

# TRS-ActiveCare Group Value Formulary

2019-2020





# 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](http://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](http://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
<b>Tier 0</b>	<b>Preventive</b>	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.
<b>Tier 1</b>	<b>Preferred Generics</b>	Use Tier 1 drugs instead of brand-name drugs, to help reduce your out-of-pocket costs.
<b>Tier 2</b>	<b>Preferred Brand</b>	Tier 2 drugs will generally have lower co-payments than non-preferred brand-name drugs.
<b>Tier 3</b>	<b>Non-preferred Brands and Generics</b>	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
<b>Tier SP1</b>	<b>Specialty Preferred Generics</b>	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.
<b>Tier SP2</b>	<b>Specialty Preferred Brands</b>	
<b>Tier SP3</b>	<b>Specialty Non-preferred Brands</b>	

### Drug list information

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

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

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Drug Name	Drug Tier	Notes
<b>Analgesics - Drugs for Pain</b>		
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
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
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

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
OXYCONTIN	2	PA; QL
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
<b>Analgesics - Drugs for Pain and Inflammation</b>		
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	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	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	3	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	
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	
<b>Anesthetics</b>		
glydo	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
lidocaine external ointment	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
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	
goodsense nicotine mouth/throat gum	0	PV; QL; AL (Min 18 Years)
naloxone hcl injection solution	1	

Drug Name	Drug Tier	Notes
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
<b>Antibacterials</b>		
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	
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	
erythromycin ethylsuccinate oral	1	

Drug Name	Drug Tier	Notes
erythromycin 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	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	
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 SUSPENSION RECONSTITUTED 500 MG/5ML	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 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
<b>Anticoagulants</b>		
ARIXTRA	SP3	QL
COUMADIN	2	
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
<b>Anticonvulsants - Drugs for Seizures</b>		
APTIOM	3	
BANZEL	SP2	PA
carbamazepine er	1	

Drug Name	Drug Tier	Notes
carbamazepine oral	1	
CARBATROL	2	
CELONTIN	2	
clobazam	3	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 tablet	1	
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	

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
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 suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	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
VIMPAT ORAL	3	
ZARONTIN	2	
ZONEGRAN	3	

Drug Name	Drug Tier	Notes
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
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	
<b>Antidepressants</b>		
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	
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

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
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
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
aprepitant	3	QL
BONJESTA	3	PA; QL
compro	1	
doxylamine-pyridoxine	3	PA; QL

Drug Name	Drug Tier	Notes
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	
<b>Antifungals</b>		
bio-statin oral powder	1	
ciclodan	1	
ciclopirox	1	
ciclopirox olamine external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone	1	
CRESEMBA ORAL	SP3	
dermazene	1	
econazole nitrate external	1	
EXELDERM	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
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	
voriconazole oral	3	
<b>Antigout Agents</b>		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	1	
colchicine oral tablet	1	
colchicine-probenecid	1	

Drug Name	Drug Tier	Notes
febuxostat	3	
probenecid	1	
<b>Antimigraine Agents</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
almotriptan malate	3	QL
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	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	3	QL
<b>Antimyasthenic Agents</b>		
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet 60 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
<b>Antimycobacterials</b>		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
pyrazinamide oral	1	
rifabutin	3	
rifampin oral	1	
SIRTURO	SP3	
<b>Antineoplastics - Drugs for Cancer</b>		
abiraterone acetate	SP1	PA; SF
AFINITOR	SP2	PA; QL
AFINITOR DISPERZ	SP2	PA
ALECENSA	SP2	PA
ALUNBRIG	SP2	PA; QL
anastrozole oral	1	
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) ORAL KIT 1 X 80 & 1 X 20 MG	SP2	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	SP2	PA
COMETRIQ (60 MG DAILY DOSE)	SP2	PA
COPIKTRA	SP2	PA; SF

Drug Name	Drug Tier	Notes
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	
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
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 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
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
LENVIMA (20 MG DAILY DOSE)	SP2	PA
LENVIMA (24 MG DAILY DOSE)	SP2	PA
LENVIMA (4 MG DAILY DOSE)	SP2	PA
LENVIMA (8 MG DAILY DOSE)	SP2	PA
letrozole oral	1	
leucovorin calcium oral	1	
LEUKERAN	2	
LONSURF	SP2	PA
LORBRENA	SP2	PA; SF
LYNPARZA ORAL CAPSULE 50 MG	SP2	PA
LYSODREN	SP2	
MATULANE	SP2	
MEKINIST	SP2	PA
MEKTOVI	SP2	PA
melphalan	1	
mercaptopurine oral	1	
MYLERAN	2	
NERLYNX	SP2	PA; SF; QL
NEXAVAR	SP2	PA; SF
NILANDRON	SP2	
nilutamide	SP1	

