



2019 Essential Health Benefits Base Formulary

Effective January 1, 2019



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



Call the 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.

Understanding your formulary

What is a formulary?

A formulary is a list of prescribed medications chosen by your plan for their safety, cost and effectiveness.

Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA).

A group of doctors, nurses and pharmacists meet regularly to assess the formulary. They review which medications will be covered, how well the drugs work and overall value. They also make sure there are safe, covered options available.

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 member phone number on your ID card.

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

Understanding your formulary

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 a coverage request by calling the member phone number on your ID card.

Medication tips

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 at **1-855-4BRIOVA (1-855-427-4682)** and have your prescriptions delivered right to your home or doctor's office.

Over-the-counter medications

An 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 1	\$ Generic	Use Tier 1 drugs for the lowest 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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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Analgesics					
butalbital-acetaminophen oral tablet	1		diclofenac sodium transdermal solution	1	PA
butalbital-apap	1		diclofenac-misoprostol oral tablet delayed release	1	
butalbital-apap-caffeine oral capsule	1		DICLOFONO	2	QL
butalbital-apap-caffeine oral tablet 50-325-40 mg	1		diflunisal oral	1	
butalbital-aspirin-caffeine	1		etodolac er	1	
duraxin	1		etodolac oral	1	
esgc oral capsule	1		fenoprofen calcium oral	1	
phrenilin forte oral capsule 50-300-40 mg	1		fenortho oral capsule 200 mg	1	
tencon oral tablet 50-325 mg	1		flurbiprofen oral	1	
zebutal oral capsule 50-325-40 mg	1		ibuprofen lysine	1	
Nonsteroidal Anti-inflammatory Drugs					
aspirin childrens	1	PV	ibuprofen oral suspension	1	
aspirin ec low dose	1	PV	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
aspirin ec oral tablet delayed release 325 mg	1	PV	indomethacin er	1	
aspirin low dose oral tablet delayed release	1	PV	indomethacin oral	1	
aspirin oral tablet 325 mg	1	PV	indomethacin sodium	1	
aspirin oral tablet delayed release 325 mg	1	PV	ketoprofen er	1	
bayer aspirin ec low dose	1	PV	ketoprofen oral capsule 25 mg	1	
bayer aspirin oral tablet	1	PV	ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	1	
celecoxib oral	1	QL	ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
diclofenac potassium	1		ketorolac tromethamine oral	1	QL
diclofenac sodium er	1		Klofensaid ii	1	PA
diclofenac sodium oral	1		meclofenamate sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL	meloxicam oral tablet	1	
			nabumetone oral	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
naproxen dr	1		morphine sulfate er oral capsule extended release 24 hour	1	PA; QL
naproxen oral tablet	1		morphine sulfate er oral tablet extended release	1	PA; QL
naproxen sodium oral tablet 275 mg, 550 mg	1		morphine sulfate-nacl intravenous solution prefilled syringe 0.5-0.9 mg/ml-%, 50-0.9 mg/50ml-%	1	
oxaprozin	1		OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	PA; QL
piroxicam oral	1		OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	PA; QL
profeno	1		oxymorphone hcl er	1	PA; QL
SPRIX	3	PA; QL	tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	QL
sulindac oral	1		tramadol hcl er oral capsule extended release 24 hour 150 mg	1	PA; QL
tolmetin sodium	1		tramadol hcl er oral tablet extended release 24 hour	1	QL
Opioid Analgesics, Long-acting			Opioid Analgesics, Short-acting		
BUPRENORPHINE	3	PA; QL	acetaminophen-codeine	1	QL
buprenorphine hcl injection solution 0.3 mg/ml	1		acetaminophen-codeine #2	1	QL
BUTRANS	3	PA; QL	acetaminophen-codeine #3	1	QL
EMBEDA	2	PA; QL	acetaminophen-codeine #4	1	QL
fentanyl	1	PA; QL	alfentanil hcl intravenous	1	
hydromorphone hcl er	1	PA; QL	apap-caff-dihydrocodeine oral tablet 325-30-16 mg	1	QL
HYSINGLA ER	2	PA; QL	ascomp-codeine	1	
levorphanol tartrate oral	1	QL			
methadone hcl injection	1				
methadone hcl intensol	1				
methadone hcl oral concentrate	1				
methadone hcl oral solution	1				
methadone hcl oral tablet	1	PA			
methadone hcl oral tablet soluble	1				
methadose oral tablet soluble	1				
mitigo	1				
morphine sulfate er beads	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	Drug Name	Drug Tier	Notes
butalbital-apap-caff-cod	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	
butalbital-asa-caff-codeine	1				
butorphanol tartrate injection	1				
butorphanol tartrate nasal	1	QL			
codeine sulfate oral tablet	1	QL			
duramorph	1		ibudone oral tablet 5-200 mg	1	QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL	loracet	1	QL
fentanyl citrate buccal	1	PA; QL	loracet hd	1	QL
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL	loracet plus oral tablet 7.5-325 mg	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	meperidine hcl injection solution 10 mg/ml, 100 mg/ml, 25 mg/ml, 50 mg/ml	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL	meperidine hcl oral	1	QL
hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	1		meperidine hcl-sodium chloride intravenous solution 1000-0.9 mg/100ml-%, 500-0.9 mg/50ml-%	1	
hydromorphone hcl oral	1	QL	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
hydromorphone hcl pf	1		morphine sulfate (pf) injection	1	
hydromorphone hcl-nacl intravenous solution 6-0.9 mg/30ml-%	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	Drug Name	Drug Tier	Notes
morphine sulfate oral	1	QL	bupivacaine spinal	1	
nalbuphine hcl injection	1		bupivacaine-epinephrine (pf) injection solution 0.25% -1:200000, 0.5% -1:200000	1	
oxycodone hcl oral capsule	1	QL	bupivacaine-epinephrine injection solution 0.25% -1:200000, 0.5% -1:200000	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	QL	chlorprocaine hcl (pf)	1	
oxycodone hcl oral solution	1	QL	glydo	1	
oxycodone hcl oral tablet	1	QL	lidocaine external ointment	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL	lidocaine external patch 5 %	1	
oxycodone-aspirin oral tablet 4.8355-325 mg	1	QL	lidocaine hcl (pf) injection solution	1	
oxycodone-ibuprofen	1	QL	lidocaine hcl external gel 2 %	1	
oxymorphone hcl	1	QL	lidocaine hcl external solution	1	
panlor	1	QL	lidocaine hcl injection solution 0.5 %, 1 %, 2 %	1	
pentazocine-naloxone hcl	1	QL	lidocaine hcl mouth/throat	1	
remifentanil hcl	1		lidocaine in dextrose	1	
tramadol hcl ir	1	QL	lidocaine viscous	1	
tramadol-acetaminophen	1	QL	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
verdrocet	1	QL	lidocaine-prilocaine external cream	1	
vicodin es oral tablet 7.5-300 mg	1	QL	polocaine	1	
vicodin hp oral tablet 10-300 mg	1	QL	polocaine-mpf	1	
vicodin oral tablet 5-300 mg	1	QL	prilovix	1	
Anesthetics					
Local Anesthetics					
7t lido	1				
bupivacaine hcl (pf)	1				
bupivacaine hcl injection solution 0.25 %, 0.5 %	1				
bupivacaine in dextrose	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
ropivacaine hcl injection solution	1		Smoking Cessation Agents		
sensorcaine	1		bupropion hcl er (smoking det)	1	PV; QL
sensorcaine/epinephrine	1		CHANTIX	3	ST; PV; QL
sensorcaine/mpf	1		CHANTIX CONTINUING MONTH PAK	3	ST; PV; QL
sensorcaine-mpf/epinephrine injection solution 0.25% - 1:200000, 0.5% - 1:200000	1		CHANTIX STARTING MONTH PAK	3	ST; PV; QL
xylocaine dental	1		nicotine polacrilex mouth/throat	1	PV; QL
Anti-Addiction/Substance Abuse Treatment Agents			nicotine step 1	1	PV; QL
Alcohol Deterrents/Anti-craving			nicotine step 2	1	PV; QL
acamprosate calcium	1		nicotine step 3	1	PV; QL
disulfiram oral	1		NICOTROL	3	ST; PV; QL
VIVITROL	4		NICOTROL NS	3	ST; PV; QL
Opioid Dependence Treatments			Antibacterials		
buprenorphine hcl sublingual	1	QL	Aminoglycosides		
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL	amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	1	
naltrexone hcl oral	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	
SUBOXONE SUBLINGUAL FILM	2	QL	gentamicin sulfate external	1	
Opioid Reversal Agents			gentamicin sulfate injection	1	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1		neomycin sulfate oral	1	
naloxone hcl injection solution cartridge	1		paromomycin sulfate oral	1	
naloxone hcl injection solution prefilled syringe	1		STREPTOMYCIN SULFATE INTRAMUSCULAR	3	
NARCAN	2		tobramycin sulfate injection	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Antibacterials, Other			metronidazole vaginal	1	
ALTABAX	3		MONUROL	3	
baciim	1		mupirocin calcium	1	
bacitracin intramuscular	1		mupirocin external	1	
BACTROBAN NASAL	3		NEO-SYNALAR EXTERNAL CREAM	3	
clindamycin hcl oral	1		nitrofurantoin macrocrystal oral	1	
clindamycin palmitate hcl	1		nitrofurantoin monohydrate macrocrystals	1	
clindamycin phosphate in d5w	1		nitrofurantoin oral suspension	1	
clindamycin phosphate injection	1		polymyxin b sulfate injection	1	
clindamycin phosphate intravenous	1		PRIMSOL	3	
clindamycin phosphate vaginal	1		silver sulfadiazine external	1	
colistimethate sodium (cba)	1		ssd	1	
CORTISPORIN EXTERNAL	3		SULFAMYLYON EXTERNAL CREAM	3	
daptomycin intravenous solution reconstituted 500 mg	1		tigecycline	1	
IMPAVIDO	3		trimethoprim oral	1	
lincomycin hcl injection	1		TRIMPEX	3	
linezolid in sodium chloride	1		vancomycin hcl in dextrose intravenous solution 750-5 mg/150ml-%	1	
linezolid intravenous solution 600 mg/300ml	1		vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%	1	
linezolid oral	1	QL	vancomycin hcl intravenous	1	
mafenide acetate external	1		vancomycin hcl oral	1	
methenamine hippurate	1		vandazole	1	
metronidazole in nacl intravenous solution 5-0.79 mg/ml-%, 500-0.79 mg/100ml-%	1		XIFAXAN	3	PA
metronidazole 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
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML	3		cefpodoxime proxetil	1	
Beta-lactam, Cephalosporins			cefprozil	1	
cefaclor	1		ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm	1	
cefaclor er	1		ceftriaxone sodium in dextrose	1	
cefadroxil	1		ceftriaxone sodium injection	1	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 20 gm, 300 gm, 500 mg	1		ceftriaxone sodium intravenous	1	
cefazolin sodium intravenous solution reconstituted	1		cefuroxime axetil oral tablet	1	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%	1		cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg	1	
cefdinir	1		cefuroxime sodium intravenous solution reconstituted 1.5 gm	1	
CEFDITOREN PIVOXIL ORAL TABLET 200 MG	3		cephalexin	1	
cefditoren pivoxil oral tablet 400 mg	1		MAXIPIME INTRAVENOUS SOLUTION RECONSTITUTED 2 GM	3	
cefeprizine hcl injection	1		tazicef injection	1	
cefixime	1		tazicef intravenous solution reconstituted	1	
cefotaxime sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 500 mg	1		Beta-lactam, Other		
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1		AZACTAM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML	3	
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 10 GM	3		aztreonam	1	
CEFOTETAN DISODIUM-DEXTROSE	3		ertapenem sodium	1	
cefoxitin sodium	1		imipenem-cilastatin	1	
			INVANZ INJECTION	3	
			meropenem	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
meropenem-sodium chloride	1		ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	1	
Beta-lactam, Penicillins			AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
amoxicillin oral capsule	1		BICILLIN L-A	3	
amoxicillin oral suspension reconstituted	1		dicloxacillin sodium	1	
amoxicillin oral tablet	1		nafcillin sodium in dextrose	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1		nafcillin sodium injection solution reconstituted 1 gm, 2 gm	1	
amoxicillin-potassium clavulanate er	1		nafcillin sodium intravenous solution reconstituted 10 gm	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		oxacillin sodium	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1		penicillin g potassium	1	
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	1		penicillin v potassium	1	
ampicillin oral capsule 500 mg	1		piperacillin sod-tazobactam so 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	
ampicillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 250 mg, 500 mg	1		Macrolides		
ampicillin sodium intravenous solution reconstituted 10 gm, 2 gm	1		azithromycin intravenous solution reconstituted 500 mg	1	
ampicillin-sulbactam sodium injection	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	

