



# Group Value Formulary

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### **What is my prescription drug coverage?**

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

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

### **What is the Group Value Formulary?**

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

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

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

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

### **Does the formulary ever change?**

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

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

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

### **How am I notified of changes to the formulary?**

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

### **What are brand-name and generic drugs?**

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

### **What is generic substitution?**

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

### **What are Specialty drugs?**

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

**What are pharmaceutical management procedures?**

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

**Are there any restrictions on my coverage?**

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

**How do I request an exception to the Group Value formulary?**

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

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

**What drugs are not covered by my prescription drug benefit?**

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

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

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

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

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

### **How can I save money on prescriptions?**

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

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

### **Contraceptive Coverage**

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

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

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

### **Preventive Care Medications & Medications Covered Under Health Care Reform**

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

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

### **Smoking Cessation Medication Coverage**

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

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

### **Diabetic Supplies**

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

### **Oral Oncology Program**

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

## Reading your formulary

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

### Tier information

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

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

### Drug list information

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

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



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

Drug Name	Drug Tier	Notes
hydrocodone-acetaminophen oral tablet	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral	1	QL
hydromorphone hcl rectal	1	QL
ibudone oral tablet 5-200 mg	1	QL
lorcet	1	QL
lorcet hd	1	QL
lorcet plus	1	QL
LORTAB	2	QL
methadone hcl intensol	1	
methadone hcl oral concentrate	1	
methadone hcl oral solution	1	
methadone hcl oral tablet	1	PA
methadone hcl oral tablet soluble	1	
methadose oral concentrate 10 mg/ml	1	
methadose oral tablet soluble	1	
methadose sugar-free	1	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
morphine sulfate er oral tablet extended release	1	PA; QL
morphine sulfate oral	1	QL
morphine sulfate rectal	1	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA; QL
OXYCODONE HCL ER	1	PA; QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral concentrate 100 mg/5ml	1	QL

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

Drug Name	Drug Tier	Notes
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen	1	QL
oxycodone-aspirin	1	QL
OXYCONTIN	2	PA; QL
pentazocine-naloxone hcl	1	QL
phrenilin forte oral capsule 50-300-40 mg	1	
tencon	1	
tramadol hcl er (biphasic)	1	QL
tramadol hcl er oral tablet extended release 24 hour	1	QL
tramadol hcl ir	1	QL
tramadol-acetaminophen	1	QL
vicodin es	1	QL
vicodin hp	1	QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
aspirin adult	0	PV
aspirin adult low strength oral tablet delayed release	0	PV
aspirin childrens	0	PV
aspirin ec low dose	0	PV
aspirin ec low strength	0	PV
aspirin low dose	0	PV
aspirin oral tablet	0	PV
aspirin oral tablet delayed release 325 mg	0	PV
celecoxib oral	1	QL
choline-mag trisalicylate	1	
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL

Drug Name	Drug Tier	Notes
diclofenac sodium transdermal solution	3	PA
diclofenac-misoprostol	3	
diflunisal oral	1	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
fenoprofen calcium oral capsule 400 mg	1	
fenoprofen calcium oral tablet	1	
flurbiprofen oral	1	
goodsense aspirin low dose	0	PV
ibu	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	2	
indomethacin er	1	
indomethacin oral	1	
isometheptene-dichloral-apap oral capsule 65-100-325 mg	1	
ketoprofen er	1	
ketoprofen oral	1	
ketorolac tromethamine oral	1	QL
klofensaid ii transdermal solution 1.5 %	3	PA
meclofenamate sodium oral	1	
medique aspirin	0	PV
mefenamic acid oral	3	
meloxicam oral	1	
nabumetone oral	1	
naproxen dr	1	
naproxen oral	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	

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
oxaprozin	1	
piroxicam oral	1	
profeno oral tablet 600 mg	1	
qc aspirin low dose oral tablet delayed release	0	PV
salsalate oral	1	
sulindac oral	1	
tolmetin sodium	1	
<b>Anesthetics</b>		
glydo external gel 2 %	1	
lidocaine external ointment	1	
lidocaine external patch	1	
lidocaine hcl external gel 2 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal external gel	1	
lidocaine pak external ointment 5 %	1	
lidocaine-prilocaine external cream	1	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	3	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	0	PV; QL; AL (Min 18 Years)

Drug Name	Drug Tier	Notes
CHANTIX	0	ST; PV; QL; AL (Min 18 Years)
CHANTIX CONTINUING MONTH PAK	0	ST; PV; QL; AL (Min 18 Years)
CHANTIX STARTING MONTH PAK	0	ST; PV; QL; AL (Min 18 Years)
disulfiram oral	1	
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	
nicotine polacrilex mouth/throat	0	PV; QL; AL (Min 18 Years)
nicotine step 1	0	PV; QL; AL (Min 18 Years)
nicotine step 2	0	PV; QL; AL (Min 18 Years)
nicotine step 3	0	PV; QL; AL (Min 18 Years)
NICOTROL	0	ST; PV; QL; AL (Min 18 Years)
NICOTROL NS	0	ST; PV; QL; AL (Min 18 Years)
SUBOXONE	3	QL
<b>Antibacterials</b>		
amoxicillin	1	
amoxicillin-potassium clavulanate er	1	
amoxicillin-potassium clavulanate oral	1	

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
ampicillin	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	2	
avidoxy	1	
azithromycin oral	1	
BACTROBAN NASAL NASAL OINTMENT 2 %	2	
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefpodoxime proxetil	1	
cefprozil	1	
ceftibuten oral capsule 400 mg	1	
ceftibuten oral suspension reconstituted 180 mg/5ml	1	
CEFTIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML	2	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
ciprofloxacin oral	1	
ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	

Drug Name	Drug Tier	Notes
clindamycin phosphate vaginal	1	
CLINDESSE	3	
demeclocycline hcl	3	
dicloxacillin sodium	1	
DIFICID	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
E.E.S. 400	1	
ERYPED 400	2	
ERY-TAB	2	
erythromycin base	1	
erythromycin ethylsuccinate oral	1	
FIRVANQ	3	
gentamicin sulfate external	1	
levofloxacin oral	1	
linezolid oral	3	QL
methenamine hippurate	1	
methenamine mandelate oral	1	
metronidazole oral	1	
metronidazole vaginal	1	
minocycline hcl oral	1	
mondoxyne nl oral capsule 100 mg, 50 mg	1	
MONUROL	3	
morgidox oral	1	
moxifloxacin hcl oral	1	
mupirocin calcium	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
mupirocin external	1	
neomycin sulfate oral	1	
nitrofurantoin	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
paromomycin sulfate oral	3	
penicillin v potassium	1	
silver sulfadiazine external	1	
ssd	1	
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	2	
SUPRAX ORAL TABLET CHEWABLE	2	
tetracycline hcl oral	1	
tinidazole oral	1	
trimethoprim oral	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 1000 mg, 500 mg, 750 mg	3	
vancomycin hcl oral	3	
vandazole	1	
VIBRAMYCIN ORAL SYRUP	2	
XIFAXAN	3	PA
<b>Anticoagulants</b>		
ARIXTRA	SP3	QL
COUMADIN	2	
ELIQUIS	2	QL

Drug Name	Drug Tier	Notes
ELIQUIS STARTER PACK	2	QL
enoxaparin sodium subcutaneous	1	QL
fondaparinux sodium	SP1	QL
FRAGMIN	SP3	QL
heparin sodium (porcine)	1	
heparin sodium (porcine) pf	1	
jantoven	1	
LOVENOX SUBCUTANEOUS	SP3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
APTIOM	3	
BANZEL	SP2	PA
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	2	
CELONTIN	2	
clobazam	3	PA
DEPAKENE ORAL CAPSULE 250 MG	2	
DEPAKENE ORAL SOLUTION 250 MG/5ML	2	
DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLES	2	
DIASTAT ACUDIAL	2	QL
DIASTAT PEDIATRIC	2	QL
diazepam rectal	1	QL
DILANTIN	2	
DILANTIN INFATABS	2	
divalproex sodium er	1	
divalproex sodium oral	1	

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
EPIDIOLEX	SP2	PA
epitol	1	
ethosuximide oral	1	
felbamate	1	
FELBATOL	2	
FYCOMPA	3	
gabapentin oral	1	
GABITRIL	2	
KEPPRA ORAL	2	
KEPPRA XR	2	
LAMICTAL	2	
LAMICTAL STARTER	2	
lamotrigine er	3	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral	1	
MYSOLINE	2	
NEURONTIN	2	
oxcarbazepine	1	
OXTELLAR XR	3	
phenobarbital oral	1	
PHENYTEK	2	
phenytoin infatabs	1	
phenytoin oral	1	

Drug Name	Drug Tier	Notes
phenytoin sodium extended	1	
primidone oral	1	
roweepra	1	
roweepra xr	1	
SABRIL	SP3	PA
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	2	
TEGRETOL-XR	2	
tiagabine hcl	1	
TOPAMAX	2	
TOPAMAX SPRINKLE	2	
topiramate oral	1	
TRILEPTAL	2	
valproate sodium oral solution 250 mg/5ml	1	
valproic acid oral	1	
vigabatrin	SP1	PA
vigadrone	SP1	PA
VIMPAT ORAL	3	
ZARONTIN	2	
ZONEGRAN	2	
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
donepezil hcl	1	
galantamine hydrobromide er	1	
galantamine hydrobromide oral tablet	1	
memantine hcl er	1	QL
memantine hcl oral	1	

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
NAMENDA XR TITRATION PACK	2	QL
rivastigmine	1	
rivastigmine tartrate	1	
<b>Antidepressants</b>		
amitriptyline hcl oral	1	
amoxapine	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
chlordiazepoxide-amitriptyline	1	
citalopram hydrobromide	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
escitalopram oxalate	1	
FETZIMA	3	QL
FETZIMA TITRATION	3	QL
fluoxetine hcl (pmdd) oral capsule 10 mg, 20 mg	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
imipramine hcl oral	1	
imipramine pamoate	3	

