG MIX 70/30 VIAL	2	
NOVOLOG PENFILL	2	
NOVOLOG U-100 VIAL	2	
NOVOTWIST PEN NEEDLE	1	
SECURESAFE HYPODERMIC NEEDLE 18G X 1" , 19G X 1" , 19G X 1-1/2" , 22G X 1"	1	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
Electrolytes / Minerals / Metals / Vitamins		
CARBAGLU	SP3	
CARNITOR INTRAVENOUS	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
cyanocobalamin injection solution 1000 mcg/ml	1	
cytra k crystals	1	
deferasirox	SP1	PA
effer-k oral tablet effervescent 25 meq	1	
ergocalciferol oral capsule	1	
EXJADE	SP3	PA
ferocon	1	
ferottrinsic	1	
FERRALET 90	3	
FERRIPROX	SP3	PA
fluoritab	0	PV
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	0	PV
FOLIVANE-F	2	

Drug Name	Drug Tier	Notes
FOLIVANE-PLUS	2	
foltrin	1	
GALZIN	2	
gnp folic acid	0	PV
INTEGRA F	2	
INTEGRA PLUS	2	
iodine strong oral	1	
kionex	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
KLOR-CON M15	2	
klor-con m20	1	
klor-con sprinkle	1	
klor-con/ef	1	
K-PHOS	2	
K-PHOS NO 2	2	
k-prime	1	
levocarnitine oral solution	3	
levocarnitine oral tablet	3	
ludent	0	PV
M-NATAL PLUS	1	
multi prenatal	0	PV
multivitamin/fluoride oral tablet chewable 1 mg	1	
mvc-fluoride oral tablet chewable 1 mg	1	
nafrinse	0	PV
nafrinse drops	0	PV
NASCOBAL	2	
ONE-A-DAY WOMENS PRENATAL 1	0	PV
ORACIT	2	
phospha 250 neutral	1	
phosphorous	1	
phospho-trin 250 neutral	1	
phytonadione 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
pnv prenatal plus multivit+dha	1	
pot bicarb-pot chloride	1	
potassium bicarbonate oral	1	
potassium chloride cryster	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
prenatal multi +dha	0	PV
prenatal oral tablet 27-0.8 mg, 28-0.8 mg	0	PV
prenatal oral tablet 27-1 mg	1	
prenatal plus iron	1	
PROFERRIN-FORTE	2	
quflora pediatric oral tablet chewable 1 mg	1	
sod citrate-citric acid	1	
sodium fluoride oral	0	PV
sodium polystyrene sulfonate	1	
sps	1	
SYPRINE	SP3	PA
taron-crystals	1	
tl icon	1	
TRICARE PRENATAL DHA ONE	3	
tricitrates	1	
tricon	1	
trientine hcl	SP1	PA
VIRT-FEFA PLUS	2	
virt-phos 250 neutral	1	
vitamin d (ergocalciferol) oral capsule 50000 unit	1	

Drug Name	Drug Tier	Notes
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
CARAFATE ORAL SUSPENSION	2	
esomeprazole magnesium oral capsule delayed release 40 mg	3	QL
lansoprazole oral capsule delayed release 30 mg	3	QL
lansoprazole oral tablet dispersible	3	QL; AL (Max 12 Years)
misoprostol oral	1	
NEXIUM ORAL PACKET	3	QL; AL (Max 12 Years)
omeprazole oral capsule delayed release 10 mg, 40 mg	3	QL
pantoprazole sodium oral	3	QL
PREVACID SOLUTAB	3	QL; AL (Max 12 Years)
rabeprazole sodium oral tablet delayed release	3	QL
ranitidine hcl oral syrup	3	
sucalfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alose tron hcl	3	PA
AMITIZA	3	QL
ANASPAZ	2	
bisacodyl ec	0	PV; QL
chlordiazepoxide-clidinium	1	
CHOLBAM	SP3	PA
clearlax	0	PV; QL
constulose	1	
cromolyn sodium oral	3	
CUVPOSA	3	
dicyclomine 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
diphenoxylate-atropine	1	
ed-spaz	1	
enulose	1	
ex-lax ultra	0	PV; QL
GATTEX	SP3	PA
gavilax oral powder	0	PV; QL
gavilyte-c	1	PV; QL
gavilyte-g	1	PV; QL
gavilyte-n with flavor pack	1	PV; QL
generlac	1	
gentle laxative oral	0	PV; QL
glycolax	0	PV; QL
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
lactulose encephalopathy	1	
lactulose oral solution	1	
LINZESS	3	QL
magnesium citrate oral solution	0	PV; QL
methscopolamine bromide oral	1	
MOVANTIK	3	QL
MOVIPREP	3	
nulev	1	
oscimin	1	
oscimin sr	1	
OSMOPREP	3	
peg 3350/electrolytes	1	PV; QL
peg 3350-kcl-na bicarb-nacl	1	PV; QL
peg-3350/electrolytes	1	PV; QL

