

2019 Essential Health Benefits Enhanced Formulary

Effective July 1, 2019



For the most current list of covered medications or if you have questions:



Call the number on your member ID card.



Visit your plan's website on your member ID card to:

- Find a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

What is a formulary?

A formulary is a list of prescribed medications chosen by your plan for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA).

OptumRx® is guided by the Pharmacy and Therapeutics Committee (a group of doctors, nurses, and pharmacists) who reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my formulary?

You and your doctor can use the formulary to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the number on your member ID card.

Some medications on your formulary have extra requirements before they can be covered. A few of the most common coverage programs are prior authorization (PA), step therapy (ST) and quantity limits (QL). We use programs like these to help make sure the medication you take is safe and effective. Check your plan documents for more information. Some Affordable Care Act (ACA) preventive medication may have coverage restrictions. If you want to learn more about these programs or to see if you take a medication in one of these programs, please visit your plan's member website or call the number on your member ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor. This is how much you will pay when you fill a prescription.

About this formulary

Where differences between this formulary and your benefit plan exist, the benefit plan documents rule. This may not be a complete list of medications that are covered by your plan. Please review your benefit plan for full details.

Understanding your formulary

When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

When a medication changes tiers, you may have to pay a different amount for that medication.

Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication.

What if I don't agree with a decision about an excluded medication?

You or your authorized representative and your doctor can ask for a coverage request by calling the number on your member ID card.

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients.

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a generic equal or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

What if I am taking a specialty medication?

Specialty medications are for rare or complex conditions and are usually higher-cost medications. Please note, not all specialty medications are listed in the formulary. BriovaRx®, the OptumRx specialty pharmacy, can provide most of your specialty medications along with helpful programs and services. Call BriovaRx at **1-855-4BRIOVA (1-855-427-4682)** and have your prescriptions delivered right to your home or doctor's office.

Over-the-counter medications

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your doctor about available OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX) Generic medications are shown 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 LC | \$ Lower Cost Generic | Use Tier LC drugs for lowest out-of-pocket costs. |
| 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 LC, 1 or 2. Ask your doctor if they could work for you. |
| Tier 4 | \$\$\$\$ Generic Specialty and Preferred Brand Specialty | Tier 4 is generally next highest in copayment and cost. These drugs are sometimes used for complex and chronic conditions and may require special monitoring or handling. |
| Tier 5 | \$\$\$\$\$ Non-Preferred Specialty | Tier 5 is generally highest in copayment and cost. These drugs are sometimes used for 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 decides how these medications may be covered.

| | |
|------------|--|
| M | Authorized generic or cobranded product |
| PA | Prior Authorization – Your doctor is required to give OptumRx more 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 – Must try lower-cost medication(s) before a higher-cost medication can be covered. |

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| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| Analgesics | | |
| butalbital-acetaminophen oral tablet | 1 | |
| butalbital-apap | 1 | |
| butalbital-apap-caffeine oral capsule | 1 | |
| butalbital-apap-caffeine oral tablet 50-325-40 mg | 1 | |
| butalbital-aspirin-caffeine | 1 | |
| duraxin | 1 | |
| esgic oral capsule | 1 | |
| phrenilin forte oral capsule 50-300-40 mg | 1 | |
| tencon oral tablet 50-325 mg | 1 | |
| zebutal oral capsule 50-325-40 mg | 1 | |
| Nonsteroidal Anti-inflammatory Drugs | | |
| aspirin childrens | 1 | PV |
| aspirin ec low dose | 1 | PV |
| aspirin low dose oral tablet chewable | 1 | PV |
| aspirin oral tablet 325 mg | 1 | PV |
| aspirin oral tablet delayed release 325 mg | 1 | PV |
| bayer aspirin ec low dose | 1 | PV |
| bayer aspirin oral tablet | 1 | PV |
| celecoxib oral | 1 | QL |
| diclofenac potassium | 1 | |
| diclofenac sodium er | 1 | |
| diclofenac sodium oral | 1 | |
| diclofenac sodium transdermal gel 1 % | 1 | QL |
| diclofenac sodium transdermal solution | 1 | PA |
| diclofenac-misoprostol oral tablet delayed release | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| DICLOFONO | 2 | |
| diflunisal oral | 1 | |
| etodolac er | 1 | |
| etodolac oral | 1 | |
| fenoprofen calcium oral | 1 | |
| fenortho oral capsule 200 mg | 1 | |
| flurbiprofen oral | 1 | |
| ibu oral tablet 600 mg, 800 mg | LC | |
| ibuprofen lysine | 1 | |
| ibuprofen oral suspension | 1 | |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | LC | |
| indomethacin er | 1 | |
| indomethacin oral capsule 25 mg | LC | |
| indomethacin oral capsule 50 mg | 1 | |
| indomethacin sodium | 1 | |
| ketoprofen er | 1 | |
| ketoprofen oral capsule 25 mg | 1 | |
| ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml | 1 | |
| ketorolac tromethamine intramuscular solution 60 mg/2ml | 1 | |
| ketorolac tromethamine oral | 1 | QL |
| klofensaid ii | 1 | PA |
| meclofenamate sodium oral | 1 | |
| medique aspirin | 1 | PV |
| meloxicam oral tablet | LC | |
| 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 dr | 1 | |
| naproxen oral tablet 250 mg | 1 | |
| naproxen oral tablet 375 mg, 500 mg | LC | |
| naproxen sodium oral tablet 275 mg, 550 mg | 1 | |
| oxaprozin | 1 | |
| piroxicam oral | 1 | |
| SPRIX | 3 | PA; QL |
| sulindac oral | 1 | |
| tolmetin sodium | 1 | |
| Opioid Analgesics, Long-acting | | |
| buprenorphine hcl injection solution 0.3 mg/ml | 1 | |
| buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr | 1 | PA; QL |
| BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 7.5 MCG/HR | 3 | PA; QL |
| BUTRANS TRANSDERMAL PATCH WEEKLY 7.5 MCG/HR | 3 | PA; QL |
| EMBEDA | 2 | PA; QL |
| fentanyl | 1 | PA; QL |
| hydromorphone hcl er | 1 | PA; QL |
| HYSINGLA ER | 2 | PA; QL |
| methadone hcl injection | 1 | |
| methadone hcl intensol | 1 | |
| methadone hcl oral concentrate | 1 | |
| methadone hcl oral solution | 1 | |
| methadone hcl oral tablet | 1 | PA |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| methadone hcl oral tablet soluble | 1 | |
| methadose oral tablet soluble | 1 | |
| mitigo | 1 | |
| morphine sulfate er beads | 1 | PA; QL |
| morphine sulfate er oral capsule extended release 24 hour | 1 | PA; QL |
| morphine sulfate er oral tablet extended release | 1 | PA; QL |
| morphine sulfate intramuscular | 1 | |
| OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT | 3 | PA; QL |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT | 2 | PA; QL |
| oxymorphone hcl er | 1 | PA; QL |
| tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg | 1 | QL |
| tramadol hcl er oral capsule extended release 24 hour 150 mg | 1 | PA; QL |
| tramadol hcl er oral tablet extended release 24 hour | 1 | QL |
| Opioid Analgesics, Short-acting | | |
| acetaminophen-codeine | 1 | QL |
| acetaminophen-codeine #2 | 1 | QL |
| acetaminophen-codeine #3 | 1 | QL |
| acetaminophen-codeine #4 | 1 | QL |
| alfentanil hcl intravenous | 1 | |

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

| Drug Name | Drug Tier | Notes | Drug Name | Drug Tier | Notes |
|--|-----------|--------|--|-----------|-------|
| apap-caff-dihydrocodeine oral tablet 325-30-16 mg | 1 | QL | lorcet plus oral tablet 7.5-325 mg | 1 | QL |
| ascomp-codeine | 1 | | meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml | 1 | |
| butalbital-apap-caff-cod | 1 | | meperidine hcl oral | 1 | QL |
| butalbital-asa-caff-codeine | 1 | | morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml | 1 | QL |
| butorphanol tartrate injection | 1 | | morphine sulfate (pf) injection | 1 | |
| butorphanol tartrate nasal | 1 | QL | morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml | 1 | |
| codeine sulfate oral tablet 30 mg, 60 mg | 1 | QL | morphine sulfate injection solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml | 1 | |
| duramorph | 1 | | morphine sulfate intravenous solution 1 mg/ml, 150 mg/30ml | 1 | |
| endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 | QL | morphine sulfate oral | 1 | QL |
| fentanyl citrate buccal | 1 | PA; QL | nalbuphine hcl injection | 1 | |
| hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml | 1 | QL | oxycodone hcl oral capsule | 1 | QL |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg | 1 | QL | oxycodone hcl oral concentrate 100 mg/5ml | 1 | QL |
| hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg | 1 | QL | oxycodone hcl oral solution | 1 | QL |
| hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml | 1 | | oxycodone hcl oral tablet | 1 | QL |
| hydromorphone hcl oral | 1 | QL | oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 | QL |
| hydromorphone hcl pf | 1 | | oxycodone-aspirin oral tablet 4.8355-325 mg | 1 | QL |
| levorphanol tartrate oral tablet 2 mg | 1 | QL | oxycodone-ibuprofen | 1 | QL |
| lorcet | 1 | QL | | | |
| lorcet hd | 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 |
|--|-----------|-------|
| oxymorphone hcl | 1 | QL |
| pentazocine-naloxone hcl | 1 | QL |
| remifentanil hcl | 1 | |
| tramadol hcl ir | 1 | QL |
| tramadol-acetaminophen | 1 | QL |
| verdrocet | 1 | QL |
| vicodin es oral tablet 7.5-300 mg | 1 | QL |
| vicodin hp oral tablet 10-300 mg | 1 | QL |
| vicodin oral tablet 5-300 mg | 1 | QL |
| Anesthetics | | |
| Local Anesthetics | | |
| bupivacaine hcl (pf) | 1 | |
| bupivacaine hcl injection solution 0.25 %, 0.5 % | 1 | |
| bupivacaine in dextrose intrathecal | 1 | |
| bupivacaine spinal | 1 | |
| bupivacaine-epinephrine (pf) injection solution 0.25% -1:200000, 0.5% - 1:200000 | 1 | |
| bupivacaine-epinephrine injection solution 0.25% - 1:200000, 0.5% - 1:200000 | 1 | |
| chloroprocaine hcl (pf) | 1 | |
| ethyl chloride | 1 | |
| glydo | 1 | |
| lidocaine external ointment | 1 | |
| lidocaine external patch 5 % | 1 | |
| lidocaine hcl (pf) injection solution | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| lidocaine hcl external gel 2 % | 1 | |
| lidocaine hcl external solution | 1 | |
| lidocaine hcl injection solution 0.5 %, 1 %, 2 % | 1 | |
| lidocaine hcl mouth/throat | 1 | |
| lidocaine viscous | LC | |
| lidocaine-epinephrine injection solution 0.5 %-1:200000, 1 %-1:100000, 1.5 %-1:200000, 2 %-1:100000, 2 %-1:200000, 2 %-1:50000 | 1 | |
| lidocaine-prilocaine external cream | 1 | |
| polocaine | 1 | |
| polocaine-mpf | 1 | |
| ropivacaine hcl injection solution 10 mg/ml, 2 mg/ml, 5 mg/ml, 7.5 mg/ml | 1 | |
| sensorcaine | 1 | |
| sensorcaine/epinephrine | 1 | |
| sensorcaine-mpf | 1 | |
| sensorcaine-mpf/epinephrine injection solution 0.25% - 1:200000, 0.5% - 1:200000 | 1 | |
| xylocaine dental | 1 | |
| Anti-Addiction/Substance Abuse Treatment Agents | | |
| Alcohol Deterrents/Anti-craving | | |
| acamprosate calcium | 1 | |
| disulfiram oral | 1 | |
| VIVITROL | 5 | |

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 |
|--|-----------|------------|
| Opioid Dependence Treatments | | |
| buprenorphine hcl sublingual | 1 | QL |
| buprenorphine hcl-naloxone hcl | 1 | QL |
| naltrexone hcl oral | 1 | |
| Opioid Reversal Agents | | |
| naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml | 1 | |
| naloxone hcl injection solution cartridge | 1 | |
| naloxone hcl injection solution prefilled syringe | 1 | |
| NARCAN | 2 | |
| Smoking Cessation Agents | | |
| bupropion hcl er (smoking det) | 1 | PV; QL |
| CHANTIX | 3 | ST; PV; QL |
| CHANTIX CONTINUING MONTH PAK | 3 | ST; PV; QL |
| CHANTIX STARTING MONTH PAK | 3 | ST; PV; QL |
| nicotine polacrilex mouth/throat gum | 1 | PV; QL |
| nicotine polacrilex mouth/throat lozenge 2 mg | 1 | PV; QL |
| nicotine step 1 | 1 | PV; QL |
| nicotine step 2 | 1 | PV; QL |
| nicotine step 3 | 1 | PV; QL |
| NICOTROL | 3 | ST; PV; QL |
| NICOTROL NS | 3 | ST; PV; QL |
| Antibacterials | | |
| Aminoglycosides | | |
| amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-% | 1 | |
| gentamicin sulfate external | 1 | |
| gentamicin sulfate injection | 1 | |
| neomycin sulfate oral | LC | |
| paromomycin sulfate oral | 1 | |
| streptomycin sulfate intramuscular | 1 | |
| tobramycin sulfate injection | 1 | |
| Antibacterials, Other | | |
| ALTABAX | 3 | |
| baciim | 1 | |
| bacitracin intramuscular | 1 | |
| BACTROBAN NASAL | 3 | |
| chloramphenicol sod succinate | 1 | |
| clindamycin hcl oral | 1 | |
| clindamycin palmitate hcl | 1 | |
| clindamycin phosphate in d5w | 1 | |
| clindamycin phosphate injection | 1 | |
| clindamycin phosphate intravenous solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml | 1 | |
| clindamycin phosphate vaginal | 1 | |
| colistimethate sodium (cba) | 1 | |
| CORTISPORIN EXTERNAL | 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 |
|--|-----------|-------|
| daptomycin intravenous solution reconstituted 500 mg | 1 | |
| IMPAVIDO | 3 | |
| iodine tincture external tincture 2 % | 1 | |
| lincomycin hcl injection | 1 | |
| linezolid in sodium chloride | 1 | |
| linezolid intravenous solution 600 mg/300ml | 1 | |
| linezolid oral | 1 | QL |
| mafenide acetate external | 1 | |
| methenamine hippurate | 1 | |
| metronidazole in nacl intravenous solution 5-0.79 mg/ml-%, 500-0.79 mg/100ml-% | LC | |
| metronidazole oral | LC | |
| metronidazole vaginal | 1 | |
| MONUROL | 3 | |
| mupirocin calcium | 1 | |
| mupirocin external | 1 | |
| NEO-SYNALAR EXTERNAL CREAM | 3 | |
| nitrofurantoin macrocrystal oral | 1 | |
| nitrofurantoin monohydrate macrocrystals | 1 | |
| nitrofurantoin oral suspension | 1 | |
| polymyxin b sulfate injection | 1 | |
| PRIMSOL | 3 | |
| silver sulfadiazine external | 1 | |
| ssd | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| SULFAMYLON EXTERNAL CREAM | 3 | |
| tigecycline | 1 | |
| trimethoprim oral | LC | |
| vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-% | 1 | |
| vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-% | 1 | |
| VANCOMYCIN HCL IN NACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS | 3 | |
| vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous | 1 | |
| vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 10 gm, 100 gm, 250 mg, 5 gm, 500 mg, 750 mg | 1 | |
| vancomycin hcl oral | 1 | |
| vandazole | 1 | |
| XIFAXAN | 3 | PA |
| ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML | 3 | |
| Beta-lactam, Cephalosporins | | |
| cefaclor | 1 | |
| cefaclor er | 1 | |
| cefadroxil | 1 | |
| cefazolin sodium injection | 1 | |

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

| Drug Name | Drug Tier | Notes | Drug Name | Drug Tier | Notes |
|---|-----------|-------|---|-----------|-------|
| cefazolin sodium intravenous solution reconstituted | 1 | | ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml) | 1 | |
| cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-% | 1 | | ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm | 1 | |
| cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml) | 1 | | ceftriaxone sodium in dextrose | 1 | |
| cefdinir | 1 | | ceftriaxone sodium injection | 1 | |
| cefditoren pivoxil | 1 | | ceftriaxone sodium intravenous | 1 | |
| cefepime hcl | 1 | | ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml) | 1 | |
| cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml) | 1 | | cefuroxime axetil oral tablet | 1 | |
| cefixime | 1 | | cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg | 1 | |
| cefotaxime sodium injection solution reconstituted 1 gm, 500 mg | 1 | | cefuroxime sodium intravenous solution reconstituted 1.5 gm | 1 | |
| cefotetan disodium | 1 | | cephalexin oral capsule 250 mg, 500 mg | LC | |
| cefotetan disodium-dextrose intravenous solution reconstituted 1-3.58 gm-%(50ml), 2-2.08 gm-%(50ml) | 1 | | cephalexin oral capsule 750 mg | 1 | |
| cefoxitin sodium | 1 | | cephalexin oral suspension reconstituted | 1 | |
| cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml) | 1 | | cephalexin oral tablet | 1 | |
| cefpodoxime proxetil | 1 | | MAXIPIME INTRAVENOUS SOLUTION RECONSTITUTED 2 GM | 3 | |
| cefprozil | 1 | | tazicef injection | 1 | |

