



Group Value Formulary

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What is my prescription drug coverage?

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

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

What is the 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 provided the drug is medically necessary and plan rules followed. The list, updated regularly, contains both brand-name and generic medications.

The Group Value formulary is a tiered formulary, meaning there are different copayments for different levels of drugs. The formulary includes preferred drugs 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; therefore, 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, primarily made up of physicians, pharmacists, and nurses, review information and scientific evidence concerning safety, effectiveness, and current use in therapy.

Does the formulary ever change?

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

- Generic forms of the brand drug become available. The brand-name medication may no longer be covered when a generic is available. The generic medication may be covered at the lower copayment.
- New drugs may be added by the P&T Committee or the FDA may withdraw a drug from the market.

- If 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?

The Group Value formulary, updated quarterly, can be found on our website at firstcare.com. To view changes to the formulary, 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. Medication that has a trade name and is protected by a patent (can be produced and sold only by the company holding the patent) is considered a brand name drug. A generic drug is a medication approved by the FDA and created to be the same as the brand-name drug in dosage form, safety, strength, route of administration, quality, and performance characteristics. Generally, generic drugs cost less than brand-name drugs but the quality and effectiveness are the same. Generic drugs may differ from the brand-name drug in color, shape, flavor, or inactive ingredients. Some brand-name drugs have a generic equivalent and others do not. If a generic form of a brand-name drug becomes available, the brand-name medication may no longer be covered by your prescription benefit and the generic medication may be covered at a 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 pharmacies in the FirstCare network. Prescribers may choose to use a brand-name product and not allow generic substitution. Per state law, the prescriber must handwrite the statement "brand necessary" or "brand medically necessary" on the prescription. This does not guarantee coverage. The brand-name product may not be a covered drug on the formulary, and thus not covered by your prescription benefit.

What are specialty drugs?

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

What are pharmaceutical management procedures?

Pharmaceutical management procedures are processes that help ensure safe and appropriate use of drugs and ensure access to cost-effective therapy options. As part of such processes, restrictions (described in the following section) may be applied to certain drugs 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 safety edits, quantity limits, prior authorization, step therapy, and others. Please refer to the legend for a complete listing of requirements. All restrictions are effective as of the beginning of the plan year unless noted otherwise on the *Formulary Changes* document.

How do I request an exception to the Group Value 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, quantity limits, etc.), 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.com, fax, mail, or phone. You and your prescriber will be notified of the determination in writing. If approved, the drug will be covered at the applicable copayment. If the request is denied, you may still purchase the medication at full cost. For questions regarding this process, contact FirstCare customer service at 1-800-884-4901.

What drugs are not covered by my prescription drug benefit?

Please refer to your *Plan Benefit 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 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. For example, categories that include drugs used for a short amount of time, such as antibiotics, antivirals, and most topical medications are available in 30-day supplies.

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

How can I save money on prescriptions?

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

Take this formulary with you when you visit your provider to confirm medications are covered by your prescription plan benefit. Your provider will be able to review drug categories for possible lower copay options when prescribing medications.

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

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

Preventive Care Medications & Medications Covered Under Health Care Reform

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

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

Smoking Cessation Medication Coverage

All FDA approved tobacco cessation medications, including prescription and over-the-counter medications, are allowed at \$0 cost-share per the Patient Protection and Affordable Care Act (PPACA). You are limited to 2 smoking cessation attempts per year, up to 180 days total. Please refer to the preventive drug notation (PV) on the formulary to determine which contraceptives are available at a \$0 cost-share. Please note some drugs may be subject to step therapy or prior authorization.

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

Diabetic Supplies

The preferred diabetic testing supplies include 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	3	PA; QL
butalbital-acetaminophen oral tablet 50-325 mg	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
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
hydrocodone-acetaminophen oral tablet	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral	1	QL
hydromorphone hcl rectal	1	QL

Drug Name	Drug Tier	Notes
lorcet	1	QL
lorcet hd	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
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
oxycodone-aspirin	1	QL
OXYCONTIN	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
pentazocine-naloxone hcl	1	QL
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
Analgesics - Drugs for Pain and Inflammation		
adult aspirin regimen	0	PV
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 ec oral tablet delayed release 325 mg	0	PV
aspirin low dose	0	PV
aspirin oral tablet	0	PV
aspirin oral tablet delayed release	0	PV
BAYER ASPIRIN	0	PV
BAYER ASPIRIN EC LOW DOSE	0	PV
celecoxib oral	1	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL
diclofenac sodium transdermal solution	1	PA
diclofenac-misoprostol	3	
diflunisal oral	1	
ec-naproxen	1	
etodolac	1	
etodolac er	1	

Drug Name	Drug Tier	Notes
fenoprofen calcium oral capsule 400 mg	1	
fenoprofen calcium oral tablet	1	
flurbiprofen oral	1	
gnp aspirin low dose	0	PV
goodsense aspirin low dose	0	PV
ibu	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	2	
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
ketoprofen er	1	
ketoprofen oral	1	
ketorolac tromethamine oral	1	QL
meclofenamate sodium oral	1	
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	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	0	PV
sulindac oral	1	
tolmetin sodium	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
Anesthetics		
glydo	1	
lidocaine external ointment	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	3	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	3	PV; QL; AL (Min 18 Years)
CHANTIX	3	ST; PV; QL; AL (Min 18 Years)
CHANTIX CONTINUING MONTH PAK	3	ST; PV; QL; AL (Min 18 Years)
CHANTIX STARTING MONTH PAK	3	ST; PV; QL; AL (Min 18 Years)
disulfiram oral	1	
naloxone hcl injection solution	1	

Drug Name	Drug Tier	Notes
NALOXONE HCL INJECTION SOLUTION AUTO-INJECTOR	2	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe	1	
naltrexone hcl oral	1	
NARCAN	2	
NICORETTE MOUTH/THROAT GUM 2 MG	0	PV; QL; AL (Min 18 Years)
nicotine polacrilex mouth/throat	0	PV; QL; AL (Min 18 Years)
nicotine step 1	0	PV; QL; AL (Min 18 Years)
nicotine step 2	0	PV; QL; AL (Min 18 Years)
nicotine step 3	0	PV; QL; AL (Min 18 Years)
NICOTROL	3	ST; PV; QL; AL (Min 18 Years)
NICOTROL NS	3	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	

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
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	2	
avidoxy	1	
azithromycin oral	1	
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefpodoxime proxetil	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
demeclocycline hcl	3	
dicloxacillin sodium	1	
DIFICID	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	
ERYPED 400	2	

Drug Name	Drug Tier	Notes
ERY-TAB	2	
erythromycin base	1	
erythromycin ethylsuccinate oral	1	
erythromycin oral	1	
FIRVANQ	3	
gentamicin sulfate external	1	
levofloxacin oral	1	
linezolid oral suspension reconstituted	3	QL
linezolid oral tablet	1	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	2	
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	
paramomycin sulfate oral	3	
penicillin v potassium	1	
silver sulfadiazine external	1	
ssd	1	
sulfadiazine 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
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
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, 500 mg, 750 mg	3	
vancomycin hcl oral	3	
vandazole	1	
VIBRAMYCIN ORAL SYRUP	2	
XIFAXAN	3	PA
Anticoagulants		
ARIXTRA	SP3	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium subcutaneous	1	QL
fondaparinux sodium	SP1	QL
FRAGMIN	SP3	QL
heparin sodium (porcine)	1	
heparin sodium (porcine) pf	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	PA
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	2	
CELONTIN	2	
clobazam oral suspension	3	PA
clobazam oral tablet	1	PA
DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLES	2	
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 kit	3	
lamotrigine oral tablet	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
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	
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	

