

Essential Health Benefits Formulary

1st Quarter 2022

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What is my prescription drug coverage?

As part of your Scott & White Health Plan (SWHP) coverage, you may have a prescription drug benefit. This document will help you understand your prescription drug benefit and the Essential Health Benefits Formulary.

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

What is the Essential Health Benefits Formulary?

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

The Essential Health Benefits Formulary lists drugs that are covered under your prescription benefit. Drugs not listed on the formulary are not covered. Non-formulary drugs require an exception request to be submitted for coverage consideration. Formularies continually change to reflect the most recent advances in drug therapy; therefore, this list is not inclusive and does not guarantee coverage. The formulary may change because we review new medical information regarding drugs as well as new drugs recently approved by the FDA.

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

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

Does the formulary ever change?

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

- Generic forms of the brand drug become available. The brand-name medication may no longer be covered when a generic is available. The generic medication may be covered at the lower copayment.
- New drugs may be added by the P&T Committee.
- A drug may be withdrawn from the market by the FDA.
- A drug becomes available without a prescription (becomes available over the counter), then the drug may be removed from the formulary. Often, drugs available over the counter are not covered under the prescription benefit.

How am I notified of changes to the formulary?

You can find the formularies on our website at SWHealthPlan.com, which are updated quarterly. To view changes to the formularies, refer to the Monthly Essential Health Benefits Formulary Changes document posted on the website. If you have questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact our SWHP Pharmacy Help Desk 1.800.728.7947.

What are brand-name and generic drugs?

SWHP 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.

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 SWHP 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. Examples include but are not limited to drugs used to treat 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 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.

Are there any restrictions on my coverage?

Some covered drugs may have restrictions or limitations to coverage. These may include but are not limited to prior authorization or step therapy requirements, quantity limits or safe use requirements (e.g., drug used at medically appropriate dose, not used with other drugs of the same type, etc.). Refer to the legend for a listing of restrictions. All restrictions are effective as of the beginning of the plan year unless noted otherwise on the Monthly Essential Health Benefits Formulary Changes document.

How do I request an exception to the Essential Health Benefits Formulary?

You, an authorized representative or a prescriber can submit a request for 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, an authorized representative or a prescriber can submit a coverage request electronically, by 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, visit SWHealthPlan.com or contact SWHP pharmacy customer service at 1.800.728.7947.

What drugs are not covered by my prescription drug benefit?

Please refer to your *Plan Benefit Documents* for more information regarding plan coverage, limitations and exclusions specific to your prescription drug benefit.

Often, over-the-counter medications and herbal products are not covered under 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. Selecting drugs that are listed on your formulary and at lower tier options can help save money.

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. These medications are noted as preventive drugs (PV). 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).

Oral Oncology Split Fill 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.

Naloxone \$0 Copay Program


Be prepared to respond to an overdose emergency. Naloxone can be used to protect your loved ones from accidental overdose and is available at \$0 cost-share. If you or someone you know is taking opioids, talk with your pharmacist or doctor about getting naloxone. In Texas, you can get naloxone from a pharmacy without a prescription. Naloxone is available as an injection or as naloxone nasal spray (Narcan®), and both are covered at a \$0 copay.

Reading your formulary

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

Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers.

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

Drug list information

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

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

EHB Formulary

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Drug Name	Drug Tier	Notes
Analgesics		
acetaminophen-codeine	1	QL
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
adult aspirin regimen	1	PV
apap-caff-dihydrocodeine oral capsule	3	PA; QL
ascomp-codeine	3	
aspirin adult low dose	1	PV
aspirin adult low strength	1	PV
aspirin childrens	1	PV
aspirin ec low dose	1	PV
aspirin ec low strength	1	PV
aspirin ec oral tablet delayed release 325 mg	1	PV
aspirin low dose	1	PV
aspirin oral tablet	1	PV
aspirin oral tablet delayed release	1	PV
bac	1	
BAYER ASPIRIN	3	PV
BAYER ASPIRIN EC LOW DOSE	3	PV
buprenorphine	3	PA; QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod	3	
butalbital-apap-caffeine	1	
butalbital-asa-caff-codeine	3	
butalbital-aspirin-caffeine	1	
butorphanol tartrate injection	1	
butorphanol tartrate nasal	3	QL

Drug Name	Drug Tier	Notes
carisoprodol-aspirin-codeine	3	
celecoxib oral	1	QL
codeine sulfate	1	QL
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	1	QL
diclofenac sodium external solution	1	PA
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
diflunisal oral	1	
duramorph injection solution 0.5 mg/ml	3	
ec-naproxen	1	
endocet	1	QL
etodolac	1	
etodolac er	1	
fenoprofen calcium oral capsule 400 mg	3	
fenoprofen calcium oral tablet	3	
fentanyl citrate buccal lozenge on a handle	3	PA; QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL
flurbiprofen oral	1	
goodsense aspirin adults	1	PV
goodsense aspirin low dose	1	PV
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	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
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 er	3	PA; QL
hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	3	
hydromorphone hcl oral	1	QL
hydromorphone hcl pf	3	
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
ketoprofen oral capsule 50 mg, 75 mg	1	
ketorolac tromethamine injection	1	
ketorolac tromethamine intramuscular	1	
ketorolac tromethamine oral	1	QL
mefenamic acid oral	3	
meloxicam oral tablet	1	
methadone hcl injection	1	
methadone hcl oral solution	1	
methadone hcl oral tablet	1	PA
methadone hcl oral tablet soluble	1	
methadose oral tablet soluble	1	
mitigo	3	

Drug Name	Drug Tier	Notes
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
morphine sulfate (pf) injection solution 0.5 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml	3	
morphine sulfate (pf) injection solution 10 mg/ml, 8 mg/ml	1	
morphine sulfate (pf) intravenous solution 2 mg/ml, 4 mg/ml	3	
morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg	3	PA; QL
morphine sulfate er oral tablet extended release 15 mg, 30 mg	1	PA; QL
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	3	
morphine sulfate intravenous solution 4 mg/ml	3	
morphine sulfate oral	1	QL
nabumetone oral	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
NUCYNTA	3	PA; QL
NUCYNTA ER	3	PA; QL
oxaprozin	1	
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL

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

Drug Name	Drug Tier	Notes
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	2	PA; QL
oxymorphone hcl	1	QL
oxymorphone hcl er	3	PA; QL
pentazocine-naloxone hcl	1	QL
piroxicam oral	1	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	3	PV
sulindac oral	1	
tramadol hcl er (biphasic)	3	PA; QL
tramadol hcl er oral tablet extended release 24 hour	3	PA; QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
XTAMPZA ER	2	PA; QL
Anesthetics		
glydo	1	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal	1	
lidocaine viscous hcl	1	
lidocaine-prilocaine external cream	1	
LIDOCAINE-TETRACAINE	3	PA
Anti-Addiction/Substance Abuse Treatment Agents		
acamprosate calcium	3	

Drug Name	Drug Tier	Notes
APO-VARENICLINE	3	ST; PV; QL
buprenorphine hcl injection	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
bupropion hcl er (smoking det)	1	PV; QL
disulfiram oral	3	
goodsense nicotine mouth/throat lozenge 4 mg	1	PV; QL
habitrol	1	PV; QL
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	
NICORETTE MOUTH/THROAT GUM 2 MG	3	PV; QL
NICORETTE MOUTH/THROAT LOZENGE 4 MG	3	PV; QL
nicotine polacrilex mini	1	PV; QL
nicotine polacrilex mouth/throat	1	PV; QL
nicotine step 1	1	PV; QL
nicotine step 2	1	PV; QL
nicotine step 3	1	PV; QL
nicotine transdermal kit	1	PV; QL
NICOTROL	3	ST; PV; QL
NICOTROL NS	3	ST; PV; QL
varenicline tartrate	1	ST; PV; QL
VIVITROL	4	
Antibacterials		
ALTABAX	3	
amikacin sulfate injection	1	
amoxicillin	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
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	3	
ampicillin	1	
ampicillin sodium	1	
ampicillin-sulbactam sodium	1	
avidoxy	1	
azithromycin intravenous	1	
azithromycin oral	1	
aztreonam	1	
BAXDELA ORAL	3	
BICILLIN L-A	3	
cefaclor	1	
cefaclor er	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefazolin sodium injection	1	
cefazolin sodium intravenous solution reconstituted	1	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	1	
cefazolin sodium-dextrose intravenous solution reconstituted	1	
cefdinir	1	
cefepime hcl injection	1	
cefepime hcl intravenous solution	1	
cefepime-dextrose	1	
cefotaxime sodium	1	
cefotetan disodium	1	
cefotetan disodium-dextrose	1	