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

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| tazicef intravenous solution reconstituted | 1 | |
| Beta-lactam, Other | | |
| AZACTAM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML | 3 | |
| aztreonam | 1 | |
| ertapenem sodium | 1 | |
| imipenem-cilastatin | 1 | |
| meropenem | 1 | |
| Beta-lactam, Penicillins | | |
| amoxicillin oral capsule | LC | |
| amoxicillin oral suspension reconstituted | LC | |
| amoxicillin oral tablet | LC | |
| amoxicillin oral tablet chewable 125 mg, 250 mg | LC | |
| amoxicillin-potassium clavulanate er | 1 | |
| amoxicillin-potassium clavulanate oral | 1 | |
| ampicillin oral capsule 500 mg | 1 | |
| ampicillin sodium injection | 1 | |
| ampicillin sodium intravenous | 1 | |
| ampicillin-sulbactam sodium injection | 1 | |
| ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm | 1 | |
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML | 3 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| BICILLIN L-A | 3 | |
| dicloxacillin sodium | LC | |
| nafcillin sodium injection solution reconstituted 1 gm, 2 gm | 1 | |
| nafcillin sodium intravenous | 1 | |
| oxacillin sodium | 1 | |
| penicillin g potassium | 1 | |
| penicillin g procaine | 1 | |
| penicillin g sodium | 1 | |
| penicillin v potassium | LC | |
| piperacillin sod-tazobactam so | 1 | |
| Macrolides | | |
| azithromycin intravenous solution reconstituted 500 mg | LC | |
| azithromycin oral packet | LC | |
| azithromycin oral suspension reconstituted | LC | |
| azithromycin oral tablet 250 mg, 500 mg, 600 mg | LC | |
| clarithromycin er | 1 | |
| clarithromycin oral | 1 | |
| DIFICID | 3 | |
| e.e.s. 400 oral tablet | 1 | |
| ERY-TAB ORAL TABLET DELAYED RELEASE 333 MG | 3 | |
| erythromycin base oral capsule delayed release particles | 1 | |
| erythromycin base oral tablet | 1 | |
| erythromycin ethylsuccinate 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 |
|--|-----------|-------|
| ZITHROMAX ORAL PACKET | 2 | |
| Quinolones | | |
| AVELOX INTRAVENOUS | 3 | |
| CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%) | 3 | |
| ciprofloxacin hcl oral tablet 100 mg, 750 mg | 1 | |
| ciprofloxacin hcl oral tablet 250 mg, 500 mg | LC | |
| ciprofloxacin in d5w | 1 | |
| ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%) | 1 | |
| ciprofloxacin-ciproflox hcl er | 1 | |
| levofloxacin in d5w | 1 | |
| levofloxacin intravenous | 1 | |
| levofloxacin oral | 1 | |
| moxifloxacin hcl in nacl | 1 | |
| moxifloxacin hcl oral | 1 | |
| ofloxacin oral tablet 300 mg, 400 mg | 1 | |
| Sulfonamides | | |
| sulfadiazine oral | 1 | |
| sulfamethoxazole-trimethoprim intravenous | 1 | |
| sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml | LC | |
| sulfamethoxazole-trimethoprim oral tablet | LC | |
| sulfatrim pediatric | LC | |
| Tetracyclines | | |
| avidoxy | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| coremino | 1 | |
| demeclocycline hcl oral | 1 | |
| doxy 100 | 1 | |
| doxycycline hyclate intravenous | 1 | |
| doxycycline hyclate oral capsule | 1 | |
| doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg | 1 | |
| doxycycline hyclate oral tablet delayed release | 1 | |
| doxycycline monohydrate oral | 1 | |
| minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 65 mg, 80 mg, 90 mg | 1 | |
| minocycline hcl oral | 1 | |
| mondoxyne nl | 1 | |
| morgidox oral | 1 | |
| okebo oral capsule 75 mg | 1 | |
| soloxide | 1 | |
| tetracycline hcl oral | 1 | |
| Anticonvulsants | | |
| Anticonvulsants, Other | | |
| BRIVIACT ORAL | 3 | |
| FYCOMPA | 3 | |
| levetiracetam er | 1 | |
| levetiracetam in nacl | 1 | |
| levetiracetam intravenous | 1 | |
| levetiracetam oral | 1 | |
| roweepra | 1 | |
| roweepra xr | 1 | |

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

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| Calcium Channel Modifying Agents | | |
| CELONTIN | 3 | |
| ethosuximide oral | 1 | |
| LYRICA ORAL CAPSULE | 2 | QL |
| LYRICA ORAL SOLUTION | 3 | QL |
| zonisamide oral | 1 | |
| Gamma-aminobutyric Acid (GABA) Augmenting Agents | | |
| clobazam | 1 | PA |
| clonazepam oral | 1 | QL |
| diazepam rectal | 1 | QL |
| divalproex sodium er oral tablet extended release 24 hour | 1 | |
| divalproex sodium oral capsule delayed release sprinkle | 1 | |
| divalproex sodium oral tablet delayed release | 1 | |
| gabapentin oral | 1 | |
| phenobarbital oral | 1 | |
| primidone oral | LC | |
| tiagabine hcl | 1 | |
| valproate sodium intravenous | LC | |
| valproate sodium oral solution | LC | |
| valproic acid oral capsule | LC | |
| valproic acid oral solution | LC | |
| vigabatrin | 4 | PA |
| vigadrone | 4 | PA |
| Glutamate Reducing Agents | | |
| felbamate | 1 | |
| lamotrigine er | 1 | |
| lamotrigine oral tablet | 1 | |

