

2018 Essential Health Benefits Base Formulary - Oral Chemo Parity

Effective July 1, 2018



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



Call the toll-free member phone number on your ID card.



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

- Locate 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 selected 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).

Your formulary utilizes a Pharmacy and Therapeutics Committee made up of practicing physicians, pharmacists, and nurses to help ensure that your formulary is medically sound and that it supports patient health. This committee reviews and evaluates medications on the formulary based on safety and efficacy to help maintain clinical integrity in all therapeutic categories.

About this formulary

Where differences exist between this formulary and your benefit plan documents, the benefit plan documents rule. This may not be a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan documents provided by your employer or plan sponsor for full details.

How do I use my formulary?

You and your doctor can consult the formulary to help you select 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 toll-free member phone number on your ID card.

The OptumRx formulary uses medical and utilization management functions to determine whether a prescription is medically necessary. These industry recognized and accepted management functions include but are not limited to: quantity limits, step therapy, and prior authorization. They help OptumRx and its clients determine whether the medication was prescribed in accordance with generally accepted medical practice standards, if it's clinically appropriate, and confirm that the prescribed medication is not more costly than an alternative product that is as likely to produce therapeutically equivalent results. As recommended by the United States Department of Labor, OptumRx has reasonable medical and utilization management functions which apply to ACA preventive drugs. To learn more about a pharmacy program or to find out if it applies to you, please visit your plan's member website or call the toll-free member phone number on the back of your ID card.

What are tiers?

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

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 equivalent 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 an initial coverage decision by calling the toll-free member phone number on your 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 equivalent or lower-cost option is available and could be right for you. Generic medications are usually your lowest-cost option.

What if I am taking a specialty medication?

Specialty medications treat rare or complex conditions and are typically 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 and have your prescriptions delivered right to your home or doctor's office.

Over-the-counter medications


An OTC medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these 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 determine your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).

Tier information

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

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

Drug list information

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

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

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Analgesics		
butalbital-acetaminophen	1	
butalbital-apap	1	
butalbital-apap-caffeine oral capsule	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-aspirin-caffeine	1	
choline-mag trisalicylate	1	
duraxin	1	
esgic oral capsule	1	
phrenilin forte oral capsule 50-300-40 mg	1	
PRIALT	4	
tencon oral tablet 50-325 mg	1	
vanatol lq	1	
vanatol s	1	
zebutal oral capsule 50-325-40 mg	1	
Nonsteroidal Anti-inflammatory Drugs		
adult aspirin ec low strength	1	PV
adult aspirin regimen	1	PV
aspir-81	1	PV
aspirin 81	1	PV
aspirin adult low dose	1	PV
aspirin adult low strength	1	PV
aspirin childrens	1	PV
aspirin ec	1	PV
aspirin ec adult low strength	1	PV
aspirin ec low dose	1	PV
aspirin ec low strength	1	PV
aspirin low dose adult	1	PV

Drug Name	Drug Tier	Notes
aspirin low dose oral tablet chewable	1	PV
aspirin low dose oral tablet delayed release	1	PV
aspirin low strength	1	PV
aspirin oral tablet 325 mg	1	PV
aspirin oral tablet chewable	1	PV
aspirin oral tablet delayed release 325 mg, 81 mg	1	PV
aspirin regimen low dose adult	1	PV
aspir-low	1	PV
aspirtab	1	PV
bayer advanced aspirin reg st	1	PV
bayer aspirin ec low dose	1	PV
bayer aspirin oral tablet	1	PV
bayer aspirin regimen	1	PV
bayer low dose	1	PV
celecoxib oral	1	QL
childrens aspirin	1	PV
childrens aspirin low strength	1	PV
cvs aspirin adult low dose	1	PV
cvs aspirin adult low strength	1	PV
cvs aspirin ec	1	PV
cvs aspirin low dose	1	PV
cvs aspirin low strength oral tablet delayed release	1	PV
cvs aspirin oral tablet 325 mg	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
cvs aspirin oral tablet delayed release 325 mg	1	PV
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	
diclofex dc	1	
diflunisal oral	1	
ec-81 aspirin	1	PV
ecotrin	1	PV
ecotrin low strength	1	PV
ecpirin	1	PV
eq adult aspirin low strength	1	PV
eq aspirin adult low dose	1	PV
eq aspirin low dose oral tablet chewable	1	PV
eq aspirin low dose oral tablet delayed release	1	PV
eq aspirin oral tablet	1	PV
eq aspirin oral tablet delayed release 325 mg	1	PV
eq childrens aspirin	1	PV
eql aspirin	1	PV
eql aspirin ec oral tablet delayed release 325 mg	1	PV
eql aspirin low dose	1	PV
etodolac er	1	
etodolac oral	1	
fenoprofen calcium oral	1	

Drug Name	Drug Tier	Notes
FENORTHO	3	
flurbiprofen oral	1	
gnp adult aspirin low strength oral tablet chewable	1	PV
gnp aspirin low dose	1	PV
gnp aspirin oral tablet 325 mg	1	PV
gnp aspirin oral tablet delayed release	1	PV
goodsense aspirin	1	PV
goodsense aspirin adult low st	1	PV
goodsense aspirin low dose	1	PV
h-e-b aspirin	1	PV
hm aspirin	1	PV
hm aspirin ec	1	PV
hm aspirin ec low dose	1	PV
ibuprofen lysine	1	
ibuprofen oral suspension	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral	1	
indomethacin sodium	1	
ketoprofen er	1	
ketoprofen oral capsule 75 mg	1	
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml, 60 mg/2ml	1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ketorolac tromethamine oral	1	QL	ra aspirin adult low strength	1	PV
klofensaid ii	1	PA	ra aspirin childrens	1	PV
kls aspirin ec	1	PV	ra aspirin ec	1	PV
kls aspirin low dose	1	PV	ra aspirin ec adult low st	1	PV
kp aspirin	1	PV	ra aspirin oral tablet 325 mg	1	PV
meclofenamate sodium oral	1		ra childrens aspirin	1	PV
mefenamic acid oral	1		salsalate oral	1	
meijer aspirin ec	1	PV	sb aspirin	1	PV
meloxicam oral tablet	1		sb aspirin adult low strength	1	PV
miniprin low dose	1	PV	sb aspirin ec	1	PV
mm aspirin	1	PV	sb childrens aspirin	1	PV
nabumetone oral	1		sb low dose asa ec	1	PV
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3		sm aspirin	1	PV
naproxen dr	1		sm aspirin adult low strength	1	PV
naproxen oral	1		sm aspirin ec	1	PV
naproxen sodium er	1		sm aspirin ec low strength	1	PV
naproxen sodium oral tablet 275 mg, 550 mg	1		sm childrens aspirin	1	PV
norwich aspirin oral tablet 325 mg	1	PV	SPRIX	3	PA; QL
oxaprozin	1		st joseph aspirin oral tablet delayed release	1	PV
piroxicam oral	1		st joseph low dose	1	PV
profeno	1		sulindac oral	1	
px aspirin	1	PV	tgt aspirin	1	PV
px enteric aspirin	1	PV	tgt aspirin ec	1	PV
qc aspirin	1	PV	tgt aspirin low dose oral tablet delayed release	1	PV
qc aspirin low dose	1	PV	tgt childrens aspirin	1	PV
qc childrens aspirin	1	PV	tolmetin sodium	1	
qc enteric aspirin	1	PV	Opioid Analgesics, Long-acting		
ra aspirin adult low dose	1	PV	BUPRENORPHINE	3	QL

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

Drug Name	Drug Tier	Notes
BUTRANS	3	QL
EMBEDA	2	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	1	QL
hydromorphone hcl er	1	QL
HYSINGLA ER	2	QL
methadone hcl injection	1	
methadone hcl intensol	1	
methadone hcl oral concentrate	1	
methadone hcl oral solution	1	
methadone hcl oral tablet	1	
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	QL
morphine sulfate er oral capsule extended release 24 hour	1	QL
morphine sulfate er oral tablet extended release	1	QL
NUCYNTA ER	3	ST; QL
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	QL
oxycodone hcl er	1	QL

Drug Name	Drug Tier	Notes
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 #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
acetaminophen-codeine oral solution	1	QL
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	QL
alfentanil	1	
apap-caff-dihydrocodeine oral capsule	1	QL
ascomp-codeine	1	
buprenorphine hcl injection solution 0.3 mg/ml	1	
butalbital-apap-caff-cod	1	
butalbital-asa-caff-codeine	1	
butorphanol tartrate injection	1	
butorphanol tartrate nasal	1	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	QL
duramorph	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
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL	ibudone oral tablet 5-200 mg	1	QL
fentanyl citrate buccal	1	PA; QL	lorcet	1	QL
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL	lorcet hd	1	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL	lorcet plus oral tablet 7.5-325 mg	1	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL	meperidine hcl injection solution 10 mg/ml, 100 mg/ml, 25 mg/ml, 50 mg/ml	1	
hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	1		meperidine hcl oral solution	1	QL
hydromorphone hcl oral liquid	1	QL	meperidine hcl oral tablet 100 mg, 50 mg	1	QL
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	1	QL	meperidine hcl-sodium chloride intravenous solution 1000-0.9 mg/100ml-%, 500-0.9 mg/50ml-%	1	
hydromorphone hcl pf	1		methadone hcl oral tablet soluble	1	
hydromorphone hcl-nacl intravenous solution 100-0.9 mg/100ml-%, 6-0.9 mg/30ml-%	1		methadose oral tablet soluble	1	
hydromorphone hcl-nacl intravenous solution prefilled syringe 1-0.9 mg/5ml-%, 10-0.9 mg/25ml-%, 10-0.9 mg/50ml-%, 15-0.9 mg/30ml-%, 15-0.9 mg/50ml-%, 3-0.9 mg/30ml-%, 5-0.9 mg/25ml-%	1		morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
			morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	1	
			morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml	1	
			morphine sulfate injection solution 8 mg/ml	1	
			morphine sulfate intravenous solution 1 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
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	1	QL
morphine sulfate oral tablet 15 mg, 30 mg	1	QL
morphine sulfate-nacl (pf) intravenous solution prefilled syringe 0.5-0.9 mg/ml-%	1	
morphine sulfate-nacl intravenous solution prefilled syringe 50-0.9 mg/50ml-%	1	
nalbuphine hcl injection	1	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral concentrate 100 mg/5ml	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
oxycodone-aspirin oral tablet 4.8355-325 mg	1	QL
oxycodone-ibuprofen	1	QL
oxymorphone hcl oral tablet 10 mg, 5 mg	1	QL
pentazocine-naloxone hcl	1	QL
remifentanil hcl	1	
tramadol hcl ir	1	

Drug Name	Drug Tier	Notes
tramadol-acetaminophen	1	
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		
cisatracurium besylate intravenous solution 10 mg/5ml, 20 mg/10ml, 200 mg/20ml	1	
vecuronium bromide intravenous	1	
Local Anesthetics		
anodyne lpt	1	
bupivacaine hcl (pf)	1	
bupivacaine hcl injection solution 0.25 %, 0.5 %	1	
bupivacaine in dextrose	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	
dermacinrx prizopak	1	
glydo	1	
lidocaine external ointment	1	
lidocaine external patch 5 %	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
lidocaine hcl (pf) injection solution	1	
lidocaine hcl external gel 2 %	1	
lidocaine hcl external solution	1	
lidocaine hcl injection solution 0.5 %, 1 %, 2 %	1	
lidocaine in dextrose	1	
lidocaine pak	1	
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	1	
lidopril external kit	1	
livixil pak	1	
polocaine	1	
polocaine-mpf	1	
relador pak external kit	1	
ropivacaine hcl injection	1	
ropivacaine hcl-nacl (pf) injection solution 0.1-0.9 %	1	
sensorcaine	1	
sensorcaine/epinephrine	1	
sensorcaine-mpf	1	
sensorcaine-mpf spinal	1	
sensorcaine-mpf/epinephrine injection solution 0.25% - 1:200000, 0.5% - 1:200000	1	
SYNERA	3	
xylocaine dental	1	

Drug Name	Drug Tier	Notes
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium	1	
disulfiram oral	1	
naltrexone hcl oral	1	
VIVITROL	4	
Opioid Dependence Treatments		
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet 2-0.5 mg, 8-2 mg	1	QL
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	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	2	QL
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
cvs nicotine	1	PV; QL
cvs nicotine polacrilex	1	PV; QL
eq nicotine mouth/throat gum 4 mg	1	PV; QL

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

Drug Name	Drug Tier	Notes
eq nicotine mouth/throat lozenge	1	PV; QL
eq nicotine polacrilex	1	PV; QL
eq nicotine step 3	1	PV; QL
eq nicotine transdermal	1	PV; QL
eql nicotine polacrilex	1	PV; QL
folding paddle walker	1	PV; QL
gnp nicotine	1	PV; QL
gnp nicotine mini	1	PV; QL
gnp nicotine polacrilex	1	PV; QL
goodsense nicotine	1	PV; QL
hm nicotine	1	PV; QL
hm nicotine polacrilex	1	PV; QL
kls quit2	1	PV; QL
kls quit4	1	PV; QL
nicorelief mouth/throat gum	1	PV; QL
nicotine mini	1	PV; QL
nicotine polacrilex mouth/throat	1	PV; QL
nicotine step 1	1	PV; QL
nicotine step 2	1	PV; QL
nicotine step 3	1	PV; QL
NICOTINE TRANSDERMAL KIT	3	PV; QL
nicotine transdermal patch 24 hour	1	PV; QL
NICOTROL	3	ST; PV; QL
NICOTROL NS	3	ST; PV; QL
px stop smoking aid	1	PV; QL
qc nicotine polacrilex	1	PV; QL
ra mini nicotine	1	PV; QL
ra nicotine	1	PV; QL

