

Scott and White Health Plan Group Value Formulary

Federal Employees Health
Benefits Program

1st Quarter 2022

Beginning January 1, 2022, Scott and White Health Plan will do business as Baylor Scott & White Health Plan.



As part of your Scott and White Health Plan (SWHP) coverage, you may have a prescription drug benefit. This document will help you understand your prescription drug benefit and the SWHP 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 a 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 SWHP Group Value 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 is the Formulary Updated?

The Pharmacy and 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- A drug may be withdrawn from the market by the FDA.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 swhp.org, which are updated quarterly. To view changes to the formularies, refer to the Monthly Group Value 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 Group Value Formulary Changes document.

How do I request an exception to the SWHP 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 swhp.org 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).

Diabetic Supplies

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

Sexual Dysfunction Drugs

All drugs for sexual dysfunction are covered at Tier 3. Clinical edits such as quantity limits may apply.

Weight Loss Drugs

Drug therapy can help achieve weight loss goals when added to diet and exercise programs. The following drugs for weight loss may be covered:

Drug Name	Drug Tier	Notes
Contrave tablet (naltrexone and bupropion extended-release)	3	Prior authorization required
phentermine tablet, capsule	1	Prior authorization required
Qsymia capsule (phentermine and topiramate extended-release)	3	Prior authorization required

Please note these drugs are subject to prior authorization and other edits, such as quantity limits, may apply.

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, TOPAMAX) and generic medications in lowercase (for example, topiramate).

Tier information

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

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

Drug list information

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

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

Group Value Formulary

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain			hydrocodone-acetaminophen oral tablet	1	QL
acetaminophen-codeine	1	QL	hydrocodone-ibuprofen	1	QL
acetaminophen-codeine #2	1	QL	hydromorphone hcl oral	1	QL
acetaminophen-codeine #3	1	QL	hydromorphone hcl rectal	1	QL
acetaminophen-codeine #4	1	QL	lorcet hd oral tablet 10-325 mg	1	QL
ascomp-codeine	1		lorcet oral tablet 5-325 mg	1	QL
bac	1		lorcet plus oral tablet 7.5-325 mg	1	QL
BELBUCA	3	PA; QL	LORTAB	2	QL
buprenorphine	3	PA; QL	methadone hcl intensol	1	
butalbital-acetaminophen oral tablet 50-325 mg	1		methadone hcl oral concentrate	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1		methadone hcl oral solution	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	1		methadone hcl oral tablet	1	PA
butalbital-apap-caffeine oral tablet	1		methadone hcl oral tablet soluble	1	
butalbital-asa-caff-codeine	1		methadose oral concentrate 10 mg/ml	1	
butalbital-aspirin-caffeine	1		methadose oral tablet soluble	1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1		methadose sugar-free	1	
butorphanol tartrate nasal	1	QL	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
codeine sulfate	1	QL	morphine sulfate er oral tablet extended release	1	PA; QL
endocet	1	QL	morphine sulfate oral	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	morphine sulfate rectal	1	QL
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	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

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
oxycodone hcl oral solution	1	QL	diclofenac sodium external gel 1 %	1	QL
oxycodone hcl oral tablet	1	QL	diclofenac sodium external solution	1	PA
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL	diclofenac sodium oral	1	
oxycodone-aspirin oral tablet 4.8355-325 mg	1	QL	diclofenac-misoprostol	3	
pentazocine-naloxone hcl	1	QL	diflunisal oral	1	
tramadol hcl er (biphasic)	1	PA; QL	ec-naproxen	1	
tramadol hcl er oral tablet extended release 24 hour	1	PA; QL	etodolac	1	
tramadol hcl ir	1	QL	etodolac er	1	
tramadol-acetaminophen	1	QL	flurbiprofen oral	1	
Analgesics - Drugs for Pain and Inflammation			goodsense aspirin adults	0	PV
adult aspirin regimen	0	PV	goodsense aspirin low dose	0	PV
aspirin adult low dose	0	PV	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
aspirin adult low strength	0	PV	INDOCIN	2	
aspirin adult oral tablet 325 mg	0	PV	indomethacin er	1	
aspirin childrens	0	PV	indomethacin oral capsule 25 mg, 50 mg	1	
aspirin ec low dose	0	PV	ketorolac tromethamine oral	1	QL
aspirin ec low strength	0	PV	medique aspirin oral tablet 325 mg	0	PV
aspirin ec oral tablet delayed release 325 mg	0	PV	meloxicam oral tablet	1	
aspirin low dose	0	PV	nabumetone oral	1	
aspirin oral tablet	0	PV	naproxen oral tablet	1	
aspirin oral tablet delayed release	0	PV	naproxen oral tablet delayed release	1	
BAYER ASPIRIN	0	PV	naproxen sodium oral tablet 275 mg, 550 mg	1	
BAYER ASPIRIN EC LOW DOSE	0	PV	oxaprozin	1	
celecoxib oral	1	QL	piroxicam oral	1	
diclofenac potassium oral tablet 50 mg	1		salsalate oral	1	
diclofenac sodium er	1		ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	0	PV
			sulindac 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
Anesthetics		
glydo	1	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
	3	ST; PV; QL; AL (Min 18 Years)
APO-VARENICLINE		
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 CONTINUING MONTH PAK ORAL TABLET 1 MG	3	ST; QL; AL (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	ST; QL; AL (Min 18 Years)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	3	ST; PV; QL; AL (Min 18 Years)
disulfiram oral	1	

Drug Name	Drug Tier	Notes
goodsense nicotine mouth/throat lozenge 4 mg	0	PV; QL; AL (Min 18 Years)
habitrol	0	PV; QL; AL (Min 18 Years)
naloxone hcl injection solution	1	
NALOXONE HCL INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML	2	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe	1	
naltrexone hcl oral	1	
NARCAN	2	
NICORETTE MOUTH/THROAT GUM 2 MG	0	PV; QL; AL (Min 18 Years)
NICORETTE MOUTH/THROAT LOZENGE 4 MG	0	PV; QL; AL (Min 18 Years)
nicotine polacrilex mini	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)
nicotine transdermal kit	0	PV; QL; AL (Min 18 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	Drug Name	Drug Tier	Notes
NICOTROL	3	ST; PV; QL; AL (Min 18 Years)	clindamycin phosphate vaginal	1	
NICOTROL NS	3	ST; PV; QL; AL (Min 18 Years)	CLINDESSE	3	
SUBOXONE	3	QL	demeclocycline hcl	3	
varenicline tartrate	3	ST; PV; QL; AL (Min 18 Years)	dicloxacillin sodium	1	
Antibacterials			DIFICID ORAL TABLET	3	
amoxicillin	1		doxycycline hyclate oral capsule	1	
amoxicillin-potassium clavulanate	1		doxycycline hyclate oral tablet 100 mg, 20 mg	1	
amoxicillin-potassium clavulanate er	3		doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
ampicillin	1		doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	2		erythromycin base	3	
avidoxy	1		erythromycin ethylsuccinate oral	3	
azithromycin oral	1		erythromycin oral	3	
cefadroxil	1		FIRVANQ	3	
cefdinir	1		fosfomycin tromethamine	1	
cefixime oral capsule	1		gentamicin sulfate external	1	
cefpodoxime proxetil	1		levofloxacin oral	1	
cefprozil	1		linezolid oral suspension reconstituted	3	QL
cefuroxime axetil	1		linezolid oral tablet	1	QL
cephalexin	1		methenamine hippurate	1	
ciprofloxacin hcl oral	1		metronidazole oral tablet	1	
clarithromycin er	1		metronidazole vaginal	1	
clarithromycin oral	1		minocycline hcl oral	1	
CLEOCIN VAGINAL SUPPOSITORY	2		mondoxyne nl oral capsule 100 mg	1	
clindamycin hcl oral	1		morgidox oral	1	
clindamycin palmitate hcl	1		moxifloxacin hcl oral	1	
			mupirocin external	1	
			neomycin sulfate oral	1	
			nitrofurantoin	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
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
paromomycin sulfate oral	3	
penicillin v potassium	1	
silver sulfadiazine external	1	
ssd	1	
sulfadiazine oral	3	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
tetracycline hcl oral	1	
tinidazole oral	1	
trimethoprim oral	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 1000 mg, 500 mg, 750 mg	3	
vancomycin hcl oral	3	
vandazole	1	
VIBRAMYCIN ORAL SYRUP	2	
XIFAXAN	3	PA
Anticoagulants		
ARIXTRA	SP3	QL
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	2	
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium subcutaneous	1	QL
fondaparinux sodium	SP1	QL
FRAGMIN	SP3	QL

Drug Name	Drug Tier	Notes
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
Anticonvulsants - Drugs for Seizures		
APTIOM	3	
BANZEL ORAL TABLET	SP2	PA
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	2	
CELONTIN	2	
clobazam oral suspension	3	PA
clobazam oral tablet	1	PA
DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLES	2	
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	
FYCOMPA	3	
gabapentin oral	1	
lamotrigine er	3	
lamotrigine oral kit	3	
lamotrigine oral tablet	1	

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

Drug Name	Drug Tier	Notes
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral	1	
NAYZILAM	3	QL
oxcarbazepine	1	
OXTELLAR XR	3	
phenobarbital oral	1	
phenobarbital oral solution 20 mg/5ml	1	
PHENYTEK	2	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended	1	
primidone oral	1	
roweepra	1	
roweepra xr oral tablet extended release 24 hour 500 mg, 750 mg	1	
rufinamide	SP1	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	
topiramate oral	1	

Drug Name	Drug Tier	Notes
valproic acid oral	1	
vigabatrin	SP1	PA
vigadrone	SP1	PA
VIMPAT ORAL	3	
ZARONTIN	2	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl	1	
galantamine hydrobromide er	1	
galantamine hydrobromide oral tablet	1	
memantine hcl	1	
memantine hcl er	1	QL
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants		
amitriptyline hcl oral	1	
amoxapine	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
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	

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

Drug Name	Drug Tier	Notes
FETZIMA	3	QL
FETZIMA TITRATION	3	QL
fluoxetine hcl (pmdd)	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
imipramine hcl oral	1	
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	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 oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	3	
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	QL