| Drug Name | Drug Tier | Notes |
|--------------------------------------|-----------|-------|
| lamotrigine oral tablet chewable | 1 | |
| lamotrigine oral tablet dispersible | 1 | |
| lamotrigine starter kit-blue | 1 | |
| lamotrigine starter kit-green | 1 | |
| lamotrigine starter kit-orange | 1 | |
| subvenite | 1 | |
| subvenite starter kit-blue | 1 | |
| subvenite starter kit-green | 1 | |
| subvenite starter kit-orange | 1 | |
| topiramate er | 1 | |
| topiramate oral | 1 | |
| Sodium Channel Agents | | |
| BANZEL | 3 | |
| carbamazepine er | 1 | |
| carbamazepine oral suspension | 1 | |
| carbamazepine oral tablet | LC | |
| carbamazepine oral tablet chewable | 1 | |
| DILANTIN ORAL CAPSULE 30 MG | 3 | |
| epitol | LC | |
| fosphenytoin sodium | 1 | |
| oxcarbazepine | 1 | |
| PEGANONE | 3 | |
| phenytoin infatabs | 1 | |
| phenytoin oral suspension 125 mg/5ml | 1 | |
| phenytoin oral tablet chewable | 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 |
|---|-----------|--------|
| phenytoin sodium extended | 1 | |
| phenytoin sodium injection | 1 | |
| VIMPAT ORAL | 3 | |
| Antidementia Agents | | |
| Antidementia Agents, Other | | |
| ergoloid mesylates oral | 1 | |
| Cholinesterase Inhibitors | | |
| donepezil hcl | 1 | |
| galantamine hydrobromide | 1 | |
| galantamine hydrobromide er | 1 | |
| rivastigmine | 1 | |
| rivastigmine tartrate | 1 | |
| N-methyl-D-aspartate (NMDA) Receptor Antagonist | | |
| memantine hcl er | 1 | QL |
| memantine hcl oral | 1 | |
| NAMENDA XR TITRATION PACK | 2 | QL |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 2 | QL |
| Antidepressants | | |
| Antidepressants, Other | | |
| APLENZIN | 3 | ST; QL |
| 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 | LC | |
| mirtazapine oral tablet dispersible 15 mg | LC | |
| mirtazapine oral tablet dispersible 30 mg, 45 mg | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| Monoamine Oxidase Inhibitors | | |
| EMSAM | 3 | QL |
| MARPLAN | 3 | |
| phenelzine sulfate oral | 1 | |
| tranylcypromine sulfate | 1 | |
| SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors) | | |
| citalopram hydrobromide oral solution | 1 | |
| citalopram hydrobromide oral tablet | LC | |
| desvenlafaxine succinate er | 1 | QL |
| duloxetine hcl oral | 1 | QL |
| escitalopram oxalate | 1 | |
| FETZIMA | 3 | ST; QL |
| FETZIMA TITRATION | 3 | ST; QL |
| fluoxetine hcl (pmdd) | 1 | |
| fluoxetine hcl oral capsule | LC | |
| fluoxetine hcl oral capsule delayed release | 1 | QL |
| fluoxetine hcl oral solution | 1 | |
| fluoxetine hcl oral tablet 10 mg | LC | |
| fluoxetine hcl oral tablet 20 mg, 60 mg | 1 | |
| fluvoxamine maleate | 1 | |
| fluvoxamine maleate er | 1 | QL |
| maprotiline hcl | 1 | |
| nefazodone hcl | 1 | |
| olanzapine-fluoxetine hcl | 1 | QL |
| paroxetine hcl er | 1 | |
| paroxetine hcl oral tablet | LC | |
| paroxetine mesylate | 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 |
|--|-----------|--------|
| PAXIL ORAL SUSPENSION | 2 | |
| sertraline hcl oral | 1 | |
| trazodone hcl oral tablet 100 mg, 150 mg, 50 mg | LC | |
| trazodone hcl oral tablet 300 mg | 1 | |
| TRINTELLIX | 3 | ST; QL |
| venlafaxine hcl | 1 | |
| venlafaxine hcl er oral capsule extended release 24 hour | 1 | |
| venlafaxine hcl er oral tablet extended release 24 hour 225 mg | 1 | |
| VIIBRYD ORAL TABLET | 3 | QL |
| VIIBRYD STARTER PACK | 3 | QL |
| Tricyclics | | |
| amitriptyline hcl oral | LC | |
| amoxapine | 1 | |
| chlordiazepoxide-amitriptyline | 1 | |
| clomipramine hcl oral | 1 | |
| desipramine hcl oral | 1 | |
| doxepin hcl oral | LC | |
| imipramine hcl oral | 1 | |
| imipramine pamoate | 1 | |
| nortriptyline hcl oral capsule | LC | |
| nortriptyline hcl oral solution | 1 | |
| perphenazine-amitriptyline | 1 | |
| protriptyline hcl | 1 | |
| trimipramine maleate oral | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| Antiemetics | | |
| Antiemetics, Other | | |
| AKYNZEO ORAL | 3 | QL |
| compro | 1 | |
| dimenhydrinate injection | 1 | |
| droperidol injection | 1 | |
| meclizine hcl oral tablet | LC | |
| phenadoz | 1 | |
| prochlorperazine | 1 | |
| prochlorperazine edisylate injection | 1 | |
| prochlorperazine maleate oral tablet 10 mg | LC | |
| prochlorperazine maleate oral tablet 5 mg | 1 | |
| promethazine hcl injection | 1 | |
| promethazine hcl oral solution | LC | |
| promethazine hcl oral syrup | LC | |
| promethazine hcl oral tablet 12.5 mg, 50 mg | 1 | |
| promethazine hcl oral tablet 25 mg | LC | |
| promethazine hcl rectal | 1 | |
| promethegan | 1 | |
| TIGAN INTRAMUSCULAR | 3 | |
| TRANSDERM-SCOP (1.5 MG) | 3 | |
| trimethobenzamide hcl oral | 1 | |
| Emetogenic Therapy Adjuncts | | |
| ANZEMET ORAL | 3 | QL |
| aprepitant | 1 | QL |
| CESAMET | 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 |
|---|-----------|--------|
| dronabinol | 1 | PA; QL |
| granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml | 1 | |
| granisetron hcl oral | 1 | QL |
| ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml | 1 | |
| ondansetron hcl oral solution | 1 | QL |
| ondansetron hcl oral tablet 24 mg | 1 | QL |
| ondansetron hcl oral tablet 4 mg, 8 mg | 1 | |
| ondansetron odt | 1 | |
| palonosetron hcl | 1 | |
| Antifungals | | |
| ABELCET | 3 | |
| AMBISOME | 3 | |
| amphotericin b injection | 1 | |
| caspofungin acetate | 1 | |
| ciclodan external solution | 1 | |
| ciclopirox | 1 | |
| ciclopirox olamine external | 1 | |
| clotrimazole external | LC | |
| clotrimazole mouth/throat | 1 | |
| clotrimazole-betamethasone | 1 | |
| CRESEMBA | 3 | |
| econazole nitrate external | 1 | |
| ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG | 3 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-% | LC | |
| fluconazole in sodium chloride intravenous solution 400-0.9 mg/200ml-% | 1 | |
| fluconazole oral | LC | |
| flucytosine oral | 1 | |
| griseofulvin microsize oral | 1 | |
| griseofulvin ultramicrosize | 1 | |
| GYNAZOLE-1 | 3 | |
| itraconazole oral | 1 | PA |
| JUBLIA | 3 | PA |
| KERYDIN | 3 | PA |
| ketoconazole external cream | 1 | |
| ketoconazole external shampoo | 1 | |
| ketoconazole oral | LC | |
| MENTAX | 3 | |
| miconazole 3 vaginal suppository | 1 | |
| MYCAMINE | 3 | |
| naftifine hcl | 1 | |
| NOXAFIL ORAL TABLET DELAYED RELEASE | 3 | |
| nyamyc | 1 | |
| nystatin external cream | LC | |
| nystatin external ointment | 1 | |
| nystatin external powder | 1 | |
| nystatin mouth/throat | 1 | |
| nystatin oral tablet | 1 | |
| 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 | |
| OXISTAT EXTERNAL LOTION | 3 | |
| terbinafine hcl oral | LC | QL |
| terconazole | 1 | |
| voriconazole intravenous | 1 | |
| voriconazole oral | 1 | |
| XOLEGEL | 3 | |
| Antigout Agents | | |
| allopurinol oral | LC | |
| allopurinol sodium | 1 | |
| COLCHICINE ORAL TABLET | 3 | |
| colchicine-probenecid | 1 | |
| COLCRYS | 2 | |
| probenecid oral | 1 | |
| ULORIC | 2 | ST |
| ZURAMPIC | 3 | ST |
| Antimigraine Agents | | |
| Ergot Alkaloids | | |
| dihydroergotamine mesylate injection | 1 | |
| dihydroergotamine mesylate nasal | 1 | QL |
| ergotamine-caffeine | 1 | |
| Serotonin (5-HT) 1b/1d Receptor Agonists | | |
| almotriptan malate | 1 | QL |
| eletriptan hydrobromide | 1 | QL |
| naratriptan hcl | 1 | QL |
| rizatriptan benzoate | 1 | QL |
| sumatriptan nasal | 1 | QL |
| sumatriptan succinate oral | 1 | QL |
| sumatriptan succinate refill subcutaneous solution cartridge | 1 | QL |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| sumatriptan succinate subcutaneous solution 6 mg/0.5ml | 1 | QL |
| sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml | 1 | QL |
| sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml | 1 | QL |
| sumatriptan-naproxen sodium | 1 | QL |
| zolmitriptan oral | 1 | QL |
| ZOMIG NASAL | 3 | QL |
| Antimyasthenic Agents | | |
| Parasympathomimetics | | |
| guanidine hcl oral | 1 | |
| MESTINON ORAL SYRUP | 2 | |
| neostigmine methylsulfate intravenous solution | 1 | |
| pyridostigmine bromide er | 1 | |
| pyridostigmine bromide oral tablet | 1 | |
| Antimycobacterials | | |
| Antimycobacterials, Other | | |
| dapsone oral | 1 | |
| rifabutin | 1 | |
| Antituberculars | | |
| CAPASTAT SULFATE | 3 | |
| cycloserine oral | 1 | |
| ethambutol hcl oral | 1 | |
| isoniazid injection | 1 | |
| isoniazid oral syrup | 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 |
|---|-----------|-------|
| isoniazid oral tablet 100 mg | 1 | |
| isoniazid oral tablet 300 mg | LC | |
| PASER | 3 | |
| PRIFTIN | 3 | |
| pyrazinamide oral | 1 | |
| rifampin intravenous | 1 | |
| rifampin oral | 1 | |
| RIFATER | 3 | |
| SIRTURO | 3 | |
| TRECTOR | 3 | |
| Antineoplastics | | |
| Alkylating Agents | | |
| busulfan | 4 | |
| carboplatin intravenous solution | 4 | |
| carmustine | 4 | |
| cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml | 4 | |
| cyclophosphamide injection | 4 | |
| cyclophosphamide oral capsule | 1 | |
| dacarbazine intravenous | 4 | |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | 5 | |
| ifosfamide | 4 | |
| LEUKERAN | 4 | |
| MATULANE | 4 | |
| melphalan | 1 | |
| melphalan hcl | 4 | |
| MYLERAN | 4 | |
| oxaliplatin | 4 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| TEMODAR INTRAVENOUS | 4 | |
| temozolomide | 4 | PA |
| TEPADINA | 5 | |
| thiotepa injection | 4 | |
| TREANDA INTRAVENOUS SOLUTION RECONSTITUTED | 4 | |
| VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG | 5 | PA |
| ZANOSAR | 4 | |
| Antiandrogens | | |
| abiraterone acetate | 4 | PA |
| bicalutamide | 1 | |
| flutamide | 1 | |
| nilutamide | 4 | |
| XTANDI | 5 | PA |
| ZYTIGA ORAL TABLET 500 MG | 5 | PA |
| Antiangiogenic Agents | | |
| POMALYST | 5 | PA |
| REVLIMID | 5 | PA |
| THALOMID | 4 | PA |
| Antiestrogens/Modifiers | | |
| EMCYT | 2 | |
| FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML | 4 | |
| SOLTAMOX | 3 | |
| tamoxifen citrate oral | 1 | PV* |
| toremifene citrate | 1 | |
| Antimetabolites | | |
| adrucil | 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 |
|--|-----------|-------|
| ALIMTA | 4 | |
| ARRANON | 4 | |
| capecitabine | 4 | PA |
| cladribine intravenous solution 10 mg/10ml | 4 | |
| clofarabine | 4 | |
| cytarabine (pf) | 4 | |
| cytarabine injection solution | 4 | |
| decitabine | 4 | PA |
| DROXIA | 3 | |
| ELITEK | 3 | |
| floxuridine injection | 4 | |
| fludarabine phosphate | 4 | |
| fluorouracil intravenous | 4 | |
| FOLOTYN | 4 | PA |
| gemcitabine hcl | 4 | |
| hydroxyurea oral | 1 | |
| KEPIVANCE | 4 | |
| LONSURF | 5 | PA |
| mercaptopurine oral | 4 | |
| NIPENT | 5 | |
| TABLOID | 4 | |
| Antineoplastics, Other | | |
| ABRAXANE | 4 | |
| adriamycin intravenous solution | 4 | |
| adriamycin intravenous solution reconstituted 10 mg, 50 mg | 4 | |
| arsenic trioxide intravenous | 4 | |
| azacitidine | 4 | |
| bleomycin sulfate | 4 | |
| COTELLIC | 5 | PA |
| dactinomycin | 4 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| daunorubicin hcl intravenous solution | 4 | |
| dexrazoxane | 4 | |
| diclofenac sodium transdermal gel 3 % | 1 | ST; QL |
| docetaxel (non-alcohol) | 4 | |
| docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 200 mg/10ml, 80 mg/4ml | 4 | |
| docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml | 4 | |
| doxorubicin hcl intravenous solution | 4 | |
| doxorubicin hcl liposomal | 4 | |
| epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml | 4 | |
| ERWINAZE INJECTION | 5 | |
| ETHYOL | 5 | |
| FARYDAK | 5 | PA |
| FLUOROPLEX | 3 | |
| fluorouracil external cream 5 % | 1 | |
| fluorouracil external solution | 4 | |
| HALAVEN | 4 | PA |
| IBRANCE | 5 | PA |
| idarubicin hcl | 4 | |
| ISTODAX (OVERFILL) | 4 | PA |
| IXEMPRA KIT | 4 | |
| JEVTANA | 4 | PA |
| KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG | 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 |
|--|-----------|-------|
| leucovorin calcium injection | 1 | |
| leucovorin calcium oral | 1 | |
| levoleucovorin calcium intravenous solution | 4 | |
| LEVOLEUCOVORIN CALCIUM INTRAVENOUS SOLUTION RECONSTITUTED 175 MG | 5 | |
| levoleucovorin calcium intravenous solution reconstituted 50 mg | 4 | |
| levoleucovorin calcium pf | 4 | |
| lipodox 50 | 4 | |
| LYNPARZA ORAL TABLET | 5 | PA |
| MARQIBO | 5 | |
| mesna | 4 | |
| MESNEX ORAL | 5 | |
| mitomycin intravenous | 4 | |
| mitoxantrone hcl | 4 | PA |
| mutamycin | 4 | |
| NINLARO | 5 | PA |
| ONCASPAR INJECTION | 4 | |
| paclitaxel | 4 | |
| PICATO | 3 | ST |
| PROLEUKIN | 4 | |
| ROMIDEPSIN | 4 | PA |
| RUBRACA | 5 | PA |
| SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG | 5 | PA |
| SYNRIBO | 5 | PA |
| teniposide | 4 | |
| TOTECT | 5 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML | 5 | |
| VELCADE INJECTION | 4 | PA |
| vinblastine sulfate intravenous solution | 4 | |
| vincasar pfs | 4 | |
| vincristine sulfate intravenous | 4 | |
| vinorelbine tartrate | 4 | |
| ZALTRAP | 4 | PA |
| ZOLINZA | 4 | PA |
| Aromatase Inhibitors, 3rd Generation | | |
| anastrozole oral | 1 | |
| exemestane | 1 | |
| letrozole oral | 1 | |
| Enzyme Inhibitors | | |
| CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15ML | 5 | |
| etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml | 4 | |
| etoposide oral | 4 | |
| HYCAMTIN ORAL | 5 | |
| irinotecan hcl | 4 | |
| KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 30 MG, 60 MG | 4 | PA |
| ONIVYDE | 5 | |
| toposar intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml | 4 | |
| topotecan hcl | 4 | |
| ZYDELIG | 5 | 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 |
|--|-----------|--------|
| Molecular Target Inhibitors | | |
| AFINITOR | 4 | PA; QL |
| AFINITOR DISPERZ | 5 | PA |
| BOSULIF | 5 | PA |
| CABOMETYX | 4 | PA |
| CAPRELSA ORAL TABLET 100 MG | 4 | PA; QL |
| CAPRELSA ORAL TABLET 300 MG | 4 | PA |
| COMETRIQ (100 MG DAILY DOSE) | 5 | PA |
| COMETRIQ (140 MG DAILY DOSE) | 5 | PA |
| COMETRIQ (60 MG DAILY DOSE) | 5 | PA |
| ERIVEDGE | 4 | PA |
| GILOTRIF | 5 | PA; QL |
| ICLUSIG ORAL TABLET 15 MG | 5 | PA; QL |
| ICLUSIG ORAL TABLET 45 MG | 5 | PA |
| imatinib mesylate | 4 | PA |
| IMBRUVICA | 5 | PA |
| INLYTA | 5 | PA |
| JAKAFI ORAL TABLET 10 MG | 4 | PA; QL |
| JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG | 4 | PA |
| LENVIMA 10 MG DAILY DOSE | 5 | PA |
| LENVIMA 12 MG DAILY DOSE | 5 | PA |
| LENVIMA 14 MG DAILY DOSE | 5 | PA |
| LENVIMA 18 MG DAILY DOSE | 5 | PA |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| LENVIMA 20 MG DAILY DOSE | 5 | PA |
| LENVIMA 24 MG DAILY DOSE | 5 | PA |
| LENVIMA 4 MG DAILY DOSE | 5 | PA |
| LENVIMA 8 MG DAILY DOSE | 5 | PA |
| MEKINIST | 4 | PA |
| NEXAVAR | 4 | PA |
| RYDAPT | 5 | PA |
| SPRYCEL | 4 | PA |
| STIVARGA | 5 | PA |
| SUTENT | 5 | PA |
| TAFINLAR | 4 | PA |
| TAGRISSEO ORAL TABLET 40 MG | 5 | PA; QL |
| TAGRISSEO ORAL TABLET 80 MG | 5 | PA |
| TARCEVA | 5 | PA |
| TASIGNA | 5 | PA |
| temsirolimus | 4 | |
| TYKERB | 4 | PA |
| VENCLEXTA | 5 | PA |
| VENCLEXTA STARTING PACK | 5 | PA |
| VOTRIENT | 5 | PA |
| XALKORI | 4 | PA |
| ZELBORAF | 5 | PA |
| ZYKADIA | 5 | PA |
| Monoclonal Antibody/Antibody-Drug Conjugate | | |
| ADCETRIS | 4 | PA |
| ARZERRA | 4 | PA |
| AVASTIN | 4 | |
| BAVENCIO | 5 | PA |
| BLINCYTO | 5 | 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 |
|--|-----------|-------|
| DARZALEX | 5 | PA |
| EMPLICITI | 5 | PA |
| ERBITUX | 4 | PA |
| GAZYVA | 5 | PA |
| HERCEPTIN | 4 | PA |
| KADCYLA | 5 | PA |
| LARTRUVO | 5 | PA |
| OPDIVO | 5 | PA |
| PERJETA | 4 | PA |
| RITUXAN INTRAVENOUS SOLUTION | 5 | PA |
| TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML | 5 | PA |
| UNITUXIN | 5 | PA |
| YERVOY | 4 | PA |
| Retinoids | | |
| bexarotene | 4 | PA |
| PANRETIN | 3 | |
| TARGRETIN EXTERNAL | 3 | PA |
| tretinoin oral | 4 | |
| Antiparasitics | | |
| Anthelmintics | | |
| albendazole oral | 1 | PA |
| EMVERM | 2 | |
| ivermectin oral | 1 | |
| praziquantel oral | 1 | |
| Antiprotozoals | | |
| ALINIA | 2 | |
| atovaquone oral | 1 | |
| atovaquone-proguanil hcl | 1 | |
| BENZNIDAZOLE | 3 | |
| chloroquine phosphate oral | LC | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| COARTEM | 3 | |
| DARAPRIM | 5 | PA |
| hydroxychloroquine sulfate oral | LC | |
| mefloquine hcl | 1 | |
| NEBUPENT | 2 | |
| primaquine phosphate oral | 1 | |
| quinine sulfate oral | 1 | PA |
| tinidazole oral | 1 | |
| Pediculicides/Scabicides | | |
| croton | 1 | |
| EURAX EXTERNAL CREAM | 2 | |
| lindane external shampoo | 1 | |
| malathion external | 1 | |
| permethrin external cream | 1 | |
| SKLICE | 3 | |
| spinosad | 1 | |
| sulfurated lime | 1 | |
| ULESFIA | 3 | |
| Antiparkinson Agents | | |
| Anticholinergics | | |
| benztropine mesylate injection | 1 | |
| benztropine mesylate oral | LC | |
| trihexyphenidyl hcl oral elixir | 1 | |
| trihexyphenidyl hcl oral tablet 2 mg | LC | |
| trihexyphenidyl hcl oral tablet 5 mg | 1 | |
| Antiparkinson Agents, Other | | |
| entacapone | 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 |
|---|-----------|--------|
| tolcapone | 1 | |
| Dopamine Agonists | | |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE | 4 | PA; QL |
| bromocriptine mesylate oral | 1 | |
| NEUPRO | 3 | |
| pramipexole dihydrochloride | 1 | |
| pramipexole dihydrochloride er | 1 | |
| ropinirole hcl | 1 | |
| ropinirole hcl er | 1 | |
| Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors | | |
| carbidopa oral | 1 | |
| carbidopa-levodopa | 1 | |
| carbidopa-levodopa er oral tablet extended release 25-100 mg, 50- 200 mg | 1 | |
| carbidopa-levodopa- entacapone | 1 | |
| Monoamine Oxidase B (MAO-B) Inhibitors | | |
| rasagiline mesylate oral | 1 | |
| selegiline hcl oral | 1 | |
| Antipsychotics | | |
| 1st Generation/Typical | | |
| chlorpromazine hcl injection | 1 | |
| chlorpromazine hcl oral | 1 | |
| fluphenazine decanoate injection | 1 | |
| fluphenazine hcl injection | 1 | |
| fluphenazine hcl oral concentrate | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| fluphenazine hcl oral elixir | 1 | |
| fluphenazine hcl oral tablet 1 mg | LC | |
| fluphenazine hcl oral tablet 10 mg, 2.5 mg, 5 mg | 1 | |
| haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml | 1 | |
| haloperidol lactate injection solution 5 mg/ml | 1 | |
| haloperidol lactate oral | 1 | |
| haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg | LC | |
| haloperidol oral tablet 10 mg, 20 mg | 1 | |
| loxapine succinate oral | 1 | |
| molindone hcl | 1 | |
| perphenazine oral | 1 | |
| pimozide | 1 | |
| thioridazine hcl oral | 1 | |
| thiothixene oral | 1 | |
| trifluoperazine hcl oral | 1 | |
| 2nd Generation/Atypical | | |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE | 3 | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 3 | |
| aripiprazole | 1 | QL |
| FANAPT | 3 | ST; QL |
| FANAPT TITRATION PACK | 3 | ST; QL |
| GEODON INTRAMUSCULAR | 3 | |
| INVEGA SUSTENNA | 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 |
|---|-----------|------------------|
| INVEGA TRINZA | 3 | |
| LATUDA | 3 | QL |
| olanzapine intramuscular | 1 | |
| olanzapine oral | 1 | QL |
| paliperidone er | 1 | QL |
| quetiapine fumarate | 1 | QL |
| quetiapine fumarate er | 1 | QL |
| REXULTI | 3 | QL |
| RISPERDAL CONSTA | 3 | |
| risperidone | 1 | QL |
| risperidone m-tab oral tablet dispersible 0.5 mg, 1 mg, 2 mg | 1 | QL |
| SAPHRIS | 2 | QL |
| ziprasidone hcl | 1 | QL |
| ZYPREXA RELPREVV | 3 | |
| Treatment-Resistant | | |
| clozapine oral tablet | 1 | QL |
| clozapine oral tablet dispersible 100 mg, 150 mg, 200 mg, 25 mg | 1 | QL |
| clozapine oral tablet dispersible 12.5 mg | 1 | PA; QL |
| Antispasticity Agents | | |
| baclofen intrathecal | 1 | |
| baclofen oral tablet 10 mg | LC | |
| baclofen oral tablet 20 mg, 5 mg | 1 | |
| BOTOX | 4 | PA; Non-Cosmetic |
| dantrolene sodium oral | 1 | |
| revonto | 1 | |
| tizanidine hcl oral | 1 | |
| Antivirals | | |
| Anti-cytomegalovirus (CMV) Agents | | |
| cidofovir intravenous | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-----------|
| ganciclovir sodium | 1 | |
| valganciclovir hcl | 1 | |
| Anti-hepatitis B (HBV) Agents | | |
| adefovir dipivoxil | 4 | |
| BARACLUDE ORAL SOLUTION | 5 | QL |
| entecavir | 4 | QL |
| EPIVIR HBV ORAL SOLUTION | 4 | |
| INTRON A | 5 | PA |
| lamivudine oral tablet 100 mg | 4 | |
| VEMLIDY | 5 | |
| Anti-hepatitis C (HBV) Agents | | |
| DAKLINZA ORAL TABLET 30 MG, 60 MG | 5 | PA; QL |
| EPCLUSA | 4 | PA; QL |
| HARVONI | 4 | PA; QL |
| LEDIPASVIR-SOFOSBUVIR | 4 | PA; M; QL |
| MAVYRET | 4 | PA; QL |
| MODERIBA 1200 DOSE PACK | 5 | |
| moderiba oral tablet 200 mg | 4 | |
| PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML | 4 | PA |
| PEGASYS SUBCUTANEOUS SOLUTION | 4 | PA |
| PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML | 5 | PA |
| REBETOL ORAL SOLUTION | 5 | |
| ribasphere | 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 |
|--|-----------|-----------|
| ribasphere ribapak oral tablet 400 mg, 600 mg | 4 | |
| RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK 200 & 400 MG | 5 | |
| ribasphere ribapak oral tablet therapy pack 400 & 600 mg | 4 | |
| ribavirin oral capsule | 4 | |
| ribavirin oral tablet 200 mg | 4 | |
| SOFOSBUVIR-VELPATASVIR | 4 | PA; M; QL |
| SOVALDI | 5 | PA; QL |
| TECHNIVIE | 5 | PA; QL |
| VIEKIRA PAK | 5 | PA; QL |
| ZEPATIER | 5 | PA; QL |
| Antiherpetic Agents | | |
| acyclovir external | 1 | |
| acyclovir oral | LC | |
| acyclovir sodium intravenous solution | 1 | |
| DENAVIR | 3 | |
| famciclovir oral | 1 | |
| valacyclovir hcl oral | 1 | QL |
| Anti-HIV Agents, Integrase Inhibitors (INSTI) | | |
| BIKTARVY | 3 | |
| GENVOYA | 2 | |
| ISENTRESS | 2 | |
| ISENTRESS HD | 2 | |
| JULUCA | 2 | |
| STRIBILD | 2 | |
| TIVICAY | 2 | |
| TRIUMEQ | 2 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) | | |
| ATRIPLA | 2 | |
| COMPLERA | 2 | |
| EDURANT | 2 | |
| efavirenz | 1 | |
| INTELENCE | 2 | |
| nevirapine | 1 | |
| nevirapine er | 1 | |
| ODEFSEY | 2 | |
| RESCRIPTOR ORAL TABLET 200 MG | 2 | |
| SYMFI | 2 | |
| SYMFI LO | 2 | |
| Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti) | | |
| abacavir sulfate | 1 | |
| abacavir sulfate-lamivudine | 1 | |
| abacavir-lamivudine-zidovudine | 1 | |
| CIMDUO | 2 | |
| DESCOVY | 2 | |
| didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg | 1 | |
| EMTRIVA | 2 | |
| lamivudine oral solution | 1 | |
| lamivudine oral tablet 150 mg, 300 mg | 1 | |
| lamivudine-zidovudine | 1 | |
| RETROVIR INTRAVENOUS | 2 | |
| stavudine oral capsule | 1 | |
| tenofovir disoproxil fumarate | 1 | |
| TRUVADA | 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 |
|--|-----------|-------|
| VIDEX | 2 | |
| VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG | 2 | |
| VIREAD ORAL POWDER | 2 | |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 2 | |
| zidovudine | 1 | |
| Anti-HIV Agents, Other | | |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED | 2 | QL |
| SELZENTRY | 2 | PA |
| TYBOST | 2 | |
| Anti-HIV Agents, Protease Inhibitors | | |
| APTIVUS | 2 | |
| atazanavir sulfate | 1 | |
| CRIXIVAN ORAL CAPSULE 200 MG, 400 MG | 2 | |
| EVOTAZ | 2 | |
| fosamprenavir calcium | 1 | |
| INVIRASE ORAL TABLET | 2 | |
| KALETRA ORAL TABLET | 2 | |
| LEXIVA ORAL SUSPENSION | 2 | |
| lopinavir-ritonavir | 1 | |
| NORVIR ORAL PACKET | 2 | |
| NORVIR ORAL SOLUTION | 2 | |
| PREZCOBIX | 2 | |
| PREZISTA ORAL SUSPENSION | 2 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG | 2 | |
| REYATAZ ORAL PACKET | 2 | |
| ritonavir | 1 | |
| VIRACEPT ORAL TABLET | 2 | |
| Anti-influenza Agents | | |
| amantadine hcl oral | 1 | |
| oseltamivir phosphate oral | 1 | QL |
| RELENZA DISKHALER | 3 | QL |
| rimantadine hcl | 1 | |
| Anxiolytics | | |
| Anxiolytics, Other | | |
| buspirone hcl oral tablet 10 mg, 5 mg | LC | |
| buspirone hcl oral tablet 15 mg, 30 mg, 7.5 mg | 1 | |
| meprobamate | 1 | |
| Benzodiazepines | | |
| alprazolam er | 1 | QL |
| alprazolam oral | 1 | QL |
| alprazolam xr | 1 | QL |
| chlordiazepoxide hcl | 1 | QL |
| clorazepate dipotassium | 1 | QL |
| diazepam injection | 1 | |
| diazepam intensol | 1 | |
| diazepam intramuscular solution auto-injector | 1 | |
| diazepam oral concentrate | 1 | |
| diazepam oral solution 5 mg/5ml | 1 | |
| diazepam oral tablet | 1 | |
| estazolam | 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 |
|---------------------------------------|-----------|--------|---|-----------|-------|
| flurazepam hcl | 1 | PA; QL | KETOCARE | 3 | |
| lorazepam injection | 1 | | KETOSTIX | 3 | |
| lorazepam intensol | 1 | QL | LANCETS | 2 | |
| lorazepam oral | 1 | QL | NOVOPEN ECHO | 3 | |
| oxazepam | 1 | QL | ONETOUCH DELICA LANCING DEV | 3 | |
| quazepam | 1 | QL | ONETOUCH ULTRA 2 KIT W/DEVICE | 3 | |
| temazepam | 1 | QL | ONETOUCH ULTRA 2 KIT W/DEVICE | 2 | |
| triazolam | 1 | QL | ONETOUCH ULTRA BLUE TEST STRIPS | 2 | QL |
| Bipolar Agents | | | ONETOUCH ULTRA MINI KIT W/DEVICE | 3 | |
| Mood Stabilizers | | | ONETOUCH ULTRA MINI KIT W/DEVICE | 2 | |
| lithium | LC | | ONETOUCH VERIO | 2 | |
| lithium carbonate er | LC | | ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE | 2 | |
| lithium carbonate oral | LC | | ONETOUCH VERIO IN VITRO SOLUTION HIGH | 3 | |
| Blood Glucose Monitoring | | | ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE | 3 | |
| ACCU-CHEK FASTCLIX LANCET KIT | 2 | | ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE | 2 | |
| ACCU-CHEK FASTCLIX LANCETS | 2 | | ONETOUCH VERIO STRIP IN VITRO | 3 | QL |
| ACCU-CHEK MULTICLIX LANCET DEVICE KIT | 2 | | ONETOUCH VERIO STRIP IN VITRO | 2 | QL |
| ACCU-CHEK MULTICLIX LANCETS | 2 | | ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE | 2 | |
| ACCU-CHEK SOFT TOUCH LANCETS | 2 | | SURESTEP PRO HIGH GLUCOSE | 3 | |
| ACCU-CHEK SOFTCLIX LANCET DEVICE KIT | 2 | | SURESTEP PRO LOW GLUCOSE | 3 | |
| ACCU-CHEK SOFTCLIX LANCETS | 2 | | SURESTEP PRO NORMAL GLUCOSE | 3 | |
| CHEMSTRIP UGK | 3 | | | | |
| INPEN 100-BLUE-LILLY | 3 | | | | |
| INPEN 100-BLUE-NOVO | 3 | | | | |
| INPEN 100-GRAY-LILLY | 3 | | | | |
| INPEN 100-GREY-NOVO | 3 | | | | |
| INPEN 100-PINK-LILLY | 3 | | | | |
| INPEN 100-PINK-NOVO | 3 | | | | |