Drug Name	Drug Tier	Notes
ra nicotine gum mouth/throat gum 2 mg, 4 mg	1	PV; QL
ra nicotine polacrilex	1	PV; QL
sm nicotine	1	PV; QL
sm nicotine polacrilex	1	PV; QL
sr nicotine	1	PV; QL
tgt nicotine	1	PV; QL
tgt nicotine polacrilex	1	PV; QL
tgt nicotine step one	1	PV; QL
tgt nicotine step three	1	PV; QL
tgt nicotine step two	1	PV; QL
thrive mouth/throat gum 2 mg	1	PV; QL
Antibacterials		
Aminoglycosides		
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	1	
BETHKIS	4	
gentak ophthalmic ointment	1	
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	
gentamicin sulfate intravenous	1	
gentamicin sulfate ophthalmic solution	1	
neomycin sulfate oral	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
paromomycin sulfate oral	1		DORIPENEM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
STREPTOMYCIN SULFATE INTRAMUSCULAR	3		IV PREP WIPES	3	
tobramycin nebulization solution 300 mg/5ml inhalation	4	ST	lincomycin hcl injection	1	
tobramycin ophthalmic	1		linezolid in sodium chloride	1	
tobramycin sulfate injection	1		linezolid intravenous solution 600 mg/300ml	1	
TOBREX OPHTHALMIC OINTMENT	3		linezolid oral suspension reconstituted	1	QL
Antibacterials, Other			linezolid oral tablet	1	QL
ALTABAX	3		mafenide acetate external	1	
baciim	1		methenamine hippurate	1	
bacitracin intramuscular	1		methenamine mandelate oral tablet 0.5 gm	1	
bacitracin ophthalmic	1		metronidazole external	1	
BACTROBAN NASAL	3		metronidazole in nacl	1	
clindacin etz external swab	1		metronidazole oral	1	
clindacin-p	1		metronidazole vaginal	1	
clindamycin hcl oral	1		MICROCLENS WIPES	3	
clindamycin palmitate hcl	1		MONUROL	3	
clindamycin phosphate external	1		mupirocin calcium	1	
clindamycin phosphate in d5w	1		mupirocin external	1	
clindamycin phosphate injection	1		neomycin-polymyxin b gu	1	
clindamycin phosphate intravenous	1		nitrofurantoin macrocrystal oral	1	
clindamycin phosphate vaginal	1		nitrofurantoin monohydrate macrocrystals	1	
colistimethate sodium injection	1		nitrofurantoin oral suspension	1	
daptomycin	1		polymyxin b sulfate injection	1	
DEBACTEROL	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
PRIMSOL	3	
rosadan external cream	1	
rosadan external gel	1	
SIVEXTRO ORAL	3	QL
SULFAMYLON EXTERNAL CREAM	3	
tigecycline	1	
tinidazole oral	1	
trimethoprim oral	1	
TRIMPEX	3	
UNI-SOLVE	3	
UNI-SOLVE WIPES	3	
vancomycin hcl in dextrose intravenous solution 1-5 gm/250ml-%, 1.5-5 gm/250ml-%, 2-5 gm/500ml-%, 750-5 mg/150ml-%	1	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/150ml-%, 1-0.9 gm/200ml-%, 1-0.9 gm/250ml-%, 1.5-0.9 gm/150ml-%, 1.5-0.9 gm/250ml-%, 1.5-0.9 gm/500ml-%, 500-0.9 mg/100ml-%	1	
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	1	
VANCOMYCIN HCL IN NAACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	3	
vancomycin hcl intravenous	1	
vancomycin hcl oral	1	
vandazole	1	
XIFAXAN	3	PA

Drug Name	Drug Tier	Notes
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML	3	
Beta-lactam, Cephalosporins		
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
cefazolin in d5w intravenous solution 2 gm/100ml, 3 gm/100ml	1	
cefazolin in sodium chloride intravenous solution 2-0.9 gm/100ml-%, 2-0.9 gm/50ml-%	1	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 20 gm, 300 gm, 500 mg	1	
cefazolin sodium intravenous solution reconstituted	1	
cefdinir	1	
CEFDITOREN PIVOXIL ORAL TABLET 200 MG	3	
cefditoren pivoxil oral tablet 400 mg	1	
cefepime hcl injection	1	
cefixime	1	
cefotaxime sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 500 mg	1	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	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
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 10 GM	3	
CEFOTETAN DISODIUM-DEXTROSE	3	
cefoxitin sodium	1	
cefepodoxime proxetil	1	
cefprozil	1	
ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm	1	
CEFTIN ORAL SUSPENSION RECONSTITUTED	3	
ceftriaxone sodium in dextrose	1	
ceftriaxone sodium injection	1	
ceftriaxone sodium intravenous	1	
cefuroxime axetil oral tablet	1	
cefuroxime sodium injection solution reconstituted 1.5 gm, 7.5 gm, 750 mg	1	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1	
cephalexin	1	
MAXIPIME INTRAVENOUS SOLUTION RECONSTITUTED 2 GM	3	
tazicef injection	1	
tazicef intravenous solution reconstituted	1	

Drug Name	Drug Tier	Notes
Beta-lactam, Other		
AZACTAM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM	3	
aztreonam	1	
imipenem-cilastatin	1	
INVANZ INJECTION	3	
meropenem	1	
meropenem-sodium chloride	1	
Beta-lactam, Penicillins		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate er	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	1	
ampicillin oral capsule 500 mg	1	

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

Drug Name	Drug Tier	Notes
ampicillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 250 mg, 500 mg	1	
ampicillin sodium intravenous solution reconstituted 10 gm, 2 gm	1	
ampicillin-sulbactam sodium injection	1	
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
BICILLIN L-A	3	
dicloxacillin sodium	1	
MOXATAG	3	
nafcillin sodium in dextrose	1	
nafcillin sodium injection	1	
oxacillin sodium	1	
penicillin g potassium	1	
penicillin v potassium	1	
piperacillin sodium-tazobactam sodium intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1	
Macrolides		
AZASITE	3	

Drug Name	Drug Tier	Notes
azithromycin intravenous solution reconstituted 500 mg	1	
azithromycin oral packet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
clarithromycin er	1	
clarithromycin oral	1	
DIFICID	3	
e.e.s. 400 oral tablet	1	
ery	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	
erythromycin external	1	
erythromycin ophthalmic	1	
PCE ORAL TABLET DELAYED RELEASE 500 MG	3	
ZITHROMAX ORAL PACKET	2	
Quinolones		
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	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
ciprofloxacin hcl ophthalmic	1	
ciprofloxacin hcl oral	1	
ciprofloxacin in d5w	1	
ciprofloxacin intravenous solution 200 mg/20ml, 400 mg/40ml	1	
ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)	1	
gatifloxacin ophthalmic	1	
levofloxacin in d5w	1	
levofloxacin intravenous	1	
levofloxacin ophthalmic	1	
levofloxacin oral	1	
MOXEZA	2	
moxifloxacin hcl in nacl	1	
moxifloxacin hcl intravenous	1	
moxifloxacin hcl ophthalmic	1	
moxifloxacin hcl oral	1	
ofloxacin ophthalmic	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
Sulfonamides		
silver sulfadiazine external	1	
ssd	1	
sulfacetamide sodium ophthalmic solution	1	
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim intravenous	1	

Drug Name	Drug Tier	Notes
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
Tetracyclines		
avidoxy	1	
coremino	1	
demeclocycline hcl oral	1	
doxy 100	1	
doxycycline	1	
doxycycline hyclate intravenous	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet delayed release	1	
doxycycline monohydrate oral	1	
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	1	
minocycline hcl oral	1	
mondoxylene nl	1	
morgidox oral	1	
okebo oral capsule 75 mg	1	
tetracycline hcl oral	1	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL	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
FYCOMPA	3	
levetiracetam er	1	
levetiracetam in nacl	1	
levetiracetam intravenous	1	
levetiracetam oral	1	
roweepra	1	
roweepra xr	1	
Calcium Channel Modifying Agents		
CELONTIN	3	
ethosuximide oral	1	
zonisamide oral	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
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	
GABITRIL ORAL TABLET 12 MG, 16 MG	3	
GRALISE ORAL TABLET 300 MG, 600 MG	3	ST; QL
GRALISE STARTER	3	ST; QL
ONFI ORAL SUSPENSION	3	PA
ONFI ORAL TABLET 10 MG, 20 MG	3	PA
pentobarbital sodium injection	1	
phenobarbital oral	1	

Drug Name	Drug Tier	Notes
primidone oral	1	
tiagabine hcl oral tablet 2 mg, 4 mg	1	
valproate sodium intravenous	1	
valproate sodium oral solution	1	
valproic acid oral capsule	1	
valproic acid oral solution	1	
vigabatrin	4	PA
Glutamate Reducing Agents		
felbamate	1	
lamotrigine er	1	
lamotrigine oral kit 25 & 50 & 100 mg, 25 (21)-50 (7) mg, 50 (42)-100(14) mg	1	
lamotrigine oral tablet	1	
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	
topiramate er	1	
topiramate oral	1	
Sodium Channel Agents		
APTIOM	3	
BANZEL	3	
carbamazepine er	1	
carbamazepine oral	1	
DILANTIN ORAL CAPSULE 30 MG	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
epitol	1	
fosphenytoin sodium	1	
oxcarbazepine	1	
PEGANONE	3	
phenytoin infatabs	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	
phenytoin sodium injection	1	
VIMPAT ORAL	3	
Antidementia Agents		
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 oral	1	
NAMENDA XR	2	QL
NAMENDA XR TITRATION PACK	2	QL
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG	2	QL
Antidepressants		
Antidepressants, Other		
APLENZIN	3	ST; QL

Drug Name	Drug Tier	Notes
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
chlordiazepoxide-amitriptyline	1	
mirtazapine oral	1	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	QL
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-25 mg	1	
Monoamine Oxidase Inhibitors		
EMSAM	3	QL
MARPLAN	3	
phenelzine sulfate oral	1	
tranylcypromine sulfate	1	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitor/ Serotonin & Norepinephrine Reuptake Inhibitor)		
citalopram hydrobromide	1	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	1	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
DULOXETINE HCL ORAL CAPSULE DELAYED RELEASE PARTICLES 40 MG	3	QL
escitalopram oxalate	1	
FETZIMA	3	ST; QL

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

Drug Name	Drug Tier	Notes
fluoxetine hcl (pmdd)	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL
maprotiline hcl	1	
nefazodone hcl	1	
paroxetine hcl er	1	
paroxetine hcl oral tablet	1	
paroxetine mesylate	1	
PAXIL ORAL SUSPENSION	2	
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD ORAL TABLET	3	
VIIBRYD STARTER PACK	3	
Tricyclics		
amitriptyline hcl oral	1	
amoxapine	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	
doxepin hcl oral	1	
imipramine hcl oral	1	
imipramine pamoate	1	
nortriptyline hcl oral	1	
protriptyline hcl	1	

Drug Name	Drug Tier	Notes
trimipramine maleate oral	1	
Antiemetics		
Antiemetics, Other		
AKYNZEO	3	QL
compro	1	
droperidol injection	1	
meclizine hcl oral tablet	1	
metoclopramide hcl injection	1	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine edisylate injection	1	
prochlorperazine maleate oral	1	
scopolamine	1	
trimethobenzamide hcl oral	1	
Emetogenic Therapy Adjuncts		
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5ML	2	
ANZEMET ORAL	3	QL
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	1	QL
CESAMET	3	PA; QL
dronabinol	1	PA; QL
granisetron 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
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 hcl-nacl intravenous solution 12-0.9 mg/50ml-%, 16-0.9 mg/50ml-%, 8-0.9 mg/50ml-%	1	
ondansetron odt	1	QL
SANCUSO	3	QL
VARUBI ORAL	3	QL
Antifungals		
ABELCET	3	
AMBISOME	3	
AMPHOTERICIN B INJECTION	3	
bio-statin oral powder	1	
caspofungin acetate	1	
ciclodan	1	
ciclopirox	1	
ciclopirox olamine external	1	
clotrimazole external	1	
clotrimazole mouth/throat	1	
CRESEMBA	3	
econazole nitrate external	1	

Drug Name	Drug Tier	Notes
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	3	
ERTACZO	3	
EXELDERM	3	
fluconazole in dextrose	1	
fluconazole in sodium chloride	1	
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GNAZOLE-1	3	
itraconazole oral	1	PA
JUBLIA	3	PA
KERYDIN	3	PA
ketoconazole external	1	
ketoconazole oral	1	
MENTAX	3	
miconazole 3 vaginal suppository	1	
MYCAMINE	3	
naftifine hcl	1	
NATACYN	2	
NOXAFIL ORAL TABLET DELAYED RELEASE	3	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral tablet	1	
nystatin-triamcinolone	1	
nystop	1	
ORAVIG	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
oxiconazole nitrate	1	
OXISTAT EXTERNAL LOTION	3	
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	4	PA
terbinafine hcl oral	1	QL
terconazole	1	
voriconazole intravenous	1	
voriconazole oral	1	
XOLEGEL	3	
Antigout Agents		
allopurinol oral	1	
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
frovatriptan succinate	1	QL
naratriptan hcl	1	QL
rizatriptan benzoate	1	QL

Drug Name	Drug Tier	Notes
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
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-naproxen sodium	1	QL
zolmitriptan oral tablet 2.5 mg, 5 mg	1	QL
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	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	1	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	1	
rifabutin	1	
Antituberculars		
CAPASTAT SULFATE	3	

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

Drug Name	Drug Tier	Notes
CYCLOSERINE ORAL	3	
ethambutol hcl oral	1	
isoniazid oral	1	
PASER	3	
PRIFTIN	3	
pyrazinamide oral	1	
rifampin intravenous	1	
rifampin oral	1	
RIFATER	3	
SIRTURO	3	
TRECTOR	3	
Antineoplastics		
Alkylating Agents		
BICNU	4	
busulfan	4	
cyclophosphamide injection	1	
CYCLOPHOSPHAMIDE ORAL CAPSULE	CM	
dacarbazine intravenous	4	
GLEOSTINE	CM	
HEXALEN	CM	
ifosfamide	4	
LEUKERAN	CM	
MATULANE	CM	
melphalan	CM	
melphalan hcl	4	
MUSTARGEN	4	
MYLERAN	CM	
TEMODAR INTRAVENOUS	4	
temozolomide	CM	PA

Drug Name	Drug Tier	Notes
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED	4	
ZANOSAR	4	
Antiandrogens		
bicalutamide	CM	
flutamide	CM	
LYSODREN	CM	
nilutamide	CM	
XTANDI	CM	PA
ZYTIGA	CM	PA
Antiangiogenic Agents		
POMALYST	CM	PA
REVLIMID	CM	PA
THALOMID	CM	PA
Antiestrogens/Modifiers		
EMCYT	CM	
FARESTON	CM	
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	4	
SOLTAMOX	CM	
tamoxifen citrate oral	CM	PV*
Antimetabolites		
adrucil	4	
ALIMTA	4	
capecitabine	CM	PA
cladribine intravenous solution 10 mg/10ml	4	
clofarabine	4	
cytarabine (pf)	4	
cytarabine injection solution	4	
DROXIA	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
ELITEK	3	
fluorouracil intravenous	4	
FOLOTYN	4	PA
gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml	4	
gemcitabine hcl intravenous solution reconstituted	4	
hydroxyurea oral	CM	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	CM	PA; QL
mercaptopurine oral	CM	
NIPENT	4	
TABLOID	CM	
Antineoplastics, Other		
ABRAXANE	4	
adriamycin intravenous solution	4	
ARRANON	4	
azacitidine	4	
bleomycin sulfate	4	
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15ML	4	
carboplatin intravenous solution	4	
cisplatin intravenous solution 100 mg/100ml, 50 mg/50ml	4	
CISPLATIN INTRAVENOUS SOLUTION 200 MG/200ML	4	
dactinomycin	4	