Drug Name	Drug Tier	Notes
maprotiline hcl	1	
mirtazapine oral	1	
nefazodone hcl	1	
nortriptyline hcl oral	1	
paroxetine hcl	1	
paroxetine hcl er	1	
PAXIL ORAL SUSPENSION	2	
phenelzine sulfate oral	1	
protriptyline hcl	1	
sertraline hcl oral	1	
tranylcypromine sulfate	1	
trazodone hcl oral	1	
trimipramine maleate oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	QL
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
aprepitant	3	QL
BONJESTA	3	PA; QL
compro	1	
DICLEGIS	3	PA; QL
doxylamine-pyridoxine	3	PA; QL
dronabinol	3	PA; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
granisetron hcl oral	3	QL
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	QL

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
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine edisylate injection	1	
prochlorperazine maleate oral	1	
scopolamine	1	
trimethobenzamide hcl oral	1	
<b>Antifungals</b>		
bio-statin oral powder	1	
ciclodan	1	
ciclodan external cream 0.77 %	1	
ciclopirox	1	
ciclopirox olamine external	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	SP3	
econazole nitrate external	1	
EXELDERM	2	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
itraconazole oral	1	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
naftifine hcl	1	

Drug Name	Drug Tier	Notes
NAFTIN EXTERNAL GEL 2 %	2	
NOXAFIL ORAL SUSPENSION	2	
nyamyc	1	
nyata external powder 100000 unit/gm	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole nitrate	1	
OXISTAT EXTERNAL LOTION	2	
posaconazole	1	
terbinafine hcl oral	1	QL
terconazole	1	
voriconazole oral	3	
<b>Antigout Agents</b>		
allopurinol oral	1	
COLCHICINE ORAL	1	
colchicine-probenecid	1	
febuxostat	3	
probenecid	1	
<b>Antimigraine Agents</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
almotriptan malate	3	QL
dihydroergotamine mesylate injection	1	
dihydroergotamine mesylate nasal	1	QL
eletriptan hydrobromide	3	QL
EMGALITY	2	PA; QL

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
EMGALITY (300 MG DOSE)	2	PA; QL
ergotamine-caffeine	1	
frovatriptan succinate	3	QL
MIGERGOT	3	
naratriptan hcl	1	QL
rizatriptan benzoate	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous solution	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
zolmitriptan oral	3	QL
<b>Antimyasthenic Agents</b>		
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet 60 mg	1	
<b>Antimycobacterials</b>		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
pyrazinamide oral	1	
rifabutin	3	
rifampin oral	1	
SIRTURO	SP3	
<b>Antineoplastics - Drugs for Cancer</b>		
abiraterone acetate	SP1	PA; SF
AFINITOR	SP2	PA; QL
AFINITOR DISPERZ	SP2	PA
ALECENSA	SP2	PA

Drug Name	Drug Tier	Notes
ALUNBRIG	SP2	PA; QL
anastrozole oral	1	
BALVERSA	SP2	PA; SF
bexarotene	SP1	PA; SF
bicalutamide	1	
BOSULIF	SP2	PA; SF
BRAFTOVI	SP2	PA
CABOMETYX	SP2	PA; SF
CALQUENCE	SP2	PA; SF
capecitabine	SP1	PA
CAPRELSA ORAL TABLET 100 MG	SP2	PA; QL
CAPRELSA ORAL TABLET 300 MG	SP2	PA
COMETRIQ (100 MG DAILY DOSE)	SP2	PA
COMETRIQ (140 MG DAILY DOSE)	SP2	PA
COMETRIQ (60 MG DAILY DOSE)	SP2	PA
COPIKTRA	SP2	PA; SF
COTELLIC	SP2	PA
cyclophosphamide oral	1	
DAURISMO	SP2	PA; SF
DROXIA	3	
ERIVEDGE	SP2	PA; SF
ERLEADA	SP2	PA
erlotinib hcl oral tablet 100 mg, 150 mg	SP1	PA; SF
erlotinib hcl oral tablet 25 mg	SP1	PA; SF; QL
etoposide oral	SP1	
exemestane	1	
FARESTON	SP2	
FARYDAK	SP2	PA
flutamide	1	
GILOTRIF	SP2	PA; QL
GLEEVEC	SP2	PA

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

Drug Name	Drug Tier	Notes
GLEOSTINE	SP2	
HEXALEN ORAL CAPSULE 50 MG	SP2	
HYCAMTIN ORAL	SP2	
hydroxyurea oral	1	
IBRANCE	SP2	PA
ICLUSIG ORAL TABLET 15 MG	SP2	PA; QL
ICLUSIG ORAL TABLET 45 MG	SP2	PA
IDHIFA	SP2	PA; QL
imatinib mesylate	SP1	PA
IMBRUVICA	SP2	PA
INLYTA	SP2	PA; SF
IRESSA	SP2	PA
JAKAFI ORAL TABLET 10 MG	SP2	PA; SF; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	SP2	PA; SF
KISQALI (200 MG DOSE)	SP2	PA
KISQALI (400 MG DOSE)	SP2	PA
KISQALI (600 MG DOSE)	SP2	PA
LENVIMA (10 MG DAILY DOSE)	SP2	PA
LENVIMA (12 MG DAILY DOSE)	SP2	PA
LENVIMA (14 MG DAILY DOSE)	SP2	PA
LENVIMA (18 MG DAILY DOSE)	SP2	PA
LENVIMA (20 MG DAILY DOSE)	SP2	PA
LENVIMA (24 MG DAILY DOSE)	SP2	PA
LENVIMA (4 MG DAILY DOSE)	SP2	PA

Drug Name	Drug Tier	Notes
LENVIMA (8 MG DAILY DOSE)	SP2	PA
letrozole oral	1	
leucovorin calcium oral	1	
LEUKERAN	2	
LONSURF	SP2	PA
LORBRENA	SP2	PA; SF
LYNPARZA ORAL CAPSULE 50 MG	SP2	PA
LYSODREN	SP2	
MATULANE	SP2	
MEKINIST	SP2	PA
MEKTOVI	SP2	PA
melphalan	1	
mercaptopurine oral	1	
MYLERAN	2	
NERLYNX	SP2	PA; SF; QL
NEXAVAR	SP2	PA; SF
NILANDRON	SP2	
nilutamide	SP1	
NINLARO	SP2	PA
NUBEQA	SP2	PA; SF
ODOMZO	SP2	PA
PIQRAY (200 MG DAILY DOSE)	SP2	PA
PIQRAY (250 MG DAILY DOSE)	SP2	PA
PIQRAY (300 MG DAILY DOSE)	SP2	PA
POMALYST	SP2	PA
PURIXAN	SP2	
REVLIMID	SP2	PA
ROZLYTREK	SP2	PA; SF
RUBRACA	SP2	PA; SF
RYDAPT	SP2	PA
SPRYCEL	SP2	PA; SF
STIVARGA	SP2	PA
SUTENT	SP2	PA

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
SYLATRON	SP3	PA	XALKORI	SP2	PA; SF
SYNRIBO	SP2	PA	XELODA	SP2	PA
TAFINLAR	SP2	PA; SF	XOSPATA	SP2	PA
TAGRISSE ORAL TABLET 40 MG	SP2	PA; QL	XPOVIO (100 MG ONCE WEEKLY)	SP2	PA
TAGRISSE ORAL TABLET 80 MG	SP2	PA	XPOVIO (60 MG ONCE WEEKLY)	SP2	PA
TALZENNA	SP2	PA; SF	XPOVIO (80 MG ONCE WEEKLY)	SP2	PA
tamoxifen citrate oral tablet 10 mg	1		XPOVIO (80 MG TWICE WEEKLY)	SP2	PA
tamoxifen citrate oral tablet 20 mg	1	PV	XTANDI	SP2	PA; SF
TARCEVA ORAL TABLET 100 MG, 150 MG	SP2	PA; SF	YONSA	SP2	PA; SF
TARCEVA ORAL TABLET 25 MG	SP2	PA; SF; QL	ZEJULA	SP2	PA; SF
TARGRETIN EXTERNAL	SP2	PA	ZELBORAF	SP2	PA
TARGRETIN ORAL	SP2	PA; SF	ZOLINZA	SP2	PA; SF
TASIGNA	SP2	PA	ZYDELIG	SP2	PA
TEMODAR ORAL	SP2	PA	ZYKADIA ORAL CAPSULE 150 MG	SP2	PA; SF
temozolomide	SP1	PA	ZYTIGA	SP2	PA; SF
THALOMID	SP2	PA	<b>Antiparasitics</b>		
TIBSOVO	SP2	PA; SF	albendazole oral	1	PA
toremifene citrate	SP1		atovaquone oral	3	
tretinoin oral	SP1		atovaquone-proguanil hcl	1	
TURALIO	SP2	PA	chloroquine phosphate oral	1	
TYKERB	SP2	PA	COARTEM	2	
VALCHLOR	SP3	PA	crotan	1	
VENCLEXTA	SP2	PA	DARAPRIM	2	
VENCLEXTA STARTING PACK	SP2	PA	EURAX EXTERNAL CREAM	2	
VERZENIO	SP2	PA; SF	hydroxychloroquine sulfate oral	1	
VITRAKVI ORAL CAPSULE	SP2	PA; SF	IMPAVIDO	SP3	
VITRAKVI ORAL SOLUTION	SP2	PA	ivermectin oral	1	
VIZIMPRO	SP2	PA; SF	lindane	1	
VOTRIENT	SP2	PA; SF	malathion	3	
			mefloquine hcl	1	
			NEBUPENT	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
permethrin external	1	
praziquantel oral	3	
primaquine phosphate	1	
quinine sulfate oral	1	PA
spinosad	3	
<b>Antiparkinson Agents</b>		
amantadine hcl oral	1	
APOKYN	SP3	PA; QL
benztropine mesylate oral	1	
bromocriptine mesylate oral	1	
carbidopa oral	3	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet dispersible	3	
carbidopa-levodopa-entacapone	3	
entacapone	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
ropinirole hcl er	3	
selegiline hcl oral	1	
tolcapone	3	
trihexyphenidyl hcl oral elixir	1	
trihexyphenidyl hcl oral tablet	1	
<b>Antiplatelets</b>		
aspirin-dipyridamole er	1	
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
prasugrel hcl	1	