Drug Name	Drug Tier	Notes
NINLARO	SP2	PA
NUBEQA	SP2	PA; SF
ODOMZO	SP2	PA
PIQRAY (200 MG DAILY DOSE)	SP2	PA
PIQRAY (250 MG DAILY DOSE)	SP2	PA
PIQRAY (300 MG DAILY DOSE)	SP2	PA
POMALYST	SP2	PA
PURIXAN	SP2	
REVLIMID	SP2	PA
ROZLYTREK	SP2	PA; SF
RUBRACA	SP2	PA; SF
RYDAPT	SP2	PA
SPRYCEL	SP2	PA; SF
STIVARGA	SP2	PA
SUTENT	SP2	PA
SYNRIBO	SP2	PA
TAFINLAR	SP2	PA; SF
TAGRISSEO ORAL TABLET 40 MG	SP2	PA; QL
TAGRISSEO ORAL TABLET 80 MG	SP2	PA
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
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

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
temozolomide	SP1	PA
THALOMID	SP2	PA
TIBSOVO	SP2	PA; SF
toremifene citrate	SP1	
tretinoin oral	SP1	
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 (60 MG ONCE WEEKLY)	SP2	PA
XPOVIO (80 MG ONCE WEEKLY)	SP2	PA
XPOVIO (80 MG TWICE WEEKLY)	SP2	PA
XTANDI	SP2	PA; SF
YONSA	SP2	PA; SF
ZEJULA	SP2	PA; SF
ZELBORAF	SP2	PA
ZOLINZA	SP2	PA; SF
ZYDELIG	SP2	PA
ZYKADIA	SP2	PA; SF
ZYTIGA	SP2	PA; SF

Drug Name	Drug Tier	Notes
<b>Antiparasitics</b>		
albendazole oral	1	PA
atovaquone oral	3	
atovaquone-proguanil hcl	1	
chloroquine phosphate oral	1	QL
COARTEM	2	
crotan	1	
DARAPRIM	2	PA
hydroxychloroquine sulfate 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	1	PA
quinine sulfate oral	1	PA
spinosad	3	
<b>Antiparkinson Agents</b>		
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	

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
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	
<b>Antiplatelets</b>		
aspirin-dipyridamole er	1	
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
prasugrel hcl	1	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
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

Drug Name	Drug Tier	Notes
risperidone	1	QL
SAPHRIS	3	QL
thioridazine hcl oral	1	
thiothixene	1	
trifluoperazine hcl	1	
VRAYLAR	3	QL
ziprasidone hcl	1	QL
<b>Antivirals</b>		
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	
BARACLUDE ORAL SOLUTION	SP2	QL
BARACLUDE ORAL TABLET	SP3	QL
BIKTARVY	SP2	
CIMDUO	SP2	
COMBIVIR	SP3	
COMPLERA	SP2	
CRIXIVAN	SP2	
DELSTRIGO	SP2	
DESCOVY	SP2	PA; PV
didanosine	SP1	
DOVATO	SP2	
EDURANT	SP2	
efavirenz	SP1	
EMTRIVA	SP2	
entecavir	SP1	QL
EPCLUSA	SP2	PA; QL
EPIVIR	SP3	

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
EPIVIR HBV ORAL SOLUTION	2	
EPZICOM	SP3	
EVOTAZ	SP2	
famciclovir oral	1	
fosamprenavir calcium	SP1	
FUZEON	SP2	
GENVOYA	SP2	
HARVONI	SP2	PA; QL
HEPSERA	SP3	
INTELENCE	SP2	
INTRON A	SP3	PA
INVIRASE	SP2	
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	

Drug Name	Drug Tier	Notes
RETROVIR ORAL	SP3	
REYATAZ	SP2	
ribavirin oral	SP1	
rimantadine hcl	1	
ritonavir	1	
SELZENTRY	SP2	PA
stavudine	SP1	
STRIBILD	SP2	
SUSTIVA	SP3	
SYLATRON	SP3	PA
SYMFI	SP2	
SYMFI LO	SP2	
SYMTUZA	SP2	
TEMIXYS	SP2	
tenofovir disoproxil fumarate	SP1	PV
TIVICAY	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	

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



Drug Name	Drug Tier	Notes
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	QL
alprazolam oral tablet	1	QL
alprazolam xr	1	QL
buspirone 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
lorazepam oral concentrate 2 mg/ml	1	QL
lorazepam oral tablet	1	QL
oxazepam	1	QL
triazolam	1	QL
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
<b>Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders</b>		
anagrelide hcl	1	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	SP2	PA
NEULASTA	SP3	PA
NEULASTA ONPRO	SP3	PA

Drug Name	Drug Tier	Notes
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	SP3	PA
PROMACTA	SP3	PA
tranexamic acid oral	1	
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
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	
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	

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
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	
chlorothiazide oral	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	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 oral	1	
dilt-xr	1	