Drug Name	Drug Tier	Notes
valproic acid oral	1	
vigabatrin	SP1	PA
vigadrone	SP1	PA
VIMPAT ORAL	3	
ZARONTIN	2	
ZONEGRAN	3	
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 capsule	1	
doxepin 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
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
escitalopram oxalate	1	
FETZIMA	3	QL
FETZIMA TITRATION	3	QL
fluoxetine hcl (pmd)	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

Drug Name	Drug Tier	Notes
Antiemetics - Drugs for Nausea and Vomiting		
aprepitant	3	QL
BONJESTA	3	PA; QL
compro	1	
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	

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
clotrimazole- betamethasone	1	
CRESEMBA ORAL	SP3	
dermazene	1	
econazole nitrate external	1	
EXELDERM	2	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
hydrocortisone- iodoquinol	1	
itraconazole oral	1	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
naftifine hcl	1	
NAFTIN EXTERNAL GEL 2 %	2	
NOXAFIL ORAL SUSPENSION	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	
SULCONAZOLE NITRATE	2	
terbinafine hcl oral	1	QL
terconazole	1	

Drug Name	Drug Tier	Notes
voriconazole oral	3	
Antigout Agents		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	1	
colchicine oral tablet	1	
colchicine-probenecid	1	
febuxostat	3	
probenecid	1	
Antimigraine Agents		
AIMOVIG	2	PA; QL
almotriptan malate	3	QL
dihydroergotamine mesylate injection	1	
dihydroergotamine mesylate nasal	1	QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
EMGALITY (300 MG DOSE)	2	PA; QL
ergotamine-caffeine	1	
frovatriptan succinate	3	QL
MIGERGOT	3	
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	1	QL
Antimyasthenic Agents		
pyridostigmine bromide 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
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
pyrazinamide oral	1	
rifabutin	3	
rifampin oral	1	
SIRTURO	SP3	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	SP1	PA; SF
AFINITOR	SP2	PA; QL
AFINITOR DISPERZ	SP2	PA
ALECENSA	SP2	PA
ALUNBRIG	SP2	PA; QL
anastrozole oral	1	PV
AYVAKIT	SP2	PA; SF; QL
BALVERSA	SP2	PA; SF
bexarotene	SP1	PA; SF
bicalutamide	1	
BOSULIF	SP2	PA; SF
BRAFTOVI	SP2	PA
BRUKINSA	SP2	PA; SF
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

Drug Name	Drug Tier	Notes
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
etoposide oral	SP1	
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	SP1	PA; QL
exemestane	1	PV
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
INREBIC	SP2	PA; SF
IRESSA	SP2	PA
JAKAFI ORAL TABLET 10 MG	SP2	PA; SF; QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	SP2	PA; SF	NEXAVAR	SP2	PA; SF
KISQALI (200 MG DOSE)	SP2	PA	NILANDRON	SP2	
KISQALI (400 MG DOSE)	SP2	PA	nilutamide	SP1	
KISQALI (600 MG DOSE)	SP2	PA	NINLARO	SP2	PA
KOSELUGO	SP2	PA	NUBEQA	SP2	PA; SF
LENVIMA (10 MG DAILY DOSE)	SP2	PA	ODOMZO	SP2	PA
LENVIMA (12 MG DAILY DOSE)	SP2	PA	PEMAZYRE	SP2	PA; SF; QL
LENVIMA (14 MG DAILY DOSE)	SP2	PA	PIQRAY (200 MG DAILY DOSE)	SP2	PA
LENVIMA (18 MG DAILY DOSE)	SP2	PA	PIQRAY (250 MG DAILY DOSE)	SP2	PA
LENVIMA (20 MG DAILY DOSE)	SP2	PA	PIQRAY (300 MG DAILY DOSE)	SP2	PA
LENVIMA (24 MG DAILY DOSE)	SP2	PA	POMALYST	SP2	PA
LENVIMA (4 MG DAILY DOSE)	SP2	PA	PURIXAN	SP2	
LENVIMA (8 MG DAILY DOSE)	SP2	PA	QINLOCK	SP2	PA
letrozole oral	1		RETEVMO	SP2	PA; SF
leucovorin calcium oral	1		REVLIMID	SP2	PA
LEUKERAN	2		ROZLYTREK	SP2	PA; SF
LONSURF	SP2	PA	RUBRACA	SP2	PA; SF
LORBRENA	SP2	PA; SF	RYDAPT	SP2	PA
LYNPARZA	SP2	PA	SPRYCEL	SP2	PA; SF
LYSODREN	SP2		STIVARGA	SP2	PA
MATULANE	SP2		SUTENT	SP2	PA
MEKINIST	SP2	PA	SYNRIBO	SP2	PA
MEKTOVI	SP2	PA	TABRECTA	SP2	PA
melphalan	1		TAFINLAR	SP2	PA; SF
mercaptopurine oral	1		TAGRISSO ORAL TABLET 40 MG	SP2	PA; QL
MYLERAN	2		TAGRISSO ORAL TABLET 80 MG	SP2	PA
NERLYNX	SP2	PA; SF; QL	TALZENNA	SP2	PA; SF
			tamoxifen citrate oral tablet 10 mg	1	
			tamoxifen citrate oral tablet 20 mg	1	PV
			TARCEVA ORAL TABLET 100 MG, 150 MG	SP2	PA; SF

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

Drug Name	Drug Tier	Notes
TARCEVA ORAL TABLET 25 MG	SP2	PA; SF; QL
TARGRETIN EXTERNAL	SP2	PA
TARGRETIN ORAL	SP2	PA; SF
TASIGNA	SP2	PA
TAZVERIK	SP2	PA; SF
TEMODAR ORAL	SP2	PA
temozolomide	SP1	PA
THALOMID	SP2	PA
TIBSOVO	SP2	PA; SF
toremifene citrate	SP1	
tretinoin oral	SP1	
TUKYSA	SP2	PA
TURALIO	SP2	PA
TYKERB	SP2	PA
VALCHLOR	SP3	PA
VENCLEXTA	SP2	PA
VENCLEXTA STARTING PACK	SP2	PA
VERZENIO	SP2	PA; SF
VITRAKVI ORAL CAPSULE	SP2	PA; SF
VITRAKVI ORAL SOLUTION	SP2	PA
VIZIMPRO	SP2	PA; SF
VOTRIENT	SP2	PA; SF
XALKORI	SP2	PA; SF
XELODA	SP2	PA
XOSPATA	SP2	PA
XPOVIO (100 MG ONCE WEEKLY)	SP2	PA
XPOVIO (40 MG ONCE WEEKLY)	SP2	PA
XPOVIO (40 MG TWICE WEEKLY)	SP2	PA
XPOVIO (60 MG ONCE WEEKLY)	SP2	PA
XPOVIO (60 MG TWICE WEEKLY)	SP2	PA

