

Essential Health Benefits Formulary

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What is my prescription drug coverage?

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

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

What is the Essential Health Benefits Formulary?

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

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

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

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

Does the formulary ever change?

Since the P&T Committee meets regularly 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- A drug may be withdrawn from the market by the FDA.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 [BSWHealthPlan.com](https://www.bswhealthplan.com), which are updated quarterly. To view changes to the formularies, refer to the Monthly Essential Health Benefits Formulary Changes document posted on the website. If you have questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact our BSWHP Pharmacy Help Desk 1.800.728.7947.

What are brand-name and generic drugs?

BSWHP covers both brand-name and generic drugs. A brand-name medication has a trade name and is protected by a patent, which can be produced and sold only by the company holding the patent.

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 BSWHP network. Prescribers may choose to use a brand-name product and not allow generic substitution. Per state law, the prescriber must note “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). Refer to the legend for a listing of restrictions. All restrictions are effective as of the beginning of the plan year unless noted otherwise on the Monthly Essential Health Benefits Formulary Changes document.

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

You, an authorized representative or a prescriber can submit a request for an exception to the formulary. For example, if there are clinically significant reasons why you cannot take a drug in accordance with the coverage requirements (e.g., step therapy, quantity limits), an exception request can be submitted for review. A non-formulary drug may qualify for coverage 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.

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 [BSWHealthPlan.com](https://www.bswhealthplan.com) or contact BSWHP 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.

Are medications administered by my doctor covered under the prescription drug benefit?

Most medications that are administered by healthcare professionals are not covered under the prescription drug benefit, but may be covered under your medical benefit.

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, per copayment, or over a certain time period. 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.

- 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 two smoking cessation attempts per year, up to 180 days total. These medications are noted as preventive drugs (PV). Please note some drugs may be subject to step therapy or prior authorization.

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

Oral Oncology Split Fill Program

Prescriptions for drugs included in the oral oncology program will be restricted to a 2-week supply with each prescription fill 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 you or your loved ones from accidental overdose and is available at \$0 cost-share. If you or someone you know is taking opioids, talk with your pharmacist or doctor about getting naloxone. In Texas, you can get naloxone from a pharmacy without a prescription. Naloxone is available as an injection or as naloxone nasal spray (Narcan®), and both are covered at a \$0 copay

Reading your formulary

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

Tier information

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

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

Drug list information

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

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

EHB Formulary

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Drug Name	Drug Tier	Notes
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
aspirin 81 oral tablet delayed release	1	PV; AL (Max 55 Years)
aspirin adult low dose	1	PV; AL (Max 55 Years)
aspirin adult low strength	1	PV; AL (Max 55 Years)
aspirin childrens	1	PV; AL (Max 55 Years)
aspirin ec adult low dose	1	PV; AL (Max 55 Years)
aspirin ec low dose	1	PV; AL (Max 55 Years)
aspirin ec low strength	1	PV; AL (Max 55 Years)
aspirin low dose	1	PV; AL (Max 55 Years)
aspirin oral tablet chewable	1	PV; AL (Max 55 Years)
aspirin oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin regimen	1	PV; AL (Max 55 Years)
celecoxib oral	1	QL
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	3	
diclofenac sodium external gel 1 %	1	QL

Drug Name	Drug Tier	Notes
diclofenac sodium external solution 1.5 %	1	PA
diclofenac sodium oral	1	
diflunisal oral	3	
etodolac	1	
etodolac er	1	
fenoprofen calcium oral tablet	1	
flurbiprofen oral	1	
ft aspirin low dose	1	PV; AL (Max 55 Years)
ft aspirin oral tablet chewable	1	PV; AL (Max 55 Years)
goodsense aspirin low dose	1	PV; AL (Max 55 Years)
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule	1	
ketoprofen oral	1	
ketorolac tromethamine injection	1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
ketorolac tromethamine oral	1	QL
meclofenamate sodium oral	3	
mefenamic acid oral	3	
meloxicam oral tablet	1	
mm aspirin	1	PV; AL (Max 55 Years)
nabumetone 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
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
ST JOSEPH LOW DOSE	3	PV; AL (Max 55 Years)
sulindac oral	1	
tolmetin sodium	1	
Opioid Analgesics, Long-acting		
buprenorphine	3	PA; QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 75 mcg/hr	3	PA; QL
fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr	1	PA; QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	3	PA; QL
hydromorphone hcl er	3	PA; QL
methadone hcl intensol	1	
methadone hcl oral concentrate	1	
methadone hcl oral solution	1	
methadone hcl oral tablet	1	PA
mitigo	3	
morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg	3	PA; QL
morphine sulfate er oral tablet extended release 15 mg, 30 mg	1	PA; QL
NUCYNTA ER	3	PA; QL
OXYCONTIN	2	PA; QL
oxymorphone hcl er	3	PA; QL

Drug Name	Drug Tier	Notes
tramadol hcl (er biphasic) oral tablet extended release 24 hour	3	PA; QL
tramadol hcl er	3	PA; QL
XTAMPZA ER	2	PA; QL
Opioid Analgesics, Short-acting		
acetaminophen-codeine	1	QL
ascomp-codeine	3	
bac	1	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod	3	
butalbital-apap-caffeine oral tablet	1	
butalbital-asa-caff-codeine	3	
butalbital-aspirin-caffeine	1	
butorphanol tartrate injection	1	
butorphanol tartrate nasal	3	QL
codeine sulfat	1	QL
endocet	1	QL
fentanyl citrate buccal lozenge on a handle	3	PA; QL
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet	1	QL
hydrocodone-ibuprofen oral tablet 10-200 mg	3	QL
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 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
hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	3	
hydromorphone hcl oral liquid	3	QL
hydromorphone hcl oral tablet	1	QL
hydromorphone hcl pf	3	
morphine sulfate (concentrate)	1	QL
morphine sulfate (pf) injection solution 0.5 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml	3	
morphine sulfate (pf) injection solution 10 mg/ml, 8 mg/ml	1	
morphine sulfate (pf) intravenous solution 2 mg/ml, 4 mg/ml	3	
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	3	
morphine sulfate intravenous solution 4 mg/ml	3	
morphine sulfate oral	1	QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
oxymorphone hcl	1	QL
pentazocine-naloxone hcl	3	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL

Drug Name	Drug Tier	Notes
Anesthetics		
Local Anesthetics		
glydo	1	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine hcl urethral/mucosal	1	
lidocaine viscous hcl	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium	3	
disulfiram oral	3	
naltrexone hcl oral	1	
VIVITROL	4	
Opioid Dependence Treatments		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	3	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
Opioid Reversal Agents		
KLOXXADO	2	
naloxone hcl injection solution	1	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	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
naloxone hcl nasal	1	
Smoking Cessation Agents		
bupropion hcl er (smoking det)	1	PV; QL
ft nicotine	1	PV; QL
ft nicotine mini	1	PV; QL
goodsense nicotine mouth/throat gum 2 mg	1	PV; QL
goodsense nicotine mouth/throat lozenge 4 mg	1	PV; QL
habitrol	1	PV; QL
NICORETTE MINI	3	PV; QL
NICORETTE MOUTH/THROAT GUM 2 MG	3	PV; QL
NICORETTE MOUTH/THROAT LOZENGE	3	PV; QL
nicotine mini	1	PV; QL
nicotine polacrilex mini	1	PV; QL
nicotine polacrilex mouth/throat	1	PV; QL
nicotine step 1	1	PV; QL
nicotine step 2	1	PV; QL
nicotine step 3	1	PV; QL
nicotine transdermal kit	1	PV; QL
nicotine transdermal patch 24 hour 21 mg/24hr	1	PV; QL
NICOTROL	3	ST; PV; QL
NICOTROL NS	3	ST; PV; QL
varenicline tartrate	1	PV; QL
varenicline tartrate (starter)	1	PV; QL
varenicline tartrate(continue)	1	PV; QL

Drug Name	Drug Tier	Notes
Antibacterials		
Aminoglycosides		
gentamicin sulfate external	1	
HUMATIN	2	
neomycin sulfate oral	1	
streptomycin sulfate intramuscular	3	
Antibacterials, Other		
aztreonam	1	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate in d5w	1	
clindamycin phosphate injection	1	
clindamycin phosphate vaginal	1	
daptomycin	3	
iodine tincture external tincture 2 %	1	
linezolid in sodium chloride	1	
linezolid intravenous	1	
linezolid oral	3	QL
mafenide acetate external	1	
methenamine hippurate	3	
metronidazole intravenous	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
mupirocin external	1	
NEO-SYNALAR	3	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	
nitrofurantoin monohydrate macrocrystals	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
polymyxin b sulfate injection	1		cefprozil	1	
silver sulfadiazine external	1		ceftazidime injection	1	
ssd	1		ceftazidime intravenous	1	
trimethoprim oral	1		ceftriaxone sodium injection	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 100 gm, 500 mg, 750 mg	1		ceftriaxone sodium intravenous	1	
vancomycin hcl oral	3		cefuroxime axetil	1	
XIFAXAN ORAL TABLET 550 MG	3	PA	cephalexin oral capsule 250 mg, 500 mg	1	
Beta-lactam, Cephalosporins			cephalexin oral suspension reconstituted	1	
cefaclor	1		tazicef injection	1	
cefadroxil oral capsule	1		tazicef intravenous solution reconstituted	1	
cefadroxil oral suspension reconstituted	3		Beta-lactam, Penicillins		
cefazolin sodium injection solution reconstituted 1 gm, 2 gm, 500 mg	1		amoxicillin	1	
cefazolin sodium intravenous solution reconstituted 1 gm	1		amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	1		amoxicillin-potassium clavulanate oral suspension reconstituted 250-62.5 mg/5ml	3	
cefdinir	1		amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
cefepime hcl injection	3		amoxicillin-potassium clavulanate oral tablet chewable 400-57 mg	1	
cefepime hcl intravenous solution 1 gm/50ml	3		ampicillin	1	
cefepime hcl intravenous solution reconstituted 2 gm	3		ampicillin sodium	1	
cefotetan disodium	1		ampicillin-sulbactam sodium	1	
cefoxitin sodium	1		AUGMENTIN ORAL SUSPENSION RECONSTITUTED	3	
cefpodoxime proxetil	3		BICILLIN L-A	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
dicloxacillin sodium	1	
nafcillin sodium	1	
penicillin g potassium injection solution reconstituted 20000000 unit	1	
penicillin v potassium	1	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1	
Carbapenems		
ertapenem sodium	3	
imipenem-cilastatin	3	
Macrolides		
azithromycin intravenous	1	
azithromycin oral	1	
clarithromycin oral suspension reconstituted	3	
clarithromycin oral tablet	1	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	
erythromycin base oral	3	
erythromycin ethylsuccinate oral	3	
erythromycin oral	3	
Quinolones		
BAXDELA ORAL	3	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
ciprofloxacin hcl oral	1	
ciprofloxacin in d5w	3	
levofloxacin intravenous	3	
levofloxacin oral solution	3	
levofloxacin oral tablet	1	