Drug Name	Drug Tier	Notes
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	
FIBRICOR	1	
flecainide acetate	1	
		PV; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium	1	
		PV; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium er	1	
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	

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
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	
	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	

Drug Name	Drug Tier	Notes
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
NYMALIZE	SP3	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	3	
pacerone oral tablet 200 mg	1	
pentoxifylline er	1	
perindopril erbumine	1	
phenoxybenzamine hcl oral	1	
pindolol	1	
PRALUENT	SP3	PA; QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
	1	PV; AL (Min 40 Years and Max 75 Years)	spironolactone-hctz	1	
pravastatin sodium			taztia xt	1	
prazosin hcl oral	1		TEKTURNA HCT	3	
prevalite	1		telmisartan	1	
propafenone hcl	1		telmisartan-hctz	1	
propafenone hcl er	3		tiadylt er	1	
propranolol hcl er	1		timolol maleate oral	1	
propranolol hcl oral	1		torseamide	1	
propranolol-hctz	1		trandolapril	1	
QBRELIS	3		trandolapril-verapamil hcl er	3	
quinapril hcl	1		triamterene-hctz	1	
quinapril-hydrochlorothiazide	1		valsartan	1	
quinidine gluconate er	1		valsartan-hydrochlorothiazide	1	
quinidine sulfate	1		VASCEPA	3	
ramipril	1		VECAMYL	3	
ranolazine er	3		verapamil hcl er	1	
REPATHA	SP3	PA; QL	verapamil hcl oral	1	
REPATHA PUSHTRONEX SYSTEM	SP3	PA; QL	<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
REPATHA SURECLICK	SP3	PA; QL	amphetamine sulfate	3	QL
	1	PV; AL (Min 40 Years and Max 75 Years)	amphetamine-dextroamphetamine	1	QL
rosuvastatin calcium oral tablet 10 mg, 5 mg			amphetamine-dextroamphetamine er	1	QL
rosuvastatin calcium oral tablet 20 mg, 40 mg	1		atomoxetine hcl	1	QL
	1	PV; AL (Min 40 Years and Max 75 Years)	clonidine hcl er	1	
simvastatin oral			DAYTRANA	2	QL
sorine	1		dexmethylphenidate hcl	1	QL
sotalol hcl (af)	1		dexmethylphenidate hcl er	3	QL
sotalol hcl oral	1		dextroamphetamine sulfate er	1	QL
spironolactone oral	1		dextroamphetamine sulfate oral tablet	1	QL
			guanfacine hcl 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
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
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	SP3	PA; QL
AUBAGIO	SP3	PA; QL
AVONEX PEN	SP2	PA; QL
AVONEX PREFILLED	SP2	PA; QL
AVONEX VIAL INTRAMUSCULAR KIT INTRAMUSCULAR KIT 30 MCG	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

Drug Name	Drug Tier	Notes
<b>Central Nervous System Agents - Miscellaneous</b>		
caffeine citrate oral	3	
pregabalin oral	1	QL
riluzole	3	PA
SAVELLA	3	QL
SAVELLA TITRATION PACK	3	QL
tetrabenazine	SP1	PA
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
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 hcl	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	

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
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	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
acitretin	3	
adapalene external gel 0.3 %	1	
ala-cort external cream 2.5 %	1	
alclometasone dipropionate	1	
amcinonide external cream	3	
amcinonide external lotion	3	
amnestem	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	

Drug Name	Drug Tier	Notes
betamethasone dipropionate external	1	
betamethasone valerate external	1	
calcipotriene	3	
calcipotriene-betameth diprop external ointment	3	QL
calcipotriene-betameth diprop suspension 0.005-0.064 % external	3	QL
CALCIPOTRIENE-BETAMETH DIPROP SUSPENSION 0.005-0.064 % EXTERNAL	3	QL
calcitriol external	3	
CAPEX	2	
claravis	1	PA
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phosph-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	

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
clobetasol propionate external liquid	1		FINACEA EXTERNAL FOAM	3	ST
clobetasol propionate external lotion	1		fluocinolone acetonide body	1	
clobetasol propionate external ointment	1		fluocinolone acetonide external	1	
clobetasol propionate external shampoo	3		fluocinolone acetonide scalp	1	
clobetasol propionate external solution	1		fluocinonide emulsified base	1	
clodan external shampoo	3		fluocinonide external cream 0.05 %	1	
CONDYLOX	2		fluocinonide external cream 0.1 %	3	
desonide external cream	1		fluocinonide external gel	1	
desonide external lotion	1		fluocinonide external ointment	1	
desonide external ointment	1		fluocinonide external solution	1	
desoximetasone external cream 0.25 %	1		FLUOROPLEX	2	
desoximetasone external gel	1		fluorouracil external cream 5 %	1	
desoximetasone external liquid	3		fluorouracil external solution	1	
desoximetasone external ointment 0.25 %	1		fluticasone propionate external cream	1	
diclofenac sodium transdermal gel 3 %	3	QL	fluticasone propionate external lotion	3	
diflorasone diacetate external cream	3		fluticasone propionate external ointment	1	
diflorasone diacetate external ointment	1		gordons urea	1	
DRYSOL	2		halobetasol propionate external cream	1	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP2	PA; QL	halobetasol propionate external ointment	1	
ELIDEL	2	ST	hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
EPIFOAM	2		hydrocortisone butyrate external cream	1	
ery	1		hydrocortisone butyrate external ointment	1	
erythromycin external	1				
EUCRISA	2	ST			