Drug Name	Drug Tier	Notes
<b>Antipsychotics - Drugs for Mood Disorders</b>		
aripiprazole	1	QL
chlorpromazine hcl oral	1	
clozapine oral tablet	1	QL
clozapine oral tablet dispersible	3	QL
FANAPT	3	QL
FANAPT TITRATION PACK	3	QL
fluphenazine hcl oral	1	
haloperidol lactate oral	1	
haloperidol oral	1	
LATUDA	3	QL
loxapine succinate	1	
olanzapine oral	1	QL
paliperidone er	3	QL
pimozide	1	
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
risperidone	1	QL
risperidone m-tab oral tablet dispersible 0.5 mg, 1 mg, 2 mg	1	QL
SAPHRIS	3	QL
thioridazine hcl oral	1	
thiothixene	1	
trifluoperazine hcl	1	
VRAYLAR	3	QL
ziprasidone hcl	1	QL
<b>Antivirals</b>		
abacavir sulfate	SP1	
abacavir sulfate-lamivudine	SP1	
abacavir-lamivudine-zidovudine	SP1	
acyclovir external	1	
acyclovir oral	1	

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
adefovir dipivoxil	SP1		ISENTRESS HD	SP2	
APTIVUS	SP2		JULUCA	SP2	
atazanavir sulfate	SP1		KALETRA	SP2	
ATRIPLA	SP2		lamivudine oral solution	SP1	
BARACLUDE ORAL SOLUTION	SP2	QL	lamivudine oral tablet 100 mg	1	
BARACLUDE ORAL TABLET	SP3	QL	lamivudine oral tablet 150 mg, 300 mg	SP1	
BIKTARVY	SP2		lamivudine-zidovudine	SP1	
CIMDUO	SP2		LEXIVA	SP2	
COMBIVIR	SP3		lopinavir-ritonavir	SP1	
COMPLERA	SP2		MAVYRET	SP2	PA; QL
CRIXIVAN	SP2		moderiba oral tablet 200 mg	SP1	
DELSTRIGO	SP2		nevirapine	SP1	
DESCOVY	SP2	PA	nevirapine er	SP1	
didanosine	SP1		NORVIR	SP2	
DOVATO	SP2		NORVIR ORAL CAPSULE 100 MG	SP2	
EDURANT	SP2		ODEFSEY	SP2	
efavirenz	SP1		oseltamivir phosphate oral	1	QL
EMTRIVA	SP2		PEGASYS	SP2	PA
entecavir	SP1	QL	PEGASYS PROCLICK	SP2	PA
EPCLUSA	SP2	PA; QL	PEGINTRON	SP2	PA
EPIVIR	SP3		PIFELTRO	SP2	
EPIVIR HBV ORAL SOLUTION	2		PREZCOBIX	SP2	
EPZICOM	SP3		PREZISTA	SP2	
EVOTAZ	SP2		RESCRIPTOR	SP2	
famciclovir	1		RETROVIR ORAL	SP3	
fosamprenavir calcium	SP1		REYATAZ	SP2	
FUZEON	SP2	QL	ribasphere oral capsule 200 mg	SP1	
GENVOYA	SP2		ribasphere oral tablet 200 mg	SP1	
HARVONI	SP2	PA; QL	ribavirin oral	SP1	
HEPSERA	SP3		rimantadine hcl	1	
INTELENCE	SP2		ritonavir	1	
INTRON A	SP3	PA			
INVIRASE ORAL CAPSULE 200 MG	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
SELZENTRY	SP2	PA
stavudine	SP1	
STRIBILD	SP2	
SUSTIVA	SP3	
SYMFI	SP2	
SYMFI LO	SP2	
SYMTUZA	SP2	
TEMIXYS	SP2	
tenofovir disoproxil fumarate	SP1	
TIVICAY	SP2	
TRIUMEQ	SP2	
TRIZIVIR	SP3	
TRUVADA	SP2	
TYBOST	SP2	
valacyclovir hcl oral	1	QL
valganciclovir hcl	SP1	
VEMLIDY	SP2	
VIDEX	SP2	
VIDEX EC	SP3	
VIRACEPT	SP2	
VIRAMUNE	SP3	
VIRAMUNE XR	SP3	
VIREAD	SP2	
XOFLUZA	3	QL
ZERIT	SP3	
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML	SP3	
ZIAGEN ORAL SOLUTION	SP2	
ZIAGEN ORAL TABLET	SP3	
zidovudine	SP1	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	QL
alprazolam oral tablet	1	QL
alprazolam xr	1	QL

Drug Name	Drug Tier	Notes
buspirone hcl oral	1	
chlordiazepoxide hcl	1	QL
clonazepam oral	1	QL
clorazepate dipotassium	1	QL
diazepam intensol	1	
diazepam oral	1	
estazolam	1	QL
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	2	QL
lorazepam intensol	1	QL
lorazepam oral concentrate 2 mg/ml	1	QL
lorazepam oral tablet	1	QL
meprobamate	1	
oxazepam	1	QL
triazolam	1	QL
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
<b>Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders</b>		
anagrelide hcl	1	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	SP2	PA
NEULASTA	SP3	PA
NEULASTA ONPRO	SP3	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	SP3	PA
PROMACTA	SP3	PA
tranexamic acid 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
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
acebutolol hcl oral	1	
acetazolamide oral tablet 125 mg	1	
afeditab cr	1	
ALDACTAZIDE ORAL TABLET 50-50 MG	2	
aliskiren fumarate	3	
amiloride hcl oral	1	
amiloride- hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate- benazepril hcl	1	
amlodipine besylate- valsartan	1	
amlodipine-atorvastatin	3	
amlodipine-olmesartan	1	
amlodipine-valsartan- hctz	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
	1	PV; AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 10 mg, 20 mg	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril- hydrochlorothiazide	1	
betaxolol hcl oral	1	
bisoprolol fumarate	1	
bisoprolol- hydrochlorothiazide	1	
bumetanide oral	1	

Drug Name	Drug Tier	Notes
BYSTOLIC	3	
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
captopril- hydrochlorothiazide	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	
CAROSPIR	3	
cartia xt	1	
carvedilol	1	
chlorothiazide	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
choline fenofibrate	1	
clonidine	1	
clonidine hcl oral	1	
CLORPRES ORAL TABLET 0.1-15 MG, 0.2- 15 MG, 0.3-15 MG	2	
colesevelam hcl	3	
COLESTID FLAVORED ORAL PACKET	2	
COLESTID ORAL PACKET	2	
colestipol hcl	1	
CORLANOR	3	PA; QL
digitek	1	
digox	1	
digoxin oral	1	
DILATRATE-SR	2	
diltiazem cd oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er	1	

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



Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
diltiazem hcl er beads	1		gemfibrozil oral	1	
diltiazem hcl er coated beads	1		guanfacine hcl	1	
diltiazem hcl oral	1		hydralazine hcl oral	1	
dilt-xr	1		hydrochlorothiazide oral	1	
disopyramide phosphate	1		indapamide	1	
DIURIL	2		irbesartan	1	
dofetilide	3		irbesartan-hydrochlorothiazide	1	
doxazosin mesylate oral	1		ISORDIL TITRADOSE ORAL TABLET 40 MG	2	
enalapril maleate oral	1		isosorbide dinitrate	1	
enalapril-hydrochlorothiazide	1		isosorbide dinitrate er	1	
ENTRESTO	3	QL	isosorbide mononitrate	1	
EPANED	3		isosorbide mononitrate er	1	
eplerenone	1		isradipine	1	
eprosartan mesylate	1		JUXTAPID	SP3	PA; QL
ezetimibe	1		labetalol hcl oral	1	
ezetimibe-simvastatin	1		LANOXIN ORAL TABLET 125 MCG, 250 MCG	2	
felodipine er	1		lisinopril oral	1	
fenofibrate micronized	1		lisinopril-hydrochlorothiazide	1	
fenofibrate oral capsule	1		losartan potassium	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1		losartan potassium-hctz	1	
fenofibric acid	1			1	PV; AL (Min 40 Years and Max 75 Years)
FIBRICOR	1		lovastatin		
flecainide acetate	1		matzim la	1	
	1	PV; AL (Min 40 Years and Max 75 Years)	methyclothiazide oral tablet 5 mg	1	
fluvastatin sodium			methyldopa	1	
	1	PV; AL (Min 40 Years and Max 75 Years)	methyldopa-hydrochlorothiazide	1	
fluvastatin sodium er			metolazone	1	
fosinopril sodium	1		metoprolol succinate er	1	
fosinopril sodium-hctz	1		metoprolol tartrate oral	1	
furosemide 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
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
midodrine hcl	1	
minitran	1	
minoxidil oral	1	
moexipril hcl	1	
moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg	1	
MULTAQ	2	
nadolol oral	1	
nadolol-bendroflumethiazide oral tablet 40-5 mg	1	
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nimodipine oral	3	
NITRO-BID	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
nitroglycerin er	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	1	
nitro-time	1	
NORPACE CR	2	
NORTHERA	SP3	PA
NYMALIZE	SP3	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	