Drug Name	Drug Tier	Notes
Antiemetics - Drugs for Nausea and Vomiting		
aprepitant	3	QL
BONJESTA	3	PA; QL
compro	1	
doxylamine-pyridoxine	3	PA; QL
dronabinol	3	PA; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
granisetron hcl oral	3	QL
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	QL
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine edisylate injection	1	
prochlorperazine maleate oral	1	
scopolamine	1	
trimethobenzamide hcl oral	1	
Antifungals		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone	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
CRESEMBA ORAL	SP3	PA
econazole nitrate external	1	
EXELDERM	3	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
griseofulvin microsize oral tablet	3	
griseofulvin ultramicrosize	3	
itraconazole oral	1	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
naftifine hcl	3	
NAFTIN EXTERNAL GEL 2 %	3	
NOXAFIL ORAL SUSPENSION	2	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole nitrate	3	
OXISTAT EXTERNAL LOTION	3	
posaconazole	1	
SULCONAZOLE NITRATE	3	
terbinafine hcl oral	1	QL
terconazole	1	
voriconazole oral tablet	3	PA
Antigout Agents		
allopurinol oral	1	

Drug Name	Drug Tier	Notes
COLCHICINE ORAL CAPSULE	1	
colchicine oral tablet	1	
colchicine-probenecid	1	
febuxostat	3	
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	1	PA; QL
dihydroergotamine mesylate nasal	3	PA; QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
EMGALITY (300 MG DOSE)	2	PA; QL
ergotamine-caffeine	1	PA
frovatriptan succinate	1	QL
naratriptan hcl	1	QL
NURTEC	2	PA; QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA; QL
zolmitriptan oral	1	QL
Antimyasthenic Agents		
pyridostigmine bromide er	1	
pyridostigmine bromide 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
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
pyrazinamide oral	1	
rifabutin	3	
rifampin oral	1	
SIRTURO	SP3	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	SP1	PA; SF
AFINITOR	SP2	PA; QL
AFINITOR DISPERZ	SP2	PA
ALECENSA	SP2	PA
ALUNBRIG	SP2	PA; QL
anastrozole oral	1	PV
AYVAKIT	SP2	PA; SF; QL
BALVERSA	SP2	PA; SF
bexarotene	SP1	PA; SF
bicalutamide	1	
BOSULIF	SP2	PA; SF
BRAFTOVI	SP2	PA
BRUKINSA	SP2	PA; SF
CABOMETYX	SP2	PA; SF
CALQUENCE	SP2	PA; SF
capecitabine	SP1	PA
CAPRELSA ORAL TABLET 100 MG	SP2	PA; QL
CAPRELSA ORAL TABLET 300 MG	SP2	PA
COMETRIQ	SP2	PA
COPIKTRA	SP2	PA; SF
COTELLIC	SP2	PA
cyclophosphamide oral capsule	1	
DAURISMO	SP2	PA; SF

Drug Name	Drug Tier	Notes
DROXIA	3	
ERIVEDGE	SP2	PA; SF
ERLEADA	SP2	PA
erlotinib hcl oral tablet 100 mg, 150 mg	SP1	PA; SF
erlotinib hcl oral tablet 25 mg	SP1	PA; SF; QL
etoposide oral	SP1	
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	SP1	PA; QL
exemestane	1	PV
FARESTON	SP2	
FARYDAK	SP2	PA
flutamide	1	
FOTIVDA	SP2	PA
GAVRETO	SP2	PA; SF
GILOTRIF	SP2	PA; QL
GLEEVEC	SP2	PA
GLEOSTINE	SP2	
HYCAMTIN ORAL	SP2	
hydroxyurea oral	1	
IBRANCE	SP2	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	SP2	PA; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	SP2	PA
IDHIFA	SP2	PA; QL
imatinib mesylate	SP1	PA
IMBRUVICA	SP2	PA; QL
INLYTA	SP2	PA; SF
INQOVI	SP2	PA
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 ORAL TABLET THERAPY PACK 200 MG	SP2	PA
KOSELUGO	SP2	PA
lapatinib ditosylate	SP1	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	SP2	PA
letrozole oral	1	
leucovorin calcium oral	1	
LEUKERAN	2	
LONSURF	SP2	PA
LORBRENA	SP2	PA; SF
LUMAKRAS	SP2	PA; SF
LYNPARZA	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	
NINLARO	SP2	PA
NUBEQA	SP2	PA; SF
ODOMZO	SP2	PA
ONUREG	SP2	PA
ORGOVYX	SP2	PA
PEMAZYRE	SP2	PA; SF; QL
PIQRAY	SP2	PA
POMALYST	SP2	PA
PURIXAN	SP2	

Drug Name	Drug Tier	Notes
QINLOCK	SP2	PA
RETEVMO	SP2	PA; SF
REVLIMID	SP2	PA
ROZLYTREK	SP2	PA; SF
RUBRACA	SP2	PA; SF
RYDAPT	SP2	PA
SPRYCEL	SP2	PA; SF
STIVARGA	SP2	PA
sunitinib malate	SP1	PA
SUTENT	SP2	PA
SYNRIBO	SP2	PA
TABRECTA	SP2	PA
TAFINLAR	SP2	PA; SF
TAGRISSE ORAL TABLET 40 MG	SP2	PA; QL
TAGRISSE 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
temozolomide	SP1	PA
TEPMETKO	SP2	PA
THALOMID	SP2	PA
TIBSOVO	SP2	PA; SF
toremifene citrate	SP1	
tretinoin oral	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	Drug Name	Drug Tier	Notes
TRUSELTIQ (100MG DAILY DOSE)	SP2	PA	XTANDI	SP2	PA; SF
TRUSELTIQ (125MG DAILY DOSE)	SP2	PA	YONSA	SP2	PA; SF
TRUSELTIQ (50MG DAILY DOSE)	SP2	PA	ZEJULA	SP2	PA; SF
TRUSELTIQ (75MG DAILY DOSE)	SP2	PA	ZELBORAF	SP2	PA
TUKYSA	SP2	PA	ZOLINZA	SP2	PA; SF
TURALIO	SP2	PA	ZYDELIG	SP2	PA
TYKERB	SP2	PA	ZYKADIA	SP2	PA; SF
UKONIQ	SP2	PA; SF	ZYTIGA	SP2	PA; SF
VALCHLOR	SP3	PA	Antiparasitics		
VENCLEXTA	SP2	PA	albendazole oral	3	PA
VENCLEXTA STARTING PACK	SP2	PA	atovaquone	3	
VERZENIO	SP2	PA; SF	atovaquone-proguanil hcl	1	
VITRAKVI ORAL CAPSULE	SP2	PA; SF	chloroquine phosphate oral	1	
VITRAKVI ORAL SOLUTION	SP2	PA	COARTEM	2	
VIZIMPRO	SP2	PA; SF	crotan	1	
VOTRIENT	SP2	PA; SF	EURAX EXTERNAL CREAM 10 %	2	
XALKORI	SP2	PA; SF	hydroxychloroquine sulfate oral tablet 200 mg	1	
XELODA	SP2	PA	IMPAVIDO	SP3	
XOSPATA	SP2	PA	ivermectin oral	1	PA; QL
XPOVIO (100 MG ONCE WEEKLY)	SP2	PA	lindane	1	
XPOVIO (40 MG ONCE WEEKLY)	SP2	PA	malathion	3	
XPOVIO (40 MG TWICE WEEKLY)	SP2	PA	mefloquine hcl	1	
XPOVIO (60 MG ONCE WEEKLY)	SP2	PA	pentamidine isethionate inhalation	1	
XPOVIO (60 MG TWICE WEEKLY)	SP2	PA	permethrin external	1	
XPOVIO (80 MG ONCE WEEKLY)	SP2	PA	praziquantel oral	3	
XPOVIO (80 MG TWICE WEEKLY)	SP2	PA	primaquine phosphate	1	
			pyrimethamine oral	SP1	PA
			quinine sulfate oral	1	PA
			spinosad	3	
			Antiparkinson Agents		
			amantadine hcl oral	1	
			APOKYN	SP3	PA; QL
			benztropine mesylate 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
bromocriptine mesylate oral	1	
carbidopa oral	3	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet dispersible	3	
carbidopa-levodopa-entacapone	3	
entacapone	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
ropinirole hcl er	1	
selegiline hcl oral	1	
tolcapone	3	
trihexyphenidyl hcl	1	
Antiplatelets		
aspirin-dipyridamole er	1	
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
prasugrel hcl	1	
Antipsychotics - Drugs for Mood Disorders		
aripiprazole oral solution	1	QL
aripiprazole oral tablet	1	QL
aripiprazole oral tablet dispersible	3	QL
asenapine maleate	3	QL
chlorpromazine hcl oral tablet	1	
clozapine oral tablet	1	QL
clozapine oral tablet dispersible	3	QL
FANAPT	3	QL