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

Drug Name	Drug Tier	Notes
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	
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	

Drug Name	Drug Tier	Notes
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)
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)

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
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
<b>Diabetes - Antidiabetic Agents</b>		
acarbose oral	1	
BYDUREON	3	QL
BYDUREON BCISE AUTOINJECTOR	3	QL
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG	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	
glipizide-metformin hcl	1	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
INVOKAMET	2	
INVOKANA	2	
JANUMET	2	

Drug Name	Drug Tier	Notes
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
metformin hcl er	1	
metformin hcl oral tablet	1	
migliitol	3	
nateglinide	1	
OZEMPIC	2	QL
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	3	
pioglitazone hcl-metformin hcl	3	
repaglinide	1	
RYBELSUS	3	QL
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	
tolbutamide	1	
TRADJENTA	2	
TRULICITY	2	QL
VICTOZA	2	QL
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK AVIVA DEVICE	1	
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	1	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	1	
ACCU-CHEK AVIVA PLUS TEST STRIPS	1	QL
ACCU-CHEK COMPACT PLUS CARE KIT	1	
ACCU-CHEK COMPACT PLUS CONTROL	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
ACCU-CHEK COMPACT PLUS TEST STRIPS	1	QL	CARETOUCH TEST	2	QL
ACCU-CHEK FASTCLIX LANCET KIT	1		CEQUR SIMPLICITY 2U	2	
ACCU-CHEK GUIDE KIT W/DEVICE	1		CEQUR SIMPLICITY INSERTER	2	
ACCU-CHEK GUIDE CONTROL	1		CEQUR SIMPLICITY STARTER	2	
ACCU-CHEK GUIDE TEST STRIPS	1	QL	CHEMSTRIP UGK	1	
ACCU-CHEK GUIDE ME	1		CONTOUR CONTROL	2	
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	1		CONTOUR NEXT CONTROL	2	
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	1		CONTOUR NEXT MONITOR	2	
ACCU-CHEK SMARTVIEW CONTROL	1		CONTOUR NEXT TEST	2	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	1	QL	CONTOUR TEST	2	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		DIATHRIVE BLOOD GLUCOSE METER	2	
AGAMATRIX CONTROL LEVEL 2	2		DIATHRIVE BLOOD GLUCOSE TEST	2	QL
AGAMATRIX CONTROL LEVEL 4	2		DIATHRIVE GLUCOSE CONTROL SOLN	2	
AGAMATRIX PRESTO TEST	2	QL	DIATHRIVE GLUCOSE TEST	2	QL
ASSURE PLATINUM	2	QL	DIATHRIVE LANCING DEVICE	2	
AUTOLET LANCING DEVICE	2		EASY TRAK II BLOOD GLUCOSE SYS	2	
BIOTEL CARE BLOOD GLUCOSE SYST	2		EASY TRAK II CONTROL	2	
BLOOD GLUCOSE TEST	2	QL	EASY TRAK II GLUCOSE TEST	2	QL
CARETOUCH CONTROL SOL LEVEL 2	2		EASYMAX 15 LEVEL 2-3 CONTROL	2	
CARETOUCH LANCING/EJECTOR	2		EASYMAX CONTROL	2	
			EASYMAX CONTROL NORMAL/HIGH	2	
			EMBRACE TALK BLOOD GLUCOSE	2	
			EMBRACE TALK GLUCOSE CONTROL	2	
			EMBRACE TALK 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
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	
FREESTYLE PRECISION NEO TEST	2	QL	INPEN 100-GRAY-LILLY	2	
FREESTYLE TEST	2	QL	INPEN 100-GREY-NOVO	2	
GENTEEL LANCING KIT (BLUE)	2		INPEN 100-PINK-LILLY	2	
GLUCOCARD 01 SENSOR PLUS	2	QL	INPEN 100-PINK-NOVO	2	
GLUCOCARD EXPRESSION TEST	2	QL	KETONE TEST	2	
GLUCOCARD SHINE CONNEX	2		KETOSTIX	2	