Drug Name	Drug Tier	Notes
phenobarbital-belladonna alk	1	
phenohydro	1	
PREPOPIK	3	
propantheline bromide oral	1	
RELISTOR SUBCUTANEOUS	SP3	PA; QL
SUPREP BOWEL PREP KIT	3	
SYMAX DUOTAB	2	
symax-sl	1	
symax-sr	1	
trilyte	1	PV; QL
ursodiol oral	1	
VIBERZI	3	PA; QL
XERMELO	SP3	PA; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
BUPHENYL	SP3	
CERDELGA	SP3	PA
CREON	2	
GALAFOLD	SP3	PA; QL
MYALEPT	SP3	PA
OCALIVA	SP3	PA; QL
ORFADIN	SP3	PA
PANCREAZE	2	
PROCYSBI	SP3	PA
RAVICTI	SP3	PA
sodium phenylbutyrate oral	SP1	
STRENSIQ	SP3	PA
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	

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
darifenacin hydrobromide er	3	
DEPEN TITRATABS	SP2	PA
D-PENAMINE	SP2	PA
ELMIRON	2	
flavoxate hcl	1	
INTRAROSA	3	
LITHOSTAT	2	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENAGEL	3	
sevelamer carbonate	3	
sevelamer hcl	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	3	QL
solifenacin succinate	1	
tadalafil oral tablet 2.5 mg, 5 mg	3	QL
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	3	
uribel	1	
uro-mp	1	
VESICARE	2	
vilamit mb	1	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	

Drug Name	Drug Tier	Notes
finasteride oral tablet 5 mg	1	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
Hormonal Agents - Adrenal		
cortisone acetate oral	1	
DEXAMETHASONE INTENSOL	2	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 2 MG	2	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
PREDNISON	2	
prednisone oral	1	
Hormonal Agents - Men's Health		
ANDRODERM	2	PA
danazol oral	3	
DEPO-TESTOSTERONE	2	PA
testosterone cypionate intramuscular	1	PA
testosterone enanthate intramuscular	1	PA

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
testosterone transdermal gel 10 mg/act (2%), 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
Hormonal Agents - Osteoporosis		
OSPHENA	3	
raloxifene hcl	1	PV
Hormonal Agents - Parathyroid		
cinacalcet hcl	SP1	PA
SENSIPAR	SP3	PA
Hormonal Agents - Pituitary		
cabergoline	1	
DDAVP RHINAL TUBE	2	
desmopressin ace spray refrig	1	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
NORDITROPIN FLEXPRO	SP2	PA
NUTROPIN AQ NUSPIN 10	SP2	PA
NUTROPIN AQ NUSPIN 20	SP2	PA
NUTROPIN AQ NUSPIN 5	SP2	PA
octreotide acetate	SP1	PA
OMNITROPE	SP2	PA
ORILISSA	3	PA; QL
SIGNIFOR	SP3	PA; QL