Drug Name	Drug Tier	Notes
FANAPT TITRATION PACK	3	QL
fluphenazine hcl oral	1	
haloperidol lactate oral	1	
haloperidol oral	1	
LATUDA	3	QL
loxapine succinate	1	
olanzapine oral	1	QL
paliperidone er	3	QL
pimozide	1	
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
risperidone	1	QL
SAPHRIS	3	QL
thioridazine hcl oral	1	
thiothixene	1	
trifluoperazine hcl	1	
VRAYLAR	3	QL
ziprasidone hcl	1	QL
Antivirals		
abacavir sulfate	1	
abacavir sulfate-lamivudine	1	
abacavir-lamivudine-zidovudine	SP1	
acyclovir external ointment	1	
acyclovir oral	1	
adefovir dipivoxil	SP1	
APTIVUS	SP2	
APTIVUS ORAL SOLUTION 100 MG/ML	SP2	
atazanavir sulfate	3	
BARACLUDE ORAL SOLUTION	SP2	QL
BARACLUDE ORAL TABLET	SP3	QL
BIKTARVY	SP2	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
CIMDUO	SP2		ISENTRESS HD	SP2	
COMPLERA	SP2		JULUCA	SP2	
CRIXIVAN	SP2		lamivudine	1	
DELSTRIGO	SP2		lamivudine-zidovudine	1	
DESCOVY	SP2	PA; PV	LEXIVA ORAL SUSPENSION	SP2	
didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg	SP1		lopinavir-ritonavir oral solution	3	
DOVATO	SP2		lopinavir-ritonavir oral tablet	SP1	
EDURANT	SP2		MAVYRET	SP2	PA; QL
efavirenz	3		nevirapine er	3	
efavirenz-emtricitabine-tenofovir	SP1		nevirapine oral suspension	3	
efavirenz-lamivudine-tenofovir	SP1		nevirapine oral tablet	1	
emtricitabine	3		NORVIR ORAL PACKET	SP2	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	SP1		NORVIR ORAL SOLUTION	SP2	
emtricitabine-tenofovir df oral tablet 200-300 mg	1	PV	ODEFSEY	SP2	
EMTRIVA ORAL SOLUTION	SP2		oseltamivir phosphate oral	1	QL
entecavir	SP1	QL	PEGASYS	SP2	PA
EPCLUSA	SP2	PA; QL	PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML	SP2	PA
EPIVIR HBV ORAL SOLUTION	2		PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	SP2	PA
etravirine	SP1		PIFELTRO	SP2	
EVOTAZ	SP2		PREZCOBIX	SP2	
famciclovir oral	1		PREZISTA	SP2	
fosamprenavir calcium	3		RESCRIPTOR ORAL TABLET 200 MG	SP2	
FUZEON	SP2		REYATAZ ORAL PACKET	SP2	
GENVOYA	SP2		ribavirin oral	SP1	
HARVONI	SP2	PA; QL	rimantadine hcl	1	
HEPSERA	SP3		ritonavir	1	
INTELENCE	SP2				
INTRON A	SP3	PA			
INVIRASE	SP2				
ISENTRESS	SP2				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
RUKOBIA	SP2		buspirone hcl oral	1	
SELZENTRY	SP2	PA	chlordiazepoxide hcl	1	QL
stavudine	1		clonazepam oral	1	QL
STRIBILD	SP2		clorazepate dipotassium	1	QL
SYMTUZA	SP2		diazepam intensol	1	
TEMIXYS	SP2		diazepam oral	1	
tenofovir disoproxil fumarate	1	PV	estazolam	1	QL
TIVICAY	SP2		hydroxyzine hcl oral	1	
TIVICAY PD	SP2		hydroxyzine pamoate oral	1	
TRIUMEQ	SP2		lorazepam intensol	1	QL
TYBOST	SP2		lorazepam oral concentrate 2 mg/ml	1	QL
valacyclovir hcl oral	1	QL	lorazepam oral tablet	1	QL
valganciclovir hcl oral solution reconstituted	3		oxazepam	1	QL
valganciclovir hcl oral tablet	1		triazolam	1	QL
VEMLIDY	SP2		Bipolar Agents - Drugs for Mood Disorders		
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	SP3		lithium carbonate er	1	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	SP2		lithium carbonate oral	1	
VIRACEPT	SP2		lithium oral solution 8 meq/5ml	1	
VIREAD ORAL POWDER	SP2		Blood Products and Modifiers - Drugs for Blood Disorders		
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	SP2		anagrelide hcl	3	
XOFLUZA (40 MG DOSE)	3	QL	NEULASTA	SP3	PA
XOFLUZA (80 MG DOSE)	3	QL	NEULASTA ONPRO	SP3	PA
zidovudine	1		NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	SP3	PA
Anxiolytics - Drugs for Anxiety			PROMACTA	SP3	PA
alprazolam er	1	QL	tranexamic acid oral	1	
alprazolam oral tablet	1	QL	Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
alprazolam xr	1	QL	acebutolol hcl oral	1	
			ALDACTAZIDE ORAL TABLET 50-50 MG	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
aliskiren fumarate	3		CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	
amiloride hcl oral	1		CAROSPIR	3	
amiloride- hydrochlorothiazide	1		cartia xt	1	
amiodarone hcl oral	1		carvedilol	1	
amlodipine besylate oral	1		chlorthalidone	1	
amlodipine besylate- benazepril hcl	1		cholestyramine light	1	
amlodipine besylate- valsartan	1		cholestyramine oral	1	
amlodipine-atorvastatin	3		clonidine	1	
amlodipine-olmesartan	1		clonidine hcl oral	1	
amlodipine-valsartan- hctz	1		colesevelam hcl	3	
atenolol oral	1		colestipol hcl	1	
atenolol-chlorthalidone	1		CORLANOR	3	PA; QL
			digitek	1	
	1	PV; AL (Min 40 Years and Max 75 Years)	digox	1	
atorvastatin calcium oral tablet 10 mg, 20 mg			digoxin oral	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1		diltiazem hcl er	1	
benazepril hcl oral	1		diltiazem hcl er beads	1	
benazepril- hydrochlorothiazide	1		diltiazem hcl er coated beads	1	
betaxolol hcl oral	1		diltiazem hcl oral	1	
bisoprolol fumarate oral	1		dilt-xr	1	
bisoprolol- hydrochlorothiazide	1		disopyramide phosphate	1	
bumetanide oral	1		DIURIL	2	
BYSTOLIC	3		dofetilide	1	
candesartan cilexetil	1		doxazosin mesylate oral	1	
candesartan cilexetil-hctz	1		droxidopa	SP1	PA
captopril oral	1		enalapril maleate oral solution	3	
captopril- hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1		enalapril maleate oral tablet	1	
			enalapril- hydrochlorothiazide	1	
			ENTRESTO	3	QL
			eplerenone	1	
			ezetimibe	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
ezetimibe-simvastatin	1		labetalol hcl oral	1	
felodipine er	1		LANOXIN ORAL TABLET 125 MCG, 250 MCG	2	
fenofibrate micronized	1		lisinopril oral	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1		lisinopril- hydrochlorothiazide	1	
fenofibrate oral capsule 150 mg, 50 mg	3		losartan potassium oral	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1		losartan potassium-hctz	1	
fenofibric acid oral capsule delayed release	1			1	PV; AL (Min 40 Years and Max 75 Years)
flecainide acetate	1		lovastatin oral		
	1	PV; AL (Min 40 Years and Max 75 Years)	matzim la	1	
fluvastatin sodium			methylodopa	1	
	1	PV; AL (Min 40 Years and Max 75 Years)	methylodopa- hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1	
fluvastatin sodium er			metolazone	1	
fosinopril sodium	1		metoprolol succinate er	1	
fosinopril sodium-hctz	1		metoprolol tartrate oral	1	
furosemide oral	1		metoprolol- hydrochlorothiazide	1	
gemfibrozil oral	1		mexiletine hcl oral	1	
guanfacine hcl	1		midodrine hcl	1	
hydralazine hcl oral	1		minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
hydrochlorothiazide oral	1		minoxidil oral	1	
icosapent ethyl	3		moexipril hcl	1	
indapamide	1		MULTAQ	2	
irbesartan	1		nadolol oral	1	
irbesartan- hydrochlorothiazide	1		nebivolol hcl	3	
isosorbide dinitrate	1		niacin er (antihyperlipidemic)	1	
isosorbide mononitrate	1		nifedipine er	1	
isosorbide mononitrate er	1		nifedipine er osmotic release	1	
isradipine	1				
JUXTAPID	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
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	1	
pentoxifylline er	1	
perindopril erbumine	1	
phenoxybenzamine hcl oral	3	
pindolol	1	
PRALUENT	SP3	PA; QL
	1	PV; AL (Min 40 Years and Max 75 Years)
pravastatin sodium		
prazosin hcl oral	1	
prevalite	1	
propafenone hcl	1	
propafenone hcl er	3	
propranolol hcl er	1	
propranolol hcl oral	1	

Drug Name	Drug Tier	Notes
propranolol-hctz oral tablet 40-25 mg, 80-25 mg	1	
QBRELIS	3	
quinapril hcl	1	
quinapril- hydrochlorothiazide	1	
quinidine gluconate er	1	
quinidine sulfate	1	
ramipril	1	
ranolazine er	1	
REPATHA	SP3	PA; QL
REPATHA PUSHTRONEX SYSTEM	SP3	PA; QL
REPATHA SURECLICK	SP3	PA; QL
	1	PV; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 10 mg, 5 mg		
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
	1	PV; AL (Min 40 Years and Max 75 Years)
simvastatin oral		
sorine	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral	1	
spironolactone-hctz	1	
taztia xt	1	
TEKTURNA HCT	3	
telmisartan	1	
telmisartan-hctz	1	
tiadylt er	1	
timolol maleate oral	1	
torseamide	1	
trandolapril	1	

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
trandolapril-verapamil hcl er	3	
triamterene-hctz	1	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	3	
VECAMYL	3	
verapamil hcl er	1	
verapamil hcl oral	1	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphetamine sulfate	1	QL
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
atomoxetine hcl	1	QL
clonidine hcl er	1	
DAYTRANA	2	QL
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL
guanfacine hcl er	1	
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