Drug Name	Drug Tier	Notes
cefoxitin sodium	1	
cefpodoxime proxetil	3	
cefprozil	1	
ceftazidime and dextrose	1	
ceftazidime injection	1	
ceftazidime intravenous	1	
ceftriaxone sodium in dextrose	1	
ceftriaxone sodium injection	1	
ceftriaxone sodium intravenous	1	
ceftriaxone sodium-dextrose	1	
cefuroxime axetil	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
clarithromycin oral suspension reconstituted	3	
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate in d5w	1	
clindamycin phosphate injection	1	
clindamycin phosphate vaginal	1	
daptomycin	1	
demeclocycline hcl	3	
dicloxacillin sodium	1	
DIFICID ORAL TABLET	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
doxy 100	1	
doxycycline hyclate intravenous	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
ertapenem sodium	3	
erythromycin base	3	
erythromycin ethylsuccinate oral	3	
erythromycin oral	3	
fosfomicin tromethamine	3	
gentamicin sulfate external	1	
imipenem-cilastatin	3	
iodine tincture external tincture 2 %	1	
levofloxacin oral	1	
linezolid in sodium chloride	1	
linezolid intravenous	1	
linezolid oral	3	QL
mafenide acetate external	1	
methenamine hippurate	3	
metronidazole in nacl	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	

Drug Name	Drug Tier	Notes
mondoxyne nl oral capsule 100 mg	1	
morgidox oral	1	
moxifloxacin hcl in nacl	1	
moxifloxacin hcl oral	1	
mupirocin external	1	
nafcillin sodium	1	
neomycin sulfate oral	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	
nitrofurantoin monohydrate macrocrystals	1	
ofloxacin oral	1	
oxacillin sodium	1	
paramomycin sulfate oral	1	
penicillin g potassium injection solution reconstituted 20000000 unit	1	
penicillin v potassium	1	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1	
polymyxin b sulfate injection	1	
silver sulfadiazine external	1	
ssd	1	
streptomycin sulfate intramuscular	3	
sulfadiazine oral	3	
sulfamethoxazole-trimethoprim	1	
sulfatrim pediatric	1	
tazicef injection	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
tazicef intravenous solution reconstituted	1	
tetracycline hcl oral	3	
trimethoprim oral	1	
VABOMERE	3	
vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 100 gm, 1000 mg, 250 mg, 500 mg, 750 mg	1	
vancomycin hcl oral	3	QL
vandazole	1	
XEPI	3	
XIFAXAN	3	PA
Anticonvulsants		
BRIVIACT ORAL	3	ST
carbamazepine er	1	
carbamazepine oral	1	
CELONTIN	3	
clobazam	1	PA
DIACOMIT	4	PA
diazepam rectal	1	QL
DILANTIN ORAL CAPSULE 30 MG	3	
EPIDIOLEX	4	PA
epitol	1	
ethosuximide oral	1	
felbamate	1	
fosphenytoin sodium injection solution 500 mg pe/10ml	1	
FYCOMPA	3	
gabapentin oral	1	
lamotrigine er	1	
lamotrigine oral	1	
lamotrigine starter kit-blue	1	

Drug Name	Drug Tier	Notes
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam in nacl	1	
levetiracetam intravenous	1	
levetiracetam oral	1	
oxcarbazepine	1	
pentobarbital sodium injection	1	
phenobarbital oral	1	
phenobarbital sodium injection	1	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended	1	
phenytoin sodium injection	1	
primidone oral	1	
roweepra	1	
rufinamide	1	PA
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
tiagabine hcl	1	
topiramate er	1	
topiramate oral	1	
valproate sodium intravenous	1	
valproic acid oral	1	
VIMPAT ORAL	3	
zonisamide 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
Antidementia Agents		
donepezil hcl	1	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
memantine hcl	1	
memantine hcl er	3	QL
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	QL
rivastigmine	3	
rivastigmine tartrate	1	
Antidepressants		
amitriptyline hcl oral	3	
amoxapine	3	
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 oral tablet	1	
clomipramine hcl oral	3	
desipramine hcl oral	3	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	3	
doxepin hcl oral concentrate	3	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
EMSAM	3	ST; QL
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST; QL

Drug Name	Drug Tier	Notes
FETZIMA TITRATION	3	ST; QL
fluoxetine hcl oral capsule	1	
fluvoxamine maleate	3	
fluvoxamine maleate er	3	QL
imipramine hcl oral	1	
imipramine pamoate	3	
MARPLAN	3	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	1	
nefazodone hcl	3	
nortriptyline hcl oral capsule	1	
nortriptyline hcl oral solution	3	
olanzapine-fluoxetine hcl	1	QL
paroxetine hcl oral tablet	1	
paroxetine mesylate	1	QL
perphenazine-amitriptyline	1	
phenelzine sulfate oral	3	
protriptyline hcl	3	
sertraline hcl oral	1	
tranylcypromine sulfate	3	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	
trazodone hcl oral tablet 300 mg	3	
trimipramine maleate oral	3	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	3	PA; QL
VIIBRYD STARTER PACK	3	PA; QL
Antiemetics		
AKYNZEO ORAL	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
aprepitant oral capsule 125 mg, 40 mg, 80 mg	3	QL
compro	3	
dimenhydrinate injection	1	
dronabinol	3	PA; QL
droperidol injection	1	
fosaprepitant dimeglumine	1	
granisetron hcl intravenous	1	
granisetron hcl oral	1	QL
meclizine hcl oral tablet	1	
metoclopramide hcl injection	1	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
palonosetron hcl	1	
perphenazine oral	1	
prochlorperazine	3	
prochlorperazine maleate oral	1	
scopolamine	1	
Antifungals		
ABELCET	3	
AMBISOME	3	
amphotericin b intravenous	1	
caspofungin acetate	3	
ciclodan	1	
ciclopirox external	1	

Drug Name	Drug Tier	Notes
ciclopirox olamine external	1	
clotrimazole external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone	1	
CRESEMBA ORAL	3	PA
econazole nitrate external	1	
ERTACZO	3	PA
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1	
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	3	
griseofulvin ultramicrosize	3	
GYNAZOLE-1	3	
itraconazole oral capsule	3	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
LULICONAZOLE	3	PA
MENTAX	3	PA
miconazole 3	1	
naftifine hcl	1	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	3	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole nitrate	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
posaconazole	3	PA
SULCONAZOLE NITRATE EXTERNAL CREAM	3	PA
tavorole	1	PA
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
voriconazole oral tablet	3	PA
Antigout Agents		
allopurinol oral	1	
allopurinol sodium	1	
colchicine oral tablet	1	
colchicine-probenecid	1	
febuxostat	1	ST
probenecid	1	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
almotriptan malate	3	QL
dihydroergotamine mesylate injection	3	PA; QL
eletriptan hydrobromide	3	QL
EMGALITY	2	PA; QL
EMGALITY (300 MG DOSE)	2	PA; QL
ergotamine-caffeine	3	PA
naratriptan hcl	1	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	3	QL
sumatriptan succinate subcutaneous solution	1	QL

Drug Name	Drug Tier	Notes
sumatriptan succinate subcutaneous solution auto-injector	3	QL
sumatriptan-naproxen sodium	3	QL
ZOLMITRIPTAN NASAL	3	ST; QL
zolmitriptan oral	1	QL
ZOMIG NASAL	3	ST; QL
Antimyasthenic Agents		
pyridostigmine bromide er	1	
pyridostigmine bromide oral	1	
Antimycobacterials		
CAPASTAT SULFATE	3	
cycloserine oral	1	
dapsone oral	3	
ethambutol hcl oral	3	
isoniazid injection	1	
isoniazid oral	1	
PASER	3	
PRIFTIN	3	
pyrazinamide oral	1	
rifabutin	3	
rifampin intravenous	1	
rifampin oral	1	
SIRTURO	3	
TRECTOR	3	
Antineoplastics		
abiraterone acetate	CM	PA
ADCETRIS	4	PA
AFINITOR DISPERZ	CM	PA
ALECENSA	CM	PA
AMELUZ	3	
anastrozole oral	CM	PV*
BELEODAQ	4	PA
bexarotene	CM	PA
bicalutamide	CM	

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
BOSULIF	CM	PA
busulfan	4	
CABOMETYX	CM	PA
capecitabine	CM	PA
CAPRELSA ORAL TABLET 100 MG	CM	PA; QL
CAPRELSA ORAL TABLET 300 MG	CM	PA
COMETRIQ	CM	PA
COTELLIC	CM	PA
cyclophosphamide injection	4	
cyclophosphamide oral capsule	CM	
CYCLOPHOSPHAMIDE ORAL TABLET	CM	
daunorubicin hcl	4	
decitabine	4	PA
diclofenac sodium external gel 3 %	1	ST; QL
DROXIA	3	
EMCYT	CM	
ERIVEDGE	CM	PA
erlotinib hcl oral tablet 100 mg, 150 mg	CM	PA
erlotinib hcl oral tablet 25 mg	CM	PA; QL
ETHYOL	4	
etoposide oral	CM	
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	CM	PA; QL
exemestane	CM	PV*
FARYDAK	CM	PA
fludarabine phosphate	4	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	