Drug Name	Drug Tier	Notes
daunorubicin hcl intravenous injectable	4	
decitabine	4	PA
dexrazoxane	4	
docetaxel (non-alcohol)	4	
docetaxel intravenous concentrate 160 mg/8ml, 20 mg/0.5ml, 20 mg/ml, 200 mg/10ml, 80 mg/2ml, 80 mg/4ml	4	
docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml	4	
doxorubicin hcl	4	
doxorubicin hcl liposomal	4	
epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml	4	
ERWINAZE INJECTION	4	
ETHYOL	4	
FARYDAK	CM	PA; QL
floxuridine injection	4	
fludarabine phosphate	4	
HALAVEN	4	PA
idarubicin hcl	4	
irinotecan hcl intravenous solution 100 mg/5ml, 40 mg/2ml	4	
IRINOTECAN HCL INTRAVENOUS SOLUTION 500 MG/25ML	4	
ISTODAX (OVERFILL)	4	PA
IXEMPRA KIT	4	
JEVTANA	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
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg	1		SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	4	PA
leucovorin calcium oral	CM		SYNRIBO	4	PA
levoleucovorin calcium intravenous solution	4		TENIPOSIDE	4	
LEVOLEUCOVORIN CALCIUM INTRAVENOUS SOLUTION RECONSTITUTED 175 MG	4		TEPADINA	4	
levoleucovorin calcium intravenous solution reconstituted 50 mg	4		thiotepa injection	4	
levoleucovorin calcium pf	4		TOTECT	4	
lipodox 50	4		TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	4	
MARQIBO	4		VELCADE INJECTION	4	PA
mesna	4		VENCLEXTA	CM	PA
MESNEX ORAL	CM		VENCLEXTA STARTING PACK	CM	PA
mitomycin intravenous	4		VINBLASTINE SULFATE INTRAVENOUS SOLUTION	4	
mitoxantrone hcl	4	PA	vincasar pfs	4	
NINLARO	CM	PA; QL	vincristine sulfate intravenous	4	
ONCASPAR INJECTION	4		vinorelbine tartrate	4	
ONIVYDE	4		VYXEOS	4	PA
oxaliplatin	4		ZALTRAP	4	PA
paclitaxel intravenous concentrate 100 mg/16.7ml, 30 mg/5ml, 300 mg/50ml	4		ZOLINZA	CM	PA
PACLITAXEL INTRAVENOUS CONCENTRATE 150 MG/25ML	4		ZYKADIA	CM	PA
PROLEUKIN	4		Aromatase Inhibitors, 3rd Generation		
ROMIDEPSIN	4	PA	anastrozole oral	CM	
			exemestane	CM	
			letrozole oral	CM	
			Enzyme Inhibitors		
			etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	4	
			ETOPOSIDE ORAL	CM	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HYCAMTIN ORAL	CM		JAKAFI ORAL TABLET 10 MG	CM	PA; QL
KYPROLIS	4	PA	JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	CM	PA
LYNPARZA	CM	PA	LENVIMA 10 MG DAILY DOSE	CM	PA
RUBRACA	CM	PA; QL	LENVIMA 14 MG DAILY DOSE	CM	PA
toposar intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	4		LENVIMA 18 MG DAILY DOSE	CM	PA
topotecan hcl	4		LENVIMA 20 MG DAILY DOSE	CM	PA
ZYDELIG	CM	PA	LENVIMA 24 MG DAILY DOSE	CM	PA
Molecular Target Inhibitors			LENVIMA 8 MG DAILY DOSE	CM	PA
AFINITOR	CM	PA; QL	MEKINIST	CM	PA
AFINITOR DISPERZ	CM	PA	NEXAVAR	CM	PA
BOSULIF	CM	PA	RYDAPT	CM	PA; QL
CABOMETYX	CM	PA	SPRYCEL	CM	PA
CAPRELSA ORAL TABLET 100 MG	CM	PA; QL	STIVARGA	CM	PA
CAPRELSA ORAL TABLET 300 MG	CM	PA	SUTENT	CM	PA
COMETRIQ (100 MG DAILY DOSE)	CM	PA	TAFINLAR	CM	PA
COMETRIQ (140 MG DAILY DOSE)	CM	PA	TARCEVA	CM	PA; QL
COMETRIQ (60 MG DAILY DOSE)	CM	PA	TASIGNA	CM	PA
COTELLIC	CM	PA; QL	TYKERB	CM	PA
ERIVEDGE	CM	PA	VOTRIENT	CM	PA
GILOTRIF	CM	PA; QL	XALKORI	CM	PA
IBRANCE	CM	PA	ZELBORAF	CM	PA
ICLUSIG ORAL TABLET 15 MG	CM	PA; QL	Monoclonal Antibody/Antibody-Drug Conjugate		
ICLUSIG ORAL TABLET 45 MG	CM	PA	ADCETRIS	4	PA
imatinib mesylate	CM	PA	ARZERRA	4	PA
IMBRUVICA ORAL TABLET 140 MG	CM	PA	AVASTIN	4	
INLYTA	CM	PA	BAVENCIO	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
BLINCYTO	4	PA
DARZALEX	4	PA
EMPLICITI	4	PA
ERBITUX	4	PA
GAZYVA	4	PA
HERCEPTIN	4	PA
KADCYLA	4	PA
LARTRUVO	4	PA
OPDIVO	4	PA
PERJETA	4	PA
RITUXAN INTRAVENOUS SOLUTION	4	PA
TAGRISSE	CM	PA; QL
TECENTRIQ	4	PA
UNITUXIN	4	
YERVOY	4	PA
Retinoids		
bexarotene	CM	PA
PANRETIN	3	
TARGRETIN EXTERNAL	3	PA
tretinoin oral	CM	
Antiparasitics		
Anthelmintics		
ALBENZA	3	
BENZNIDAZOLE	3	
BILTRICIDE	2	
ivermectin oral	1	
SKLICE	3	
Antiprotozoals		
ALINIA	2	
atovaquone oral	1	
atovaquone-proguanil hcl	1	

Drug Name	Drug Tier	Notes
chloroquine phosphate oral	1	
COARTEM	3	
DARAPRIM	4	PA
hydroxychloroquine sulfate oral	1	
IMPAVIDO	3	
mefloquine hcl	1	
NEBUPENT	2	
primaquine phosphate oral	1	
quinine sulfate oral	1	PA
Pediculicides/Scabicides		
EURAX	2	
lindane external shampoo	1	
malathion external	1	
permethrin external cream	1	
spinosad	1	
ULESFIA	3	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate injection	1	
benztropine mesylate oral	1	
trihexyphenidyl hcl	1	
Antiparkinson Agents, Other		
amantadine hcl oral	1	
entacapone	1	
tolcapone	1	
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QL

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

Drug Name	Drug Tier	Notes
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 oral	1	
fluphenazine decanoate injection	1	
fluphenazine hcl oral tablet	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	
haloperidol lactate	1	
haloperidol oral	1	
loxapine succinate oral	1	
pimozide	1	
thioridazine hcl oral	1	

Drug Name	Drug Tier	Notes
thiothixene oral	1	
trifluoperazine hcl oral	1	
2nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	
aripiprazole oral solution	1	QL
aripiprazole oral tablet	1	QL
aripiprazole oral tablet dispersible	1	QL
FANAPT	3	ST; QL
FANAPT TITRATION PACK	3	ST; QL
GEODON INTRAMUSCULAR	3	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	ST; QL
olanzapine intramuscular	1	
olanzapine oral	1	QL
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	1	QL
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	QL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	QL

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

Drug Name	Drug Tier	Notes
REXULTI	3	QL
RISPERDAL CONSTA	3	
risperidone m-tab oral tablet dispersible 0.5 mg, 1 mg, 2 mg	1	QL
risperidone oral solution	1	QL
risperidone oral tablet	1	QL
risperidone oral tablet dispersible	1	QL
SAPHRIS	2	QL
ziprasidone hcl	1	QL
ZYPREXA RELPREVV	3	
Treatment-Resistant		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	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
Antivirals		
ribavirin inhalation	4	
Anti-cytomegalovirus (CMV) Agents		
cidofovir intravenous	1	
ganciclovir sodium	1	
valganciclovir hcl	1	
ZIRGAN	3	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	4	
BARACLUDE ORAL SOLUTION	4	QL
entecavir	4	QL
EPIVIR HBV ORAL SOLUTION	4	

Drug Name	Drug Tier	Notes
lamivudine oral tablet 100 mg	4	
Anti-hepatitis C (HCV) Agents, Direct Acting Agents		
DAKLINZA	4	PA; QL
EPCLUSA	4	PA; QL
HARVONI	4	PA; QL
INTRON A	4	PA
MAVYRET	4	PA; QL
MODERIBA 1200 DOSE PACK	4	
MODERIBA 800 DOSE PACK	4	
moderiba oral tablet 200 mg	4	
MODERIBA ORAL TABLET THERAPY PACK	4	
OLYSIO	4	PA
PEGASYS PROCLICK	4	PA
PEGASYS SUBCUTANEOUS SOLUTION	4	PA
PEGINTRON	4	PA
REBETOL ORAL SOLUTION	4	
ribasphere	4	
ribasphere ribapak oral tablet 400 mg, 600 mg	4	
RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK 200 & 400 MG	4	
ribasphere ribapak oral tablet therapy pack 400 & 600 mg	4	
ribavirin oral capsule	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
ribavirin oral tablet 200 mg	4	
SOVALDI	4	PA; QL
TECHNIVIE	4	PA; QL
VIEKIRA PAK	4	PA; QL
VIEKIRA XR	4	PA; QL
ZEPATIER	4	PA; QL
Antiherpetic Agents		
acyclovir external	1	
acyclovir oral	1	
acyclovir sodium intravenous solution	1	
acyclovir sodium intravenous solution reconstituted 500 mg	1	
DENAVIR	3	
famciclovir oral	1	
trifluridine ophthalmic	1	
valacyclovir hcl oral	1	QL
ZOVIRAX EXTERNAL CREAM	2	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
EVOTAZ	2	
ISENTRESS	2	
ISENTRESS HD	2	
PREZCOBIX	2	
STRIBILD	2	
TIVICAY	2	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
ATRIPLA	2	
COMPLERA	2	
EDURANT	2	
efavirenz	1	

Drug Name	Drug Tier	Notes
INTELENCE	2	
nevirapine er	1	
nevirapine oral tablet	1	
ODEFSEY	2	
RESCRIPTOR	2	
SUSTIVA ORAL CAPSULE 50 MG	2	
VIRAMUNE ORAL SUSPENSION	2	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate	1	
abacavir sulfate-lamivudine	1	
abacavir-lamivudine-zidovudine	1	
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	
TRIUMEQ	2	
TRUVADA	2	
TYBOST	2	
VIDEX	2	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	2	

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

Drug Name	Drug Tier	Notes
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
ZERIT ORAL SOLUTION RECONSTITUTED	2	
zidovudine	1	
Anti-HIV Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	QL
SELZENTRY ORAL TABLET	2	PA
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	2	
atazanavir sulfate	1	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	
fosamprenavir calcium	1	
INVIRASE	2	
KALETRA ORAL TABLET	2	
LEXIVA ORAL SUSPENSION	2	
lopinavir-ritonavir	1	
NORVIR	2	
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	
REYATAZ ORAL PACKET	2	
VIRACEPT ORAL TABLET	2	

Drug Name	Drug Tier	Notes
Anti-influenza Agents		
FLUMIST QUADRIVALENT	2	
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	1	QL
oseltamivir phosphate oral suspension reconstituted	1	QL
RELENZA DISKHALER	3	QL
rimantadine hcl	1	
Anxiolytics		
Anxiolytics, Other		
bupirone hcl oral	1	
hydroxyzine hcl intramuscular solution 50 mg/ml	1	
hydroxyzine hcl oral syrup	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
meprobamate	1	
Benzodiazepines		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	1	QL
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	QL
alprazolam oral tablet dispersible	1	
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	1	QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	QL	ACCU-CHEK FASTCLIX LANCETS	2	
clonazepam oral tablet	1	QL	ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	QL	ACCU-CHEK MULTICLIX LANCETS	2	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	QL	ACCU-CHEK SOFT TOUCH LANCETS	2	
diazepam injection	1		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
diazepam intensol	1		ACCU-CHEK SOFTCLIX LANCETS	2	
diazepam oral concentrate	1		AUTOPEN	3	
diazepam oral solution 1 mg/ml	1		BD PEN	3	
diazepam oral tablet	1		BD PEN MINI	3	
estazolam	1	QL	CHEMSTRIP 10 MD	3	
lorazepam injection	1		CHEMSTRIP 10/SG	3	
lorazepam intensol	1	QL	CHEMSTRIP 2 GP	3	
lorazepam oral concentrate	1	QL	CHEMSTRIP 5 OB	3	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	QL	CHEMSTRIP 7	3	
oxazepam	1	QL	CHEMSTRIP 9	3	
quazepam	1	QL	CHEMSTRIP K	3	
triazolam	1	QL	CHEMSTRIP UGK	3	
Bipolar Agents			CVS KETONE CARE	3	
Mood Stabilizers			IN TOUCH	3	
lithium	1		INPEN 100EL	3	
lithium carbonate er	1		INPEN 100NN	3	
lithium carbonate oral	1		KETOCARE	3	
Blood Glucose Monitoring			KETO-DIASTIX	3	
ACCU-CHEK FASTCLIX LANCET KIT	2		KETONE TEST	3	
			KETOSTIX	3	
			LANCETS	2	
			NOVOPEN ECHO	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
ONETOUCH DELICA LANCING DEV	3	
ONETOUCH SURESOFT LANCING DEVICE	2	
ONETOUCH ULTRA 2 KIT W/DEVICE	2	
ONETOUCH ULTRA BLUE TEST STRIPS	2	QL
ONETOUCH ULTRA CONTROL	3	
ONETOUCH ULTRA MINI KIT W/DEVICE	2	
ONETOUCH ULTRALINK	2	
ONETOUCH VERIO	2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2	
ONETOUCH VERIO IN VITRO SOLUTION	3	
ONETOUCH VERIO TEST STRIPS	2	QL
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	2	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	2	
PENLET II BLOOD SAMPLER	3	
PENLET II REPLACEMENT CAP	2	
RELION KETONE	3	
RELION KETONE TEST	3	
SURESTEP GLUCOSE CONTROL	3	
SURESTEP PRO HIGH GLUCOSE	3	