Drug Name	Drug Tier	Notes
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
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AUBAGIO	SP3	PA; QL
AVONEX PEN	SP2	PA; QL
AVONEX PREFILLED	SP2	PA; QL
COPAXONE	SP2	PA; QL
dalfampridine er	SP1	PA; QL
dimethyl fumarate oral	SP1	PA; QL
dimethyl fumarate starter pack	SP1	PA; QL
EXTAVIA	SP2	PA; QL
GILENYA	SP2	PA; QL
glatiramer acetate	SP1	PA; QL
glatopa	SP1	PA; QL
KESIMPTA	SP2	PA; QL
MAVENCLAD	SP3	PA
PLEGRIDY	SP2	PA; QL
PLEGRIDY STARTER PACK	SP2	PA; QL
ZEPOSIA	SP3	PA; QL
ZEPOSIA 7-DAY STARTER PACK	SP3	PA; QL
ZEPOSIA STARTER KIT	SP3	PA; QL
Central Nervous System Agents - Miscellaneous		
caffeine citrate oral	3	
pregabalin	1	QL
riluzole	3	PA; QL
SAVELLA	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	Drug Name	Drug Tier	Notes
SAVELLA TITRATION PACK	3	QL	sodium fluoride 5000 plus	1	
tetrabenazine	SP1	PA	sodium fluoride 5000 ppm	1	
Dental and Oral Agents - Drugs for Mouth and Throat Conditions			sodium fluoride 5000 sensitive	1	
cavarest	1		sodium fluoride dental	1	
cevimeline hcl	1		sodium fluoride mouth/throat	1	
chlorhexidine gluconate mouth/throat	1		triamcinolone acetonide mouth/throat	1	
CLINPRO 5000	2		Dermatological Agents - Drugs for Skin Conditions		
DENTA 5000 PLUS	2		accutane	1	PA
DENTAGEL	2		acitretin	3	
FLUORIDEX	2		adapalene external gel 0.3 %	1	
FLUORIDEX ENHANCED WHITENING	2		ala-cort external cream 2.5 %	1	
FLUORIDEX SENSITIVITY RELIEF	2		alclometasone dipropionate	1	
lidocaine viscous hcl	1		amnesteem	1	PA
oralone	1		azelaic acid external	3	
paroex	1		AZELEX	2	
perio gard	1		benzoyl peroxide-erythromycin	1	
pilocarpine hcl oral	1		beseer external lotion	3	
PREVIDENT 5000 BOOSTER PLUS	2		betamethasone dipropionate aug	1	
PREVIDENT 5000 DRY MOUTH	2		betamethasone dipropionate external	1	
PREVIDENT 5000 ENAMEL PROTECT	2		betamethasone valerate external	1	
PREVIDENT 5000 ORTHO DEFENSE	2		calcipotriene external cream	3	
PREVIDENT 5000 PLUS	2		calcipotriene external ointment	3	
PREVIDENT 5000 SENSITIVE	2		calcipotriene external solution	3	
PREVIDENT DENTAL	2		calcitriol external	3	
sf	1				
sf 5000 plus	1				
sodium fluoride 5000 enamel	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
CAPEX	2	
claravis	1	PA
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol prop emollient base	1	
clobetasol propionate e	1	
clobetasol propionate external cream	1	
clobetasol propionate external foam	3	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	3	
clobetasol propionate external solution	1	
clodan external shampoo	3	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	

Drug Name	Drug Tier	Notes
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	3	
desoximetasone external liquid	3	
desoximetasone external ointment 0.25 %	1	
diclofenac sodium external gel 3 %	1	QL
DRYSOL	2	
DUPIXENT	SP2	PA; QL
ery	1	
erythromycin external	1	
EUCRISA	2	ST
FINACEA EXTERNAL FOAM	3	ST
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external	1	
FLUOROPLEX	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
fluticasone propionate external cream	1	
fluticasone propionate external lotion	3	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	

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

Drug Name	Drug Tier	Notes
hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
hydrocortisone butyrate external cream	1	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 2.5 %	1	
hydrocortisone valerate	1	
imiquimod external cream 5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	PA
methoxsalen rapid	3	
metronidazole external	1	
mometasone furoate external	1	
myorisan	1	PA
neuac external gel	1	
PICATO EXTERNAL GEL 0.015 %, 0.05 %	3	ST
pimecrolimus	1	
podocon	1	
podofilox external	1	
prednicarbate external cream 0.1 %	1	
REGRANEX	2	PA
rosadan external cream	1	
rosadan external gel	1	
SANTYL	2	
selenium sulfide external lotion	1	

Drug Name	Drug Tier	Notes
sodium sulfacetamide wash	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external liquid	1	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4.5 %	1	
tacrolimus external	1	
tazarotene external cream	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	
	1	AL (Max 40 Years)
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)
	1	AL (Max 40 Years)
tretinoin microsphere	1	AL (Max 40 Years)
tretinoin microsphere pump	1	AL (Max 40 Years)
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	
zenatane	1	PA
Diabetes - Antidiabetic Agents		
acarbose 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	Drug Name	Drug Tier	Notes
BYDUREON BCISE AUTOINJECTOR	3	QL	SYMLINPEN 60	3	PA
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	3	QL	SYNJARDY	2	ST
BYETTA 10 MCG PEN	3	QL	SYNJARDY XR	2	ST
BYETTA 5 MCG PEN	3	QL	TRADJENTA	2	
FARXIGA	2	ST	TRULICITY	2	QL
glimepiride	1		VICTOZA	2	QL
glipizide er	1		XIGDUO XR	2	ST
glipizide ir	1		Diabetes - Glucose Monitoring		
glipizide xl	1		ACCU-CHEK AVIVA DEVICE	1	
glipizide-metformin hcl	1		ACCU-CHEK AVIVA PLUS KIT W/DEVICE	1	
glyburide micronized	1		ACCU-CHEK AVIVA PLUS TEST STRIPS	1	QL
glyburide oral	1		ACCU-CHEK COMPACT PLUS CONTROL	1	
glyburide-metformin	1		ACCU-CHEK COMPACT PLUS TEST STRIPS	1	QL
INVOKAMET	3	ST	ACCU-CHEK FASTCLIX LANCET KIT	1	
INVOKAMET XR	3	ST	ACCU-CHEK GUIDE TEST STRIPS	1	
INVOKANA	3	ST	ACCU-CHEK GUIDE CONTROL	1	
JANUMET	2		ACCU-CHEK GUIDE TEST STRIPS	1	QL
JANUMET XR	2		ACCU-CHEK GUIDE KIT W/DEVICE	1	
JANUVIA	2		ACCU-CHEK SMARTVIEW CONTROL	1	
JARDIANCE	2	ST	ACCU-CHEK SMARTVIEW TEST STRIPS	1	QL
JENTADUETO	2		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
JENTADUETO XR	2		AGAMATRIX CONTROL LEVEL 2	2	
metformin hcl er	1		AGAMATRIX CONTROL LEVEL 4	2	
metformin hcl oral tablet	1				
miglitol	3				
nateglinide	1				
OZEMPIC	2	QL			
pioglitazone hcl	1				
pioglitazone hcl-glimepiride	3				
pioglitazone hcl-metformin hcl	1				
repaglinide	1				
RYBELSUS	3	QL			
SYMLINPEN 120	3	PA			

