



2024 Premium Standard Formulary

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



Call the number on your member ID card.



Visit your plan's website on your member ID card or log on to the Optum Rx app to:

- Find 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 or other pharmacy care products, services or supplies chosen 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.

To create the list, Optum Rx® is guided by the Pharmacy and Therapeutics Committee. This group of doctors and pharmacists reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my formulary?

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

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor.

When does the formulary change?

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

If 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 is similar to another prescription or over-the-counter (OTC) medication.

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

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

Medication tips

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

Generic medications contain the same active ingredients (offer the same effect) as brand-name medications, but they often cost less. In some situations, brand-name medications could be lower in cost.

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a lower-cost option could be right for you.

What if I am taking a specialty medication?

Specialty medications are used to treat complex conditions and are generally higher in cost. Please note, not all specialty medications are listed in the formulary. Our specialty pharmacy can provide most of your specialty medications along with helpful programs and services. Call **1-855-427-4682** and ask how you can have your prescriptions delivered right to your home or doctor's office.



About this formulary

Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.



Over-the-counter medications (OTC)

Talk to your doctor about OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Reading your formulary

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

Tier information

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

| Drug tier | Includes | Helpful tips |
|-----------|---|---|
| Tier 1 | \$ Lower-cost generics and some brand name | Use tier 1 drugs for the lowest out-of-pocket costs. |
| Tier 2 | \$\$ Mid-range cost preferred brand name | Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs. |
| Tier 3 | \$\$\$ Higher-cost brand name and some generics | Many tier 3 drugs have lower-cost options in tier 1 or 2. Ask your doctor if they could work for you. |
| Tier E | ⊗ Excluded | May not be covered or need prior authorization. Lower-cost options are available and covered. |

Drug list information

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

| | |
|----|---|
| M | Authorized generic or cobranded product |
| PA | Prior authorization - Your doctor is required to give Optum Rx more information to determine coverage. |
| QL | Quantity limit - Medication may be limited to a certain quantity. |
| SP | Specialty medication - Medication is designated as specialty. |
| ST | Step therapy - Must try lower-cost medication(s) before a higher-cost medication can be covered |
| 3P | Tier 3 preferred |
| ++ | Benefit design options - Coverage is determined by your prescription medication benefit plan. |