Drug Name	Drug Tier	Notes
olmesartan-amlodipine-hctz	1	
omega-3-acid ethyl esters	3	
pacerone oral tablet 200 mg	1	
pentoxifylline er	1	
perindopril erbumine	1	
phenoxybenzamine hcl oral	1	
pindolol	1	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/ML	SP3	QL
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	SP3	QL
pravastatin sodium	1	PV; AL (Min 40 Years and Max 75 Years)
prazosin hcl oral	1	
prevalite	1	
propafenone hcl	1	
propafenone hcl er	3	
propranolol hcl er	1	
propranolol hcl oral	1	
propranolol-hctz	1	
QBRELIS	3	
quinapril hcl	1	
quinapril-hydrochlorothiazide	1	
quinidine gluconate er	1	
quinidine sulfate	1	
ramipril	1	
ranolazine er	3	
REPATHA	SP3	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
REPATHA PUSHTRONEX SYSTEM	SP3	QL
REPATHA SURECLICK	SP3	QL
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	PV; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
simvastatin oral	1	PV; AL (Min 40 Years and Max 75 Years)
sorine	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral	1	
spironolactone-hctz	1	
taztia xt	1	
TEKTURNA HCT	3	
telmisartan	1	
telmisartan-hctz	1	
tiadyt er	1	
timolol maleate oral	1	
torseamide	1	
trandolapril	1	
trandolapril-verapamil hcl er	3	
triamterene-hctz	1	
triklo oral capsule 1 gm	3	
valsartan	1	
valsartan- hydrochlorothiazide	1	
VASCEPA	3	
VECAMYL	3	
verapamil hcl er	1	
verapamil hcl oral	1	

Drug Name	Drug Tier	Notes
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
amphetamine sulfate	3	QL
amphetamine- dextroamphetamine	1	QL
amphetamine- dextroamphetamine er	1	QL
atomoxetine hcl	1	QL
clonidine hcl er	1	
DAYTRANA	2	QL
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	3	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral tablet	1	QL
guanfacine hcl er	1	
metadate er	1	QL
methamphetamine hcl	3	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	1	QL
methylphenidate hcl er oral tablet extended release 24 hour	1	QL
methylphenidate hcl oral	1	QL
QUILLICHEW ER	3	QL
QUILLIVANT XR	3	QL
VYVANSE	2	QL

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

Drug Name	Drug Tier	Notes
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	SP3	PA; QL
AUBAGIO	SP3	PA; QL
AVONEX PEN	SP2	PA; QL
AVONEX PREFILLED	SP2	PA; QL
AVONEX VIAL INTRAMUSCULAR KIT INTRAMUSCULAR KIT 30 MCG	SP2	PA; QL
COPAXONE	SP2	PA; QL
dalfampridine er	SP1	PA; QL
EXTAVIA	SP2	PA; QL
GILENYA	SP2	PA; QL
glatiramer acetate	SP1	PA; QL
glatopa	SP1	PA; QL
PLEGRIDY	SP2	PA; QL
PLEGRIDY STARTER PACK	SP2	PA; QL
TECFIDERA	SP2	PA; QL
<b>Central Nervous System Agents - Miscellaneous</b>		
caffeine citrate oral	3	
pregabalin oral	1	QL
riluzole	3	PA; QL
SAVELLA	3	QL
SAVELLA TITRATION PACK	3	QL
tetrabenazine	SP1	PA
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
cavarest	1	
cevimeline hcl	3	
chlorhexidine gluconate mouth/throat	1	
clinpro 5000	1	
denta 5000 plus	1	

Drug Name	Drug Tier	Notes
dentagel	1	
fluoridex	1	
fluoridex enhanced whitening	1	
fluoridex sensitivity relief	1	
lidocaine viscous mouth/throat solution 2 %	1	
neutragard advanced dental gel 1.1 %	1	
neutral sodium fluoride	1	
oralone	1	
paroex	1	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	2	
PREVIDENT 5000 DRY MOUTH	2	
PREVIDENT 5000 ENAMEL PROTECT	2	
PREVIDENT 5000 ORTHO DEFENSE	2	
PREVIDENT 5000 PLUS	2	
PREVIDENT 5000 SENSITIVE	2	
PREVIDENT DENTAL	2	
prevident mouth/throat	1	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
acitretin	3	
adapalene external gel 0.3 %	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
AKTIPAK	2	
ala-cort external cream 2.5 %	1	
alclometasone dipropionate	1	
amcinonide external cream	3	
amcinonide external lotion	3	
amnesteem	1	PA
avar cleanser	1	
avita	1	AL (Max 40 Years)
azelaic acid external	3	
AZELEX	2	
benzoyl peroxide-erythromycin	1	
beser external lotion	3	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
calcipotriene	3	
calcipotriene-betameth diprop	3	QL
calcitriol external	3	
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	

Drug Name	Drug Tier	Notes
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol prop emollient base	1	
clobetasol propionate e	1	
clobetasol propionate emulsion	3	
clobetasol propionate external cream	1	
clobetasol propionate external foam	3	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	3	
clobetasol propionate external solution	1	
clodan external shampoo	3	
clotrimazole-betamethasone	1	
CONDYLOX	2	
cormax scalp application external solution 0.05 %	1	
dermazene	1	
desonide external	1	
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	1	
desoximetasone external liquid	3	
desoximetasone external ointment 0.25 %	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
diclofenac sodium transdermal gel 3 %	3	QL	fluticasone propionate external lotion	3	
diflorasone diacetate external cream	3		fluticasone propionate external ointment	1	
diflorasone diacetate external ointment	1		gordons urea	1	
DRYSOL	2		halobetasol propionate external cream	1	
DUPIXENT	SP2	PA; QL	halobetasol propionate external ointment	1	
ELIDEL	2	ST	hydrocortisone ace-pramoxine external	1	
EPIFOAM	2		hydrocortisone butyrate external cream	1	
ery	1		hydrocortisone butyrate external ointment	1	
erythromycin external	1		hydrocortisone butyrate external solution	1	
erythromycin external pad 2 %	1		hydrocortisone butyrate external cream 2.5 %	1	
EUCRISA	2	ST	hydrocortisone external lotion 2.5 %	1	
FINACEA EXTERNAL FOAM	3	ST	hydrocortisone external ointment 2.5 %	1	
fluocinolone acetonide body	1		hydrocortisone valerate	1	
fluocinolone acetonide external	1		hydrocortisone-iodoquinol	1	
fluocinolone acetonide scalp	1		imiquimod external	1	
fluocinonide emulsified base	1		isotretinoin oral	1	PA
fluocinonide external cream 0.05 %	1		methoxsalen oral	3	
fluocinonide external cream 0.1 %	3		methoxsalen rapid	3	
fluocinonide external gel	1		metronidazole external	1	
fluocinonide external ointment	1		mometasone furoate external	1	
fluocinonide external solution	1		myorisan	1	PA
FLUOROPLEX	2		neuac external gel	1	
fluorouracil external cream 5 %	1		PICATO	3	ST
fluorouracil external solution	1		pimecrolimus	1	
fluticasone propionate external cream	1		podocon	1	
			podofilox external	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
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL LOTION	2	
PRAMOSONE EXTERNAL OINTMENT	2	
prednicarbate	1	
rea lo 40 external cream 40 %	1	
REGRANEX	2	PA
rosadan external cream	1	
rosadan external gel	1	
rosanil cleanser external emulsion 10-5 %	1	
SANTYL	2	
seb-prev wash external liquid 10 %	1	
selenium sulfide external lotion	1	
selenium sulfide external shampoo 2.25 %	1	
sodium sulfacetamide wash liquid 10 % external	1	
SODIUM SULFACETAMIDE WASH LIQUID 10 % EXTERNAL	2	
sss 10-5 external foam	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external liquid	1	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	

Drug Name	Drug Tier	Notes
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide-sulfur in urea	3	
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external	1	
tazarotene external	1	AL (Max 40 Years)
TAZORAC EXTERNAL CREAM 0.05 %	2	AL (Max 40 Years)
TAZORAC EXTERNAL GEL	2	AL (Max 40 Years)
TEXACORT	2	
tovet external foam	3	
tretinoin external cream	1	AL (Max 40 Years)
tretinoin external gel 0.01 %, 0.025 %	1	AL (Max 40 Years)
tretinoin external gel 0.05 %	3	AL (Max 40 Years)
tretinoin microsphere	1	AL (Max 40 Years)
tretinoin microsphere pump	1	AL (Max 40 Years)
TRETIN-X EXTERNAL CREAM 0.075 %	2	AL (Max 40 Years)
triamcinolone acetonide external aerosol solution	3	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	
urea external cream 40 %	1	
uremez-40	1	

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
zenatane	1	PA
<b>Diabetes - Antidiabetic Agents</b>		
acarbose oral	1	
BYDUREON	2	QL
BYDUREON BCISE AUTOINJECTOR	2	QL
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG	2	QL
BYETTA 10 MCG PEN	2	QL
BYETTA 5 MCG PEN	2	QL
chlorpropamide oral tablet 100 mg, 250 mg	1	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glipizide-metformin hcl	1	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
INVOKAMET	2	
INVOKANA	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
metformin hcl er	1	
metformin hcl oral tablet	1	
miglitol	3	
nateglinide	1	
OZEMPIC	2	QL
pioglitazone hcl	1	

Drug Name	Drug Tier	Notes
pioglitazone hcl-glimepiride	3	
pioglitazone hcl-metformin hcl	3	
repaglinide	1	
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	
tolazamide oral tablet 250 mg, 500 mg	1	
tolbutamide	1	
TRADJENTA	2	
TRULICITY	2	QL
VICTOZA	2	QL
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK AVIVA DEVICE	1	
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	1	
ACCU-CHEK AVIVA PLUS	1	
ACCU-CHEK AVIVA PLUS TEST STRIPS	1	QL
ACCU-CHEK COMPACT PLUS CARE KIT	1	
ACCU-CHEK COMPACT PLUS CONTROL	1	
ACCU-CHEK COMPACT PLUS TEST STRIPS	1	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK GUIDE	1	
ACCU-CHEK GUIDE CONTROL	1	
ACCU-CHEK GUIDE TEST STRIPS	1	QL
ACCU-CHEK GUIDE ME	1	