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
AGAMATRIX PRESTO TEST	2	QL	CONTOUR MONITOR KIT W/DEVICE	2	
ASSURE PLATINUM	2	QL	CONTOUR NEXT CONTROL SOLUTION	2	
AUTOLET LANCING DEVICE	2		CONTOUR NEXT EZ KIT W/DEVICE	2	
BAYER CONTOUR LINK 2.4 KIT W/DEVICE	2		CONTOUR NEXT LINK KIT W/DEVICE	2	
BIOTEL CARE BLOOD GLUCOSE	2		CONTOUR NEXT MONITOR KIT W/DEVICE	2	
BIOTEL CARE BLOOD GLUCOSE SYST	2		CONTOUR NEXT ONE KIT	2	
BLOOD GLUCOSE TEST	2	QL	CONTOUR NEXT TEST STRIPS	2	QL
BLULINK CONTROL HIGH & LOW	2		CONTOUR TEST STRIPS	2	QL
BLULINK GLUCOSE MONITORING SYS	2		DEXCOM G4 PLAT PED RCV/SHARE	3	QL
BLULINK GLUCOSE TEST	2	QL	DEXCOM G4 PLAT PED RECEIVER	3	QL
CARETOUCH CONTROL SOL LEVEL 2	2		DEXCOM G4 PLATINUM RCV/SHARE	3	QL
CARETOUCH LANCING/EJECTOR	2		DEXCOM G4 PLATINUM RECEIVER	3	QL
CARETOUCH TEST	2	QL	DEXCOM G4 PLATINUM TRANSMITTER	3	QL
CEQUR SIMPLICITY 2U	2		DEXCOM G4 SENSOR	3	QL
CEQUR SIMPLICITY INSERTER	2		DEXCOM G5 MOB/G4 PLAT SENSOR	3	QL
CEQUR SIMPLICITY STARTER	2		DEXCOM G5 MOBILE RECEIVER	3	QL
CHEMSTRIP 10 MD	1		DEXCOM G5 MOBILE TRANSMITTER	3	QL
CHEMSTRIP 10/SG	1		DEXCOM G5 RECEIVER KIT	3	QL
CHEMSTRIP 2 GP	1		DEXCOM G6 RECEIVER	3	QL
CHEMSTRIP 5 OB	1		DEXCOM G6 SENSOR	3	QL
CHEMSTRIP 7	1		DEXCOM G6 TRANSMITTER	3	QL
CHEMSTRIP 9	1				
CHEMSTRIP K	1				
CONTOUR CONTROL SOLUTION	2				
CONTOUR MONITOR DEVICE	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
DIATHRIVE BLOOD GLUCOSE METER	2		EMBRACE TALK MONITORING SYSTEM	2	
DIATHRIVE BLOOD GLUCOSE TEST	2	QL	EVENCARE PROVIEW GLUCOSE TEST IN VITRO STRIP	2	QL
DIATHRIVE GLUCOSE CONTROL SOLN	2		FORA 6 CONNECT	2	QL
DIATHRIVE GLUCOSE TEST	2	QL	FORA GTEL BLOOD GLUCOSE SYSTEM	2	
DIATHRIVE LANCING DEVICE	2		FORA GTEL BLOOD GLUCOSE TEST	2	QL
DIATHRIVE+ GLUCOSE MONITOR	2		FORA TN'G ADVANCE PRO IN VITRO	2	QL
DIATHRIVE+ GLUCOSE TEST	2	QL	FORTISCARE CONTROL	2	
DROPLET GENTEEL LANCING DEVICE	2		FORTISCARE G1 TEST STRIP	2	QL
EASY TALK PLUS II TEST STRIPS	2	QL	FORTISCARE GLUCOSE SYSTEM DEVICE	2	
EASY TOUCH HEALTHPRO GLUCOSE	2	QL	FORTISCARE T1 GLUCOSE SYSTEM	2	
EASY TRAK II BLOOD GLUCOSE SYS	2		FREESTYLE FREEDOM LITE	2	
EASY TRAK II CONTROL	2		FREESTYLE INSULINX SYSTEM	2	
EASY TRAK II GLUCOSE TEST	2	QL	FREESTYLE INSULINX TEST	2	QL
EASYMAX 15 LEVEL 2-3 CONTROL	2		FREESTYLE LIBRE 14 DAY READER	3	QL
EASYMAX CONTROL	2		FREESTYLE LIBRE 14 DAY SENSOR	3	
GLUCOSE CONTROL SOLUTIONS	2		FREESTYLE LIBRE 2 READER	3	QL
EMBRACE EVO GLUCOSE MONITOR	2		FREESTYLE LIBRE 2 SENSOR	3	QL
EMBRACE LANCING DEVICE/EJECTOR	2		FREESTYLE LIBRE READER	3	QL
EMBRACE TALK BLOOD GLUCOSE	2		FREESTYLE LIBRE SENSOR SYSTEM	3	QL
EMBRACE TALK GLUCOSE CONTROL	2		FREESTYLE LITE TEST	2	QL
EMBRACE TALK GLUCOSE TEST	2	QL	FREESTYLE PRECISION NEO 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
FREESTYLE TEST	2	QL	INPEN 100-PINK-NOVO	2	
GENTEEL LANCING KIT (BLUE)	2		KETONE TEST	2	
GHT BLOOD GLUCOSE MONITOR	2		KETOSTIX	2	
GLUCOCARD 01 SENSOR PLUS	2	QL	KROGER HEALTHPRO GLUCOSE TEST	2	QL
GLUCOCARD EXPRESSION TEST	2	QL	LANCETS	2	
GLUCOCARD SHINE CONNEX	2		LANCETS IN VITRO STRIP	2	QL
GLUCOCARD SHINE EXPRESS	2		MICRODOT TEST	2	QL
GLUCOCARD SHINE TEST	2	QL	MICROLET NEXT LANCING DEVICE	2	
GLUCOCARD VITAL TEST	2	QL	NOVOPEN ECHO	2	
GOJJI BLOOD GLUCOSE TEST	2	QL	OMNIPOD DASH SYSTEM	3	
GOJJI CONTROL	2		OMNIPOD STARTER	3	
GOJJI LANCING DEVICE/CLEAR CAP	2		ONE DROP BLOOD GLUCOSE MONITOR	2	
HARMONY BLOOD GLUCOSE TEST IN VITRO STRIP	2	QL	ONE DROP TEST	2	QL
HW EMBRACE PRO GLUCOSE METER	2		ONETOUCH DELICA LANCING DEV	1	
HW EMBRACE PRO GLUCOSE TEST	2	QL	ONETOUCH DELICA PLUS LANCING	1	
HW EMBRACE TALK BLOOD GLUCOSE	2		ONETOUCH DELICA SAFETY LANCING	2	
HW EMBRACE TALK GLUCOSE TEST	2	QL	ONETOUCH ULTRA TEST STRIPS	1	QL
INFINITY BLOOD GLUCOSE TEST	2	QL	ONETOUCH ULTRA 2 KIT W/DEVICE	1	
INPEN 100-BLUE-LILLY	2		ONETOUCH ULTRA MINI KIT W/DEVICE	1	
INPEN 100-BLUE-NOVO	2		ONETOUCH VERIO KIT W/DEVICE	1	
INPEN 100-GRAY-LILLY	2		ONETOUCH VERIO FLEX SYSTEM	1	
INPEN 100-GREY-NOVO	2		ONETOUCH VERIO IN VITRO SOLUTION HIGH	1	
INPEN 100-PINK-LILLY	2		ONETOUCH VERIO TEST STRIPS	1	QL
			ONETOUCH VERIO IQ SYSTEM	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 VERIO REFLECT	1		TRUE FOCUS BLOOD GLUCOSE METER	2	
ONETOUCH VERIO SYNC SYSTEM	1		TRUE METRIX BLOOD GLUCOSE TEST	2	QL
POGO AUTOMATIC BLOOD GLUCOSE	2		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 METER KIT	2	
PRECISION QID TEST	2	QL	TRUE METRIX PRO BLOOD GLUCOSE	2	QL
PRECISION SOF-TACT MONITOR	2		TRUETRACK TEST	2	QL
PRECISION SOF-TACT TEST	2	QL	UNISTRIP CONTROL IN VITRO SOLUTION LOW	2	
PRECISION XTRA BLOOD GLUCOSE	2	QL	V-GO 20	3	QL
PRECISION XTRA DEVICE	2		V-GO 30	3	QL
PRECISION XTRA KIT	2		V-GO 40	3	QL
PRECISION XTRA MONITOR	2		VIVAGUARD INO CONTROL SOLUTION	2	
PRODIGY NO CODING BLOOD GLUC	2		VIVAGUARD INO GLUCOSE METER	2	
RELION BLOOD GLUCOSE TEST	2	QL	VIVAGUARD INO TEST STRIPS	2	QL
RELION PREMIER CLASSIC	2		VIVAGUARD LANCING DEVICE	2	
RELION PREMIER TEST	2	QL	Diabetes - Glycemic Agents		
RIGHTEST GT333 BLOOD GLUCOSE	2		BAQSIMI ONE PACK	2	
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	2	QL	BAQSIMI TWO PACK	2	
SURESTEP PRO HIGH GLUCOSE	1		diazoxide oral	3	
SURESTEP PRO LOW GLUCOSE	1		GLUCAGEN HYPOKIT	2	
SURESTEP PRO NORMAL GLUCOSE	1		glucagon emergency kit 1 mg injection 1 mg	1	
			GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	2	
			GLUCAGON EMERGENCY KIT	2	
			GVOKE HYPOPEN 1-PACK	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
GVOKE HYPOPEN 2-PACK	2		HUMULIN N KWIKPEN	2	
GVOKE PFS	2		HUMULIN N VIAL	2	
Diabetes - Insulins			HUMULIN R U-500 KWIKPEN	2	
APIDRA SOLOSTAR	3		HUMULIN R U-500 VIAL	2	
APIDRA VIAL	3		HUMULIN R VIAL	2	
BD AUTOSHIELD DUO PEN NEEDLES	1		INSULIN PEN NEEDLES	1	
BD ULTRA-FINE INSULIN SYRINGES	1		INSULIN SYRINGES	1	
BD ULTRA-FINE PEN NEEDLES	1		LANTUS SOLOSTAR	2	
CARETOUCH HYPODERMIC NEEDLE 22G X 1"	1		LANTUS U-100 VIAL	2	
DROPLET MICRON	1		LEVEMIR U-100 FLEXTOUCH	2	
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" , 23G X 1" , 25G X 1" , 25G X 5/8"	1		LEVEMIR U-100 VIAL	2	
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	
			NOVOLIN R FLEXPEN RELION	2	
			NOVOLIN R RELION	2	
			NOVOLIN R VIAL	2	
			NOVOLOG FLEXPEN	1	
			NOVOLOG MIX 70/30 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	Drug Name	Drug Tier	Notes
NOVOLOG MIX 70/30 VIAL	1		folic acid oral tablet 1 mg	1	
NOVOLOG PENFILL	1		folic acid oral tablet 400 mcg, 800 mcg	0	PV
NOVOLOG U-100 VIAL	1		FOLIVANE-F	2	
NOVOTWIST PEN NEEDLE	1		FOLIVANE-PLUS	2	
PREVENT DROPSAFE PEN NEEDLES	1		foltrin	1	
SECURESAFE HYPODERMIC NEEDLE 18G X 1" , 19G X 1" , 19G X 1-1/2" , 22G X 1"	1		GALZIN	2	
TOUJEO MAX SOLOSTAR	2		INTEGRA F	2	
TOUJEO SOLOSTAR	2		INTEGRA PLUS	2	
TRESIBA	2		iodine strong oral	1	
TRESIBA FLEXTOUCH	2		JYNARQUE	SP2	QL
ULTIGUARD SAFEPAK SYR/NEEDLE	1		kionex oral suspension 15 gm/60ml	1	
Electrolytes / Minerals / Metals / Vitamins			klor-con	1	
CARBAGLU	SP3		klor-con 10	1	
CARNITOR INTRAVENOUS	3		klor-con m10	1	
clovique oral capsule 250 mg	SP1	PA	klor-con m15	1	
cyanocobalamin injection solution 1000 mcg/ml	1		klor-con m20	1	
cytra k crystals	1		klor-con sprinkle oral capsule extended release 10 meq, 8 meq	1	
deferasirox oral tablet	3	PA	klor-con/ef	1	
effer-k oral tablet effervescent 25 meq	1		K-PHOS	2	
ergocalciferol oral capsule	1		K-PHOS NO 2	2	
ferocon	1		k-prime	1	
ferotinsic	1		levocarnitine oral solution	3	
FERRALET 90	3		levocarnitine oral tablet	3	
fluoritab	0	PV	levocarnitine sf	3	
folate	0	PV	multivitamin/fluoride tablet chewable 1 mg oral	1	
			MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL	1	
			nafrinse	0	PV
			nafrinse drops	0	PV
			NASCOBAL	2	
			ONE VITE WOMENS	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
ONE-A-DAY WOMENS PRENATAL 1	0	PV	taron-crystals oral packet 3300-1002 mg	1	
ORACIT	2		TOLVAPTAN ORAL TABLET 15 MG	SP1	QL
phosphorous	1		tolvaptan oral tablet 30 mg	SP1	QL
phospho-trin 250 neutral	1		tricitrates	1	
phytonadione oral	1		trientine hcl	SP1	PA
pot & sod cit-cit ac	1		VIRT-FEFA PLUS	2	
potassium chloride cryser	1		virt-phos 250 neutral	1	
potassium chloride er	1		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
potassium chloride oral	1		WILZIN	2	
potassium citrate er	1		yl folic acid	0	PV
potassium citrate-citric acid	1		Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
prenatal multi +dha	0	PV	esomeprazole magnesium oral capsule delayed release 40 mg	3	QL
prenatal oral tablet 27-0.8 mg	0	PV	esomeprazole magnesium oral packet	3	QL; AL (Max 12 Years)
prenatal oral tablet 27-1 mg	1		famotidine oral suspension reconstituted	3	
prenatal plus iron	1		lansoprazole oral capsule delayed release 30 mg	3	QL
prenatal vitamin plus low iron	1		lansoprazole oral tablet delayed release dispersible	3	QL; AL (Max 12 Years)
preplus	1		misoprostol oral	1	
PROFERRIN-FORTE	2		NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	QL; AL (Max 12 Years)
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG	1		omeprazole oral capsule delayed release 10 mg, 40 mg	3	QL
sod citrate-citric acid	1		pantoprazole sodium oral tablet delayed release	3	QL
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	0	PV	rabeprazole sodium oral tablet delayed release	3	QL
sodium fluoride oral tablet	0	PV			
sodium fluoride oral tablet chewable	0	PV			
sodium polystyrene sulfonate	1				
sodium polystyrene sulfonate oral suspension 15 gm/60ml	1				
sps	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
sucralfate oral	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	3	PA
AMITIZA	3	QL
bisacodyl ec	0	PV; QL
citroma	0	PV; QL
clearlax	0	PV; QL
constulose	1	
cromolyn sodium oral	3	
CUVPOSA	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	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	1	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
lactulose encephalopathy	1	
lactulose oral solution	1	
LINZESS	3	QL
LUBIPROSTONE	3	QL
magnesium citrate oral solution	0	PV; QL