Drug Name	Drug Tier	Notes
fluorouracil external cream 5 %	1	
fluorouracil external solution	4	
fluorouracil intravenous	4	
flutamide	CM	
GILOTRIF	CM	PA; QL
GLEOSTINE	CM	
HYCAMTIN ORAL	CM	
hydroxyurea oral	CM	
IBRANCE	CM	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	CM	PA; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	CM	PA
imatinib mesylate	CM	PA
IMBRUVICA	CM	PA; QL
INLYTA	CM	PA
IXEMPRA KIT	4	
JAKAFI ORAL TABLET 10 MG	CM	PA; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	CM	PA
KOSELUGO	CM	PA
lapatinib ditosylate	CM	PA
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	CM	PA
letrozole oral	CM	
leucovorin calcium injection	1	
leucovorin calcium oral	CM	
LEUKERAN	CM	
LYNPARZA	CM	PA
MATULANE	CM	

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
MEKINIST	CM	PA	TAFINLAR	CM	PA
melphalan	CM		TAGRISSO ORAL TABLET 40 MG	CM	PA; QL
melphalan hcl	4		TAGRISSO ORAL TABLET 80 MG	CM	PA
mercaptopurine oral	CM		tamoxifen citrate oral tablet 10 mg	CM	
MESNEX ORAL	CM		tamoxifen citrate oral tablet 20 mg	CM	PV*
mitomycin intravenous	4		TARGRETIN EXTERNAL	4	PA
mitoxantrone hcl	4	PA	TASIGNA	CM	PA
mutamycin	4		temozolomide	CM	PA
MYLERAN	CM		THALOMID	CM	PA
NEXAVAR	CM	PA	toremifene citrate	CM	
nilutamide	CM		tretinoin oral	CM	
NINLARO	CM	PA	TUKYSA	CM	PA
ONUREG	CM	PA	TURALIO	CM	PA
ORGOVYX	CM	PA	VENCLEXTA	CM	PA
paclitaxel	4		VENCLEXTA STARTING PACK	CM	PA
PANRETIN	3		VOTRIENT	CM	PA
PIQRAY	CM	PA	XALKORI	CM	PA
POMALYST	CM	PA	XTANDI	CM	PA
PROLEUKIN	4		ZANOSAR	4	
QINLOCK	CM	PA	ZELBORAF	CM	PA
RETEVMO	CM	PA	ZOLINZA	CM	PA
REVLIMID	CM	PA	ZYDELIG	CM	PA
RITUXAN	4	PA	ZYKADIA	CM	PA
RITUXAN HYCELA	4	PA	Antiparasitics		
ROZLYTREK	CM	PA	albendazole oral	3	PA
RUBRACA	CM	PA	atovaquone	3	
RUXIENCE	4	PA	atovaquone-proguanil hcl oral tablet 250-100 mg	3	
RYDAPT	CM	PA	atovaquone-proguanil hcl oral tablet 62.5-25 mg	1	
SOLTAMOX	CM	PV*	BENZNIDAZOLE	3	
SPRYCEL	CM	PA	chloroquine phosphate oral	3	
STIVARGA	CM	PA			
sunitinib malate	CM	PA			
SUTENT	CM	PA			
SYNRIBO	4	PA			
TABLOID	CM				
TABRECTA	CM	PA			

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

Drug Name	Drug Tier	Notes
COARTEM	3	
crotan	1	
EMVERM	2	
hydroxychloroquine sulfate oral tablet 200 mg	1	
IMPAVIDO	3	
ivermectin external lotion	1	
ivermectin oral	1	
lindane	3	
malathion	1	
mefloquine hcl	1	
nitazoxanide oral	3	
pentamidine isethionate	1	
permethrin external	1	
praziquantel oral	3	
primaquine phosphate	1	
pyrimethamine oral	4	PA
quinine sulfate oral	3	PA
spinosad	1	
sulfurated lime	1	
Antiparkinson Agents		
amantadine hcl oral	1	
APOKYN	4	PA; QL
benztropine mesylate	1	
bromocriptine mesylate oral	1	
carbidopa oral	3	
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
carbidopa-levodopa-entacapone	1	
entacapone	1	
NEUPRO	3	ST
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	1	
rasagiline mesylate oral	1	

Drug Name	Drug Tier	Notes
ropinirole hcl	1	
ropinirole hcl er	1	
selegiline hcl oral	1	
tolcapone	1	
trihexyphenidyl hcl	1	
Antipsychotics		
ABILIFY MAINTENA	3	
aripiprazole oral tablet	1	QL
asenapine maleate	1	QL
chlorpromazine hcl oral tablet	3	
clozapine oral tablet	3	QL
FANAPT	3	ST; QL
FANAPT TITRATION PACK	3	ST; QL
fluphenazine hcl oral tablet	3	
haloperidol decanoate intramuscular	1	
haloperidol lactate	1	
haloperidol oral	1	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA	3	PA; QL
loxapine succinate	3	
olanzapine oral tablet	1	QL
paliperidone er	3	QL
pimozide	1	
quetiapine fumarate	1	QL
quetiapine fumarate er	3	QL
REXULTI	3	QL
RISPERDAL CONSTA	3	
risperidone oral tablet	1	QL
thioridazine hcl oral	1	
thiothixene	3	
trifluoperazine hcl	3	
ziprasidone hcl	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
Antivirals		
abacavir sulfate oral solution	3	
abacavir sulfate oral tablet	1	
abacavir sulfate-lamivudine	1	QL
abacavir-lamivudine-zidovudine	3	QL
acyclovir external ointment	1	
acyclovir oral capsule	1	
acyclovir oral suspension	3	
acyclovir oral tablet	1	
acyclovir sodium	1	
adefovir dipivoxil	4	
APTIVUS	2	
atazanavir sulfate	3	
BARACLUDE ORAL SOLUTION	4	QL
BIKTARVY	3	QL
cidofovir intravenous	1	
CIMDUO	2	QL
COMPLERA	2	QL
CRIXIVAN	2	
DOVATO	2	QL
EDURANT	2	
efavirenz	3	
efavirenz-emtricitabine-tenofovir	3	QL
efavirenz-lamivudine-tenofovir	3	QL
emtricitabine	1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	3	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	3	PV*; QL

Drug Name	Drug Tier	Notes
EMTRIVA ORAL SOLUTION	2	
entecavir	4	QL
EPCLUSA	4	PA; QL
EPIVIR HBV ORAL SOLUTION	4	
etravirine	1	
EVOTAZ	2	QL
famciclovir oral	1	
fosamprenavir calcium	3	
FUZEON	2	
HARVONI	4	PA; QL
INTRON A	4	PA
INVIRASE	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
lamivudine oral solution	3	
lamivudine oral tablet 100 mg	4	
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine	1	QL
lopinavir-ritonavir oral solution	3	
lopinavir-ritonavir oral tablet	1	
MAVYRET	4	PA; QL
nevirapine	3	
nevirapine er	3	
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
ODEFSEY	3	QL
oseltamivir phosphate oral	3	QL
PEGASYS	4	PA
PIFELTRO	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
PREZCOBIX	2	QL
PREZISTA	2	
RELENZA DISKHALER	3	QL
REYATAZ ORAL PACKET	2	
ribavirin oral	4	
rimantadine hcl	1	
ritonavir	3	
RUKOBIA	2	
SELZENTRY	2	PA
stavudine	1	
SYMTUZA	3	QL
tenofovir disoproxil fumarate	1	PV*
TIVICAY	2	
TIVICAY PD	2	
TRIUMEQ	2	QL
TYBOST	2	
valacyclovir hcl oral	1	QL
valganciclovir hcl	3	
VEMLIDY	4	
VIRACEPT	2	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
ZEPATIER	4	PA; QL
zidovudine	3	
Anxiolytics		
alprazolam er	1	QL
alprazolam oral tablet	1	QL
alprazolam xr	1	QL
bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg	1	
chlordiazepoxide hcl	1	QL
clonazepam oral tablet	1	QL

Drug Name	Drug Tier	Notes
clorazepate dipotassium	1	QL
diazepam intensol	1	
diazepam oral	1	
estazolam	1	QL
hydroxyzine hcl intramuscular	1	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral capsule 100 mg	3	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	1	
lorazepam injection	1	
lorazepam intensol	3	QL
lorazepam oral concentrate 2 mg/ml	3	QL
lorazepam oral tablet	1	QL
meprobamate	3	
oxazepam	3	QL
triazolam	1	QL
Bipolar Agents		
divalproex sodium er	1	
divalproex sodium oral	1	
lithium carbonate er	1	
lithium carbonate oral	1	
Blood Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
CEQR SIMPLICITY 2U	3	
CHEMSTRIP 10 MD	3	
CHEMSTRIP 10/SG	3	
CHEMSTRIP 2 GP	3	
CHEMSTRIP 5 OB	3	
CHEMSTRIP 7	3	
CHEMSTRIP 9	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
CHEMSTRIP K	3	
CONTOUR CONTROL SOLUTION	2	
CONTOUR MONITOR DEVICE	2	
CONTOUR MONITOR KIT W/DEVICE	2	
CONTOUR NEXT CONTROL SOLUTION	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT LINK KIT W/DEVICE	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	2	QL
INPEN 100-BLUE-LILLY	3	
INPEN 100-BLUE-NOVO	3	
INPEN 100-GRAY-LILLY	3	
INPEN 100-GREY-NOVO	3	
INPEN 100-PINK-LILLY	3	
INPEN 100-PINK-NOVO	3	
KETONE TEST	3	
KETOSTIX	3	
NOVOPEN ECHO	3	
ONETOUCH DELICA LANCING DEV	3	
ONETOUCH DELICA PLUS LANCING	3	
Blood Glucose Regulators		
acarbose oral	3	