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 Glucose Regulators | | |
| Antidiabetic Agents | | |
| acarbose | 1 | |
| ACTOPLUS MET XR | 3 | ST |
| AVANDIA ORAL TABLET 2 MG, 4 MG | 3 | ST |
| BYDUREON BCISE AUTOINJECTOR | 2 | ST; QL |
| BYDUREON PEN | 2 | ST; QL |
| BYETTA 10 MCG PEN | 2 | ST; QL |
| BYETTA 5 MCG PEN | 2 | ST; QL |
| chlorpropamide | 1 | |
| CYCLOSET | 3 | ST |
| glimepiride | LC | |
| glipizide er | LC | |
| glipizide ir | LC | |
| glipizide xl | LC | |
| glipizide-metformin hcl | 1 | |
| glyburide micronized | LC | |
| glyburide oral | LC | |
| glyburide-metformin | 1 | |
| GLYXAMBI | 2 | ST |
| INVOKAMET | 2 | ST |
| INVOKAMET XR | 2 | ST |
| INVOKANA | 2 | ST |
| JANUMET | 2 | ST |
| JANUMET XR | 2 | ST |
| JANUVIA | 2 | ST |
| JARDIANCE | 2 | ST |
| JENTADUETO | 2 | ST |
| JENTADUETO XR | 2 | ST |
| metformin hcl er oral tablet extended release 24 hour 500 mg | LC | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| metformin hcl er oral tablet extended release 24 hour 750 mg | 1 | |
| METFORMIN HCL ORAL SOLUTION | 3 | |
| metformin hcl oral tablet | LC | |
| miglitol | 1 | |
| nateglinide | 1 | |
| OZEMPIC | 2 | ST; QL |
| pioglitazone hcl | 1 | |
| pioglitazone hcl-glimepiride | 1 | |
| pioglitazone hcl-metformin hcl | 1 | |
| QTERN | 3 | ST |
| repaglinide | 1 | |
| repaglinide-metformin hcl | 1 | |
| RIOMET | 3 | |
| SYMLINPEN 120 | 3 | PA |
| SYMLINPEN 60 | 3 | PA |
| SYNJARDY | 2 | ST |
| SYNJARDY XR | 2 | ST |
| tolazamide | 1 | |
| tolbutamide | 1 | |
| TRADJENTA | 2 | ST |
| TRULICITY | 2 | ST; QL |
| VICTOZA | 2 | ST; QL |
| Glycemic Agents | | |
| GLUCAGEN HYPOKIT | 2 | |
| GLUCAGON EMERGENCY | 2 | |
| PROGLYCEM | 2 | |
| Insulins | | |
| HUMALOG U-100 AND U-200 KWIKPEN | 2 | |
| HUMALOG MIX 50/50 KWIKPEN | 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 |
|-------------------------------------|-----------|-------|--|-----------|-------|
| HUMALOG MIX 50/50 VIAL | 2 | | NOVOLOG U-100 PENFILL | 3 | |
| HUMALOG MIX 75/25 KWIKPEN | 2 | | NOVOLOG U-100 VIAL | 3 | |
| HUMALOG MIX 75/25 VIAL | 2 | | TOUJEO MAX SOLOSTAR | 2 | |
| HUMALOG U-100 JUNIOR KWIKPEN | 2 | | TOUJEO SOLOSTAR | 2 | |
| HUMALOG U-100 VIAL AND CARTRIDGE | 2 | | TRESIBA | 3 | |
| HUMULIN 70/30 KWIKPEN | 2 | | TRESIBA FLEXTOUCH | 3 | |
| HUMULIN 70/30 VIAL | 2 | | Blood Products/Modifiers/Volume Expanders | | |
| HUMULIN N KWIKPEN | 2 | | SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML | 4 | PA |
| HUMULIN N VIAL | 2 | | Anticoagulants | | |
| HUMULIN R U-500 KWIKPEN | 2 | | anticoagulant cit dext soln a | 1 | |
| HUMULIN R U-500 VIAL (CONCENTRATED) | 2 | | anticoagulant sodium citrate | 1 | |
| HUMULIN R VIAL | 2 | | argatroban | 1 | |
| LANTUS U-100 SOLOSTAR | 2 | | BEVYXXA | 3 | QL |
| LANTUS U-100 VIAL | 2 | | bivalirudin trifluoroacetate | 1 | |
| LEVEMIR U-100 FLEXTOUCH | 2 | | CEPROTIN | 5 | |
| LEVEMIR U-100 VIAL | 2 | | ELIQUIS | 2 | QL |
| NOVOLIN 70/30 RELION | 3 | | ELIQUIS STARTER PACK | 2 | QL |
| NOVOLIN 70/30 VIAL | 3 | | enoxaparin sodium | 1 | QL |
| NOVOLIN N RELION | 3 | | fondaparinux sodium | 1 | QL |
| NOVOLIN N VIAL | 3 | | FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML | 3 | QL |
| NOVOLIN R RELION | 3 | | | | |
| NOVOLIN R VIAL | 3 | | | | |
| NOVOLOG U-100 FLEXPEN | 3 | | | | |
| NOVOLOG MIX 70/30 FLEXPEN | 3 | | | | |
| NOVOLOG MIX 70/30 VIAL | 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 |
|--|-----------|--------|
| heparin (porcine) in d5w | 1 | |
| heparin (porcine) in nacl injection | 1 | |
| heparin (porcine) in nacl intravenous solution 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-% | 1 | |
| heparin sod (porcine) in d5w intravenous solution 100 unit/ml | 1 | |
| heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml | 1 | |
| heparin sodium (porcine) pf | 1 | |
| jantoven | LC | |
| PRADAXA | 2 | QL |
| SAVAYSA | 3 | QL |
| sodium citrate in vitro | 1 | |
| THROMBATE III | 5 | |
| warfarin sodium oral | LC | |
| XARELTO | 2 | QL |
| XARELTO STARTER PACK | 2 | QL |
| Blood Formation Modifiers | | |
| anagrelide hcl | 1 | |
| MOZOBIL | 4 | PA; QL |
| NEULASTA ONPRO | 5 | PA |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | PA |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML | 4 | PA |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE | 4 | PA |
| NPLATE | 4 | PA |
| PROCRIPT | 4 | PA |
| PROMACTA | 5 | PA |
| Hemostasis Agents | | |
| ADVATE | 4 | |
| ALPHANATE/VWF COMPLEX/HUMAN | 4 | |
| ALPHANINE SD | 4 | |
| aminocaproic acid intravenous | 1 | |
| aminocaproic acid oral tablet | 1 | |
| BENEFIX INTRAVENOUS KIT | 4 | |
| COAGADEX | 5 | |
| CORIFACT | 4 | |
| ELOCTATE | 5 | |
| FEIBA | 4 | |
| FIBRYGA | 4 | |
| HELIXATE FS | 4 | |
| HEMLIBRA | 5 | |
| hemofil m intravenous solution reconstituted 1000 unit, 250 unit, 500 unit | 4 | |
| HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1700 UNIT | 4 | |
| HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT | 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 |
|--|-----------|-------|
| KOATE | 4 | |
| KOATE-DVI | 4 | |
| KOGENATE FS | 5 | |
| MONOCLATE-P INTRAVENOUS KIT 1000 UNIT | 4 | |
| MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT | 4 | |
| NOVOSEVEN RT | 4 | |
| OBIZUR | 5 | |
| PROFILNINE | 4 | |
| PROFILNINE SD | 4 | |
| protamine sulfate intravenous | 1 | |
| RECOMBINATE | 5 | |
| RIASTAP | 4 | |
| RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT | 5 | |
| RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 2000 UNIT, 250 UNIT, 3000 UNIT | 4 | |
| tranexamic acid intravenous solution 1000 mg/10ml | 1 | |
| tranexamic acid oral | 1 | |
| VONVENDI | 5 | |
| XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | 5 | |
| XYNTHA SOLOFUSE | 5 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| Platelet Modifying Agents | | |
| AGGRASTAT INTRAVENOUS CONCENTRATE | 3 | |
| AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-% | 3 | |
| aspirin-dipyridamole er | 1 | |
| BRILINTA | 2 | |
| cilostazol | 1 | |
| clopidogrel bisulfate oral | 1 | |
| dipyridamole oral | 1 | |
| eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml | 1 | |
| prasugrel hcl | 1 | |
| ZONTIVITY | 3 | |
| Cardiovascular Agents | | |
| Alpha-adrenergic Agonists | | |
| clonidine | 1 | |
| clonidine hcl oral tablet 0.1 mg, 0.2 mg | LC | |
| clonidine hcl oral tablet 0.3 mg | 1 | |
| guanfacine hcl oral | LC | |
| methyldopa oral | LC | |
| methyldopa- hydrochlorothiazide | 1 | |
| phenylephrine hcl injection | 1 | |
| phenylephrine hcl intravenous solution | 1 | |
| Alpha-adrenergic Blocking Agents | | |
| phenoxybenzamine 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 |
|--|-----------|-------|
| phentolamine mesylate injection solution reconstituted | 1 | |
| prazosin hcl oral | LC | |
| Angiotensin II Receptor Antagonists | | |
| amlodipine besylate-valsartan | 1 | |
| amlodipine-olmesartan | 1 | |
| amlodipine-valsartan-hctz | 1 | |
| BYVALSON | 2 | |
| candesartan cilexetil | 1 | |
| candesartan cilexetil-hctz | 1 | |
| eprosartan mesylate | 1 | |
| irbesartan | 1 | |
| irbesartan-hydrochlorothiazide | 1 | |
| losartan potassium | LC | |
| losartan potassium-hctz | LC | |
| olmesartan medoxomil oral | 1 | |
| olmesartan medoxomil-hctz | 1 | |
| olmesartan-amlodipine-hctz | 1 | |
| telmisartan | 1 | |
| telmisartan-amlodipine | 1 | |
| telmisartan-hctz | 1 | |
| valsartan | 1 | |
| valsartan-hydrochlorothiazide | 1 | |
| Angiotensin-converting Enzyme (ACE) Inhibitors | | |
| amlodipine besylate-benazepril hcl | 1 | |
| benazepril hcl oral | LC | |
| benazepril-hydrochlorothiazide | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| captopril oral | 1 | |
| captopril-hydrochlorothiazide | 1 | |
| enalapril maleate oral | LC | |
| enalaprilat | 1 | |
| enalapril-hydrochlorothiazide oral tablet 10-25 mg | 1 | |
| enalapril-hydrochlorothiazide oral tablet 5-12.5 mg | LC | |
| fosinopril sodium | LC | |
| fosinopril sodium-hctz | 1 | |
| lisinopril oral | LC | |
| lisinopril-hydrochlorothiazide | LC | |
| moexipril hcl | LC | |
| moexipril-hydrochlorothiazide | 1 | |
| perindopril erbumine | 1 | |
| quinapril hcl | LC | |
| quinapril-hydrochlorothiazide | 1 | |
| ramipril | LC | |
| trandolapril | LC | |
| trandolapril-verapamil hcl er | 1 | |
| Antiarrhythmics | | |
| adenosine intravenous solution 12 mg/4ml, 6 mg/2ml | 1 | |
| amiodarone hcl intravenous | 1 | |
| amiodarone hcl oral | 1 | |
| disopyramide phosphate oral | 1 | |
| dofetilide | 1 | |
| flecainide acetate | 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 |
|---|-----------|-------|
| ibutilide fumarate | 1 | |
| lidocaine hcl (cardiac) | 1 | |
| lidocaine in d5w | 1 | |
| mexiletine hcl oral | 1 | |
| MULTAQ | 3 | |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG | 2 | |
| pacerone oral tablet 100 mg, 200 mg, 400 mg | 1 | |
| procainamide hcl injection | 1 | |
| propafenone hcl | 1 | |
| propafenone hcl er | 1 | |
| quinidine gluconate er | 1 | |
| quinidine sulfate oral | 1 | |
| sorine oral tablet 120 mg, 160 mg, 240 mg | 1 | |
| sorine oral tablet 80 mg | LC | |
| sotalol hcl (af) | 1 | |
| sotalol hcl oral tablet 120 mg, 160 mg, 240 mg | 1 | |
| sotalol hcl oral tablet 80 mg | LC | |
| Beta-adrenergic Blocking Agents | | |
| acebutolol hcl oral | 1 | |
| atenolol oral | LC | |
| atenolol-chlorthalidone | LC | |
| betaxolol hcl oral | 1 | |
| bisoprolol fumarate | LC | |
| bisoprolol-hydrochlorothiazide | LC | |
| BYSTOLIC | 2 | |
| carvedilol | LC | |
| carvedilol phosphate er | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| esmolol hcl intravenous solution 100 mg/10ml | 1 | |
| esmolol hcl-sodium chloride | 1 | |
| labetalol hcl intravenous solution | 1 | |
| labetalol hcl oral | 1 | |
| metoprolol succinate er | 1 | |
| metoprolol tartrate intravenous solution 5 mg/5ml | 1 | |
| metoprolol tartrate intravenous solution cartridge | 1 | |
| metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg | LC | |
| metoprolol tartrate oral tablet 37.5 mg, 75 mg | 1 | |
| metoprolol-hydrochlorothiazide | 1 | |
| pindolol | 1 | |
| propranolol hcl er | 1 | |
| propranolol hcl intravenous | 1 | |
| propranolol hcl oral solution | 1 | |
| propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg | LC | |
| propranolol hcl oral tablet 60 mg | 1 | |
| propranolol-hctz | 1 | |
| timolol maleate oral | 1 | |
| Calcium Channel Blocking Agents | | |
| amlodipine besylate oral | LC | |
| amlodipine-atorvastatin | 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 |
|---|-----------|-------|
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG | 3 | |
| cartia xt | 1 | |
| diltiazem hcl er beads | 1 | |
| diltiazem hcl er coated beads | 1 | |
| diltiazem hcl er oral capsule extended release 12 hour | 1 | |
| diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg | 1 | |
| diltiazem hcl intravenous solution | 1 | |
| diltiazem hcl intravenous solution reconstituted | 1 | |
| diltiazem hcl oral | 1 | |
| dilt-xr | 1 | |
| felodipine er | 1 | |
| isradipine | 1 | |
| matzim la | 1 | |
| nicardipine hcl intravenous | 1 | |
| nicardipine hcl oral | 1 | |
| nifedipine er | 1 | |
| nifedipine er osmotic release | 1 | |
| nifedipine oral | 1 | |
| nimodipine oral | 1 | |
| nisoldipine er | 1 | |
| taztia xt | 1 | |
| verapamil hcl er oral capsule extended release 24 hour | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg | 1 | |
| verapamil hcl intravenous | 1 | |
| verapamil hcl oral tablet 120 mg, 80 mg | LC | |
| verapamil hcl oral tablet 40 mg | 1 | |
| Cardiovascular Agents, Other | | |
| DEMSEER | 3 | |
| digitek | LC | |
| digox | LC | |
| digoxin injection | 1 | |
| digoxin oral | LC | |
| dobutamine hcl intravenous | 1 | |
| dobutamine in d5w | 1 | |
| dopamine hcl intravenous | 1 | |
| dopamine in d5w | 1 | |
| ENTRESTO | 2 | QL |
| ephedrine sulfate intravenous solution | 1 | |
| epinephrine pf | 1 | |
| mannitol intravenous solution 20 %, 25 % | 1 | |
| midodrine hcl | 1 | |
| milrinone lactate in dextrose | 1 | |
| milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml | 1 | |
| norepinephrine bitartrate intravenous | 1 | |
| osmitrol intravenous solution 15 %, 20 % | 1 | |
| pentoxifylline 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 |
|--|-----------|-------|
| RANEXA | 2 | ST |
| TEKTURNA | 2 | ST |
| VECAMYL | 3 | |
| Diuretics, Loop | | |
| bumetanide injection | LC | |
| bumetanide oral | LC | |
| ethacrynate sodium | 1 | |
| ethacrynic acid oral | 1 | |
| furosemide injection solution 10 mg/ml | LC | |
| furosemide oral solution 10 mg/ml | LC | |
| furosemide oral solution 8 mg/ml | 1 | |
| furosemide oral tablet | LC | |
| toremide oral | LC | |
| Diuretics, Potassium-sparing | | |
| amiloride hcl oral | 1 | |
| amiloride-hydrochlorothiazide | LC | |
| DYRENIUM ORAL CAPSULE 100 MG | 3 | |
| eplerenone | 1 | |
| spironolactone oral | LC | |
| spironolactone-hctz | LC | |
| triamterene-hctz oral capsule 37.5-25 mg | LC | |
| triamterene-hctz oral tablet | LC | |
| Diuretics, Thiazide | | |
| chlorothiazide oral | LC | |
| chlorothiazide sodium | 1 | |
| chlorthalidone oral tablet 25 mg, 50 mg | LC | |
| hydrochlorothiazide oral | LC | |
| indapamide oral | LC | |
| methyclothiazide oral | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| metolazone | 1 | |
| Dyslipidemics, Fibric Acid Derivatives | | |
| choline fenofibrate | 1 | |
| fenofibrate micronized | 1 | |
| fenofibrate oral capsule | 1 | |
| fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg | 1 | |
| fenofibric acid | 1 | |
| gemfibrozil oral | LC | |
| Dyslipidemics, HMG CoA Reductase Inhibitors | | |
| atorvastatin calcium oral tablet 10 mg, 20 mg | LC | PV* |
| atorvastatin calcium oral tablet 40 mg, 80 mg | LC | |
| fluvastatin sodium | 3 | |
| fluvastatin sodium er | 3 | |
| LIVALO | 3 | ST |
| lovastatin | 1 | PV |
| PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR | 4 | PA; QL |
| pravastatin sodium | 1 | |
| REPATHA | 4 | PA; QL |
| REPATHA PUSHTRONEX SYSTEM | 4 | PA; QL |
| REPATHA SURECLICK | 4 | PA; QL |
| rosuvastatin calcium | 1 | |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg | LC | PV* |
| simvastatin oral tablet 80 mg | LC | PA |
| Dyslipidemics, Other | | |
| cholestyramine light | 1 | |
| cholestyramine oral | 1 | |
| colesevelam hcl | 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 |
|---|-----------|--------|
| colestipol hcl | 1 | |
| ezetimibe | 1 | |
| ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg | 1 | |
| ezetimibe-simvastatin oral tablet 10-80 mg | 1 | PA |
| JUXTAPID | 5 | PA; QL |
| niacin er (antihyperlipidemic) | 1 | |
| omega-3-acid ethyl esters | 1 | |
| prevalite | 1 | |
| Vasodilators, Direct-acting Arterial | | |
| hydralazine hcl injection | 1 | |
| hydralazine hcl oral | LC | |
| minoxidil oral | 1 | |
| Vasodilators, Direct-acting Arterial/Venous | | |
| DILATRATE-SR | 3 | |
| isosorbide dinitrate er | 1 | |
| isosorbide dinitrate oral | 1 | |
| isosorbide mononitrate | 1 | |
| isosorbide mononitrate er oral tablet extended release 24 hour 120 mg | 1 | |
| isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg | LC | |
| minitran | 1 | |
| NITRO-BID | 3 | |
| nitroglycerin er oral capsule extended release 2.5 mg | 1 | |
| nitroglycerin in d5w | 1 | |
| nitroglycerin intravenous | 1 | |
| nitroglycerin sublingual | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|------------|
| nitroglycerin transdermal patch 24 hour | 1 | |
| nitroglycerin translingual solution | 1 | |
| NITROMIST | 3 | |
| nitroprusside sodium | 1 | |
| Central Nervous System Agents | | |
| Attention Deficit Hyperactivity Disorder Agents, Amphetamines | | |
| amphetamine sulfate | 1 | QL |
| amphetamine-dextroamphetamine | 1 | PA; QL |
| amphetamine-dextroamphetamine er | 1 | PA; QL |
| dextroamphetamine sulfate er | 1 | PA; QL |
| dextroamphetamine sulfate oral | 1 | PA; QL |
| methamphetamine hcl | 3 | PA; QL |
| VYVANSE | 2 | PA; QL |
| zenzedi oral tablet 10 mg, 5 mg | 1 | PA; QL |
| Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines | | |
| atomoxetine hcl | 1 | QL |
| clonidine hcl er | 1 | |
| DAYTRANA | 3 | ST; PA; QL |
| dexmethylphenidate hcl | 1 | PA; QL |
| dexmethylphenidate hcl er | 1 | PA; QL |
| guanfacine hcl er | 1 | |
| metadate er oral tablet extended release 20 mg | 1 | PA; QL |
| methylphenidate hcl er | 1 | PA; QL |
| methylphenidate hcl er (cd) | 1 | PA; QL |
| methylphenidate hcl er (la) | 1 | PA; QL |