Drug Name	Drug Tier	Notes
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP3	PA
STIMATE	2	
Hormonal Agents - Sex Hormones and Birth Control		
afirmelle	0	PV
altavera	0	PV
alyacen 1/35	0	PV
alyacen 7/7/7	0	PV
amabelz	1	
amethia	0	PV; QL
amethia lo	0	PV; QL
amethyst	0	PV
ANGELIQ	2	
ANNOVERA	0	PV
apri	0	PV
aranelle	0	PV
ashlyna	0	PV; QL
aubra	0	PV
aubra eq	0	PV
aurovela 1.5/30	0	PV
aurovela 1/20	0	PV
aurovela 24 fe	0	PV
aurovela fe 1.5/30	0	PV
aurovela fe 1/20	0	PV
aviane	0	PV
ayuna	0	PV
azurette	0	PV
BALCOLTRA	3	
balziva	0	PV
bekyree	0	PV
blisovi 24 fe	0	PV
blisovi fe 1.5/30	0	PV
blisovi fe 1/20	0	PV
biellyn	0	PV

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

Drug Name	Drug Tier	Notes
camila	0	PV
camrese	0	PV; QL
camrese lo	0	PV; QL
caziant	0	PV
chateal	0	PV
chateal eq	0	PV
CLIMARA PRO	3	
COMBIPATCH	3	
covaryx	1	
covaryx hs	1	
cryselle-28	0	PV
cyclafem 1/35	0	PV
cyclafem 7/7/7	0	PV
cyred	0	PV
cyred eq	0	PV
dasetta 1/35	0	PV
dasetta 7/7/7	0	PV
daysee	0	PV; QL
deblitane	0	PV
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	2	
delyla	0	PV
DEPO-ESTRADIOL	2	
desogestrel-ethinyl estradiol	0	PV
DIVIGEL	3	
dotti	1	
drospiren-eth estrad- levomefol	0	PV
drospirenone-ethinyl estradiol	0	PV
DUAVEE	2	
eemt	1	
eemt hs	1	
ELESTRIN	3	
elinest	0	PV
ELLA	0	PV

Drug Name	Drug Tier	Notes
emoquette	0	PV
enpresse-28	0	PV
enskyce	0	PV
errin	0	PV
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	0	PV
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
ESTRING	3	QL
ESTROGEL	3	
ethynodiol diac-eth estradiol	0	PV
EVAMIST	3	
falmina	0	PV
fayosim	0	PV; QL
femynor	0	PV
fyavolv	1	
gianvi	0	PV
hailey 1.5/30	0	PV
hailey 24 fe	0	PV
heather	0	PV
incassia	0	PV
introvale	0	PV; QL
isibloom	0	PV
jasmiel	0	PV
jencycla	0	PV
jinteli	1	
jolessa	0	PV; QL
juleber	0	PV

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
junel 1.5/30	0	PV	lo-zumandimine	0	PV
junel 1/20	0	PV	lutera	0	PV
junel fe 1.5/30	0	PV	lyza	0	PV
junel fe 1/20	0	PV	marlissa	0	PV
junel fe 24	0	PV	medroxyprogesterone acetate intramuscular	0	PV; QL
kaitlib fe	0	PV	medroxyprogesterone acetate oral	1	
kalliga	0	PV	megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	1	
kariva	0	PV	megestrol acetate oral tablet	1	
kelnor 1/35	0	PV	melodetta 24 fe	0	PV
kelnor 1/50	0	PV	MENEST	2	
kurvelo	0	PV	mibelas 24 fe	0	PV
KYLEENA	0	PV	microgestin 1.5/30	0	PV
larin 1.5/30	0	PV	microgestin 1/20	0	PV
larin 1/20	0	PV	microgestin fe 1.5/30	0	PV
larin 24 fe	0	PV	microgestin fe 1/20	0	PV
larin fe 1.5/30	0	PV	mili	0	PV
larin fe 1/20	0	PV	mimvey	1	
larissia	0	PV	mimvey lo	1	
layolis fe	0	PV	MIRENA (52 MG)	0	PV
leena	0	PV	mono-linyah	0	PV
lessina	0	PV	NATAZIA	0	PV
levonest	0	PV	necon 0.5/35 (28)	0	PV
levonorgest-eth est & eth est	0	PV; QL	NEXPLANON	0	PV
levonorgest-eth estrad 91-day	0	PV; QL	nikki	0	PV
levonorgestrel	0	PV	nora-be	0	PV
levonorgestrel-ethinyl estrad	0	PV	norethin ace-eth estrad-fe	0	PV
levonorg-eth estrad triphasic	0	PV	norethindrone acetate oral	1	
levora 0.15/30 (28)	0	PV	norethindrone acet-ethinyl est	0	PV
LILETTA (52 MG)	0	PV	norethindrone oral	0	PV
lillow	0	PV	norethindrone-eth estradiol	1	
LO LOESTRIN FE	3				
lopreeza	1				
loryna	0	PV			
low-ogestrel	0	PV			