Drug Name	Drug Tier	Notes
BYDUREON BCISE AUTOINJECTOR	2	ST; QL
BYETTA 10 MCG PEN	2	ST; QL
BYETTA 5 MCG PEN	2	ST; QL
diazoxide oral	1	
FARXIGA	2	ST
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glipizide-metformin hcl	3	
glucagon emergency kit	1	
GLUCAGON EMERGENCY KIT	2	Made by Fresenius
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	3	
GLYXAMBI	2	ST
HUMALOG	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	2	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	2	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	2	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	2	
HUMULIN R VIAL	2	

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
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	ST
JENTADUETO	2	ST
JENTADUETO XR	2	ST
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LEVEMIR U-100 FLEXTOUCH	3	PA
LEVEMIR U-100 VIAL	3	PA
metformin hcl er	1	
metformin hcl oral tablet	1	
miglitol	3	
nateglinide	3	
OZEMPIC	2	ST; QL
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	3	
pioglitazone hcl-metformin hcl	3	
repaglinide	3	
RYBELSUS	2	ST; QL
SOLIQUA	2	ST; QL
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRADJENTA	2	ST
TRESIBA	3	PA
TRESIBA FLEXTOUCH	3	PA
TRULICITY	2	ST; QL
VICTOZA	2	ST; QL
XIGDUO XR	2	ST
XULTOPHY	2	ST; QL

Drug Name	Drug Tier	Notes
Blood Products and Modifiers		
ALPHANATE	4	
aminocaproic acid oral tablet	1	
anagrelide hcl	3	
ARANESP (ALBUMIN FREE)	4	PA
aspirin-dipyridamole er	3	
BRILINTA	2	
CABLIVI	4	PA; QL
cilostazol	1	
clopidogrel bisulfate oral	1	
COAGADDEX	4	
CORIFACT	4	
dipyridamole oral	1	
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
ELOCTATE	4	
enoxaparin sodium	4	QL
eptifibatide intravenous solution 200 mg/100ml	3	
FEIBA	4	
fondaparinux sodium	4	QL
HEMLIBRA	4	
heparin sodium (porcine) injection solution prefilled syringe	1	
heparin sodium (porcine) pf injection solution 5000 unit/ml	1	
HUMATE-P	4	
jantoven	1	
MOZOBIL	4	PA; QL
NEULASTA	4	PA
NEULASTA ONPRO	4	PA
NIVESTYM	4	PA
NOVOEIGHT	4	

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

Drug Name	Drug Tier	Notes
NOVOSEVEN RT	4	
NUWIQ	4	
OBIZUR	4	
PRADAXA	2	QL
prasugrel hcl	3	
PROMACTA	4	PA
REBLOZYL	4	PA
RECOMBINATE	4	
RETACRIT	4	PA
RIASTAP	4	
RIXUBIS	4	
SAVAYSA	3	QL
SOLIRIS	4	PA
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
XYNTHA	4	
XYNTHA SOLOFUSE	4	
ZONTIVITY	3	
Cardiovascular Agents		
acebutolol hcl oral	1	
acetazolamide er	3	
acetazolamide oral	3	
aliskiren fumarate	3	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral tablet 200 mg	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	3	
amlodipine-atorvastatin	1	
amlodipine-olmesartan	3	
atenolol oral	1	

Drug Name	Drug Tier	Notes
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	PV*
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
betaxolol hcl oral	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
candesartan cilexetil	1	
captopril oral	1	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
cholestyramine light	3	
cholestyramine oral	3	
clonidine	3	
clonidine hcl oral	1	
colesevelam hcl oral tablet	3	
colestipol hcl	3	
CORLANOR	3	PA; QL
DEMSEER	3	
digitek	1	
digox	1	
digoxin oral solution	3	
digoxin oral tablet	1	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
diltiazem hcl oral	1	
dilt-xr	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
disopyramide phosphate	1	
dofetilide	3	
doxazosin mesylate oral	1	
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO	2	QL
epinephrine pf	1	
eplerenone	1	
ethacrynic acid	3	
ezetimibe	1	
ezetimibe-simvastatin	3	
felodipine er	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg	3	
fenofibrate micronized oral capsule 67 mg	1	
fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg	3	
fenofibrate oral capsule 67 mg	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	3	
flecainide acetate	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	
irbesartan	1	

Drug Name	Drug Tier	Notes
irbesartan-hydrochlorothiazide	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
losartan potassium oral	1	
losartan potassium-hctz	1	
lovastatin oral	1	PV
mannitol intravenous solution 20 %	3	
methazolamide oral tablet 25 mg	1	
methazolamide oral tablet 50 mg	3	
methyldopa	1	
metolazone	3	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol-hydrochlorothiazide	1	
metyrosine	1	
mexiletine hcl oral	1	
midodrine hcl	1	
minoxidil oral	1	
moexipril hcl	1	
nebivolol hcl	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL
niacin er (antihyperlipidemic)	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
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg	1	
nifedipine er oral tablet extended release 24 hour 90 mg	3	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	3	
nimodipine oral	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	3	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	3	PA
pentoxifylline er	1	
perindopril erbumine	1	
phenoxybenzamine hcl oral	1	
pindolol	3	
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	3	
procainamide hcl injection solution 100 mg/ml	3	
propafenone hcl	1	
propranolol hcl er	3	
propranolol hcl intravenous	1	
propranolol hcl oral	1	
quinapril hcl	1	

Drug Name	Drug Tier	Notes
quinapril-hydrochlorothiazide	1	
quinidine sulfate	1	
ramipril	1	
ranolazine er	3	
RECTIV	3	
REPATHA	2	PA; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; QL
REPATHA SURECLICK	2	PA; QL
rosuvastatin calcium	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	PV*
simvastatin oral tablet 80 mg	1	
sorine	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral	1	
spironolactone-hctz	1	
taztia xt	1	
telmisartan	1	
tiadylt er	1	
timolol maleate oral	3	
torseamide	1	
trandolapril	1	
triamterene oral	3	
triamterene-hctz	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	
verapamil hcl er oral capsule extended release 24 hour	3	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VYNDAMAX	4	PA; QL

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

Drug Name	Drug Tier	Notes
Central Nervous System Agents		
amphetamine sulfate	3	PA; QL
amphetamine-dextroamphetamine er	1	PA; QL
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 7.5 mg	1	PA; QL
amphetamine-dextroamphetamine oral tablet 5 mg	3	PA; QL
atomoxetine hcl	3	QL
AVONEX PEN	4	PA; QL
AVONEX PREFILLED	4	PA; QL
BAFIERTAM	4	PA; QL
BETASERON	4	PA; QL
caffeine citrate oral	1	
clonidine hcl er	1	
COPAXONE	4	PA; QL
dalfampridine er	4	PA; QL
dexmethylphenidate hcl	1	PA; QL
dexmethylphenidate hcl er	3	PA; QL
dextroamphetamine sulfate er	3	PA; QL
dextroamphetamine sulfate oral solution	3	PA; QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	PA; QL
dimethyl fumarate oral	4	PA; QL
dimethyl fumarate starter pack	4	PA; QL
GILENYA	4	PA; QL
glatiramer acetate	4	PA; QL
glatopa	4	PA; QL
guanfacine hcl er	3	
MAYZENT	4	PA; QL

Drug Name	Drug Tier	Notes
MAYZENT STARTER PACK	4	PA; QL
methylphenidate hcl er (cd)	3	PA; QL
methylphenidate hcl er (la)	3	PA; QL
methylphenidate hcl er (xr)	3	PA; QL
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	3	PA; QL
methylphenidate hcl er oral tablet extended release 24 hour	3	PA; QL
methylphenidate hcl oral solution	3	PA; QL
methylphenidate hcl oral tablet	1	PA; QL
methylphenidate hcl oral tablet chewable	3	PA; QL
pregabalin	1	QL
riluzole	3	PA; QL
SAVELLA	3	ST; QL
SAVELLA TITRATION PACK	3	ST; QL
tetrabenazine	4	PA
TYSABRI	4	PA; QL
VYVANSE	2	PA; QL
Dental and Oral Agents		
cavarest	1	
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
DEBACTEROL	3	
easygel	1	
fluoridex daily renewal	1	
oralone	1	
periogard	1	

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
pilocarpine hcl oral	1	
PREVIDENT MOUTH/THROAT	3	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm dental cream	1	
sodium fluoride 5000 ppm dental gel	1	
sodium fluoride dental	1	
sodium fluoride mouth/throat	3	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents		
acutane	1	PA
acitretin	3	
adapalene external cream	1	PA
adapalene external gel	1	PA
adapalene-benzoyl peroxide external gel	1	
ammonium lactate external	1	
amnesteem	1	PA
azelaic acid external	1	
AZELEX	3	
benzoyl peroxide-erythromycin	1	
calcipotriene external cream	3	
calcipotriene external ointment	3	
calcipotriene external solution	3	
calcitriol external	3	
claravis	1	PA
clindacin etz external swab	1	
clindacin-p	1	