Drug Name	Drug Tier	Notes
SURESTEP PRO LINEARITY	3	
SURESTEP PRO LOW GLUCOSE	3	
SURESTEP PRO NORMAL GLUCOSE	3	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose	1	
ACTOPLUS MET XR	3	ST
ALOGLIPTIN BENZOATE	3	ST; M
AVANDIA ORAL TABLET 2 MG, 4 MG	3	ST
BYDUREON BCISE AUTOINJECTOR	2	ST; QL
BYDUREON PEN	2	ST; QL
BYDUREON VIAL	2	ST; QL
BYETTA 10 MCG PEN	2	ST; QL
BYETTA 5 MCG PEN	2	ST; QL
chlorpropamide	1	PA
CYCLOSET	3	ST
FARXIGA	3	ST
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glipizide-metformin hcl	1	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
INVOKAMET	2	ST
INVOKAMET XR	2	ST
INVOKANA	2	ST
JANUMET	2	ST

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

Drug Name	Drug Tier	Notes
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	ST
JENTADUETO	2	ST
JENTADUETO XR	2	ST
KOMBIGLYZE XR	3	ST
metformin hcl er	1	
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	1	
metformin hcl ir	1	
miglitol	1	
nateglinide	1	
ONGLYZA	3	ST
pioglitazone hcl	1	
pioglitazone hcl- glimepiride	1	
pioglitazone hcl- metformin hcl	1	
repaglinide	1	
repaglinide-metformin hcl	1	
RIOMET	3	
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TANZEUM	3	ST; QL
tolazamide	1	
tolbutamide	1	
TRADJENTA	2	ST
TRULICITY	2	ST; QL
VICTOZA	2	ST; QL
Glycemic Agents		
GLUCAGEN HYPOKIT	2	

Drug Name	Drug Tier	Notes
GLUCAGON EMERGENCY	2	
PROGLYCEM	2	
Insulins		
APIDRA SOLOSTAR	3	ST
APIDRA VIAL	3	ST
HUMALOG U-100 AND U-200 KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	2	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMALOG U-100 VIAL AND CARTRIDGE	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	2	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	2	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL (CONCENTRATED)	2	
HUMULIN R VIAL	2	
LANTUS U-100 SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LEVEMIR U-100 FLEXTOUCH	3	
LEVEMIR U-100 VIAL	3	
NOVOLIN 70/30 RELION	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
NOVOLIN 70/30 VIAL	3	
NOVOLIN N RELION	3	
NOVOLIN N VIAL	3	
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	
NOVOLOG U-100 PENFILL	3	
NOVOLOG U-100 VIAL	3	
TOUJEO SOLOSTAR	2	
Blood Products/Modifiers/Volume Expanders		
ARGATROBAN IN SODIUM CHLORIDE	3	
ARGATROBAN INTRAVENOUS SOLUTION 125 MG/125ML	3	
argatroban intravenous solution 250 mg/2.5ml	1	
hetastarch-nacl	1	
VONVENDI	4	
Anticoagulants		
ALPHANATE/VWF COMPLEX/HUMAN	4	
BEVYXXA	3	QL
bivalirudin	1	
CEPROTIN	4	
CORIFACT	4	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	QL

Drug Name	Drug Tier	Notes
ELIQUIS STARTER PACK	3	QL
enoxaparin sodium	1	QL
FIBRYGA	4	
fondaparinux sodium	1	QL
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
heparin (porcine) in d5w	1	
heparin (porcine) in nacl (pf) intravenous solution prefilled syringe 20-0.9 unt/20ml-%, 50-0.45 unt/50ml-%	1	
heparin (porcine) in nacl injection solution 2-0.9 unit/ml-%	1	
heparin (porcine) in nacl intravenous solution 2000-0.9 ut/500ml-%, 25000-0.45 ut/250ml-%, 30000-0.9 unit/l-%, 4000-0.9 unit/l-%, 500-0.45 ut/250ml-%	1	
heparin lock flush intravenous solution 1 unit/ml, 10 unit/ml, 100 unit/ml	1	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/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
heparin sodium (porcine) intravenous solution prefilled syringe	1	
heparin sodium (porcine) pf	1	
heparin sodium flush intravenous kit 100-0.9 unit/ml-%	1	
heparin sodium lock flush intravenous solution 100 unit/ml	1	
heparin sodium/d5w	1	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	4	
jantoven	1	
PRADAXA	2	QL
RIASTAP	4	
sash kit intravenous kit 100-0.9 unit/ml-%	1	
SAVAYSA	3	QL
THROMBATE III	4	
TRETTEN	4	
warfarin sodium oral	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	QL
XARELTO STARTER PACK	2	QL
Blood Formation Modifiers		
anagrelide hcl	1	

Drug Name	Drug Tier	Notes
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	4	PA
ELOCTATE	4	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	4	PA
MOZOBIL	4	PA; QL
NEULASTA ONPRO	4	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	4	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	4	PA
NPLATE	4	PA
PROCRIT	4	PA
PROMACTA	4	PA
Hemostasis Agents		
aminocaproic acid intravenous	1	
BENEFIX INTRAVENOUS KIT	4	
COAGADEX	4	
HELIXATE FS	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
hemofil m intravenous solution reconstituted 1000 unit, 250 unit, 500 unit	4	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1700 UNIT	4	
IDELVION	4	
KOATE	4	
KOATE-DVI	4	
KOGENATE FS	4	
KOGENATE FS BIO-SET	4	
MONOCLATE-P INTRAVENOUS KIT 1000 UNIT, 1500 UNIT	4	
RECOMBINATE	4	
RIXUBIS	4	
tranexamic acid intravenous solution 1000 mg/10ml	1	
tranexamic acid oral	1	
Platelet Modifying Agents		
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	

Drug Name	Drug Tier	Notes
prasugrel hcl	1	
ZONTIVITY	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl oral	1	
clonidine hcl transdermal	1	
ephedrine sulfate intravenous	1	
epinephrine pf injection solution	1	
epinephrine pf injection solution prefilled syringe	3	
guanfacine hcl oral	1	
methyldopa oral	1	
midodrine hcl	1	
phenylephrine hcl injection	1	
Alpha-adrenergic Blocking Agents		
doxazosin mesylate	1	
phenoxybenzamine hcl oral	1	
prazosin hcl oral	1	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	1	
EDARBI	3	ST
eprosartan mesylate	1	
irbesartan	1	
losartan potassium	1	
olmesartan medoxomil oral	1	
telmisartan	1	
valsartan	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril 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
captopril oral	1	
enalapril maleate oral	1	
enalaprilat	1	
fosinopril sodium	1	
lisinopril oral	1	
moexipril hcl	1	
perindopril erbumine	1	
quinapril hcl	1	
ramipril	1	
trandolapril	1	
Antiarrhythmics		
amiodarone hcl in dextrose intravenous solution 150-5 mg/100ml-%, 900-5 mg/500ml-%	1	
amiodarone hcl intravenous	1	
amiodarone hcl oral	1	
disopyramide phosphate oral	1	
dofetilide	1	
flecainide acetate	1	
ibutilide fumarate	1	
lidocaine hcl (cardiac)	1	
lidocaine in d5w	1	
mexiletine hcl oral	1	
MULTAQ	3	
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%	3	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	2	
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	

Drug Name	Drug Tier	Notes
procainamide hcl injection	1	
propafenone hcl	1	
propafenone hcl er	1	
quinidine gluconate er	1	
quinidine sulfate oral	1	
sorine	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
Beta-adrenergic Blocking Agents		
acebutolol hcl oral	1	
atenolol oral	1	
betaxolol hcl oral	1	
bisoprolol fumarate	1	
BYSTOLIC	2	
carvedilol	1	
carvedilol phosphate er	1	
esmolol hcl intravenous solution 100 mg/10ml	1	
labetalol hcl intravenous solution	1	
labetalol hcl oral	1	
metoprolol succinate er	1	
metoprolol tartrate intravenous solution 5 mg/5ml	1	
metoprolol tartrate oral	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
pindolol	1	
propranolol hcl er	1	
propranolol hcl oral	1	
timolol maleate oral	1	
Calcium Channel Blocking Agents		
afeditab cr	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
amlodipine besylate oral	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	
cartia xt	1	
diltiazem cd	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 oral	1	
diltiazem hcl-dextrose intravenous solution 125-5 mg/125ml-%	1	
diltiazem hcl-sodium chloride intravenous solution 100-0.9 mg/100ml-%	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	

Drug Name	Drug Tier	Notes
nimodipine oral	1	
nisoldipine er	1	
taztia xt	1	
verapamil hcl er oral capsule extended release 24 hour	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl intravenous	1	
verapamil hcl oral	1	
Cardiovascular Agents, Other		
amiloride-hydrochlorothiazide	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-atorvastatin	1	
amlodipine-olmesartan	1	
amlodipine-valsartan-hctz	1	
atenolol-chlorthalidone	1	
benazepril-hydrochlorothiazide	1	
bisoprolol-hydrochlorothiazide	1	
BYVALSON	2	
candesartan cilexetil-hctz	1	
captopril-hydrochlorothiazide	1	
DEMSER	3	
digitek	1	
digox	1	
digoxin injection	1	
digoxin 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
dobutamine hcl intravenous	1	
dobutamine in d5w	1	
dopamine hcl intravenous	1	
dopamine in d5w	1	
enalapril-hydrochlorothiazide	1	
fosinopril sodium-hctz	1	
irbesartan-hydrochlorothiazide	1	
isoproterenol hcl injection	1	
lisinopril-hydrochlorothiazide	1	
losartan potassium-hctz	1	
methyldopa-hydrochlorothiazide	1	
metoprolol-hydrochlorothiazide	1	
milrinone lactate in dextrose	1	
milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml	1	
moexipril-hydrochlorothiazide	1	
nadolol-bendroflumethiazide	1	
norepinephrine bitartrate intravenous	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
pentoxifylline er	1	

Drug Name	Drug Tier	Notes
phentolamine mesylate injection solution reconstituted	1	
phenylephrine hcl-nacl intravenous solution 50-0.9 mg/250ml-%	1	
propranolol-hctz	1	
quinapril-hydrochlorothiazide	1	
RANEXA	2	ST
spironolactone-hctz	1	
TEKTURNA	2	ST
telmisartan-amlodipine	1	
telmisartan-hctz	1	
trandolapril-verapamil hcl er	1	
triamterene-hctz	1	
valsartan-hydrochlorothiazide	1	
VECAMYL	3	
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide er	1	
acetazolamide oral	1	
acetazolamide sodium	1	
KEVEYIS	4	PA; QL
Diuretics, Loop		
bumetanide injection	1	
bumetanide oral	1	
ethacrynate sodium	1	
ethacrynic acid oral	1	
furosemide injection solution 10 mg/ml	1	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet	1	
torseamide 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
Diuretics, Potassium-sparing		
amiloride hcl oral	1	
DYRENIUM ORAL CAPSULE 100 MG	3	
eplerenone	1	
spironolactone oral	1	
Diuretics, Thiazide		
chlorothiazide oral	1	
chlorothiazide sodium	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
hydrochlorothiazide oral	1	
indapamide oral	1	
methyclothiazide oral	1	
metolazone	1	
Dyslipidemics, Fibric Acid Derivatives		
choline fenofibrate	1	
fenofibrate micronized	1	
fenofibrate oral	1	
fenofibric acid	1	
gemfibrozil oral	1	
TRIGLIDE ORAL TABLET 160 MG	3	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg	1	PV*
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
fluvastatin sodium	1	
fluvastatin sodium er	1	
LIVALO	3	ST
lovastatin	1	PV
pravastatin sodium	1	
rosuvastatin calcium	1	

Drug Name	Drug Tier	Notes
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	PV*
simvastatin oral tablet 80 mg	1	PA
Dyslipidemics, Other		
cholestyramine light	1	
cholestyramine oral	1	
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	4	PA; QL
niacin er (antihyperlipidemic)	1	
omega-3-acid ethyl esters	1	
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL
prevalite	1	
REPATHA	4	PA; QL
REPATHA PUSHTRONEX SYSTEM	4	PA; QL
REPATHA SURECLICK	4	PA; QL
triklo	1	
WELCHOL	2	
Vasodilators, Direct-acting Arterial		
hydralazine hcl injection	1	
hydralazine hcl oral	1	
minoxidil oral	1	
Vasodilators, Direct-acting Arterial/Venous		
DILATRATE-SR	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
isosorbide dinitrate er	1	
isosorbide dinitrate oral	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
minitran	1	
NITRO-BID	3	
nitroglycerin er	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual solution	1	
NITROMIST	3	
nitroprusside sodium	1	
nitro-time oral capsule extended release 6.5 mg	1	
RECTIV	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine-dextroamphetamine	1	PA; QL
amphetamine-dextroamphetamine er	1	PA; QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	1	PA; QL
dextroamphetamine sulfate oral solution	1	PA; QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	PA; QL
methamphetamine hcl	1	PA; QL
VYVANSE	2	PA; QL
zenzedi oral tablet 10 mg, 5 mg	1	PA; QL

Drug Name	Drug Tier	Notes
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	QL
clonidine hcl er	1	
DAYTRANA	3	ST; PA; QL
dexmethylphenidate hcl	1	PA; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	PA; QL
guanfacine hcl er	1	
metadate er oral tablet extended release 20 mg	1	PA; QL
methylphenidate hcl er (cd)	1	PA; QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg, 60 mg	1	PA; QL
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg, 72 mg	1	PA; QL
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg	1	PA; QL
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	1	PA; QL
methylphenidate hcl oral tablet	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 tablet chewable 10 mg, 2.5 mg, 5 mg	1	PA; QL
QUILLIVANT XR	3	ST; PA; QL
Central Nervous System, Other		
caffeine citrate	1	
HORIZANT ORAL TABLET EXTENDED RELEASE	3	PA; QL
NUEDEXTA	3	PA
pancuronium bromide intravenous solution 1 mg/ml	1	
phendimetrazine tartrate	1	PA
phentermine hcl oral capsule 15 mg	1	PA
riluzole	1	PA; QL
rocuronium bromide intravenous solution	1	
tetrabenazine	4	PA
Fibromyalgia Agents		
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	2	QL
LYRICA ORAL SOLUTION	3	QL
SAVELLA	3	ST; QL
Multiple Sclerosis Agents		
AMPYRA	4	PA; QL
AUBAGIO	4	PA; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; QL