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

Drug Name	Drug Tier	Notes
norethin-eth estradiol-fe	0	PV
norgestimate-eth estradiol	0	PV
norgestimate-ethinyl estradiol triphasic	0	PV
norlyda	0	PV
norlyroc	0	PV
nortrel 0.5/35 (28)	0	PV
nortrel 1/35 (21)	0	PV
nortrel 1/35 (28)	0	PV
nortrel 7/7/7	0	PV
NUVARING	0	PV
ocella	0	PV
ogestrel	0	PV
orsythia	0	PV
PARAGARD INTRAUTERINE COPPER	0	PV
philith	0	PV
pimtrea	0	PV
pirmella 1/35	0	PV
pirmella 7/7/7	0	PV
portia-28	0	PV
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
preventeza	0	PV
previfem	0	PV
progesterone intramuscular	1	
progesterone micronized oral	1	
reclipsen	0	PV
rivelsa	0	PV; QL
setlakin	0	PV; QL
sharobel	0	PV
simliya	0	PV

Drug Name	Drug Tier	Notes
simpesse	0	PV; QL
SKYLA	0	PV
SLYND	0	PV
sprintec 28	0	PV
sronyx	0	PV
syeda	0	PV
tarina 24 fe	0	PV
tarina fe 1/20	0	PV
tarina fe 1/20 eq	0	PV
TAYTULLA	3	
tilia fe	0	PV
tri femynor	0	PV
tri-estarylla	0	PV
tri-legest fe	0	PV
tri-linyah	0	PV
tri-lo-estarylla	0	PV
tri-lo-marzia	0	PV
tri-lo-mili	0	PV
tri-lo-sprintec	0	PV
tri-mili	0	PV
tri-previfem	0	PV
tri-sprintec	0	PV
trivora (28)	0	PV
tri-vylibra	0	PV
tri-vylibra lo	0	PV
tulana	0	PV
tydemy	0	PV
velivet	0	PV
vienva	0	PV
violele	0	PV
vyfemla	0	PV
vylibra	0	PV
wera	0	PV
wymzya fe	0	PV
xulane	0	PV
yuvafem	1	
zarah	0	PV

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

Drug Name	Drug Tier	Notes
zovia 1/35e (28)	0	PV
zumandimine	0	PV
Hormonal Agents - Thyroid		
ARMOUR THYROID	2	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levothyroxine-liothyronine oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID ORAL TABLET 113.75 MG, 146.25 MG, 162.5 MG, 260 MG, 325 MG, 48.75 MG, 81.25 MG, 97.5 MG	2	
nature-throid oral tablet 130 mg, 16.25 mg, 195 mg, 32.5 mg, 65 mg	1	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	2	
TIROSINT	3	
unithroid	1	
westhroid oral tablet 130 mg, 32.5 mg, 65 mg	1	
WESTHROID ORAL TABLET 195 MG, 97.5 MG	2	
WP THYROID	2	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	SP3	PA
ACTEMRA SUBCUTANEOUS	SP3	PA
ACTIMMUNE	SP2	
azathioprine oral	1	