GLUCOCARD SHINE EXPRESS	2		KROGER HEALTHPRO GLUCOSE TEST	2	QL
GLUCOCARD SHINE TEST	2	QL	LANCETS	1	
GLUCOCARD VITAL TEST	2	QL	LANCETS	2	
GOJJI BLOOD GLUCOSE TEST	2	QL	LANCETS KIT	2	
			MICRODOT TEST	2	QL
			MICROLET NEXT LANCING DEVICE	2	
			NOVOPEN ECHO	2	
			ONE DROP BLOOD GLUCOSE MONITOR	2	
			ONE DROP TEST	2	QL
			ONETOUCH DELICA LANCING DEV	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
ONETOUCH DELICA PLUS LANCING	1		PRODIGY NO CODING BLOOD GLUC	2	
ONETOUCH ULTRA 2 KIT W/DEVICE	1		RELION BLOOD GLUCOSE TEST	2	QL
ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP	1	QL	RELION PREMIER CLASSIC	2	
ONETOUCH ULTRA MINI KIT W/DEVICE	1		RELION PREMIER TEST	2	QL
ONETOUCH VERIO KIT W/DEVICE	1		RELION ULTIMA TEST	2	QL
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1		SURESTEP PRO HIGH GLUCOSE	1	
ONETOUCH VERIO IN VITRO SOLUTION HIGH	1		SURESTEP PRO LOW GLUCOSE	1	
ONETOUCH VERIO TEST STRIPS	1	QL	SURESTEP PRO NORMAL GLUCOSE	1	
ONETOUCH VERIO IQ SYSTEM	1		TRUE FOCUS BLOOD GLUCOSE METER	2	
ONETOUCH VERIO REFLECT	1		TRUE METRIX BLOOD GLUCOSE TEST	2	QL
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1		TRUE METRIX LEVEL 1	2	
PRECISION LINK	2		TRUE METRIX LEVEL 2	2	
PRECISION PCX PLUS TEST	2	QL	TRUE METRIX LEVEL 3	2	
PRECISION QID MONITOR	2		TRUE METRIX PRO BLOOD GLUCOSE	2	QL
PRECISION QID TEST	2	QL	TRUETRACK TEST	2	QL
PRECISION SOF-TACT MONITOR	2		UNISTRIP CONTROL IN VITRO SOLUTION LOW	2	
PRECISION SOF-TACT TEST	2	QL	VIVAGUARD INO CONTROL SOLUTION	2	
PRECISION XTRA BLOOD GLUCOSE	2	QL	VIVAGUARD INO GLUCOSE METER	2	
PRECISION XTRA DEVICE	2		VIVAGUARD INO TEST STRIPS	2	QL
PRECISION XTRA KIT	2		VIVAGUARD LANCING DEVICE	2	
PRECISION XTRA MONITOR	2		<b>Diabetes - Glycemic Agents</b>		
			BAQSIMI ONE PACK	2	
			BAQSIMI TWO PACK	2	
			diazoxide oral	1	
			GLUCAGEN HYPOKIT	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
GLUCAGON EMERGENCY KIT	2		HUMULIN R U-500 VIAL (CONCENTRATED)	2	
PROGLYCEM	2		HUMULIN R VIAL	2	
<b>Diabetes - Insulins</b>			INSULIN PEN NEEDLES	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 ULTRA-FINE INSULIN SYRINGES	1		LEVEMIR U-100 FLEXTOUCH	2	
BD ULTRA-FINE PEN NEEDLES	1		LEVEMIR U-100 VIAL	2	
DROPLET MICRON	1		MAXICOMFORT SYR 27G X 1/2"	1	
EASYPOINT NEEDLE 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		MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	1	
FIASP	1		NOVOFINE AUTOCOVER PEN NEEDLE	1	
FIASP FLEXTOUCH	1		NOVOFINE PEN NEEDLE	1	
FIASP PENFILL	1		NOVOFINE PLUS PEN NEEDLE	1	
HUMALOG	2		NOVOLIN 70/30 FLEXPEN	2	
HUMALOG KWIKPEN	2		NOVOLIN 70/30 FLEXPEN RELION	2	
HUMALOG MIX 50/50 KWIKPEN	2		NOVOLIN 70/30 RELION	2	
HUMALOG MIX 50/50 VIAL	2		NOVOLIN 70/30 VIAL	2	
HUMALOG MIX 75/25 KWIKPEN	2		NOVOLIN N FLEXPEN	2	
HUMALOG MIX 75/25 VIAL	2		NOVOLIN N FLEXPEN RELION	2	
HUMALOG U-100 JUNIOR KWIKPEN	2		NOVOLIN N RELION	2	
HUMULIN 70/30 KWIKPEN	2		NOVOLIN N VIAL	2	
HUMULIN 70/30 VIAL	2		NOVOLIN R FLEXPEN	2	
HUMULIN N KWIKPEN	2		NOVOLIN R FLEXPEN RELION	2	
HUMULIN N VIAL	2		NOVOLIN R RELION	2	
HUMULIN R U-500 KWIKPEN	2		NOVOLIN R VIAL	2	
			NOVOLOG FLEXPEN	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
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	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
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	