For more information 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
DIFICID	3		sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
e.e.s. 400 oral tablet	1		sulfamethoxazole-trimethoprim oral tablet	1	
ERY-TAB ORAL TABLET DELAYED RELEASE 333 MG	3		sulfatrim pediatric	1	
erythromycin base oral capsule delayed release particles	1		Tetracyclines		
erythromycin base oral tablet	1		avidoxy	1	
erythromycin ethylsuccinate oral	1		coremino	1	
ZITHROMAX ORAL PACKET	2		demeclercycline hcl oral	1	
Quinolones			doxy 100	1	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	3		doxycycline hydiate intravenous	1	
ciprofloxacin hcl oral	1		doxycycline hydiate oral capsule	1	
ciprofloxacin in d5w	1		doxycycline hydiate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg	1	
ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)	1		doxycycline hydiate oral tablet delayed release	1	
levofloxacin in d5w	1		doxycycline monohydrate oral	1	
levofloxacin intravenous	1		minocycline hcl er	1	
levofloxacin oral	1		minocycline hcl oral	1	
moxifloxacin hcl in nacl	1		monodoxine nl	1	
moxifloxacin hcl intravenous	1		morgidox oral	1	
moxifloxacin hcl oral	1		okebo oral capsule 75 mg	1	
ofloxacin oral tablet 300 mg, 400 mg	1		soloxide	1	
Sulfonamides			tetracycline hcl oral	1	
sulfadiazine oral	1		Anticonvulsants		
sulfamethoxazole-trimethoprim intravenous	1		Anticonvulsants, Other		
			BRIVIACT ORAL	3	
			FYCOMPA	3	
			levetiracetam 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
levetiracetam in nacl	1		valproate sodium oral solution	1	
levetiracetam intravenous	1		valproic acid oral capsule	1	
levetiracetam oral	1		valproic acid oral solution	1	
roweepra	1		vigabatrin	4	PA
roweepra xr	1		vigadron	4	PA
Calcium Channel Modifying Agents			Glutamate Reducing Agents		
CELONTIN	3		felbamate	1	
ethosuximide oral	1		lamotrigine er	1	
LYRICA ORAL CAPSULE	2	QL	lamotrigine oral tablet	1	
LYRICA ORAL SOLUTION	3	QL	lamotrigine oral tablet chewable	1	
zonisamide oral	1		lamotrigine oral tablet dispersible	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			lamotrigine starter kit-blue	1	
clonazepam oral	1	QL	lamotrigine starter kit-green	1	
diazepam rectal	1	QL	lamotrigine starter kit-orange	1	
divalproex sodium er oral tablet extended release 24 hour	1		subvenite	1	
divalproex sodium oral capsule delayed release sprinkle	1		subvenite starter kit-blue	1	
divalproex sodium oral tablet delayed release	1		subvenite starter kit-green	1	
gabapentin oral	1		subvenite starter kit-orange	1	
ONFI ORAL SUSPENSION	3	PA	topiramate er	1	
ONFI ORAL TABLET 10 MG, 20 MG	3	PA	topiramate oral	1	
phenobarbital oral	1		Sodium Channel Agents		
primidone oral	1		BANZEL	3	
tiagabine hcl	1		carbamazepine er	1	
valproate sodium intravenous	1		carbamazepine oral	1	
			DILANTIN ORAL CAPSULE 30 MG	3	
			epitol	1	
			fosphenytoin 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
oxcarbazepine	1		bupropion hcl er (xl)	1	QL
PEGANONE	3		bupropion hcl oral	1	
phenytoin infatabs	1		mirtazapine oral	1	
phenytoin oral suspension 125 mg/5ml	1		Monoamine Oxidase Inhibitors		
phenytoin oral tablet chewable	1		EMSAM	3	QL
phenytoin sodium extended	1		MARPLAN	3	
phenytoin sodium injection	1		phenelzine sulfate oral	1	
VIMPAT ORAL	3		tranylcypromine sulfate	1	
Antidementia Agents					
Antidementia Agents, Other					
ergoloid mesylates oral	1		citalopram hydrobromide	1	
Cholinesterase Inhibitors					
donepezil hcl	1		desvenlafaxine succinate er	1	QL
galantamine hydrobromide	1		duloxetine hcl oral	1	QL
galantamine hydrobromide er	1		escitalopram oxalate	1	
rivastigmine	1		FETZIMA	3	ST; QL
rivastigmine tartrate	1		fluoxetine hcl (pmdd)	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist					
memantine hcl er	1	QL	fluoxetine hcl oral capsule	1	
memantine hcl oral	1		fluoxetine hcl oral capsule delayed release	1	QL
NAMENDA XR TITRATION PACK	2	QL	fluoxetine hcl oral solution	1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	QL	fluoxetine hcl oral tablet	1	
Antidepressants					
Antidepressants, Other					
APLENZIN	3	ST; QL	fluvoxamine maleate	1	
bupropion hcl er (sr)	1	QL	fluvoxamine maleate er	1	QL
PAXIL ORAL SUSPENSION					