Drug Name	Drug Tier	Notes
BERINERT	SP2	PA
CELLCEPT	SP3	
CIMZIA	SP3	PA
CIMZIA PREFILLED KIT	SP3	PA
CIMZIA STARTER KIT	SP3	PA
COSENTYX (300 MG DOSE)	SP3	PA
COSENTYX 150 MG/ML	SP3	PA
COSENTYX SENSOREADY (300 MG)	SP3	PA
COSENTYX SENSOREADY PEN	SP3	PA
cyclosporine modified	1	
cyclosporine oral	1	
ENBREL	SP2	PA
ENBREL MINI	SP2	PA
ENBREL SURECLICK	SP2	PA
ENVARBUS XR	SP2	
FIRAZYR	SP3	PA
gengraf	1	
HAEGARDA	SP2	PA
HUMIRA	SP2	PA
HUMIRA PEDIATRIC CROHNS START	SP2	PA
HUMIRA PEN	SP2	PA
HUMIRA PEN-CD/UC/HS STARTER	SP2	PA
HUMIRA PEN-PS/UV/ADOL HS START	SP2	PA
icatibant acetate	SP1	PA
IMURAN	2	
KINERET	SP3	PA
leflunomide oral	1	
methotrexate oral	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil	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
mycophenolate sodium	1		BEXSERO	0	PV
MYFORTIC	SP3		BOOSTRIX	0	PV
NEORAL	SP3		DAPTACEL	0	PV
ORENCIA CLICKJECT	SP3	PA	DIPHtheria-TETANUS TOXoids DT	0	PV
ORENCIA SUBCUTANEOUS	SP3	PA	ENGERIX-B	0	PV
PROGRAF ORAL CAPSULE	SP3		EZ FLU SHOT-FLUCELVAX QUAD	0	PV
PROGRAF ORAL PACKET	SP2		FLUAD	0	PV
RAPAMUNE ORAL SOLUTION	SP2		FLUARIX QUADRIVALENT	0	PV
RAPAMUNE ORAL TABLET	SP3		FLUBLOK QUADRIVALENT	0	PV
RIDAURA	2		FLUCELVAX QUADRIVALENT	0	PV
SANDIMMUNE ORAL CAPSULE	SP3		FLULAVAL QUADRIVALENT	0	PV
SANDIMMUNE ORAL SOLUTION	SP2			0	PV; AL (Min 2 Years and Max 49 Years)
SIMPONI	SP3	PA	FLUMIST QUADRIVALENT		
sirolimus oral solution	SP1		FLUZONE HIGH-DOSE	0	PV
sirolimus oral tablet	1		FLUZONE QUADRIVALENT	0	PV
STELARA SUBCUTANEOUS	SP3	PA		0	PV; AL (Min 9 Years and Max 26 Years)
tacrolimus oral	1		GARDASIL 9		
TREMFYA	SP2	PA	HAVRIX	0	PV
XATMEP	SP2			0	PV; AL (Min 18 Years)
ZORTRESS	SP3	PA	HEPLISAV-B		
Immunological Agents - Drugs for Vaccination				0	PV; AL (Max 6 Years)
	0	PV; AL (Max 6 Years)	HIBERIX		
ACTHIB	0	PV	IMOVAX RABIES	3	
ADACEL	0	PV	INFANRIX	0	PV
AFLURIA	0	PV		0	PV; AL (Max 17 Years)
AFLURIA PRESERVATIVE FREE	0	PV	IPOL		
AFLURIA QUADRIVALENT	0	PV			
BCG VACCINE	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
KINRIX	0	PV
MENACTRA	0	PV
MENVEO	0	PV
M-M-R II	0	PV
PEDIARIX	0	PV
PEDVAX HIB	0	PV; AL (Max 6 Years)
PENTACEL	0	PV
pneumovax 23 injectable 25 mcg/0.5ml injection	0	PV
PNEUMOVAX 23 INJECTABLE 25 MCG/0.5ML INJECTION	0	PV
PREVNAR 13	0	PV
PROQUAD	0	PV
QUADRACEL	0	PV
RECOMBIVAX HB	0	PV
ROTARIX	0	PV; AL (Max 8 Months)
ROTATEQ	0	PV; AL (Max 8 Months)
SHINGRIX	0	PV; AL (Min 50 Years)
STAMARIL	3	
TDVAX	0	PV
TENIVAC	0	PV
TRUMENBA	0	PV
TWINRIX	0	PV
TYPHIM VI	3	
VAQTA	0	PV
VARIVAX	0	PV
VAXCHORA	3	
VIVOTIF	2	
yf-vax injectable subcutaneous	3	