Drug Name	Drug Tier	Notes
XPOVIO (80 MG ONCE WEEKLY)	SP2	PA
XPOVIO (80 MG TWICE WEEKLY)	SP2	PA
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	QL
COARTEM	2	
croton	1	
DARAPRIM	2	PA
hydroxychloroquine sulfate tablet 200 mg oral	1	
hydroxychloroquine sulfate tablet 200 mg oral	1	QL
IMPAVIDO	SP3	
ivermectin oral	1	
lindane	1	
malathion	3	
mefloquine hcl	1	
NEBUPENT	2	
pentamidine isethionate inhalation	1	
permethrin external	1	
praziquantel oral	3	
primaquine phosphate	1	
pyrimethamine oral	SP1	PA
quinine sulfate oral	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
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	1	
Antiplatelets		
aspirin-dipyridamole er	1	
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
prasugrel hcl	1	
Antipsychotics - Drugs for Mood Disorders		
aripiprazole oral solution	1	QL
aripiprazole oral tablet	1	QL
aripiprazole oral tablet dispersible 10 mg	1	QL

Drug Name	Drug Tier	Notes
aripiprazole oral tablet dispersible 15 mg	3	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	
acyclovir oral	1	
adefovir dipivoxil	SP1	
APTIVUS	SP2	
atazanavir sulfate	SP1	
ATRIPLA	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	Drug Name	Drug Tier	Notes
BARACLUDE ORAL SOLUTION	SP2	QL	KALETRA	SP2	
BARACLUDE ORAL TABLET	SP3	QL	lamivudine oral solution	SP1	
BIKTARVY	SP2		lamivudine oral tablet 100 mg	1	
CIMDUO	SP2		lamivudine oral tablet 150 mg, 300 mg	SP1	
COMBIVIR	SP3		lamivudine-zidovudine	SP1	
COMPLERA	SP2		LEXIVA	SP2	
CRIXIVAN	SP2		lopinavir-ritonavir	SP1	
DELSTRIGO	SP2		MAVYRET	SP2	PA; QL
DESCOVY	SP2	PA; PV	nevirapine	SP1	
didanosine	SP1		nevirapine er	SP1	
DOVATO	SP2		NORVIR	SP2	
EDURANT	SP2		ODEFSEY	SP2	
efavirenz	SP1		oseltamivir phosphate oral	1	QL
efavirenz-lamivudine-tenofovir	SP1		PEGASYS	SP2	PA
emtricitabine	SP1		PEGASYS PROCLICK	SP2	PA
EMTRIVA	SP2		PEGINTRON	SP2	PA
entecavir	SP1	QL	PIFELTRO	SP2	
EPCLUSA	SP2	PA; QL	PREZCOBIX	SP2	
EPIVIR	SP3		PREZISTA	SP2	
EPIVIR HBV ORAL SOLUTION	2		RETROVIR ORAL	SP3	
EPZICOM	SP3		REYATAZ	SP2	
EVOTAZ	SP2		ribavirin oral	SP1	
famciclovir oral	1		rimantadine hcl	1	
fosamprenavir calcium	SP1		ritonavir	1	
FUZEON	SP2		SELZENTRY	SP2	PA
GENVOYA	SP2		stavudine	SP1	
HARVONI	SP2	PA; QL	STRIBILD	SP2	
HEPSERA	SP3		SUSTIVA	SP3	
INTELENCE	SP2		SYMFI	SP2	
INTRON A	SP3	PA	SYMFI LO	SP2	
INVIRASE	SP2		SYMTUZA	SP2	
ISENTRESS	SP2		TEMIXYS	SP2	
ISENTRESS HD	SP2		tenofovir disoproxil fumarate	SP1	PV
JULUCA	SP2		TIVICAY	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
TIVICAY PD	SP2	
TRIUMEQ	SP2	
TRIZIVIR	SP3	
TRUVADA	SP2	PV
TYBOST	SP2	
valacyclovir hcl oral	1	QL
valganciclovir hcl	SP1	
VEMLIDY	SP2	
VIRACEPT	SP2	
VIRAMUNE	SP3	
VIRAMUNE XR	SP3	
VIREAD	SP2	
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZIAGEN ORAL SOLUTION	SP2	
ZIAGEN ORAL TABLET	SP3	
zidovudine	SP1	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	QL
alprazolam oral tablet	1	QL
alprazolam xr	1	QL
bupirone hcl oral	1	
chlordiazepoxide hcl	1	QL
clonazepam oral	1	QL
clorazepate dipotassium	1	QL
diazepam intensol	1	
diazepam oral	1	
estazolam	1	QL
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	2	QL
lorazepam intensol	1	QL

Drug Name	Drug Tier	Notes
lorazepam oral concentrate 2 mg/ml	1	QL
lorazepam oral tablet	1	QL
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	
ALDACTAZIDE ORAL TABLET 50-50 MG	2	
aliskiren fumarate	3	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril 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
amlodipine besylate-valsartan	1	
amlodipine-atorvastatin	3	
amlodipine-olmesartan	1	
amlodipine-valsartan-hctz	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	PV; AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
betaxolol hcl oral	1	
bisoprolol fumarate	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	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine	1	

Drug Name	Drug Tier	Notes
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 oral	1	
dilt-xr	1	
disopyramide phosphate	1	
DIURIL	2	
dofetilide	3	
doxazosin mesylate oral	1	
enalapril maleate oral	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO	3	QL
EPANED	3	
eplerenone	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	

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
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 mononitrate	1	
isosorbide mononitrate er	1	
isradipine	1	
JUXTAPID	SP3	PA; QL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	2	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
losartan potassium oral	1	
losartan potassium-hctz	1	

Drug Name	Drug Tier	Notes
lovastatin	1	PV; AL (Min 40 Years and Max 75 Years)
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	
nifedipine oral	1	
nimodipine oral	3	
NITRO-BID	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	1	
nitro-time	1	
NORPACE CR	2	
NORTHERA	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
NYMALIZE	SP3	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	1	
pacerone oral tablet 200 mg	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	
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	
ranolazine er	1	
REPATHA	SP3	PA; QL
REPATHA PUSHTRONEX SYSTEM	SP3	PA; QL

Drug Name	Drug Tier	Notes
REPATHA SURECLICK	SP3	PA; QL
	1	PV; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 10 mg, 5 mg		
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
	1	PV; AL (Min 40 Years and Max 75 Years)
simvastatin oral		
sorine	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral	1	
spironolactone-hctz	1	
taztia xt	1	
TEKTURNA HCT	3	
telmisartan	1	
telmisartan-hctz	1	
tiadylt er	1	
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	

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
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
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

Drug Name	Drug Tier	Notes
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
dimethyl fumarate oral	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	
pregabalin oral	1	QL
riluzole	3	PA
SAVELLA	3	QL
SAVELLA TITRATION PACK	3	QL
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	

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
fluoridex enhanced whitening	1	
fluoridex sensitivity relief	1	
lidocaine viscous hcl	1	
neutral sodium fluoride mouth/throat solution 0.2 %	1	
oralone	1	
paroex	1	
perio gard	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 5000 ppm	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
acitretin	3	

Drug Name	Drug Tier	Notes
adapalene external gel 0.3 %	1	
ala-cort external cream 2.5 %	1	
alclometasone dipropionate	1	
amcinonide external cream	3	
amcinonide external lotion	3	
amnesteem	1	PA
avar cleanser	1	
avita	1	AL (Max 40 Years)
azelaic acid external	3	
AZELEX	2	
benzoyl peroxide-erythromycin	1	
besser external lotion	3	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
calcipotriene external cream	3	
calcipotriene external ointment	3	
calcipotriene external solution	3	
calcipotriene-betameth diprop	3	QL
calcitriol external	3	
CAPEX	2	
claravis	1	PA
clindacin etz external swab	1	
clindacin-p	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
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	
CONDYLOX	2	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
desoximetasone external cream 0.25 %	1	