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



Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	1		EASYPLUS BLOOD GLUCOSE TEST	2	QL
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	1		EMBRACE TALK BLOOD GLUCOSE	2	
ACCU-CHEK SMARTVIEW CONTROL	1		EMBRACE TALK GLUCOSE CONTROL	2	
ACCU-CHEK SMARTVIEW TEST STRIPS	1	QL	EMBRACE TALK GLUCOSE TEST	2	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		EMBRACE TALK MONITORING SYSTEM	2	
AUTOLET LANCING DEVICE	2		FORA GTEL BLOOD GLUCOSE SYSTEM	2	
BAYER CONTOUR IN VITRO LIQUID HIGH , LOW , NORMAL	2		FORA GTEL BLOOD GLUCOSE TEST	2	QL
BIOTEL CARE BLOOD GLUCOSE SYST	2		FORTISCARE CONTROL	2	
CARETOUCH LANCING/EJECTOR	2		FREESTYLE FREEDOM LITE	2	
CEQUR SIMPLICITY	2		FREESTYLE INSULINX SYSTEM	2	
CHEMSTRIP UGK	1		FREESTYLE INSULINX TEST	2	QL
CONTOUR NEXT CONTROL	2		FREESTYLE LITE TEST	2	QL
CONTOUR NEXT MONITOR	2		FREESTYLE PRECISION NEO TEST	2	QL
CONTOUR NEXT TEST	2	QL	FREESTYLE TEST	2	QL
CONTOUR TEST	2	QL	GENTEEL LANCING KIT (BLUE)	2	
DIATHRIVE BLOOD GLUCOSE METER	2		GLUCOCARD 01 SENSOR PLUS	2	QL
DIATHRIVE BLOOD GLUCOSE TEST	2	QL	GLUCOCARD EXPRESSION TEST	2	QL
DIATHRIVE GLUCOSE CONTROL SOLN	2		GLUCOCARD SHINE CONNEX	2	
DIATHRIVE GLUCOSE TEST	2	QL	GLUCOCARD SHINE EXPRESS	2	
DIATHRIVE LANCING DEVICE	2		GLUCOCARD SHINE TEST	2	QL
EASYMAX CONTROL	2		GLUCOCARD VITAL TEST	2	QL
			HUMAPEN LUXURA HD 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
HW EMBRACE PRO GLUCOSE METER	2		ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
HW EMBRACE PRO GLUCOSE TEST	2	QL	ONETOUCH VERIO IN VITRO SOLUTION HIGH	1	
HW EMBRACE TALK BLOOD GLUCOSE	2		ONETOUCH VERIO TEST STRIPS	1	QL
HW EMBRACE TALK GLUCOSE TEST	2	QL	ONETOUCH VERIO IQ SYSTEM	1	
INPEN 100-BLUE-LILLY	2		ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1	
INPEN 100-BLUE-NOVO	2		PRECISION LINK	2	
INPEN 100-GRAY-LILLY	2		PRECISION PCX PLUS TEST	2	QL
INPEN 100-GREY-NOVO	2		PRECISION QID MONITOR	2	
INPEN 100-PINK-LILLY	2		PRECISION QID TEST	2	QL
INPEN 100-PINK-NOVO	2		PRECISION SOF-TACT MONITOR	2	
KETOCARE IN VITRO STRIP	2		PRECISION SOF-TACT TEST	2	QL
KETOSTIX	2		PRECISION XTRA BLOOD GLUCOSE	2	QL
LANCETS	1		PRECISION XTRA DEVICE	2	
LANCETS	2		PRECISION XTRA KIT	2	
LANCETS KIT	2		PRECISION XTRA MONITOR	2	
MICROLET NEXT LANCING DEVICE	2		PRODIGY NO CODING BLOOD GLUC	2	
NOVOPEN ECHO	2		RELION BLOOD GLUCOSE TEST	2	QL
ONE DROP BLOOD GLUCOSE MONITOR	2		RELION PREMIER CLASSIC	2	
ONE DROP TEST	2	QL	RELION PREMIER TEST	2	QL
ONETOUCH DELICA LANCING DEV	1		RELION ULTIMA TEST	2	QL
ONETOUCH DELICA PLUS LANCING	1		SURESTEP PRO HIGH GLUCOSE	1	
ONETOUCH ULTRA 2	1		SURESTEP PRO LOW GLUCOSE	1	
ONETOUCH ULTRA BLUE TEST STRIPS	1	QL			
ONETOUCH ULTRA MINI	1				
ONE TOUCH VERIO KIT W/DEVICE	1				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
SURESTEP PRO NORMAL GLUCOSE	1		BD ULTRA-FINE INSULIN SYRINGES		
TRUE FOCUS BLOOD GLUCOSE METER	2		27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML	1	
TRUE METRIX BLOOD GLUCOSE TEST	2	QL	BD ULTRA-FINE INSULIN SYRINGES		
TRUE METRIX LEVEL 1	2		31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	1	
TRUE METRIX LEVEL 2	2		BD ULTRA-FINE PEN NEEDLES	1	
TRUE METRIX LEVEL 3	2		FIASP	2	
TRUETRACK TEST	2	QL	FIASP FLEXTOUCH	2	
UNISTRIP CONTROL IN VITRO SOLUTION LOW	2		FIASP PENFILL	2	
VIVAGUARD INO CONTROL SOLUTION	2		HUMALOG	2	
VIVAGUARD INO GLUCOSE METER	2		HUMALOG KWIKPEN	2	
VIVAGUARD INO TEST STRIPS	2	QL	HUMALOG MIX 50/50 KWIKPEN	2	
VIVAGUARD LANCING DEVICE	2		HUMALOG MIX 50/50 VIAL	2	
<b>Diabetes - Glycemic Agents</b>			HUMALOG MIX 75/25 KWIKPEN	2	
GLUCAGEN HYPOKIT	2		HUMALOG MIX 75/25 VIAL	2	
GLUCAGON EMERGENCY	2		HUMALOG U-100 JUNIOR KWIKPEN	2	
PROGLYCEM	2		HUMULIN 70/30 KWIKPEN	2	
<b>Diabetes - Insulins</b>			HUMULIN 70/30 VIAL	2	
APIDRA SOLOSTAR	3		HUMULIN N KWIKPEN	2	
APIDRA VIAL	3		HUMULIN N VIAL	2	
BD AUTOSHIELD DUO PEN NEEDLES	1		HUMULIN R U-500 KWIKPEN	2	
BD INTEGRA NEEDLE 25G X 5/8"	1		HUMULIN R U-500 VIAL (CONCENTRATED)	2	
BD SAFETYGLIDE SYRINGE/NEEDLE 21G X 1-1/2"	1				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HUMULIN R VIAL	2		NOVOLOG MIX 70/30 VIAL	2	
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM	1		NOVOLOG PENFILL	2	
INSULIN SYRINGES	1		NOVOLOG U-100 VIAL	2	
LANTUS SOLOSTAR	2		NOVOTWIST PEN NEEDLE	1	
LANTUS U-100 VIAL	2		SECURESAFE HYPODERMIC NEEDLE 18G X 1" , 19G X 1" , 19G X 1-1/2" , 22G X 1"	1	
LEVEMIR U-100 FLEXTOUCH	2		TOUJEO MAX SOLOSTAR	2	
LEVEMIR U-100 VIAL	2		TOUJEO SOLOSTAR	2	
MAXICOMFORT SYR 27G X 1/2"	1		TRESIBA	2	
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	1		TRESIBA FLEXTOUCH	2	
NOVOFINE AUTOCOVER PEN NEEDLE	1		<b>Electrolytes / Minerals / Metals / Vitamins</b>		
NOVOFINE PEN NEEDLE	1		CARBAGLU	SP3	
NOVOFINE PLUS PEN NEEDLE	1		CARNITOR INTRAVENOUS	3	
NOVOLIN 70/30 FLEXPEN	2		CARNITOR ORAL SOLUTION	3	
NOVOLIN 70/30 FLEXPEN RELION	2		CARNITOR SF	3	
NOVOLIN 70/30 RELION	2		CITRANATAL BLOOM	3	
NOVOLIN 70/30 VIAL	2		clovique	SP1	PA
NOVOLIN N RELION	2		cyanocobalamin injection solution 1000 mcg/ml	1	
NOVOLIN N VIAL	2		cytra k crystals	1	
NOVOLIN R RELION	2		deferasirox oral tablet soluble	SP1	PA
NOVOLIN R VIAL	2		effer-k oral tablet effervescent 25 meq	1	
NOVOLOG FLEXPEN	2		effervescent pot chloride oral tablet effervescent 25 meq	1	
NOVOLOG MIX 70/30 FLEXPEN	2		ergocalciferol oral capsule	1	
			EXJADE	SP3	PA
			ferocon	1	
			ferottrinsic	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
FERRALET 90	3		nafrinse	0	PV
FERRIPROX	SP3	PA	nafrinse drops	0	PV
fluoritab	0	PV	NASCOBAL	2	
folic acid oral tablet 1 mg	1		NEONATAL COMPLETE	1	
folic acid oral tablet 400 mcg, 800 mcg	0	PV	NEONATAL PLUS	1	
FOLIVANE-F	2		ONE-A-DAY WOMENS PRENATAL 1	0	PV
FOLIVANE-PLUS	2		ORACIT	2	
foltrin	1		phospha 250 neutral	1	
GALZIN	2		phosphorous	1	
gnp folic acid	0	PV	phospho-trin 250 neutral	1	
INTEGRA F	2		phytonadione oral	1	
INTEGRA PLUS	2		pnv prenatal plus multivit+dha	1	
iodine strong oral	1		pot bicarb-pot chloride	1	
k-effervescent oral tablet effervescent 25 meq	1		potassium bicarbonate oral	1	
kionex oral powder	1		potassium chloride cryser	1	
klor-con	1		potassium chloride er	1	
klor-con 10	1		potassium chloride oral	1	
klor-con m10	1		potassium citrate er	1	
KLOR-CON M15	2		potassium citrate-citric acid	1	
klor-con m20	1		potassium citrate-citric acid oral packet 3300-1002 mg	1	
klor-con sprinkle	1		prenatal multi +dha	0	PV
klor-con/ef	1		prenatal oral tablet 27-0.8 mg, 28-0.8 mg	0	PV
K-PHOS	2		prenatal oral tablet 27-1 mg	1	
K-PHOS NO 2	2		prenatal plus iron	1	
k-prime	1		PROFERRIN-FORTE	2	
k-vescent oral tablet effervescent 25 meq	1		QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 1 MG	1	
levocarnitine oral solution	3		sod citrate-citric acid	1	
levocarnitine oral tablet	3		sodium fluoride oral	0	PV
ludent	0	PV			
M-NATAL PLUS	1				
multi prenatal	0	PV			
multivitamin/fluoride oral tablet chewable 1 mg	1				
mvc-fluoride oral tablet chewable 1 mg	1				