Drug Name	Drug Tier	Notes
moxifloxacin hcl in nacl	1	
moxifloxacin hcl oral	1	
ofloxacin oral	3	
Sulfonamides		
sulfadiazine oral	3	
sulfamethoxazole-trimethoprim	1	
sulfatrim pediatric	1	
Tetracyclines		
avidoxy	1	
demeclocycline hcl	3	
doxy 100	1	
doxycycline hyclate intravenous	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
MINOCIN	3	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
tetracycline hcl oral capsule	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL	3	ST
EPIDIOLEX	4	PA
levetiracetam er	3	
levetiracetam oral	1	
roweepra	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 Channel Modifying Agents		
CELONTIN	3	
ethosuximide oral capsule	1	
ethosuximide oral solution	3	
methsuximide	1	
zonisamide oral	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral tablet	2	PA
DIACOMIT	4	PA
diazepam rectal	3	QL
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
NAYZILAM	3	
pentobarbital sodium injection	1	
phenobarbital oral	1	
phenobarbital sodium injection	1	
primidone oral tablet 250 mg, 50 mg	1	
tiagabine hcl	3	
valproate sodium intravenous	1	
valproic acid oral	1	
Glutamate Reducing Agents		
FYCOMPA	3	
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	

Drug Name	Drug Tier	Notes
subvenite	1	
topiramate oral capsule sprinkle 15 mg	1	
topiramate oral capsule sprinkle 25 mg	3	
topiramate oral tablet	1	
Sodium Channel Agents		
carbamazepine er	3	
carbamazepine oral	1	
DILANTIN ORAL CAPSULE 30 MG	3	
epitol	1	
fosphenytoin sodium injection solution 500 mg pe/10ml	1	
lacosamide oral solution	1	
lacosamide oral tablet	3	
oxcarbazepine oral suspension	3	
oxcarbazepine oral tablet	1	
phenytek	3	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended oral capsule 100 mg	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	3	
phenytoin sodium injection	1	
rufinamide	3	PA
Antidementia Agents		
Cholinesterase Inhibitors		
donepezil hcl	1	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
rivastigmine	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
rivastigmine tartrate	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl er	3	QL
memantine hcl oral solution	3	
memantine hcl oral tablet	1	
Antidepressants		
Antidepressants, Other		
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	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	1	
perphenazine-amitriptyline	3	
Monoamine Oxidase Inhibitors		
MARPLAN	3	
phenelzine sulfate oral	3	
tranylcypromine sulfate	3	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	3	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST; QL
FETZIMA TITRATION	3	ST; QL

Drug Name	Drug Tier	Notes
fluoxetine hcl oral capsule	1	
fluvoxamine maleate	3	
fluvoxamine maleate er	3	QL
paroxetine hcl oral tablet	1	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	QL
vilazodone hcl	1	PA; QL
Tricyclics		
amitriptyline hcl oral	3	
amoxapine	3	
clomipramine hcl oral	3	
desipramine hcl oral	3	
doxepin hcl oral capsule	3	
doxepin hcl oral concentrate	3	
imipramine hcl oral	1	
nortriptyline hcl oral capsule	1	
nortriptyline hcl oral solution	3	
trimipramine maleate oral	3	
Antiemetics		
Antiemetics, Other		
compro	3	
dimenhydrinate injection	1	
droperidol injection	1	
meclizine hcl oral tablet 12.5 mg, 25 mg	1	
metoclopramide hcl injection	1	

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

Drug Name	Drug Tier	Notes
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
perphenazine oral	2	
prochlorperazine	3	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	3	
promethegan rectal suppository 12.5 mg, 25 mg	3	
scopolamine	2	
Emetogenic Therapy Adjuncts		
ANZEMET	3	QL
aprepitant oral capsule 125 mg, 40 mg, 80 mg	3	QL
dronabinol	3	PA; QL
fosaprepitant dimeglumine	1	
granisetron hcl intravenous	1	
granisetron hcl oral	1	QL
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
Antifungals		
ABELCET	3	
amphotericin b intravenous	1	
amphotericin b liposome	3	
caspofungin acetate	3	
ciclodan	1	

Drug Name	Drug Tier	Notes
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone external cream	1	
econazole nitrate external	1	
ERTACZO	3	PA
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1	
fluconazole oral	1	
flucytosine oral capsule 250 mg	1	
flucytosine oral capsule 500 mg	3	
griseofulvin microsize oral	3	
griseofulvin ultramicronsize	3	
GYNAZOLE-1	3	
itraconazole oral capsule	3	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	
LULICONAZOLE	3	PA
miconazole 3	1	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	3	
nystatin-triamcinolone	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
nystop	1	
SULCONAZOLE NITRATE EXTERNAL CREAM	3	PA
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
voriconazole oral tablet	3	PA
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol sodium	1	
colchicine oral tablet	1	
colchicine-probenecid	2	
febuxostat	3	ST
probenecid	2	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY	2	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL
Ergot Alkaloids		
dihydroergotamine mesylate injection	3	PA; QL
ergotamine-caffeine	3	PA; QL
Serotonin (5-HT) Receptor Agonists		
almotriptan malate	3	QL
eletriptan hydrobromide	3	QL
naratriptan hcl	1	QL
rizatriptan benzoate	1	QL

Drug Name	Drug Tier	Notes
sumatriptan nasal	3	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution	1	QL
sumatriptan succinate subcutaneous solution auto-injector	3	QL
zolmitriptan oral tablet	1	QL
zolmitriptan oral tablet dispersible	3	QL
Antimyasthenic Agents		
Parasympathomimetics		
neostigmine methylsulfate intravenous solution prefilled syringe 3 mg/3ml	3	
pyridostigmine bromide oral tablet	1	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	3	
rifabutin	3	
Antituberculars		
cycloserine oral	1	
ethambutol hcl oral	3	
isoniazid injection	1	
isoniazid oral	1	
PRIFTIN	3	
pyrazinamide oral	1	
rifampin intravenous	1	
rifampin oral	2	
SIRTURO	3	
TRECTOR	3	
Antineoplastics		
Alkylating Agents		
busulfan	4	

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

Drug Name	Drug Tier	Notes
cyclophosphamide injection	4	
cyclophosphamide oral capsule	CM	
CYCLOPHOSPHAMIDE ORAL TABLET	CM	
GLEOSTINE	CM	
LEUKERAN	CM	
MATULANE	CM	
melfhalan hcl	4	
MYLERAN	CM	
temozolomide	CM	PA
ZANOSAR	4	
Antiandrogens		
abiraterone acetate	CM	PA
bicalutamide	CM	
ORGOVYX	CM	PA
XTANDI	CM	PA
Antiangiogenic Agents		
lenalidomide	CM	PA
POMALYST	CM	PA
REVLIMID	CM	PA
THALOMID	CM	PA
Antiestrogens/Modifiers		
EMCYT	CM	
ORSERDU	CM	PA
tamoxifen citrate oral tablet 10 mg	CM	
tamoxifen citrate oral tablet 20 mg	CM	PV*
toremifene citrate	CM	
Antimetabolites		
capecitabine	CM	
decitabine	4	
DROXIA	3	
fludarabine phosphate	4	
fluorouracil intravenous	4	
hydroxyurea oral	CM	

Drug Name	Drug Tier	Notes
mercaptopurine oral	CM	
Antineoplastics, Other		
AMELUZ	3	
daunorubicin hcl	4	
diclofenac sodium external gel 3 %	1	QL
ETHYOL	4	
fluorouracil external cream	3	
fluorouracil external solution	1	
IXEMPRA KIT	4	
leucovorin calcium injection solution reconstituted	1	
leucovorin calcium oral	CM	
mitomycin intravenous	4	
mitoxantrone hcl	4	PA
mutamycin	4	
NINLARO	CM	PA
ONUREG	CM	PA
paclitaxel	4	
PIQRAY	CM	PA
PROLEUKIN	4	
ROZLYTREK ORAL CAPSULE	CM	PA
VERZENIO ORAL TABLET 100 MG, 50 MG	CM	PA
ZOLINZA	CM	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole oral	CM	PV*
exemestane	CM	PV*
letrozole oral	CM	
Enzyme Inhibitors		
etoposide oral	CM	
HYCAMTIN ORAL	CM	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Molecular Target Inhibitors			JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	CM	PA
ALECENSA	CM	PA	KOSELUGO	CM	PA
BELEODAQ	4	PA	lapatinib ditosylate	CM	PA
BOSULIF ORAL TABLET	CM	PA	LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	CM	PA
CABOMETYX	CM	PA	LYNPARZA	CM	PA
CAPRELSA ORAL TABLET 100 MG	CM	PA; QL	MEKINIST	CM	PA
CAPRELSA ORAL TABLET 300 MG	CM	PA	NEXAVAR	CM	PA
COMETRIQ	CM	PA	OGSIVEO	CM	PA
COTELLIC	CM	PA	pazopanib hcl	CM	PA
dasatinib	CM	PA	QINLOCK	CM	PA
ERIVEDGE	CM	PA	RETEVMO ORAL CAPSULE	CM	PA
erlotinib hcl oral tablet 100 mg, 150 mg	CM	PA	RYDAPT	CM	PA
erlotinib hcl oral tablet 25 mg	CM	PA; QL	sorafenib tosylate	CM	PA
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	CM	PA; QL	SPRYCEL	CM	PA
everolimus oral tablet soluble	CM	PA	STIVARGA	CM	PA
GILOTRIF	CM	PA; QL	sunitinib malate	CM	PA
IBRANCE	CM	PA	TABRECTA	CM	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	CM	PA; QL	TAFINLAR	CM	PA
ICLUSIG ORAL TABLET 30 MG, 45 MG	CM	PA	TAGRISSEO ORAL TABLET 40 MG	CM	PA; QL
imatinib mesylate	CM	PA	TAGRISSEO ORAL TABLET 80 MG	CM	PA
IMBRUVICA ORAL CAPSULE	CM	PA; QL	TASIGNA	CM	PA
IMBRUVICA ORAL SUSPENSION	CM	PA	torpenz	CM	PA; QL
IMBRUVICA ORAL TABLET	CM	PA; QL	TUKYSA	CM	PA
INLYTA	CM	PA	TURALIO	CM	PA
JAKAFI ORAL TABLET 10 MG, 5 MG	CM	PA; QL	VENCLEXTA	CM	PA
			VENCLEXTA STARTING PACK	CM	PA
			VOTRIENT	CM	PA