Drug Name	Drug Tier	Notes
desoximetasone external gel	1	
desoximetasone external liquid	3	
desoximetasone external ointment 0.25 %	1	
diclofenac sodium transdermal gel 3 %	1	QL
diflorasone diacetate external cream	3	
diflorasone diacetate external ointment	1	
DRYSOL	2	
DUPIXENT	SP2	PA; QL
ELIDEL	2	ST
EPIFOAM	2	
ery	1	
erythromycin external	1	
EUCRISA	2	ST
FINACEA EXTERNAL FOAM	3	ST
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external	1	
FLUOROPLEX	2	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
fluticasone propionate external cream	1	
fluticasone propionate external lotion	3	
fluticasone propionate external ointment	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
gordons urea	1	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
hydrocortisone butyrate external cream	1	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 2.5 %	1	
hydrocortisone valerate	1	
imiquimod external	1	
isotretinoin oral	1	PA
methoxsalen rapid	3	
metronidazole external	1	
mometasone furoate external	1	
myorisan	1	PA
neuac external gel	1	
PICATO	3	ST
pimecrolimus	1	
podocon	1	
podofilox external	1	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL LOTION	2	
PRAMOSONE EXTERNAL OINTMENT	2	

Drug Name	Drug Tier	Notes
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	
sulfacetamide-sulfur in urea	3	
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external ointment	1	
tazarotene external	1	AL (Max 40 Years)
TAZORAC EXTERNAL CREAM 0.05 %	2	AL (Max 40 Years)

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

Drug Name	Drug Tier	Notes
TAZORAC EXTERNAL GEL	2	AL (Max 40 Years)
TEXACORT	2	
tovet external foam	3	
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 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	
urea external cream 40 %	1	
uremez-40	1	
zenatane	1	PA
Diabetes - Antidiabetic Agents		
acarbose oral	1	
BYDUREON	3	QL
BYDUREON BCISE AUTOINJECTOR	3	QL
BYETTA 10 MCG PEN	3	QL
BYETTA 5 MCG PEN	3	QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	