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

| Drug Name | Drug Tier | Notes |
|--|-----------|------------|
| methylphenidate hcl oral | 1 | PA; QL |
| QUILLIVANT XR | 3 | ST; PA; QL |
| relexxii | 1 | PA; QL |
| Central Nervous System, Other | | |
| caffeine citrate | 1 | |
| flumazenil intravenous | 1 | |
| GRALISE | 3 | ST; QL |
| GRALISE STARTER | 3 | ST; QL |
| PRIALT | 4 | |
| riluzole | 1 | PA; QL |
| TEGSEDI | 5 | PA |
| tetrabenazine | 4 | PA |
| Fibromyalgia Agents | | |
| SAVELLA | 3 | ST; QL |
| SAVELLA TITRATION PACK | 3 | ST; QL |
| Multiple Sclerosis Agents | | |
| AUBAGIO | 5 | PA; QL |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT | 4 | PA; QL |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT | 4 | PA; QL |
| AVONEX VIAL INTRAMUSCULAR KIT | 4 | PA; QL |
| BETASERON SUBCUTANEOUS KIT | 4 | PA; QL |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; QL |
| dalfampridine er | 4 | PA; QL |
| GILENYA | 5 | PA; QL |
| glatiramer acetate | 4 | PA; QL |
| glatopa | 4 | PA; QL |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| TECFIDERA | 4 | PA; QL |
| TYSABRI | 5 | PA; QL |
| Dental and Oral Agents | | |
| cavarest | 1 | |
| cevimeline hcl | 1 | |
| chlorhexidine gluconate mouth/throat | LC | |
| clinpro 5000 | 1 | |
| DEBACTEROL | 3 | |
| denta 5000 plus | 1 | |
| dentagel | 1 | |
| fluoridex | 1 | |
| fluoridex daily renewal | 1 | |
| fluoridex enhanced whitening dental paste | 1 | |
| fluoridex sensitivity relief dental paste | 1 | |
| neutral sodium fluoride | 1 | |
| oralone | 1 | |
| paroex | LC | |
| periogard | LC | |
| pilocarpine hcl oral | 1 | |
| prevident mouth/throat | 1 | |
| sf | 1 | |
| sf 5000 plus | 1 | |
| topex topical anesthetic mouth/throat aerosol | 1 | |
| triamcinolone acetonide mouth/throat | 1 | |
| Dermatological Agents | | |
| acitretin | 1 | |
| adapalene external cream | 1 | PA |
| adapalene external gel | 1 | PA |
| adapalene-benzoyl peroxide | 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 |
|---|-----------|-------|
| ammonium lactate external | 1 | |
| amnesteem | 1 | PA |
| ana-lex | 1 | |
| avita | 1 | PA |
| azelaic acid external | 1 | |
| AZELEX | 3 | |
| benzoyl peroxide-erythromycin | 1 | |
| calcipotriene external | 1 | |
| calcitrene | 1 | |
| calcitriol external | 1 | |
| claravis | 1 | PA |
| clindacin etz external swab | 1 | |
| clindacin-p | 1 | |
| clindamycin phosphate-benzoyl peroxide | 1 | |
| clindamycin phosphate external foam | 1 | |
| clindamycin phosphate external lotion | 1 | |
| clindamycin phosphate external solution | 1 | |
| clindamycin phosphate external swab | 1 | |
| clindamycin phosphate gel 1 % external | 1 | |
| clindamycin-tretinoin | 1 | |
| coal tar external solution | 1 | |
| colocort | 1 | |
| CONDYLOX EXTERNAL GEL | 3 | |
| CORTIFOAM | 3 | |
| COSENTYX 150 MG/ML | 5 | PA |
| COSENTYX 300 DOSE | 5 | PA |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| COSENTYX SENSOREADY 300 DOSE | 5 | PA |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 5 | PA |
| dapsone external | 1 | |
| doxepin hcl external | 3 | |
| doxycycline | 1 | |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | 4 | PA; QL |
| EPIDUO FORTE | 3 | |
| ery | 1 | |
| erythromycin external | 1 | |
| FINACEA EXTERNAL FOAM | 3 | |
| hydrocortisone rectal | 1 | |
| imiquimod external | 1 | |
| isotretinoin oral | 1 | PA |
| lactic acid e | 1 | |
| lactic acid external lotion | 1 | |
| lidocaine-hydrocortisone ace rectal cream | 1 | |
| methoxsalen oral | 1 | |
| methoxsalen rapid | 1 | |
| metronidazole external | 1 | |
| MIRVASO | 2 | |
| myorisan | 1 | PA |
| neuac external gel | 1 | |
| pimecrolimus | 1 | |
| podofilox external | 1 | |
| procto-med hc | 1 | |
| procto-pak | 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 |
|---|-----------|-------|
| proctosol hc | 1 | |
| proctozone-hc rectal | 1 | |
| pyrogalllic acid | 1 | |
| RECTIV | 3 | |
| REGRANEX | 3 | PA |
| rosadan external cream | 1 | |
| rosadan external gel | 1 | |
| salicylic acid external cream | 1 | |
| SANTYL | 3 | |
| selenium sulfide external lotion | 1 | |
| silver nitrate external ointment | 1 | |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 4 | PA |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA |
| sulfacetamide sodium (acne) | 1 | |
| TACLONEX EXTERNAL SUSPENSION | 3 | QL |
| tacrolimus external | 1 | |
| tazarotene external | 1 | |
| TAZORAC EXTERNAL CREAM 0.05 % | 3 | |
| TAZORAC EXTERNAL GEL | 3 | |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA |
| tretinoin external | 1 | PA |
| tretinoin microsphere | 1 | PA |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| tretinoin microsphere pump | 1 | PA |
| urea external cream 40 % | 1 | |
| zenatane | 1 | PA |
| Electrolytes/Minerals/Metals/Vitamins | | |
| Electrolyte/Mineral Replacement | | |
| calcium chloride | 1 | |
| calcium gluconate intravenous solution | 1 | |
| chromagen oral capsule | 1 | |
| chromic chloride intravenous | 1 | |
| corvita 150 | 1 | |
| dehydrated alcohol injection | 1 | |
| dextrose in lactated ringers | 1 | |
| dextrose intravenous solution 10 %, 20 %, 250 mg/ml, 30 %, 40 %, 5 %, 50 %, 70 % | 1 | |
| dextrose-nacl intravenous solution 10-0.2 %, 10-0.225 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 % | 1 | |
| effer-k oral tablet effervescent 25 meq | 1 | |
| ferocon | 1 | |
| ferotinsic | 1 | |
| ferrocite plus oral tablet | 1 | |
| foltrin | 1 | |
| glucose intravenous | 1 | |
| hematinic plus vit/minerals | 1 | |
| hematinic/folic acid | 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 |
|--|-----------|-------|
| hematogen | 1 | |
| hematogen forte | 1 | |
| hemocyte-f oral tablet | 1 | |
| hemocyte-plus oral tablet 106-1 mg | 1 | |
| iferex 150 forte | 1 | |
| iodine strong oral | 1 | |
| ISOLYTE-S | 3 | |
| kcl in d5w lactated ringers | 1 | |
| kcl in dextrose-nacl intravenous solution 10- 5-0.45 meq/l-%-%, 20-5- 0.2 meq/l-%-%, 20-5- 0.225 meq/l-%-%, 20-5- 0.33 meq/l-%-%, 20-5- 0.45 meq/l-%-%, 20-5- 0.9 meq/l-%-%, 30-5- 0.45 meq/l-%-%, 40-5- 0.45 meq/l-%-%, 40-5- 0.9 meq/l-%-% | 1 | |
| kcl-lactated ringers-d5w | 1 | |
| klor-con 10 | 1 | |
| klor-con m10 | 1 | |
| KLOR-CON M15 | 3 | |
| klor-con m20 | 1 | |
| klor-con oral packet 20 meq | 1 | |
| klor-con oral tablet extended release | 1 | |
| klor-con sprinkle | 1 | |
| klor-con/ef | 1 | |
| k-prime | 1 | |
| k-tan plus | 1 | |
| lactated ringers intravenous | 1 | |
| magnesium chloride injection | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-% | 1 | |
| magnesium sulfate injection solution 50 % | 1 | |
| magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml | 1 | |
| na ferric gluc cplx in sucrose | 1 | |
| phosphorous | 1 | |
| PLASMA-LYTE 148 | 3 | |
| PLASMA-LYTE A | 3 | |
| poly-iron 150 forte | 1 | |
| polysaccharide iron forte | 1 | |
| pot bicarb-pot chloride | 1 | |
| potassium acetate intravenous solution 2 meq/ml | 1 | |
| potassium chloride crys ter | 1 | |
| potassium chloride er | 1 | |
| potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-% | 1 | |
| potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-% | 1 | |
| potassium chloride intravenous solution 0.4 meq/ml, 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml | 1 | |
| potassium chloride oral packet | 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 |
|--|-----------|-------|
| potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%) | 1 | |
| potassium chloride proamp | 1 | |
| potassium citrate er | 1 | |
| purevit dualfe plus | 1 | |
| ringers | 1 | |
| se-tan plus | 1 | |
| sod citrate-citric acid | LC | |
| sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 % | 1 | |
| sodium chloride injection | 1 | |
| sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 % | 1 | |
| sodium fluoride oral | 1 | PV |
| sodium lactate intravenous solution 5 meq/ml | 1 | |
| sodium phosphates intravenous solution 45 mmole/15ml | 1 | |
| tl icon | 1 | |
| tl-hem 150 | 1 | |
| tpn electrolytes intravenous solution | 1 | |
| tricon | 1 | |
| trigels-f forte | 1 | |
| virt-phos 250 neutral | 1 | |
| Electrolyte/Mineral/Metal Modifiers | | |
| CHEMET | 3 | |
| CUPRIMINE ORAL CAPSULE 250 MG | 5 | PA |
| DEPEN TITRATABS | 2 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| EXJADE | 3 | PA |
| FERRIPROX ORAL TABLET | 5 | PA |
| JADENU | 3 | PA |
| JADENU SPRINKLE | 3 | PA |
| kionex oral suspension | 1 | |
| SAMSCA | 2 | QL |
| sodium polystyrene sulfonate oral | 1 | |
| sodium polystyrene sulfonate rectal | 1 | |
| sps | 1 | |
| trientine hcl | 4 | PA |
| VELTASSA | 3 | |
| Vitamins | | |
| adc/f (0.5mg/ml) | 1 | |
| airavite | 1 | |
| ascorbic acid injection | 1 | |
| b-6 folic acid | 1 | |
| biocel | 1 | |
| bp vit 3 | 1 | |
| b-plex | 1 | |
| b-plex plus | 1 | |
| cod liver oil oral oil | 1 | |
| corvita | 1 | |
| corvite free | 1 | |
| cyanocobalamin injection solution 1000 mcg/ml | 1 | |
| decara oral capsule 50000 unit | 1 | |
| dexifol | 1 | |
| dialyvite | 1 | |
| ergocalciferol oral capsule | 1 | |
| fabb | 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 |
|--|-----------|-------|---|-----------|-------|
| fa-vitamin b-6-vitamin b-12 | 1 | | prenatal multi +dha | 1 | PV |
| folbee | 1 | | prenatal oral tablet 27-0.8 mg | 1 | PV |
| folbee plus | 1 | | prenatal oral tablet 27-1 mg | LC | |
| folic acid injection | 1 | | prenatal plus iron | 1 | |
| folic acid oral tablet 1 mg | 1 | | pyridoxine hcl injection | 1 | |
| folic acid oral tablet 800 mcg | 1 | PV | quflora pediatric oral solution 0.25 mg/ml | 1 | |
| folplex 2.2 | 1 | | quflora pediatric oral tablet chewable 0.5 mg, 1 mg | 1 | |
| gnp folic acid | 1 | PV | RAYALDEE | 3 | |
| hydroxocobalamin acetate | 1 | | renal oral capsule | 1 | |
| lysiplex plus oral tablet | 1 | | sodium acetate intravenous solution 2 meq/ml | 1 | |
| multi prenatal | 1 | PV | thiamine hcl injection | 1 | |
| multi-vit/iron/fluoride | 1 | | tl gard rx | 1 | |
| multivitamin/fluoride oral solution | 1 | | triphrocaps | 1 | |
| multi-vitamin/fluoride oral solution | 1 | | tri-vitamin/fluoride | 1 | |
| multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg | 1 | | tri-vite/fluoride | 1 | |
| multivitamin/fluoride/iron | 1 | | urosex | 1 | |
| multi-vitamin/fluoride/iron | 1 | | v-c forte | 1 | |
| multivitamins/fluoride oral tablet chewable 0.5 mg | 1 | | vic-forte | 1 | |
| mvc-fluoride | 1 | | virt-caps | 1 | |
| mynephron | 1 | | virt-gard | 1 | |
| NASCOBAL | 3 | | vita s forte | 1 | |
| nephronex oral tablet | 1 | | vitacel | 1 | |
| nufol | 1 | | vitamax pediatric | 1 | |
| nutrifac zx | 1 | | vita-min | 1 | |
| phytonadione injection solution 1 mg/0.5ml | 1 | | vitamin b complex 100 | 1 | |
| phytonadione oral | 1 | | vitamin d (ergocalciferol) oral capsule 50000 unit | 1 | |
| pnv prenatal plus multivit+dha | 1 | | vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml | 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 |
|--|-----------|-------|
| vitamins acd-fluoride | 1 | |
| vol-care rx | 1 | |
| vp-vite rx | 1 | |
| Gastrointestinal Agents | | |
| Antispasmodics, Gastrointestinal | | |
| ATROPEN INTRAMUSCULAR SOLUTION AUTO- INJECTOR 0.5 MG/0.7ML | 3 | |
| atropine sulfate injection solution 8 mg/20ml | 1 | |
| atropine sulfate injection solution prefilled syringe | 1 | |
| chlordiazepoxide- clidinium | 1 | |
| CUVPOSA | 3 | |
| dicyclomine hcl intramuscular | 1 | |
| dicyclomine hcl oral capsule | LC | |
| dicyclomine hcl oral solution | 1 | |
| dicyclomine hcl oral tablet | LC | |
| ed-spaz | 1 | |
| glycopyrrolate injection solution | 1 | |
| glycopyrrolate oral tablet 1 mg, 2 mg | 1 | |
| hyoscyamine sulfate oral | 1 | |
| hyoscyamine sulfate sl | 1 | |
| hyoscyamine sulfate sublingual | 1 | |
| methscopolamine bromide oral | 1 | |
| nulev | 1 | |
| oscimin | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| propantheline bromide oral | 1 | |
| Gastrointestinal Agents, Other | | |
| amoxicill-clarithro- lansopraz | 1 | |
| CHOLBAM | 5 | PA |
| cromolyn sodium oral | 1 | |
| diphenoxylate-atropine | 1 | |
| GATTEX | 5 | PA |
| loperamide hcl oral capsule | 1 | |
| metoclopramide hcl injection | LC | |
| metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml | LC | |
| metoclopramide hcl oral tablet | LC | |
| metoclopramide hcl oral tablet dispersible | 1 | |
| OCALIVA | 5 | PA; QL |
| OMECLAMOX-PAK | 2 | |
| PYLERA | 2 | |
| RELISTOR ORAL | 3 | PA; QL |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML | 3 | PA; QL |
| sodium bicarbonate oral powder | 1 | |
| ursodiol oral | 1 | |
| Histamine2 (H2) receptor Antagonists | | |
| cimetidine hcl oral | 1 | |
| cimetidine oral tablet 200 mg, 300 mg, 400 mg | 1 | |
| cimetidine oral tablet 800 mg | LC | |