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

Drug Name	Drug Tier	Notes
XALKORI ORAL CAPSULE	CM	PA
ZELBORAF	CM	PA
ZYDELIG	CM	PA
ZYKADIA	CM	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
ADCETRIS	4	PA
ENHERTU	4	PA
RITUXAN	3	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML	3	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1600-26800 MG -UT/13.4ML	4	PA
RUXIENCE	3	PA
Retinoids		
bexarotene external	4	PA
bexarotene oral	CM	PA
tretinoin oral	CM	
Treatment Adjuncts		
MESNEX ORAL	CM	
Antiparasitics		
Anthelmintics		
albendazole oral	3	PA
EMVERM	2	
ivermectin oral	3	
praziquantel oral	3	
Antiprotozoals		
atovaquone	3	
atovaquone-proguanil hcl oral tablet 250-100 mg	3	
atovaquone-proguanil hcl oral tablet 62.5-25 mg	1	
BENZNIDAZOLE	3	

Drug Name	Drug Tier	Notes
chloroquine phosphate oral	3	
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	
mefloquine hcl	1	
nitazoxanide oral	3	
primaquine phosphate	1	
pyrimethamine oral	4	PA
Pediculicides/Scabicides		
malathion	3	
permethrin external	1	
spinosad	3	
sulfurated lime	1	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate	1	
trihexyphenidyl hcl	1	
Antiparkinson Agents, Other		
amantadine hcl oral capsule	1	
amantadine hcl oral solution	1	
entacapone	3	
tolcapone	1	
Dopamine Agonists		
apomorphine hcl subcutaneous	4	PA; QL
bromocriptine mesylate oral	3	
NEUPRO	3	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
ropinirole hcl er	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
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral	3	
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate oral	3	
selegiline hcl oral	1	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl oral tablet	3	
fluphenazine hcl oral tablet	3	
haloperidol decanoate intramuscular	1	
haloperidol lactate injection	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral	1	
loxapine succinate	3	
pimozide	3	
thioridazine hcl oral	1	
thiothixene	3	
trifluoperazine hcl	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	3	
aripiprazole oral tablet	1	QL
asenapine maleate	3	QL
FANAPT	3	ST; QL
FANAPT TITRATION PACK	3	ST; QL
INVEGA HAFYERA	3	ST
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
lurasidone hcl	1	QL

Drug Name	Drug Tier	Notes
olanzapine intramuscular	3	
olanzapine oral tablet	1	QL
paliperidone er	3	QL
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
RISPERDAL CONSTA	3	
risperidone microspheres er	1	
risperidone oral tablet	1	QL
ziprasidone hcl	3	QL
Treatment-Resistant		
clozapine oral tablet	3	QL
Antivirals		
LAGEVRIO	3	QL; AL (Min 18 Years)
PAXLOVID (150/100)	3	QL; AL (Min 12 Years)
PAXLOVID (300/100)	3	QL; AL (Min 12 Years)
Anti-cytomegalovirus (CMV) Agents		
cidofovir intravenous	1	
valganciclovir hcl	3	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	3	
BARACLUDGE ORAL SOLUTION	3	QL
entecavir	1	QL
lamivudine oral tablet 100 mg	1	
Anti-hepatitis C (HCV) Agents		
EPCLUSA	3	PA; QL
HARVONI	4	PA; QL
MAVYRET	3	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
PEGASYS	4	PA
ribavirin oral	4	
ZEPATIER	4	PA; QL
Antiherpetic Agents		
acyclovir external ointment	1	QL
acyclovir oral capsule	1	
acyclovir oral suspension	3	
acyclovir oral tablet	1	
acyclovir sodium	1	
famciclovir oral	1	
valacyclovir hcl oral	1	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	3	QL
DOVATO	2	QL
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
TIVICAY	2	
TIVICAY PD	2	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	3	QL
EDURANT	3	
efavirenz	3	
efavirenz-emtricitab-tenofo df	3	QL
efavirenz-lamivudine-tenofovir	3	QL
etravirine	3	
INTELENCE ORAL TABLET 25 MG	3	
nevirapine	3	
nevirapine er	3	
PIFELTRO	3	

Drug Name	Drug Tier	Notes
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate oral solution	3	
abacavir sulfate oral tablet	1	
abacavir sulfate-lamivudine	3	QL
CIMDUO	2	QL
emtricitabine	3	
emtricitabine-tenofovir df	3	PV*; QL
EMTRIVA ORAL SOLUTION	2	
lamivudine oral solution	3	
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine	3	QL
ODEFSEY	3	QL
tenofovir disoproxil fumarate	1	PV*
TRIUMEQ	2	QL
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG	3	
VIREAD ORAL TABLET 200 MG, 250 MG	2	
zidovudine	3	
Anti-HIV Agents, Other		
FUZEON	2	
maraviroc	1	PA
RUKOBIA	2	
SELZENTRY ORAL SOLUTION	2	PA
Anti-HIV Agents, Protease Inhibitors		
atazanavir sulfate	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
darunavir	1	
EVOTAZ	2	QL
fosamprenavir calcium	3	
lopinavir-ritonavir oral solution	3	
lopinavir-ritonavir oral tablet 100-25 mg	1	
lopinavir-ritonavir oral tablet 200-50 mg	3	
NORVIR ORAL PACKET	2	
PREZCOBIX	2	QL
PREZISTA	2	
REYATAZ ORAL PACKET	2	
ritonavir	3	
SYMTUZA	3	QL
VIRACEPT	4	
Anti-influenza Agents		
oseltamivir phosphate oral	3	QL
RELENZA DISKHALER	3	QL
rimantadine hcl	1	
Anxiolytics		
Anxiolytics, Other		
bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg	1	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral capsule 100 mg	3	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	1	
meprobamate	3	
Benzodiazepines		
alprazolam er	2	QL
alprazolam oral tablet	1	QL
alprazolam xr	2	QL
chlordiazepoxide hcl	1	QL

Drug Name	Drug Tier	Notes
clonazepam oral tablet	1	QL
diazepam intensol	2	
diazepam oral concentrate	2	
diazepam oral solution	2	
diazepam oral tablet	1	
lorazepam injection	1	
lorazepam intensol	3	QL
lorazepam oral concentrate 2 mg/ml	3	QL
lorazepam oral tablet	1	QL
Bipolar Agents		
Mood Stabilizers		
divalproex sodium er	1	
divalproex sodium oral capsule delayed release sprinkle	3	
divalproex sodium oral tablet delayed release	1	
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
Blood Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
CARESENS LANCETS 30G	2	
CEQUR SIMPLICITY 2U 10PK	2	
CHEMSTRIP 10 MD	3	
CHEMSTRIP 10/SG	3	
CHEMSTRIP 2 GP	3	
CHEMSTRIP 5 OB	3	
CHEMSTRIP 7	3	
CHEMSTRIP 9	3	
CHEMSTRIP K	3	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
CHEMSTRIP UGK	3		INPEN 100-PINK-LILLY-HUMALOG	3	
CHOSEN LANCETS 30G	2		INPEN 100-PINK-NOVOLOG-FIASP	3	
CHOSEN SAFETY LANCETS 28G	2		KETO-DIASTIX	3	
CLEVER CHOICE COMFORT EZ	2		KETONE TEST	3	
COMFORT TOUCH TWIST LANCET 30G	2		KETOSTIX	3	
CONTOUR CONTROL SOLUTION	2		LANCETS	2	
CONTOUR MONITOR DEVICE	2		LANCETS SUPER THIN	2	
CONTOUR MONITOR KIT W/DEVICE	2		NOVOPEN ECHO	3	
CONTOUR NEXT CONTROL SOLUTION	2		ONETOUCH DELICA PLUS LANCING	3	
CONTOUR NEXT EZ KIT W/DEVICE	2		ONETOUCH DELICA SAFETY LANCING	2	
CONTOUR NEXT GEN MONITOR KIT	2		PERFECT POINT SAFETY LANCETS	2	
CONTOUR NEXT LINK KIT W/DEVICE	2		TECHLITE LANCETS 26G	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2		VERIFINE SAFE LANCET MINI 21G	2	
CONTOUR NEXT ONE KIT	2		VERIFINE SAFE LANCET MINI 23G	2	
CONTOUR NEXT GEN TEST STRIPS	2	QL	VERIFINE SAFE LANCET MINI 28G	2	
CONTOUR TEST STRIPS	2	QL	VERIFINE SAFE LANCET MINI 30G	2	
CVS KETONE CARE	3		VIVAGUARD LANCETS 30G	2	
INPEN 100-BLUE-LILLY-HUMALOG	3		VIVAGUARD SAFETY LANCETS 28G	2	
INPEN 100-BLUE-NOVOLOG-FIASP	3		Blood Glucose Regulators		
INPEN 100-GREY-LILLY-HUMALOG	3		Antidiabetic Agents		
INPEN 100-GREY-NOVOLOG-FIASP	3		acarbose oral	3	
			BYDUREON BCISE AUTOINJECTOR	2	PA; QL
			BYETTA 10 MCG PEN	2	PA; QL
			BYETTA 5 MCG PEN	2	PA; QL
			FARXIGA	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
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide xl	1	
glipizide-metformin hcl	3	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	3	
GLYXAMBI	2	
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	
JENTADUETO	2	ST
JENTADUETO XR	2	ST
LIRAGLUTIDE	2	PA; QL
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
MOUNJARO	2	PA; QL
nateglinide	3	
OZEMPIC	2	PA; QL
pioglitazone hcl	1	
repaglinide	3	
RYBELSUS	2	PA; QL
SOLIQUA	2	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	ST
TRULICITY	2	PA; QL
VICTOZA	2	PA; QL
XIGDUO XR	2	
XULTOPHY	2	