Drug Name	Drug Tier	Notes
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	1	
repaglinide	1	
RYBELSUS	3	QL
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	
tolbutamide	1	
TRADJENTA	2	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	2	QL
VICTOZA	2	QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Diabetes - Glucose Monitoring			AGAMATRIX CONTROL LEVEL 4	2	
ACCU-CHEK AVIVA DEVICE	1		AGAMATRIX PRESTO TEST	2	QL
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	1		ASSURE PLATINUM	2	QL
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	1		AUTOLET LANCING DEVICE	2	
ACCU-CHEK AVIVA PLUS TEST STRIPS	1	QL	BAYER CONTOUR LINK 2.4 KIT W/DEVICE	2	
ACCU-CHEK COMPACT PLUS CARE KIT	1		BIOTEL CARE BLOOD GLUCOSE SYST	2	
ACCU-CHEK COMPACT PLUS CONTROL	1		BLOOD GLUCOSE TEST	2	QL
ACCU-CHEK COMPACT PLUS TEST STRIPS	1	QL	CARETOUCH CONTROL SOL LEVEL 2	2	
ACCU-CHEK FASTCLIX LANCET KIT	1		CARETOUCH LANCING/EJECTOR	2	
ACCU-CHEK GUIDE KIT W/DEVICE	1		CARETOUCH TEST	2	QL
ACCU-CHEK GUIDE CONTROL	1		CEQUR SIMPLICITY 2U	2	
ACCU-CHEK GUIDE TEST STRIPS	1	QL	CEQUR SIMPLICITY INSERTER	2	
ACCU-CHEK GUIDE KIT W/DEVICE	1		CEQUR SIMPLICITY STARTER	2	
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	1		CHEMSTRIP UGK	1	
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	1		CONTOUR CONTROL	2	
ACCU-CHEK SMARTVIEW CONTROL	1		CONTOUR NEXT CONTROL	2	
ACCU-CHEK SMARTVIEW TEST STRIPS	1	QL	CONTOUR NEXT LINK	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		CONTOUR NEXT MONITOR	2	
AGAMATRIX CONTROL LEVEL 2	2		CONTOUR NEXT TEST	2	QL
			CONTOUR TEST	2	QL
			DIATHRIVE BLOOD GLUCOSE METER	2	
			DIATHRIVE BLOOD GLUCOSE TEST	2	QL
			DIATHRIVE GLUCOSE CONTROL SOLN	2	
			DIATHRIVE GLUCOSE TEST	2	QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
DIATHRIVE LANCING DEVICE	2		FREESTYLE PRECISION NEO TEST	2	QL
EASY TRAK II BLOOD GLUCOSE SYS	2		FREESTYLE TEST	2	QL
EASY TRAK II CONTROL	2		GENTEEL LANCING KIT (BLUE)	2	
EASY TRAK II GLUCOSE TEST	2	QL	GLUCOCARD 01 SENSOR PLUS	2	QL
EASYMAX 15 LEVEL 2-3 CONTROL	2		GLUCOCARD EXPRESSION TEST	2	QL
EASYMAX CONTROL	2		GLUCOCARD SHINE CONNEX	2	
EASYMAX CONTROL NORMAL/HIGH	2		GLUCOCARD SHINE EXPRESS	2	
EMBRACE TALK BLOOD GLUCOSE	2		GLUCOCARD SHINE TEST	2	QL
EMBRACE TALK GLUCOSE CONTROL	2		GLUCOCARD VITAL TEST	2	QL
EMBRACE TALK GLUCOSE TEST	2	QL	GOJJI BLOOD GLUCOSE TEST	2	QL
EMBRACE TALK MONITORING SYSTEM	2		GOJJI BLOOD TEST STRIP/LANCETS	2	QL
EVENCARE PROVIEW GLUCOSE TEST	2	QL	GOJJI CONTROL	2	
FORA GTEL BLOOD GLUCOSE SYSTEM	2		GOJJI LANCING DEVICE/CLEAR CAP	2	
FORA GTEL BLOOD GLUCOSE TEST	2	QL	HARMONY BLOOD GLUCOSE TEST	2	QL
FORTISCARE CONTROL	2		HW EMBRACE PRO GLUCOSE METER	2	
FORTISCARE GLUCOSE SYSTEM DEVICE	2		HW EMBRACE PRO GLUCOSE TEST	2	QL
FORTISCARE T1 GLUCOSE SYSTEM	2		HW EMBRACE TALK BLOOD GLUCOSE	2	
FREESTYLE FREEDOM LITE	2		HW EMBRACE TALK GLUCOSE TEST	2	QL
FREESTYLE INSULINX SYSTEM	2		INFINITY BLOOD GLUCOSE TEST	2	QL
FREESTYLE INSULINX TEST	2	QL	INPEN 100-BLUE-LILLY	2	
FREESTYLE LITE TEST	2	QL	INPEN 100-BLUE-NOVO	2	
			INPEN 100-GRAY-LILLY	2	
			INPEN 100-GREY-NOVO	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
INPEN 100-PINK-LILLY	2		PRECISION LINK	2	
INPEN 100-PINK-NOVO	2		PRECISION PCX PLUS TEST	2	QL
KETONE TEST	2		PRECISION QID MONITOR	2	
KETOSTIX	2		PRECISION QID TEST	2	QL
KROGER HEALTHPRO GLUCOSE TEST	2	QL	PRECISION SOF-TACT MONITOR	2	
LANCETS	1		PRECISION SOF-TACT TEST	2	QL
LANCETS	2		PRECISION XTRA BLOOD GLUCOSE	2	QL
LANCETS KIT	2		PRECISION XTRA DEVICE	2	
MICRODOT TEST	2	QL	PRECISION XTRA KIT	2	
MICROLET NEXT LANCING DEVICE	2		PRECISION XTRA MONITOR	2	
NOVOPEN ECHO	2		PRODIGY NO CODING BLOOD GLUC	2	
ONE DROP BLOOD GLUCOSE MONITOR	2		RELION BLOOD GLUCOSE TEST	2	QL
ONE DROP TEST	2	QL	RELION PREMIER CLASSIC	2	
ONETOUCH DELICA LANCING DEV	1		RELION PREMIER TEST	2	QL
ONETOUCH DELICA PLUS LANCING	1		RELION ULTIMA TEST	2	QL
ONETOUCH ULTRA	1	QL	SURESTEP PRO HIGH GLUCOSE	1	
ONETOUCH ULTRA 2 KIT W/DEVICE	1		SURESTEP PRO LOW GLUCOSE	1	
ONETOUCH ULTRA MINI KIT W/DEVICE	1		SURESTEP PRO NORMAL GLUCOSE	1	
ONETOUCH VERIO KIT W/DEVICE	1		TRUE FOCUS BLOOD GLUCOSE METER	2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1		TRUE METRIX BLOOD GLUCOSE TEST	2	QL
ONETOUCH VERIO IN VITRO SOLUTION HIGH	1		TRUE METRIX LEVEL 1	2	
ONETOUCH VERIO TEST STRIPS	1	QL	TRUE METRIX LEVEL 2	2	
ONETOUCH VERIO IQ SYSTEM	1		TRUE METRIX LEVEL 3	2	
ONETOUCH VERIO REFLECT	1		TRUE METRIX PRO BLOOD GLUCOSE	2	QL
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	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
TRUETRACK TEST	2	QL	EASYPOINT NEEDLE		
UNISTRIP CONTROL IN VITRO SOLUTION LOW	2		18G X 1" , 18G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2"	1	
VIVAGUARD INO CONTROL SOLUTION	2		FIASP	1	
VIVAGUARD INO GLUCOSE METER	2		FIASP FLEXTOUCH	1	
VIVAGUARD INO TEST STRIPS	2	QL	FIASP PENFILL	1	
VIVAGUARD LANCING DEVICE	2		HUMALOG KWIKPEN	2	
Diabetes - Glycemic Agents			HUMALOG MIX 50/50 KWIKPEN	2	
BAQSIMI ONE PACK	2		HUMALOG MIX 50/50 VIAL	2	
BAQSIMI TWO PACK	2		HUMALOG MIX 75/25 KWIKPEN	2	
diazoxide oral	1		HUMALOG MIX 75/25 VIAL	2	
GLUCAGEN HYPOKIT	2		HUMALOG U-100 JUNIOR KWIKPEN	2	
GLUCAGON EMERGENCY KIT	2		HUMALOG VIAL	2	
GVOKE HYPOPEN 1-PACK	2		HUMULIN 70/30 KWIKPEN	2	
GVOKE HYPOPEN 2-PACK	2		HUMULIN 70/30 VIAL	2	
GVOKE PFS	2		HUMULIN N KWIKPEN	2	
PROGLYCEM	2		HUMULIN N VIAL	2	
Diabetes - Insulins			HUMULIN R U-500 KWIKPEN	2	
APIDRA SOLOSTAR	3		HUMULIN R U-500 VIAL	2	
APIDRA VIAL	3		HUMULIN R VIAL	2	
BD AUTOSHIELD DUO PEN NEEDLES	1		INSULIN PEN NEEDLES	1	
BD ULTRA-FINE INSULIN SYRINGES	1		INSULIN SYRINGES	1	
BD ULTRA-FINE PEN NEEDLES	1		LANTUS SOLOSTAR	2	
BD VEO INSULIN SYR U/F 1/2UNIT	1		LANTUS U-100 VIAL	2	
DROPLET MICRON	1		LEVEMIR U-100 FLEXTOUCH	2	
			LEVEMIR U-100 VIAL	2	
			MAXICOMFORT SYR 27G X 1/2"	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
NOVOFINE AUTOCOVER PEN NEEDLE	1	
NOVOFINE PEN NEEDLE	1	
NOVOFINE PLUS PEN NEEDLE	1	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	
NOVOLIN 70/30 RELION	2	
NOVOLIN 70/30 VIAL	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	
NOVOLIN N VIAL	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLIN R VIAL	2	
NOVOLOG FLEXPEN	1	
NOVOLOG MIX 70/30 FLEXPEN	1	
NOVOLOG MIX 70/30 VIAL	1	
NOVOLOG PENFILL	1	
NOVOLOG U-100 VIAL	1	
NOVOTWIST PEN NEEDLE	1	
SECURESAFE HYPODERMIC NEEDLE 18G X 1" , 19G X 1" , 19G X 1-1/2" , 22G X 1"	1	
SEMGLEE SUBCUTANEOUS SOLUTION	2	
TOUJEO MAX SOLOSTAR	2	

Drug Name	Drug Tier	Notes
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
Electrolytes / Minerals / Metals / Vitamins		
CARBAGLU	SP3	
CARNITOR INTRAVENOUS	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CITRANATAL BLOOM	3	
clovique	SP1	PA
cyanocobalamin injection solution 1000 mcg/ml	1	
cytra k crystals	1	
deferasirox oral tablet soluble	SP1	PA
effer-k oral tablet effervescent 25 meq	1	
ergocalciferol oral capsule	1	
EXJADE	SP3	PA
ferocon	1	
ferotinsic	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	
FOLIVANE-PLUS	2	
foltrin	1	
GALZIN	2	
INTEGRA F	2	
INTEGRA PLUS	2	
iodine strong oral	1	
kionex	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
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	
levocarnitine sf	3	
ludent oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	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	
NEONATAL COMPLETE ORAL TABLET 27-1 MG	1	
NEONATAL PLUS	1	
ONE VITE WOMENS	0	PV
ONE VITE WOMENS PLUS	1	
ONE-A-DAY WOMENS PRENATAL 1	0	PV
ORACIT	2	
phospha 250 neutral	1	
phosphorous	1	
phospho-trin 250 neutral	1	
phytonadione oral	1	