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
sodium polystyrene sulfonate	1	
sps	1	
SYPRINE	SP3	PA
taron-crystals	1	
tl icon oral capsule	1	
TRICARE PRENATAL DHA ONE	3	
tricitrates	1	
tricon	1	
trientine hcl	SP1	PA
VIRT-FEFA PLUS	2	
virt-phos 250 neutral	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
VOL-TAB RX	1	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
CARAFATE ORAL SUSPENSION	2	
esomeprazole magnesium oral capsule delayed release 40 mg	3	QL
lansoprazole oral capsule delayed release 30 mg	3	QL
lansoprazole oral tablet dispersible 15 mg, 30 mg	3	QL; AL (Max 12 Years)
misoprostol oral	1	
NEXIUM ORAL PACKET	3	QL; AL (Max 12 Years)
omeprazole oral capsule delayed release 10 mg, 40 mg	3	QL
pantoprazole sodium oral	3	QL

Drug Name	Drug Tier	Notes
PREVACID SOLUTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	3	QL; AL (Max 12 Years)
rabeprazole sodium oral tablet delayed release	3	QL
ranitidine hcl oral syrup	3	
sucralfate oral tablet	1	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
alose tron hcl	3	PA
AMITIZA	3	QL
ANASPAZ	2	
bisacodyl ec	0	PV; QL
chlordiazepoxide-clidinium	1	
CHOLBAM	SP3	PA
citrate of magnesia oral solution 1.745 gm/30ml	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	
ed-spaz	1	
enulose	1	
GATTEX	SP3	PA
gavilax oral powder	0	PV; QL
gavilyte-c	1	PV; QL
gavilyte-g oral solution reconstituted 236 gm	1	PV; QL
gavilyte-n with flavor pack	1	PV; QL
generlac	1	
gentle laxative oral	0	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
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
lactulose encephalopathy	1	
lactulose oral solution	1	
LINZESS	3	QL
magnesium citrate oral solution	0	PV; QL
methscopolamine bromide oral	1	
MOVANTIK	3	QL
MOVIPREP	3	
nulev	1	
oscimin	1	
oscimin oral tablet dispersible 0.125 mg	1	
oscimin sr	1	
OSMOPREP	3	
pb-hyoscy-atropine-scopolamine oral tablet 16.2 mg	1	
peg 3350/electrolytes oral solution reconstituted 240 gm	1	PV; QL
peg 3350-kcl-na bicarb-nacl	1	PV; QL
peg-3350/electrolytes	1	PV; QL
pegylax oral powder	1	PV; QL
phenobarbital-belladonna alk	1	
phenohydro	1	
polyethylene glycol 3350 oral powder	1	PV; QL
PREPOPIK	3	

Drug Name	Drug Tier	Notes
propantheline bromide oral	1	
RELISTOR SUBCUTANEOUS	SP3	QL
SUPREP BOWEL PREP KIT	3	
SYMAX DUOTAB	2	
symax-sl	1	
symax-sr	1	
trilyte	1	PV; QL
ursodiol oral	1	
VIBERZI	3	PA; QL
XERMELO	SP3	PA; QL
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
BUPHENYL	SP3	
CERDELGA	SP3	PA
CREON	2	
GALAFOLD	SP3	PA; QL
MYALEPT	SP3	PA
nitisinone	SP1	PA
OCALIVA	SP3	PA; QL
ORFADIN	SP3	PA
PANCREAZE	2	
PROCYSBI	SP3	PA
RAVICTI	SP3	PA
sodium phenylbutyrate oral	SP1	
STRENSIQ	SP3	PA
ZENPEP	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	3	
bethanechol chloride oral	1	

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
calcium acetate (phos binder) oral capsule	1	
darifenacin hydrobromide er	3	
DEPEN TITRATABS	SP2	PA
D-PENAMINE	SP2	PA
ELMIRON	2	
flavoxate hcl	1	
INTRAROSA	3	
LITHOSTAT	3	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
RENAGEL ORAL TABLET 400 MG	3	
sevelamer carbonate	3	
sevelamer hcl	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	3	QL
solifenacin succinate	1	
tadalafil oral tablet 2.5 mg, 5 mg	3	QL
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	3	
uramit mb oral capsule 118 mg	1	
uribel	1	
uro-mp	1	
vilamit mb	1	

Drug Name	Drug Tier	Notes
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
<b>Hormonal Agents - Adrenal</b>		
cortisone acetate oral	1	
dexamethasone 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	1	
prednisolone sodium phosphate oral	1	
prednisone oral	1	
<b>Hormonal Agents - Men's Health</b>		
ANDRODERM	2	PA
danazol oral	3	
DEPO-TESTOSTERONE	2	PA
testosterone cypionate intramuscular	1	PA
testosterone enanthate intramuscular	1	PA

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



Drug Name	Drug Tier	Notes
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	3	PA
testosterone transdermal solution	3	PA
<b>Hormonal Agents - Osteoporosis</b>		
OSPHENA	3	
raloxifene hcl	1	PV
<b>Hormonal Agents - Parathyroid</b>		
cinacalcet hcl	SP1	PA
SENSIPAR	SP3	PA
<b>Hormonal Agents - Pituitary</b>		
cabergoline	1	
DDAVP RHINAL TUBE	2	
desmopressin ace spray refrig	1	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
NORDITROPIN FLEXPRO	SP2	PA
NUTROPIN AQ NUSPIN 10	SP2	PA
NUTROPIN AQ NUSPIN 20	SP2	PA
NUTROPIN AQ NUSPIN 5	SP2	PA
octreotide acetate	SP1	PA
OMNITROPE	SP2	PA
ORLISSA	3	PA; QL

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

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
blisovi fe 1/20	0	PV
briellyn	0	PV
camila	0	PV
camrese	0	PV; QL
camrese lo	0	PV; QL
caziant	0	PV
chateal	0	PV
chateal eq	0	PV
CLIMARA PRO	3	
COMBIPATCH	3	
covaryx	1	
covaryx hs	1	
cryselle-28	0	PV
cyclafem 1/35	0	PV
cyclafem 7/7/7	0	PV
cyred	0	PV
cyred eq	0	PV
dasetta 1/35	0	PV
dasetta 7/7/7	0	PV
daysee	0	PV; QL
deblitane	0	PV
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	2	
delyla	0	PV
DEPO-ESTRADIOL	2	
desogestrel-ethinyl estradiol	0	PV
DIVIGEL	3	
dotti	1	
drospiren-eth estrad- levomefol	0	PV
drospirenone-ethinyl estradiol	0	PV
DUAVEE	2	
eemt	1	
eemt hs	1	
ELESTRIN	3	

Drug Name	Drug Tier	Notes
elinest	0	PV
ELLA	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	
estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg	1	
ethynodiol diac-eth estradiol	0	PV
EVAMIST	3	
falmina	0	PV
fayosim	0	PV; QL
femynor	0	PV
fyavolv	1	
gianvi	0	PV
gildagia oral tablet 0.4-35 mg-mcg	0	PV
hailey 1.5/30	0	PV
hailey 24 fe	0	PV
heather	0	PV
incassia	0	PV
introvale	0	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
isibloom	0	PV
jasmiel	0	PV
jencycla	0	PV
jevantique lo oral tablet 0.5-2.5 mg-mcg	1	
jinteli	1	
jolessa	0	PV; QL
jolivette oral tablet 0.35 mg	0	PV
juleber	0	PV
junel 1.5/30	0	PV
junel 1/20	0	PV
junel fe 1.5/30	0	PV
junel fe 1/20	0	PV
junel fe 24	0	PV
kaitlib fe	0	PV
kalliga	0	PV
kariva	0	PV
kelnor 1/35	0	PV
kelnor 1/50	0	PV
kimidess oral tablet 0.15-0.02/0.01 mg (21/5)	0	PV
kurvelo	0	PV
KYLEENA	0	PV
larin 1.5/30	0	PV
larin 1/20	0	PV
larin 24 fe	0	PV
larin fe 1.5/30	0	PV
larin fe 1/20	0	PV
larissia	0	PV
layolis fe	0	PV
leena	0	PV
lessina	0	PV
levonest	0	PV
levonorgest-eth est & eth est	0	PV; QL
levonorgest-eth estrad 91-day	0	PV; QL

Drug Name	Drug Tier	Notes
levonorgestrel	0	PV
levonorgestrel-ethinyl estrad	0	PV
levonorg-eth estrad triphasic oral tablet	0	PV
levora 0.15/30 (28)	0	PV
LILETTA (52 MG)	0	PV
lillow	0	PV
LO LOESTRIN FE	3	
lopreeza	1	
loryna	0	PV
low-ogestrel	0	PV
lo-zumandimine	0	PV
lutera	0	PV
lyza	0	PV
marlissa	0	PV
medroxyprogesterone acetate intramuscular	0	PV; QL
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	1	
megestrol acetate oral tablet	1	
melodetta 24 fe	0	PV
MENEST	2	
mibelas 24 fe	0	PV
microgestin 1.5/30	0	PV
microgestin 1/20	0	PV
microgestin fe 1.5/30	0	PV
microgestin fe 1/20	0	PV
mili	0	PV
mimvey	1	
mimvey lo oral tablet 0.5-0.1 mg	1	
MIRENA (52 MG)	0	PV
mono-linyah	0	PV
mononessa	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
myzilra oral tablet 50-30/75-40/ 125-30 mcg	0	PV
NATAZIA	0	PV
necon 0.5/35 (28)	0	PV
necon 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	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 acet-ethinyl est oral tablet chewable 1-20 mg-mcg(24)	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
NUVARING	0	PV
ocella	0	PV
ogestrel	0	PV
orsythia	0	PV
PARAGARD INTRAUTERINE COPPER	0	PV