Drug Name	Drug Tier	Notes
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 20 MG/ML, 40 MG/ML	4	PA; QL
GILENYA	4	PA; QL
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	4	PA; QL
glatopa subcutaneous solution prefilled syringe 20 mg/ml	4	PA; QL
LEMTRADA	4	PA
PLEGRIDY	4	PA; QL
PLEGRIDY STARTER PACK	4	PA; QL
TECFIDERA ORAL	4	PA; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE	4	PA; QL
TYSABRI	4	PA; QL
Dental and Oral Agents		
cavarest	1	
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
clinpro 5000	1	
denta 5000 plus	1	
dentagel	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
easygel dental	1		calcipotriene external	1	
fluoridex	1		calcipotriene-betameth diprop	1	QL
fluoridex daily renewal	1		calcitrene	1	
fluoridex enhanced whitening dental paste	1		calcitriol external	1	
KEPIVANCE	4		claravis	1	PA
lidocaine hcl mouth/throat	1		clindamycin phosphate-benzoyl peroxide	1	
lidocaine viscous	1		clindamycin-tretinoin	1	
neutragard advanced	1		clotrimazole-betamethasone	1	
neutral sodium fluoride	1		CONDYLOX EXTERNAL GEL	3	
oralone	1		CORTISPORIN EXTERNAL	3	
paroex	1		COSENTYX 150 MG/ML	4	PA
periogard	1		COSENTYX 300 DOSE	4	PA
pilocarpine hcl oral	1		COSENTYX SENSOREADY 300 DOSE	4	PA
prevident mouth/throat	1		COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	4	PA
sf	1		dapsone external	1	
sf 5000 plus	1		diclofenac sodium transdermal gel 3 %	1	QL
topex topical anesthetic mouth/throat aerosol	1		doxepin hcl external	1	
triamcinolone acetonide mouth/throat	1		DUPIXENT	4	PA; QL
Dermatological Agents			ELIDEL	2	ST
acitretin	1		EPIDUO FORTE	3	
adapalene external cream	1	PA	FINACEA	3	
adapalene external gel	1	PA	FLUOROPLEX	3	
adapalene-benzoyl peroxide	1		fluorouracil external cream 5 %	1	
ammonium lactate external	1				
amnesteem	1	PA			
avita	1	PA			
AZELEX	3				
benzoyl peroxide-erythromycin	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
fluorouracil external solution	4	
imiquimod external	1	
isotretinoin oral	1	PA
lactic acid e	1	
lactic acid external lotion	1	
methoxsalen oral	1	
methoxsalen rapid	1	
MIRVASO	2	
myorisan	1	PA
NEO-SYNALAR EXTERNAL CREAM	3	
neuac external gel	1	
PICATO	3	ST
podofilox external	1	
REGRANEX	3	PA
salicylic acid external cream	1	
salicylic acid external gel	1	
salicylic acid external liquid 27.5 %	1	
salicylic acid external lotion	1	
salicylic acid external shampoo	1	
salicylic acid-cleanser	1	
SANTYL	3	
selenium sulfide external lotion	1	
selenium sulf-pyrithione-urea	1	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	PA

Drug Name	Drug Tier	Notes
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external suspension	1	
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external	1	
tazarotene external	1	
TAZORAC EXTERNAL CREAM 0.05 %	3	
TAZORAC EXTERNAL GEL	3	
tretinoin external	1	PA
tretinoin microsphere	1	PA
tretinoin microsphere pump	1	PA
VEREGEN	3	
zenatane	1	PA
Electrolytes/Minerals/Metals/Vitamins		
ADVATE	4	
airavite	1	
ALPHANINE SD	4	
aminoam rms	1	
aminorelieff rms	1	
aminosyn ii/electrolytes	1	
aminosyn/electrolytes intravenous solution 8.5 %	1	
aqueous vitamin d	1	PV
argyle sterile saline	1	
ATABEX ORAL TABLET CHEWABLE	3	PV
av-phos 250 neutral	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
av-vite fb	1	
BABY SUPER DAILY D3	3	PV
BABY VITAMIN D3	3	PV
BEBULIN	4	
biocel	1	
BIO-D-MULSION FORTE ORAL LIQUID 2000 UNT/0.04ML	3	PV
BIO-D-MULSION ORAL LIQUID 400 UNT/0.04ML	3	PV
bp folinatal plus b	1	
bp multinatal plus	1	
bp vit 3	1	
b-plex	1	
b-plex plus	1	
bprotected pedia d-vite	1	PV
BRAINSTRONG PRENATAL	3	PV
CADEAU DHA	3	PV
calcidol	1	PV
calciferol	1	PV
calcium chloride	1	
calcium gluconate intravenous	1	
CARBAGLU	4	
CENTRUM SPECIALIST PRENATAL	3	PV
CHEMET	3	
chromagen oral capsule	1	
chromic chloride intravenous	1	
classic prenatal	1	PV
clinisol sf	1	
complete natal dha	1	
completenate	1	

Drug Name	Drug Tier	Notes
co-natal fa	1	
corvita	1	
corvita 150	1	
corvite free	1	
curity sterile saline	1	
cvs d3	1	PV
cvs folic acid oral tablet 800 mcg	1	PV
cvs prenatal	1	PV
CVS PRENATAL GUMMY	3	PV
CVS PRENATAL MULTI+DHA	3	PV
cvs vitamin d child gummies	1	PV
CVS VITAMIN D3 DROPS/INFANT	3	PV
cvs vitamin d3 oral capsule 10000 unit	1	PV
cvs vitamin d3 oral tablet chewable	1	PV
cyanocobalamin injection	1	
d 1000	1	PV
d 10000	1	PV
d 400 oral tablet	1	PV
d 400 oral tablet chewable	1	PV
d 5000	1	PV
d-1000	1	PV
d-1000 extra strength	1	PV
d-2000 maximum strength	1	PV
d2000 ultra strength	1	PV
d3 adult	1	PV
D3 DOTS	3	PV
d3 high potency	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
d3 kids	1	PV
d3 maximum strength	1	PV
d3 super strength	1	PV
d3-1000	1	PV
d-3-5	1	PV
d3-50	1	PV
d-400	1	PV
d-5000	1	PV
DDROPS	3	PV
DDROPS BOOSTER	3	PV
DECARA ORAL CAPSULE 25000 UNIT	3	PV
decara oral capsule 50000 unit	1	PV
delta d3	1	PV
dexifol	1	
dextrose in lactated ringers	1	
dextrose intravenous solution 10 %, 5 %, 50 %, 70 %	1	
dextrose-nacl intravenous solution 2.5-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	1	
dialyvite	1	
dialyvite vitamin d 5000	1	PV
dialyvite vitamin d3 max	1	PV
effer-k oral tablet effervescent 25 meq	1	
elite-ob	1	
ENFAMIL EXPECTA	3	PV
eql prenatal formula	1	PV
eql vitamin d3 gummies	1	PV
eql vitamin d3 oral capsule	1	PV

Drug Name	Drug Tier	Notes
ergocalciferol oral solution	1	PV
EXJADE	3	PA
fa-8	1	PV
fabb	1	
fa-vitamin b-6-vitamin b-12	1	
FEIBA	4	
ferocon	1	
ferotinsic	1	
FERRIPROX ORAL TABLET	4	PA
ferrocite plus oral tablet	1	
fluoridex sensitivity relief dental paste	1	
fluoritab	1	PV
folbee	1	
folbee plus	1	
folic acid oral capsule 0.8 mg	1	PV
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	PV
folplex 2.2	1	
foltrin	1	
glucose intravenous	1	
gnp d 1000	1	PV
gnp d 2000	1	PV
GNP DAILY PRENATAL	3	PV
gnp folic acid	1	PV
GNP PRENATAL	3	PV
gnp vitamin d maximum strength	1	PV
gnp vitamin d oral tablet 1000 unit	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
gnp vitamin d oral tablet chewable	1	PV
gnp vitamin d super strength	1	PV
gnp vitamin d3 extra strength	1	PV
GOODSENSE PRENATAL VITAMINS	3	PV
healthy kids vitamin d3	1	PV
HEALTHY MAMA BE WELL ROUNDED	3	PV
hematinic plus vit/minerals	1	
hematinic/folic acid	1	
hematogen	1	
hematogen forte	1	
hemocyte-f oral tablet	1	
hemocyte-plus oral tablet 106-1 mg	1	
hm folic acid	1	PV
HM ONE DAILY PRENATAL	3	PV
HM PRENATAL	3	PV
hm vitamin d	1	PV
hm vitamin d3 oral capsule 2000 unit	1	PV
HM VITAMIN D3 ORAL CAPSULE 4000 UNIT	3	PV
hydroxocobalamin intramuscular	1	
iferex 150 forte	1	
inatal advance	1	
inatal gt	1	
intralipid intravenous emulsion 20 %	1	
ISOLYTE-S	3	
JADENU	3	PA

Drug Name	Drug Tier	Notes
JADENU SPRINKLE	3	PA
just d	1	PV
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 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-%-%	1	
kcl-lidocaine in d5w	1	
kcl-lidocaine-nacl	1	
k-effervescent	3	
kionex	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	
kp folic acid oral tablet 800 mcg	1	PV
KP PRENATAL MULTIVITAMINS	3	PV
kp vitamin d oral capsule 1000 unit	1	PV
kp vitamin d oral tablet chewable	1	PV
kp vitamin d3	1	PV
k-prime	1	
k-tan plus	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
k-vescent oral tablet effervescent	1	
lactated ringers	1	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
ludent	1	PV
lysiplex plus oral tablet	1	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	1	
magnesium sulfate injection solution 50 %	1	
magnesium sulfate intravenous	1	
magnesium sulfate-lact ringers intravenous solution 20 gm/500ml	1	
magnesium sulfate-nacl intravenous solution 4-0.9 gm/100ml-%	1	
maximum d3	1	PV
MEPHYTON	2	
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	4	
multi prenatal	1	PV
multi-vit/fluoride oral solution	1	
multi-vit/fluoride/iron	1	
multi-vit/iron/fluoride	1	
multivitamin/fluoride oral solution	1	
multi-vitamin/fluoride oral solution	1	

Drug Name	Drug Tier	Notes
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multivitamin/fluoride/iron	1	
multi-vitamin/fluoride/iron	1	
multivitamins/fluoride oral tablet chewable 0.5 mg	1	
mvc-fluoride	1	
m-vit	1	
mynatal advance	1	
mynatal oral tablet	1	
mynatal plus	1	
mynatal-z	1	
mynate 90 plus	1	
mynephron	1	
na ferric gluc cplx in sucrose	1	
nac oral capsule 600 mg	1	
n-acetyl-l-cysteine oral	1	
nafrinse	1	PV
nafrinse drops	1	PV
NASCOBAL	3	
nat-rul vitamin d	1	PV
natural vitamin d-3	1	PV
nephronex oral tablet	1	
NOVOSEVEN RT	4	
nufol	1	
nutrifac zx	1	
nutrilipid intravenous emulsion 20 %	1	
nutrilyte	1	
OBIZUR	4	
obstetrix ec	1	
ONE-A-DAY WOMENS PRENATAL	3	PV

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ONE-A-DAY WOMENS PRENATAL 1	3	PV	potassium chloride intravenous solution 0.4 meq/ml, 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	1	
OPTIMAL D3 M	3	PV	potassium chloride oral packet	1	
optimal-d	1	PV	potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
opurity vitamin d	1	PV	potassium citrate er	1	
PA PRENATAL FORMULA	3	PV	pr natal 430 ec	1	
pa vitamin d-3	1	PV	premasol intravenous solution 6 %	1	
pa vitamin d-3 gummy	1	PV	prenatabs rx	1	
perry prenatal	1	PV	prenatal 19 oral tablet	1	
phospha 250 neutral	1		prenatal 19 oral tablet chewable	1	
phospho-trin 250 neutral	1		PRENATAL COMPLETE	3	PV
physiolyte	1		pre-natal formula	1	PV
physiosol irrigation	1		PRENATAL FORMULA ORAL CAPSULE	3	PV
phytonadione injection solution 1 mg/0.5ml	1		prenatal forte	1	PV
PLASMA-LYTE 148	3		prenatal low iron oral tablet 27-0.8 mg	1	PV
PLASMA-LYTE A	3		PRENATAL MULTI +DHA ORAL CAPSULE 27-0.8-228 MG, 27-0.8-250 MG	3	PV
plenamine	1		PRENATAL MULTIVITAMIN + DHA	3	PV
poly-iron 150 forte	1		PRENATAL MULTIVITAMIN PLUS DHA	3	PV
polysaccharide iron forte	1		PRENATAL ONE DAILY	3	PV
pot bicarb-pot chloride	1		PRENATAL TABLET 27-0.8 MG ORAL (OTC)	3	PV
potassium acetate intravenous solution 2 meq/ml	1				
potassium chloride cryser	1				
potassium chloride er	1				
potassium chloride in dextrose intravenous solution 20-5 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				

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
prenatal tablet 27-0.8 mg oral (otc)	1	PV	RA PRENATAL FORMULA	3	PV
prenatal tablet 28-0.8 mg oral	1	PV	ra vitamin d-3	1	PV
PRENATAL TABLET 28-0.8 MG ORAL	3	PV	renal oral capsule	1	
PRENATAL VITAMIN	3	PV	rena-vite rx	1	
PRENATAL VITAMIN AND MINERAL	3	PV	reno caps	1	
prenatal vitamins tablet 28-0.8 mg oral	1	PV	REPLESTA	3	PV
PRENATAL VITAMINS TABLET 28-0.8 MG ORAL	3	PV	REPLESTA CHILDRENS	3	PV
prenatal/iron oral tablet	1	PV	REPLESTA NX	3	PV
PRENATAL/IRON ORAL TABLET 28-0.8 MG	3	PV	RIGHT STEP PRENATAL	3	PV
PRENATAL/OMEGA-3/FA/IRON	3	PV	ringers	1	
prenatal-u	1		ringers irrigation	1	
PROFILNINE	4		SAMSCA	2	QL
PROFILNINE SD	4		se-natal 19	1	
pronutrients vitamin d3	1	PV	se-tan plus	1	
purevit dualfe plus	1		SIMILAC PRENATAL EARLY SHIELD	3	PV
px folic acid	1	PV	sm folic acid	1	PV
px prenatal multivitamins	1	PV	SM ONE DAILY PRENATAL	3	PV
pyridoxine hcl injection	1		sm prenatal vitamins tablet 28-0.8 mg oral	1	PV
QC PRENATAL	3	PV	SM PRENATAL VITAMINS TABLET 28-0.8 MG ORAL	3	PV
quflora pediatric oral solution 0.25 mg/ml	1		sm vitamin d	1	PV
quflora pediatric oral tablet chewable 0.5 mg, 1 mg	1		sm vitamin d3 oral capsule 2000 unit	1	PV
ra folic acid	1	PV	SM VITAMIN D3 ORAL CAPSULE 4000 UNIT	3	PV
RA ONE DAILY	3	PV	sm vitamin d3 oral tablet	1	PV
ra prenatal	1	PV	sod citrate-citric acid	1	
			sodium acetate intravenous solution 2 meq/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
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 chloride irrigation solution 0.9 %	1	
sodium fluoride oral solution	1	PV
sodium fluoride oral tablet 2.2 (1 f) mg	1	PV
sodium fluoride oral tablet chewable	1	PV
sodium phosphates intravenous solution 45 mmole/15ml	1	
sodium polystyrene sulfonate oral	1	
sodium polystyrene sulfonate rectal	1	
sps	1	
STUART ONE	3	PV
SUPER DAILY D3	3	PV
taron-crystals	1	
taron-prex	1	
thera-d 2000	1	PV
THERA-D 4000	3	PV
thera-d rapid repletion	1	PV
thiamine hcl injection	1	
tis-u-sol	1	
tl gard rx	1	
tl icon	1	
tl-hem 150	1	