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 |
|---|-----------|--------|---|-----------|--------|
| famotidine intravenous solution 20 mg/2ml, 200 mg/20ml, 40 mg/4ml | 1 | | gavilyte-n with flavor pack | 1 | PV; QL |
| famotidine oral suspension reconstituted | 1 | | generlac | 1 | |
| famotidine oral tablet 20 mg | LC | | gentle laxative oral | 1 | PV; QL |
| famotidine oral tablet 40 mg | 1 | | glycolax | 1 | PV; QL |
| famotidine premixed | 1 | | lactulose encephalopathy | 1 | |
| nizatidine | 1 | | lactulose oral packet | 1 | |
| ranitidine hcl injection solution 150 mg/6ml, 50 mg/2ml | 1 | | lactulose oral solution | LC | |
| ranitidine hcl oral capsule | 1 | | magnesium citrate oral solution 1.745 gm/30ml | 1 | PV; QL |
| ranitidine hcl oral syrup | 1 | | mineral oil heavy oral | 1 | |
| ranitidine hcl oral tablet 150 mg | 1 | | MOVIPREP | 3 | |
| ranitidine hcl oral tablet 300 mg | LC | | OSMOPREP | 3 | |
| Irritable Bowel Syndrome Agents | | | peg 3350/electrolytes | 1 | PV; QL |
| alosetron hcl | 1 | PA | peg 3350-kcl-na bicarb-nacl | 1 | PV; QL |
| AMITIZA | 2 | ST; QL | peg-3350/electrolytes | 1 | PV; QL |
| LINZESS | 2 | ST; QL | peg-prep | 1 | |
| Laxatives | | | PREPOPIK | 3 | |
| bisacodyl ec | 1 | PV; QL | SUPREP BOWEL PREP KIT | 3 | |
| casara sagrada oral fluid extract | 1 | | trilyte | 1 | PV; QL |
| clearlax oral powder | 1 | PV; QL | Protectants | | |
| constulose | LC | | CARAFATE ORAL SUSPENSION | 3 | |
| enulose | 1 | | misoprostol oral | 1 | |
| ex-lax ultra | 1 | PV; QL | sucrafate oral tablet | LC | |
| gavilax oral powder | 1 | PV; QL | Proton Pump Inhibitors | | |
| gavilyte-c | 1 | PV; QL | DEXILANT ORAL CAPSULE DELAYED RELEASE 60 MG | 2 | QL |
| gavilyte-g | 1 | PV; QL | esomeprazole sodium | 1 | |
| gavilyte-h | 1 | | lansoprazole oral | 1 | QL |
| | | | omeprazole oral capsule delayed release | LC | QL |
| | | | pantoprazole sodium intravenous | LC | 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 |
|--|-----------|-------|
| pantoprazole sodium oral | LC | QL |
| rabeprazole sodium | 1 | QL |
| Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment | | |
| ALDURAZYME | 4 | PA |
| CARBAGLU | 4 | |
| CERDELGA | 5 | PA |
| CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT | 4 | PA |
| CREON | 2 | |
| CYSTADANE | 5 | |
| ELAPRASE | 4 | PA |
| KANUMA | 5 | PA |
| KUVAN | 4 | PA |
| LUMIZYME | 4 | PA |
| MEPSEVII | 5 | PA |
| miglustat | 4 | PA |
| MYALEPT | 5 | PA |
| NAGLAZYME | 4 | PA |
| ORFADIN | 5 | PA |
| RAVICTI | 5 | PA |
| sod benz-sod phenylacet | 1 | |
| sodium phenylbutyrate oral powder 3 gm/tsp | 4 | |
| sodium phenylbutyrate oral tablet | 4 | |
| STRENSIQ | 5 | PA |
| SUCRAID | 5 | |
| VIMIZIM | 5 | PA |
| XIAFLEX | 4 | PA |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT | 2 | |
| Genitourinary Agents | | |
| Antispasmodics, Urinary | | |
| darifenacin hydrobromide er | 1 | |
| flavoxate hcl | 1 | |
| GELNIQUE PUMP | 3 | |
| GELNIQUE TRANSDERMAL GEL 10 % | 3 | |
| MYRBETRIQ | 2 | |
| oxybutynin chloride er | 1 | |
| oxybutynin chloride oral | 1 | |
| tolterodine tartrate | 1 | |
| tolterodine tartrate er | 1 | |
| TOVIAZ | 3 | |
| tropium chloride | 1 | |
| tropium chloride er | 1 | |
| VESICARE | 2 | |
| Benign Prostatic Hypertrophy Agents | | |
| alfuzosin hcl er | 1 | |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG | 3 | ST |
| doxazosin mesylate oral | LC | |
| dutasteride oral | 1 | |
| dutasteride-tamsulosin hcl | 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 |
|--|-----------|--------|
| finasteride oral tablet 5 mg | LC | |
| silodosin | 1 | |
| tadalafil oral tablet 2.5 mg, 5 mg | 1 | PA; QL |
| tamsulosin hcl | LC | |
| terazosin hcl oral | LC | |
| Genitourinary Agents, Other | | |
| acetic acid irrigation | 1 | |
| aminoacetic acid | 1 | |
| argyle sterile saline | 1 | |
| bethanechol chloride oral | 1 | |
| CYSTAGON | 5 | |
| ELMIRON | 2 | |
| glycine irrigation | 1 | |
| glycine urologic | 1 | |
| neomycin-polymyxin b gu | 1 | |
| phenazo oral tablet 200 mg | LC | |
| phenazopyridine hcl oral tablet 100 mg, 200 mg | LC | |
| RENACIDIN | 3 | |
| sodium chloride irrigation solution 0.9 % | 1 | |
| sorbitol irrigation solution 3.3 % | 1 | |
| sorbitol-mannitol | 1 | |
| vcf vaginal contraceptive vaginal gel | 1 | PV; QL |
| Phosphate Binders | | |
| calcium acetate (phos binder) | 1 | |
| FOSRENOL ORAL PACKET | 3 | |
| lanthanum carbonate | 1 | |
| PHOSLYRA | 3 | |
| sevelamer carbonate | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| sevelamer hcl | 1 | |
| VELPHORO | 3 | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) | | |
| ala-cort external cream 1 % | 1 | |
| ala-cort external cream 2.5 % | LC | |
| alclometasone dipropionate | 1 | |
| amcinonide | 1 | |
| betamethasone dipropionate aug | 1 | |
| betamethasone dipropionate external | 1 | |
| betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml | 1 | |
| betamethasone valerate external | 1 | |
| CAPEX | 3 | |
| clobetasol prop emollient base | 1 | |
| clobetasol propionate e | 1 | |
| clobetasol propionate emulsion | 1 | |
| clobetasol propionate external | 1 | |
| clodan external shampoo | 1 | |
| CORDRAN EXTERNAL TAPE | 3 | |
| cortisone acetate oral | 1 | |
| deltasone | LC | |
| DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML | 3 | |
| desonide external | 1 | |
| desoximetasone 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 | Drug Name | Drug Tier | Notes |
|--|-----------|-------|--|-----------|-------|
| DEXAMETHASONE INTENSOL | 3 | | hydrocortisone external cream 2.5 % | LC | |
| dexamethasone oral elixir | LC | | hydrocortisone external lotion 2.5 % | 1 | |
| dexamethasone oral solution | LC | | hydrocortisone external ointment 1 %, 2.5 % | 1 | |
| dexamethasone oral tablet | LC | | hydrocortisone oral | LC | |
| dexamethasone oral tablet therapy pack | 1 | | hydrocortisone valerate | 1 | |
| dexamethasone sod phosphate pf | LC | | methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml | LC | |
| dexamethasone sodium phosphate injection | LC | | methylprednisolone oral | LC | |
| diflorasone diacetate external | 1 | | methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg | LC | |
| fludrocortisone acetate oral | 1 | | mometasone furoate external | 1 | |
| fluocinolone acetonide body | 1 | | prednicarbate | 1 | |
| fluocinolone acetonide external | 1 | | prednisolone oral solution | LC | |
| fluocinolone acetonide scalp | 1 | | prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml | 1 | |
| fluocinonide emulsified base | 1 | | prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml | LC | |
| fluocinonide external | 1 | | prednisolone sodium phosphate oral tablet dispersible | 1 | |
| fluticasone propionate external | 1 | | PREDNISON INTENSOL | 2 | |
| halobetasol propionate external cream | 1 | | prednisone oral | LC | |
| halobetasol propionate external ointment | 1 | | SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG | 3 | |
| hydrocortisone butyr lipo base | 1 | | TEXACORT | 3 | |
| hydrocortisone butyrate external | 1 | | | | |
| hydrocortisone external cream 1 % | 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 |
|--|-----------|-------|---|-----------|-------|
| triamcinolone acetonide external aerosol solution | 1 | | NUTROPIN AQ NUSPIN 10 | 4 | PA |
| triamcinolone acetonide external cream | LC | | NUTROPIN AQ NUSPIN 20 | 4 | PA |
| triamcinolone acetonide external lotion | 1 | | NUTROPIN AQ NUSPIN 5 | 4 | PA |
| triamcinolone acetonide external ointment 0.025 %, 0.5 % | 1 | | oxytocin injection | 1 | |
| triamcinolone acetonide external ointment 0.1 % | LC | | pregnyl | 4 | PA |
| triamcinolone acetonide injection suspension 40 mg/ml | 1 | | Hormonal Agents, Suppressant (Pituitary) | | |
| triderm external cream | LC | | leuprolide acetate injection | 4 | PA |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) | | | LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG | 5 | PA |
| cabergoline | 1 | | LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG | 4 | PA |
| chorionic gonadotropin intramuscular | 4 | PA | LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG | 5 | PA |
| desmopressin ace spray refrig | 1 | | LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG | 4 | PA |
| desmopressin acetate injection | 1 | | LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG | 4 | PA |
| desmopressin acetate oral | 1 | | LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG | 4 | PA |
| desmopressin acetate spray | 1 | | ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG | 4 | QL |
| HP ACTHAR | 4 | PA | | | |
| INCRELEX | 4 | PA | | | |
| NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML | 4 | PA | | | |
| novarel intramuscular solution reconstituted 10000 unit | 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 |
|---|-----------|--------|
| Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) | | |
| alprostadil injection | 1 | |
| KORLYM | 5 | PA; QL |
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) | | |
| Anabolic Steroids | | |
| ANADROL-50 | 3 | PA |
| oxandrolone oral | 1 | PA; QL |
| Androgens | | |
| danazol oral | 1 | |
| METHITEST | 3 | PA |
| methyltestosterone oral | 1 | PA |
| STRIANT | 3 | PA |
| testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml | 1 | PA |
| testosterone enanthate intramuscular solution | 1 | PA |
| testosterone transdermal gel 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%) | 1 | PA |
| testosterone transdermal solution | 1 | PA |
| Estrogens | | |
| altavera | 1 | PV |
| alyacen 1/35 | 1 | PV |
| alyacen 7/7/7 | 1 | PV |
| amabelz | 1 | |
| amethia | 1 | PV; QL |
| amethia lo | 1 | PV; QL |