Drug Name	Drug Tier	Notes
philith	0	PV
pimtreea	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	
previfem	0	PV
progesterone intramuscular	1	
progesterone micronized oral	1	
quasense oral tablet 0.15-0.03 mg	0	PV; QL
rajani oral tablet 3-0.02-0.451 mg	0	PV
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	0	PV
sprintec 28	0	PV
sronyx	0	PV
syeda	0	PV
tarina 24 fe	0	PV
tarina fe 1/20	0	PV
tarina fe 1/20 eq	0	PV
TAYTULLA	3	
tilia fe	0	PV
tri femynor	0	PV
tri-estarylla	0	PV
tri-legest fe	0	PV
tri-linyah	0	PV

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-lo-estarylla	0	PV
tri-lo-marzia	0	PV
tri-lo-mili	0	PV
tri-lo-sprintec	0	PV
tri-mili	0	PV
trinessa (28)	0	PV
trinessa lo oral tablet 0.18/0.215/0.25 mg-25 mcg	0	PV
tri-previfem	0	PV
tri-sprintec	0	PV
trivora (28)	0	PV
tri-vylibra	0	PV
tri-vylibra lo	0	PV
tulana	0	PV
tydemy	0	PV
velivet	0	PV
vestura oral tablet 3-0.02 mg	0	PV
vienva	0	PV
viorele	0	PV
vyfemla	0	PV
vylibra	0	PV
wera	0	PV
wymzya fe	0	PV
xulane	0	PV
yuvaferm	1	
zarah	0	PV
zenchent oral tablet 0.4-35 mg-mcg	0	PV
zovia 1/35e (28)	0	PV
zovia 1/50e (28) oral tablet 1-50 mg-mcg	0	PV
zumandimine	0	PV
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	2	
euthyrox	1	

Drug Name	Drug Tier	Notes
levo-t	1	
levothyroxine sodium oral	1	
levothyroxine-liothyronine oral tablet 30 mg, 60 mg, 90 mg	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID	2	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	2	
thyroid oral tablet 120 mg, 15 mg	1	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	2	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	2	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	2	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	2	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	2	
TIROSINT	3	
unithroid	1	
WESTHROID	2	
WP THYROID	2	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	SP3	PA
ACTEMRA SUBCUTANEOUS	SP3	PA
ACTIMMUNE	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
azathioprine oral	1		mycophenolate mofetil	1	
BERINERT	SP2	PA	mycophenolate sodium	1	
CELLCEPT	SP3		MYFORTIC	SP3	
CIMZIA	SP3	PA	NEORAL	SP3	
CIMZIA PREFILLED KIT	SP3	PA	ORENCIA CLICKJECT	SP3	PA
CIMZIA STARTER KIT	SP3	PA	ORENCIA SUBCUTANEOUS	SP3	PA
COSENTYX (300 MG DOSE)	SP3	PA	PROGRAF ORAL CAPSULE	SP3	
COSENTYX 150 MG/ML	SP3	PA	PROGRAF ORAL PACKET	SP2	
COSENTYX SENSOREADY (300 MG)	SP3	PA	RAPAMUNE ORAL SOLUTION	SP2	
COSENTYX SENSOREADY PEN	SP3	PA	RAPAMUNE ORAL TABLET	SP3	
cyclosporine modified	1		RIDAURA	2	
cyclosporine oral	1		SANDIMMUNE ORAL CAPSULE	SP3	
ENBREL	SP2	PA	SANDIMMUNE ORAL SOLUTION	SP2	
ENBREL MINI	SP2	PA	SIMPONI	SP3	PA
ENBREL SURECLICK	SP2	PA	sirolimus oral solution	SP1	
ENVARUSUS XR	SP2		sirolimus oral tablet	1	
FIRAZYR	SP3	PA	STELARA SUBCUTANEOUS	SP3	PA
gengraf	1		tacrolimus oral	1	
HAEGARDA	SP2	PA	TREMFYA	SP2	PA
HUMIRA	SP2	PA	XATMEP	SP2	
HUMIRA PEDIATRIC CROHNS START	SP2	PA	ZORTRESS	SP3	PA
HUMIRA PEN	SP2	PA	<b>Immunological Agents - Drugs for Vaccination</b>		
HUMIRA PEN-CD/UC/HS STARTER	SP2	PA			
HUMIRA PEN-PS/UV/ADOL HS START	SP2	PA			
icatibant acetate	SP1	PA		0	PV; AL (Max 6 Years)
IMURAN	2		ACTHIB		
KINERET	SP3	PA	ADACEL	0	PV
leflunomide oral	1		AFLURIA INTRAMUSCULAR SUSPENSION	0	PV
methotrexate oral	1				
methotrexate sodium	1				
methotrexate sodium (pf)	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
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	0	PV	FLUVIRIN INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	0	PV
AFLURIA QUADRIVALENT	0	PV	FLUZONE HIGH-DOSE	0	PV
BCG VACCINE	3		FLUZONE QUADRIVALENT	0	PV
BEXSERO	0	PV	FLUZONE QUADRIVALENT INTRADERMAL SUSPENSION PEN-INJECTOR 9 MCG/STRAIN	0	PV
BOOSTRIX	0	PV		0	PV; AL (Min 9 Years and Max 26 Years)
DAPTACEL	0	PV	GARDASIL 9	0	PV
DIPHThERIA-TETANUS TOXOIDS DT	0	PV	HAVRIX	0	PV
ENGERIX-B	0	PV	HEPLISAV-B INTRAMUSCULAR SOLUTION 20 MCG/0.5ML	0	PV; AL (Min 18 Years)
EZ FLU SHOT-FLUCELVAX QUAD INTRAMUSCULAR PREFILLED SYRINGE KIT 0.5 ML	0	PV		0	PV; AL (Max 6 Years)
FLUAD	0	PV	HIBERIX	3	
FLUARIX QUADRIVALENT	0	PV	IMOVAX RABIES	0	PV
FLUBLOK INTRAMUSCULAR SOLUTION	0	PV	INFANRIX	0	PV; AL (Max 17 Years)
FLUBLOK QUADRIVALENT	0	PV	IPOL	0	PV
FLUCELVAX QUADRIVALENT	0	PV	KINRIX	0	PV
FLULAVAL QUADRIVALENT	0	PV	MENACTRA	0	PV
	0	PV; AL (Min 2 Years and Max 49 Years)	MENVEO	0	PV
FLUMIST QUADRIVALENT	0	PV	M-M-R II SUBCUTANEOUS INJECTABLE	0	PV
FLUVIRIN INTRAMUSCULAR SUSPENSION	0	PV	PEDIARIX	0	PV; AL (Max 6 Years)
			PEDVAX HIB	0	PV
			PENTACEL	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
PNEUMOVAX 23	0	PV	budesonide oral	3	
PREVNAR 13	0	PV	CANASA	2	
PROQUAD SUBCUTANEOUS INJECTABLE	0	PV	colocort	1	
QUADRACEL	0	PV	hemmorex-hc rectal suppository 25 mg	1	
RECOMBIVAX HB	0	PV	hemmorex-hc rectal suppository 30 mg	3	
ROTARIX	0	PV; AL (Max 8 Months)	hydrocortisone ace- pramoxine rectal	1	
ROTATEQ	0	PV; AL (Max 8 Months)	hydrocortisone acetate rectal suppository 25 mg	1	
SHINGRIX	0	PV; AL (Min 50 Years)	hydrocortisone acetate rectal suppository 30 mg	3	
STAMARIL	3		hydrocortisone rectal	1	
TDVAX	0	PV	mesalamine oral	1	
TENIVAC	0	PV	mesalamine rectal	1	
TRUMENBA	0	PV	mesalamine-cleanser	1	
TWINRIX	0	PV	PENTASA	2	
TYPHIM VI	3		PROCTOFOAM HC	2	
VAQTA	0	PV	procto-med hc	1	
VARIVAX	0	PV	procto-pak	1	
VAXCHORA	3		proctosol hc	1	
VIVOTIF	2		proctozone-hc	1	
YF-VAX	3		sulfasalazine oral	1	
ZOSTAVAX	0	PV; AL (Min 60 Years)	UCERIS ORAL	3	
<b>Inflammatory Bowel Disease Agents</b>			<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
ANALPRAM-HC RECTAL LOTION	2		alendronate sodium oral solution	1	
anucort-hc	1		alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	1	
anusol-hc rectal suppository	1		alendronate sodium oral tablet 35 mg, 70 mg	1	QL
APRISO	2		calcitonin (salmon)	1	QL
balsalazide disodium	1		FORTEO	SP2	PA
budesonide er	3		ibandronate sodium oral	1	QL
			risedronate sodium oral tablet 150 mg, 35 mg	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
risedronate sodium oral tablet 30 mg, 5 mg	1		FORA D40D GLUCOSE/PRESSURE DEVICE	2	
risedronate sodium oral tablet delayed release	3	QL	GLYTACTIN BETTERMILK 15	2	
TYMLOS	SP2	PA	GLYTACTIN BETTERMILK DE-LITE	2	
<b>Metabolic Bone Disease Agents - Other</b>			GLYTACTIN BUILD 10PE	2	
calcitriol oral	1		GLYTACTIN BUILD 20/20 PKU	2	
etidronate disodium	1		GLYTACTIN COMPLETE 10PE	2	
paricalcitol oral	1		GLYTACTIN RESTORE 10	2	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>			GLYTACTIN RESTORE 5	2	
BD SYRINGE LUER-LOK 30 ML	1		GLYTACTIN RESTORE LITE 10	2	
BREATHE EASE LARGE	2		GLYTACTIN RESTORE LITE 10PE	2	
BREATHE EASE MEDIUM	2		GLYTACTIN RTD 10	2	
BREATHE EASE SMALL	2		GLYTACTIN RTD 15	2	
BREATHERITE	2		GLYTACTIN RTD LITE 15	2	
CAMINO PRO COMPLETE/GLYTACTIN	2		GLYTACTIN SWIRL 15PE	2	
CAMINO PRO PKU	2		heparin lock flush	1	
CAYA	0	PV; QL	heparin sodium flush intravenous kit 100-0.9 unit/ml-%	1	
CEQUR SIMPLICITY STARTER	1		heparin sodium lock flush	1	
EASIVENT	2		HUMATROPEN FOR 12MG	1	
EASY GLIDE LUER LOCK SYRINGE	1		HUMATROPEN FOR 24MG	1	
EASYPOINT NEEDLE 25G X 1-1/2"	1		HUMATROPEN FOR 6MG	1	
FEMCAP	0	PV; QL	INSPIREASE RESERVOIR BAGS	2	
FILTER NEEDLE 18G X 1-1/2"	1		J-TIP KIT W/VIAL ADAPTERS	1	
FLEXICHAMBER ADULT MASK/SMALL	2				
FLEXICHAMBER CHILD MASK/LARGE	2				
FLEXICHAMBER CHILD MASK/SMALL	2				