For more information 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
sertraline hcl oral	1		prochlorperazine	1	
trazodone hcl oral	1		prochlorperazine edisylate injection	1	
TRINTELLIX	3	ST; QL	prochlorperazine maleate oral	1	
venlafaxine hcl	1		promethazine hcl injection	1	
venlafaxine hcl er oral capsule extended release 24 hour	1		promethazine hcl oral	1	
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	1		promethazine hcl rectal	1	
VIIBRYD ORAL TABLET	3	QL	promethegan	1	
VIIBRYD STARTER PACK	3	QL	scopolamine	1	
Tricyclics			TIGAN INTRAMUSCULAR	3	
amitriptyline hcl oral	1		TRANSDERM-SCOP (1.5 MG)	3	
amoxapine	1		trimethobenzamide hcl oral	1	
chlordiazepoxide-amitriptyline	1		Emetogenic Therapy Adjuncts		
clomipramine hcl oral	1		ANZEMET ORAL	3	QL
desipramine hcl oral	1		aprepitant	1	QL
doxepin hcl oral	1		CESAMET	3	PA; QL
imipramine hcl oral	1		dronabinol	1	PA; QL
imipramine pamoate	1		gransetron hcl intravenous	1	
nortriptyline hcl oral	1		gransetron hcl oral	1	QL
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-25 mg	1		ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	1	
protriptyline hcl	1		ondansetron hcl oral solution	1	QL
trimipramine maleate oral	1		ondansetron hcl oral tablet 24 mg	1	QL
Antiemetics			ondansetron hcl oral tablet 4 mg, 8 mg	1	
Antiemetics, Other			ondansetron odt	1	
AKYNZEORAL	3	QL	palonosetron hcl	1	
compro	1				
droperidol injection	1				
meclizine hcl oral tablet	1				
phenadoz	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			
Antifungals								
ABELCET	3		ketoconazole external shampoo	1				
AMBISOME	3		ketoconazole oral	1				
AMPHOTERICIN B INJECTION	3		MENTAX	3				
caspofungin acetate	1		miconazole 3 vaginal suppository	1				
cyclodan	1		MYCAMINE	3				
ciclopirox	1		naftifine hcl	1				
ciclopirox olamine external	1		NOXAFIL ORAL TABLET DELAYED RELEASE	3				
clotrimazole external	1		nyamyc	1				
clotrimazole mouth/throat	1		nystatin external	1				
clotrimazole- betamethasone	1		nystatin mouth/throat	1				
CRESEMBA	3		nystatin oral tablet	1				
econazole nitrate external	1		nystatin-triamcinolone	1				
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	3		nystop	1				
fluconazole in dextrose	1		OXISTAT EXTERNAL LOTION	3				
fluconazole in sodium chloride	1		terbinafine hcl oral	1	QL			
fluconazole oral	1		terconazole	1				
flucytosine oral	1		voriconazole intravenous	1				
griseofulvin microsize oral	1		voriconazole oral	1				
griseofulvin ultramicrosize	1		XOLEGEL	3				
GYNAZOLE-1	3		Antigout Agents					
itraconazole oral	1	PA	allopurinol oral	1				
JUBLIA	3	PA	allopurinol sodium	1				
KERYDIN	3	PA	COLCHICINE ORAL TABLET	3				
ketonconazole external cream	1		colchicine-probenecid	1				
			COLCRYS	2				
			probenecid oral	1				
			ULORIC	2	ST			
			ZURAMPIC	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	Drug Name	Drug Tier	Notes			
Antimigraine Agents								
Ergot Alkaloids								
dihydroergotamine mesylate injection	1		pyridostigmine bromide er	1				
dihydroergotamine mesylate nasal	1	QL	pyridostigmine bromide oral	1				
ergotamine-caffeine	1		Antimycobacterials					
Serotonin (5-HT) 1b/1d Receptor Agonists								
almotriptan malate	1	QL	Antimycobacterials, Other					
eletriptan hydrobromide	1	QL	dapsone oral	1				
naratriptan hcl	1	QL	rifabutin	1				
rizatriptan benzoate	1	QL	Antituberculars					
sumatriptan nasal	1	QL	CAPASTAT SULFATE	3				
sumatriptan succinate oral	1	QL	CYCLOCERINE ORAL	3				
sumatriptan succinate refill subcutaneous solution cartridge	1	QL	ethambutol hcl oral	1				
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL	isoniazid oral	1				
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	QL	PASER	3				
sumatriptan-naproxen sodium	1	QL	PRIFTIN	3				
zolmitriptan oral	1	QL	pyrazinamide oral	1				
ZOMIG NASAL	3	QL	rifampin intravenous	1				
Antimyasthenic Agents								
Parasympathomimetics								
guanidine hcl oral	1		Antineoplastics					
MESTINON ORAL SYRUP	2		Alkylating Agents					
neostigmine methylsulfate intravenous solution	1		BICNU	4				
			busulfan	4				
			carboplatin intravenous solution	4				
			cisplatin intravenous solution 100 mg/100ml, 50 mg/50ml	4				
			CISPLATIN INTRAVENOUS SOLUTION 200 MG/200ML	4				
			cyclophosphamide injection	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	Drug Name	Drug Tier	Notes			
cyclophosphamide oral capsule	1		REVLIMID	4	PA			
dacarbazine intravenous	4		THALOMID	4	PA			
Antiestrogens/Modifiers								
GLEOSTINE	4		EMCYT	2				
HEXALEN	4		FARESTON	2				
ifosfamide	4		FASLODEX					
LEUKERAN	4		INTRAMUSCULAR SOLUTION 250 MG/5ML	4				
MATULANE	4		SOLTAMOX	3				
melphalan	1		tamoxifen citrate oral	1	PV*			
melphalan hcl	4		Antimetabolites					
MUSTARGEN	4		adrucil	4				
MYLERAN	4		ALIMTA	4				
oxaliplatin	4		ARRANON	4				
TEMODAR INTRAVENOUS	4		capecitabine	4	PA			
temozolomide	4	PA	cladribine intravenous solution 10 mg/10ml	4				
TEPADINA	4		clofarabine	4				
thiotepa injection	4		cytarabine (pf)	4				
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED	4		cytarabine injection solution	4				
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	4	PA	decitabine	4	PA			
ZANOSAR	4		DROXIA	3				
Antiandrogens			ELITEK	3				
bicalutamide	1		floxuridine injection	4				
flutamide	1		fludarabine phosphate	4				
nilutamide	4		fluorouracil intravenous	4				
XTANDI	4	PA	FOLOTYN	4	PA			
ZYTIGA	4	PA	GEMCITABINE HCL INTRAVENOUS SOLUTION 1 GM/10ML, 1.5 GM/15ML, 2 GM/20ML, 200 MG/2ML	4				
Antiangiogenic Agents								
POMALYST	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
gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml	4		docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml	4	
gemcitabine hcl intravenous solution reconstituted	4		doxorubicin hcl	4	
hydroxyurea oral	1		doxorubicin hcl liposomal	4	
KEPIVANCE	4		epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml	4	
LONSURF	4	PA; QL	ERWINAZE INJECTION	4	
mercaptopurine oral	4		ETHYOL	4	
NIPENT	4		FARYDAK	4	PA; QL
TABLOID	4		FLUOROPLEX	3	
Antineoplastics, Other			fluorouracil external cream 5 %	1	
ABRAXANE	4		fluorouracil external solution	4	
adriamycin intravenous solution	4		HALAVEN	4	PA
adriamycin intravenous solution reconstituted 10 mg, 50 mg	4		IBRANCE	4	PA
azacitidine	4		idarubicin hcl	4	
bleomycin sulfate	4		ISTODAX (OVERFILL)	4	PA
COTELLIC	4	PA; QL	IXEM普RA KIT	4	
dactinomycin	4		JEVTANA	4	PA
daunorubicin hcl intravenous injectable	4		KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	4	PA
daunorubicin hcl intravenous solution	4		leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg	1	
dexrazoxane	4		leucovorin calcium oral	1	
diclofenac sodium transdermal gel 3 %	1	ST; QL	levoleucovorin calcium intravenous solution	4	
docetaxel (non-alcohol)	4				
docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 200 mg/10ml, 80 mg/4ml	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	Drug Name	Drug Tier	Notes
LEVOLEUCOVORIN CALCIUM INTRAVENOUS SOLUTION RECONSTITUTED 175 MG	4		TOTECT	4	
levoleucovorin calcium intravenous solution reconstituted 50 mg	4		TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	4	
levoleucovorin calcium pf	4		VELCADE INJECTION	4	PA
lipodox 50	4		VINBLASTINE SULFATE INTRAVENOUS SOLUTION	4	
LYNPARZA	4	PA	vincasar pfs	4	
MARQIBO	4		vincristine sulfate intravenous	4	
mesna	4		vinorelbine tartrate	4	
MESNEX ORAL	4		ZALTRAP	4	PA
mitomycin intravenous	4		ZOLINZA	4	PA
mitoxantrone hcl	4	PA	Aromatase Inhibitors, 3rd Generation		
mutamycin	4		anastrozole oral	1	
NINLARO	4	PA; QL	exemestane	1	
ONCASPAR INJECTION	4		letrozole oral	1	
paclitaxel intravenous concentrate 100 mg/16.7ml, 30 mg/5ml, 300 mg/50ml	4		Enzyme Inhibitors		
PACLITAXEL INTRAVENOUS CONCENTRATE 150 MG/25ML	4		CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15ML	4	
PICATO	3	ST	etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	4	
PROLEUKIN	4		ETOPOSIDE ORAL	4	
ROMIDEPSIN	4	PA	HYCAMTIN ORAL	4	
RUBRACA	4	PA; QL	irinotecan hcl intravenous solution 100 mg/5ml, 40 mg/2ml	4	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	4	PA	IRINOTECAN HCL INTRAVENOUS SOLUTION 500 MG/25ML	4	
SYNRIBO	4	PA			
TENIPOSIDE	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	Drug Name	Drug Tier	Notes
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 30 MG, 60 MG	4	PA	JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	4	PA
ONIVYDE	4		LENVIMA 10 MG DAILY DOSE	4	PA
toposar intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	4		LENVIMA 12 MG DAILY DOSE	4	PA
topotecan hcl	4		LENVIMA 14 MG DAILY DOSE	4	PA
ZYDELIG	4	PA	LENVIMA 18 MG DAILY DOSE	4	PA
Molecular Target Inhibitors			LENVIMA 20 MG DAILY DOSE	4	PA
AFINITOR	4	PA; QL	LENVIMA 24 MG DAILY DOSE	4	PA
AFINITOR DISPERZ	4	PA	LENVIMA 4 MG DAILY DOSE	4	PA
BOSULIF	4	PA	LENVIMA 8 MG DAILY DOSE	4	PA
CABOMETYX	4	PA	MEKINIST	4	PA
CAPRELSA ORAL TABLET 100 MG	4	PA; QL	NEXAVAR	4	PA
CAPRELSA ORAL TABLET 300 MG	4	PA	RYDAPT	4	PA; QL
COMETRIQ (100 MG DAILY DOSE)	4	PA	SPRYCEL	4	PA
COMETRIQ (140 MG DAILY DOSE)	4	PA	STIVARGA	4	PA
COMETRIQ (60 MG DAILY DOSE)	4	PA	SUTENT	4	PA
ERIVEDGE	4	PA	TAFINLAR	4	PA
GILOTRIF	4	PA; QL	TAGRISSO	4	PA; QL
ICLUSIG ORAL TABLET 15 MG	4	PA; QL	TARCEVA	4	PA; QL
ICLUSIG ORAL TABLET 45 MG	4	PA	TASIGNA	4	PA
imatinib mesylate	4	PA	temsirolimus	4	
IMBRUVICA	4	PA	TYKERB	4	PA
INLYTA	4	PA	VENCLEXTA	4	PA
JAKAFI ORAL TABLET 10 MG	4	PA; QL	VENCLEXTA STARTING PACK	4	PA
			VOTRIENT	4	PA
			XALKORI	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
ZELBORAF	4	PA	Antiprotozoals		
ZYKADIA	4	PA	ALINIA	2	
Monoclonal Antibody/Antibody-Drug Conjugate			atovaquone oral	1	
ADCETRIS	4	PA	atovaquone-proguanil hcl	1	
ARZERRA	4	PA	BENZNIDAZOLE	3	
AVASTIN	4		chloroquine phosphate oral	1	
BAVENCIO	4	PA	COARTEM	3	
BLINCYTO	4	PA	DARAPRIM	4	PA
DARZALEX	4	PA	hydroxychloroquine sulfate oral	1	
EMPLICITI	4	PA	mefloquine hcl	1	
ERBITUX	4	PA	NEBUPENT	2	
GAZYVA	4	PA	primaquine phosphate oral	1	
HERCEPTIN	4	PA	quinine sulfate oral	1	PA
KADCYLA	4	PA	tinidazole oral	1	
LARTRUVO	4	PA	Pediculicides/Scabicides		
OPDIVO	4	PA	crotan	1	
PERJETA	4	PA	EURAX	2	
RITUXAN			lindane external shampoo	1	
INTRAVENOUS SOLUTION	4	PA	malathion external	1	
TECENTRIQ	4	PA	permethrin external cream	1	
UNITUXIN	4	PA	SKLICE	3	
YERVOY	4	PA	spinosad	1	
Retinoids			ULESFIA	3	
bexarotene	4	PA	Antiparkinson Agents		
PANRETIN	3		Anticholinergics		
TARGRETIN EXTERNAL	3	PA	benztropine mesylate injection	1	
tretinoin oral	4		benztropine mesylate oral	1	
Antiparasitics			trihexyphenidyl hcl	1	
Anthelmintics					
ALBENZA	3	PA			
EMVERM	2				
ivermectin oral	1				
praziquantel 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
Antiparkinson Agents, Other					
entacapone	1		fluphenazine hcl oral tablet	1	
tolcapone	1		haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	
Dopamine Agonists					
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QL	haloperidol lactate injection solution 5 mg/ml	1	
bromocriptine mesylate oral	1		haloperidol lactate oral	1	
NEUPRO	3		haloperidol oral	1	
pramipexole dihydrochloride	1		loxapine succinate oral	1	
pramipexole dihydrochloride er	1		perphenazine oral	1	
ropinirole hcl	1		pimozide	1	
ropinirole hcl er	1		thioridazine hcl oral	1	
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors					
carbidopa oral	1		thiothixene oral	1	
carbidopa-levodopa	1		trifluoperazine hcl oral	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1		2nd Generation/Atypical		
carbidopa-levodopa-entacapone	1		ABILITY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	
Monoamine Oxidase B (MAO-B) Inhibitors					
rasagiline mesylate oral	1		ABILITY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	
selegiline hcl oral	1		ariPIPRAZOLE	1	QL
Antipsychotics					
1st Generation/Typical					
CHLORPROMAZINE HCL INJECTION	3		FANAPT	3	ST; QL
chlorpromazine hcl oral	1		FANAPT TITRATION PACK	3	ST; QL
fluphenazine decanoate injection	1		GEODON INTRAMUSCULAR	3	
			INVEGA SUSTENNA	3	
			INVEGA TRINZA	3	
			LATUDA	3	
			olanzapine intramuscular	1	
			olanzapine oral	1	QL
			paliperidone er	1	QL
			quetiapine fumarate	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
quetiapine fumarate er	1	QL	EPIVIR HBV ORAL SOLUTION	4	
REXULTI	3	QL	INTRON A	4	PA
RISPERDAL CONSTA	3		lamivudine oral tablet 100 mg	4	
risperidone	1	QL	VEMLIDY	4	
risperidone m-tab oral tablet dispersible 0.5 mg, 1 mg, 2 mg	1	QL	Anti-hepatitis C (HBV) Agents		
SAPHRIS	2	QL	DAKLINZA	4	PA; QL
ziprasidone hcl	1	QL	EPCLUSA	4	PA; QL
ZYPREXA RELPREVV	3		HARVONI	4	PA; QL
Treatment-Resistant			MAVYRET	4	PA; QL
clozapine oral tablet	1	QL	MODERIBA 1200 DOSE PACK	4	
clozapine oral tablet dispersible 100 mg, 150 mg, 200 mg, 25 mg	1	QL	MODERIBA 800 DOSE PACK	4	
clozapine oral tablet dispersible 12.5 mg	1	PA; QL	moderiba oral tablet 200 mg	4	
Antispasticity Agents			MODERIBA ORAL TABLET THERAPY PACK	4	
baclofen oral	1		PEGASYS PROCLICK	4	PA
BOTOX	4	PA	PEGASYS SUBCUTANEOUS SOLUTION	4	PA
dantrolene sodium oral	1		PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	4	PA
revonto	1		REBETOL ORAL SOLUTION	4	
tizanidine hcl oral	1		ribasphere	4	
Antivirals			ribasphere ribapak oral tablet 400 mg, 600 mg	4	
Anti-cytomegalovirus (CMV) Agents			RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK 200 & 400 MG	4	
cidofovir intravenous	1				
ganciclovir sodium intravenous solution reconstituted	1				
valganciclovir hcl	1				
Anti-hepatitis B (HBV) Agents					
adefovir dipivoxil	4				
BARACLUDE ORAL SOLUTION	4	QL			
entecavir	4	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
ribasphere ribapak oral tablet therapy pack 400 & 600 mg	4		efavirenz	1	
ribavirin oral capsule	4		INTELENCE	2	
ribavirin oral tablet 200 mg	4		nevirapine	1	
SOVALDI	4	PA; QL	nevirapine er	1	
TECHNIVIE	4	PA; QL	ODEFSEY	2	
VIEKIRA PAK	4	PA; QL	RESCRIPTOR	2	
VIEKIRA XR	4	PA; QL	SYMFI	2	
ZEPATIER	4	PA; QL	SYMFI LO	2	
Antiherpetic Agents			VIRAMUNE ORAL SUSPENSION	2	
acyclovir external	1		Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
acyclovir oral	1		abacavir sulfate	1	
acyclovir sodium intravenous solution	1		abacavir sulfate-lamivudine	1	
DENAVIR	3		abacavir-lamivudine-zidovudine	1	
famciclovir oral	1		CIMDUO	2	
valacyclovir hcl oral	1	QL	DESCOVY	2	
ZOVIRAX EXTERNAL CREAM	2		didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg	1	
Anti-HIV Agents, Integrase Inhibitors (INSTI)			EMTRIVA	2	
BIKTARVY	3		lamivudine oral solution	1	
GENVOYA	2		lamivudine oral tablet 150 mg, 300 mg	1	
ISENTRESS	2		lamivudine-zidovudine	1	
ISENTRESS HD	2		RETROVIR INTRAVENOUS	2	
JULUCA	2		stavudine oral capsule	1	
STRIBILD	2		tenofovir disoproxil fumarate	1	
TIVICAY	2		TRUVADA	2	
TRIUMEQ	2		VIDEX	2	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)					
ATRIPLA	2				
COMPLERA	2				
EDURANT	2				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	2		PREZCOBIX	2	
VIREAD ORAL POWDER	2		PREZISTA ORAL SUSPENSION	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2		PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	
ZERIT ORAL SOLUTION RECONSTITUTED	2		REYATAZ ORAL PACKET	2	
zidovudine	1		ritonavir	1	
Anti-HIV Agents, Other			VIRACEPT ORAL TABLET	2	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	QL	Anti-influenza Agents		
SELZENTRY	2	PA	amantadine hcl oral	1	
TYBOST	2		oseltamivir phosphate oral	1	QL
Anti-HIV Agents, Protease Inhibitors			RELENZA DISKHALER	3	QL
APTIVUS	2		rimantadine hcl	1	
atazanavir sulfate	1		Anxiolytics		
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2		Anxiolytics, Other		
EVOTAZ	2		buspirone hcl oral	1	
fosamprenavir calcium	1		meprobamate	1	
INVIRASE	2		Benzodiazepines		
KALETRA ORAL TABLET	2		alprazolam er	1	QL
LEXIVA ORAL SUSPENSION	2		alprazolam oral	1	QL
lopinavir-ritonavir	1		alprazolam xr	1	QL
NORVIR ORAL CAPSULE	2		chlordiazepoxide hcl	1	QL
NORVIR ORAL PACKET	2		clorazepate dipotassium	1	QL
NORVIR ORAL SOLUTION	2		diazepam injection	1	
			diazepam intensol	1	
			diazepam oral concentrate	1	
			diazepam oral solution 1 mg/ml	1	
			diazepam oral tablet	1	
			estazolam	1	QL
			flurazepam hcl	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	Drug Name	Drug Tier	Notes
lorazepam injection	1		INPEN 100EL	3	
lorazepam intensol	1	QL	INPEN 100NN	3	
lorazepam oral	1	QL	KETOCARE	3	
oxazepam	1	QL	KETOSTIX	3	
quazepam	1	QL	LANCETS	2	
temazepam	1	QL	NOVOPEN ECHO	3	
triazolam	1	QL	ONETOUCH DELICA LANCING DEV	3	
Bipolar Agents			ONETOUCH ULTRA 2 KIT W/DEVICE	3	
Mood Stabilizers			ONETOUCH ULTRA 2 KIT W/DEVICE	2	
lithium	1		ONETOUCH ULTRA BLUE TEST STRIPS	2	QL
lithium carbonate er	1		ONETOUCH ULTRA MINI KIT W/DEVICE	3	
lithium carbonate oral	1		ONETOUCH ULTRA MINI KIT W/DEVICE	2	
Blood Glucose Monitoring			ONETOUCH VERIO	2	
ACCU-CHEK FASTCLIX LANCET KIT	2		ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2	
ACCU-CHEK FASTCLIX LANCETS	2		ONETOUCH VERIO IN VITRO SOLUTION HIGH	3	
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2		ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	3	
ACCU-CHEK MULTICLIX LANCETS	2		ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	2	
ACCU-CHEK SOFT TOUCH LANCETS	2		ONETOUCH VERIO STRIP IN VITRO	3	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT	2		ONETOUCH VERIO STRIP IN VITRO	2	QL
ACCU-CHEK SOFTCLIX LANCETS	2		SURESTEP PRO HIGH GLUCOSE	3	
CHEMSTRIP 10 MD	3		SURESTEP PRO LOW GLUCOSE	3	
CHEMSTRIP 10/SG	3		SURESTEP PRO NORMAL GLUCOSE	3	
CHEMSTRIP 2 GP	3				
CHEMSTRIP 5 OB	3				
CHEMSTRIP 7	3				
CHEMSTRIP 9	3				
CHEMSTRIP UGK	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
Blood Glucose Regulators					
Antidiabetic Agents					
acarbose	1		METFORMIN HCL ORAL SOLUTION	3	
ACTOPLUS MET XR	3	ST	metformin hcl oral tablet	1	
AVANDIA ORAL TABLET 2 MG, 4 MG	3	ST	miglitol	1	
BYDUREON BCISE AUTOINJECTOR	2	ST; QL	nateglinide	1	
BYDUREON PEN	2	ST; QL	OZEMPIC	2	ST
BYDUREON VIAL	2	ST; QL	pioglitazone hcl	1	
BYETTA 10 MCG PEN	2	ST; QL	pioglitazone hcl-glimepiride	1	
BYETTA 5 MCG PEN	2	ST; QL	pioglitazone hcl-metformin hcl	1	
chlorpropamide	1	PA	QTERN	3	ST
CYCLOSET	3	ST	repaglinide	1	
glimepiride	1		repaglinide-metformin hcl	1	
glipizide er	1		RIOMET	3	
glipizide ir	1		SYMLINPEN 120	3	PA
glipizide xl	1		SYMLINPEN 60	3	PA
glipizide-metformin hcl	1		SYNJARDY	2	ST
glyburide micronized	1		SYNJARDY XR	2	ST
glyburide oral	1		tolazamide	1	
glyburide-metformin	1		tolbutamide	1	
GLYXAMBI	3	ST	TRADJENTA	2	ST
INVOKAMET	2	ST	TRULICITY	2	ST; QL
INVOKAMET XR	2	ST	VICTOZA	2	ST; QL
INVOKANA	2	ST	Glycemic Agents		
JANUMET	2	ST	GLUCAGEN HYPOKIT	2	
JANUMET XR	2	ST	GLUCAGON EMERGENCY	2	
JANUVIA	2	ST	PROGLYCEM	2	
JARDIANCE	2	ST	Insulins		
JENTADUETO	2	ST	HUMALOG U-100 AND U-200 KWIKPEN	2	
JENTADUETO XR	2	ST	HUMALOG MIX 50/50 KWIKPEN	2	
metformin hcl er	1				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HUMALOG MIX 50/50 VIAL	2		NOVOLOG MIX 70/30 VIAL	3	
HUMALOG MIX 75/25 KWIKPEN	2		NOVOLOG U-100 PENFILL	3	
HUMALOG MIX 75/25 VIAL	2		NOVOLOG U-100 VIAL	3	
HUMALOG U-100 JUNIOR KWIKPEN	2		TOUJEO MAX SOLOSTAR	2	
HUMALOG U-100 VIAL AND CARTRIDGE	2		TOUJEO SOLOSTAR	2	
HUMULIN 70/30 KWIKPEN	2		TRESIBA FLEXTOUCH	3	
HUMULIN 70/30 VIAL	2		Blood Products/Modifiers/Volume Expanders		
HUMULIN N KWIKPEN	2		SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	4	PA
HUMULIN N VIAL	2		Anticoagulants		
HUMULIN R U-500 KWIKPEN	2		ARGATROBAN IN SODIUM CHLORIDE	3	
HUMULIN R U-500 VIAL (CONCENTRATED)	2		ARGATROBAN INTRAVENOUS SOLUTION 125 MG/125ML	3	
HUMULIN R VIAL	2		argatroban intravenous solution 250 mg/2.5ml	1	
LANTUS U-100 SOLOSTAR	2		BEVYXXA	3	QL
LANTUS U-100 VIAL	2		bivalirudin trifluoroacetate	1	
LEVEMIR U-100 FLEXTOUCH	2		CEPROTIN	4	
LEVEMIR U-100 VIAL	2		ELIQUIS	2	QL
NOVOLIN 70/30 RELION	3		ELIQUIS STARTER PACK	2	QL
NOVOLIN 70/30 VIAL	3		enoxaparin sodium	1	QL
NOVOLIN N RELION	3		fondaparinux sodium	1	QL
NOVOLIN N VIAL	3				
NOVOLIN R RELION	3				
NOVOLIN R VIAL	3				
NOVOLOG U-100 FLEXPEN	3				
NOVOLOG MIX 70/30 FLEXPEN	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
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	3	QL	NEULASTA ONPRO	4	PA
heparin (porcine) in d5w	1		NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
heparin (porcine) in nacl injection solution 2-0.9 unit/ml-%	1		NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	4	PA
heparin (porcine) in nacl intravenous solution 25000-0.45 ut/500ml-%	1		NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	4	PA
heparin sod (porcine) in d5w intravenous solution 100 unit/ml	1		NPLATE	4	PA
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1		PROCRIT	4	PA
heparin sodium (porcine) pf	1		PROMACTA	4	PA
jantoven	1		Hemostasis Agents		
PRADAXA	2	QL	ADVATE	4	
SAVAYSA	3	QL	ALPHANATE/VWF COMPLEX/HUMAN	4	
THROMBATE III	4		ALPHANINE SD	4	
warfarin sodium oral	1		aminocaproic acid intravenous	1	
XARELTO	2	QL	BEBULIN	4	
XARELTO STARTER PACK	2	QL	BENEFIX INTRAVENOUS KIT	4	
Blood Formation Modifiers			COAGADEX	4	
anagrelide hcl	1		CORIFACT	4	
MOZOBIL	4	PA; QL	ELOCTATE	4	
			FEIBA	4	
			FIBRYGA	4	
			HELIXATE FS	4	
			hemofil m intravenous solution reconstituted 1000 unit, 250 unit, 500 unit	4	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1700 UNIT	4		VONVENDI	4	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	4		XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	4	
KOATE	4		XYNTHA SOLOFUSE	4	
KOATE-DVI	4		Platelet Modifying Agents		
KOGENATE FS	4		AGGRASTAT INTRAVENOUS CONCENTRATE	3	
KOGENATE FS BIO-SET INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 3000 UNIT	4		AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-%	3	
MONOCLOATE-P INTRAVENOUS KIT 1000 UNIT, 1500 UNIT	4		aspirin-dipyridamole er	1	
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	4		BRILINTA	2	
NOVOSEVEN RT	4		cilostazol	1	
OBIZUR	4		clopidogrel bisulfate oral	1	
PROFILNINE	4		dipyridamole oral	1	
PROFILNINE SD	4		eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml	1	
protamine sulfate intravenous	1		prasugrel hcl	1	
RECOMBINATE	4		ZONTIVITY	3	
RIASTAP	4		Cardiovascular Agents		
RIXUBIS	4		Alpha-adrenergic Agonists		
tranexamic acid intravenous solution 1000 mg/10ml	1		clonidine hcl oral	1	
tranexamic acid oral	1		clonidine hcl transdermal	1	
			guanfacine hcl oral	1	
			methyldopa oral	1	
			methyldopa-hydrochlorothiazide	1	
			phenylephrine hcl injection	1	
			phenylephrine hcl intravenous solution	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes			
Alpha-adrenergic Blocking Agents								
phenoxybenzamine hcl oral	1		Angiotensin-converting Enzyme (ACE) Inhibitors					
phentolamine mesylate injection solution reconstituted	1		amlodipine besylate- benazepril hcl	1				
prazosin hcl oral	1		benazepril hcl oral	1				
Angiotensin II Receptor Antagonists								
amlodipine besylate- valsartan	1		benazepril- hydrochlorothiazide	1				
amlodipine-olmesartan	1		captopril oral	1				
amlodipine-valsartan- hctz	1		captopril- hydrochlorothiazide	1				
BYVALSON	2		enalapril maleate oral	1				
candesartan cilexetil	1		enalaprilat	1				
candesartan cilexetil-hctz	1		enalapril- hydrochlorothiazide	1				
eprosartan mesylate	1		fosinopril sodium	1				
irbesartan	1		fosinopril sodium-hctz	1				
irbesartan- hydrochlorothiazide	1		lisinopril oral	1				
losartan potassium	1		lisinopril- hydrochlorothiazide	1				
losartan potassium-hctz	1		moexipril hcl	1				
olmesartan medoxomil oral	1		moexipril- hydrochlorothiazide	1				
olmesartan medoxomil- hctz	1		perindopril erbumine	1				
olmesartan-amlodipine- hctz	1		quinapril hcl	1				
telmisartan	1		quinapril- hydrochlorothiazide	1				
telmisartan-amlodipine	1		ramipril	1				
telmisartan-hctz	1		trandolapril	1				
valsartan	1		trandolapril-verapamil hcl er	1				
valsartan- hydrochlorothiazide	1		Antiarrhythmics					
			adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	1				
			adenosine intravenous solution prefilled syringe 90 mg/30ml	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
amiodarone hcl intravenous	1		carvedilol	1	
amiodarone hcl oral	1		carvedilol phosphate er	1	
disopyramide phosphate oral	1		esmolol hcl intravenous solution 100 mg/10ml	1	
dofetilide	1		labetalol hcl intravenous solution	1	
flecainide acetate	1		labetalol hcl oral	1	
ibutilide fumarate	1		metoprolol succinate er	1	
lidocaine hcl (cardiac)	1		metoprolol tartrate intravenous solution 5 mg/5ml	1	
lidocaine in d5w	1		metoprolol tartrate intravenous solution cartridge	1	
mexiletine hcl oral	1		metoprolol tartrate oral	1	