Drug Name	Drug Tier	Notes
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	
gnp daily prenatal	0	PV
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	
levocarnitine sf	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

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
NASCOBAL	2	
NEONATAL COMPLETE	1	
NEONATAL 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	
pnv prenatal plus multivit+dha	1	
pot bicarb-pot chloride	1	
potassium bicarbonate oral	1	
potassium chloride cryser	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	
ra one daily	0	PV
sod citrate-citric acid	1	
sodium fluoride oral	0	PV
sodium polystyrene sulfonate	1	
sps	1	
SYPRINE	SP3	PA

Drug Name	Drug Tier	Notes
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	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
VITATHELY WITH GINGER	1	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
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	3	QL
PREVACID SOLUTAB	3	QL; AL (Max 12 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
rabeprazole sodium oral tablet delayed release	3	QL
sucralfate oral	1	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
alosetron hcl	3	PA
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	

Drug Name	Drug Tier	Notes
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	
pb-hyoscy-atropine-scopolamine	1	
peg 3350-kcl-na bicarb-nacl	1	PV; QL
peg-3350/electrolytes	1	PV; QL
phenobarbital-belladonna alk	1	
phenohydro	1	
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM	3	
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

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

Drug Name	Drug Tier	Notes
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
BUPHENYL	SP3	
CERDELGA	SP3	PA
CHOLBAM	SP3	PA
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	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
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

Drug Name	Drug Tier	Notes
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
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	
vilamit mb	1	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
<b>Hormonal Agents - Adrenal</b>		
cortisone acetate oral	1	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	

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



Drug Name	Drug Tier	Notes
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	
prednisone intensol	1	
prednisone oral	1	
<b>Hormonal Agents - Men's Health</b>		
ANDRODERM	2	PA
danazol oral	3	
DEPO-TESTOSTERONE	2	PA
testosterone cypionate intramuscular	1	PA
testosterone enanthate intramuscular	1	PA
testosterone transdermal	3	PA
<b>Hormonal Agents - Osteoporosis</b>		
OSPHENA	3	
raloxifene hcl	1	PV
<b>Hormonal Agents - Pituitary</b>		
cabergoline	1	
DDAVP RHINAL TUBE	2	
desmopressin ace spray refrig	1	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	

Drug Name	Drug Tier	Notes
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
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP3	PA
STIMATE	2	
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
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

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
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
briellyn	0	PV
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	

Drug Name	Drug Tier	Notes
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
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	

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

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
microgestin fe 1.5/30	0	PV
microgestin fe 1/20	0	PV
mili	0	PV
mimvey	1	
MIRENA (52 MG)	0	PV
mono-linyah	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

Drug Name	Drug Tier	Notes
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
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

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
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
viorele	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
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	2	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
nature-throid	1	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	2	
TIROSINT	3	
unithroid	1	
westhroid	1	
wp thyroid	1	

Drug Name	Drug Tier	Notes
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	SP3	PA
ACTEMRA SUBCUTANEOUS	SP3	PA
ACTIMMUNE	SP2	PA
azathioprine oral	1	
BERINERT	SP2	PA
CELLCEPT	SP3	
CIMZIA	SP2	PA
CIMZIA PREFILLED KIT	SP2	PA
CIMZIA STARTER KIT	SP2	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	SP3	PA
ENBREL MINI	SP3	PA
ENBREL SURECLICK	SP3	PA
ENVARBUS XR	SP2	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	SP1	PA
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

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
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	
mycophenolate sodium	1	
MYFORTIC	SP3	
NEORAL	SP3	
ORENCIA CLICKJECT	SP3	PA
ORENCIA SUBCUTANEOUS	SP3	PA
OTEZLA	SP2	PA
PROGRAF ORAL CAPSULE	SP3	
PROGRAF ORAL PACKET	SP2	
RAPAMUNE ORAL SOLUTION	SP2	
RAPAMUNE ORAL TABLET	SP3	
RIDAURA	2	
RINVOQ	SP2	PA
SANDIMMUNE ORAL CAPSULE	SP3	
SANDIMMUNE ORAL SOLUTION	SP2	
SIMPONI	SP2	PA
sirolimus oral solution	SP1	
sirolimus oral tablet	1	
SKYRIZI (150 MG DOSE)	SP2	PA
STELARA SUBCUTANEOUS	SP2	PA
tacrolimus oral	1	