Drug Name	Drug Tier	Notes
mm clearlax	0	PV; QL
MOVANTIK	3	QL
oscimin sr	1	
OSMOPREP	3	
peg 3350-kcl-na bicarb-nacl	1	PV; QL
peg-3350/electrolytes	1	PV; QL
peg-3350/electrolytes/ascorb at	3	
peg-kcl-nacl-nasulf-na asc-c	3	
polyethylene glycol 3350 oral powder	0	PV; QL
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM	3	
qc magnesium citrate	0	PV; QL
RELISTOR SUBCUTANEOUS	SP3	QL
SUPREP BOWEL PREP KIT	3	
SYMAX DUOTAB ORAL TABLET EXTENDED RELEASE 0.375 MG	2	
trilyte oral solution reconstituted 420 gm	1	PV; QL
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA; QL
XERMELO	SP3	PA; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	SP3	PA
CHOLBAM	SP3	PA
CREON	2	
GALAFOLD	SP3	PA; QL
MYALEPT	SP3	PA

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

Drug Name	Drug Tier	Notes
nitisinone	SP1	PA
OCALIVA	SP3	PA; QL
ORFADIN	SP3	PA
PANCREAZE	2	
PROCYSBI	SP3	PA
RAVICTI	SP3	PA
sodium phenylbutyrate oral	SP1	
STRENSIQ	SP3	PA
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
darifenacin hydrobromide er	3	
ELMIRON	2	
flavoxate hcl	1	
INTRAROSA	3	
LITHOSTAT	3	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
penicillamine oral tablet	SP1	PA
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
sevelamer carbonate	1	
sevelamer hcl oral tablet 400 mg	1	
sevelamer hcl oral tablet 800 mg	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	3	QL

Drug Name	Drug Tier	Notes
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	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
Hormonal Agents - Adrenal		
cortisone acetate oral tablet 25 mg	1	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 2 MG	2	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate 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
prednisolone sodium phosphate oral tablet dispersible	3	
prednisone intensol	1	
prednisone oral	1	
Hormonal Agents - Men's Health		
ANDRODERM	2	PA
danazol oral	3	
DEPO-TESTOSTERONE	2	PA
testosterone cypionate intramuscular	1	PA
testosterone enanthate intramuscular	1	PA
testosterone transdermal	3	PA
Hormonal Agents - Pituitary		
cabergoline	1	
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 %	2	
desmopressin ace spray refrig	1	
desmopressin acetate injection	1	
DESMOPRESSIN ACETATE NASAL	2	
desmopressin acetate oral	1	
desmopressin acetate pf	1	
desmopressin acetate spray	1	
NORDITROPIN FLEXPRO	SP2	PA
NUTROPIN AQ NUSPIN 10	SP2	PA
NUTROPIN AQ NUSPIN 20	SP2	PA
NUTROPIN AQ NUSPIN 5	SP2	PA
octreotide acetate	SP1	PA

Drug Name	Drug Tier	Notes
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	
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	
raloxifene hcl	1	PV
Hormonal Agents - Sex Hormones and Birth Control		
afirmelle	0	PV
altavera	0	PV
alyacen 1/35	0	PV
alyacen 7/7/7	0	PV
amabelz	1	
amethia	0	PV; QL
amethia lo oral tablet 0.1-0.02 & 0.01 mg	0	PV; QL
amethyst	0	PV
ANGELIQ	2	
ANNOVERA	0	PV; QL
apri	0	PV
aranelle	0	PV
ashlyna	0	PV; QL
aubra	0	PV
aubra eq	0	PV
aurovela 1.5/30	0	PV
aurovela 1/20	0	PV
aurovela 24 fe	0	PV
aurovela fe 1.5/30	0	PV
aurovela fe 1/20	0	PV

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
aviane	0	PV
ayuna	0	PV
azurette	0	PV
BALCOLTRA	3	
balziva	0	PV
bekyree oral tablet 0.15-0.02/0.01 mg (21/5)	0	PV
blisovi 24 fe	0	PV
blisovi fe 1.5/30	0	PV
blisovi fe 1/20	0	PV
briellyn	0	PV
camila	0	PV
camrese	0	PV; QL
camrese lo	0	PV; QL
caziant	0	PV
charlotte 24 fe	0	PV
chateal	0	PV
chateal eq	0	PV
CLIMARA PRO	3	
COMBIPATCH	3	
cryselle-28	0	PV
cyclafem 1/35	0	PV
cyclafem 7/7/7	0	PV
cyred	0	PV
cyred eq	0	PV
dasetta 1/35	0	PV
dasetta 7/7/7	0	PV
daysee	0	PV; QL
deblitane	0	PV
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	2	
delyla	0	PV
DEPO-ESTRADIOL	2	
desogestrel-ethinyl estradiol	0	PV
DIVIGEL	3	
dolishale	0	PV

Drug Name	Drug Tier	Notes
dotti	1	
drospiren-eth estrad-levomefol	0	PV
drospirenone-ethinyl estradiol	0	PV
DUAVEE	2	
ELESTRIN	3	
elinest	0	PV
ELLA	0	PV
eluryng	0	PV
emoquette	0	PV
enpresse-28	0	PV
enskyce	0	PV
errin	0	PV
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	0	PV
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
ESTRING	3	QL
ESTROGEL	3	
ethynodiol diac-eth estradiol	0	PV
etonogestrel-ethinyl estradiol	0	PV
EVAMIST	3	
falmina	0	PV
fayosim	0	PV; QL
femynor	0	PV
fyavolv	1	
gemmily	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
gianvi oral tablet 3-0.02 mg	0	PV	lessina	0	PV
hailey 1.5/30	0	PV	levonest	0	PV
hailey 24 fe	0	PV	levonorgest-eth est & eth est	0	PV; QL
hailey fe 1.5/30	0	PV	levonorgest-eth estrad 91-day	0	PV; QL
hailey fe 1/20	0	PV	levonorgestrel	0	PV
heather	0	PV	levonorgestrel-ethinyl estrad	0	PV
iclevia	0	PV; QL	levonorg-eth estrad triphasic	0	PV
incassia	0	PV	levora 0.15/30 (28)	0	PV
introvale	0	PV; QL	LILETTA (52 MG)	0	PV
isibloom	0	PV	lillow	0	PV
jaimiess	0	PV; QL	LO LOESTRIN FE	3	
jasmiel	0	PV	lojaimiess	0	PV; QL
jencycla	0	PV	lopreeza oral tablet 1-0.5 mg	1	
jinteli	1		loryna	0	PV
jolessa	0	PV; QL	low-ogestrel	0	PV
juleber	0	PV	lo-zumandimine	0	PV
junel 1.5/30	0	PV	lutura	0	PV
junel 1/20	0	PV	lyleq	0	PV
junel fe 1.5/30	0	PV	lyllana	1	
junel fe 1/20	0	PV	lyza	0	PV
junel fe 24	0	PV	marlissa	0	PV
kaitlib fe	0	PV	medroxyprogesterone acetate intramuscular	0	PV; QL
kalliga	0	PV	medroxyprogesterone acetate oral	1	
kariva	0	PV	megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	1	
kelnor 1/35	0	PV	megestrol acetate oral tablet	1	
kelnor 1/50	0	PV	melodetta 24 fe oral tablet chewable 1-20 mg-mcg(24)	0	PV
kurvelo	0	PV	MENEST	2	
KYLEENA	0	PV	merzee	0	PV
larin 1.5/30	0	PV			
larin 1/20	0	PV			
larin 24 fe	0	PV			
larin fe 1.5/30	0	PV			
larin fe 1/20	0	PV			
larissia	0	PV			
layolis fe	0	PV			
leena	0	PV			

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
mibelas 24 fe	0	PV
microgestin 1.5/30	0	PV
microgestin 1/20	0	PV
microgestin 24 fe	0	PV
microgestin fe 1.5/30	0	PV
microgestin fe 1/20	0	PV
mili	0	PV
mimvey	1	
MIRENA (52 MG)	0	PV
mono-lynyah	0	PV
NATAZIA	0	PV
necon 0.5/35 (28)	0	PV
NEXPLANON	0	PV
nikki	0	PV
nora-be	0	PV
norethin ace-eth estrad-fe	0	PV
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	0	PV
norethindrone oral	0	PV
norethindrone-eth estradiol	1	
norethin-eth estradiol-fe	0	PV
norgestimate-eth estradiol	0	PV
norgestimate-ethinyl estradiol triphasic	0	PV
norlyda	0	PV
norlyroc	0	PV
nortrel 0.5/35 (28)	0	PV
nortrel 1/35 (21)	0	PV
nortrel 1/35 (28)	0	PV
nortrel 7/7/7	0	PV
nylia 7/7/7	0	PV
nymyo	0	PV
ocella	0	PV