MULTAQ	3		metoprolol-hydrochlorothiazide	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	2		pindolol	1	
pacerone oral tablet 100 mg, 200 mg, 400 mg	1		propranolol hcl er	1	
procainamide hcl injection	1		propranolol hcl intravenous	1	
propafenone hcl	1		propranolol hcl oral	1	
propafenone hcl er	1		propranolol-hctz	1	
quinidine gluconate er	1		timolol maleate oral	1	
quinidine sulfate oral	1		Calcium Channel Blocking Agents		
sorine	1		afeditab cr	1	
sotalol hcl (af)	1		amlodipine besylate oral	1	
sotalol hcl oral	1		amlodipine-atorvastatin	1	
Beta-adrenergic Blocking Agents			CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	
acebutolol hcl oral	1		cartia xt	1	
atenolol oral	1		diltiazem cd	1	
atenolol-chlorthalidone	1		diltiazem hcl er beads	1	
betaxolol hcl oral	1		diltiazem hcl er coated beads	1	
bisoprolol fumarate	1				
bisoprolol-hydrochlorothiazide	1				
BYSTOLIC	2				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
diltiazem hcl er oral capsule extended release 12 hour	1		digoxin oral	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1		dobutamine hcl intravenous	1	
diltiazem hcl intravenous solution	1		dobutamine in d5w	1	
diltiazem hcl oral	1		dopamine hcl intravenous	1	
dilt-xr	1		dopamine in d5w	1	
felodipine er	1		ENTRESTO	2	QL
isradipine	1		ephedrine sulfate intravenous solution	1	
matzim la	1		epinephrine pf	1	
nicardipine hcl intravenous	1		mannitol intravenous solution 20 %, 25 %	1	
nicardipine hcl oral	1		midodrine hcl	1	
nifedipine er	1		milrinone lactate in dextrose	1	
nifedipine er osmotic release	1		milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml	1	
nifedipine oral	1		norepinephrine bitartrate intravenous	1	
nimodipine oral	1		osmitrol intravenous solution 15 %, 20 %	1	
nisoldipine er	1		pentoxifylline er	1	
taztia xt	1		RANEXA	2	ST
verapamil hcl er oral capsule extended release 24 hour	1		TEKTURN	2	ST
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1		VECAMYL	3	
verapamil hcl intravenous	1		Diuretics, Loop		
verapamil hcl oral	1		bumetanide injection	1	
Cardiovascular Agents, Other			bumetanide oral	1	
DEMSER	3		ethacrynone sodium	1	
digitek	1		ethacrynic acid oral	1	
digox	1		furosemide injection solution 10 mg/ml	1	
digoxin injection	1		furosemide oral solution 10 mg/ml, 8 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	Drug Name	Drug Tier	Notes
furosemide oral tablet	1		Dyslipidemics, HMG CoA Reductase Inhibitors		
torsemide oral	1		atorvastatin calcium oral tablet 10 mg, 20 mg	1	PV*
Diuretics, Potassium-sparing			atorvastatin calcium oral tablet 40 mg, 80 mg	1	
amiloride hcl oral	1		fluvastatin sodium	3	
amiloride-hydrochlorothiazide	1		fluvastatin sodium er	3	
DYRENIUM ORAL CAPSULE 100 MG	3		LIVALO	3	ST
eplerenone	1		lovastatin	1	PV
spironolactone oral	1		PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL
spironolactone-hctz	1		pravastatin sodium	1	
triamterene-hctz oral capsule 37.5-25 mg	1		REPATHA	4	PA; QL
triamterene-hctz oral tablet	1		REPATHA PUSHTRONEX SYSTEM	4	PA; QL
Diuretics, Thiazide			REPATHA SURECLICK	4	PA; QL
chlorothiazide oral	1		rosuvastatin calcium	1	
chlorothiazide sodium	1		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	PV*
chlorthalidone oral tablet 25 mg, 50 mg	1		simvastatin oral tablet 80 mg	1	PA
hydrochlorothiazide oral	1		Dyslipidemics, Other		
indapamide oral	1		cholestyramine light	1	
methyclothiazide oral	1		cholestyramine oral	1	
metolazone	1		colesevelam hcl	1	
Dyslipidemics, Fibric Acid Derivatives			colestipol hcl	1	
choline fenofibrate	1		ezetimibe	1	
fenofibrate micronized	1		ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	1	
fenofibrate oral capsule	1		ezetimibe-simvastatin oral tablet 10-80 mg	1	PA
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1		JUXTAPID	4	PA; QL
fenofibric acid	1		niacin er (antihyperlipidemic)	1	
gemfibrozil oral	1				
TRIGLIDE ORAL TABLET 160 MG	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	Drug Name	Drug Tier	Notes
omega-3-acid ethyl esters	1		methamphetamine hcl	3	PA; QL
prevalite	1		VYVANSE	2	PA; QL
Vasodilators, Direct-acting Arterial			zenzedi oral tablet 10 mg, 5 mg	1	PA; QL
hydralazine hcl injection	1		Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
hydralazine hcl oral	1		atomoxetine hcl	1	QL
minoxidil oral	1		clonidine hcl er	1	
Vasodilators, Direct-acting Arterial/Venous			DAYTRANA	3	ST; PA; QL
DILATRATE-SR	3		dexmethylphenidate hcl	1	PA; QL
isosorbide dinitrate er	1		dexmethylphenidate hcl er	1	PA; QL
isosorbide dinitrate oral	1		guanfacine hcl er	1	
isosorbide mononitrate	1		metadate er oral tablet extended release 20 mg	1	PA; QL
isosorbide mononitrate er	1		methylphenidate hcl er	1	PA; QL
minitran	1		methylphenidate hcl er (cd)	1	PA; QL
NITRO-BID	3		methylphenidate hcl er (la)	1	PA; QL
nitroglycerin er oral capsule extended release 2.5 mg	1		methylphenidate hcl oral	1	PA; QL
nitroglycerin sublingual	1		QUILLIVANT XR	3	ST; PA; QL
nitroglycerin transdermal patch 24 hour	1		relexxii	1	PA; QL
nitroglycerin translingual solution	1		Central Nervous System, Other		
NITROMIST	3		caffeine citrate	1	
nitroprusside sodium	1		flumazenil intravenous	1	
Central Nervous System Agents			GRALISE	3	ST; QL
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			GRALISE STARTER	3	ST; QL
amphetamine-dextroamphetamine	1	PA; QL	PRIALT	4	
amphetamine-dextroamphetamine er	1	PA; QL	riluzole	1	PA; QL
dextroamphetamine sulfate er	1	PA; QL	tetrabenazine	4	PA
dextroamphetamine sulfate oral	1	PA; QL	Fibromyalgia Agents		
			SAVELLA	3	ST; QL
			SAVELLA TITRATION PACK	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	Drug Name	Drug Tier	Notes
Multiple Sclerosis Agents					
AMPYRA	4	PA; QL	fluoridex sensitivity relief dental paste	1	
AUBAGIO	4	PA; QL	neutral sodium fluoride	1	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; QL	oralone	1	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; QL	paroex	1	
AVONEX VIAL INTRAMUSCULAR KIT	4	PA; QL	periogard	1	
BETASERON SUBCUTANEOUS KIT	4	PA; QL	pilocarpine hcl oral	1	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL	prevident mouth/throat	1	
GILENYA	4	PA; QL	sf	1	
glatiramer acetate	4	PA; QL	sf 5000 plus	1	
glatopa	4	PA; QL	topex topical anesthetic mouth/throat aerosol	1	
TECFIDERA	4	PA; QL	triamcinolone acetonide mouth/throat	1	
TYSABRI	4	PA; QL	Dermatological Agents		
Dental and Oral Agents					
cavarest	1		acitretin	1	
cevimeline hcl	1		adapalene external cream	1	PA
chlorhexidine gluconate mouth/throat	1		adapalene external gel	1	PA
clinpro 5000	1		adapalene-benzoyl peroxide	1	
DEBACTEROL	3		ammonium lactate external	1	
denta 5000 plus	1		amnesteem	1	PA
dentagel	1		ana-lex	1	
easygel dental	1		avita	1	PA
fluoridex	1		AZELEX	3	
fluoridex daily renewal	1		benzoyl peroxide-erythromycin	1	
fluoridex enhanced whitening dental paste	1		calcipotriene external	1	
			calcitrene	1	
			calcitriol external	1	
			claravis	1	PA
			clindacin etz external swab	1	
			clindacin-p	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
clindamycin phos- benzoyl perox external gel 1-5 %, 1.2-5 %	1		hydrocortisone rectal	1	
clindamycin phosphate external foam	1		imiquimod external	1	
clindamycin phosphate external lotion	1		isotretinoin oral	1	PA
clindamycin phosphate external solution	1		lactic acid e	1	
clindamycin phosphate external swab	1		lactic acid external lotion	1	
clindamycin phosphate gel 1 % external	1		lidocaine-hydrocortisone ace rectal cream	1	
clindamycin-tretinoin	1		methoxsalen oral	1	
cocolort	1		methoxsalen rapid	1	
CONDYLOX EXTERNAL GEL	3		metronidazole external	1	
CORTIFOAM	3		MIRVASO	2	
COSENTYX 150 MG/ML	4	PA	myorisan	1	PA
COSENTYX 300 DOSE	4	PA	neuac external gel	1	
COSENTYX SENSOREADY 300 DOSE	4	PA	podofilox external	1	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	4	PA	procto-med hc	1	
dapsone external	1		procto-pak	1	
doxepin hcl external	3		proctosol hc	1	
doxycycline	1		protozone-hc rectal	1	
DUPIXENT	4	PA; QL	rea lo 40 external cream	1	
ELIDEL	2	ST	RECTIV	3	
EPIDUO FORTE	3		REGRANEX	3	PA
ery	1		rosadan external cream	1	
erythromycin external	1		rosadan external gel	1	
FINACEA	3		salicylic acid external cream	1	
			salicylic acid external shampoo	1	
			SANTYL	3	
			selenium sulfide external lotion	1	
			STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	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
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA	dextrose intravenous solution 10 %, 5 %, 50 %, 70 %	1	
sulfacetamide sodium (acne)	1		dextrose-nacl intravenous solution 2.5- 0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	1	
TACLONEX EXTERNAL SUSPENSION	3	QL	effer-k oral tablet effervescent 25 meq	1	
tacrolimus external	1		ferocon	1	
tazarotene external	1		ferottrinsic	1	
TAZORAC EXTERNAL CREAM 0.05 %	3		ferrocite plus oral tablet	1	
TAZORAC EXTERNAL GEL	3		fluoritab	1	PV
TREMFYA	4	PA	foltrin	1	
tretinoin external	1	PA	glucose intravenous	1	
tretinoin microsphere	1	PA	hematinic plus vit/minerals	1	
tretinoin microsphere pump	1	PA	hematinic/folic acid	1	
urea external cream 40 %, 50 %	1		hematogen	1	
zenatane	1	PA	hematogen forte	1	
Electrolytes/Minerals/Metals/Vitamins					
Electrolyte/Mineral Replacement					
calcium chloride	1		hemocyte-f oral tablet	1	
calcium gluconate intravenous solution	1		hemocyte-plus oral tablet 106-1 mg	1	
chromagen oral capsule	1		iferex 150 forte	1	
chromic chloride intravenous	1		ISOLYTE-S	3	
corvita 150	1		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-%-%, 40-5- 0.45 meq/l-%-%	1	
dehydrated alcohol intravenous	1		kcl-lidocaine-nacl	1	
dextrose in lactated ringers	1		klor-con 10	1	
			klor-con m10	1	
			KLOR-CON M15	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
klor-con m20	1		potassium chloride in dextrose intravenous solution 20-5 meq/l-%	1	
klor-con oral packet 20 meq	1		potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	1	
klor-con oral tablet extended release	1		potassium chloride intravenous solution 0.4 meq/ml, 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	1	
klor-con sprinkle	1		potassium chloride oral packet	1	
klor-con/ef	1		potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
k-prime	1		potassium citrate er	1	
k-tan plus	1		purevit dualfe plus	1	
k-vescent oral tablet effervescent	1		ringers	1	
lactated ringers intravenous	1		se-tan plus	1	
ludent	1	PV	sod citrate-citric acid	1	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	1		sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 %	1	
magnesium sulfate injection solution 50 %	1		sodium chloride injection	1	
magnesium sulfate intravenous	1		sodium chloride		
na ferric gluc cplx in sucrose	1		intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %	1	
nafrinse	1	PV	sodium fluoride oral solution	1	PV
nafrinse drops	1	PV	sodium fluoride oral tablet 2.2 (1 f) mg	1	PV
phosphorous	1		sodium fluoride oral tablet chewable	1	PV
PLASMA-LYTE 148	3				
PLASMA-LYTE A	3				
poly-iron 150 forte	1				
polysaccharide iron forte	1				
pot bicarb-pot chloride	1				
potassium acetate intravenous solution 2 meq/ml	1				
potassium chloride crys er	1				
potassium chloride 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
sodium phosphates intravenous solution 45 mmole/15ml	1		b-plex	1	
tl icon	1		b-plex plus	1	
tl-hem 150	1		complete natal dha	1	
tpp electrolytes intravenous solution	1		completenate	1	
tricon	1		co-natal fa	1	
trigels-f forte	1		corvita	1	
virt-phos 250 neutral	1		corvite free	1	
Electrolyte/Mineral/Metal Modifiers			cyanocobalamin injection	1	
CHEMET	3		decara oral capsule 50000 unit	1	
CUPRIMINE ORAL CAPSULE 250 MG	4	PA	dexifol	1	
DEPEN TITRATABS	2		dialyvite	1	
EXJADE	3	PA	elite-ob	1	
FERRIPROX ORAL TABLET	4	PA	fabb	1	
JADENU	3	PA	fa-vitamin b-6-vitamin b-12	1	
JADENU SPRINKLE	3	PA	folbee	1	
kionex oral suspension	1		folbee plus	1	
SAMSCA	2	QL	folic acid oral tablet 1 mg	1	
sodium polystyrene sulfonate oral	1		folic acid oral tablet 800 mcg	1	PV
sodium polystyrene sulfonate rectal	1		folika-t	1	
sps	1		folplex 2.2	1	
trientine hcl	4	PA	gnp folic acid	1	PV
VELTASSA	3		hydroxocobalamin intramuscular	1	
Vitamins			inatal gt	1	
airavite	1		lysiplex plus oral tablet	1	
ascorbic acid injection	1		multi-vit/iron/fluoride	1	
av-vite fb	1		multivitamin/fluoride oral solution	1	
biocel	1		multi-vitamin/fluoride oral solution	1	
bp vit 3	1		multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
multivitamin/fluoride/iron	1		prenatal tablet 27-0.8 mg oral (otc)	1	PV
multi-vitamin/fluoride/iron	1		prenatal-u	1	
multivitamins/fluoride oral tablet chewable 0.5 mg	1		pyridoxine hcl injection	1	
mvc-fluoride	1		quflora pediatric oral solution 0.25 mg/ml	1	
m-vit	1		quflora pediatric oral tablet chewable 0.5 mg, 1 mg	1	
mynatal advance	1		RAYALDEE	3	
mynatal oral tablet	1		renal oral capsule	1	
mynatal plus	1		se-natal 19	1	
mynatal-z	1		sodium acetate intravenous solution 2 meq/ml	1	
mynate 90 plus	1		taron-prex	1	
mynephron	1		thiamine hcl injection	1	
NASCOBAL	3		tl gard rx	1	
nephronex oral tablet	1		tricare	1	
nufol	1		trinatal rx 1	1	
nutrifac zx	1		trinate	1	
obstetrix ec	1		triphrocaps	1	
ONE-A-DAY WOMENS PRENATAL ORAL 28-0.8 & 440 MG	3	PV	tri-vitamin/fluoride	1	
phytonadione injection solution 1 mg/0.5ml	1		tronvite	1	
phytonadione oral	1		ultimatecare one	1	
pr natal 430 ec	1		urosex	1	
prenatabs rx	1		v-c forte	1	
prenatal 19 oral tablet	1		vic-forte	1	
prenatal 19 oral tablet chewable	1		vinate ii	1	
prenatal low iron oral tablet 27-0.8 mg	1	PV	vinate m	1	
PRENATAL MULTI +DHA ORAL CAPSULE 27-0.8-228 MG	3	PV	vinate one	1	
PRENATAL TABLET 27-0.8 MG ORAL (OTC)	3	PV	virt-caps	1	
			virt-gard	1	
			vita s forte	1	
			vitacel	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
vitamax pediatric	1		hyoscyamine sulfate sublingual	1	
vita-min	1		methscopolamine bromide oral	1	
vitamin b complex 100	1		nulev	1	
vitamin d (ergocalciferol) oral capsule 50000 unit	1		oscimin	1	
vitamin k1 injection solution 1 mg/0.5ml	1		propantheline bromide oral	1	
vitamins acd-fluoride	1		Gastrointestinal Agents, Other		
vol-care rx	1		amoxicill-clarithro-lansopraz	1	
vp-vite rx	1		CHOLBAM	4	PA
Gastrointestinal Agents			cromolyn sodium oral	1	
Antispasmodics, Gastrointestinal			diphenoxylate-atropine	1	
ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR 0.5 MG/0.7ML	3		GATTEX	4	PA
atropine sulfate injection solution 1 mg/ml, 8 mg/20ml	1		loperamide hcl oral capsule	1	
atropine sulfate injection solution prefilled syringe 0.5 mg/5ml, 1 mg/10ml	1		metoclopramide hcl injection	1	
chlordiazepoxide-clidinium	1		metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1	
CUVPOSA	3		metoclopramide hcl oral tablet	1	
dicyclomine hcl intramuscular	1		metoclopramide hcl oral tablet dispersible	1	
dicyclomine hcl oral	1		OCALIVA	4	PA; QL
ed-spaz	1		OMECLAMOX-PAK	2	
glycopyrrolate injection solution	1		PYLERA	2	
glycopyrrolate oral tablet 1 mg, 2 mg	1		RELISTOR ORAL	3	PA; QL
hyoscyamine sulfate oral	1		RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3	PA; QL
hyoscyamine sulfate sl	1		ursodiol oral	1	
Histamine2 (H2) receptor Antagonists			cimetidine 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	Drug Name	Drug Tier	Notes
cimetidine oral	1		lactulose encephalopathy	1	
famotidine intravenous solution 20 mg/2ml, 200 mg/20ml, 40 mg/4ml	1		lactulose oral	1	
famotidine oral suspension reconstituted	1		magnesium citrate oral solution 1.745 gm/30ml	1	PV; QL
famotidine oral tablet 20 mg, 40 mg	1		mineral oil heavy oral	1	
famotidine premixed	1		MOVIPREP	3	
nizatidine	1		OSMOPREP	3	
ranitidine hcl injection solution 150 mg/6ml, 50 mg/2ml	1		peg 3350/electrolytes	1	PV; QL
ranitidine hcl oral capsule	1		peg 3350-kcl-na bicarb-nacl	1	PV; QL
ranitidine hcl oral syrup	1		peg-3350/electrolytes	1	PV; QL
ranitidine hcl oral tablet 150 mg, 300 mg	1		peg-prep	1	
Irritable Bowel Syndrome Agents			pegylax	1	PV; QL
alosetron hcl	1	PA	polyethylene glycol 3350 oral packet	1	
AMITIZA	2	ST; QL	polyethylene glycol 3350 oral powder	1	PV; QL
LINZESS	2	ST; QL	PREPOPIK	3	
Laxatives			SUPREP BOWEL PREP KIT	3	
bisacodyl ec	1	PV; QL	trilyte	1	PV; QL
clearlax oral powder	1	PV; QL	Protectants		
constulose	1		CARAFATE ORAL SUSPENSION	3	
enulose	1		misoprostol oral	1	
ex-lax ultra	1	PV; QL	sucralfate oral tablet	1	
gavilax oral powder	1	PV; QL	Proton Pump Inhibitors		
gavilyte-c	1	PV; QL	DEXILANT ORAL CAPSULE DELAYED RELEASE 60 MG	2	QL
gavilyte-g	1	PV; QL	esomeprazole sodium	1	
gavilyte-h	1		lansoprazole oral	1	QL
gavilyte-n with flavor pack	1	PV; QL	omeprazole oral capsule delayed release	1	QL
generlac	1		pantoprazole sodium intravenous	1	QL
gentle laxative oral	1	PV; QL			
glycolax	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
pantoprazole sodium oral	1	QL	ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT		
rabeprazole sodium	1	QL			2
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment					
ALDURAZYME	4	PA			
CARBAGLU	4				
CERDELGA	4	PA			
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	4	PA			
CREON	2				
CYSTADANE	4				
ELAPRASE	4	PA			
KANUMA	4	PA			
KUVAN	4	PA			
LUMIZYME	4	PA			
MEPSEVII	4	PA			
miglustat	4	PA			
MYALEPT	4	PA			
NAGLAZYME	4	PA			
ORFADIN	4	PA			
RAVICTI	4	PA			
sod benz-sod phenylacet	1				
sodium phenylbutyrate oral powder 3 gm/tsp	4				
sodium phenylbutyrate oral tablet	4				
STRENSIQ	4	PA			
SUCRAID	4				
VIMIZIM	4	PA			
XIAFLEX	4	PA			
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			
trospium chloride		1			
trospium chloride er		1			
VESICARE		2			
Benign Prostatic Hypertrophy Agents					
alfuzosin hcl er		1			
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG		3	ST		
CIALIS ORAL TABLET 2.5 MG, 5 MG		2		PA; QL	
doxazosin mesylate oral		1			
dutasteride 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
dutasteride-tamsulosin hcl	1		VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	3	PV; QL
finasteride oral tablet 5 mg	1		vcf vaginal contraceptive vaginal gel	1	PV; QL
RAPAFLO	2		Phosphate Binders		
tamsulosin hcl oral	1		calcium acetate (phos binder)	1	
terazosin hcl oral	1		calcium acetate oral	1	
Genitourinary Agents, Other			FOSRENOL ORAL PACKET	3	
acetic acid irrigation	1		lanthanum carbonate	1	
aminoacetic acid	1		PHOSLYRA	3	
argyle sterile saline	1		RENAGEL ORAL TABLET 800 MG	3	
bethanechol chloride oral	1		sevelamer carbonate	1	
curity sterile saline	1		VELPHORO	3	
CYSTAGON	4		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ELMIRON	2		ala-cort external cream	1	
ENCARE VAGINAL SUPPOSITORY	3	PV; QL	alclometasone dipropionate	1	
glycine irrigation	1		amcinonide	1	
glycine urologic	1		apexicon e	1	
neomycin-polymyxin b gu	1		betamethasone dipropionate aug	1	
OPTIONS GYNOL II CONTRACEPTIVE	3	PV; QL	betamethasone dipropionate external	1	
phenazo oral tablet 200 mg	1		betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1		betamethasone valerate external	1	
RENACIDIN	3		CAPEX	3	
SHUR-SEAL CONTRACEPTIVE	3	PV; QL	clobetasol prop emollient base	1	
sodium chloride irrigation solution 0.9 %	1		clobetasol propionate e	1	
TODAY SPONGE	3	PV; QL			
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	3	PV; QL			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
clobetasol propionate emulsion	1		fluocinonide external	1	
clobetasol propionate external	1		fluticasone propionate external	1	
clocortolone pivalate	1		halobetasol propionate	1	
clocortolone pivalate pump	1		hydrocortisone butyr lipo base	1	
clodan external shampoo	1		hydrocortisone butyrate external	1	
CORDRAN EXTERNAL TAPE	3		hydrocortisone external cream 1 %, 2.5 %	1	
CORTISONE ACETATE ORAL	2		hydrocortisone external lotion 2.5 %	1	
deltasone	1		hydrocortisone external ointment 1 %, 2.5 %	1	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	3		hydrocortisone in absorbase	1	
desonide external	1		hydrocortisone oral	1	
desoximetasone external	1		hydrocortisone valerate	1	
DEXAMETHASONE INTENSOL	3		methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
dexamethasone oral	1		methylprednisolone oral	1	
dexamethasone sod phosphate pf	1		methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	1	
dexamethasone sodium phosphate injection	1		mometasone furoate external	1	
diflorasone diacetate external	1		prednicarbate	1	
fludrocortisone acetate oral	1		prednisolone oral solution	1	
fluocinolone acetonide body	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	
fluocinolone acetonide external	1				
fluocinolone acetonide scalp	1				
fluocinonide emulsified base	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
prednisolone sodium phosphate oral tablet dispersible	1		NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	4	PA
PREDNISONE INTENSOL	2		novarel intramuscular solution reconstituted 10000 unit	4	PA
prednisone oral tablet	1		NUTROPIN AQ NUSPIN 10	4	PA
prednisone oral tablet therapy pack	1		NUTROPIN AQ NUSPIN 20	4	PA
scalacort	1		NUTROPIN AQ NUSPIN 5	4	PA
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG	3		oxytocin injection	1	
TEXACORT	3		pregnyl	4	PA
triamcinolone acetonide external	1		Hormonal Agents, Suppressant (Pituitary)		
triamcinolone acetonide injection suspension 40 mg/ml	1		leuprolide acetate injection	4	PA
triderm external cream	1		LUPRON DEPOT (1-MONTH)	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			LUPRON DEPOT (3-MONTH)	4	PA
cabergoline	1		LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	4	PA
chorionic gonadotropin intramuscular	4	PA	LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	4	PA
desmopressin ace spray refrig	1		ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	QL
desmopressin acetate injection	1		Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
desmopressin acetate oral	1		alprostadil injection	1	
desmopressin acetate spray	1				
HP ACTHAR	4	PA			
INCRELEX	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
KORLYM	4	PA; QL	amethia lo	1	PV; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)					
Anabolic Steroids					
ANADROL-50	3	PA	apri	1	PV
oxandrolone oral	1	PA; QL	aranelle	1	PV
Androgens					
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	2	PA	ashlyna	1	PV; QL
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	2	PA	aubra	1	PV
danazol oral	1		aubra eq	1	PV
METHITEST	3	PA	aviane	1	PV
methyltestosterone oral	1	PA; QL	azurette	1	PV
STRIANT	3	PA	balziva	1	PV
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA	bekyree	1	PV
testosterone enanthate intramuscular solution	1	PA	blisovi 24 fe	1	PV
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	1	PA	blisovi fe 1.5/30	1	PV
testosterone transdermal solution	1	PA	blisovi fe 1/20	1	PV
Estrogens					
altavera	1	PV	briellyn	1	PV
alyacen 1/35	1	PV	camrese	1	PV; QL
alyacen 7/7/7	1	PV	camrese lo	1	PV; QL
amabelz	1		caziant	1	PV
amethia	1	PV; QL	chateal	1	PV
			chateal eq	1	PV
			COMBIPATCH	3	
			cryselle-28	1	PV
			cyclafem 1/35	1	PV
			cyclafem 7/7/7	1	PV
			cyred	1	PV
			dasetta 1/35	1	PV
			dasetta 7/7/7	1	PV
			daysee	1	PV; QL
			delyla	1	PV
			desogestrel-ethinyl estradiol	1	PV
			drospirenen-eth estrad- levomefol oral tablet 3- 0.02-0.451 mg	1	PV
			drospirenone-ethinyl estradiol	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
DUAVEE	2		kariva	1	PV
elinest	1	PV	kelnor 1/35	1	PV
emoquette	1	PV	kelnor 1/50	1	PV
enpresse-28	1	PV	kurvelo	1	PV
enskyce oral tablet 0.15-30 mg-mcg	1	PV	larin 1.5/30	1	PV
estarrylla	1	PV	larin 1/20	1	PV
estradiol oral	1		larin 24 fe	1	PV
estradiol transdermal	1		larin fe 1.5/30	1	PV
estradiol vaginal	1		larin fe 1/20	1	PV
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1		larissia	1	PV
estradiol-norethindrone acet	1		layolis fe	1	PV
ethynodiol diac-eth estradiol	1	PV	leena	1	PV
EVAMIST	3		lessina	1	PV
falmina	1	PV	levonest	1	PV
fayosim	1	PV; QL	levonorgest-eth est & eth est	1	PV; QL
femynor	1	PV	levonorgest-eth estrad 91-day	1	PV; QL
fyavolv	1		levonorgestrel-ethinyl estrad	1	PV
gianvi	1	PV	levonorg-eth estrad triphasic	1	PV
introvale	1	PV; QL	levora 0.15/30 (28)	1	PV
isibloom	1	PV	lillow	1	PV
jevantique lo	1		LO LOESTRIN FE	3	
jinteli	1		lopreeza	1	
jolessa	1	PV; QL	loryna	1	PV
juleber	1	PV	low-ogestrel	1	PV
junel 1.5/30	1	PV	lutera	1	PV
junel 1/20	1	PV	marlissa	1	PV
junel fe 1.5/30	1	PV	melodetta 24 fe	1	PV
junel fe 1/20	1	PV	MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
junel fe 24	1	PV	mibelas 24 fe	1	PV
kaitlib fe	1	PV			