Drug Name	Drug Tier	Notes
tpn electrolytes intravenous solution	1	
tricare	1	
tricon	1	
trientine hcl	4	PA
trigels-f forte	1	
trinatal rx 1	1	
trinate	1	
triphrocaps	1	
tri-vit/fluoride	1	
tri-vitamin/fluoride	1	
ultimatecare one	1	
UPSPRINGBABY VITAMIN D3	3	PV
urosex	1	
v-c forte	1	
vic-forte	1	
vinate ii	1	
vinate m	1	
vinate one	1	
virt-caps	1	
virt-gard	1	
virt-phos 250 neutral	1	
vita s forte	1	
vitacel	1	
vitajoy daily d gummies	1	PV
vitamax pediatric	1	
VITAMEELTS VITAMIN D	3	PV
vita-min	1	
vitamin d (cholecalciferol)	1	PV
vitamin d (ergocalciferol)	1	
vitamin d high potency	1	PV
vitamin d oral capsule 2000 unit	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
vitamin d oral liquid	1	PV
vitamin d oral tablet 1000 unit, 2000 unit	1	PV
vitamin d-1000 max st	1	PV
VITAMIN D2	3	PV
vitamin d-3	1	PV
vitamin d3 adult gummies	1	PV
vitamin d3 maximum strength	1	PV
vitamin d3 oral capsule	1	PV
VITAMIN D3 ORAL LIQUID 1000 UNIT/SPRAY, 1200 UNIT/15ML	3	PV
vitamin d3 oral liquid 400 unit/ml, 5000 unit/ml	1	PV
vitamin d3 oral tablet 1000 unit, 2000 unit, 400 unit, 5000 unit, 50000 unit	1	PV
VITAMIN D3 ORAL TABLET 10000 UNIT, 3000 UNIT	3	PV
vitamin d3 oral tablet chewable	1	PV
VITAMIN D3 ORAL TABLET DISPERSIBLE	3	PV
vitamin d3 super strength oral tablet	1	PV
vitamin d3 ultra potency	1	PV
vitamin d-400	1	PV
vitamin k1 injection solution 1 mg/0.5ml	1	
vitamins acid-fluoride	1	
vol-care rx	1	
vp-vite rx	1	
WELLESSE VITAMIN D3	3	PV

Drug Name	Drug Tier	Notes
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT	4	
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT	4	
yl folic acid	1	PV
YOUR LIFE MULTI PRENATAL	3	PV
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR 0.5 MG/0.7ML	3	
atropine sulfate injection solution 1 mg/ml, 8 mg/20ml	1	
atropine sulfate injection solution prefilled syringe 1 mg/10ml	1	
chlordiazepoxide-clidinium	1	
CUVPOSA	3	
dicyclomine hcl intramuscular	1	
dicyclomine hcl oral	1	
ed-spaz	1	
glycopyrrolate injection	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	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
methscopolamine bromide oral	1	
nulev	1	
oscimin	1	
propantheline bromide oral	1	
symax-sr	1	
Gastrointestinal Agents, Other		
amoxicill-clarithro-lansopraz	1	
cromolyn sodium oral	1	
diphenoxylate-atropine	1	
GATTEX	4	PA
loperamide hcl oral capsule	1	
MOTOFEN	3	
OCALIVA	4	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
ursodiol oral	1	
XYNTHA INTRAVENOUS KIT 500 UNIT	4	
XYNTHA SOLOFUSE INTRAVENOUS KIT 500 UNIT	4	
Histamine2 (H2) receptor Antagonists		
cimetidine hcl oral	1	
cimetidine oral	1	
famotidine intravenous solution 20 mg/2ml, 200 mg/20ml, 40 mg/4ml	1	

Drug Name	Drug Tier	Notes
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	1	
famotidine premixed	1	
nizatidine	1	
ranitidine hcl injection solution 150 mg/6ml, 50 mg/2ml	1	
ranitidine hcl oral capsule	1	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	1	
Irritable Bowel Syndrome Agents		
alosetron hcl	1	PA
AMITIZA	2	ST; QL
LINZESS	2	ST; QL
Laxatives		
alophen	1	PV; QL
bisacodyl ec	1	PV; QL
carters little pills	1	PV; QL
citrate of magnesia	1	PV; QL
citroma	1	PV; QL
clearlax oral powder	1	PV; QL
constulose	1	
correct	1	PV; QL
correctol	1	PV; QL
cvs bisacodyl oral	1	PV; QL
cvs citrate of magnesia	1	PV; QL
cvs c-lax laxative	1	PV; QL
cvs gentle laxative oral	1	PV; QL
cvs gentle laxative womens	1	PV; QL
cvs magnesium citrate oral solution	1	PV; QL

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

Drug Name	Drug Tier	Notes
cvs purelax oral powder	1	PV; QL
ducodyl	1	PV; QL
dulcolax balance	1	PV; QL
enulose	1	
eq clearlax	1	PV; QL
eq gentle laxative	1	PV; QL
eq magnesium citrate	1	PV; QL
eq womans laxative	1	PV; QL
eq womens laxative	1	PV; QL
eql clearlax	1	PV; QL
eql gentle laxative	1	PV; QL
eql laxative oral tablet delayed release	1	PV; QL
eql magnesium citrate	1	PV; QL
ex-lax ultra	1	PV; QL
feenamint	1	PV; QL
gavilax oral powder	1	PV; QL
gavilyte-c	1	PV; QL
gavilyte-g	1	PV; QL
gavilyte-h	1	
gavilyte-n with flavor pack	1	PV; QL
generlac	1	
gentle laxative for women	1	PV; QL
gentle laxative oral	1	PV; QL
gentlelax oral powder	1	PV; QL
glycolax	1	PV; QL
gnp bisa-lax oral	1	PV; QL
gnp clearlax oral powder	1	PV; QL
gnp laxative oral	1	PV; QL
gnp magnesium citrate	1	PV; QL
gnp womens laxative	1	PV; QL
goodsense magnesium citrate	1	PV; QL

Drug Name	Drug Tier	Notes
hm clearlax	1	PV; QL
hm laxative oral	1	PV; QL
hm magnesium citrate	1	PV; QL
kls laxaclear	1	PV; QL
kp bisacodyl	1	PV; QL
lactulose encephalopathy	1	
lactulose oral	1	
laxative oral tablet delayed release	1	PV; QL
magnesium citrate oral solution 1.745 gm/30ml	1	PV; QL
mineral oil heavy oral	1	
MOVIPREP	3	
OSMOPREP	3	
peg 3350 oral powder	1	PV; QL
peg 3350/electrolytes	1	PV; QL
peg 3350-kcl-na bicarb-nacl	1	PV; QL
peg-3350/electrolytes	1	PV; QL
peg-prep	1	
pegylax	1	PV; QL
polyethylene glycol 3350 oral packet	1	
polyethylene glycol 3350 oral powder	1	PV; QL
PREPOPIK	3	
px laxative	1	PV; QL
qc gentle laxative oral	1	PV; QL
qc magnesium citrate	1	PV; QL
qc natura-lax	1	PV; QL
ra laxative oral powder	1	PV; QL
ra laxative oral tablet delayed release	1	PV; QL
ra magnesium citrate	1	PV; QL
ra womens laxative	1	PV; QL

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

Drug Name	Drug Tier	Notes
sb bisacodyl laxative ec	1	PV; QL
sb gentle laxative womens	1	PV; QL
sb gentle lax-women	1	PV; QL
sb magnesium citrate	1	PV; QL
sb polyethylene glycol 3350	1	PV; QL
sm clearlax	1	PV; QL
sm gentle laxative	1	PV; QL
sm magnesium citrate	1	PV; QL
sm womans laxative	1	PV; QL
smooth lax oral powder	1	PV; QL
stimulant laxative	1	PV; QL
SUPREP BOWEL PREP KIT	3	
tgt gentle laxative	1	PV; QL
tgt powderlax	1	PV; QL
tgt womens laxative	1	PV; QL
trilyte	1	PV; QL
veracolate	1	PV; QL
womans laxative oral tablet delayed release	1	PV; QL
womens laxative	1	PV; QL
Protectants		
CARAFATE ORAL SUSPENSION	3	
misoprostol oral	1	
sucralfate oral tablet	1	
Proton Pump Inhibitors		
DEXILANT ORAL CAPSULE DELAYED RELEASE 60 MG	2	QL
esomeprazole magnesium	1	QL
esomeprazole sodium	1	

Drug Name	Drug Tier	Notes
lansoprazole oral capsule delayed release	1	QL
omeppi	1	QL
omeprazole oral capsule delayed release	1	QL
omeprazole-sodium bicarbonate	1	QL
pantoprazole sodium intravenous	1	QL
pantoprazole sodium oral	1	QL
rabeprazole sodium	1	QL
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	4	PA
CERDELGA	4	PA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	4	PA
CREON	2	
CYSTADANE	4	
CYSTAGON	4	
ELAPRASE	4	PA
ELELYSO	4	PA
FABRAZYME	4	PA
KUVAN	4	PA
LUMIZYME	4	PA
NAGLAZYME	4	PA
ORFADIN	4	
RAVICTI	4	PA
sodium phenylbutyrate oral powder 3 gm/tsp	4	
sodium phenylbutyrate oral tablet	4	
STRENSIQ	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
SUCRAID	4	
VIMIZIM	4	PA
VPRIV	4	PA
ZAVESCA	4	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000-63000 UNIT, 25000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000 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	

Drug Name	Drug Tier	Notes
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	3	ST
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
RAPAFLO	2	
tamsulosin hcl	1	
terazosin hcl oral	1	
Genitourinary Agents, Other		
acetic acid irrigation	1	
alprostadil injection	1	
aminoacetic acid	1	
bethanechol chloride oral	1	
calcium acetate (phos binder)	1	
calcium acetate oral capsule	1	
CIALIS ORAL TABLET 2.5 MG, 5 MG	2	PA; QL
CUPRIMINE ORAL CAPSULE 250 MG	4	PA
DEPEN TITRATABS	2	
ELMIRON	2	
ENCARE VAGINAL SUPPOSITORY	3	PV; QL
FOSRENOL ORAL PACKET	3	
glycine irrigation	1	
glycine urologic	1	
lanthanum carbonate	1	
OPTIONS GYNOL II CONTRACEPTIVE	3	PV; QL

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
phenazo oral tablet 200 mg	1		clobetasol propionate emulsion	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1		clobetasol propionate external	1	
PHOSLYRA	3		clocortolone pivalate	1	
RENAGEL	3		clocortolone pivalate pump	1	
sevelamer carbonate	1		clodan external shampoo	1	
SHUR-SEAL CONTRACEPTIVE	3	PV; QL	CORDRAN EXTERNAL TAPE	3	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	3	PV; QL	CORTISONE ACETATE ORAL	2	
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	3	PV; QL	deltasone	1	
vcf vaginal contraceptive vaginal gel	1	PV; QL	DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	3	
VELPHORO	3		desonide external	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			desoximetasone external	1	
ala-cort external cream	1		DEXAMETHASONE INTENSOL	3	
alclometasone dipropionate	1		dexamethasone oral	1	
amcinonide	1		dexamethasone sod phosphate pf	1	
apexicon e	1		dexamethasone sodium phosphate injection	1	
betamethasone dipropionate aug	1		DEXPAK 10 DAY ORAL TABLET THERAPY PACK	3	
betamethasone dipropionate external	1		DEXPAK 13 DAY ORAL TABLET THERAPY PACK	3	
betamethasone sod phos & acet	1		DEXPAK 6 DAY ORAL TABLET THERAPY PACK	3	
betamethasone valerate external	1		diflorasone diacetate external	1	
CAPEX	3				
clobetasol prop emollient base	1				
clobetasol propionate e	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
fludrocortisone acetate oral	1	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external	1	
flurandrenolide	1	
fluticasone propionate external	1	
halobetasol propionate	1	
HALOG	3	
hydrocortisone butyr lipo base	1	
hydrocortisone butyrate external	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 2.5 %	1	
hydrocortisone in absorbase	1	
hydrocortisone oral	1	
hydrocortisone valerate	1	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
methylprednisolone oral	1	

Drug Name	Drug Tier	Notes
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	1	
mometasone furoate external	1	
nolix	1	
prednicarbate	1	
prednisolone oral solution	1	
prednisolone oral syrup 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible	1	
PREDNISON INTENSOL	2	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
scalacort	1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG	3	
TEXACORT	3	
triamcinolone acetonide external	1	
triamcinolone acetonide injection suspension 40 mg/ml	1	
triamcinolone diacetate injection suspension 40 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
triamcinolone diacetate pf injection suspension 80 mg/2ml	1	
triderm external cream	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
chorionic gonadotropin intramuscular	4	PA
desmopressin ace rhinal tube	1	
desmopressin ace spray refrig	1	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
HP ACTHAR	4	PA
INCRELEX	4	PA
LUPRON DEPOT-PED (3-MONTH)	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
NUTROPIN AQ NUSPIN 10	4	PA
NUTROPIN AQ NUSPIN 20	4	PA
NUTROPIN AQ NUSPIN 5	4	PA
oxytocin injection	1	

Drug Name	Drug Tier	Notes
pregnyl	4	PA
SUPPRELIN LA	4	PA; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
ANADROL-50	3	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	2	PA
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	2	PA
danazol oral	1	
METHITEST	3	PA
methyltestosterone oral	1	PA; QL
oxandrolone oral tablet 10 mg, 2.5 mg	1	PA; QL
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%), 25 mg/2.5gm (1%), 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