Drug Name	Drug Tier	Notes
ogestrel oral tablet 0.5-50 mg-mcg	0	PV
orsythia	0	PV
PARAGARD INTRAUTERINE COPPER	0	PV
philith	0	PV
pimtrea	0	PV
pirmella 1/35	0	PV
pirmella 7/7/7	0	PV
portia-28	0	PV
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
prevenzeza	0	PV
previfem	0	PV
progesterone intramuscular	1	
progesterone 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
taysofy	0	PV
tilia fe	0	PV
tri femynor	0	PV
tri-estarylla	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-legest fe	0	PV
tri-linyah	0	PV
tri-lo-estarylla	0	PV
tri-lo-marzia	0	PV
tri-lo-mili	0	PV
tri-lo-sprintec	0	PV
tri-mili	0	PV
tri-nymyo	0	PV
tri-previfem	0	PV
tri-sprintec	0	PV
trivora (28)	0	PV
tri-vylibra	0	PV
tri-vylibra lo	0	PV
tulana	0	PV
tyblume	0	PV
tydemy	0	PV
velivet	0	PV
vestura	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	
zafemy	0	PV
zarah	0	PV
zovia 1/35 (28)	0	PV
zovia 1/35e (28)	0	PV
zumandimine	0	PV
Hormonal Agents - Thyroid		
ARMOUR THYROID	2	
euthyrox	1	
levo-t	1	

Drug Name	Drug Tier	Notes
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
nature-throid	1	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	2	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT	3	
unithroid	1	
westhroid	1	
wp thyroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	SP3	PA
ACTEMRA SUBCUTANEOUS	SP3	PA
ACTIMMUNE	SP2	PA
azathioprine oral	1	
BERINERT	SP2	PA; QL
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

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
COSENTYX SENSOREADY PEN	SP3	PA	ORENCIA SUBCUTANEOUS	SP3	PA
cyclosporine modified	1		OTEZLA	SP2	PA
cyclosporine oral	1		PROGRAF ORAL CAPSULE	SP3	
ENBREL	SP3	PA	PROGRAF ORAL PACKET	SP2	
ENBREL MINI	SP3	PA	RAPAMUNE ORAL SOLUTION	SP2	
ENBREL SURECLICK	SP3	PA	RAPAMUNE ORAL TABLET	SP3	
ENVARUSUS XR	SP2		RIDAURA	SP2	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	SP1		RINVOQ	SP2	PA
FIRAZYR	SP3	PA; QL	sajazir	SP1	PA; QL
gengraf	1		SANDIMMUNE ORAL CAPSULE	SP3	
HAEGARDA	SP2	PA	SANDIMMUNE ORAL SOLUTION	SP2	
HUMIRA	SP2	PA	SIMPONI	SP2	PA
HUMIRA PEDIATRIC CROHNS START	SP2	PA	sirolimus oral solution	SP1	
HUMIRA PEN	SP2	PA	sirolimus oral tablet	1	
HUMIRA PEN-CD/UC/HS STARTER	SP2	PA	SKYRIZI	SP2	PA; QL
HUMIRA PEN-PEDIATRIC UC START	SP2	PA	SKYRIZI (150 MG DOSE)	SP2	PA; QL
HUMIRA PEN-PS/UV/ADOL HS START	SP2	PA	SKYRIZI PEN	SP2	PA; QL
HUMIRA PEN-PSOR/UEVIT STARTER	SP2	PA	STELARA SUBCUTANEOUS	SP2	PA; QL
icatibant acetate	SP1	PA; QL	tacrolimus oral	1	
KINERET	SP3	PA	TALTZ	SP2	PA
leflunomide oral	1		TREMFYA	SP2	PA
methotrexate oral	1		XATMEP	3	
methotrexate sodium	1		XELJANZ ORAL TABLET	SP2	PA
methotrexate sodium (pf)	1		XELJANZ XR	SP2	PA
mycophenolate mofetil oral	1		ZORTRESS	SP3	
mycophenolate sodium	1		Immunological Agents - Drugs for Vaccination		
MYFORTIC	SP3			3	PV; AL (Max 6 Years)
NEORAL	SP3		ACTHIB		
ORENCIA CLICKJECT	SP3	PA			

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

Drug Name	Drug Tier	Notes
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 INTRAMUSCULAR INJECTABLE 10 MCG/0.5ML, 20 MCG/ML	0	PV
FLUAD QUADRIVALENT	0	PV; AL (Min 65 Years)
FLUARIX QUADRIVALENT	0	PV
FLUBLOK QUADRIVALENT	0	PV
FLUCELVAX QUADRIVALENT	0	PV
FLULAVAL QUADRIVALENT	0	PV
FLUMIST QUADRIVALENT	3	PV; AL (Min 2 Years and Max 49 Years)
FLUZONE HIGH-DOSE QUADRIVALENT	0	PV; AL (Min 65 Years)
FLUZONE QUADRIVALENT	0	PV
GARDASIL 9	3	PV; AL (Min 9 Years and Max 26 Years)
HAVRIX	0	PV
HEPLISAV-B	3	PV; AL (Min 18 Years)

Drug Name	Drug Tier	Notes
HIBERIX	3	PV; AL (Max 6 Years)
IMOVAX RABIES	3	
INFANRIX	0	PV
IPOL	3	PV; AL (Max 17 Years)
JANSSEN COVID-19 VACCINE	0	PV
KINRIX INTRAMUSCULAR SUSPENSION	0	PV
MENACTRA	0	PV
MENQUADFI	0	PV
MENVEO	0	PV
M-M-R II	0	PV
MODERNA COVID-19 VACCINE	0	PV
PEDIARIX	0	PV
PEDVAX HIB	3	PV; AL (Max 6 Years)
PENTACEL	0	PV
PFIZER-BIONTECH COVID-19 VACC	0	PV
PNEUMOVAX 23	0	PV
PREVNAR 13	0	PV
PROQUAD	0	PV
QUADRACEL	0	PV
RECOMBIVAX HB	0	PV
ROTARIX	3	PV; AL (Max 8 Months)
ROTATEQ	3	PV; AL (Max 8 Months)
SHINGRIX	3	PV; AL (Min 50 Years)
STAMARIL	3	

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

Drug Name	Drug Tier	Notes
TDVAX	0	PV
TENIVAC	0	PV
TETANUS-DIPHTHERIA TOXOIDS TD	0	PV
TRUMENBA	0	PV
TWINRIX	0	PV
TYPHIM VI	3	
VAQTA	0	PV
VARIVAX	0	PV
VAXCHORA	3	
VAXELIS	0	PV
VIVOTIF ORAL CAPSULE DELAYED RELEASE	2	
YF-VAX	3	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	3	PV; AL (Min 60 Years)
Inflammatory Bowel Disease Agents		
anucort-hc	1	
balsalazide disodium	1	
budesonide er	3	
budesonide oral	1	
colocort rectal enema 100 mg/60ml	1	
hydrocortisone (perianal)	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal suppository 25 mg	1	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	1	
mesalamine er oral capsule 0.375 gm	1	
mesalamine oral	1	

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	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral solution	1	
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
calcitonin (salmon) nasal	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
TERIPARATIDE (RECOMBINANT)	SP2	PA
TYMLOS	SP2	PA
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
cinacalcet hcl	3	PA
paricalcitol oral	1	
SENSIPAR	SP3	PA
Miscellaneous Therapeutic Agents		
AEROCHAMBER MINI CHAMBER	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
AEROCHAMBER MV	2		DEFLUX METAL NEEDLE	1	
AEROCHAMBER PLUS FLO-VU	2		EASIVENT	2	
AEROCHAMBER PLUS FLOW VU	2		EASY GLIDE LUER LOCK SYRINGE	1	
AEROCHAMBER W/FLOWSIGNAL	2		EASY GLIDE SLIP LOCK SYRINGE	1	
BREATHE EASE LARGE	2		EASYPOINT NEEDLE 25G X 1-1/2"	1	
BREATHE EASE MEDIUM	2		ELECARE	3	
BREATHE EASE SMALL	2		ENCARE	0	PV; QL
BREATHERITE	2		EO28 SPLASH	3	
BREATHERITE COLL SPACER ADULT	2		EQUACARE JR	3	
BREATHERITE COLL SPACER CHILD	2		ESSENTIAL CARE JR	3	
BREATHERITE COLL SPACER INFANT	2		FC FEMALE CONDOM	0	PV; QL
BREATHERITE SPACER NEONATE	2		FC2 FEMALE CONDOM	0	PV; QL
BREATHERITE SPACER SMALL CHILD	2		FEMCAP	0	PV; QL
CAMINO PRO COMPLETE/GLYTACTIN	2		FLEXICHAMBER	2	
CARETOUCH HYPODERMIC NEEDLE 26G X 1"	1		FLEXICHAMBER ADULT MASK/SMALL	2	
CARETOUCH LUER LOCK 1 ML	1		FLEXICHAMBER CHILD MASK/LARGE	2	
CAYA	0	PV; QL	FLEXICHAMBER CHILD MASK/SMALL	2	
CLEVER CHOICE HOLDING CHAMBER	2		FORA D40G GLUCOSE/PRESSURE	2	
COMPACT SPACE CHAMBER	2		GLYTACTIN BETTERMILK 15	2	
COMPACT SPACE CHAMBER/LG MASK	2		GLYTACTIN BETTERMILK DE-LITE	2	
COMPACT SPACE CHAMBER/MED MASK	2		GLYTACTIN BUILD 10PE	2	
COMPACT SPACE CHAMBER/SM MASK	2		GLYTACTIN BUILD 20/20	2	
			GLYTACTIN BUILD 20/20 PKU	2	
			GLYTACTIN BURST	2	
			GLYTACTIN COMPLETE 10PE	2	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
GLYTACTIN RESTORE 10	2		OPTICHAMBER DIAMOND-LG MASK	2	
GLYTACTIN RESTORE 5	2		OPTICHAMBER DIAMOND-MD MASK	2	
GLYTACTIN RESTORE LITE 10	2		OPTICHAMBER DIAMOND-SM MASK	2	
GLYTACTIN RESTORE LITE 10PE	2		OPTIONS CONCEPTROL VAGINAL GEL 4 %	0	PV; QL
GLYTACTIN RTD 10	2		OPTIONS GYNOL II CONTRACEPTIVE	0	PV; QL
GLYTACTIN RTD 15	2		PANDA MASK LARGE	2	
GLYTACTIN RTD LITE 15	2		PANDA MASK MEDIUM	2	
GLYTACTIN SWIRL 15PE	2		PANDA MASK SMALL	2	
heparin lock flush	1		PEDIATRIC PANDA MASK	2	
heparin sodium lock flush	1		PHENACTIN AA PLUS ORAL LIQUID	2	
HUMATROPEN FOR 12MG	1		PHENEX-1	2	
HUMATROPEN FOR 24MG	1		PHENEX-2	2	
HUMATROPEN FOR 6MG	1		PHENYLADE DRINK MIX	2	
INSPIREASE RESERVOIR BAGS	2		PHENYLADE GMP READY	2	
J-TIP KIT W/VIAL ADAPTERS	1		PHENYLADE GMP ULTRA	2	
MASK VORTEX	2		PKU EASY	2	
methergine	3	QL	PKU EASY MICROTABS	2	
methylergonovine maleate oral	3	QL	PKU GO	2	
MICROCHAMBER	2		PKU SPHERE 20 ORAL LIQUID	2	
NEOCATE JUNIOR	3		POCKET SPACER	2	
NORDIPEN 5 INJECTION DEVICE	1		PRO COMFORT SPACER ADULT	2	
NORM-JECT LUER SLIP SYRINGE	1		PRO COMFORT SPACER CHILD	2	
OMNIPOD 5 PACK	3	QL	PRO COMFORT SPACER INFANT	2	
OMNIPOD DASH 5 PACK PODS	3	QL	PROCARE SPACER/ADULT MASK	2	
OPTICHAMBER DIAMOND	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
PROCARE SPACER/CHILD MASK	2	
PURAMINO DHA/ARA	3	
SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2"	1	
SYRINGE LUER LOCK 30 ML	1	
SYRINGE LUER SLIP 1 ML	1	
TODAY SPONGE	0	PV; QL
TOLEREX	3	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	0	PV; QL
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	0	PV; QL
vcf vaginal contraceptive vaginal gel	0	PV; QL
VIVONEX PEDIATRIC	3	
VORTEX VALVED HOLDING CHAMBER	2	
WIDE-SEAL DIAPHRAGM 60	0	PV; QL
WIDE-SEAL DIAPHRAGM 65	0	PV; QL
WIDE-SEAL DIAPHRAGM 70	0	PV; QL
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