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
microgestin 1.5/30	1	PV	pimtrea	1	PV
microgestin 1/20	1	PV	pirmella 1/35	1	PV
microgestin fe 1.5/30	1	PV	pirmella 7/7/7	1	PV
microgestin fe 1/20	1	PV	portia-28	1	PV
mili	1	PV	PREMARIN ORAL	2	
mimvey	1		PREMPHASE	2	
mimvey lo	1		PREMPRO	2	
mono-linyah	1	PV	previfem	1	PV
mononessa	1	PV	quasense	1	PV; QL
myzilra	1	PV	rajani	1	PV
NATAZIA	2	PV	reclipsen	1	PV
necon 0.5/35 (28)	1	PV	rivelsa	1	PV; QL
necon 7/7/7	1	PV	setlakin	1	PV; QL
nikki	1	PV	sprintec 28	1	PV
norethin ace-eth estrad-fe	1	PV	sronyx	1	PV
norethindrone acet-ethinyl est	1	PV	syeda	1	PV
norethindrone-eth estradiol	1		tarina fe 1/20	1	PV
norethin-eth estradiol-fe	1	PV	tilia fe	1	PV
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	PV	tri femynor	1	PV
norgestimate-ethinyl estradiol triphasic	1	PV	tri-estarrylla	1	PV
nortrel 0.5/35 (28)	1	PV	tri-legest fe	1	PV
nortrel 1/35 (21)	1	PV	tri-linyah	1	PV
nortrel 1/35 (28)	1	PV	tri-lo-estarrylla	1	PV
nortrel 7/7/7	1	PV	tri-lo-marzia	1	PV
NUVARING	2	PV	tri-lo-sprintec	1	PV
ocella	1	PV	tri-mili	1	PV
ogestrel	1	PV	trinessa (28)	1	PV
orsythia	1	PV	trinessa lo	1	PV
philith	1	PV	tri-previfem	1	PV
			tri-sprintec	1	PV
			trivora (28)	1	PV
			tri-vylibra	1	PV
			tydemy	1	PV
			velivet	1	PV