Drug Name	Drug Tier	Notes
YF-VAX INJECTABLE SUBCUTANEOUS	3	
ZOSTAVAX	0	PV; AL (Min 60 Years)
Inflammatory Bowel Disease Agents		
ANALPRAM-HC RECTAL LOTION	2	
anucort-hc	1	
anusol-hc rectal suppository	1	
APRISO	2	
balsalazide disodium	1	
budesonide er	3	
budesonide oral	3	
CANASA	2	
colocort	1	
DELZICOL	2	
hemmorex-hc	1	
hydrocortisone ace-pramoxine rectal	1	
hydrocortisone acetate rectal suppository 25 mg	1	
hydrocortisone acetate rectal suppository 30 mg	3	
hydrocortisone rectal	1	
mesalamine oral	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
PENTASA	2	
PROCTOFOAM HC	2	
procto-med hc	1	
procto-pak	1	
proctosol hc	1	
proctozone-hc	1	
sulfasalazine oral	1	
UCERIS 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
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral solution	1	
alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
calcitonin (salmon)	1	QL
calcitriol oral	1	
etidronate disodium	1	
FORTEO	SP2	PA
ibandronate sodium oral	1	QL
paricalcitol oral	1	
risedronate sodium oral tablet 150 mg, 35 mg	1	QL
risedronate sodium oral tablet 30 mg, 5 mg	1	
risedronate sodium oral tablet delayed release	3	QL
TYMLOS	SP2	PA
Miscellaneous Therapeutic Agents		
BD SYRINGE LUER-LOK 30 ML	1	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE	2	
CAMINO PRO COMPLETE/GLYTACTIN	2	
CAMINO PRO PKU	2	
CAYA	0	PV; QL
EASIVENT	2	
EASY GLIDE LUER LOCK SYRINGE	1	
EASYPOINT NEEDLE 25G X 1-1/2"	1	

Drug Name	Drug Tier	Notes
FEMCAP	0	PV; QL
filter needle	1	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
FORA D40D GLUCOSE/PRESSURE DEVICE	2	
GLYTACTIN BETTERMILK 15	2	
GLYTACTIN BETTERMILK DE-LITE	2	
GLYTACTIN BUILD 10PE	2	
GLYTACTIN BUILD 20/20 PKU	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 lock flush	1	
heparin sodium flush	1	
heparin sodium lock flush	1	
HUMATROPEN FOR 12MG	1	

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

Drug Name	Drug Tier	Notes
HUMATROPEN FOR 24MG	1	
HUMATROPEN FOR 6MG	1	
INSPIREASE RESERVOIR BAGS	2	
J-TIP KIT W/VIAL ADAPTERS	1	
MASK VORTEX	2	
methergine	3	
methylergonovine maleate oral	3	
NORDIPEN 5 INJECTION DEVICE	1	
NORM-JECT LUER SLIP SYRINGE	1	
OPTIONS CONCEPTROL	0	PV; QL
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PEDIATRIC PANDA MASK	2	
PHENACTIN AA PLUS	2	
PHENYLADE DRINK MIX	2	
PHENYLADE GMP READY	2	
PKU EASY	2	
PKU EASY MICROTABS	2	
pocket spacer	2	
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
PROCARE SPACER/ADULT MASK	2	
PROCARE SPACER/CHILD MASK	2	
sash kit	1	