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

Drug Name	Drug Tier	Notes
MASK VORTEX	2	
methergine	3	
methylergonovine maleate oral	3	
NORDIPEN 5 INJECTION DEVICE	1	
NORM-JECT LUER SLIP SYRINGE	1	
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PEDIATRIC PANDA MASK	2	
PHENACTIN AA PLUS	2	
PHENYLADE DRINK MIX	2	
PHENYLADE GMP READY	2	
PKU EASY	2	
PKU EASY MICROTABS	2	
pocket spacer	2	
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
PROCARE SPACER/ADULT MASK	2	
PROCARE SPACER/CHILD MASK	2	
sash kit intravenous kit 100-0.9 unit/ml-%	1	
SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2"	1	
SYRINGE LUER LOCK 30 ML	1	
SYRINGE LUER SLIP 1 ML	1	
WIDE-SEAL DIAPHRAGM 60	0	PV; QL

Drug Name	Drug Tier	Notes
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ALOCRIL	2	
ALOMIDE	2	
ALREX	2	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin ophthalmic	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	QL
CILOXAN OPHTHALMIC OINTMENT	2	
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
DUREZOL	3	
epinastine hcl	1	
erythromycin ophthalmic	1	
FLAREX	2	
fluorometholone	1	
flurbiprofen sodium	1	
FML	2	
FML FORTE	2	
gatifloxacin ophthalmic	1	
gentak	1	
gentamicin sulfate ophthalmic	1	
ketorolac tromethamine ophthalmic	1	
levofloxacin ophthalmic	1	
LOTEMAX OPHTHALMIC GEL	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
LOTEMAX OPTHALMIC OINTMENT	2	QL
loteprednol etabonate	1	
MAXIDEX	2	
moxifloxacin hcl ophthalmic	1	
NATACYN	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PAZEO	3	
prednisolone acetate ophthalmic	1	
prednisolone acetate p-f	1	
prednisolone sodium phosphate ophthalmic	1	
sulfacetamide sodium ophthalmic	1	
tobramycin ophthalmic	1	
TOBREX OPTHALMIC OINTMENT	2	
trifluridine	1	
ZIRGAN	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
acetazolamide er	1	
acetazolamide oral tablet 250 mg	1	
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	
apraclonidine hcl	1	
AZOPT	2	
betaxolol hcl ophthalmic	1	
BETIMOL	2	
BETOPTIC-S	2	
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic	1	

Drug Name	Drug Tier	Notes
carteolol hcl	1	
COMBIGAN	2	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml	3	
IOPIDINE	2	
latanoprost ophthalmic	1	
levobunolol hcl	1	
LUMIGAN	2	QL
methazolamide oral	1	
metipranolol ophthalmic solution 0.3 %	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	
ROCKLATAN	3	QL
SIMBRINZA	2	
timolol maleate ophthalmic	1	
TIMOPTIC OCUDOSE	2	
TRAVATAN Z	3	QL
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
ak-poly-bac	1	
altacaine	1	
altafrin	1	
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution	1	
bacitracin-polymyxin b ophthalmic	1	

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

Drug Name	Drug Tier	Notes
bacitra-neomycin-polymyxin-hc	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
cyclopentolate hcl ophthalmic	1	
homatropaire	1	
homatropine hbr	1	
ISOPTO ATROPINE	1	
LACRISERT	2	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin	1	
neomycin-polymyxin-hc ophthalmic	1	
neo-polycin	1	
neo-polycin hc	1	
phenylephrine hcl ophthalmic	1	
polycin	1	
polymyxin b-trimethoprim	1	
PRED-G	2	
PRED-G S.O.P.	2	
proparacaine hcl ophthalmic	1	
RESTASIS	3	PA
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	PA
sulfacetamide-prednisolone ophthalmic solution	1	
tetcaine	1	

Drug Name	Drug Tier	Notes
tetracaine hcl ophthalmic	1	
tetravisc	1	
tetravisc forte	1	
TOBRADEX OPHTHALMIC OINTMENT	2	
tobramycin-dexamethasone	1	
tropicamide ophthalmic	1	
XIIDRA	3	PA
ZYLET	3	
<b>Otic Agents - Drugs for Ear Conditions</b>		
acetic acid otic	1	
CIPRO HC	2	
CIPRODEX	2	
ciprofloxacin hcl otic	1	
CIPROFLOXACIN-FLUOCINOLONE PF	2	
COLY-MYCIN S	2	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	2	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal	1	QL
benzonatate oral capsule 100 mg, 200 mg	1	
bromfed dm	1	
cyproheptadine hcl oral	1	
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
guaiaatussin ac	1	PA; QL; AL (Min 18 Years)
guaifenesin ac	1	PA; QL; AL (Min 18 Years)
hydrocodone polst-cpm polst er	1	PA; QL; AL (Min 18 Years)
hydrocodone-homatropine	1	PA; QL; AL (Min 18 Years)
hydromet	1	PA; QL; AL (Min 18 Years)
ipratropium bromide nasal	1	
nebusal inhalation nebulization solution 3 %	1	
phenadoz	1	
phenergan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
promethazine vc plain oral solution 6.25-5 mg/5ml	1	
promethazine vc/codeine	1	PA; QL; AL (Min 18 Years)
promethazine-codeine	1	PA; QL; AL (Min 18 Years)
promethazine-dm	1	
promethazine-dm oral solution 6.25-15 mg/5ml	1	
promethazine-phenyleph-codeine	1	PA; QL; AL (Min 18 Years)
promethazine-phenylephrine	1	
promethegan	1	

Drug Name	Drug Tier	Notes
pseudoephedrine-bromphen-dm	1	
pulmosal	1	
sodium chloride inhalation	1	
SSKI	2	
tussigon oral tablet 5-1.5 mg	1	PA; QL; AL (Min 18 Years)
virtussin ac w/alc	1	PA; QL; AL (Min 18 Years)
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
acetylcysteine inhalation	1	
ADVAIR HFA	2	QL
albuterol sulfate er	1	
albuterol sulfate inhalation	1	QL
albuterol sulfate oral	1	
ANORO ELLIPTA	2	QL
ARCAPTA NEOHALER	2	QL
ASMANEX (120 METERED DOSES)	2	QL
ASMANEX (14 METERED DOSES)	2	QL
ASMANEX (30 METERED DOSES)	2	QL
ASMANEX (60 METERED DOSES)	2	QL
ASMANEX (7 METERED DOSES)	2	QL
ASMANEX HFA	2	QL
ATROVENT HFA	2	QL
BREO ELLIPTA	2	QL
budesonide inhalation	1	QL; AL (Max 9 Years)
COMBIVENT RESPIMAT	2	QL

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
cromolyn sodium inhalation	1	
DALIRESP	3	PA
epinephrine injection solution 0.3 mg/0.3ml	1	
epinephrine injection solution auto-injector	1	
ESBRIET	SP3	PA
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
INCRUSE ELLIPTA	2	QL
ipratropium bromide inhalation	1	QL
ipratropium-albuterol	1	QL
levalbuterol hcl inhalation	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	1	QL
montelukast sodium oral	1	
OFEV	SP3	PA
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PROVENTIL HFA	2	QL
PULMICORT FLEXHALER	2	QL

Drug Name	Drug Tier	Notes
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT	2	QL
QVAR REDHALER	2	QL
SEREVENT DISKUS	2	QL
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	3	QL
SYMJEPI	2	
terbutaline sulfate oral	1	
THEO-24	2	
theochron	1	
theophylline	1	
theophylline er	1	
TRELEGY ELLIPTA	2	QL
VENTOLIN HFA	1	QL
wixela inhub	1	QL
zafirlukast	1	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
CAYSTON	SP3	PA
KALYDECO	SP3	PA
ORKAMBI	SP3	PA; QL
PULMOZYME	SP2	PA
TOBI NEBULIZER	SP3	
TOBI PODHALER	SP2	QL
tobramycin inhalation	SP1	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADEMPAS	SP3	PA; QL
ambrisentan	SP1	PA; QL
bosentan	SP1	PA; QL
LETAIRIS	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
OPSUMIT	SP2	PA; QL
sildenafil citrate oral tablet 20 mg	SP1	PA; QL
TRACLEER	SP2	PA; QL
TYVASO	SP2	PA; QL
TYVASO REFILL	SP2	PA; QL
TYVASO STARTER	SP2	PA; QL
UPTRAVI	SP3	PA; QL
VENTAVIS	SP2	PA; QL

### **Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm**

baclofen oral	1	
carisoprodol oral tablet 350 mg	1	
carisoprodol-aspirin	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
dantrolene sodium oral	1	
metaxall oral tablet 800 mg	1	
metaxalone	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	

### **Sleep Disorder Agents**

armodafinil	1	PA; QL
eszopiclone	1	QL
flurazepam hcl	1	PA; QL
modafinil	3	PA; QL
ramelteon	3	QL
SILENOR	3	QL
temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL

Drug Name	Drug Tier	Notes
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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