Drug Name	Drug Tier	Notes
TALTZ	SP2	PA
TREMFYA	SP2	PA
XATMEP	SP2	
XELJANZ	SP2	PA
XELJANZ XR	SP2	PA
ZORTRESS	SP3	PA
<b>Immunological Agents - Drugs for Vaccination</b>		
	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
FLUAD	0	PV
FLUAD QUADRIVALENT	0	PV
FLUARIX QUADRIVALENT	0	PV
FLUBLOK QUADRIVALENT	0	PV
FLUCELVAX QUADRIVALENT	0	PV
FLULAVAL QUADRIVALENT	0	PV
FLUZONE HIGH-DOSE	0	PV
FLUZONE HIGH-DOSE QUADRIVALENT	0	PV
FLUZONE QUADRIVALENT	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
		PV; AL (Min 9 Years and Max 26 Years)	TDVAX	0	PV
GARDASIL 9	3		TENIVAC	0	PV
HAVRIX	0	PV	TRUMENBA	0	PV
		PV; AL (Min 18 Years)	TWINRIX	0	PV
HEPLISAV-B	3		TYPHIM VI	3	
		PV; AL (Max 6 Years)	VAQTA	0	PV
HIBERIX	3		VARIVAX	0	PV
IMOVAX RABIES	3		VAXCHORA	3	
INFANRIX	0	PV	VIVOTIF	2	
		PV; AL (Max 17 Years)	YF-VAX	3	
IPOL	3			3	PV; AL (Min 60 Years)
KINRIX	0	PV	ZOSTAVAX		
MENACTRA	0	PV	<b>Inflammatory Bowel Disease Agents</b>		
MENVEO	0	PV	ANALPRAM-HC EXTERNAL LOTION	2	
M-M-R II	0	PV	anucort-hc	1	
PEDIARIX	0	PV	anusol-hc rectal	1	
		PV; AL (Max 6 Years)	APRISO	2	
PEDVAX HIB	3		balsalazide disodium	1	
PENTACEL	0	PV	budesonide er	3	
PNEUMOVAX 23	0	PV	budesonide oral	3	
PREVNAR 13	0	PV	CANASA	2	
PROQUAD	0	PV	colocort	1	
QUADRACEL	0	PV	hemmorex-hc	1	
RECOMBIVAX HB	0	PV	hydrocortisone (perianal)	1	
		PV; AL (Max 8 Months)	hydrocortisone ace-pramoxine external cream 1-1 %	1	
ROTARIX	3		hydrocortisone acetate rectal suppository 25 mg	1	
		PV; AL (Max 8 Months)	hydrocortisone acetate rectal suppository 30 mg	3	
ROTATEQ	3		hydrocortisone rectal	1	
		PV; AL (Min 50 Years)	hydrocort-pramoxine (perianal)	1	
SHINGRIX	3		mesalamine er	1	
STAMARIL	3		mesalamine 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
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	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral solution	1	
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
calcitonin (salmon)	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
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral	1	
cinacalcet hcl	SP1	PA
paricalcitol oral	1	
SENSIPAR	SP3	PA
<b>Miscellaneous Therapeutic Agents</b>		
BREATHE EASE LARGE	2	

Drug Name	Drug Tier	Notes
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE	2	
CAMINO PRO COMPLETE/GLYTACTIN	2	
CAYA	0	PV; QL
CLEVER CHOICE HOLDING CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
EASIVENT	2	
EASY GLIDE LUER LOCK SYRINGE	1	
EASYPOINT NEEDLE 25G X 1-1/2"	1	
encare	0	PV; QL
FC FEMALE CONDOM	0	PV; QL
FC2 FEMALE CONDOM	0	PV; QL
FEMCAP	0	PV; QL
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
FORA D40G GLUCOSE/PRESSURE	2	
GLYTACTIN BETTERMILK 15	2	
GLYTACTIN BETTERMILK DE-LITE	2	
GLYTACTIN BUILD 10PE	2	
GLYTACTIN BUILD 20/20 PKU	2	

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



Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
GLYTACTIN COMPLETE 10PE	2		PANDA MASK MEDIUM	2	
GLYTACTIN RESTORE 10	2		PANDA MASK SMALL	2	
GLYTACTIN RESTORE 5	2		PEDIATRIC PANDA MASK	2	
GLYTACTIN RESTORE LITE 10	2		PHENACTIN AA PLUS	2	
GLYTACTIN RESTORE LITE 10PE	2		PHENYLADE DRINK MIX	2	
GLYTACTIN RTD 10	2		PHENYLADE GMP READY	2	
GLYTACTIN RTD 15	2		PKU EASY	2	
GLYTACTIN RTD LITE 15	2		PKU EASY MICROTABS	2	
GLYTACTIN SWIRL 15PE	2		pocket spacer	2	
heparin lock flush	1		PRO COMFORT SPACER ADULT	2	
heparin sodium lock flush	1		PRO COMFORT SPACER CHILD	2	
HUMATROPEN FOR 12MG	1		PRO COMFORT SPACER INFANT	2	
HUMATROPEN FOR 24MG	1		PROCARE SPACER/ADULT MASK	2	
HUMATROPEN FOR 6MG	1		PROCARE SPACER/CHILD MASK	2	
INSPIREASE RESERVOIR BAGS	2		SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2"	1	
J-TIP KIT W/VIAL ADAPTERS	1		SYRINGE LUER LOCK 30 ML	1	
MASK VORTEX	2		SYRINGE LUER SLIP 1 ML	1	
methergine	3		TODAY SPONGE	0	PV; QL
methylergonovine maleate oral	3		VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	0	PV; QL
MICROCHAMBER DEVICE	2		vcf vaginal contraceptive vaginal gel	0	PV; QL
NORDIPEN 5 INJECTION DEVICE	1		WIDE-SEAL DIAPHRAGM 60	0	PV; QL
NORM-JECT LUER SLIP SYRINGE	1		WIDE-SEAL DIAPHRAGM 65	0	PV; QL
OPTIONS CONCEPTROL	0	PV; QL	WIDE-SEAL DIAPHRAGM 70	0	PV; QL
PANDA MASK LARGE	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
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
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
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	