| Drug Name | Drug Tier | Notes |
|--------------------------------|-----------|--------|
| apri | 1 | PV |
| aranelle | 1 | PV |
| ashlyna | 1 | PV; QL |
| aubra | 1 | PV |
| aubra eq | 1 | PV |
| aviane | 1 | PV |
| azurette | 1 | PV |
| balziva | 1 | PV |
| bekyree | 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 |
| caziant | 1 | PV |
| chateal | 1 | PV |
| chateal eq | 1 | PV |
| COMBIPATCH | 3 | |
| cryelle-28 | 1 | PV |
| cyclafem 1/35 | 1 | PV |
| cyclafem 7/7/7 | 1 | PV |
| cyred | 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 |
| drospiren-eth estrad-levomefol | 1 | PV |
| drospirenone-ethinyl estradiol | 1 | PV |
| DUAVEE | 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 |
|---|-----------|--------|
| elinest | 1 | PV |
| emoquette | 1 | PV |
| enpresse-28 | 1 | PV |
| enskyce oral tablet 0.15-30 mg-mcg | 1 | PV |
| estarylla | 1 | PV |
| estradiol oral | LC | |
| estradiol transdermal | 1 | |
| estradiol vaginal | 1 | |
| estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml | 1 | |
| estradiol-norethindrone acet | 1 | |
| ethynodiol diac-eth estradiol | 1 | PV |
| EVAMIST | 3 | |
| falmina | 1 | PV |
| fayosim | 1 | PV; QL |
| femynor | 1 | PV |
| fyavolv | 1 | |
| gianvi | 1 | PV |
| hailey 24 fe | 1 | PV |
| introvale | 1 | PV; QL |
| isibloom | 1 | PV |
| jasmiel | 1 | PV |
| jinteli | 1 | |
| jolessa | 1 | PV; QL |
| juleber | 1 | PV |
| junel 1.5/30 | 1 | PV |
| junel 1/20 | 1 | PV |
| junel fe 1.5/30 | 1 | PV |
| junel fe 1/20 | 1 | PV |
| junel fe 24 | 1 | PV |
| kaitlib fe | 1 | PV |
| kariva | 1 | PV |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| kelnor 1/35 | 1 | PV |
| kelnor 1/50 | 1 | PV |
| kurvelo | 1 | PV |
| larin 1.5/30 | 1 | PV |
| larin 1/20 | 1 | PV |
| larin 24 fe | 1 | PV |
| larin fe 1.5/30 | 1 | PV |
| larin fe 1/20 | 1 | PV |
| larissia | 1 | PV |
| layolis fe | 1 | PV |
| leena | 1 | PV |
| lessina | 1 | PV |
| levonest | 1 | PV |
| levonorgest-eth est & eth est | 1 | PV; QL |
| levonorgest-eth estrad 91-day | 1 | PV; QL |
| levonorgestrel-ethinyl estrad | 1 | PV |
| levonorg-eth estrad triphasic | 1 | PV |
| levora 0.15/30 (28) | 1 | PV |
| lillow | 1 | PV |
| LO LOESTRIN FE | 3 | |
| lopreeza | 1 | |
| loryna | 1 | PV |
| low-ogestrel | 1 | PV |
| lutera | 1 | PV |
| marlissa | 1 | PV |
| melodetta 24 fe | 1 | PV |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG | 2 | |
| mibelas 24 fe | 1 | PV |
| microgestin 1.5/30 | 1 | PV |
| microgestin 1/20 | 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 |
|---|-----------|-------|-------------------|-----------|--------|
| microgestin fe 1.5/30 | 1 | PV | PREMARIN ORAL | 2 | |
| microgestin fe 1/20 | 1 | PV | PREMPHASE | 2 | |
| mili | 1 | PV | PREMPRO | 2 | |
| mimvey | 1 | | previfem | 1 | PV |
| mimvey lo | 1 | | reclipsen | 1 | PV |
| mono-linyah | 1 | PV | rivelsa | 1 | PV; QL |
| mononessa | 1 | PV | setlakin | 1 | PV; QL |
| myzilra | 1 | PV | sprintec 28 | 1 | PV |
| NATAZIA | 2 | PV | sronyx | 1 | PV |
| necon 0.5/35 (28) | 1 | PV | syeda | 1 | PV |
| nikki | 1 | PV | tarina fe 1/20 | 1 | PV |
| norethin ace-eth estrad-fe | 1 | PV | tarina fe 1/20 eq | 1 | PV |
| norethindrone acet-ethinyl est | 1 | PV | tilia fe | 1 | PV |
| norethindrone-eth estradiol | 1 | | tri femynor | 1 | PV |
| norethin-eth estradiol-fe | 1 | PV | tri-estarylla | 1 | PV |
| norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg | 1 | PV | tri-legest fe | 1 | PV |
| norgestimate-ethinyl estradiol triphasic | 1 | PV | tri-linyah | 1 | PV |
| nortrel 0.5/35 (28) | 1 | PV | tri-lo-estarylla | 1 | PV |
| nortrel 1/35 (21) | 1 | PV | tri-lo-marzia | 1 | PV |
| nortrel 1/35 (28) | 1 | PV | tri-lo-sprintec | 1 | PV |
| nortrel 7/7/7 | 1 | PV | tri-mili | 1 | PV |
| NUVARING | 2 | PV | tri-previfem | 1 | PV |
| ocella | 1 | PV | tri-sprintec | 1 | PV |
| ogestrel | 1 | PV | trivora (28) | 1 | PV |
| orsythia | 1 | PV | tri-vylibra | 1 | PV |
| philith | 1 | PV | tri-vylibra lo | 1 | PV |
| pimtrea | 1 | PV | tydemy | 1 | PV |
| pirmella 1/35 | 1 | PV | velivet | 1 | PV |
| pirmella 7/7/7 | 1 | PV | vienva | 1 | PV |
| portia-28 | 1 | PV | viorele | 1 | PV |
| | | | vyfemla | 1 | PV |
| | | | vylibra | 1 | PV |
| | | | wera | 1 | PV |
| | | | wymzya fe | 1 | PV |
| | | | xulane | 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 |
|---|-----------|--------|
| yuvafem | 1 | |
| zarah | 1 | PV |
| zovia 1/35e (28) | 1 | PV |
| Progesterone Agonists/Antagonists | | |
| ELLA | 3 | PV |
| Progestins | | |
| camila | 1 | PV |
| deblitane | 1 | PV |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML | 3 | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE | 3 | QL |
| errin | 1 | PV |
| heather | 1 | PV |
| hydroxyprogesterone caproate intramuscular oil | 4 | PA |
| incassia | 1 | PV |
| jencycla | 1 | PV |
| jolivette | 1 | PV |
| KYLEENA | 4 | PV |
| levonorgestrel oral tablet 1.5 mg | 1 | PV |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY | 4 | PV |
| lyza | 1 | PV |
| MAKENA SUBCUTANEOUS | 4 | PA |
| medroxyprogesterone acetate intramuscular | 1 | PV; QL |
| medroxyprogesterone acetate oral | LC | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml | 1 | |
| megestrol acetate oral tablet 20 mg | LC | |
| megestrol acetate oral tablet 40 mg | 1 | |
| MIRENA (52 MG) | 3 | PV |
| NEXPLANON | 3 | PV |
| nora-be | 1 | PV |
| norethindrone acetate oral | 1 | |
| norethindrone oral | 1 | PV |
| norlyda | 1 | PV |
| norlyroc | 1 | PV |
| prevenzeza | 1 | PV |
| progesterone intramuscular | 1 | |
| progesterone micronized oral | 1 | |
| sharobel | 1 | PV |
| SKYLA | 3 | PV |
| tulana | 1 | PV |
| Selective Estrogen Receptor Modifying Agents | | |
| OSPHENA | 3 | |
| raloxifene hcl | 1 | PV* |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) | | |
| ARMOUR THYROID | 3 | |
| euthyrox | LC | |
| levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg | LC | |
| levo-t oral tablet 300 mcg | 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 |
|--|-----------|-------|
| levothyroxine sodium intravenous | 1 | |
| levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg | LC | |
| levothyroxine sodium oral tablet 300 mcg | 1 | |
| levothyroxine-liothyronine | 1 | |
| levoxyl | LC | |
| liothyronine sodium intravenous | 1 | |
| liothyronine sodium oral | 1 | |
| np thyroid | 1 | |
| THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG) | 3 | |
| THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG) | 3 | |
| THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG) | 3 | |
| THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG) | 3 | |
| THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG) | 3 | |
| unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg | LC | |
| unithroid oral tablet 300 mcg | 1 | |
| WP THYROID | 3 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| Hormonal Agents, Suppressant (Adrenal) | | |
| LYSODREN | 2 | |
| Hormonal Agents, Suppressant (pituitary) | | |
| LUPANETA PACK | 5 | PA; QL |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG | 5 | PA |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 15 MG, 7.5 MG | 4 | PA |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED) | 5 | PA |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (PED) | 4 | PA |
| octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml | 4 | PA |
| SIGNIFOR | 5 | PA; QL |
| SOMATULINE DEPOT | 5 | PA |
| SOMAVERT | 5 | PA |
| SUPPRELIN LA | 4 | PA; QL |
| SYNAREL | 2 | |
| Hormonal Agents, Suppressant (Thyroid) | | |
| Antithyroid Agents | | |
| methimazole oral | 1 | |
| propylthiouracil oral | 1 | |
| Immunological Agents | | |
| Angioedema Agents | | |
| BERINERT | 4 | PA |
| CINRYZE | 4 | PA |
| FIRAZYR | 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 | Drug Name | Drug Tier | Notes |
|---------------------------|-----------|-------|--------------------------|-----------|-------|
| Immune Suppressants | | | HUMIRA | | |
| AZASAN | 3 | | SUBCUTANEOUS | 4 | PA |
| azathioprine oral | 1 | | PREFILLED SYRINGE | | |
| azathioprine sodium | 1 | | KINERET | | |
| CIMZIA PREFILLED KIT | 4 | PA | SUBCUTANEOUS | 5 | PA |
| CIMZIA STARTER KIT | 4 | PA | SOLUTION PREFILLED | | |
| CIMZIA VIAL KIT | 4 | PA | SYRINGE | | |
| cyclosporine intravenous | 1 | | methotrexate (anti- | 1 | |
| cyclosporine modified | 1 | | rheumatic) | | |
| cyclosporine oral capsule | 1 | | methotrexate oral | 1 | |
| ENBREL MINI | 5 | PA | methotrexate sodium (pf) | | |
| ENBREL | | | injection solution 1 | 1 | |
| SUBCUTANEOUS | 5 | PA | gm/40ml, 250 mg/10ml, | | |
| SOLUTION PREFILLED | | | 50 mg/2ml | | |
| SYRINGE | | | methotrexate sodium | | |
| ENBREL | | | injection solution 250 | 1 | |
| SUBCUTANEOUS | 5 | PA | mg/10ml, 50 mg/2ml | | |
| SOLUTION | | | methotrexate sodium | | |
| RECONSTITUTED | | | injection solution | 1 | |
| ENBREL SURECLICK | | | reconstituted | | |
| SUBCUTANEOUS | 5 | PA | methotrexate sodium oral | 1 | |
| SOLUTION AUTO- | | | mycophenolate mofetil | 1 | |
| INJECTOR | | | mycophenolate mofetil | 1 | |
| gengraf oral capsule 100 | 1 | | hcl | | |
| mg, 25 mg | | | mycophenolate sodium | 1 | |
| gengraf oral solution | 1 | | ORENCIA CLICKJECT | 5 | PA |
| HUMIRA PEDIATRIC | | | ORENCIA | 5 | PA |
| CROHNS START | | | INTRAVENOUS | | |
| SUBCUTANEOUS | 4 | PA | ORENCIA | | |
| PREFILLED SYRINGE | | | SUBCUTANEOUS | 5 | PA |
| KIT 40 MG/0.8ML, 80 | | | SOLUTION PREFILLED | | |
| MG/0.8ML, 80 MG/0.8ML | | | SYRINGE | | |
| & 40MG/0.4ML | | | PROGRAF | 3 | |
| HUMIRA PEN | | | INTRAVENOUS | | |
| SUBCUTANEOUS PEN- | 4 | PA | REMICADE | 4 | PA |
| INJECTOR KIT | | | SANDIMMUNE ORAL | | |
| HUMIRA PEN- | 4 | PA | SOLUTION | 2 | |
| CD/UC/HS STARTER | | | SIMPONI ARIA | 4 | PA |
| HUMIRA PEN- | 4 | PA | | | |
| PS/UV/ADOL HS START | | | | | |

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 |
|--|-----------|-------|---|-----------|-------|
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 4 | PA | GAMUNEX-C | 5 | PA |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA | HEPAGAM B | 5 | |
| sirolimus oral | 1 | | HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML | 5 | PA |
| STELARA INTRAVENOUS | 4 | PA | HYPERHEP B S/D | 5 | |
| tacrolimus oral | 1 | | HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 4 | |
| TREXALL | 3 | | HYQVIA | 5 | PA |
| ZORTRESS | 3 | PA | MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 4 | |
| Immunizing Agents, Passive | | | NABI-HB | 5 | |
| ATGAM | 4 | | OCTAGAM | 5 | PA |
| BIVIGAM | 5 | PA | PRIVIGEN | 5 | PA |
| carimune nf intravenous solution reconstituted 12 gm, 6 gm | 4 | PA | RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 4 | |
| CUVITRU | 5 | PA | RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE | 4 | |
| CYTOGAM | 4 | PA | SYNAGIS | 4 | PA |
| FLEBOGAMMA DIF | 5 | PA | THYMOGLOBULIN | 3 | |
| GAMASTAN | 5 | PA | WINRHO SDF | 4 | |
| GAMASTAN S/D INTRAMUSCULAR INJECTABLE | 5 | PA | Immunomodulators | | |
| GAMMAGARD | 5 | PA | ACTEMRA | 5 | PA |
| GAMMAGARD S/D LESS IGA | 5 | PA | ACTEMRA ACTPEN | 5 | PA |
| GAMMAKED | 5 | PA | ACTIMMUNE | 4 | PA |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML | 5 | PA | ALFERON N | 4 | |
| | | | ARCALYST | 5 | 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 |
|--|-----------|--------|--|-----------|-------|
| ILARIS SUBCUTANEOUS SOLUTION | 5 | PA; QL | ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML | 2 | PV |
| KEVZARA | 5 | PA | ENGERIX-B INTRAMUSCULAR | 2 | PV |
| leflunomide oral | 1 | | EZ FLU SHOT- FLUCELVAX QUAD | 2 | PV |
| OTEZLA ORAL TABLET | 4 | PA | FLUAD | 2 | PV |
| OTEZLA ORAL TABLET THERAPY PACK | 4 | PA | FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | PV |
| SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 20 MG | 3 | | FLUBLOK QUADRIVALENT | 2 | PV |
| XELJANZ | 5 | PA | FLUCELVAX QUADRIVALENT | 2 | PV |
| XELJANZ XR | 5 | PA | FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION | 2 | PV |
| Vaccines | | | FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | PV |
| ACTHIB | 2 | PV | FLUMIST QUADRIVALENT | 2 | |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 | 2 | PV | FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | PV |
| AFLURIA | 2 | PV | FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML | 2 | PV |
| AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | PV | FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | PV |
| AFLURIA QUADRIVALENT | 2 | PV | GARDASIL 9 | 2 | PV |
| BEXSERO | 2 | PV | | | |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5- 18.5 LF-MCG/0.5 | 2 | PV | | | |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 | 2 | PV | | | |
| DIPHThERIA-TETANUS TOXOIDS DT | 2 | PV | | | |

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

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML | 2 | PV |
| HEPLISAV-B | 2 | PV |
| HIBERIX INJECTION | 2 | PV |
| INFANRIX | 2 | PV |
| IPOL INJECTION INJECTABLE | 2 | PV |
| KINRIX INTRAMUSCULAR SUSPENSION | 2 | PV |
| MENACTRA | 2 | PV |
| MENVEO | 2 | PV |
| M-M-R II | 2 | PV |
| PEDIARIX | 2 | PV |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION | 2 | PV |
| PENTACEL | 2 | PV |
| PNEUMOVAX 23 | 2 | PV |
| PREVNAR 13 | 2 | PV |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | 2 | PV |
| QUADRACEL | 2 | PV |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML | 2 | PV |
| ROTARIX | 2 | PV |
| ROTATEQ ORAL SOLUTION | 2 | PV |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | 2 | PV |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| TDVAX | 2 | PV |
| TENIVAC | 2 | PV |
| TRUMENBA | 2 | PV |
| TWINRIX | 2 | PV |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML | 2 | PV |
| VARIVAX | 2 | PV |
| ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED | 2 | PV |
| Inflammatory Bowel Disease Agents | | |
| Aminosalicylates | | |
| APRISO | 2 | |
| balsalazide disodium | 1 | |
| DIPENTUM | 3 | |
| mesalamine oral tablet delayed release 1.2 gm | 1 | |
| mesalamine rectal | 1 | |
| mesalamine-cleanser | 1 | |
| PENTASA | 3 | |
| Glucocorticoids | | |
| budesonide er oral tablet extended release 24 hour | 1 | |
| budesonide oral | 1 | |
| Sulfonamides | | |
| sulfasalazine oral | 1 | |
| Metabolic Bone Disease Agents | | |
| alendronate sodium oral solution | 1 | |
| alendronate sodium oral tablet 10 mg, 40 mg, 5 mg | 1 | |
| alendronate sodium oral tablet 35 mg, 70 mg | LC | QL |
| calcitonin (salmon) | 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 |
|--|-----------|--------|--|-----------|--------|
| calcitriol intravenous solution 1 mcg/ml | 1 | | albutein intravenous solution 25 % | 1 | |
| calcitriol oral | 1 | | ALCOHOL PREP PADS PAD , 70 % | 3 | |
| doxercalciferol intravenous | 1 | | aminosyn ii/electrolytes | 1 | |
| etidronate disodium | 1 | | aminosyn/electrolytes intravenous solution 8.5 % | 1 | |
| FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML | 4 | PA | argyle sterile water | 1 | |
| FOSAMAX PLUS D | 3 | QL | asilnasal rms | 1 | |
| HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML | 3 | | bacteriostatic water(benz alc) | 1 | |
| ibandronate sodium intravenous solution 3 mg/3ml | 1 | QL | bal in oil | 1 | |
| ibandronate sodium oral | 1 | QL | bd posiflush intravenous | 1 | |
| MIACALCIN INJECTION | 3 | | benzalkonium chloride external solution , 50 % | 1 | |
| pamidronate disodium | 1 | | BREATHE EASE LARGE | 2 | |
| paricalcitol | 1 | | BREATHE EASE MEDIUM | 2 | |
| PROLIA | 4 | PA; QL | BREATHE EASE SMALL | 2 | |
| risedronate sodium oral tablet 150 mg, 35 mg | 1 | QL | BREATHERITE | 2 | |
| risedronate sodium oral tablet 30 mg, 5 mg | 1 | | CAYA | 3 | PV; QL |
| risedronate sodium oral tablet delayed release | 1 | QL | chlorhexidine gluconate solution 20 % | 1 | |
| SENSIPAR | 3 | PA | clinisol sf | 1 | |
| XGEVA | 4 | PA | COMFORT EZ MICRO PEN NEEDLES | 2 | |
| zoledronic acid intravenous concentrate | 4 | | COMFORT EZ SHORT PEN NEEDLES | 2 | |
| zoledronic acid intravenous solution | 4 | | deferoxamine mesylate | 1 | |
| Miscellaneous Therapeutic Agents | | | EASIVENT | 2 | |
| albumin human | 1 | | EASY TOUCH SAFETY PEN NEEDLES | 2 | |
| albumin-zlb | 1 | | FEMCAP | 3 | PV; QL |
| alburx | 1 | | FLEXICHAMBER ADULT MASK/SMALL | 2 | |
| | | | FLEXICHAMBER CHILD MASK/LARGE | 2 | |