Drug Name	Drug Tier	Notes
clindamycin phosphate-benzoyl peroxide	1	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	3	M
clindamycin phosphate gel 1 % external	3	
coal tar external	1	
CONDYLOX	3	
DUPIXENT	4	PA; QL
EPIDUO FORTE	3	
ery	1	
erythromycin external	1	
imiquimod external cream 5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	PA
ivermectin external cream	1	
lactic acid e	1	
lactic acid external	1	
methoxsalen rapid	1	
metronidazole external	1	
MIRVASO	2	
myorisan	1	PA
neuac external gel	1	
pimecrolimus	1	ST
podofilox external	1	
REGANEX	3	PA
rosadan external cream	1	
rosadan external gel	1	
SANTYL	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
selenium sulfide external lotion	1		ergocalciferol oral capsule	1	
STELARA INTRAVENOUS	4	PA	fabb	1	
STELARA SUBCUTANEOUS	4	PA; QL	fa-vitamin b-6-vitamin b-12	1	
sulfacetamide sodium (acne)	1		ferocon	1	
tacrolimus external	1		ferotrinsic	1	
TALTZ	4	PA	ferrocite plus	1	
tazarotene external cream	3	PA	fluoritab	1	PV
TREMFYA	4	PA	folate	1	PV
tretinoin external cream	1	PA	folbee	1	
tretinoin external gel 0.01 %, 0.025 %	1	PA	folbee plus	1	
zenatane	1	PA	folic acid oral tablet 1 mg	1	
Electrolytes/Minerals/Minerals/Vitamins			folic acid oral tablet 400 mcg, 800 mcg	1	PV
adc/f (0.5mg/ml)	1		folplex 2.2	1	
airavite	1		foltrin	1	
b-6 folic acid	1		FOSRENOL ORAL PACKET	3	
biocel	1		hemocyte-f	1	
bp vit 3	1		hydroxocobalamin acetate	1	
b-plex	1		iodine strong oral	1	
b-plex plus	1		klor-con	1	
calcium acetate (phos binder)	1		klor-con 10	1	
calcium acetate oral tablet 667 mg	1		klor-con m10	1	
CARBAGLU	4		klor-con m15	1	
CHEMET	3		klor-con m20	1	
corvita 150	1		k-tan plus	1	
cyanocobalamin injection solution 1000 mcg/ml	1		lanthanum carbonate	3	
deferasirox oral tablet soluble	3	PA	levocarnitine oral solution	1	
deferiprone	3	PA	levocarnitine oral tablet	1	
			levocarnitine sf	1	
			lysiplex plus oral tablet	1	
			multi-vitamin/fluoride	1	
			multivitamin/fluoride oral tablet chewable	1	
			multi-vitamin/fluoride/iron	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
na ferric gluc cplx in sucrose	1	
nafrinse	1	PV
nafrinse drops	1	PV
NASCOBAL	3	
nephronex oral tablet	1	
nufol	1	
nutrifac zx	1	
ONE VITE WOMENS	3	PV
ONE-A-DAY WOMENS PRENATAL 1	3	PV
PHOSLYRA	3	
phytonadione injection	1	
phytonadione oral	1	
polysaccharide iron forte	1	
potassium chloride cryster	1	
potassium chloride er	1	
potassium chloride intravenous solution 10 meq/50ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	1	
potassium chloride oral	1	
potassium citrate er	1	
prenatal multi +dha	1	PV
prenatal oral tablet 27-0.8 mg	1	PV
prenatal oral tablet 27-1 mg	1	
prenatal plus iron	1	
prenatal vitamin plus low iron	1	
preplus	1	
purevit dualfe plus	1	
pyridoxine hcl injection	1	
se-tan plus	1	
sevelamer carbonate oral tablet	3	

Drug Name	Drug Tier	Notes
sod citrate-citric acid	1	
sodium acetate intravenous solution 2 meq/ml	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	PV
sodium fluoride oral tablet	1	PV
sodium fluoride oral tablet chewable	1	PV
sodium polystyrene sulfonate	1	
sps	3	
thiamine hcl injection	1	
tl-hem 150	1	
trientine hcl	4	PA
trigels-f forte	1	
triphrocaps	1	
tri-vite/fluoride	1	
v-c forte	1	
VELPHORO	3	
VELTASSA	3	
virt-caps	1	
virt-gard	1	
vita s forte	1	
vitacel	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
vitamin k1 injection	1	
vitamins acd-fluoride	1	
vp-pnv-dha	1	
vp-vite rx	1	
westab mini	1	
westab one	1	
yl folic acid	1	PV
Gastrointestinal Agents		
alose tron hcl	3	PA

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

Drug Name	Drug Tier	Notes
alvimopan	1	
amoxicill-clarithro-lansopraz	1	
bisacodyl ec	1	PV; QL
caspara sagrada oral fluid extract	1	
cimetidine hcl	1	
cimetidine oral	1	
citroma	1	PV; QL
clearlax	1	PV; QL
CLENPIQ	3	
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	3	
DEXILANT	2	QL
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
enulose	1	
esomeprazole sodium	1	
famotidine intravenous	1	
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	1	
famotidine premixed	1	
GATTEX	4	PA
gavilax oral powder	1	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	1	PV; QL
glycolax	1	PV; QL
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml	1	
glycopyrrolate oral	1	

Drug Name	Drug Tier	Notes
glycopyrrolate pf	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
lactulose encephalopathy	1	
lactulose oral solution	1	
lansoprazole oral capsule delayed release	1	QL
LINZESS	2	ST; QL
loperamide hcl oral capsule	1	
magnesium citrate oral solution	1	PV; QL
methscopolamine bromide oral	3	
mineral oil heavy oral	1	
misoprostol oral	1	
mm clearlax	1	PV; QL
MOTEGRITY	3	ST; QL
MOTOFEN	3	PA
nizatidine	1	
OMECLAMOX-PAK	2	
omeprazole oral capsule delayed release	1	QL
pantoprazole sodium intravenous	1	QL
pantoprazole sodium oral	1	QL
peg 3350-kcl-na bicarb-nacl	1	PV; QL
peg-3350/electrolytes	1	PV; QL
peg-3350/electrolytes/ascorb at	1	
peg-kcl-nacl-nasulf-na asc-c	1	
polyethylene glycol 3350 oral powder	1	PV; QL
PYLERA	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
qc magnesium citrate	1	PV; QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral	1	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	ST; QL
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
CERDELGA	4	PA
CHOLBAM	4	PA
CREON	2	
CYSTAGON	4	
EVRYSDI	4	PA; QL
GALAFOLD	4	PA; QL
miglustat	4	PA
MYALEPT	4	PA
nitisinone	4	PA
ORFADIN ORAL CAPSULE 20 MG	4	PA
ORFADIN ORAL SUSPENSION	4	PA
PROLASTIN-C	4	PA
REVCOVI	4	PA
sapropterin dihydrochloride	4	PA
sod benz-sod phenylacet	1	
sodium phenylbutyrate oral	4	
STRENSIQ	4	PA
SUCRAID	4	
TEGSEDI	4	PA
ZENPEP	2	
Genitourinary Agents		
acetic acid irrigation	1	

Drug Name	Drug Tier	Notes
alfuzosin hcl er	1	
argyle sterile saline	1	
bethanechol chloride oral	1	
curity sterile saline	1	
darifenacin hydrobromide er	1	
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
ELMIRON	3	PA
ENCARE	3	PV; QL
finasteride oral tablet 5 mg	1	
flavoxate hcl	1	
GELNIQUE	3	ST
glycine irrigation	1	
glycine urologic	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
OPTIONS GYNOL II CONTRACEPTIVE	3	PV; QL
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
penicillamine oral tablet	4	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENACIDIN	3	
silodosin	1	
sodium chloride irrigation	1	
solifenacin succinate	1	
sorbitol-mannitol	1	
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL
tamsulosin hcl	1	
terazosin hcl	1	
TODAY SPONGE	3	PV; QL

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

Drug Name	Drug Tier	Notes
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	1	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	3	PV; QL
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	3	PV; QL
vcf vaginal contraceptive vaginal gel	1	PV; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ala-cort	1	
alclometasone dipropionate	1	
amcinonide external lotion	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	3	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external	1	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
clobetasol prop emollient base	3	

Drug Name	Drug Tier	Notes
clobetasol propionate external cream	3	
clobetasol propionate external gel	3	
clobetasol propionate external lotion	3	
clobetasol propionate external ointment	3	
clobetasol propionate external shampoo	3	
clobetasol propionate external solution	3	
clodan external shampoo	3	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	3	
desonide external cream	3	
desonide external lotion	3	
desonide external ointment	3	
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	3	
desoximetasone external liquid	3	
desoximetasone external ointment 0.25 %	3	
dexamethasone intensol	1	
dexamethasone oral elixir	3	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone sod phosphate pf	1	
dexamethasone sodium phosphate injection	1	