Drug Name	Drug Tier	Notes
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
pot bicarb-pot chloride	1	
potassium bicarbonate oral	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
prenatal multi +dha	0	PV
prenatal oral tablet 27-0.8 mg, 28-0.8 mg	0	PV
prenatal oral tablet 27-1 mg	1	
prenatal plus iron	1	
PRENATRIX	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	
TRICARE PRENATAL DHA ONE	3	
tricitrates	1	
tricon	1	
trientine hcl	SP1	PA
VIRT-FEFA PLUS	2	
virt-phos 250 neutral	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
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
VITATHELY WITH GINGER	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
CARAFATE ORAL SUSPENSION	2	
esomeprazole magnesium oral capsule delayed release 40 mg	3	QL
esomeprazole magnesium oral packet	3	QL; AL (Max 12 Years)
famotidine oral suspension reconstituted	3	
lansoprazole oral capsule delayed release 30 mg	3	QL
lansoprazole oral tablet delayed release 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 tablet delayed release	3	QL
PREVACID SOLUTAB	3	QL; AL (Max 12 Years)
rabeprazole sodium oral tablet delayed release	3	QL
sucralfate oral	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	3	PA

Drug Name	Drug Tier	Notes
AMITIZA	3	QL
ANASPAZ	2	
bisacodyl ec	0	PV; QL
chlordiazepoxide-clidinium	1	
citroma	0	PV; QL
clearlax	0	PV; QL
constulose	1	
cromolyn sodium oral	3	
CUVPOSA	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
enulose	1	
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	

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
MOVANTIK	3	QL
MOVIPREP	3	
nulev	1	
oscimin	1	
oscimin sr	1	
OSMOPREP	3	
pb-hyoscy-atropine-scopolamine	1	
peg 3350-kcl-na bicarb-nacl	1	PV; QL
peg-3350/electrolytes	1	PV; QL
peg-3350/electrolytes/ascorb at	3	
peg-kcl-nacl-nasulf-na asc-c	3	
phenobarbital-belladonna alk	1	
phenohydro	1	
propantheline bromide oral	1	
qc magnesium citrate	0	PV; QL
RELISTOR SUBCUTANEOUS	SP3	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
CHOLBAM	SP3	PA

Drug Name	Drug Tier	Notes
CREON	2	
GALAFOLD	SP3	PA; QL
MYALEPT	SP3	PA
nitisinone	SP1	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	
darifenacin hydrobromide er	3	
DEPEN TITRATABS	SP2	PA
ELMIRON	2	
flavoxate hcl	1	
INTRAROSA	3	
LITHOSTAT	3	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
penicillamine oral tablet	SP1	PA
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
sevelamer carbonate	3	
sevelamer hcl	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
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	
vilamit mb	1	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
Hormonal Agents - Adrenal		
cortisone acetate oral	1	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 2 MG	2	

Drug Name	Drug Tier	Notes
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
Hormonal Agents - Men's Health		
ANDRODERM	2	PA
danazol oral	3	
DEPO-TESTOSTERONE	2	PA
testosterone cypionate intramuscular	1	PA
testosterone enanthate intramuscular	1	PA
testosterone transdermal	3	PA
Hormonal Agents - Osteoporosis		
OSPHENA	3	
raloxifene hcl	1	PV
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 FLEXPPO	SP2	PA
NUTROPIN AQ NUSPIN 10	SP2	PA
NUTROPIN AQ NUSPIN 20	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
NUTROPIN AQ NUSPIN 5	SP2	PA
octreotide acetate	SP1	PA
OMNITROPE	SP2	PA
ORLISSA	3	QL
SIGNIFOR	SP3	PA; QL
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	3	QL
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

Drug Name	Drug Tier	Notes
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
briellyn	0	PV
camila	0	PV
camrese	0	PV; QL
camrese lo	0	PV; QL
caziant	0	PV
charlotte 24 fe	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

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
drospirenone-ethinyl estradiol	0	PV
DUAVEE	2	
eemt	1	
eemt hs	1	
ELESTRIN	3	
elinest	0	PV
ELLA	0	PV
eluryng	0	PV
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
etonogestrel-ethinyl estradiol	0	PV
EVAMIST	3	
falmina	0	PV
fayosim	0	PV; QL
femynor	0	PV
fyavolv	1	
gianvi	0	PV

Drug Name	Drug Tier	Notes
hailey 1.5/30	0	PV
hailey 24 fe	0	PV
hailey fe 1.5/30	0	PV
hailey fe 1/20	0	PV
heather	0	PV
incassia	0	PV
introvale	0	PV; QL
isibloom	0	PV
jaimiess	0	PV; QL
jasmiel	0	PV
jencycla	0	PV
jinteli	1	
jolessa	0	PV; QL
juleber	0	PV
junel 1.5/30	0	PV
junel 1/20	0	PV
junel fe 1.5/30	0	PV
junel fe 1/20	0	PV
junel fe 24	0	PV
kaitlib fe	0	PV
kalliga	0	PV
kariva	0	PV
kelnor 1/35	0	PV
kelnor 1/50	0	PV
kurvelo	0	PV
KYLEENA	0	PV
larin 1.5/30	0	PV
larin 1/20	0	PV
larin 24 fe	0	PV
larin fe 1.5/30	0	PV
larin fe 1/20	0	PV
larissia	0	PV
layolis fe	0	PV
leena	0	PV
lessina	0	PV
levonest	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
levonorgest-eth est & eth est	0	PV; QL
levonorgest-eth estrad 91-day	0	PV; QL
levonorgestrel	0	PV
levonorgestrel-ethinyl estrad	0	PV
levonorg-eth estrad triphasic	0	PV
levora 0.15/30 (28)	0	PV
LILETTA (52 MG)	0	PV
lillow	0	PV
LO LOESTRIN FE	3	
lojaimiess	0	PV; QL
lopreeza	1	
loryna	0	PV
low-ogestrel	0	PV
lo-zumandimine	0	PV
lutra	0	PV
lyza	0	PV
marlissa	0	PV
medroxyprogesterone acetate intramuscular	0	PV; QL
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	1	
megestrol acetate oral tablet	1	
melodetta 24 fe	0	PV
MENEST	2	
mibelas 24 fe	0	PV
microgestin 1.5/30	0	PV
microgestin 1/20	0	PV
microgestin fe 1.5/30	0	PV
microgestin fe 1/20	0	PV
mili	0	PV
mimvey	1	

Drug Name	Drug Tier	Notes
MIRENA (52 MG)	0	PV
mono-lynyah	0	PV
NATAZIA	0	PV
necon 0.5/35 (28)	0	PV
NEXPLANON	0	PV
nikki	0	PV
nora-be	0	PV
norethin ace-eth estrad-fe	0	PV
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	0	PV
norethindrone oral	0	PV
norethindrone-eth estradiol	1	
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
ocella	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	

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
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
simpesse	0	PV; QL
SKYLA	0	PV
SLYND	3	
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