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
amethia lo	1	PV; QL	emoquette	1	PV
apri	1	PV	enpresse-28	1	PV
aranelle	1	PV	enskyce	1	PV
ashlyna	1	PV; QL	estarylla	1	PV
aubra	1	PV	estradiol oral	1	
aviane	1	PV	estradiol transdermal	1	
azurette	1	PV	estradiol vaginal	1	
balziva	1	PV	estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	
bekyree	1	PV	estradiol-norethindrone acet	1	
blisovi 24 fe	1	PV	estropipate oral	1	
blisovi fe 1.5/30	1	PV	ethynodiol diac-eth estradiol	1	PV
blisovi fe 1/20	1	PV	EVAMIST	3	
briellyn	1	PV	falmina	1	PV
camrese	1	PV; QL	fayosim	1	PV; QL
camrese lo	1	PV; QL	femynor	1	PV
caziant	1	PV	fyavolv	1	
chateal	1	PV	gianvi	1	PV
COMBIPATCH	3		introvale	1	PV; QL
cryselle-28	1	PV	isibloom	1	PV
cyclafem 1/35	1	PV	jevantique lo	1	
cyclafem 7/7/7	1	PV	jinteli	1	
cyred	1	PV	jolessa	1	PV; QL
dasetta 1/35	1	PV	juleber	1	PV
dasetta 7/7/7	1	PV	junel 1.5/30	1	PV
daysee	1	PV; QL	junel 1/20	1	PV
delyla	1	PV	junel fe 1.5/30	1	PV
desogestrel-ethinyl estradiol	1	PV	junel fe 1/20	1	PV
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	1	PV	junel fe 24	1	PV
drospirenone-ethinyl estradiol	1	PV	kaitlib fe	1	PV
DUAVEE	2		kariva	1	PV
elinest	1	PV	kelnor 1/35	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
kimidess	1	PV	microgestin fe 1.5/30	1	PV
kurvelo	1	PV	microgestin fe 1/20	1	PV
larin 1.5/30	1	PV	mimvey	1	
larin 1/20	1	PV	mimvey lo	1	
larin 24 fe	1	PV	mono-lynyah	1	PV
larin fe 1.5/30	1	PV	mononessa	1	PV
larin fe 1/20	1	PV	myzilra	1	PV
larissia	1	PV	NATAZIA	2	PV
layolis fe	1	PV	necon 0.5/35 (28)	1	PV
leena	1	PV	necon 7/7/7	1	PV
lessina	1	PV	NEXPLANON	4	PV
levonest	1	PV	nikki	1	PV
levonorgest-eth est & eth est	1	PV; QL	norethin ace-eth estrad-fe	1	PV
levonorgest-eth estrad 91-day	1	PV; QL	norethindrone acet-ethinyl est	1	PV
levonorgestrel-ethinyl estrad	1	PV	norethindrone-eth estradiol	1	
levonorg-eth estrad triphasic	1	PV	norethin-eth estradiol-fe	1	PV
levora 0.15/30 (28)	1	PV	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	PV
lillow	1	PV	norgestimate-ethinyl estradiol triphasic	1	PV
LO LOESTRIN FE	3		nortrel 0.5/35 (28)	1	PV
lopreeza	1		nortrel 1/35 (21)	1	PV
loryna	1	PV	nortrel 1/35 (28)	1	PV
low-ogestrel	1	PV	nortrel 7/7/7	1	PV
luteria	1	PV	NUVARING	2	PV
marlissa	1	PV	ocella	1	PV
melodetta 24 fe	1	PV	ogestrel	1	PV
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2		orsythia	1	PV
mibelas 24 fe	1	PV	philith	1	PV
microgestin 1.5/30	1	PV	pimtrea	1	PV
microgestin 1/20	1	PV	pirmella 1/35	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
pirmella 7/7/7	1	PV	wera	1	PV
portia-28	1	PV	wymzya fe	1	PV
PREMARIN ORAL	2		xulane	1	PV
PREMPHASE	2		yuvaferm	1	
PREMPRO	2		zarah	1	PV
previfem	1	PV	zenchent	1	PV
quasense	1	PV; QL	zovia 1/35e (28)	1	PV
rajani	1	PV	zovia 1/50e (28)	1	PV
reclipsen	1	PV	Progesterone Agonists/Antagonists		
rivelsa	1	PV; QL	MAKENA INTRAMUSCULAR	4	PA
setlakin	1	PV; QL	Progestins		
sprintec 28	1	PV	aftera	1	PV
sronyx	1	PV	camila	1	PV
syeda	1	PV	deblitane	1	PV
tarina fe 1/20	1	PV	DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	
tilia fe	1	PV	DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	QL
tri femynor	1	PV	econtra ez	1	PV
tri-estarylla	1	PV	ELLA	3	PV
tri-legest fe	1	PV	errin	1	PV
tri-linyah	1	PV	heather	1	PV
tri-lo-estarylla	1	PV	jencycla	1	PV
tri-lo-marzia	1	PV	jolivette	1	PV
tri-lo-sprintec	1	PV	KYLEENA	4	PV
trinessa (28)	1	PV	levonorgestrel oral tablet 1.5 mg	1	PV
trinessa lo	1	PV	LILETTA (52 MG)	4	PV
tri-sprintec	1	PV	lyza	1	PV
trivora (28)	1	PV	medroxyprogesterone acetate intramuscular	1	PV; QL
tri-vylibra	1	PV			
velivet	1	PV			
vestura	1	PV			
vienva	1	PV			
viorele	1	PV			
vyfemla	1	PV			
vylibra	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
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	CM	
megestrol acetate oral suspension 625 mg/5ml	1	
megestrol acetate oral tablet	CM	
MIRENA (52 MG)	3	PV
my choice	1	PV
my way	1	PV
next choice one dose	1	PV
nora-be	1	PV
norethindrone acetate oral	1	
norethindrone oral	1	PV
norlyda	1	PV
norlyroc	1	PV
opcicon one-step	1	PV
option 2	1	PV
progesterone intramuscular	1	
progesterone micronized oral	1	
react	1	PV
sharobel	1	PV
SKYLA	3	PV
take action	1	PV
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	
raloxifene hcl	1	PV*

Drug Name	Drug Tier	Notes
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 300 MG	3	
levo-t	1	
levothyroxine sodium oral	1	
levothyroxine-liothyronine	1	
levoxyl	1	
liothyronine sodium intravenous	1	
liothyronine sodium oral	1	
np thyroid	1	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
unithroid	1	
unithroid direct	1	
WP THYROID	3	
Hormonal Agents, Suppressant (pituitary)		
cabergoline	1	
leuprolide acetate injection	4	PA
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG	4	PA; QL
LUPRON DEPOT (1-MONTH)	4	PA
LUPRON DEPOT (3-MONTH)	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
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	4	PA	CIMZIA PREFILLED KIT	4	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	4	PA	CIMZIA STARTER KIT	4	PA
LUPRON DEPOT-PED (1-MONTH)	4	PA	CIMZIA VIAL KIT	4	PA
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	PA	cyclosporine intravenous	1	
SANDOSTATIN LAR DEPOT	4	PA	cyclosporine modified	1	
SIGNIFOR	4	PA; QL	cyclosporine oral capsule	1	
SOMATULINE DEPOT	4	PA	ENBREL MINI	4	PA
SOMAVERT	4	PA	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
SYNAREL	2		ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4		ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
Hormonal Agents, Suppressant (Thyroid)			engraf	1	
Antithyroid Agents			HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	4	PA
methimazole oral	1		HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	4	PA
propylthiouracil oral	1		HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	4	PA
Immunological Agents			HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	4	PA
Angioedema Agents			HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA
BERINERT	4	PA			
CINRYZE	4	PA			
FIRAZYR	4	PA			
Immune Suppressants					
AZASAN	3				
azathioprine oral	1				
azathioprine sodium	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
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA	SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA
methotrexate oral	CM		SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
methotrexate sodium (pf) injection solution 1 gm/40ml, 100 mg/4ml, 200 mg/8ml, 250 mg/10ml, 50 mg/2ml	1		sirolimus oral	1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1		STELARA INTRAVENOUS	4	PA
methotrexate sodium injection solution reconstituted	1		tacrolimus oral	1	
methotrexate sodium oral	CM		TORISEL	4	
mycophenolate mofetil	1		TREXALL	CM	
mycophenolate mofetil hcl	1		XELJANZ	4	PA
mycophenolate sodium	1		XELJANZ XR	4	PA
ORENCIA CLICKJECT	4	PA	ZORTRESS	3	PA
ORENCIA INTRAVENOUS	4	PA	Immunizing Agents, Passive		
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA	ATGAM	4	
PROGRAF INTRAVENOUS	3		BIVIGAM	4	PA
RAPAMUNE ORAL SOLUTION	3		CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	4	PA
REMICADE	4	PA	CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML	4	PA
SANDIMMUNE ORAL SOLUTION	2		CYTOGAM	4	PA
SIMPONI ARIA	4	PA	FLEBOGAMMA DIF	4	PA
			GAMASTAN S/D INTRAMUSCULAR INJECTABLE	4	PA
			GAMMAGARD	4	PA
			GAMMAGARD S/D LESS IGA	4	PA
			GAMMAKED	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
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	4	PA	RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	4	
GAMUNEX-C	4	PA	THYMOGLOBULIN	3	
HEPAGAM B	4		WINRHO SDF	4	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA	Immunomodulators		
HYPERHEP B S/D	4		ACTEMRA	4	PA
HYPERRAB S/D INTRAMUSCULAR INJECTABLE 150 UNIT/ML	4		ACTIMMUNE	4	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4		ALFERON N	4	
IMOGAM RABIES-HT	4		ARCALYST	4	PA
KEDRAB	4		HYQVIA	4	PA
MICRHOGAM ULTRA- FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4		ILARIS	4	PA; QL
NABI-HB	4		leflunomide oral	1	
OCTAGAM	4	PA	OTEZLA ORAL TABLET	4	PA
PRIVIGEN	4	PA	OTEZLA ORAL TABLET THERAPY PACK	4	PA
RHOGAM ULTRA- FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4		RIDAURA	3	
			SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	3	
			SYNAGIS	4	PA
			TALTZ	4	PA
			TREMFYA	4	PA
			Vaccines		
			ACTHIB	2	PV
			ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	2	PV
			AFLURIA	2	PV
			AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
AFLURIA QUADRIVALENT	2	PV	FLUVIRIN INTRAMUSCULAR SUSPENSION	2	PV
BEXSERO	2	PV	FLUVIRIN INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5	2	PV	FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
DAPTACEL INTRAMUSCULAR SUSPENSION 15-23-5 LF-MCG/0.5	2	PV	FLUZONE QUADRIVALENT INTRADERMAL	2	PV
DIPHTHERIA-TETANUS TOXOIDS DT	2	PV	FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	2	PV
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	2	PV	FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
ENGERIX-B INTRAMUSCULAR	2	PV	GARDASIL 9	2	PV
FLUAD	2	PV	HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	2	PV
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV	HEPLISAV-B	2	PV
FLUBLOK	2	PV	HIBERIX INJECTION	2	PV
FLUBLOK QUADRIVALENT	2	PV	INFANRIX	2	PV
FLUCELVAX QUADRIVALENT	2	PV	IPOL INJECTION INJECTABLE	2	PV
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION	2	PV	KINRIX INTRAMUSCULAR SUSPENSION	2	PV
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV	MENACTRA	2	PV
			MENVEO	2	PV
			M-M-R II	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
PEDIARIX	2	PV
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	PV
PENTACEL	2	PV
PNEUMOVAX 23	2	PV
PREVNAR 13	2	PV
PROQUAD	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	2	PV
TENIVAC	2	PV
TETANUS-DIPHThERIA TOXOIDS TD	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	
CANASA	2	

Drug Name	Drug Tier	Notes
DIPENTUM	3	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
PENTASA	3	
Glucocorticoids		
ana-lex	1	
budesonide oral	1	
colocort	1	
CORTIFOAM	3	
hydrocortisone rectal	1	
lidocaine-hydrocortisone ace rectal cream	1	
procto-med hc	1	
procto-pak	1	
proctosol hc	1	
proctozone-hc rectal	1	
Sulfonamides		
sulfasalazine oral	1	
Metabolic Bone Disease Agents		
ALENDRONATE SODIUM ORAL SOLUTION	2	
alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
calcitonin (salmon)	1	QL
calcitriol intravenous solution 1 mcg/ml	1	
calcitriol oral	1	
doxercalciferol	1	
etidronate disodium	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	4	PA	adenosine intravenous solution prefilled syringe 90 mg/30ml	1	
FOSAMAX PLUS D	3	QL	albuked 25	1	
HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML	3		albuked 5	1	
ibandronate sodium intravenous solution 3 mg/3ml	1	QL	albumin human	1	
ibandronate sodium oral	1	QL	albuminar-25	1	
MIACALCIN INJECTION	3		albuminar-5	1	
pamidronate disodium	1		albumin-zlb	1	
paricalcitol	1		alburx	1	
PROLIA	4	PA; QL	albutein	1	
RAYALDEE	3		ALCOHOL PREP PADS PAD , 70 %	3	
risedronate sodium oral tablet 150 mg, 35 mg	1	QL	ALCOH-WIPE	3	
risedronate sodium oral tablet 30 mg, 5 mg	1		argyle sterile water	1	
risedronate sodium oral tablet delayed release	1	QL	asilnasal rms	1	
XGEVA	4	PA	bd posiflush intravenous	1	
zoledronic acid intravenous concentrate	4		BOTOX	4	PA
zoledronic acid intravenous solution	4		buminate	1	
ZOMETA INTRAVENOUS SOLUTION	4		CAYA	3	PV; QL
Miscellaneous Therapeutic Agents			cerovel external lotion	1	
acetylcysteine intravenous	1		deferoxamine mesylate	1	
ADDYI	3	PA; QL	dexmedetomidine hcl intravenous solution 200 mcg/2ml	1	
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	1		DIASCREEN 10	3	
			DIASCREEN 1B	3	
			DIASCREEN 1G	3	
			DIASCREEN 1K	3	
			DIASCREEN 2GK	3	
			DIASCREEN 2GP	3	
			DIASCREEN 3	3	
			DIASCREEN 4NL	3	
			DIASCREEN 4OBL	3	
			DIASCREEN 4PH	3	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes	
DIASCREEN 5	3		INSULIN SYRINGES 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 0.5 ML, 28G X 5/16" 1 ML, 29G 0.3 ML, 29G 0.5 ML, 29G X 1" 0.3 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G 0.3 ML, 30G 0.5 ML, 30G 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 3/8" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML, U-100 0.3 ML, U-100 0.5 ML, U-100 1 ML		2	
DIASCREEN 6	3					
DIASCREEN 7	3					
DIASCREEN 8	3					
DIASCREEN 9	3					
DIASCREEN LIQUID URINE CONTROL	3					
ergoloid mesylates oral	1					
FC FEMALE CONDOM	3	PV; QL				
FC2 FEMALE CONDOM	3	PV; QL				
FEMCAP	3	PV; QL				
flexbumin	1					
FLEXICHAMBER ADULT MASK/SMALL	2					
FLEXICHAMBER CHILD MASK/LARGE	2					
FLEXICHAMBER CHILD MASK/SMALL	2					
flumazenil intravenous	1					
fomepizole	1					
human albumin grifols	1					
INSPIREASE RESERVOIR BAGS	2					
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	2					
J-TIP KIT W/VIAL ADAPTERS	3					
KANUMA	4	PA				
kedbumin	1					
mannitol intravenous solution 20 % , 25 %	1					
MASK VORTEX	2					
methergine 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
methylergonovine maleate injection	1	
monoject flush syringe intravenous	1	
monoject sodium chloride flush intravenous	1	
MYALEPT	4	PA
nebusal inhalation nebulization solution 3 %	1	
normal saline flush intravenous	1	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOTWIST PEN NEEDLE 32G X 5 MM	2	
OMNIFLEX DIAPHRAGM	3	PV; QL
osmitrol intravenous solution 15 %, 20 %	1	
oxytocin-sodium chloride intravenous solution 30-0.9 ut/500ml-%	1	
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PARAGARD INTRAUTERINE COPPER	4	PV
PEDIATRIC PANDA MASK	2	
plasbumin-25	1	
plasbumin-5	1	
pulmosal	1	