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
diflorasone diacetate external cream	3		mometasone furoate external	1	
fludrocortisone acetate oral	1		nolix external cream	3	
fluocinolone acetonide body	1		prednicarbate	1	
fluocinolone acetonide external	1		prednisolone oral solution	1	
fluocinolone acetonide scalp	1		prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml	1	
fluocinonide emulsified base	1		prednisone oral tablet	1	
fluocinonide external	1		prednisone oral tablet therapy pack	1	
flurandrenolide external cream	3		SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG	3	
fluticasone propionate external cream	1		triamcinolone acetonide external cream	1	
fluticasone propionate external ointment	1		triamcinolone acetonide external lotion	1	
halcinonide	3	ST	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
halobetasol propionate external cream	3		triamcinolone acetonide injection suspension 40 mg/ml	1	
halobetasol propionate external ointment	3		triderm	1	
hydrocortisone butyrate external solution	1		Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
hydrocortisone external cream 1 %, 2.5 %	1		cabergoline	1	
hydrocortisone external lotion 2.5 %	1		CHORIONIC GONADOTROPIN INTRAMUSCULAR	4	PA
hydrocortisone external ointment 1 %, 2.5 %	1		desmopressin ace spray refrig	3	
hydrocortisone oral	1		desmopressin acetate oral	3	
hydrocortisone valerate external cream	1		desmopressin acetate spray	3	
KENALOG-80	3		INCRELEX	4	PA
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1				
methylprednisolone 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
NORDITROPIN FLEXPRO	4	PA
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	4	PA
NUTROPIN AQ NUSPIN 10	4	PA
NUTROPIN AQ NUSPIN 20	4	PA
NUTROPIN AQ NUSPIN 5	4	PA
oxytocin injection	1	
PREGNYL	4	PA
VASOSTRICT	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
mifepristone	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
afirmelle	1	PV
altavera	1	PV
alyacen 1/35	1	PV
alyacen 7/7/7	1	PV
amabelz	1	
amethia	1	PV; QL
amethyst	1	PV
ANNOVERA	3	PV; QL
apri	1	PV
aranelle	1	PV
ashlyna	1	PV; QL
aubra	1	PV
aubra eq	1	PV
aurovela 1.5/30	1	PV
aurovela 1/20	1	PV

Drug Name	Drug Tier	Notes
aurovela 24 fe	1	PV
aurovela fe 1.5/30	1	PV
aurovela fe 1/20	1	PV
aviane	1	PV
ayuna	1	PV
azurette	1	PV
balziva	1	PV
BIJUVA	3	
blisovi 24 fe	1	PV
blisovi fe 1.5/30	1	PV
blisovi fe 1/20	1	PV
briellyn	1	PV
camila	1	PV
camrese	1	PV; QL
camrese lo	1	PV; QL
caziant	1	PV
charlotte 24 fe	1	PV
chateal	1	PV
chateal eq	1	PV
COMBIPATCH	3	
cryselle-28	1	PV
cyclafem 1/35	1	PV
cyclafem 7/7/7	1	PV
cyred	1	PV
cyred eq	1	PV
danazol oral	3	
dasetta 1/35	1	PV
dasetta 7/7/7	1	PV
daysee	1	PV; QL
deblitane	1	PV
delyla	1	PV
DEPO-SUBQ PROVERA 104	3	QL
desogestrel-ethinyl estradiol	1	PV
DIVIGEL	3	
dolishale	1	PV

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

Drug Name	Drug Tier	Notes
dotti	1	
drospiren-eth estrad-levomefol	1	PV
drospirenone-ethinyl estradiol	1	PV
DUAVEE	2	
elinest	1	PV
ELLA	3	PV
eluryng	1	PV
emoquette	1	PV
enpresse-28	1	PV
enskyce	1	PV
errin	1	PV
estarylla	1	PV
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal cream	1	
estradiol vaginal tablet	3	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
ethynodiol diac-eth estradiol	1	PV
etonogestrel-ethinyl estradiol	1	PV
falmina	1	PV
fayosim	1	PV; QL
femynor	1	PV
fyavolv	1	
gemmily	1	PV
hailey 1.5/30	1	PV
hailey 24 fe	1	PV
hailey fe 1.5/30	1	PV
hailey fe 1/20	1	PV
heather	1	PV

Drug Name	Drug Tier	Notes
hydroxyprogesterone caproate intramuscular oil	4	PA
iclevia	1	PV; QL
incassia	1	PV
INTRAROSA	3	ST
introvale	1	PV; QL
isibloom	1	PV
jaimiess	1	PV; QL
jasmiel	1	PV
jencycla	1	PV
jinteli	1	
jolessa	1	PV; QL
juleber	1	PV
junel 1.5/30	1	PV
junel 1/20	1	PV
junel fe 1.5/30	1	PV
junel fe 1/20	1	PV
junel fe 24	1	PV
kaitlib fe	1	PV
kalliga	1	PV
kariva	1	PV
kelnor 1/35	1	PV
kelnor 1/50	1	PV
kurvelo	1	PV
KYLEENA	3	PV
larin 1.5/30	1	PV
larin 1/20	1	PV
larin 24 fe	1	PV
larin fe 1.5/30	1	PV
larin fe 1/20	1	PV
larissia	1	PV
layolis fe	1	PV
leena	1	PV
lessina	1	PV
levonest	1	PV

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

Drug Name	Drug Tier	Notes
levonorgest-eth est & eth est	1	PV; QL
levonorgest-eth estrad 91-day	1	PV; QL
levonorgestrel	1	PV
levonorgestrel-ethinyl estrad	1	PV
levonorg-eth estrad triphasic	1	PV
levora 0.15/30 (28)	1	PV
LILETTA (52 MG)	3	PV
lillow	1	PV
lojaimiess	1	PV; QL
loryna	1	PV
low-ogestrel	1	PV
lo-zumandimine	1	PV
lutura	1	PV
lyleq	1	PV
lyllana	1	
lyza	1	PV
MAKENA SUBCUTANEOUS	4	PA
marlissa	1	PV
medroxyprogesterone acetate intramuscular	1	PV; QL
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	CM	
megestrol acetate oral suspension 625 mg/5ml	1	
megestrol acetate oral tablet	CM	
MENEST	2	
merzee	1	PV
mibelas 24 fe	1	PV
microgestin 1.5/30	1	PV
microgestin 1/20	1	PV

Drug Name	Drug Tier	Notes
microgestin 24 fe	1	PV
microgestin fe 1.5/30	1	PV
microgestin fe 1/20	1	PV
mili	1	PV
mimvey	1	
MIRENA (52 MG)	3	PV
mono-lynyah	1	PV
NATAZIA	2	PV
necon 0.5/35 (28)	1	PV
NEXPLANON	3	PV
nikki	1	PV
nora-be	1	PV
norethin ace-eth estrad-fe	1	PV
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	PV
norethindrone oral	1	PV
norethindrone-eth estradiol	1	
norethin-eth estradiol-fe	1	PV
norgestimate-eth estradiol	1	PV
norgestimate-ethinyl estradiol triphasic	1	PV
norlyda	1	PV
norlyroc	1	PV
nortrel 0.5/35 (28)	1	PV
nortrel 1/35 (21)	1	PV
nortrel 1/35 (28)	1	PV
nortrel 7/7/7	1	PV
nylia 7/7/7	1	PV
nymyo	1	PV
ocella	1	PV
orsythia	1	PV
OSPHENA	3	
oxandrolone oral	1	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
philith	1	PV
pimtrea	1	PV
pirmella 1/35	1	PV
pirmella 7/7/7	1	PV
portia-28	1	PV
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
preventeza	1	PV
previfem	1	PV
progesterone intramuscular	1	
progesterone oral	1	
raloxifene hcl	1	PV*
reclipsen	1	PV
rivelsa	1	PV; QL
setlakin	1	PV; QL
sharobel	1	PV
simliya	1	PV
simpesse	1	PV; QL
SKYLA	3	PV
sprintec 28	1	PV
sronyx	1	PV
syeda	1	PV
tarina 24 fe	1	PV
tarina fe 1/20	1	PV
tarina fe 1/20 eq	1	PV
taysofy	1	PV
testosterone cypionate intramuscular	1	PA
testosterone enanthate intramuscular	1	PA

Drug Name	Drug Tier	Notes
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	3	PA
testosterone transdermal solution	3	PA
tilia fe	1	PV
tri femynor	1	PV
tri-estarylla	1	PV
tri-legest fe	1	PV
tri-linyah	1	PV
tri-lo-estarylla	1	PV
tri-lo-marzia	1	PV
tri-lo-mili	1	PV
tri-lo-sprintec	1	PV
tri-mili	1	PV
tri-nymyo	1	PV
tri-previfem	1	PV
tri-sprintec	1	PV
trivora (28)	1	PV
tri-vylibra	1	PV
tri-vylibra lo	1	PV
tulana	1	PV
tyblume	1	PV
tydemy	1	PV
velivet	1	PV
vestura	1	PV
vienva	1	PV
viorele	1	PV
volnea	1	PV
vyfemla	1	PV
vylibra	1	PV
wera	1	PV
wymzya fe	1	PV