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
vienna	1	PV	LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 18.6 MCG/DAY	4	PV
viorele	1	PV	lyza	1	PV
vyfemla	1	PV	MAKENA SUBCUTANEOUS	4	PA
vylibra	1	PV	medroxyprogesterone acetate intramuscular	1	PV; QL
wera	1	PV	medroxyprogesterone acetate oral	1	
wymzya fe	1	PV	megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml	1	
xulane	1	PV	megestrol acetate oral tablet	1	
yuvafem	1		MIRENA (52 MG)	3	PV
zarah	1	PV	NEXPLANON	3	PV
zenchent	1	PV	nora-be	1	PV
zovia 1/35e (28)	1	PV	norethindrone acetate oral	1	
Progesterone Agonists/Antagonists			norethindrone oral	1	PV
ELLA	3	PV	norlyda	1	PV
Progestins			norlyroc	1	PV
camila	1	PV	progesterone intramuscular	1	
deblitane	1	PV	progesterone micronized oral	1	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3		sharobel	1	PV
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	QL	SKYLA	3	PV
errin	1	PV	tulana	1	PV
heather	1	PV	Selective Estrogen Receptor Modifying Agents		
hydroxyprogesterone caproate intramuscular oil	4	PA	OSPHENA	3	
incassia	1	PV	raloxifene hcl	1	PV*
jencycla	1	PV			
jolivette	1	PV			
KYLEENA	4	PV			
levonorgestrel oral tablet 1.5 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	Drug Name	Drug Tier	Notes			
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)								
ARMOUR THYROID	3		octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	PA			
levo-t	1		SIGNIFOR	4	PA; QL			
levothyroxine sodium oral	1		SOMATULINE DEPOT	4	PA			
levothyroxine-liothyronine	1		SOMAVERT	4	PA			
levoxyl	1		SUPPRELIN LA	4	PA; QL			
liothyronine sodium intravenous	1		SYNAREL	2				
liothyronine sodium oral	1		Hormonal Agents, Suppressant (Thyroid)					
np thyroid	1		Antithyroid Agents					
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	3		methimazole oral	1				
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	3		propylthiouracil oral	1				
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	3		Immunological Agents					
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	3		Angioedema Agents					
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	3		BERINERT	4	PA			
unithroid	1		CINRYZE	4	PA			
unithroid direct	1		FIRAZYR	4	PA			
WP THYROID	3		Immune Suppressants					
Hormonal Agents, Suppressant (Adrenal)								
LYSODREN	2		AZASAN	3				
Hormonal Agents, Suppressant (pituitary)								
LUPANETA PACK	4	PA; QL	azathioprine oral	1				
LUPRON DEPOT-PED (1-MONTH)	4	PA	azathioprine sodium	1				
LUPRON DEPOT-PED (3-MONTH)	4	PA	CIMZIA PREFILLED KIT	4	PA			
			CIMZIA STARTER KIT	4	PA			
			CIMZIA VIAL KIT	4	PA			
			cyclosporine intravenous	1				
			cyclosporine modified	1				
			cyclosporine oral capsule	1				
			ENBREL MINI	4	PA			
			ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	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
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA	methotrexate sodium injection solution reconstituted	1	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA	methotrexate sodium oral	1	
gengraf oral capsule 100 mg, 25 mg	1		mycophenolate mofetil	1	
gengraf oral solution	1		mycophenolate mofetil hcl	1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	4	PA	mycophenolate sodium	1	
HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT	4	PA	ORENCIA CLICKJECT	4	PA
HUMIRA PEN- CD/UC/HS STARTER	4	PA	ORENCIA INTRAVENOUS	4	PA
HUMIRA PEN-PS/UV STARTER	4	PA	ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA	PROGRAF INTRAVENOUS	3	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA	RAPAMUNE ORAL SOLUTION	3	
methotrexate oral	1		REMICADE	4	PA
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1		SANDIMMUNE ORAL SOLUTION	2	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1		SIMPONI ARIA	4	PA
			SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA
			SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
			sirolimus oral	1	
			STELARA INTRAVENOUS	4	PA
			tacrolimus oral	1	
			TREXALL	3	
			ZORTRESS	3	PA