Drug Name	Drug Tier	Notes
Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
diazoxide oral	1	
glucagon emergency kit	1	
GLUCAGON EMERGENCY KIT	2	Made by Fresenius
Insulins		
HUMALOG	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	2	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	2	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	2	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	2	
HUMULIN R VIAL	2	
INSULIN LISPRO	2	
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LEVEMIR FLEXPEN	3	PA
LEVEMIR U-100 VIAL	3	PA
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	3	PA
TRESIBA FLEXTOUCH	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
Blood Products and Modifiers		
SOLIRIS	4	PA
Anticoagulants		
dabigatran etexilate mesylate	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	3	
fondaparinux sodium	3	
heparin sodium (porcine) injection solution prefilled syringe	1	
heparin sodium (porcine) pf injection solution 5000 unit/ml	3	
jantoven	1	
PRADAXA ORAL CAPSULE 110 MG	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Blood Formation Modifiers		
anagrelide hcl	3	
ARANESP (ALBUMIN FREE)	4	PA
MOZOBIL	4	
NEULASTA	4	PA
NEULASTA ONPRO	4	PA
NIVESTYM	4	PA
plerixafor	4	
PROMACTA	4	PA
PYRUKYND	4	PA; QL
PYRUKYND TAPER PACK	4	PA; QL
REBLOZYL	4	PA
RETACRIT	4	PA

Drug Name	Drug Tier	Notes
Hemostasis Agents		
ALPHANATE	4	
aminocaproic acid oral tablet	3	
COAGADDEX	4	
CORIFACT	4	
ELOCTATE	4	
FEIBA	4	
HEMLIBRA	4	
HUMATE-P	4	
NOVOEIGHT	4	
NOVOSEVEN RT	4	
NUWIQ	4	
OBIZUR	4	
RECOMBINATE	4	
RIASTAP	4	
RIXUBIS	4	
XYNTHA	4	
XYNTHA SOLOFUSE	4	
Platelet Modifying Agents		
aspirin-dipyridamole er	3	
BRILINTA	2	
CABLIVI	4	PA; QL
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	2	
prasugrel hcl	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl oral	1	
guanfacine hcl	1	
midodrine hcl	1	
Alpha-adrenergic Blocking Agents		
doxazosin mesylate oral	1	
phenoxybenzamine hcl oral	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
prazosin hcl oral	1	
Angiotensin II Receptor Antagonists		
irbesartan	1	
losartan potassium oral	1	
olmesartan medoxomil oral	1	
telmisartan	1	
valsartan oral tablet	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl oral	1	
enalapril maleate oral tablet	1	
fosinopril sodium	1	
lisinopril oral	1	
quinapril hcl	1	
ramipril	1	
trandolapril	1	
Antiarrhythmics		
amiodarone hcl oral tablet 200 mg	1	
disopyramide phosphate	3	
dofetilide	3	
flecainide acetate	1	
mexiletine hcl oral	3	
procainamide hcl injection solution 100 mg/ml	3	
propafenone hcl	1	
quinidine sulfate	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
Beta-adrenergic Blocking Agents		
acebutolol hcl oral	2	
atenolol oral	1	
betaxolol hcl oral	1	
bisoprolol fumarate oral	1	

Drug Name	Drug Tier	Notes
carvedilol	1	
labetalol hcl oral	1	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
nebivolol hcl	3	
pindolol	3	
propranolol hcl er	3	
propranolol hcl intravenous	1	
propranolol hcl oral	1	
Calcium Channel Blocking Agents		
amlodipine besylate oral	1	
cartia xt	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl oral	1	
dilt-xr	1	
felodipine er	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg	1	
nifedipine er oral tablet extended release 24 hour 90 mg	3	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	1	

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

Drug Name	Drug Tier	Notes
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	3	
nimodipine oral	3	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
Cardiovascular Agents, Other		
amiloride-hydrochlorothiazide	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	3	
amlodipine-olmesartan	3	
atenolol-chlorthalidone	1	
bisoprolol-hydrochlorothiazide	1	
digoxin oral solution	3	
digoxin oral tablet 125 mcg, 250 mcg	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO	2	QL
epinephrine injection solution	1	
epinephrine pf	1	
irbesartan-hydrochlorothiazide	1	
lisinopril-hydrochlorothiazide	1	
losartan potassium-hctz	1	
mannitol intravenous solution 20 %	3	
metyrosine	1	PA; QL

Drug Name	Drug Tier	Notes
olmesartan medoxomil-hctz	1	
pentoxifylline er	1	
quinapril-hydrochlorothiazide	1	
ranolazine er	3	
spironolactone-hctz	1	
triamterene-hctz	1	
valsartan-hydrochlorothiazide	1	
VYNDAMAX	4	PA; QL
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide er	3	
acetazolamide oral	3	
Diuretics, Loop		
bumetanide oral	1	
ethacrynic acid	3	
furosemide injection	1	
furosemide oral	1	
toremide	1	
Diuretics, Potassium-sparing		
amiloride hcl oral	1	
eplerenone	3	
spironolactone oral tablet	1	
Diuretics, Thiazide		
chlorthalidone	1	
hydrochlorothiazide oral	1	
indapamide	1	
metolazone	3	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg	3	
fenofibrate micronized oral capsule 67 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
fenofibrate oral capsule 134 mg, 200 mg	3	
fenofibrate oral capsule 67 mg	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	3	
gemfibrozil oral	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg	1	PV*
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
fluvastatin sodium	3	
	1	PV; AL (Min 40 Years and Max 75 Years)
lovastatin oral		
pravastatin sodium	1	PV*
rosuvastatin calcium oral	1	PV*
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	PV*
simvastatin oral tablet 80 mg	1	
Dyslipidemics, Other		
cholestyramine light	3	
cholestyramine oral	3	
colesevelam hcl oral tablet	3	
colestipol hcl	3	
ezetimibe	1	
ezetimibe-simvastatin	3	
niacin er (antihyperlipidemic)	3	
omega-3-acid ethyl esters	3	
prevalite	3	

Drug Name	Drug Tier	Notes
REPATHA	2	PA; QL
REPATHA PUSHTRONEX SYSTEM	2	PA; QL
REPATHA SURECLICK	2	PA; QL
Vasodilators, Direct-acting Arterial		
hydralazine hcl oral	1	
minoxidil oral	1	
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
nitroglycerin rectal	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
RECTIV	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine sulfate	3	QL
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
dextroamphetamine sulfate er	3	QL
dextroamphetamine sulfate oral solution	3	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL
lisdexamfetamine dimesylate	1	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
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl	3	QL
clonidine hcl er oral tablet extended release 12 hour	1	
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	3	QL
guanfacine hcl er	3	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	3	QL
methylphenidate hcl er oral tablet extended release	3	QL
methylphenidate hcl oral tablet	1	QL
Central Nervous System, Other		
riluzole	3	
SKYCLARYS	4	PA; QL
tetrabenazine	4	PA
Fibromyalgia Agents		
pregabalin oral capsule	1	QL
pregabalin oral solution	3	QL
SAVELLA	3	ST; QL
SAVELLA TITRATION PACK	3	ST; QL
Multiple Sclerosis Agents		
AVONEX PEN	4	PA; QL
AVONEX PREFILLED	4	PA; QL
BAFIERTAM	4	PA; QL
BETASERON	4	PA; QL
dalfampridine er	4	PA; QL
dimethyl fumarate oral	3	PA; QL
dimethyl fumarate starter pack	3	PA; QL

Drug Name	Drug Tier	Notes
fingolimod hcl	4	PA; QL
GILENYA ORAL CAPSULE 0.25 MG	4	PA; QL
glatiramer acetate	4	PA; QL
glatopa	4	PA; QL
MAYZENT	4	PA; QL
MAYZENT STARTER PACK	4	PA; QL
TYSABRI	4	PA; QL
Dental and Oral Agents		
cevimeline hcl	3	
chlorhexidine gluconate mouth/throat	1	
easygel	1	
fluoridex daily renewal	1	
kourzeq	1	
oralone	1	
periogard	1	
pilocarpine hcl oral tablet 5 mg	2	
pilocarpine hcl oral tablet 7.5 mg	3	
PREVIDENT MOUTH/THROAT	3	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm dental cream	1	
sodium fluoride 5000 ppm dental gel	1	
sodium fluoride dental	1	
sodium fluoride mouth/throat	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents		
acutane	3	
acitretin	3	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
adapalene external cream	3		ery pad 2%	3	
adapalene external gel 0.1 %	1		erythromycin external	1	
adapalene external gel 0.3 %	3		imiquimod external cream 5 %	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1		isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	3		ivermectin external cream	3	
ammonium lactate external	1		lactic acid e	1	
amnestem	3		lactic acid external	1	
benzoyl peroxide-erythromycin	3		metronidazole external cream	1	
calcipotriene external ointment	3		metronidazole external gel 0.75 %	1	
calcipotriene external solution	3		neucac	1	
calcitriol external	3		pimecrolimus	3	ST; QL
CIBINQO	4	PA; QL	podofilox external solution	1	
claravis	3		REGRANEX	3	PA
clindacin etz external swab	1		SANTYL	3	QL
clindacin-p	1		selenium sulfide external lotion	1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1		SKYRIZI INTRAVENOUS	4	PA
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %	3		SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QL
clindamycin phosphate external gel	1		SPEVIGO SUBCUTANEOUS	4	PA; QL
clindamycin phosphate external solution	1		STELARA INTRAVENOUS	4	PA
clindamycin phosphate external swab	1		STELARA SUBCUTANEOUS	4	PA; QL
coal tar external	1		sulfacetamide sodium (acne)	3	
DUPIXENT	4	PA; QL	tacrolimus external	3	QL
			TALTZ	4	PA; QL
			tazarotene external cream 0.1 %	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
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QL
tretinoin external cream 0.025 %, 0.05 %	2	
tretinoin external cream 0.1 %	3	
tretinoin external gel 0.01 %, 0.025 %	3	
zenatane	3	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
carglumic acid	4	PA
corvita 150	1	
ferocon	1	
ferotinsic	1	
ferrocite plus	1	
foltrin	1	
iodine strong oral	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral packet	3	
klor-con oral tablet extended release	1	
k-tan plus	1	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
LIQUACEL	3	
na ferric gluc cplx in sucrose	1	