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
xulane	1	PV
yuvaferm	3	
zafemy	1	PV
zarah	1	PV
zovia 1/35 (28)	1	PV
zovia 1/35e (28)	1	PV
zumandimine	1	PV
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium intravenous	1	
liothyronine sodium oral	1	
np thyroid	1	
unithroid	1	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	CM	
Hormonal Agents, Suppressant (Pituitary)		
leuprolide acetate injection	4	PA
LUPRON DEPOT (1-MONTH)	4	PA
LUPRON DEPOT (3-MONTH)	4	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	4	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	4	PA
LUPRON DEPOT-PED (1-MONTH)	4	PA

Drug Name	Drug Tier	Notes
LUPRON DEPOT-PED (3-MONTH)	4	PA
octreotide acetate	4	PA
SIGNIFOR	4	PA; QL
SOMATULINE DEPOT	4	PA
SOMAVERT	4	PA
SYNAREL	2	
Hormonal Agents, Suppressant (Thyroid)		
methimazole oral	1	
propylthiouracil oral	1	
Immunological Agents		
ACTEMRA ACTPEN	4	PA
ACTEMRA SUBCUTANEOUS	4	PA
ACTHIB	2	PV
ACTIMMUNE	4	PA
ADACEL	2	PV
AFLURIA QUADRIVALENT	2	PV
AVSOLA	4	PA
AZASAN	3	
azathioprine oral	1	
azathioprine sodium	1	
BERINERT	4	PA; QL
BEXSERO	2	PV
BIVIGAM	4	PA
BOOSTRIX	2	PV
CIMZIA	4	PA
CIMZIA PREFILLED KIT	4	PA
CIMZIA STARTER KIT	4	PA
CINRYZE	4	PA
CUVITRU	4	PA
cyclosporine intravenous	1	
cyclosporine modified	1	
cyclosporine oral	1	
DAPTACEL	2	PV

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
DIPHtheria-TETANUS TOXoids DT	2	PV	HIZENTRA	4	PA
ENBREL	4	PA	HUMIRA	4	PA
ENBREL MINI	4	PA	HUMIRA PEDIATRIC CROHNS START	4	PA
ENBREL SURECLICK	4	PA	HUMIRA PEN	4	PA
ENGERIX-B	2	PV	HUMIRA PEN-CD/UC/HS STARTER	4	PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	1		HUMIRA PEN-PEDIATRIC UC START	4	PA
FLEBOGAMMA DIF	4	PA	HUMIRA PEN-PS/UV/ADOL HS START	4	PA
FLUAD QUADRIVALENT	2	PV	HUMIRA PEN-PSOR/UEIT STARTER	4	PA
FLUARIX QUADRIVALENT	2	PV	HYPERHEP B	4	
FLUBLOK QUADRIVALENT	2	PV	HYPERRHO S/D	4	
FLUCELVAX QUADRIVALENT	2	PV	HYQVIA	4	PA
FLULAVAL QUADRIVALENT	2	PV	icatibant acetate	4	PA; QL
FLUMIST QUADRIVALENT	2	PV	ILARIS	4	PA; QL
FLUZONE HIGH-DOSE QUADRIVALENT	2	PV	INFANRIX	2	PV
FLUZONE QUADRIVALENT	2	PV	INFLECTRA	4	PA
GAMASTAN	4	PA	IPOL	2	PV
GAMIFANT	4	PA	KINERET	4	PA
GAMMAGARD	4	PA	KINRIX	2	PV
GAMMAGARD S/D LESS IGA	4	PA	leflunomide oral	1	
GAMMAKED	4	PA	MENACTRA	2	PV
GAMMAPLEX	4	PA	MENQUADFI	2	PV
GAMUNEX-C	4	PA	MENVEO	2	PV
GARDASIL 9	2	PV	methotrexate oral	CM	
gengraf	1		methotrexate sodium (pf)	1	
HAVRIX	2	PV	methotrexate sodium injection	1	
HEPAGAM B	4		methotrexate sodium oral	CM	
HEPLISAV-B	2	PV	MICRHOGAM ULTRA-FILTERED PLUS	4	
HIBERIX	2	PV	M-M-R II	2	PV
			mycophenolate mofetil hcl	1	
			mycophenolate mofetil intravenous	1	

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

Drug Name	Drug Tier	Notes
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
NABI-HB	4	
OCTAGAM	4	PA
ORENCIA CLICKJECT	4	PA
ORENCIA SUBCUTANEOUS	4	PA
OTEZLA	4	PA
PEDIARIX	2	PV
PEDVAX HIB	2	PV
PENTACEL	2	PV
PNEUMOVAX 23	2	PV
PREVNAR 13	2	PV
PREVNAR 20	2	
PRIVIGEN	4	PA
PROQUAD	2	PV
QUADRACEL	2	PV
RECOMBIVAX HB	2	PV
RHOGAM ULTRA-FILTERED PLUS	4	
RHOPHYLAC	4	
RINVOQ	4	PA
ROTARIX	2	PV
ROTATEQ	2	PV
sajazir	4	PA; QL
SANDIMMUNE ORAL SOLUTION	2	
SHINGRIX	2	PV
SIMPONI	4	PA
SIMPONI ARIA	4	PA
sirolimus oral	1	
SKYRIZI	4	PA; QL
SKYRIZI (150 MG DOSE)	4	PA
SKYRIZI PEN	4	PA; QL
SYNAGIS	4	PA
tacrolimus oral	1	

Drug Name	Drug Tier	Notes
TDVAX	2	PV
temsirolimus	4	
TENIVAC	2	PV
TETANUS-DIPHThERIA TOXOIDS TD	2	PV
TRUMENBA	2	PV
TWINRIX	2	PV
ULTOMIRIS	4	PA
VAQTA	2	PV
VARIVAX	2	PV
VAXELIS	2	PV
WINRHO SDF	4	
XELJANZ	4	PA
XELJANZ XR	4	PA
XOLAIR	4	PA
ZORTRESS ORAL TABLET 1 MG	3	
Inflammatory Bowel Disease Agents		
balsalazide disodium	1	
budesonide er	3	
budesonide oral	3	
CORTIFOAM	3	
DIPENTUM	3	
hydrocortisone (perianal)	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone rectal	1	
mesalamine er oral capsule 0.375 gm	1	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
PENTASA	3	

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
procto-med hc	1	
procto-pak	1	
proctosol hc	1	
proctozone-hc	1	
sulfasalazine oral	1	
Metabolic Bone Disease Agents		
alendronate sodium oral solution	1	
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
calcitonin (salmon) injection	1	
calcitonin (salmon) nasal	1	QL
calcitriol intravenous	1	
calcitriol oral	1	
cinacalcet hcl	3	PA
doxercalciferol intravenous	1	
ibandronate sodium	1	QL
pamidronate disodium	4	
paricalcitol	1	
PROLIA	4	PA; QL
RAYALDEE	3	
risedronate sodium oral tablet 150 mg, 35 mg	1	QL
risedronate sodium oral tablet 30 mg, 5 mg	1	
risedronate sodium oral tablet delayed release	1	QL
TERIPARATIDE (RECOMBINANT)	4	PA
XGEVA	4	PA
zoledronic acid	4	

Drug Name	Drug Tier	Notes
Miscellaneous Therapeutic Agents		
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
ALCOHOL PREP PADS PAD	3	
ALCOHOL PREP PADS PAD 70 %	3	
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
benzalkonium chloride external solution	1	
BOTOX	4	PA; Non-Cosmetic
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
CAMINO PRO COMPLETE/GLYTACTIN	2	
CAYA	3	PV; QL
CLEVER CHOICE HOLDING CHAMBER	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	