Drug Name	Drug Tier	Notes
SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2"	1	
syringe luer lock 30 ml	1	
syringe luer slip 1 ml	1	
vcf vaginal contraceptive vaginal gel	0	PV; QL
WIDE-SEAL DIAPHRAGM 60	0	PV; QL
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALOCRIAL	2	
ALOMIDE	2	
ALREX	2	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	QL
CILOXAN OPHTHALMIC OINTMENT	2	
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
DUREZOL	3	
epinastine hcl	1	
erythromycin ophthalmic	1	
FLAREX	2	
fluorometholone	1	
flurbiprofen sodium	1	
FML	2	
FML FORTE	2	
gatifloxacin ophthalmic	1	

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

Drug Name	Drug Tier	Notes
gentak	1	
gentamicin sulfate ophthalmic	1	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic	1	
LOTEMAX OPTHALMIC GEL	2	QL
LOTEMAX OPTHALMIC OINTMENT	2	QL
LOTEMAX OPTHALMIC SUSPENSION	2	
loteprednol etabonate	1	
MAXIDEX	2	
moxifloxacin hcl ophthalmic	1	
NATACYN	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PAZEO	3	
prednisolone acetate ophthalmic	1	
prednisolone acetate p-f	1	
prednisolone sodium phosphate ophthalmic	1	
sulfacetamide sodium ophthalmic	1	
tobramycin ophthalmic	1	
TOBREX OPTHALMIC OINTMENT	2	
trifluridine	1	
ZIRGAN	3	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	1	
acetazolamide oral tablet 250 mg	1	

Drug Name	Drug Tier	Notes
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	
apraclonidine hcl	1	
AZOPT	2	
betaxolol hcl ophthalmic	1	
BETIMOL	2	
BETOPTIC-S	2	
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic	1	
carteolol hcl	1	
COMBIGAN	2	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml	3	
IOPIDINE	2	
latanoprost ophthalmic	1	
levobunolol hcl	1	
LUMIGAN	2	QL
methazolamide oral	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	2	
timolol maleate ophthalmic	1	
TIMOPTIC OCUDOSE	2	
TRAVATAN Z	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ak-poly-bac	1	
altacaine	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
altafrin	1	
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution	1	
bacitracin-polymyxin b ophthalmic	1	
bacitra-neomycin-polymyxin-hc	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
cyclopentolate hcl ophthalmic	1	
homatropaire	1	
homatropine hbr	1	
ISOPTO ATROPINE	1	
LACRISERT	2	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin	1	
neomycin-polymyxin-hc ophthalmic	1	
neo-polycin	1	
neo-polycin hc	1	
phenylephrine hcl ophthalmic	1	
polycin	1	
polymyxin b-trimethoprim	1	
PRED-G	2	
PRED-G S.O.P.	2	
proparacaine hcl ophthalmic	1	

Drug Name	Drug Tier	Notes
RESTASIS	3	PA
RESTASIS MULTIDOSE OPTHALMIC EMULSION 0.05 %	3	PA
sulfacetamide-prednisolone ophthalmic solution	1	
tetcaine	1	
tetracaine hcl ophthalmic	1	
tetravisc	1	
tetravisc forte	1	
TOBRADEX OPTHALMIC OINTMENT	2	
tobramycin-dexamethasone	1	
tropicamide ophthalmic	1	
XIIDRA	3	PA
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CIPRO HC	2	
CIPRODEX	2	
ciprofloxacin hcl otic	1	
COLY-MYCIN S	2	
flac	1	
fluocinolone acetone otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	2	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
benzonatate oral capsule 100 mg, 200 mg	1	
bromfed dm	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
cyproheptadine hcl oral	1	
fluticasone propionate nasal	1	
guaiaatussin ac	1	PA; QL; AL (Min 18 Years)
guaifenesin ac	1	PA; QL; AL (Min 18 Years)
hydrocodone polst-cpm polst er	1	PA; QL; AL (Min 18 Years)
hydrocodone-homatropine	1	PA; QL; AL (Min 18 Years)
hydromet	1	PA; QL; AL (Min 18 Years)
ipratropium bromide nasal	1	
nebusal inhalation nebulization solution 3 %	1	
phenadoz	1	
promethazine hcl oral syrup	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethazine-codeine	1	PA; QL; AL (Min 18 Years)
promethazine-dm	1	
promethazine-phenyleph-codeine	1	PA; QL; AL (Min 18 Years)
promethazine-phenylephrine	1	
promethegan	1	
pseudoephedrine-bromphen-dm	1	
pulmosal	1	