Drug Name	Drug Tier	Notes
rea lo 40 external cream	1	
saline flush intravenous	1	
saline flush zr	1	
SENSIPAR	3	PA
SM ALCOHOL PREP	3	
sod benz-sod phenylacet	1	
sodium chloride bacteriostatic	1	
sodium chloride flush	1	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1	
sodium hyaluronate external gel	1	
sodium nitrite intravenous	1	
sodium thiosulfate intravenous solution 25 %	1	
SPINRAZA	4	PA
sterile diluent/epoprostenol	1	
sterile water for injection	1	
sterile water for irrigation	1	
swabflush saline flush	1	
TODAY SPONGE	3	PV; QL
urea external cream 40 %, 50 %	1	
urea external lotion 45 %	1	
urea external suspension 40 %	1	
urea nail external gel 45 %	1	
urea-c40	1	
VELTASSA	3	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
WIDE-SEAL DIAPHRAGM 60	3	PV; QL	neomycin-bacitracin zn- polymyx	1	
WIDE-SEAL DIAPHRAGM 65	3	PV; QL	neomycin-polymyxin- dexameth ophthalmic ointment	1	
WIDE-SEAL DIAPHRAGM 70	3	PV; QL	neomycin-polymyxin- dexameth ophthalmic suspension 3.5-10000- 0.1	1	
WIDE-SEAL DIAPHRAGM 75	3	PV; QL	neomycin-polymyxin- gramicidin ophthalmic solution 1.75-10000-.025	1	
WIDE-SEAL DIAPHRAGM 80	3	PV; QL	neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
WIDE-SEAL DIAPHRAGM 85	3	PV; QL	neo-polycin	1	
WIDE-SEAL DIAPHRAGM 90	3	PV; QL	neo-polycin hc	1	
WIDE-SEAL DIAPHRAGM 95	3	PV; QL	phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
XIAFLEX	4	PA	polycin	1	
Ophthalmic Agents			polymyxin b-trimethoprim	1	
Ophthalmic Agents, Other			proparacaine hcl ophthalmic	1	
altacaine	1		RESTASIS	2	PA
altafrin ophthalmic solution 10 %, 2.5 %	1		RESTASIS MULTIDOSE	2	PA
atropine sulfate ophthalmic solution	1		sulfacetamide- prednisolone ophthalmic solution	1	
bacitracin-polymyxin b ophthalmic ointment 500- 10000 unit/gm	1		tetacaine	1	
bacitra-neomycin- polymyxin-hc	1		tetracaine hcl ophthalmic	1	
cyclopentolate hcl ophthalmic	1		tetravisc	1	
CYSTARAN	4	PA; QL	TOBRADEX OPHTHALMIC OINTMENT	3	
homatropaire	1		TOBRADEX ST	3	
homatropine hbr ophthalmic	1		tobramycin- dexamethasone	1	
LACRISERT	3				
LASTACFT	3	ST			

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
tropicamide ophthalmic solution 0.5 %	1	
XIIDRA	2	PA
Ophthalmic Anti-allergy Agents		
ALOCRIAL	3	
ALOMIDE	3	
azelastine hcl ophthalmic	1	
BEPREVE	3	ST
cromolyn sodium ophthalmic	1	
EMADINE	3	
epinastine hcl	1	
olopatadine hcl ophthalmic	1	
PAZEO	2	
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
apraclonidine hcl	1	
AZOPT	2	
betaxolol hcl ophthalmic	1	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
carteolol hcl	1	
COMBIGAN	2	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
levobunolol hcl ophthalmic solution 0.5 %	1	

Drug Name	Drug Tier	Notes
methazolamide oral	1	
metipranolol	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
SIMBRINZA	2	
timolol maleate ophthalmic	1	
Ophthalmic Anti-inflammatories		
ACUVAIL	3	
ALREX	3	
bromfenac sodium (once-daily)	1	QL
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
DUREZOL	3	
FLAREX	3	
fluorometholone ophthalmic	1	
flurbiprofen sodium	1	
FML	2	
ILEVRO	3	QL
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC GEL	3	QL
LOTEMAX OPHTHALMIC OINTMENT	3	QL
LOTEMAX OPHTHALMIC SUSPENSION	3	
NEVANAC	3	QL
PRED MILD	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
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
Ophthalmic Prostaglandin and Prostanoid Analogs		
bimatoprost ophthalmic	1	QL
latanoprost ophthalmic	1	QL
LUMIGAN OPTHALMIC SOLUTION 0.01 %	2	QL
TRAVATAN Z	2	QL
ZIOPTAN	3	QL
Otic Agents		
acetazol hc	1	
acetic acid otic	1	
CIPRO HC	3	
CIPRODEX	2	
ciprofloxacin hcl otic	1	
COLY-MYCIN S	3	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	3	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal	1	QL
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet	1	
cetirizine hcl oral solution	1	

Drug Name	Drug Tier	Notes
cetirizine hcl oral syrup 1 mg/ml	1	
CLARINEX ORAL SYRUP	3	
cyproheptadine hcl oral	1	
desloratadine	1	
diphenhydramine hcl injection	1	
diphenhydramine hcl oral elixir	1	
levocetirizine dihydrochloride oral	1	
olopatadine hcl nasal	1	QL
pharbedryl oral capsule 50 mg	1	
phenadoz	1	
phenergan rectal	1	
promethazine hcl injection	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
promethegan	1	
ryvent	1	
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	2	QL
budesonide inhalation	1	QL
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	2	QL
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	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
flunisolide nasal solution 25 mcg/act (0.025%)	1	QL
fluticasone propionate nasal	1	
mometasone furoate nasal	1	QL
OMNARIS	3	QL
PULMICORT FLEXHALER	2	QL
triamcinolone acetonide nasal aerosol	1	
Antileukotrienes		
montelukast sodium oral	1	
zafirlukast	1	
zileuton er	1	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL
INCRUSE ELLIPTA	2	QL
ipratropium bromide inhalation	1	QL
ipratropium bromide nasal	1	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
Bronchodilators, Sympathomimetic		
albuterol sulfate er	1	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml	1	QL
albuterol sulfate oral	1	
ARCAPTA NEOHALER	3	ST; QL
BROVANA	3	QL

Drug Name	Drug Tier	Notes
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	2	Made by Mylan
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	2	Made by Mylan
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	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	QL
Phosphodiesterase Inhibitors, Airways Disease		
aminophylline intravenous	1	
DALIRESP ORAL TABLET 500 MCG	3	PA
difil-g forte	1	
ELIXOPHYLLIN	2	
THEO-24	3	
theochron oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg	1	
theophylline	1	
theophylline er	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Pulmonary Antihypertensives			AEROCHAMBER PLUS FLO-VU LARGE	2	
ADCIRCA	4	PA; QL	AEROCHAMBER PLUS FLO-VU MEDIUM	2	
ADEMPAS	4	PA; QL	AEROCHAMBER PLUS FLO-VU SMALL	2	
epoprostenol sodium	4	PA	AEROCHAMBER PLUS FLO-VU W/MASK	2	
LETAIRIS	4	PA; QL	AEROCHAMBER PLUS FLOW VU	2	
OPSUMIT	4	PA; QL	AEROCHAMBER W/FLOWSIGNAL	2	
ORENITRAM	4	PA	AEROCHAMBER Z-STAT PLUS	2	
REMODULIN	4	PA	AEROCHAMBER Z-STAT PLUS CHAMBR	2	
sildenafil citrate intravenous	4	PA	AEROCHAMBER Z-STAT PLUS/LARGE	2	
sildenafil citrate oral tablet 20 mg	4	PA; QL	AEROCHAMBER Z-STAT PLUS/MEDIUM	2	
TRACLEER ORAL TABLET	4	PA; QL	AEROCHAMBER Z-STAT PLUS/SMALL	2	
TRACLEER ORAL TABLET SOLUBLE	4	PA; QL	AEROVENT PLUS	2	
TYVASO	4	PA; QL	ANORO ELLIPTA	2	QL
TYVASO REFILL	4	PA; QL	ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	4	PA
TYVASO STARTER	4	PA; QL	ARIAL CHAMBER	2	
UPTRAVI ORAL TABLET	4	PA; QL	benzonatate	1	
UPTRAVI ORAL TABLET THERAPY PACK	4	PA; QL	BEVESPI AEROSPHERE	3	ST; QL
VELETRI	4	PA	BREATHERITE	2	
VENTAVIS	4	PA; QL	BREATHERITE COLL SPACER ADULT	2	
Respiratory Tract Agents, Other			BREATHERITE COLL SPACER CHILD	2	
acetylcysteine inhalation	1				
ADVAIR DISKUS	2	QL			
ADVAIR HFA	2	QL			
AEROCHAMBER MINI CHAMBER	2				
AEROCHAMBER MV	2				
AEROCHAMBER PLUS FLO-VU	2				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
BREATHERITE COLL SPACER INFANT	2		GLASSIA	4	PA
BREATHERITE RIGID SPACER/MASK	2		hydrocodone-homatropine	1	
BREATHERITE SPACER NEONATE	2		hydromet	1	
BREATHERITE SPACER SMALL CHILD	2		INSPIRACHAMBER/LARGE	2	
BREATHERITE/LARGE MASK	2		INSPIRACHAMBER/MEDIUM	2	
BREATHERITE/MEDIUM MASK	2		INSPIRACHAMBER/MOUTHPIECE	2	
BREATHERITE/SMALL MASK	2		INSPIRACHAMBER/SMALL	2	
BREO ELLIPTA	2	QL	INSPIREASE	2	
CAYSTON	4	PA	ipratropium-albuterol	1	QL
CLEVER CHOICE HOLDING CHAMBER	2		KALYDECO	4	PA
COMBIVENT RESPIMAT	2	QL	LITEAIRE	2	
COMPACT SPACE CHAMBER	2		MICROCHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2		MICROSPACER	2	
COMPACT SPACE CHAMBER/MED MASK	2		NUCALA	4	PA; QL
cromolyn sodium inhalation	1		OFEV	4	PA
DYMISTA	2	QL	OPTICHAMBER ADVANTAGE-LG MASK	2	
EASIVENT	2		OPTICHAMBER ADVANTAGE-MED MASK	2	
EASIVENT MASK LARGE	2		OPTICHAMBER ADVANTAGE-SM MASK	2	
EASIVENT MASK MEDIUM	2		OPTICHAMBER DIAMOND	2	
EASIVENT MASK SMALL	2		OPTICHAMBER DIAMOND-LG MASK	2	
ESBRIET	4	PA	OPTICHAMBER DIAMOND-MD MASK	2	
FLEXICHAMBER	2		OPTICHAMBER DIAMOND-SM MASK	2	
			OPTICHAMBER DIAMOND-SM MASK	2	
			OPTICHAMBER FACE MASK-LARGE	2	

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Drug Name	Drug Tier	Notes
OPTICHAMBER FACE MASK-MEDIUM	2	
OPTICHAMBER FACE MASK-SMALL	2	
OPTIHALER	2	
ORKAMBI ORAL TABLET 100-125 MG	4	PA; QL
POCKET CHAMBER	2	
POCKET SPACER	2	
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	4	PA
PULMOZYME	4	PA
RITEFLO	2	
SSKI	3	
STIOLTO RESPIMAT	2	QL
SYMBICORT	2	QL
tussigon	1	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	3	
VALVED HOLDING CHAMBER	2	
VORTEX VALVED HOLDING CHAMBER	2	
WATCHHALER	2	
XOLAIR	4	PA
ZEMAIRA	4	PA
Skeletal Muscle Relaxants		
atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml	1	
baclofen oral	1	
carisoprodol oral	1	

Drug Name	Drug Tier	Notes
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral	1	
dantrolene sodium oral	1	
metaxall	1	
metaxalone	1	
methocarbamol injection solution 1000 mg/10ml	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
orphenadrine citrate injection	1	
revonto	1	
tizanidine hcl oral	1	
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone	1	QL
flurazepam hcl	1	PA; QL
temazepam	1	QL
zaleplon oral capsule 10 mg, 5 mg	1	QL
zolpidem tartrate	1	QL
zolpidem tartrate er	1	QL
Sleep Disorders, Other		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	PA; QL
BELSOMRA	3	ST; QL
HETLIOZ	4	PA; QL
modafinil	1	PA; QL
ROZEREM	3	QL
XYREM	4	PA; QL

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

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We provide assistance free of charge to people with disabilities or whose primary language is not English. To request a document in another format such as large print or to get language assistance such as a qualified interpreter, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to:

OptumRx Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344

Phone: **1-800-562-6223**, TTY **711**
Fax: 855-351-5495
Email: **Optum_Civil_Rights@Optum.com**

If you need help filing a complaint, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week. You can also file a complaint directly with the U.S. Dept. of Health and Human services online, by phone, or by mail:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>

Phone: Toll-free **1-800-368-1019**, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue,
SW Room 509F, HHH Building Washington, D.C. 20201

This information is available in other formats like large print. To ask for another format, please call the telephone number listed on your health plan ID card.

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 معرّف 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)**សម្រាប់ជំនួយភាសាដទៃទៀតសូមទូរស័ព្ទលេខសេវាអន្តរជាតិឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទលេខសេវាអន្តរជាតិឥតគិតថ្លៃ ដើម្បីទទួលបានសេវាអន្តរជាតិឥតគិតថ្លៃសម្រាប់អ្នក។

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 shqódí 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.

Non-Formulary and Step Therapy Exception Requests

You or your doctor can call us to start prior authorization (PA). A caregiver may also call for you. Call OptumRx if you want guidelines. You can ask for a medical exception on non-formulary drugs or step therapy requirements. If you have questions, call OptumRx at **1-800-626-0072** any time. We'll be here to help.

Disclaimer

There is no guarantee that your doctor will prescribe a drug on this list.



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