Drug Name	Drug Tier	Notes
tri-vylibra lo	0	PV
tulana	0	PV
tydemy	0	PV
velivet	0	PV
vienva	0	PV
violele	0	PV
volnea	0	PV
vyfemla	0	PV
vylibra	0	PV
wera	0	PV
wymzya fe	0	PV
xulane	0	PV
yuvafem	1	
zarah	0	PV
zovia 1/35e (28)	0	PV
zumandimine	0	PV
Hormonal Agents - Thyroid		
ARMOUR THYROID	2	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID	2	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	2	
TIROSINT	3	
unithroid	1	
WESTHROID	2	
WP THYROID	2	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	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	Drug Name	Drug Tier	Notes
ACTEMRA SUBCUTANEOUS	SP3	PA	KINERET	SP3	PA
ACTIMMUNE	SP2	PA	leflunomide oral	1	
azathioprine oral	1		methotrexate oral	1	
BERINERT	SP2	PA	methotrexate sodium	1	
CELLCEPT	SP3		methotrexate sodium (pf)	1	
CIMZIA	SP2	PA	mycophenolate mofetil	1	
CIMZIA PREFILLED KIT	SP2	PA	mycophenolate sodium	1	
CIMZIA STARTER KIT	SP2	PA	MYFORTIC	SP3	
COSENTYX (300 MG DOSE)	SP3	PA	NEORAL	SP3	
COSENTYX 150 MG/ML	SP3	PA	ORENCIA CLICKJECT	SP3	PA
COSENTYX SENSOREADY (300 MG)	SP3	PA	ORENCIA SUBCUTANEOUS	SP3	PA
COSENTYX SENSOREADY PEN	SP3	PA	OTEZLA	SP2	PA
cyclosporine modified	1		PROGRAF ORAL CAPSULE	SP3	
cyclosporine oral	1		PROGRAF ORAL PACKET	SP2	
ENBREL	SP3	PA	RAPAMUNE ORAL SOLUTION	SP2	
ENBREL MINI	SP3	PA	RAPAMUNE ORAL TABLET	SP3	
ENBREL SURECLICK	SP3	PA	RIDAURA	SP2	
ENVARUSUS XR	SP2		RINVOQ	SP2	PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	SP1	PA	SANDIMMUNE ORAL CAPSULE	SP3	
FIRAZYR	SP3	PA	SANDIMMUNE ORAL SOLUTION	SP2	
gengraf	1		SIMPONI	SP2	PA
HAEGARDA	SP2	PA	sirolimus oral solution	SP1	
HUMIRA	SP2	PA	sirolimus oral tablet	1	
HUMIRA PEDIATRIC CROHNS START	SP2	PA	SKYRIZI (150 MG DOSE)	SP2	PA
HUMIRA PEN	SP2	PA	STELARA SUBCUTANEOUS	SP2	PA
HUMIRA PEN-CD/UC/HS STARTER	SP2	PA	tacrolimus oral	1	
HUMIRA PEN-PS/UV/ADOL HS START	SP2	PA	TALTZ	SP2	PA
icatibant acetate	SP1	PA	TREMFYA	SP2	PA
IMURAN	2		XATMEP	SP2	
			XELJANZ	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
XELJANZ XR	SP2	PA
ZORTRESS	SP3	PA
Immunological Agents - Drugs for Vaccination		
	3	PV; AL (Max 6 Years)
ACTHIB		
ADACEL	0	PV
AFLURIA QUADRIVALENT	0	PV
BCG VACCINE	3	
BEXSERO	0	PV
BOOSTRIX	0	PV
DAPTACEL	0	PV
DIPHThERIA-TETANUS TOXOIDS DT	0	PV
ENGERIX-B	0	PV
	0	PV; AL (Min 65 Years)
FLUAD		
	0	PV; AL (Min 65 Years)
FLUAD QUADRIVALENT		
FLUARIX QUADRIVALENT	0	PV
FLUBLOK QUADRIVALENT	0	PV
FLUCELVAX QUADRIVALENT	0	PV
FLULAVAL QUADRIVALENT	0	PV
	3	PV; AL (Min 2 Years and Max 49 Years)
FLUMIST QUADRIVALENT		
FLUZONE HIGH-DOSE QUADRIVALENT	0	PV; AL (Min 65 Years)
FLUZONE QUADRIVALENT	0	PV

Drug Name	Drug Tier	Notes
	3	PV; AL (Min 9 Years and Max 26 Years)
GARDASIL 9		
HAVRIX	0	PV
	3	PV; AL (Min 18 Years)
HEPLISAV-B		
	3	PV; AL (Max 6 Years)
HIBERIX		
IMOVAX RABIES	3	
INFANRIX	0	PV
	3	PV; AL (Max 17 Years)
IPOL		
KINRIX	0	PV
MENACTRA	0	PV
MENVEO	0	PV
M-M-R II	0	PV
PEDIARIX	0	PV
	3	PV; AL (Max 6 Years)
PEDVAX HIB		
PENTACEL	0	PV
PNEUMOVAX 23	0	PV
PREVNAR 13	0	PV
PROQUAD	0	PV
QUADRACEL	0	PV
RECOMBIVAX HB	0	PV
	3	PV; AL (Max 8 Months)
ROTARIX		
	3	PV; AL (Max 8 Months)
ROTATEQ		
	3	PV; AL (Min 50 Years)
SHINGRIX		
STAMARIL	3	

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

Drug Name	Drug Tier	Notes
TDVAX	0	PV
TENIVAC	0	PV
TETANUS-DIPHtheria TOXoids TD	0	PV
TRUMENBA	0	PV
TWINRIX	0	PV
TYPHIM VI	3	
VAQTA	0	PV
VARIVAX	0	PV
VAXCHORA	3	
VIVOTIF	2	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
ANALPRAM-HC EXTERNAL LOTION	2	
anucort-hc	1	
anusol-hc rectal	1	
APRISO	2	
balsalazide disodium	1	
budesonide er	3	
budesonide oral	3	
CANASA	2	
hemmorex-hc	1	
hydrocortisone (perianal)	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal suppository 25 mg	1	
hydrocortisone acetate rectal suppository 30 mg	3	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	1	
mesalamine er	1	
mesalamine oral	1	
mesalamine rectal	1	
mesalamine-cleanser	1	

Drug Name	Drug Tier	Notes
PENTASA	2	
PROCTOFOAM HC	2	
procto-med hc	1	
procto-pak	1	
proctosol hc	1	
proctozone-hc	1	
sulfasalazine oral	1	
UCERIS ORAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral solution	1	
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
calcitonin (salmon)	1	QL
FORTEO	SP2	PA
ibandronate sodium oral	1	QL
risedronate sodium oral tablet 150 mg, 35 mg	1	QL
risedronate sodium oral tablet 30 mg, 5 mg	1	
risedronate sodium oral tablet delayed release	3	QL
TYMLOS	SP2	PA
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
cinacalcet hcl	SP1	PA
paricalcitol oral	1	
SENSIPAR	SP3	PA
Miscellaneous Therapeutic Agents		
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	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
BREATHERITE	2		GLYTACTIN RESTORE 10	2	
CAMINO PRO COMPLETE/GLYTACTIN	2		GLYTACTIN RESTORE 5	2	
CAYA	0	PV; QL	GLYTACTIN RESTORE LITE 10	2	
CLEVER CHOICE HOLDING CHAMBER	2		GLYTACTIN RESTORE LITE 10PE	2	
COMPACT SPACE CHAMBER/LG MASK	2		GLYTACTIN RTD 10	2	
COMPACT SPACE CHAMBER/MED MASK	2		GLYTACTIN RTD 15	2	
COMPACT SPACE CHAMBER/SM MASK	2		GLYTACTIN RTD LITE 15	2	
EASIVENT	2		GLYTACTIN SWIRL 15PE	2	
EASY GLIDE LUER LOCK SYRINGE	1		heparin lock flush	1	
EASYPOINT NEEDLE 25G X 1-1/2"	1		heparin sodium lock flush	1	
encare	0	PV; QL	HUMATROPEN FOR 12MG	1	
FC FEMALE CONDOM	0	PV; QL	HUMATROPEN FOR 24MG	1	
FC2 FEMALE CONDOM	0	PV; QL	HUMATROPEN FOR 6MG	1	
FEMCAP	0	PV; QL	INSPIREASE RESERVOIR BAGS	2	
FLEXICHAMBER ADULT MASK/SMALL	2		J-TIP KIT W/VIAL ADAPTERS	1	
FLEXICHAMBER CHILD MASK/LARGE	2		MASK VORTEX	2	
FLEXICHAMBER CHILD MASK/SMALL	2		methergine	3	
FORA D40G GLUCOSE/PRESSURE	2		methylegonovine maleate oral	3	
GLYTACTIN BETTERMILK 15	2		MICROCHAMBER DEVICE	2	
GLYTACTIN BETTERMILK DE-LITE	2		NORDIPEN 5 INJECTION DEVICE	1	
GLYTACTIN BUILD 10PE	2		NORM-JECT LUER SLIP SYRINGE	1	
GLYTACTIN BUILD 20/20 PKU	2		OPTIONS CONCEPTROL	0	PV; QL
GLYTACTIN BURST	2		PANDA MASK LARGE	2	
GLYTACTIN COMPLETE 10PE	2		PANDA MASK MEDIUM	2	
			PANDA MASK SMALL	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
PEDIATRIC PANDA MASK	2	
PHENACTIN AA PLUS	2	
PHENEX-1	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	
PRO COMFORT SPACER INFANT	2	
PROCARE SPACER/ADULT MASK	2	
PROCARE SPACER/CHILD MASK	2	
SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2"	1	
SYRINGE LUER LOCK 30 ML	1	
SYRINGE LUER SLIP 1 ML	1	
TODAY SPONGE	0	PV; QL
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	0	PV; QL
vcf vaginal contraceptive vaginal gel	0	PV; QL
WIDE-SEAL DIAPHRAGM 60	0	PV; QL
WIDE-SEAL DIAPHRAGM 65	0	PV; QL
WIDE-SEAL DIAPHRAGM 70	0	PV; QL