Drug Name	Drug Tier	Notes
sodium chloride inhalation	1	
SSKI	2	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
acetylcysteine inhalation	1	
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL
albuterol sulfate er	1	
albuterol sulfate inhalation	1	QL
albuterol sulfate oral	1	
ANORO ELLIPTA	2	QL
ARCAPTA NEOHALER	2	QL
ASMANEX (120 METERED DOSES)	2	QL
ASMANEX (14 METERED DOSES)	2	QL
ASMANEX (30 METERED DOSES)	2	QL
ASMANEX (60 METERED DOSES)	2	QL
ASMANEX (7 METERED DOSES)	2	QL
ASMANEX HFA	2	QL
ATROVENT HFA	2	QL
BREO ELLIPTA	2	QL
budesonide inhalation	1	QL; AL (Max 9 Years)
COMBIVENT RESPIMAT	2	QL
cromolyn sodium inhalation	1	
DALIRESP	3	PA
epinephrine injection solution 0.3 mg/0.3ml	1	
epinephrine injection solution auto-injector	1	
ESBRIET	SP3	PA

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

Drug Name	Drug Tier	Notes
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
INCRUSE ELLIPTA	2	QL
ipratropium bromide inhalation	1	QL
ipratropium-albuterol	1	QL
levalbuterol hcl inhalation	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	1	QL
montelukast sodium oral	1	
OFEV	SP3	PA
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PROVENTIL HFA	2	QL
PULMICORT FLEXHALER	2	QL
QVAR REDIHALER	2	QL
SEREVENT DISKUS	2	QL
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	3	QL
SYMJEPI	2	
terbutaline sulfate oral	1	
THEO-24	2	
theochron	1	

Drug Name	Drug Tier	Notes
theophylline	1	
theophylline er	1	
TRELEGY ELLIPTA	2	QL
VENTOLIN HFA	1	QL
wixela inhub	1	QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
CAYSTON	SP3	PA
KALYDECO	SP3	PA
ORKAMBI	SP3	PA; QL
PULMOZYME	SP2	PA
TOBI NEBULIZER	SP3	
TOBI PODHALER	SP2	QL
tobramycin inhalation	SP1	
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	SP3	PA; QL
ambrisentan	SP1	PA; QL
bosentan	SP1	PA; QL
LETAIRIS	SP2	PA; QL
OPSUMIT	SP2	PA; QL
sildenafil citrate oral tablet 20 mg	SP1	PA; QL
TRACLEER	SP2	PA; QL
TYVASO	SP2	PA; QL
TYVASO REFILL	SP2	PA; QL
TYVASO STARTER	SP2	PA; QL
UPTRAVI	SP3	PA; QL
VENTAVIS	SP2	PA; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral	1	
carisoprodol oral tablet 350 mg	1	
carisoprodol-aspirin	1	
chlorzoxazone oral tablet 500 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
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
dantrolene sodium oral	1	
metaxalone	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
armodafinil	1	PA; QL
eszopiclone	1	QL
flurazepam hcl	1	PA; QL
modafinil	3	PA; QL
ramelteon	3	QL
ROZEREM	3	QL
SILENOR	3	QL
temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL
zaleplon	1	QL
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL

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

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