Drug Name	Drug Tier	Notes
PKU GOLIKE 10G P.E.	2	
polysaccharide iron forte	1	
potassium chloride cryser	1	
potassium chloride er	1	
potassium chloride intravenous solution 10 meq/50ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	1	
potassium chloride oral packet	3	
potassium chloride oral solution	1	
potassium citrate er	2	
purevit dualfe plus	1	
se-tan plus	1	
sod citrate-citric acid	1	
sodium acetate intravenous solution 2 meq/ml	3	
sodium fluoride oral	1	PV
trigels-f forte	1	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	3	
deferasirox oral tablet soluble	3	PA
deferiprone	3	PA
sodium polystyrene sulfonate	1	
SPS	3	
trientine hcl oral capsule 250 mg	4	PA
Phosphate Binders		
calcium acetate (phos binder)	1	
calcium acetate oral tablet 667 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
FOSRENOL ORAL PACKET	3	
sevelamer carbonate oral tablet	3	
Vitamins		
biocel	1	
bp vit 3	1	
b-plex	1	
b-plex plus	1	
cyanocobalamin injection solution 1000 mcg/ml	1	
cyanocobalamin nasal	1	
ergocalciferol oral capsule	1	
fa-vitamin b-6-vitamin b-12	1	
folate	1	PV
folbee plus	1	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	PV
folplex 2.2	1	
ft folic acid	1	PV
hydroxocobalamin acetate	1	
lysiplex plus oral tablet	1	
MASONATAL	3	PV
multivitamin w/fluoride	1	
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
multi-vitamin/fluoride/iron	1	
NASCOBAL	3	
NEONATAL PRENATAL	3	PV
nephronex oral tablet	1	
nutrifac zx	1	
ONE VITE WOMENS	3	PV
ONE-A-DAY WOMENS PRENATAL 1	3	PV

Drug Name	Drug Tier	Notes
phytonadione injection	1	
phytonadione oral	3	
prenatal multi +dha	1	PV
prenatal oral tablet 27-0.8 mg	1	PV
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral	1	
prenatal vitamins oral tablet 27-0.8 mg	1	PV
prenatal/folic acid+dha	1	PV
pyridoxine hcl injection	1	
thiamine hcl injection	1	
triphrocaps	1	
tri-vite/fluoride	1	
TRUE FOLIC ACID ORAL TABLET 400 MCG	3	PV
v-c forte	1	
vita s forte	1	
vitacel	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
vitamin k1 injection	1	
wescaps	1	
yl folic acid	1	PV
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
dicyclomine hcl oral	1	
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml	1	
glycopyrrolate oral solution	1	PA
glycopyrrolate oral tablet 1 mg, 2 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
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sublingual	1	
methscopolamine bromide oral	3	
Gastrointestinal Agents, Other		
alvimopan	1	
amoxicill-clarithro-lansopraz	3	
bis subcit-metronid-tetracyc	1	
bismuth/metronidaz/tetra cyclin	1	
cromolyn sodium oral	3	
diphenoxylate-atropine oral tablet	1	
GATTEX	4	PA
loperamide hcl oral capsule	1	
MOTEGRITY	3	ST; QL
MOTOFEN	3	PA
OMECLAMOX-PAK	2	
REBYOTA	4	PA
SYMPROIC	2	ST; QL
ursodiol oral capsule 300 mg	3	
ursodiol oral tablet	3	
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl	1	
cimetidine oral	1	
famotidine (pf)	1	
famotidine oral suspension reconstituted	3	
famotidine oral tablet 20 mg, 40 mg	1	

Drug Name	Drug Tier	Notes
nizatidine	1	
Irritable Bowel Syndrome Agents		
alosetron hcl	3	PA
LINZESS	2	ST; QL
lubiprostone	2	QL
Laxatives		
	1	PV; QL; AL (Min 45 Years and Max 75 Years)
bisacodyl ec		
	1	PV; QL; AL (Min 45 Years and Max 75 Years)
bisacodyl oral		
	1	PV; QL; AL (Min 45 Years and Max 75 Years)
citroma		
	1	PV; QL; AL (Min 45 Years and Max 75 Years)
clearlax		
constulose	1	
enulose	1	
	1	PV; QL; AL (Min 45 Years and Max 75 Years)
ft clearlax		
	1	PV; QL; AL (Min 45 Years and Max 75 Years)
ft laxative		
	1	PV; QL; AL (Min 45 Years and Max 75 Years)
ft magnesium citrate		

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
gavilax oral powder	1	PV; QL; AL (Min 45 Years and Max 75 Years)	mm clearlax	1	PV; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-c	1	PV; QL; AL (Min 45 Years and Max 75 Years)	na sulfate-k sulfate-mg sulf	1	PV; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-g	1	PV; QL; AL (Min 45 Years and Max 75 Years)	peg 3350-kcl-na bicarb-nacl	1	PV; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-n with flavor pack	1	PV; QL; AL (Min 45 Years and Max 75 Years)	peg-3350/electrolytes	1	PV; QL; AL (Min 45 Years and Max 75 Years)
generlac	1		peg-3350/electrolytes/ascorb at	1	
gentle laxative oral tablet delayed release	1	PV; QL; AL (Min 45 Years and Max 75 Years)	peg-kcl-nacl-nasulf-na asc-c	1	
gentlelax	1	PV; QL; AL (Min 45 Years and Max 75 Years)	PLENVU	3	ST
glycolax	1	PV; QL; AL (Min 45 Years and Max 75 Years)	polyethylene glycol 3350 oral powder	1	PV; QL; AL (Min 45 Years and Max 75 Years)
lactulose encephalopathy oral solution 10 gm/15ml	1		true laxative	1	PV; QL; AL (Min 45 Years and Max 75 Years)
lactulose oral solution	1		Protectants		
magnesium citrate oral solution	1	PV; QL; AL (Min 45 Years and Max 75 Years)	misoprostol oral	1	
mineral oil heavy oral	1		sucalfate oral tablet	1	
			Proton Pump Inhibitors		
			esomeprazole		
			magnesium oral capsule delayed release 40 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
lansoprazole oral capsule delayed release	1	QL
omeprazole oral capsule delayed release	1	QL
pantoprazole sodium intravenous	1	QL
pantoprazole sodium oral tablet delayed release	1	QL
rabeprazole sodium oral tablet delayed release	2	QL
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
betaine	4	
CERDELGA	4	PA
CHOLBAM	4	PA
CREON	2	
CYSTAGON	4	
EVRYSDI	4	PA; QL
GALAFOLD	4	PA; QL
miglustat	4	PA
MYALEPT	4	PA
nitisinone	4	PA
ORFADIN ORAL CAPSULE 20 MG	4	PA
ORFADIN ORAL SUSPENSION	4	PA
PROLASTIN-C	4	PA
REVCOVI	4	PA
sapropterin dihydrochloride	4	PA
sod benz-sod phenylacet	1	
sodium phenylbutyrate oral	4	PA
STRENSIQ	4	PA
SUCRAID	4	PA
TEGSEDI	4	PA; QL
yargesa	4	PA
ZENPEP	2	

Drug Name	Drug Tier	Notes
Genitourinary Agents		
Antispasmodics, Urinary		
fesoterodine fumarate er	3	
flavoxate hcl	1	
mirabegron er	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
oxybutynin chloride er	1	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 5 mg	1	
solifenacin succinate	1	
tolterodine tartrate	2	
tolterodine tartrate er	2	
tropium chloride	1	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
silodosin	2	
tamsulosin hcl	1	
terazosin hcl	1	
Genitourinary Agents, Other		
acetic acid irrigation	1	
bethanechol chloride oral	1	
ENCARE	3	PV
glycine irrigation	1	
glycine urologic	1	
OPTIONS GYNOL II CONTRACEPTIVE	3	PV
penicillamine oral tablet	4	
phenazo oral tablet 200 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	Drug Name	Drug Tier	Notes
phenazopyridine hcl oral tablet 100 mg, 200 mg	1		clobetasol propionate external gel	3	
RENACIDIN	3		clobetasol propionate external ointment	3	
sorbitol-mannitol	1		clobetasol propionate external solution	3	
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL	clocortolone pivalate	3	
TODAY SPONGE	3	PV	DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	3	
VCF VAGINAL CONTRACEPTIVE	3	PV	desonide external cream	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			desonide external ointment	3	
ala-cort	1		desoximetasone external cream 0.25 %	1	
alclometasone dipropionate	1		desoximetasone external liquid	3	
betamethasone dipropionate aug external cream	1		desoximetasone external ointment 0.25 %	3	
betamethasone dipropionate aug external lotion	3		dexamethasone intensol	1	
betamethasone dipropionate aug external ointment	3		dexamethasone oral elixir	3	
betamethasone dipropionate external cream	1		dexamethasone oral solution	1	
betamethasone dipropionate external lotion	1		dexamethasone oral tablet	1	
betamethasone dipropionate external ointment	3		dexamethasone sod phos +rfid	1	
betamethasone valerate external cream	1		dexamethasone sod phosphate pf	1	
betamethasone valerate external lotion	1		dexamethasone sodium phosphate injection	1	
betamethasone valerate external ointment	1		diflorasone diacetate external cream	3	
clobetasol propionate external cream	3		fludrocortisone acetate oral	1	
			fluocinolone acetonide body	1	
			fluocinolone acetonide external cream	3	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
fluocinolone acetonide external ointment	3		prednisolone oral solution	1	
fluocinolone acetonide external solution	1		prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml	1	QL
fluocinolone acetonide scalp	1		prednisone oral tablet	1	
fluocinonide emulsified base	3		prednisone oral tablet therapy pack	1	
fluocinonide external	1		SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG	3	
flurandrenolide external cream	3		triamcinolone acetonide external cream	1	
fluticasone propionate external cream	1		triamcinolone acetonide external lotion	1	
fluticasone propionate external ointment	1		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
halcinonide	3	ST	triamcinolone acetonide injection suspension 40 mg/ml	1	
halobetasol propionate external cream	3		TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 80 MG/ML	3	
halobetasol propionate external ointment	3		triderm	1	
hydrocortisone butyrate external solution	1		Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
hydrocortisone external cream 1 %, 2.5 %	1		cabergoline	1	
hydrocortisone external lotion 2.5 %	1		CHORIONIC GONADOTROPIN INTRAMUSCULAR	4	PA
hydrocortisone external ointment 1 %, 2.5 %	1		desmopressin ace spray refrig	3	
hydrocortisone oral	1		desmopressin acetate oral	3	
hydrocortisone valerate external cream	3		desmopressin acetate spray	3	
KENALOG-10	3		INCRELEX	4	PA
KENALOG-80	3				
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1				
methylprednisolone oral	1				
mometasone furoate 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
NORDITROPIN FLEXPRO	4	PA
NUTROPIN AQ NUSPIN 10	4	PA
NUTROPIN AQ NUSPIN 20	4	PA
NUTROPIN AQ NUSPIN 5	4	PA
OMNITROPE	4	PA
oxytocin injection	1	
PREGNYL	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
mifepristone oral tablet 200 mg	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol oral	3	
INTRAROSA	3	ST
testosterone cypionate intramuscular	1	PA
testosterone enanthate intramuscular	1	PA
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	3	PA
testosterone transdermal solution	3	PA
Estrogens		
afirmelle	1	PV
altavera	1	PV
alyacen 1/35	1	PV
alyacen 7/7/7	1	PV