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

| Drug Name | Drug Tier | Notes | Drug Name | Drug Tier | Notes |
|--|-----------|-------|--|-----------|-------|
| FLEXICHAMBER CHILD MASK/SMALL | 2 | | levocarnitine oral solution | 1 | |
| fomepizole intravenous solution 1.5 gm/1.5ml | 1 | | levocarnitine oral tablet | 1 | |
| heparin lock flush intravenous solution 1 unit/ml, 10 unit/ml, 100 unit/ml | 1 | | MASK VORTEX | 2 | |
| heparin sodium flush intravenous kit 100-0.9 unit/ml-% | 1 | | methergine oral | 1 | |
| heparin sodium lock flush intravenous solution 100 unit/ml | 1 | | methylergonovine maleate injection | 1 | |
| hetastarch-nacl | 1 | | monoject flush syringe intravenous | 1 | |
| INSPIREASE RESERVOIR BAGS | 2 | | monoject sodium chloride flush intravenous | 1 | |
| INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 2 | | n-acetyl-l-cysteine oral | 1 | |
| INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G 0.3 ML, 29G X 1/2" 1 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 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | | normal saline flush intravenous | 1 | |
| intralipid intravenous emulsion 20 % | 1 | | NOVOFINE AUTOCOVER PEN NEEDLE | 2 | |
| J-TIP KIT W/VIAL ADAPTERS | 3 | | NOVOFINE PEN NEEDLE 32G X 6 MM | 2 | |
| kedbumin | 1 | | NOVOFINE PLUS PEN NEEDLE | 2 | |
| lactated ringers irrigation | 1 | | NOVOTWIST PEN NEEDLE 32G X 5 MM | 2 | |
| | | | nutrilipid intravenous emulsion 20 % | 1 | |
| | | | PANDA MASK LARGE | 2 | |
| | | | PANDA MASK MEDIUM | 2 | |
| | | | PANDA MASK SMALL | 2 | |
| | | | PARAGARD INTRAUTERINE COPPER | 3 | PV |
| | | | PEDIATRIC PANDA MASK | 2 | |
| | | | physiolyte | 1 | |
| | | | physiosol irrigation | 1 | |
| | | | plenamine | 1 | |
| | | | POCKET SPACER | 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 |
|---|-----------|-------|
| pralidoxime chloride intramuscular solution auto-injector | 1 | |
| premasol intravenous solution 6 % | 1 | |
| PRO COMFORT SPACER ADULT | 2 | |
| PRO COMFORT SPACER CHILD | 2 | |
| ringers irrigation | 1 | |
| saline flush intravenous | 1 | |
| saline flush zr | 1 | |
| saline-benzyl alcohol | 1 | |
| sash kit intravenous kit 100-0.9 unit/ml-% | 1 | |
| sodium chloride bacteriostatic | 1 | |
| sodium chloride flush | 1 | |
| sodium nitrite intravenous | 1 | |
| sodium saccharin powder | 1 | |
| sodium thiosulfate intravenous solution 25 % | 1 | |
| sterile diluent/epoprostenol | 1 | |
| sterile water for injection | 1 | |
| sterile water for irrigation | 1 | |
| swabflush saline flush | 1 | |
| tis-u-sol | 1 | |
| TRUE COMFORT ALCOHOL PREP PADS | 3 | |
| TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM | 2 | |
| ULTRACARE PEN NEEDLES | 2 | |
| VISTOGARD | 3 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| WIDE-SEAL DIAPHRAGM 60 | 3 | PV; QL |
| Ophthalmic Agents | | |
| Aminoglycosides | | |
| gentak ophthalmic ointment | 1 | |
| gentamicin sulfate ophthalmic solution | 1 | |
| neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025 | 1 | |
| TOBRADEX OPHTHALMIC OINTMENT | 3 | |
| TOBRADEX ST | 3 | |
| tobramycin ophthalmic | LC | |
| tobramycin-dexamethasone | 1 | |
| TOBREX OPHTHALMIC OINTMENT | 3 | |
| Antibacterials, Other | | |
| bacitracin ophthalmic | 1 | |
| bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm | 1 | |
| bacitra-neomycin-polymyxin-hc | 1 | |
| neomycin-bacitracin zn-polymyx | 1 | |
| neomycin-polymyxin-dexameth ophthalmic ointment | LC | |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | LC | |
| neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1 | 1 | |
| neo-polycin | 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 |
|--|-----------|--------|
| neo-polycin hc | 1 | |
| polycin | 1 | |
| polymyxin b-trimethoprim | LC | |
| Anti-cytomegalovirus (CMV) Agents | | |
| ZIRGAN | 3 | |
| Antifungals | | |
| NATACYN | 2 | |
| Antiherpetic Agents | | |
| trifluridine ophthalmic | 1 | |
| Macrolides | | |
| AZASITE | 3 | |
| erythromycin ophthalmic | 1 | |
| Ophthalmic Prostaglandin and Prostaglandin Analogs | | |
| bimatoprost ophthalmic | 1 | QL |
| latanoprost ophthalmic | 1 | QL |
| LUMIGAN OPTHALMIC SOLUTION 0.01 % | 2 | QL |
| TRAVATAN Z | 2 | QL |
| ZIOPTAN | 3 | QL |
| Ophthalmic Agents, Other | | |
| altacaine | 1 | |
| atropine sulfate ophthalmic ointment | 1 | |
| atropine sulfate ophthalmic solution | LC | |
| cyclopentolate hcl ophthalmic | 1 | |
| CYSTARAN | 5 | PA; QL |
| homatropine | 1 | |
| homatropine hbr ophthalmic | 1 | |
| OMIDRIA | 3 | |
| proparacaine hcl ophthalmic | 1 | |
| RESTASIS | 2 | PA |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| RESTASIS MULTIDOSE | 2 | PA |
| tetacaine | 1 | |
| tetracaine hcl ophthalmic | 1 | |
| tropicamide ophthalmic solution 0.5 % | 1 | |
| XIIDRA | 2 | PA |
| Ophthalmic Anti-allergy Agents | | |
| ALOCRIAL | 3 | |
| ALOMIDE | 3 | |
| altafrin ophthalmic solution 10 %, 2.5 % | 1 | |
| azelastine hcl ophthalmic | 1 | |
| BEPREVE | 3 | ST |
| cromolyn sodium ophthalmic | 1 | |
| EMADINE | 3 | |
| epinastine hcl | 1 | |
| LASTACAPT | 3 | ST |
| olopatadine hcl ophthalmic | 1 | |
| PAZEO | 2 | |
| phenylephrine hcl ophthalmic solution 10 %, 2.5 % | 1 | |
| Ophthalmic Antiglaucoma Agents | | |
| acetazolamide er | 1 | |
| acetazolamide oral | 1 | |
| acetazolamide sodium | 1 | |
| ALPHAGAN P OPTHALMIC SOLUTION 0.1 % | 2 | |
| apraclonidine hcl | 1 | |
| AZOPT | 2 | |
| betaxolol hcl ophthalmic | 1 | |
| BETIMOL | 3 | |
| brimonidine tartrate 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 | Drug Name | Drug Tier | Notes |
|---|-----------|--------|--|-----------|-------|
| carteolol hcl | 1 | | FLAREX | 3 | |
| COMBIGAN | 2 | | fluorometholone ophthalmic | 1 | |
| dorzolamide hcl ophthalmic | 1 | | flurbiprofen sodium | 1 | |
| dorzolamide hcl-timolol mal | 1 | | FML | 2 | |
| dorzolamide hcl-timolol mal pf | 1 | | ILEVRO | 3 | QL |
| IOPIDINE OPHTHALMIC SOLUTION 1 % | 3 | | ILUVIEN INTRAVITREAL | 5 | |
| KEVEYIS | 5 | PA; QL | ketorolac tromethamine ophthalmic | 1 | |
| levobunolol hcl ophthalmic solution 0.5 % | 1 | | LOTEMAX OPHTHALMIC GEL | 3 | QL |
| methazolamide oral | 1 | | LOTEMAX OPHTHALMIC OINTMENT | 3 | QL |
| PHOSPHOLINE IODIDE | 2 | | LOTEMAX OPHTHALMIC SUSPENSION | 3 | |
| pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % | 1 | | NEVANAC | 3 | QL |
| SIMBRINZA | 2 | | PRED MILD | 2 | |
| timolol maleate ophthalmic gel forming solution | 1 | | prednisolone acetate ophthalmic | 1 | |
| timolol maleate ophthalmic solution 0.25 %, 0.5 % | LC | | prednisolone sodium phosphate ophthalmic | 1 | |
| timolol maleate ophthalmic solution 0.5 % (daily) | 1 | | sulfacetamide-prednisolone ophthalmic solution | 1 | |
| Ophthalmic Anti-inflammatories | | | Quinolones | | |
| ACUVAIL | 3 | | BESIVANCE | 3 | |
| ALREX | 3 | | CILOXAN OPHTHALMIC OINTMENT | 3 | |
| bromfenac sodium (once-daily) | 1 | QL | ciprofloxacin hcl ophthalmic | 1 | |
| dexamethasone sodium phosphate ophthalmic | 1 | | gatifloxacin ophthalmic | 1 | |
| diclofenac sodium ophthalmic | 1 | | levofloxacin ophthalmic | 1 | |
| DUREZOL | 3 | | MOXEZA | 2 | |
| | | | moxifloxacin hcl ophthalmic | 1 | |
| | | | ofloxacin 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 |
|--|-----------|-------|
| Sulfonamides | | |
| sulfacetamide sodium ophthalmic | 1 | |
| Otic Agents | | |
| acetic acid otic | 1 | |
| CIPRO HC | 3 | |
| CIPRODEX | 2 | |
| ciprofloxacin hcl otic | 1 | |
| COLY-MYCIN S | 3 | |
| flac | 1 | |
| fluocinolone acetonide otic | 1 | |
| hydrocortisone-acetic acid | 1 | |
| neomycin-polymyxin-hc otic | 1 | |
| ofloxacin otic | 1 | |
| Respiratory Tract/Pulmonary Agents | | |
| Antihistamines | | |
| azelastine hcl nasal | 1 | QL |
| brompheniramine tannate oral tablet chewable | 1 | |
| carbinoxamine maleate oral solution | 1 | |
| carbinoxamine maleate oral tablet 4 mg | 1 | |
| cetirizine hcl oral solution | 1 | |
| clemastine fumarate oral tablet 2.68 mg | 3 | |
| cyproheptadine hcl oral | 1 | |
| desloratadine | 1 | |
| diphenhydramine hcl injection | 1 | |
| diphenhydramine hcl oral elixir | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| hydroxyzine hcl intramuscular solution 25 mg/ml | 1 | |
| hydroxyzine hcl intramuscular solution 50 mg/ml | LC | |
| hydroxyzine hcl oral syrup | LC | |
| hydroxyzine hcl oral tablet | LC | |
| hydroxyzine pamoate oral | LC | |
| levocetirizine dihydrochloride oral | 1 | |
| olopatadine hcl nasal | 1 | QL |
| ryvent | 1 | |
| TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE | 3 | PA; QL |
| Anti-inflammatories, Inhaled Corticosteroids | | |
| ADVAIR HFA | 2 | QL |
| ARNUITY ELLIPTA | 2 | QL |
| BECONASE AQ | 3 | QL |
| BEVESPI AEROSPHERE | 3 | ST; QL |
| BREO ELLIPTA | 2 | QL |
| budesonide inhalation | 1 | QL |
| DYMISTA | 2 | QL |
| FLOVENT DISKUS | 2 | QL |
| FLOVENT HFA | 2 | QL |
| flunisolide nasal solution 25 mcg/act (0.025%) | 1 | QL |
| fluticasone propionate nasal | 1 | |

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

| Drug Name | Drug Tier | Notes | Drug Name | Drug Tier | Notes |
|---|-----------|-------|--|-----------|------------------|
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose | 1 | QL | SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT | 2 | QL |
| FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT | 1 | QL | STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT | 2 | QL |
| mometasone furoate nasal | 1 | QL | Bronchodilators, Sympathomimetic | | |
| OMNARIS | 3 | QL | albuterol sulfate er | 1 | |
| PULMICORT FLEXHALER | 2 | QL | albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml | 1 | QL |
| SYMBICORT | 2 | QL | albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5% | LC | QL |
| wixela inhub | 1 | QL | albuterol sulfate oral | 1 | |
| Antileukotrienes | | | ARCAPTA NEOHALER | 3 | ST; QL |
| montelukast sodium oral | LC | | AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML | 3 | QL |
| zafirlukast | 1 | | BROVANA | 3 | QL |
| zileuton er | 1 | ST | EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML | 1 | Made by Impax; M |
| Bronchodilators, Anticholinergic | | | EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML | 1 | Made by Impax; M |
| ANORO ELLIPTA | 2 | QL | EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML | 1 | Made by Mylan |
| ATROVENT HFA | 3 | QL | EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION | 1 | Made by Mylan |
| COMBIVENT RESPIMAT | 2 | QL | | | |
| INCRUSE ELLIPTA | 2 | QL | | | |
| ipratropium bromide inhalation | LC | QL | | | |
| ipratropium bromide nasal | LC | | | | |
| ipratropium-albuterol | 1 | QL | | | |
| SPIRIVA HANDIHALER | 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 |
|--|-----------|--------|
| epinephrine solution auto-injector 0.3 mg/0.3ml injection | 1 | |
| isoproterenol hcl injection | 1 | |
| levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml | 1 | QL |
| metaproterenol sulfate oral | 1 | |
| PERFOROMIST | 3 | QL |
| PROAIR HFA | 2 | M; QL |
| PROAIR RESPICLICK | 2 | QL |
| SEREVENT DISKUS | 2 | QL |
| STRIVERDI RESPIMAT | 3 | ST; QL |
| terbutaline sulfate injection | 1 | |
| terbutaline sulfate oral | 1 | |
| VENTOLIN HFA | 2 | M; QL |
| Cystic Fibrosis Agents | | |
| BETHKIS | 4 | |
| CAYSTON | 5 | PA |
| KALYDECO | 5 | PA |
| ORKAMBI | 5 | PA; QL |
| PULMOZYME | 4 | PA |
| tobramycin nebulization solution 300 mg/5ml inhalation | 4 | ST |
| Mast Cell Stabilizers | | |
| cromolyn sodium inhalation | 1 | |
| Phosphodiesterase Inhibitors, Airways Disease | | |
| aminophylline intravenous | 1 | |
| DALIRESP ORAL TABLET 500 MCG | 3 | PA |
| difil-g forte | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| ELIXOPHYLLIN | 2 | |
| THEO-24 | 3 | |
| theochron oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg | 1 | |
| theophylline | 1 | |
| theophylline er | 1 | |
| theophylline in d5w intravenous solution 0.8-5 mg/ml-% | 1 | |
| Pulmonary Antihypertensives | | |
| ADEMPAS | 4 | PA; QL |
| alyq | 4 | PA; QL |
| epoprostenol sodium | 4 | PA |
| LETAIRIS | 4 | PA; QL |
| OPSUMIT | 4 | PA; QL |
| ORENITRAM | 5 | PA |
| REMODULIN | 4 | PA |
| sildenafil citrate intravenous | 4 | PA |
| sildenafil citrate oral tablet 20 mg | 4 | PA; QL |
| tadalafil (pah) | 4 | PA; QL |
| TRACLEER | 4 | PA; QL |
| TYVASO | 5 | PA; QL |
| TYVASO REFILL | 5 | PA; QL |
| TYVASO STARTER | 5 | PA; QL |
| UPTRAVI | 5 | PA; QL |
| VELETRI | 5 | PA |
| VENTAVIS | 5 | PA; QL |
| Pulmonary Fibrosis Agents | | |
| ESBRIET | 5 | PA |
| OFEV | 5 | PA |
| Respiratory Tract Agents, Other | | |
| acetylcysteine inhalation | 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 |
|--|-----------|--------|
| acetylcysteine intravenous | 1 | |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG | 5 | PA |
| benzonatate oral capsule 100 mg, 200 mg | LC | |
| benzonatate oral capsule 150 mg | 1 | |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML | 4 | PA; QL |
| GLASSIA | 5 | PA |
| HYDROCODONE-GUAIFENESIN | 3 | PA; QL |
| hydrocodone-homatropine | 1 | PA; QL |
| hydromet | 1 | PA; QL |
| nebusal inhalation nebulization solution 3 % | 1 | |
| NUCALA | 5 | PA; QL |
| PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG | 5 | PA |
| pulmosal | 1 | |
| ribavirin inhalation | 4 | |
| sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 % | 1 | |
| XOLAIR | 4 | PA |
| ZEMAIRA | 5 | PA |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| Skeletal Muscle Relaxants | | |
| atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml | 1 | |
| carisoprodol oral tablet 250 mg | 1 | |
| carisoprodol oral tablet 350 mg | LC | |
| chlorzoxazone oral tablet 500 mg | 1 | |
| cisatracurium besylate (pf) | 1 | |
| cisatracurium besylate intravenous solution 20 mg/10ml | 1 | |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg | LC | |
| cyclobenzaprine hcl oral tablet 7.5 mg | 1 | |
| metaxall | 1 | |
| metaxalone | 1 | |
| methocarbamol injection solution 1000 mg/10ml | 1 | |
| methocarbamol oral | LC | |
| orphenadrine citrate er | 1 | |
| orphenadrine citrate injection | 1 | |
| pancuronium bromide intravenous solution 1 mg/ml | 1 | |
| rocuronium bromide intravenous solution | 1 | |
| succinylcholine chloride injection | 1 | |
| vecuronium bromide intravenous solution reconstituted | 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 |
|--|-----------|--------|
| Sleep Disorder Agents | | |
| GABA Receptor Modulators | | |
| eszopiclone | 1 | QL |
| zaleplon | 1 | QL |
| zolpidem tartrate | 1 | QL |
| zolpidem tartrate er | 1 | QL |
| Sleep Disorders, Other | | |
| armodafinil | 1 | PA; QL |
| BELSOMRA | 3 | ST; QL |
| dexmedetomidine hcl in nacl | 1 | |
| dexmedetomidine hcl intravenous solution 200 mcg/2ml | 1 | |
| HETLIOZ | 5 | PA; QL |
| modafinil | 1 | PA; QL |
| pentobarbital sodium injection | 1 | |
| ROZEREM | 3 | QL |
| SILENOR | 3 | 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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Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معزف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisyè sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia **l'italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語**(Japanese)**を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សម្រាប់ជំនួយភាសាដទៃយុត្តិធម៌ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីស្វែងរកលេខទូរស័ព្ទឥតគិតថ្លៃ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'go, saad beę áka>anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shóqóí ninaaltsos nit'i'izí bee nééhozinígíí bine'déę t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.



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