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Immunizing Agents, Passive			MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	
ATGAM	4		NABI-HB	4	
BIVIGAM	4	PA	OCTAGAM	4	PA
carimune nf intravenous solution reconstituted 12 gm, 6 gm	4	PA	PRIVIGEN	4	PA
CUVITRU	4	PA	RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	
CYTOGAM	4	PA	RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	4	
FLEBOGAMMA DIF	4	PA	SYNAGIS	4	PA
GAMASTAN	4	PA	THYMOGLOBULIN	3	
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	4	PA	WINRHO SDF	4	
GAMMAGARD	4	PA	Immunomodulators		
GAMMAGARD S/D LESS IGA	4	PA	ACTEMRA	4	PA
GAMMAKED	4	PA	ACTIMMUNE	4	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	4	PA	ALFERON N	4	
GAMUNEX-C	4	PA	ARCALYST	4	PA
HEPAGAM B	4		ILARIS SUBCUTANEOUS SOLUTION	4	PA; QL
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA	KEVZARA	4	PA
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4		leflunomide oral	1	
HYQVIA	4	PA	OTEZLA ORAL TABLET	4	PA
			OTEZLA ORAL TABLET THERAPY PACK	4	PA
			SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	3	
			XELJANZ	4	PA

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
XELJANZ XR	4	PA	FLUCELVAX QUADRIVALENT	2	PV
Vaccines			FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION	2	PV
ACTHIB	2	PV	FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	2	PV	FLUMIST QUADRIVALENT	2	
AFLURIA	2	PV	FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV	FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	2	PV
AFLURIA QUADRIVALENT	2	PV	FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
BEXZERO	2	PV	GARDASIL 9	2	PV
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5	2	PV	HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	2	PV
DAPTACEL INTRAMUSCULAR SUSPENSION 15-23-5 LF-MCG/0.5	2	PV	HEPLISAV-B	2	PV
DIPHTHERIA-TETANUS TOXOIDS DT	2	PV	HIBERIX INJECTION	2	PV
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	2	PV	INFANRIX	2	PV
ENGERIX-B INTRAMUSCULAR	2	PV	IPOL INJECTION INJECTABLE	2	PV
FLUAD	2	PV	KINRIX INTRAMUSCULAR SUSPENSION	2	PV
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV	MENACTRA	2	PV
FLUBLOK QUADRIVALENT	2	PV			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
MENVEO	2	PV	balsalazide disodium	1	
M-M-R II	2	PV	CANASA	2	
PEDIARIX	2	PV	DIPENTUM	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	PV	mesalamine oral tablet delayed release 1.2 gm	1	
PENTACEL	2	PV	mesalamine rectal	1	
PNEUMOVAX 23	2	PV	mesalamine-cleanser	1	
PREVNAR 13	2	PV	PENTASA	3	
PROQUAD	2	PV	Glucocorticoids		
QUADRACEL	2	PV	budesonide er oral tablet extended release 24 hour	1	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	2	PV	budesonide oral	1	
ROTARIX	2	PV	Sulfonamides		
ROTATEQ ORAL SOLUTION	2	PV	sulfasalazine oral	1	
SHINGRIX	2	PV	Metabolic Bone Disease Agents		
TENIVAC	2	PV	ALENDRONATE SODIUM ORAL SOLUTION	2	
TETANUS-DIPHTHERIA TOXOIDS TD	2	PV	alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	1	
TRUMENBA	2	PV	alendronate sodium oral tablet 35 mg, 70 mg	1	QL
TWINRIX	2	PV	calcitonin (salmon)	1	QL
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	2	PV	calcitriol intravenous solution 1 mcg/ml	1	
VARIVAX	2	PV	calcitriol oral	1	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	PV	doxercalciferol intravenous	1	
Inflammatory Bowel Disease Agents			etidronate disodium	1	
Aminosalicylates			FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	4	PA
APRISO	2		FOSAMAX PLUS D	3	QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML	3		aminosyn ii/electrolytes	1	
ibandronate sodium intravenous solution 3 mg/3ml	1	QL	aminosyn/electrolytes intravenous solution 8.5 %	1	
ibandronate sodium oral	1	QL	argyle sterile water	1	
MIACALCIN INJECTION	3		asilnasal rms	1	
pamidronate disodium	1		ASSURE ID SAFETY PEN NEEDLES	2	
paricalcitol	1		bd posiflush intravenous	1	
PROLIA	4	PA; QL	BREATHERITE	2	
risedronate sodium oral tablet 150 mg, 35 mg	1	QL	buminate	1	
risedronate sodium oral tablet 30 mg, 5 mg	1		CAYA	3	PV; QL
risedronate sodium oral tablet delayed release	1	QL	clinisol sf	1	
SENSIPAR	3	PA	deferoxamine mesylate	1	
XGEVA	4	PA	EASIVENT	2	
zoledronic acid intravenous concentrate	4		FC FEMALE CONDOM	3	PV; QL
zoledronic acid intravenous solution	4		FEMCAP	3	PV; QL
ZOMETA INTRAVENOUS SOLUTION	4		flexbumin	1	
Miscellaneous Therapeutic Agents			FLEXICHAMBER ADULT MASK/SMALL	2	
albuked 25	1		FLEXICHAMBER CHILD MASK/LARGE	2	
albuked 5	1		FLEXICHAMBER CHILD MASK/SMALL	2	
albumin human	1		fomepizole intravenous solution 1.5 gm/1.5ml	1	
albuminar-25	1		heparin lock flush intravenous solution 1 unit/ml, 10 unit/ml, 100 unit/ml	1	
albuminar-5	1		heparin sodium flush intravenous kit 100-0.9 unit/ml-%	1	
albumin-zlb	1		heparin sodium lock flush intravenous solution 100 unit/ml	1	
alburx	1		hetastarch-nacl	1	
albutein	1				
ALCOHOL PREP PADS PAD , 70 %	3				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
human albumin grifols	1		NOVOFINE PEN NEEDLE 32G X 6 MM	2	
INSPIREASE RESERVOIR BAGS	2		NOVOFINE PLUS PEN NEEDLE	2	
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2		NOVOTWIST PEN NEEDLE 32G X 5 MM	2	
INSULIN SYRINGES 28G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2		nutrilipid intravenous emulsion 20 %	1	
intralipid intravenous emulsion 20 %	1		PANDA MASK LARGE	2	
J-TIP KIT W/VIAL ADAPTERS	3		PANDA MASK MEDIUM	2	
kedbumin	1		PANDA MASK SMALL	2	
lactated ringers irrigation	1		PARAGARD INTRAUTERINE COPPER	3	PV
levocarnitine oral solution	1		PEDIATRIC PANDA MASK	2	
levocarnitine oral tablet	1		physiolyte	1	
MASK VORTEX	2		physiosol irrigation	1	
methergine oral	1		plasbumin-25	1	
methylergonovine maleate injection	1		plasbumin-5	1	
monoject flush syringe intravenous	1		plenamine	1	
monoject sodium chloride flush intravenous	1		POCKET SPACER	2	
n-acetyl-l-cysteine oral	1		premasol intravenous solution 6 %	1	
normal saline flush intravenous	1		PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	2	
NOVOFINE AUTOCOVER PEN NEEDLE	2		ringers irrigation	1	
			saline flush intravenous	1	
			saline flush zr	1	
			sash kit intravenous kit 100-0.9 unit/ml-%	1	
			sodium chloride bacteriostatic	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			
sodium chloride flush	1		bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1				
sodium nitrite intravenous	1		bacitra-neomycin-polymyxin-hc	1				
sodium thiosulfate intravenous solution 25 %	1		neomycin-bacitracin zn-polymyx	1				
sterile diluent/epoprostenol	1		neomycin-polymyxin-dexameth ophthalmic ointment	1				
sterile water for injection	1		neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1				
sterile water for irrigation	1		neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1				
swabflush saline flush	1		neo-polycin	1				
tis-u-sol	1		neo-polycin hc	1				
VISTOGARD	3		polycin	1				
WIDE-SEAL DIAPHRAGM 60	3	PV; QL	polymyxin b-trimethoprim	1				
Ophthalmic Agents								
Aminoglycosides								
gentak ophthalmic ointment	1		ZIRGAN	3				
gentamicin sulfate ophthalmic solution	1		Antifungals					
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1		NATACYN	2				
TOBRADEX OPHTHALMIC OINTMENT	3		Antiherpetic Agents					
TOBRADEX ST	3		trifluridine ophthalmic	1				
tobramycin ophthalmic	1		Macrolides					
tobramycin-dexamethasone	1		AZASITE	3				
TOBREX OPHTHALMIC OINTMENT	3		erythromycin ophthalmic	1				
Antibacterials, Other			Ophthalmic Prostaglandin and Prostamide Analogs					
bacitracin ophthalmic	1		bimatoprost ophthalmic	1	QL			
			latanoprost ophthalmic	1	QL			
			LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	QL			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes			
TRAVATAN Z	2	QL	PAZEO	2				
ZIOPTAN	3	QL	phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1				
Ophthalmic Agents, Other								
altacaine	1		Ophthalmic Antiglaucoma Agents					
atropine sulfate ophthalmic solution	1		acetazolamide er	1				
cyclopentolate hcl ophthalmic	1		acetazolamide oral	1				
CYSTARAN	4	PA; QL	acetazolamide sodium	1				
homatropaire	1		ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2				
homatropine hbr ophthalmic	1		apraclonidine hcl	1				
OMIDRIA	3		AZOPT	2				
proparacaine hcl ophthalmic	1		betaxolol hcl ophthalmic	1				
RESTASIS	2	PA	BETIMOL	3				
RESTASIS MULTIDOSE	2	PA	brimonidine tartrate ophthalmic	1				
tetcaine	1		carteolol hcl	1				
tetracaine hcl ophthalmic	1		COMBIGAN	2				
tropicamide ophthalmic solution 0.5 %	1		dorzolamide hcl ophthalmic	1				
XIIDRA	2	PA	dorzolamide hcl-timolol mal	1				
Ophthalmic Anti-allergy Agents								
ALOCRIL	3		IOPIDINE OPHTHALMIC SOLUTION 1 %	3				
ALOMIDE	3		KEVEYIS	4	PA; QL			
altafrin ophthalmic solution 10 %, 2.5 %	1		levobunolol hcl ophthalmic solution 0.5 %	1				
azelastine hcl ophthalmic	1		methazolamide oral	1				
BEPREVE	3	ST	metipranolol	1				
cromolyn sodium ophthalmic	1		PHOSPHOLINE IODIDE	2				
EMADINE	3		pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1				
epinastine hcl	1		SIMBRINZA	2				
LASTACAFT	3	ST						
olopatadine hcl ophthalmic	1							