Drug Name	Drug Tier	Notes
amethyst	1	PV
ANNOVERA	3	PV; QL
apri	1	PV
aranelle	1	PV
ashlyna	1	PV; QL
aubra eq	1	PV
aurovela 1.5/30	1	PV
aurovela 1/20	1	PV
aurovela 24 fe	1	PV
aurovela fe 1.5/30	1	PV
aurovela fe 1/20	1	PV
aviane	1	PV
ayuna	1	PV
azurette	1	PV
balziva	1	PV
blisovi 24 fe	1	PV
blisovi fe 1.5/30	1	PV
blisovi fe 1/20	1	PV
briellyn	1	PV
camrese	1	PV; QL
camrese lo	1	PV; QL
charlotte 24 fe	1	PV
chateal eq	1	PV
COMBIPATCH	3	
cryselle-28	1	PV
cyred eq	1	PV
dasetta 1/35	1	PV
dasetta 7/7/7	1	PV
daysee	1	PV; QL
delyla	1	PV
desogestrel-ethinyl estradiol	1	PV
dolishale	1	PV
dotti	3	
drospiren-eth estrad-levomefol	1	PV

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
drospirenone-ethinyl estradiol	1	PV	jasmiel	1	PV
elinest	1	PV	jinteli	2	
eluryng	1	PV	jolessa	1	PV; QL
enilloring	1	PV	joyeaux	1	PV
enpresse-28	1	PV	juleber	1	PV
enskyce	1	PV	junel 1.5/30	1	PV
estarylla	1	PV	junel 1/20	1	PV
estradiol oral	1		junel fe 1.5/30	1	PV
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1		junel fe 1/20	1	PV
estradiol transdermal patch twice weekly	3		junel fe 24	1	PV
estradiol transdermal patch weekly	1		kaitlib fe	1	PV
estradiol vaginal cream	1		kalliga	1	PV
estradiol vaginal tablet	3		kariva	1	PV
estradiol-norethindrone acet	1		kelnor 1/35	1	PV
ethynodiol diac-eth estradiol	1	PV	kelnor 1/50	1	PV
etonogestrel-ethinyl estradiol	1	PV	kurvelo	1	PV
falmina	1	PV	larin 1.5/30	1	PV
finzala	1	PV	larin 1/20	1	PV
fyavolv	2		larin 24 fe	1	PV
gemmily	1	PV	larin fe 1.5/30	1	PV
hailey 1.5/30	1	PV	larin fe 1/20	1	PV
hailey 24 fe	1	PV	layolis fe	1	PV
hailey fe 1.5/30	1	PV	leena	1	PV
hailey fe 1/20	1	PV	lessina	1	PV
haloette	1	PV	levonest	1	PV
iclevia	1	PV; QL	levonorgest-eth est & eth est	1	PV; QL
introvale	1	PV; QL	levonorgest-eth estrad 91-day	1	PV; QL
isibloom	1	PV	levonorgest-eth estradiol-iron	1	PV
jaimiess	1	PV; QL	levonorgestrel-ethinyl estrad	1	PV
			levonorg-eth estrad triphasic	1	PV
			levora 0.15/30 (28)	1	PV
			lojaimiess	1	PV; QL
			loryna	1	PV

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
low-ogestrel	1	PV	nortrel 1/35 (28)	1	PV
lo-zumandimine	1	PV	nortrel 7/7/7	1	PV
luteria	1	PV	nylia 1/35	1	PV
lyllana	3		nylia 7/7/7	1	PV
marlissa	1	PV	nymyo oral tablet 0.25-35 mg-mcg	1	PV
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2		ocella	1	PV
merzee	1	PV	philith	1	PV
mibelas 24 fe	1	PV	pimtrea	1	PV
microgestin 1.5/30	1	PV	portia-28	1	PV
microgestin 1/20	1	PV	PREMARIN ORAL	2	
microgestin 24 fe oral tablet 1-20 mg-mcg	1	PV	PREMARIN VAGINAL	2	
microgestin fe 1.5/30	1	PV	PREMPHASE	2	
microgestin fe 1/20	1	PV	PREMPRO	2	
mili	1	PV	reclipsen	1	PV
mimvey	1		rivelsa	1	PV; QL
mono-linyah	1	PV	setlakin	1	PV; QL
NATAZIA	2	PV	simliya	1	PV
necon 0.5/35 (28)	1	PV	simpesse	1	PV; QL
nikki	1	PV	sprintec 28	1	PV
norelgestromin-eth estradiol	1	PV	sronyx	1	PV
norethin ace-eth estrad-fe	1	PV	syeda	1	PV
norethindrone acet-ethinyl est	1	PV	tarina 24 fe	1	PV
norethindrone-eth estradiol	2		tarina fe 1/20 eq	1	PV
norethindron-ethinyl estrad-fe	1	PV	taysofy	1	PV
norethin-eth estradiol-fe	1	PV	tilia fe	1	PV
norgestimate-eth estradiol	1	PV	tri-estarylla	1	PV
norgestimate-ethinyl estradiol triphasic	1	PV	tri-legest fe	1	PV
nortrel 0.5/35 (28)	1	PV	tri-linyah	1	PV
nortrel 1/35 (21)	1	PV	tri-lo-estarylla	1	PV
			tri-lo-marzia	1	PV
			tri-lo-mili	1	PV
			tri-lo-sprintec	1	PV
			tri-mili	1	PV
			tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	PV

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
tri-sprintec	1	PV	levonorgestrel	1	PV
trivora (28)	1	PV	LILETTA (52 MG)	3	PV
tri-vylibra	1	PV	lyleq	1	PV
tri-vylibra lo	1	PV	lyza	1	PV
turqoz	1	PV	medroxyprogesterone acetate intramuscular	1	PV; QL
tydemy	1	PV	medroxyprogesterone acetate oral	1	
velivet	1	PV	megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	CM	
vestura	1	PV	megestrol acetate oral tablet	CM	
vienva	1	PV	MIRENA (52 MG)	3	PV
viorele	1	PV	my choice	1	PV
volnea	1	PV	my way	1	PV
vyfemla	1	PV	new day	1	PV
vylibra	1	PV	NEXPLANON	3	PV
wera	1	PV	nora-be	1	PV
wymzya fe	1	PV	norethindrone acetate oral	1	
xulane	1	PV	norethindrone oral	1	PV
yuvafem	3		norlyroc	1	PV
zafemy	1	PV	opcicon one-step	1	PV
zovia 1/35 (28)	1	PV	OPILL	3	PV
zumandimine	1	PV	option 2	1	PV
Progestins			progesterone intramuscular	1	
aftera	1	PV	progesterone oral	1	
camila	1	PV	react	1	PV
curae	1	PV	sharobel	1	PV
deblitane	1	PV	SKYLA	3	PV
DEPO-SUBQ PROVERA 104	3	QL	take action	1	PV
econtra one-step	1	PV	Selective Estrogen Receptor Modifying Agents		
ELLA	3	PV	raloxifene hcl	1	PV*
emzahh	1	PV			
errin	1	PV			
gallifrey	1				
heather	1	PV			
her style	1	PV			
incassia	1	PV			
jencycla	1	PV			
KYLEENA	3	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
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium intravenous	1	
liothyronine sodium oral	1	
np thyroid	1	
thyroid oral	1	
unithroid	1	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	CM	
Hormonal Agents, Suppressant (Pituitary)		
leuprolide acetate injection	4	PA
LUPRON DEPOT (1-MONTH)	4	PA
LUPRON DEPOT (3-MONTH)	4	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	4	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	4	PA
LUPRON DEPOT-PED (1-MONTH)	4	PA
LUPRON DEPOT-PED (3-MONTH)	4	PA
LUPRON DEPOT-PED (6-MONTH)	4	PA
octreotide acetate	4	PA
SIGNIFOR	4	PA; QL

Drug Name	Drug Tier	Notes
SOMAVERT	4	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral	1	
propylthiouracil oral	2	
Immunological Agents		
Angioedema Agents		
CINRYZE	4	PA
icatibant acetate	4	PA; QL
sajazir	4	PA; QL
Immune Suppressants		
ADALIMUMAB-ADAZ	4	PA; QL
ADALIMUMAB-ADBM (2 PEN)	4	PA; QL
ADALIMUMAB-ADBM (2 SYRINGE)	4	PA; QL
ADALIMUMAB-ADBM(CD/UC/HS STRT)	4	PA; QL
ADALIMUMAB-ADBM(PS/UV STARTER)	4	PA; QL
AMJEVITA	4	PA; QL
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	4	PA; QL
AMJEVITA-PED 15KG TO <30KG	4	PA; QL
AVSOLA	4	PA
azathioprine oral tablet 100 mg	3	
azathioprine oral tablet 50 mg	1	
CIMZIA	4	PA; QL
CIMZIA (2 SYRINGE)	4	PA; QL
CIMZIA STARTER KIT	4	PA; QL
cyclosporine modified	1	
cyclosporine 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
CYLTEZO (2 PEN)	4	PA; QL	methotrexate sodium (pf)	1	
CYLTEZO (2 SYRINGE)	4	PA; QL	methotrexate sodium injection	1	
CYLTEZO-CD/UC/HS STARTER	4	PA; QL	methotrexate sodium oral	CM	
CYLTEZO-PSORIASIS/UV STARTER	4	PA; QL	mycophenolate mofetil hcl	3	
ENBREL	4	PA; QL	mycophenolate mofetil intravenous	3	
ENBREL MINI	4	PA; QL	mycophenolate mofetil oral capsule	1	
ENBREL SURECLICK	4	PA; QL	mycophenolate mofetil oral suspension reconstituted	3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3		mycophenolate mofetil oral tablet	1	
gengraf	1		mycophenolate sodium	1	
HUMIRA (2 PEN)	4	PA; QL	mycophenolic acid	1	
HUMIRA (2 SYRINGE)	4	PA; QL	ORENCIA CLICKJECT	4	PA; QL
HUMIRA-CD/UC/HS STARTER	4	PA; QL	ORENCIA SUBCUTANEOUS	4	PA; QL
HUMIRA-PSORIASIS/VEIT STARTER	4	PA; QL	SIMPONI	4	PA; QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	4	PA; QL	SIMPONI ARIA	4	PA
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	4	PA; QL	sirolimus oral	3	
HYRIMOZ-CROHNS/UC STARTER	4	PA; QL	SKYRIZI PEN	4	PA; QL
HYRIMOZ-PED<40KG CROHN STARTER	4	PA; QL	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL
HYRIMOZ-PED>=40KG CROHN START	4	PA; QL	tacrolimus oral	1	
HYRIMOZ-PLAQ PSOR/VEIT START	4	PA; QL	temsirolimus	4	
INFLECTRA	4	PA	XELJANZ	4	PA; QL
KINERET	4	PA	XELJANZ XR	4	PA; QL
			Immunoglobulins		
			GAMASTAN	4	PA
			GAMMAGARD INJECTION SOLUTION 1 GM/10ML	4	PA
			GAMMAKED INJECTION SOLUTION 1 GM/10ML	4	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
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	4	PA
HEPAGAM B	4	
HIZENTRA	4	PA
HYPERHEP B	4	
HYPERRHO S/D	4	
MICRHOGAM ULTRA-FILTERED PLUS	4	
NABI-HB	4	
RHOGAM ULTRA-FILTERED PLUS	4	
RHOPHYLAC	4	
Immunomodulators		
ACTEMRA ACTPEN	4	PA; QL
ACTEMRA SUBCUTANEOUS	4	PA; QL
ACTIMMUNE	4	PA
BENLYSTA SUBCUTANEOUS	4	PA
	2	PV; QL; AL (Max 2 Years)
BEYFORTUS	4	PA
GAMIFANT	4	PA; QL
ILARIS	4	PA; QL
leflunomide oral	1	
OTEZLA ORAL TABLET 30 MG	4	PA; QL
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	4	PA; QL
RINVOQ	4	PA; QL
SYNAGIS	4	PA
ULTOMIRIS	4	PA
VEOPOZ	4	PA
XOLAIR	4	PA
Vaccines		
	3	PV; QL; AL (Min 60 Years)
ABRYSVO		