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
COMPACT SPACE CHAMBER/SM MASK	2		GLYTACTIN RESTORE LITE 10PE	2	
deferoxamine mesylate	1		GLYTACTIN RTD 10	2	
DIASCREEN 1B	3		GLYTACTIN RTD 15	2	
DIASCREEN 1K STRIP	3		GLYTACTIN RTD LITE 15	2	
DROPLET MICRON	2		GLYTACTIN SWIRL 15PE	2	
EASIVENT	2		heparin lock flush	1	
ELECARE	3		heparin sodium lock flush	1	
EQUACARE JR	3		INSPIREASE RESERVOIR BAGS	2	
ergoloid mesylates oral	3		INSULIN PEN NEEDLES	2	
FC FEMALE CONDOM	3	PV; QL	INSULIN SYRINGES	2	
FC2 FEMALE CONDOM	3	PV; QL	J-TIP KIT W/VIAL ADAPTERS	3	
FEMCAP	3	PV; QL	methergine	1	QL
FLEXICHAMBER	2		methylegonovine maleate oral	1	QL
FLEXICHAMBER ADULT MASK/SMALL	2		MICROCHAMBER	2	
FLEXICHAMBER CHILD MASK/LARGE	2		monoject flush syringe	1	
FLEXICHAMBER CHILD MASK/SMALL	2		monoject sodium chloride flush	1	
GLYTACTIN BETTERMILK 15	2		normal saline flush	1	
GLYTACTIN BETTERMILK DE-LITE	2		NOVOFINE AUTOCOVER PEN NEEDLE	2	
GLYTACTIN BUILD 10PE	2		NOVOFINE PEN NEEDLE	2	
GLYTACTIN BUILD 20/20	2		NOVOFINE PLUS PEN NEEDLE	2	
GLYTACTIN BUILD 20/20 PKU	2		NOVOTWIST PEN NEEDLE	2	
GLYTACTIN BURST	2		OMNIPOD DASH 5 PACK PODS	3	
GLYTACTIN COMPLETE 10PE	2		OMNIPOD DASH SYSTEM	3	
GLYTACTIN RESTORE 10	2		OPTICHAMBER DIAMOND	2	
GLYTACTIN RESTORE 5	2				
GLYTACTIN RESTORE LITE 10	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
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PARAGARD INTRAUTERINE COPPER	3	PV
PEDIATRIC PANDA MASK	2	
PHENEX-1	2	
PHENEX-2	2	
PHENYLADE DRINK MIX	2	
PHENYLADE GMP READY	2	
PHENYLADE GMP ULTRA	2	
PKU EASY	2	
PKU EASY MICROTABS	2	
PKU GO	2	
PKU SPHERE 20 ORAL LIQUID	2	
POCKET SPACER	2	
PREVENT DROPSAFE PEN NEEDLES	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	

Drug Name	Drug Tier	Notes
sodium chloride flush	1	
THYROGEN	4	PA
ULTIGUARD SAFEPACK SYR/NEEDLE	2	
VISTOGARD	3	
VORTEX VALVED HOLDING CHAMBER	2	
WIDE-SEAL DIAPHRAGM 60	3	PV; QL
WIDE-SEAL DIAPHRAGM 65	3	PV; QL
WIDE-SEAL DIAPHRAGM 70	3	PV; QL
WIDE-SEAL DIAPHRAGM 75	3	PV; QL
WIDE-SEAL DIAPHRAGM 80	3	PV; QL
WIDE-SEAL DIAPHRAGM 85	3	PV; QL
WIDE-SEAL DIAPHRAGM 90	3	PV; QL
WIDE-SEAL DIAPHRAGM 95	3	PV; QL
XIAFLEX	4	PA
ZOKINVY	4	PA; QL
Ophthalmic Agents		
ak-poly-bac	1	
ALOCRIAL	3	PA
ALOMIDE	3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
altafrin	1	
apraclonidine hcl	1	
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution 1 %	1	
AZASITE	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
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
bacitracin-polymyxin b ophthalmic	1	
bacitra-neomycin-polymyxin-hc	1	
BESIVANCE	3	
betaxolol hcl ophthalmic	1	
BETIMOL	3	
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brinzolamide	1	
bromfenac sodium (once-daily)	1	QL
carteolol hcl	1	
ciprofloxacin hcl ophthalmic	1	
COMBIGAN	2	
cromolyn sodium ophthalmic	1	
cyclopentolate hcl ophthalmic	1	
CYSTADROPS	4	PA; QL
CYSTARAN	4	PA; QL
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	1	PA
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
DUREZOL	3	PA
epinastine hcl	1	
erythromycin ophthalmic	1	

Drug Name	Drug Tier	Notes
EYSUVIS	3	PA
FLAREX	3	
fluorometholone	1	
flurbiprofen sodium	1	
FML	2	
gatifloxacin ophthalmic	1	
gentak	1	
gentamicin sulfate ophthalmic	1	
homatropaire	1	
IOPIDINE	3	
ketorolac tromethamine ophthalmic	1	
LASTACAPT	3	ST
latanoprost ophthalmic	1	
levobunolol hcl	1	
levofloxacin ophthalmic	1	
loteprednol etabonate ophthalmic suspension	1	
LUMIGAN	2	QL
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic solution	1	
NATACYN	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	

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
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
phenylephrine hcl ophthalmic	1	
pilocarpine hcl ophthalmic	1	
polycin	1	
polymyxin b-trimethoprim	1	
PRED-G S.O.P.	3	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
PROLENSA	2	QL
RHOPRESSA	2	QL
ROCKLATAN	2	QL
SIMBRINZA	2	
sulfacetamide sodium ophthalmic	1	
sulfacetamide-prednisolone ophthalmic solution	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX OPHTHALMIC OINTMENT	3	
travoprost (bak free)	1	QL
trifluridine	1	
XIIDRA	2	PA
ZERVIAE	3	ST

Drug Name	Drug Tier	Notes
ZIOPTAN	3	QL
ZIRGAN	3	
ZYLET	3	
Otic Agents		
acetic acid otic	1	
CIPRO HC	3	
ciprofloxacin hcl otic	1	ST
ciprofloxacin-dexamethasone	3	
CORTISPORIN-TC	3	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory Tract/Pulmonary Agents		
acetylcysteine inhalation	1	
ADEMPAS	4	PA; QL
ADVAIR HFA	2	QL
albuterol sulfate hfa	1	QL
albuterol sulfate inhalation	1	QL
alyq	4	PA; QL
ambrisentan	4	PA; QL
ANORO ELLIPTA	2	QL
arformoterol tartrate	1	QL
ARNUITY ELLIPTA	2	QL
ASMANEX (120 METERED DOSES)	2	ST; QL
ASMANEX (14 METERED DOSES)	2	ST; QL
ASMANEX (30 METERED DOSES)	2	ST; QL

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 (60 METERED DOSES)	2	ST; QL	diphenhydramine hcl oral elixir	1	
ASMANEX (7 METERED DOSES)	2	ST; QL	epinephrine (anaphylaxis)	1	
ASMANEX HFA	2	ST; QL	epinephrine injection solution auto-injector	1	
ATROVENT HFA	3	QL	FLOVENT DISKUS	2	QL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	3	QL	FLOVENT HFA	2	QL
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	QL	flunisolide nasal	1	QL
benzonatate	1		fluticasone propionate nasal	1	
bosentan	4	PA; QL	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL
BREO ELLIPTA	2	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
BREZTRI AEROSPHERE	2	QL	formoterol fumarate inhalation	1	QL
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	3	QL	hydrocodone-homatropine	1	PA; QL
carbinoxamine maleate oral solution	1		hydromet	1	PA; QL
carbinoxamine maleate oral tablet 4 mg	1		ipratropium bromide inhalation	1	QL
cetirizine hcl oral solution	1		ipratropium bromide nasal	1	
clemastine fumarate oral tablet 2.68 mg	1		ipratropium-albuterol	1	QL
COMBIVENT RESPIMAT	2	QL	KALYDECO	4	PA
cromolyn sodium inhalation	3		levolbuterol hcl inhalation	1	QL
cyproheptadine hcl oral	1		levocetirizine dihydrochloride oral	1	
DALIRESP ORAL TABLET 500 MCG	3	PA	mometasone furoate nasal	1	QL
desloratadine oral tablet	3				
dexchlorpheniramine maleate oral	3				
di-phen	1				
diphen oral elixir	1				
diphenhydramine hcl injection	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
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA	4	PA; QL
OFEV	4	PA
olopatadine hcl nasal	3	QL
OPSUMIT	4	PA; QL
ORENITRAM	4	PA
ORKAMBI	4	PA; QL
promethazine hcl oral	1	
promethazine hcl rectal	3	
promethegan rectal suppository 12.5 mg, 25 mg	3	
PULMICORT FLEXHALER	2	QL
PULMOZYME	4	PA
QVAR REDHALER	2	QL
SEREVENT DISKUS	2	QL
sildenafil citrate intravenous	4	PA
sildenafil citrate oral suspension reconstituted	4	PA; QL
sildenafil citrate oral tablet 20 mg	4	PA; QL
sodium chloride inhalation	1	
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	2	QL
tadalafil (pah)	4	PA; QL
theophylline er	3	
tobramycin inhalation	4	
TRACLEER 32 MG	4	PA; QL
TRELEGY ELLIPTA	2	QL
treprostinil	4	PA

Drug Name	Drug Tier	Notes
TUZISTRA XR	3	PA; QL
TYVASO	4	PA; QL
TYVASO REFILL	4	PA; QL
TYVASO STARTER	4	PA; QL
UPTRAVI ORAL	4	PA; QL
VENTAVIS	4	PA; QL
wixela inhub	1	QL
zafirlukast	3	
zileuton er	3	ST
Skeletal Muscle Relaxants		
baclofen oral tablet 10 mg, 20 mg	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
metaxalone oral tablet 800 mg	3	
methocarbamol injection	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
orphenadrine citrate injection	1	
orphenadrine-asa-caffeine	3	
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
armodafinil	3	PA; QL
BELSOMRA	3	ST; QL
doxepin hcl oral tablet	3	QL
eszopiclone	1	QL
HETLIOZ	4	PA; QL
modafinil	1	PA; QL
ramelteon	3	QL
SUNOSI	2	PA; QL

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

Drug Name	Drug Tier	Notes
temazepam	1	QL
zaleplon	1	QL
zolpidem tartrate er	1	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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