Drug Name	Drug Tier	Notes
WIDE-SEAL DIAPHRAGM 75	0	PV; QL
WIDE-SEAL DIAPHRAGM 80	0	PV; QL
WIDE-SEAL DIAPHRAGM 85	0	PV; QL
WIDE-SEAL DIAPHRAGM 90	0	PV; QL
WIDE-SEAL DIAPHRAGM 95	0	PV; QL
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALOCRIL	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	

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
FML FORTE	2	
gatifloxacin ophthalmic	1	
gentak	1	
gentamicin sulfate ophthalmic	1	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic	1	
LOTEMAX OPTHALMIC GEL	2	QL
LOTEMAX OPTHALMIC OINTMENT	2	QL
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	
PROLENSA	3	QL
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	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	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	QL
SIMBRINZA	2	
timolol maleate ophthalmic	1	
TIMOPTIC OCUDOSE	2	
TRAVATAN Z	3	QL
travoprost (bak free)	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
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ak-poly-bac	1	
altacaine	1	
altafrin	1	
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution 1 %	1	
bacitracin-polymyxin b ophthalmic	1	
bacitra-neomycin-polymyxin-hc	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
cyclopentolate hcl ophthalmic	1	
homatropaire	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	

Drug Name	Drug Tier	Notes
PRED-G	2	
PRED-G S.O.P.	2	
proparacaine hcl ophthalmic	1	
RESTASIS	3	PA
RESTASIS MULTIDOSE	3	PA
sulfacetamide-prednisolone ophthalmic solution	1	
tetracaine hcl ophthalmic	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	
ciprofloxacin-dexamethasone	1	
CIPROFLOXACIN-FLUOCINOLONE PF	2	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	2	

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Drug Name	Drug Tier	Notes
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
benzonatate oral capsule 100 mg, 200 mg	1	
bromfed dm	1	
cyproheptadine hcl oral	1	
FASENRA	SP2	PA
FASENRA PEN	SP2	PA
fluticasone propionate nasal	1	
guaiaatussin ac	1	PA; QL; AL (Min 18 Years)
guaifenesin ac	1	PA; QL; AL (Min 18 Years)
hydrocodone polst-chlorphen polst er susp	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	
maxi-tuss ac	1	PA; QL; AL (Min 18 Years)
nebusal inhalation nebulization solution 3 %	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
promethazine-codeine	1	PA; QL; AL (Min 18 Years)
promethazine-dm	1	

Drug Name	Drug Tier	Notes
promethazine-phenyleph-codeine	1	PA; QL; AL (Min 18 Years)
promethazine-phenylephrine	1	
promethegan	1	
pseudoephedrine-bromphen-dm oral syrup	1	
pulmosal	1	
sodium chloride inhalation	1	
SSKI	2	
virtussin ac w/alc	1	PA; QL; AL (Min 18 Years)
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
acetylcysteine inhalation	1	
ADVAIR HFA	2	QL
albuterol sulfate er	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	QL
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml	1	
albuterol sulfate oral	1	
ANORO ELLIPTA	2	QL
ARCAPTA NEOHALER	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
ASMANEX (120 METERED DOSES)	2	QL	ipratropium bromide inhalation	1	QL
ASMANEX (14 METERED DOSES)	2	QL	ipratropium-albuterol	1	QL
ASMANEX (30 METERED DOSES)	2	QL	levalbuterol hcl inhalation	1	QL
ASMANEX (60 METERED DOSES)	2	QL	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	1	QL
ASMANEX (7 METERED DOSES)	2	QL	montelukast sodium oral	1	
ASMANEX HFA	2	QL	OFEV	SP3	PA
ATROVENT HFA	2	QL	PROAIR HFA	2	QL
BREO ELLIPTA	2	QL	PROAIR RESPICLICK	2	QL
budesonide inhalation	1	QL	PROVENTIL HFA	2	QL
BUDESONIDE-FORMOTEROL FUMARATE	3	QL	PULMICORT FLEXHALER	2	QL
COMBIVENT RESPIMAT	2	QL	QVAR REDIHALER	2	QL
cromolyn sodium inhalation	3		SEREVENT DISKUS	2	QL
DALIRESP	3	PA	SPIRIVA HANDIHALER	2	QL
epinephrine injection solution auto-injector	1		SPIRIVA RESPIMAT	2	QL
ESBRIET	SP3	PA	STIOLTO RESPIMAT	2	QL
FLOVENT DISKUS	2	QL	SYMBICORT	3	QL
FLOVENT HFA	2	QL	SYMJEPI	2	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL	terbutaline sulfate oral	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL	THEO-24	2	
INCRUSE ELLIPTA	2	QL	theophylline	1	
			theophylline er	1	
			TRELEGY ELLIPTA	2	QL
			VENTOLIN HFA	1	QL
			wixela inhub	1	QL
			XOPENEX HFA	3	QL
			zafirlukast	1	
			Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
			CAYSTON	SP3	PA
			KALYDECO	SP3	PA
			ORKAMBI	SP3	PA; QL
			PULMOZYME	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
TOBI NEBULIZER	SP3	
TOBI PODHALER	SP2	QL
tobramycin nebulization solution 300 mg/5ml 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	
chlorzoxazone oral tablet 500 mg	1	
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	

Drug Name	Drug Tier	Notes
Sleep Disorder Agents		
armodafinil	1	PA; QL
BELSOMRA	3	QL
doxepin hcl oral tablet	3	QL
eszopiclone	1	QL
flurazepam hcl	1	PA; QL
modafinil	1	PA; QL
ramelteon	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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