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 OPHTHALMIC GEL	2	QL
LOTEMAX OPHTHALMIC 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 OPHTHALMIC OINTMENT	2	
trifluridine	1	
ZIRGAN	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
acetazolamide er	1	
acetazolamide 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
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

Drug Name	Drug Tier	Notes
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
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	

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
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	
<b>Otic Agents - Drugs for Ear Conditions</b>		
acetic acid otic	1	
CIPRO HC	2	
CIPRODEX	2	
ciprofloxacin hcl otic	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	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal	1	QL

Drug Name	Drug Tier	Notes
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-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	
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	
promethazine-phenyleph-codeine	1	PA; QL; AL (Min 18 Years)
promethazine-phenylephrine	1	
promethegan	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
pseudoephedrine-bromphen-dm	1	
pulmosal	1	
sodium chloride inhalation	1	
SSKI	2	
virtussin ac w/alc	1	PA; QL; AL (Min 18 Years)
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
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 HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	QL
albuterol sulfate inhalation	1	QL
albuterol sulfate oral	1	
ANORO ELLIPTA	2	QL
ARCAPTA NEOHALER	2	
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

Drug Name	Drug Tier	Notes
ASMANEX HFA	2	QL
ATROVENT HFA	2	QL
BREO ELLIPTA	2	QL
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	3	QL
COMBIVENT RESPIMAT	2	QL
cromolyn sodium inhalation	1	
DALIRESP	3	PA
epinephrine injection solution auto-injector	1	
ESBRIET	SP3	PA
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

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
PROAIR RESPICLICK	2	QL	LETAIRIS	SP2	PA; QL
PROVENTIL HFA	2	QL	OPSUMIT	SP2	PA; QL
PULMICORT FLEXHALER	2	QL	sildenafil citrate oral tablet 20 mg	SP1	PA; QL
QVAR REDHALER	2	QL	TRACLEER	SP2	PA; QL
SEREVENT DISKUS	2	QL	TYVASO	SP2	PA; QL
SPIRIVA HANDHALER	2	QL	TYVASO REFILL	SP2	PA; QL
SPIRIVA RESPIMAT	2	QL	TYVASO STARTER	SP2	PA; QL
STIOLTO RESPIMAT	2	QL	UPTRAVI	SP3	PA; QL
SYMBICORT	3	QL	VENTAVIS	SP2	PA; QL
SYMJEPI	2		<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
terbutaline sulfate oral	1		baclofen oral	1	
THEO-24	2		carisoprodol oral tablet 350 mg	1	
theophylline	1		carisoprodol-aspirin	1	
theophylline er	1		chlorzoxazone oral tablet 500 mg	1	
TRELEGY ELLIPTA	2	QL	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
VENTOLIN HFA	1	QL	dantrolene sodium oral	1	
wixela inhub	1	QL	metaxalone	1	
XOPENEX HFA	3	QL	methocarbamol oral	1	
zafirlukast	1		orphenadrine citrate er	1	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>			tizanidine hcl oral capsule	3	
CAYSTON	SP3	PA	tizanidine hcl oral tablet	1	
KALYDECO	SP3	PA	<b>Sleep Disorder Agents</b>		
ORKAMBI	SP3	PA; QL	armodafinil	1	PA; QL
PULMOZYME	SP2	PA	BELSOMRA	3	QL
TOBI NEBULIZER	SP3		doxepin hcl oral tablet	3	QL
TOBI PODHALER	SP2	QL	eszopiclone	1	QL
tobramycin inhalation	SP1		flurazepam hcl	1	PA; QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>			modafinil	3	PA; QL
ADEMPAS	SP3	PA; QL	ramelteon	3	QL
ambrisentan	SP1	PA; QL	SILENOR	3	QL
bosentan	SP1	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
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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