Drug Name	Drug Tier	Notes
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALOCRIL	2	
ALOMIDE	2	
ALREX	2	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	QL
CILOXAN OPHTHALMIC OINTMENT	2	
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	3	
DUREZOL	3	
epinastine hcl	1	
erythromycin ophthalmic	1	
FLAREX	2	
fluorometholone	1	
flurbiprofen sodium	1	
FML	2	
FML FORTE	2	
gatifloxacin ophthalmic	1	
gentak	1	
gentamicin sulfate ophthalmic	1	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
LOTEMAX OPHTHALMIC OINTMENT	2	QL	brimonidine tartrate ophthalmic	1	
loteprednol etabonate ophthalmic gel	1	QL	brinzolamide	1	
loteprednol etabonate ophthalmic suspension	1		carteolol hcl	1	
MAXIDEX	2		COMBIGAN	2	
moxifloxacin hcl ophthalmic solution	1		dorzolamide hcl ophthalmic	1	
NATACYN	3		dorzolamide hcl-timolol mal	1	
ofloxacin ophthalmic	1		dorzolamide hcl-timolol mal pf	1	
olopatadine hcl ophthalmic	1		IOPIDINE	2	
prednisolone acetate ophthalmic	1		latanoprost ophthalmic	1	
prednisolone acetate p-f	1		levobunolol hcl	1	
prednisolone sodium phosphate ophthalmic	1		LUMIGAN	2	QL
PROLENSA	3	QL	methazolamide oral	3	
sulfacetamide sodium ophthalmic	1		PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	2	
tobramycin ophthalmic	1		pilocarpine hcl ophthalmic	1	
TOBREX OPHTHALMIC OINTMENT	2		RHOPRESSA	3	QL
trifluridine	1		ROCKLATAN	3	QL
ZIRGAN	3		SIMBRINZA	2	
Ophthalmic Agents - Drugs for Glaucoma			timolol maleate ophthalmic	1	
acetazolamide er	1		travoprost (bak free)	3	QL
acetazolamide oral	1		Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2		ak-poly-bac	1	
apraclonidine hcl	1		altafrin	1	
betaxolol hcl ophthalmic	1		atropine sulfate ophthalmic ointment	1	
BETIMOL	2		atropine sulfate ophthalmic solution 1 %	1	
BETOPTIC-S	2		bacitracin-polymyxin b ophthalmic	1	
bimatoprost ophthalmic	1	QL			

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Drug Name	Drug Tier	Notes
bacitra-neomycin-polymyxin-hc	1	
cyclopentolate hcl ophthalmic	1	
homatropaire	1	
homatropine hbr ophthalmic solution 5 %	1	
ISOPTO ATROPINE	1	
LACRISERT	2	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin	1	
neomycin-polymyxin-hc ophthalmic	1	
neo-polycin	1	
neo-polycin hc	1	
phenylephrine hcl ophthalmic	1	
polycin	1	
polymyxin b-trimethoprim	1	
PRED-G	2	
PRED-G S.O.P.	2	
proparacaine hcl ophthalmic	1	
RESTASIS	3	PA
RESTASIS MULTIDOSE	3	PA
tetcaine ophthalmic solution 0.5 %	1	
tetracaine hcl ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	2	

Drug Name	Drug Tier	Notes
tobramycin-dexamethasone	1	
tropicamide ophthalmic	1	
XIIDRA	3	PA
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
CIPRO HC	2	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
CIPROFLOXACIN-FLUOCINOLONE PF	2	
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	2	
CORTISPORIN-TC	2	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	2	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
benzonatate oral capsule 100 mg, 200 mg	1	
cyproheptadine hcl oral	1	
FASENRA	SP2	PA
FASENRA PEN	SP2	PA
fluticasone propionate nasal	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
guaiaatussin ac	1	PA; QL; AL (Min 18 Years)	pulmosal inhalation nebulization solution 7 %	1	
guaifenesin ac	1	PA; QL; AL (Min 18 Years)	sodium chloride inhalation	1	
hydrocodone polst-chlorphen polst er susp	1	PA; QL; AL (Min 18 Years)	SSKI	2	
hydrocodone-homatropine	1	PA; QL; AL (Min 18 Years)	virtussin ac w/alc	1	PA; QL; AL (Min 18 Years)
hydromet	1	PA; QL; AL (Min 18 Years)	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP2	PA
ipratropium bromide nasal	1		Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
maxi-tuss ac	1	PA; QL; AL (Min 18 Years)	acetylcysteine inhalation	1	
nebusal inhalation nebulization solution 3 %	1		ADVAIR HFA	2	QL
phenadoz rectal suppository 12.5 mg, 25 mg	1		albuterol sulfate hfa	1	QL
promethazine hcl oral	1		albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	QL
promethazine hcl rectal	1		albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml	1	
promethazine vc	1		albuterol sulfate oral	1	
promethazine vc/codeine	1	PA; QL; AL (Min 18 Years)	ANORO ELLIPTA	2	QL
promethazine-codeine	1	PA; QL; AL (Min 18 Years)	ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG	2	
promethazine-dm	1		ASMANEX (120 METERED DOSES)	2	QL
promethazine-phenyleph-codeine	1	PA; QL; AL (Min 18 Years)	ASMANEX (14 METERED DOSES)	2	QL
promethazine-phenylephrine	1		ASMANEX (30 METERED DOSES)	2	QL
promethegan	1		ASMANEX (60 METERED DOSES)	2	QL
pseudoephedrine-bromphen-dm	1		ASMANEX (7 METERED DOSES)	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
ASMANEX HFA	2	QL	PULMICORT FLEXHALER	2	QL
ATROVENT HFA	2	QL	QVAR REDHALER	2	QL
BREO ELLIPTA	2	QL	SEREVENT DISKUS	2	QL
budesonide inhalation	1	QL	SPIRIVA HANDIHALER	2	QL
COMBIVENT RESPIMAT	2	QL	SPIRIVA RESPIMAT	2	QL
cromolyn sodium inhalation	3		STIOLTO RESPIMAT	2	QL
DALIRESP	3	PA	SYMBICORT	2	QL
epinephrine injection solution auto-injector	1		SYMJEPI	2	
ESBRIET	SP3	PA	THEO-24	2	
FLOVENT DISKUS	2	QL	theophylline	1	
FLOVENT HFA	2	QL	theophylline er	1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL	TRELEGY ELLIPTA	2	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL	VENTOLIN HFA	1	QL
INCRUSE ELLIPTA	2	QL	wixela inhub	1	QL
ipratropium bromide inhalation	1	QL	XOPENEX HFA	3	QL
ipratropium-albuterol	1	QL	zafirlukast	1	
levalbuterol hcl inhalation	1	QL	Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	1	QL	CAYSTON	SP3	PA
montelukast sodium oral	1		KALYDECO	SP3	PA
OFEV	SP3	PA	ORKAMBI	SP3	PA; QL
PROAIR HFA	2	QL	PULMOZYME	SP2	PA
PROAIR RESPICLICK	2	QL	TOBI PODHALER	SP2	QL
PROVENTIL HFA	2	QL	tobramycin nebulization solution 300 mg/5ml inhalation	SP1	
			TRIKAFTA	SP3	PA; QL
			Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
			ADEMPAS	SP3	PA; QL
			alyq	SP1	PA; QL
			ambrisentan	SP1	PA; QL
			bosentan	SP1	PA; QL
			OPSUMIT	SP2	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
sildenafil citrate oral tablet 20 mg	SP1	PA; QL
tadalafil (pah)	SP1	PA; QL
TRACLEER 32 MG	SP2	PA; QL
TYVASO	SP2	PA; QL
TYVASO REFILL	SP2	PA; QL
TYVASO STARTER	SP2	PA; QL
UPTRAVI ORAL	SP3	PA; QL
VENTAVIS	SP2	PA; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
dantrolene sodium oral	1	
metaxalone oral tablet 800 mg	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
tizanidine hcl oral	1	
Sleep Disorder Agents		
armodafinil	1	PA; QL
BELSOMRA	3	QL
doxepin hcl oral tablet	3	QL
eszopiclone	1	QL
modafinil	1	PA; QL
ramelteon	1	QL
temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL
zaleplon	1	QL
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL

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

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XPOVIO (60 MG ONCE WEEKLY).....	20
XPOVIO (60 MG TWICE WEEKLY).....	20
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XPOVIO (80 MG TWICE WEEKLY).....	20
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