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
timolol maleate ophthalmic	1		sulfacetamide-prednisolone ophthalmic solution	1	
Ophthalmic Anti-inflammatories			Quinolones		
ACUVAIL	3		BESIVANCE	3	
ALREX	3		CILOXAN OPHTHALMIC OINTMENT	3	
bromfenac sodium (once-daily)	1	QL	ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1		gatifloxacin ophthalmic	1	
diclofenac sodium ophthalmic	1		levofloxacin ophthalmic	1	
DUREZOL	3		MOXEZA	2	
FLAREX	3		moxifloxacin hcl ophthalmic	1	
fluorometholone ophthalmic	1		ofloxacin ophthalmic	1	
flurbiprofen sodium	1		Sulfonamides		
FML	2		sulfacetamide sodium ophthalmic solution	1	
ILEVRO	3	QL	Otic Agents		
ILUVIEN INTRAVITREAL	4		acetic acid otic	1	
ketorolac tromethamine ophthalmic	1		CIPRO HC	3	
LOTEMAX OPHTHALMIC GEL	3	QL	CIPRODEX	2	
LOTEMAX OPHTHALMIC OINTMENT	3	QL	ciprofloxacin hcl otic	1	
LOTEMAX OPHTHALMIC SUSPENSION	3		COLY-MYCIN S	3	
NEVANAC	3	QL	fluocinolone acetonide otic	1	
PRED MILD	2		hydrocortisone-acetic acid	1	
prednisolone acetate ophthalmic	1		neomycin-polymyxin-hc otic	1	
prednisolone sodium phosphate ophthalmic	1		ofloxacin otic	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
carbinoxamine maleate oral tablet 4 mg	1		DYMISTA	2	QL
cetirizine hcl oral solution	1		FLOVENT DISKUS	2	QL
CLEMASTINE FUMARATE ORAL TABLET 2.68 MG	3		FLOVENT HFA	2	QL
cyproheptadine hcl oral	1		flunisolide nasal solution 25 mcg/act (0.025%)	1	QL
desloratadine	1		fluticasone propionate nasal	1	
diphenhydramine hcl injection	1		FLUTICASONE- SALMETEROL	1	QL
diphenhydramine hcl oral elixir	1		mometasone furoate nasal	1	QL
hydroxyzine hcl intramuscular solution 50 mg/ml	1		OMNARIS	3	QL
hydroxyzine hcl oral syrup	1		PULMICORT FLEXHALER	2	QL
hydroxyzine hcl oral tablet	1		SYMBICORT	2	QL
hydroxyzine pamoate oral	1		triamcinolone acetonide nasal aerosol	1	
levocetirizine dihydrochloride oral	1		Antileukotrienes		
olopatadine hcl nasal	1	QL	montelukast sodium oral	1	
ryvent	1		zafirlukast	1	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	3	PA; QL	zileuton er	1	ST
Anti-inflammatories, Inhaled Corticosteroids			Bronchodilators, Anticholinergic		
ADVAIR DISKUS	2	QL	ANORO ELLIPTA	2	QL
ADVAIR HFA	2	QL	ATROVENT HFA	3	QL
ARNUITY ELLIPTA	2	QL	COMBIVENT RESPIMAT	2	QL
BECONASE AQ	3	QL	INCRUSE ELLIPTA	2	QL
BEVESPI AEROSPHERE	3	ST; QL	ipratropium bromide inhalation	1	QL
BREO ELLIPTA	2	QL	ipratropium bromide nasal	1	
budesonide inhalation	1	QL	ipratropium-albuterol	1	QL
			SPIRIVA HANDIHALER	2	QL
			SPIRIVA RESPIMAT	2	QL
			STIOLTO RESPIMAT	2	QL
Bronchodilators, Sympathomimetic			albuterol sulfate er	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
albuterol sulfate inhalation	1	QL	PULMOZYME	4	PA
albuterol sulfate oral	1		tobramycin nebulization solution 300 mg/5ml inhalation	4	ST
ARCAPTA NEOHALER	3	ST; QL	Mast Cell Stabilizers		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	3	QL	cromolyn sodium inhalation	1	
BROVANA	3	QL	Phosphodiesterase Inhibitors, Airways Disease		
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	Made by Mylan	aminophylline intravenous	1	
isoproterenol hcl injection	1		DALIRESP ORAL TABLET 500 MCG	3	PA
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	QL	difil-g forte	1	
metaproterenol sulfate oral	1		ELIXOPHYLLIN	2	
PERFOROMIST	3	QL	THEO-24	3	
PROAIR HFA	2	QL	theochron oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg	1	
PROAIR RESPICLICK	2	QL	theophylline	1	
SEREVENT DISKUS	2	QL	theophylline er	1	
STRIVERDI RESPIMAT	3	ST; QL	Pulmonary Antihypertensives		
terbutaline sulfate injection	1		ADEMPAS	4	PA; QL
terbutaline sulfate oral	1		epoprostenol sodium	4	PA
VENTOLIN HFA	2	QL	LETAIRIS	4	PA; QL
Cystic Fibrosis Agents			OPSUMIT	4	PA; QL
BETHKIS	4		ORENITRAM	4	PA
CAYSTON	4	PA	REMODULIN	4	PA
KALYDECO	4	PA	sildenafil citrate intravenous	4	PA
ORKAMBI ORAL TABLET	4	PA; QL	sildenafil citrate oral tablet 20 mg	4	PA; QL
			tadalafil (pah)	4	PA; QL
			TRACLEER	4	PA; QL
			TYVASO	4	PA; QL
			TYVASO REFILL	4	PA; QL
			TYVASO STARTER	4	PA; QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
UPTRAVI	4	PA; QL			
VELETRI	4	PA			
VENTAVIS	4	PA; QL			
Pulmonary Fibrosis Agents					
ESBRIET	4	PA			
OFEV	4	PA			
Respiratory Tract Agents, Other					
acetylcysteine inhalation	1				
acetylcysteine intravenous	1				
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	4	PA			
benzonatate	1				
GLASSIA	4	PA			
hydrocodone-homatropine	1	PA; QL			
hydromet	1	PA; QL			
nebusal inhalation nebulization solution 3 %	1				
NUCALA	4	PA; QL			
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	4	PA			
pulmosal	1				
ribavirin inhalation	4				
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1				
XOLAIR	4	PA			
ZEMAIRA	4	PA			
Skeletal Muscle Relaxants					
atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml	1				
carisoprodol oral	1				
chlorzoxazone oral tablet 500 mg	1				
cisatracurium besylate intravenous solution 10 mg/5ml, 20 mg/10ml, 200 mg/20ml	1				
cyclobenzaprine hcl oral	1				
metaxall	1				
metaxalone	1				
methocarbamol injection solution 1000 mg/10ml	1				
methocarbamol oral	1				
orphenadrine citrate er	1				
orphenadrine citrate injection	1				
pancuronium bromide intravenous solution 1 mg/ml	1				
rocuronium bromide intravenous solution	1				
succinylcholine chloride injection	1				
vecuronium bromide intravenous solution reconstituted	1				
Sleep Disorder Agents					
GABA Receptor Modulators					
eszopiclone	1	QL			
zaleplon	1	QL			
zolpidem tartrate	1	QL			
zolpidem tartrate er	1	QL			

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Drug Name	Drug Tier	Notes
Sleep Disorders, Other		
armodafinil	1	PA; QL
BELSOMRA	3	ST; QL
dexmedetomidine hcl intravenous solution 200 mcg/2ml	1	
HETLIOZ	4	PA; QL
modafinil	1	PA; QL
pentobarbital sodium injection	1	
ROZEREM	3	QL
SILENOR	3	QL

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

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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.

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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.

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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)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

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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.

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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.

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

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad bee áka'anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqodí ninaaltsoos nit'lizí bee nééhozinígíí bine'dééjé, t'áá jíík'ehgo béeésh bee hane'í biká'ígíí bee hodíilnih.

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

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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:

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