Drug Name	Drug Tier	Notes
	2	PV; AL (Max 6 Years)
ACTHIB		
ADACEL	2	PV
AFLURIA	2	PV
AFLURIA PRESERVATIVE FREE	2	PV
	3	PV; QL; AL (Min 60 Years)
AREXVY		
BEXSERO	2	PV
BOOSTRIX	2	PV
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	PV
COMIRNATY	2	PV
DAPTACEL	2	PV
	2	PV; AL (Min 9 Years and Max 16 Years)
DENGVAXIA		
ENGERIX-B	2	PV
	2	PV; AL (Min 65 Years)
FLUAD		
FLUARIX	2	PV
FLUBLOK	2	PV
FLUCELVAX	2	PV
FLULAVAL	2	PV
	2	PV; AL (Min 2 Years and Max 49 Years)
FLUMIST		
	2	PV; AL (Min 65 Years)
FLUZONE HIGH-DOSE		

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
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
GARDASIL 9	2	PV; AL (Min 9 Years and Max 45 Years)
HAVRIX	2	PV
HEPLISAV-B	2	PV; AL (Min 18 Years)
HIBERIX	2	PV; AL (Max 6 Years)
INFANRIX	2	PV
IPOLE	2	PV; AL (Max 17 Years)
KINRIX	2	PV
MENQUADFI	2	PV
MENVEO	2	PV
M-M-R II	2	PV
MODERNA COVID-19 VAC 6M-11Y	2	PV
PEDIARIX	2	PV
PEDVAX HIB	2	PV; AL (Max 6 Years)
PENBRAYA	2	PV
PENTACEL	2	PV
PFIZER COVID-19 VAC-TRIS 5-11Y	2	PV
PFIZER COVID-19 VAC-TRIS 6M-4Y	2	PV
PNEUMOVAX 23	2	PV
PREHEVBRIO	2	PV; AL (Min 18 Years)
PREVNAR 20	2	PV

Drug Name	Drug Tier	Notes
PRIORIX	2	PV
PROQUAD	2	PV
QUADRACEL	2	PV
RECOMBIVAX HB	2	PV
ROTARIX	2	PV; AL (Max 8 Months)
ROTATEQ	2	PV; AL (Max 8 Months)
SHINGRIX	2	PV; AL (Min 19 Years)
SPIKEVAX	2	PV
TDVAX	2	PV
TENIVAC	2	PV
TETANUS-DIPHTHERIA TOXOIDS TD	2	PV
TRUMENBA	2	PV
TWINRIX	2	PV
VAQTA	2	PV
VARIVAX	2	PV
VAXELIS	2	PV
VAXNEUVANCE	2	PV
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	3	
DIPENTUM	3	
mesalamine er oral capsule 0.375 gm	3	
mesalamine oral tablet delayed release 1.2 gm	3	
mesalamine rectal	3	
SFROWASA	3	
Glucocorticoids		
budesonide er	3	
budesonide oral	3	
CORTIFOAM	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
hydrocortisone (perianal)	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone rectal	3	
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
Sulfonamides		
sulfasalazine oral	1	
Metabolic Bone Disease Agents		
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
calcitonin (salmon) injection	1	
calcitonin (salmon) nasal	1	QL
calcitriol intravenous	1	
calcitriol oral	1	
cinacalcet hcl	3	PA
doxercalciferol intravenous	1	
ibandronate sodium	1	QL
pamidronate disodium	4	
paricalcitol	1	
PROLIA	4	PA; QL
risedronate sodium oral tablet 150 mg	3	QL
risedronate sodium oral tablet 30 mg	3	
risedronate sodium oral tablet 35 mg	1	QL
risedronate sodium oral tablet 5 mg	1	
risedronate sodium oral tablet delayed release	3	QL

Drug Name	Drug Tier	Notes
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	PA
XGEVA	4	PA
zoledronic acid	4	
Miscellaneous Therapeutic Agents		
ADVOCATE INSULIN PEN NEEDLE	2	
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
ALCOHOL PREP PADS PAD , 70 %	3	
AQ INSULIN SYRINGE	2	
AQINJECT PEN NEEDLE	2	
ASSURE ID DUO PRO PEN NEEDLES	2	
ASSURE ID PRO PEN NEEDLES	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
AUM ALCOHOL PREP PADS	3		COMPACT SPACE CHAMBER/LG MASK	2	
AUM INSULIN SAFETY PEN NEEDLE	2		COMPACT SPACE CHAMBER/MED MASK	2	
AUM MINI INSULIN PEN NEEDLE	2		COMPACT SPACE CHAMBER/SM MASK	2	
AUM PEN NEEDLE	2		CONDOMS	3	PV
AUM READYGARD DUO PEN NEEDLE	2		deferoxamine mesylate	1	
AUM SAFETY PEN NEEDLE	2		DIASCREEN 10	3	
BD AUTOSHIELD DUO PEN NEEDLES	2		DIASCREEN 1B	3	
BD ULTRA-FINE INSULIN SYRINGES	2		DIASCREEN 1G	3	
BD ULTRA-FINE PEN NEEDLES	2		DIASCREEN 1K	3	
benzalkonium chloride external solution	1		DIASCREEN 2GK	3	
BOTOX	3	PA; Non-Cosmetic	DIASCREEN 2GP	3	
BREATHE COMFORT CHAMBER/ADULT	2		DIASCREEN 3	3	
BREATHE COMFORT CHAMBER/CHILD	2		DIASCREEN 4NL	3	
BREATHE EASE LARGE	2		DIASCREEN 4OBL	3	
BREATHE EASE MEDIUM	2		DIASCREEN 4PH	3	
BREATHE EASE SMALL	2		DIASCREEN 5	3	
BREATHERITE VALVED MDI CHAMBER	2		DIASCREEN 6	3	
CAMINO PRO COMPLETE/GLYTACTIN	2		DIASCREEN 7	3	
CAYA	3	PV	DIASCREEN 8	3	
CLEVER CHOICE HOLDING CHAMBER	2		DIASCREEN 9	3	
COMFORT EZ PRO PEN NEEDLES	2		DIASCREEN LIQUID URINE CONTROL	3	
COMPACT SPACE CHAMBER	2		DROPLET MICRON	2	
			DROPSAFE ALCOHOL PREP	3	
			DROPSAFE SAFETY SYRINGE/NEEDLE	2	
			DUREX EXTRA SENSITIVE THIN	3	PV
			DUREX TROPICAL	3	PV
			EASIVENT	2	
			ELECARE	3	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2		GLYTACTIN RTD LITE 15	2	
EO28 SPLASH	3		GLYTACTIN SWIRL 15	2	
EQUACARE JR	3		GLYTACTIN SWIRL 15PE	2	
ergoloid mesylates oral	3		INCONTROL ULTICARE PEN NEEDLES	2	
ESSENTIAL CARE JR	3		INSPIREASE RESERVOIR BAGS	2	
FC2 FEMALE CONDOM	3	PV	INSULIN PEN NEEDLES	2	
FEMCAP	3	PV	INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G 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, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	2	
FLEXICHAMBER	2		J-TIP KIT W/VIAL ADAPTERS	3	
FLEXICHAMBER ADULT MASK/SMALL	2		LIPISTART	2	
FLEXICHAMBER CHILD MASK/LARGE	2		methergine	3	QL
FLEXICHAMBER CHILD MASK/SMALL	2		methylergonovine maleate oral	3	QL
GLYTACTIN BETTERMILK 15	2		MICROCHAMBER DEVICE	2	
GLYTACTIN BETTERMILK DE-LITE	2		NEOCATE JUNIOR	3	
GLYTACTIN BUILD 10PE	2		NEOCATE SPLASH	3	
GLYTACTIN BUILD 20/20	2		NEOCATE SYNEO JUNIOR	3	
GLYTACTIN BUILD 20/20 PKU	2		NEOPHE	2	
GLYTACTIN BURST	2				
GLYTACTIN COMPLETE 10PE	2				
GLYTACTIN RESTORE 10	2				
GLYTACTIN RESTORE 5	2				
GLYTACTIN RESTORE LITE 10	2				
GLYTACTIN RESTORE LITE 10PE	2				
GLYTACTIN RTD 10	2				
GLYTACTIN RTD 15	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
NOVOFINE PEN NEEDLE	2		PHENYLADE DRINK MIX	2	
NOVOFINE PLUS PEN NEEDLE	2		PHENYLADE GMP MIX DHA/FIBER	2	
OMNIPOD 5 G6 INTRO (GEN 5)	2		PHENYLADE GMP READY	2	
OMNIPOD 5 G6 PODS (GEN 5)	2		PHENYLADE GMP ULTRA	2	
OMNIPOD 5 LIBRE2 PLUS G6	2		PIP PEN NEEDLES 31G X 5MM	2	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2		PIP PEN NEEDLES 32G X 4MM	2	
OMNIPOD CLASSIC PODS (GEN 3)	2		PKU AIR20 GOLD	2	
OMNIPOD DASH INTRO (GEN 4)	2		PKU AIR20 GREEN	2	
OMNIPOD DASH PDM (GEN 4)	2		PKU AIR20 YELLOW	2	
OMNIPOD DASH PODS (GEN 4)	2		PKU EASY	2	
OPTICHAMBER DIAMOND	2		PKU EASY MICROTABS	2	
OPTICHAMBER DIAMOND-LG MASK	2		PKU EASY MICROTABS PLUS	2	
OPTICHAMBER DIAMOND-MD MASK	2		PKU EASY SHAKE & GO	2	
OPTICHAMBER DIAMOND-SM MASK	2		PKU EXPRESS 15 PLUS+	2	
PANDA MASK LARGE	2		PKU EXPRESS 20 PLUS+	2	
PANDA MASK MEDIUM	2		PKU SPHERE 20	2	
PANDA MASK SMALL	2		PKU START	2	
PARAGARD INTRAUTERINE COPPER	3	PV	POCKET SPACER	2	
PARI VORTEX ADULT MASK	2		PREKUNIL	2	
PEDIATRIC PANDA MASK	2		PRO COMFORT SPACER ADULT	2	
PHENEX-1	2		PRO COMFORT SPACER CHILD	2	
PHENEX-2	2		PRO COMFORT SPACER INFANT	2	
			PROCARE SPACER/ADULT MASK	2	
			PROCARE SPACER/CHILD MASK	2	

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

Drug Name	Drug Tier	Notes
PURE COMFORT SAFETY PEN NEEDLE	2	
PURE COMFORT SPACER CHAMBER	2	
RAYA SURE PEN NEEDLE	2	
RENASTART	2	
SAFETY PEN NEEDLES	2	
TOLEREX	3	
TRUE COVER	3	PV
ULTIGUARD SAFEPACK SYR/NEEDLE	2	
UNIFINE PROTECT PEN NEEDLE	2	
VERIFINE INSULIN PEN NEEDLE	2	
VERIFINE INSULIN SYRINGE	2	
VERIFINE PLUS PEN NEEDLE	2	
VISTOGARD	3	
VIVONEX PEDIATRIC	3	
VORTEX VALVED HOLDING CHAMBER	2	
WIDE-SEAL DIAPHRAGM 60	3	PV
WIDE-SEAL DIAPHRAGM 65	3	PV
WIDE-SEAL DIAPHRAGM 70	3	PV
WIDE-SEAL DIAPHRAGM 75	3	PV
WIDE-SEAL DIAPHRAGM 80	3	PV
WIDE-SEAL DIAPHRAGM 85	3	PV
WIDE-SEAL DIAPHRAGM 90	3	PV
WIDE-SEAL DIAPHRAGM 95	3	PV

Drug Name	Drug Tier	Notes
XIAFLEX	4	PA
ZOKINVY	4	PA; QL
Ophthalmic Agents		
Aminoglycosides		
gentamicin sulfate ophthalmic	1	
neomycin-polymyxin-gramicidin	1	
TOBRADEX	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX	3	
Antibacterials, Other		
bacitracin ophthalmic	3	
bacitracin-polymyxin b	1	
bacitra-neomycin-polymyxin-hc	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic	1	
neo-polycin	1	
neo-polycin hc	1	
polycin	1	
polymyxin b-trimethoprim	1	
Antifungals		
NATACYN	2	
Antiherpetic Agents		
trifluridine	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
Macrolides		
AZASITE	3	
erythromycin ophthalmic	1	
Ophthalmic Agents, Other		
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution 1 %	1	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	1	PA
CYSTADROPS	4	QL
CYSTARAN	4	QL
sulfacetamide-prednisolone	1	
SYFOVRE	4	PA
ZYLET	3	
Ophthalmic Anti-allergy Agents		
ALOCRIAL	3	PA
ALOMIDE	3	
altafrin	1	
azelastine hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
epinastine hcl	3	
olopatadine hcl ophthalmic solution 0.2 %	1	
phenylephrine hcl ophthalmic	1	
ZERVIAE	3	ST
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
apraclonidine hcl	1	
betaxolol hcl ophthalmic	1	

Drug Name	Drug Tier	Notes
brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %	1	
brimonidine tartrate-timolol	1	
carteolol hcl	1	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
levobunolol hcl	1	
PHOSPHOLINE IODIDE	3	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
Ophthalmic Anti-inflammatory		
bromfenac sodium (once-daily)	3	QL
bromfenac sodium ophthalmic solution 0.07 %	1	QL
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	3	
FLAREX	3	
fluorometholone	1	
flurbiprofen sodium	1	
ketorolac tromethamine ophthalmic	1	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
PROLENSA	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
Ophthalmic Prostaglandin and Prostanoid Analogs		
bimatoprost ophthalmic	3	QL
latanoprost ophthalmic	1	
LUMIGAN	2	QL
tafluprost (pf)	1	QL
travoprost (bak free)	3	QL
Quinolones		
ciprofloxacin hcl ophthalmic	1	
gatifloxacin ophthalmic	1	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	1	
ofloxacin ophthalmic	1	
Sulfonamides		
sulfacetamide sodium ophthalmic	1	
Otic Agents		
acetic acid otic	1	
CIPRO HC	3	
ciprofloxacin hcl otic	3	
ciprofloxacin-dexamethasone	3	
CORTISPORIN-TC	3	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	3	
neomycin-polymyxin-hc otic	3	
ofloxacin otic	1	

Drug Name	Drug Tier	Notes
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	QL
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
cetirizine hcl oral solution	1	
clemastine fumarate oral tablet	1	
cyproheptadine hcl oral	1	
diphenhydramine hcl injection	1	
levocetirizine dihydrochloride oral tablet	1	
olopatadine hcl nasal	3	QL
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR HFA	2	QL
ARNUIITY ELLIPTA	2	QL
BREO ELLIPTA	2	QL
budesonide inhalation	3	QL
flunisolide nasal	2	QL
FLUTICASONE PROPIONATE HFA	2	M; QL
fluticasone propionate nasal	1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	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
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	M; QL
PULMICORT FLEXHALER	2	QL
QVAR REDHALER	2	QL
SYMBICORT	2	QL
wixela inhub	1	QL
Antileukotrienes		
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
zafirlukast	3	
zileuton er	3	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL
ipratropium bromide inhalation	1	QL
ipratropium bromide nasal	1	
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
tiotropium bromide monohydrate	2	QL
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL; Made by Teva
albuterol sulfate inhalation	1	QL
arformoterol tartrate	3	QL

Drug Name	Drug Tier	Notes
epinephrine (anaphylaxis) injection solution 30 mg/30ml	1	
epinephrine injection solution auto-injector 0.15 mg/0.15ml	1	
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	Made by Mylan
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	Made by Mylan
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
formoterol fumarate inhalation	3	QL
levalbuterol hcl inhalation	3	QL
SEREVENT DISKUS	2	QL
STRIVERDI RESPIMAT	2	QL
Cystic Fibrosis Agents		
KALYDECO ORAL TABLET	4	PA
ORKAMBI ORAL PACKET 75-94 MG	4	PA; QL
ORKAMBI ORAL TABLET	4	PA; QL
PULMOZYME	4	PA
tobramycin nebulization solution 300 mg/5ml inhalation	4	
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast	1	PA
theophylline er oral tablet extended release 12 hour 100 mg, 200 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
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	3	
theophylline er oral tablet extended release 24 hour	3	
Pulmonary Antihypertensives		
ADEMPAS	4	PA; QL
alyq	4	PA; QL
ambrisentan	4	PA; QL
bosentan	4	PA; QL
OPSUMIT	4	PA; QL
sildenafil citrate oral suspension reconstituted	4	PA; QL
sildenafil citrate oral tablet 20 mg	4	PA; QL
tadalafil (pah)	4	PA; QL
TRACLEER 32 MG	4	PA; QL
treprostinil solution 100 mg/20ml injection	4	PA
treprostinil solution 100 mg/20ml injection	4	PA; Made by Sandoz
treprostinil solution 20 mg/20ml injection	4	PA
treprostinil solution 20 mg/20ml injection	4	PA; Made by Sandoz
treprostinil solution 200 mg/20ml injection	4	PA
treprostinil solution 200 mg/20ml injection	4	PA; Made by Sandoz
treprostinil solution 50 mg/20ml injection	4	PA
treprostinil solution 50 mg/20ml injection	4	PA; Made by Sandoz
TYVASO	4	PA; QL
TYVASO DPI INSTITUTIONAL KIT	4	PA; QL
TYVASO DPI MAINTENANCE KIT	4	PA; QL
TYVASO DPI TITRATION KIT	4	PA; QL

Drug Name	Drug Tier	Notes
TYVASO REFILL KIT	4	PA; QL
TYVASO STARTER KIT	4	PA; QL
VENTAVIS	4	PA; QL
Pulmonary Fibrosis Agents		
OFEV	4	PA
Respiratory Tract Agents, Other		
acetylcysteine inhalation	3	
ANORO ELLIPTA	2	QL
benzonatate	1	
BREZTRI AEROSPHERE	2	QL
COMBIVENT RESPIMAT	2	QL
hydrocodone bit-homatrop mbr	1	PA; QL
hydromet	1	PA; QL
ipratropium-albuterol	1	QL
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NUCALA	4	PA; QL
PULMOSAL	3	
sodium chloride inhalation	1	
STIOLTO RESPIMAT	2	QL
TRELEGY ELLIPTA	2	QL
Skeletal Muscle Relaxants		
baclofen oral tablet 10 mg, 20 mg	1	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
methocarbamol injection	1	
methocarbamol oral tablet 500 mg, 750 mg	1	

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Drug Name	Drug Tier	Notes
orphenadrine citrate er	1	QL
orphenadrine-aspirin-caffeine	3	QL
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone	1	QL
temazepam oral capsule 15 mg, 30 mg	1	QL
zaleplon	1	QL
zolpidem tartrate er	2	QL
zolpidem tartrate oral tablet	1	QL
Sleep Disorders, Other		
BELSOMRA	3	ST; QL
ramelteon	3	QL
Wakefulness Promoting Agents		
armodafinil	3	PA; QL
modafinil oral	1	PA; QL
SUNOSI	3	PA; 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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