Premium Standard Formulary

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| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| Analgesics - Drugs for Pain | | |
| acetaminophen-codeine oral tablet | 1 | QL |
| APADAZ | E | |
| apap-caff-dihydrocodeine | 1 | QL |
| bac | 1 | |
| BELBUCA | 2 | PA; QL |
| BENZHYDROCODON E-ACETAMINOPHEN | E | |
| butalbital-apap-caffeine | 1 | |
| BUTRANS | E | |
| CONZIP | E | |
| DILAUDID ORAL | E | |
| endocet | 1 | QL |
| fentanyl | 1 | PA; QL |
| FENTANYL CITRATE BUCCAL TABLET | E | M |
| FENTORA | E | |
| FIORICET | E | |
| FIORICET/CODEINE | E | |
| hydrocodone-acetaminophen oral tablet | 1 | QL |
| hydromorphone hcl oral tablet | 1 | QL |
| HYSINGLA ER | 2 | PA; QL |
| morphine sulfate er oral tablet extended release | 1 | PA; QL |
| MS CONTIN | E | |
| NUCYNTA | E | |
| NUCYNTA ER | E | |
| OXYCODONE HCL | E | |
| OXYCODONE HCL ER | E | M |
| oxycodone hcl oral tablet | 1 | QL |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 | QL |
| OXYCONTIN | 2 | PA; QL |
| PERCOCET | E | |
| QDOLO | E | |
| ROXICODONE | E | |
| ROXYBOND | E | |
| SEGLENTIS | E | |
| SUBSYS | E | |
| TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR | E | M |
| TRAMADOL HCL ORAL SOLUTION | E | M |
| tramadol hcl oral tablet | 1 | QL |
| TREZIX | 3 | QL |
| XTAMPZA ER | 2 | PA; QL |
| Analgesics - Drugs for Pain and Inflammation | | |
| ARTHROTEC | E | |
| CELEBREX | E | |
| celecoxib oral | 1 | QL |
| DICLOFENAC PATCH 1.3% | E | M |
| diclofenac potassium oral tablet | 1 | |
| diclofenac sodium external gel 1 % | 1 | QL |
| diclofenac sodium oral | 1 | |
| DUEXIS | E | |
| ELYXYB | E | |
| etodolac oral tablet | 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 |
|--|-----------|-------|
| FLECTOR | E | |
| ibuprofen oral suspension 100 mg/5ml | 1 | |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1 | |
| ibuprofen-famotidine | E | |
| indomethacin oral | 1 | |
| KETOROLAC TROMETHAMINE NASAL | E | M |
| ketorolac tromethamine oral | 1 | QL |
| LICART | E | |
| meloxicam oral tablet | 1 | |
| nabumetone oral | 1 | |
| NALFON | E | |
| naproxen oral tablet | 1 | |
| PENNSAID | E | |
| RELAFEN DS | E | |
| SPRIX | E | |
| VIMOVO | E | |
| ZIPSOR | E | |
| ZORVOLEX | E | |
| Anesthetics | | |
| lidocaine external patch 5 % | 1 | |
| lidocaine-prilocaine external cream | 1 | |
| LIDOCAN | E | |
| LIDODERM | E | |
| ZTLIDO | E | |
| Anti-Addiction / Substance Abuse Treatment Agents | | |
| buprenorphine hcl sublingual | 1 | QL |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| buprenorphine hcl-naloxone hcl | 1 | QL |
| KLOXXADO | 2 | |
| naloxone hcl nasal | 1 | |
| naltrexone hcl oral | 1 | |
| NARCAN | 2 | |
| SUBLOCADE | 3 | SP |
| SUBOXONE | E | |
| varenicline tartrate | 1 | ++; QL |
| ZIMHI | 3 | |
| ZUBSOLV | 2 | QL |
| Antibacterials | | |
| amoxicillin oral capsule | 1 | |
| amoxicillin oral suspension reconstituted | 1 | |
| amoxicillin oral tablet | 1 | |
| amoxicillin-potassium clavulanate oral suspension reconstituted | 1 | |
| amoxicillin-potassium clavulanate oral tablet | 1 | |
| avidoxy | 1 | |
| azithromycin oral suspension reconstituted | 1 | |
| azithromycin oral tablet | 1 | |
| cefadroxil oral capsule | 1 | |
| cefdinir | 1 | |
| cefuroxime axetil | 1 | |
| cephalexin | 1 | |
| ciprofloxacin hcl oral | 1 | |
| clarithromycin oral tablet | 1 | |
| CLEOCIN VAGINAL | E | |
| clindamycin 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 |
|---|-----------|-------|
| CLINDESSE | 3 | |
| DIFICID | 3 | |
| DORYX | E | |
| DORYX MPC | E | |
| doxycycline hyclate oral capsule | 1 | |
| doxycycline hyclate oral tablet | 1 | |
| DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG | E | |
| doxycycline monohydrate oral capsule | 1 | |
| doxycycline monohydrate oral tablet | 1 | |
| levofloxacin oral tablet | 1 | |
| metronidazole oral tablet | 1 | |
| metronidazole vaginal | 1 | |
| minocycline hcl oral capsule | 1 | |
| MINOLIRA | E | |
| mondoxyne nl | 1 | |
| mupirocin external | 1 | |
| nitrofurantoin macrocrystal | 1 | |
| nitrofurantoin monohydrate macrocrystals | 1 | |
| NUVESSA | E | |
| NUZYRA ORAL | 3 | |
| penicillin v potassium oral tablet | 1 | |
| SEYSARA | 3 | ST |
| SILVADENE | E | |
| SOLODYN | E | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| sulfamethoxazole-trimethoprim oral | 1 | |
| sulfatrim pediatric | 1 | |
| TARGADOX | E | |
| XENLETA | 3 | |
| XEPI | 3 | |
| XIFAXAN ORAL TABLET 200 MG | E | |
| XIMINO | 3 | |
| Anticoagulants | | |
| ELIQUIS | 2 | QL |
| ELIQUIS DVT/PE STARTER PACK | 2 | QL |
| enoxaparin sodium injection solution prefilled syringe | 1 | QL |
| jantoven | 1 | |
| PRADAXA ORAL CAPSULE | 2 | QL |
| warfarin sodium oral | 1 | |
| XARELTO | 2 | QL |
| XARELTO STARTER PACK | 2 | QL |
| Anticonvulsants - Drugs for Seizures | | |
| APTOM | 3 | |
| BRIVIACT INTRAVENOUS | 3 | |
| BRIVIACT ORAL | 3 | ST |
| CARBATROL | E | |
| DEPAKOTE | E | |
| DEPAKOTE ER | E | |
| DEPAKOTE SPRINKLES | E | |
| DILANTIN INFATABS | E | |
| DILANTIN ORAL CAPSULE 100 MG | E | |

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

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| DILANTIN ORAL SUSPENSION | E | |
| divalproex sodium er | 1 | |
| divalproex sodium oral tablet delayed release | 1 | |
| ELEPSIA XR | E | |
| EPIDIOLEX | 3 | PA; SP |
| EPRONTIA | E | |
| FYCOMPA | 3 | |
| gabapentin oral capsule | 1 | |
| gabapentin oral tablet 600 mg, 800 mg | 1 | |
| KEPPRA ORAL | E | |
| KEPPRA XR | E | |
| lacosamide oral tablet | 1 | |
| LAMICTAL | E | |
| LAMICTAL ODT | E | |
| LAMICTAL STARTER | E | |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR | E | |
| lamotrigine er | 1 | |
| lamotrigine oral tablet | 1 | |
| levetiracetam intravenous | 1 | |
| levetiracetam oral | 1 | |
| NAYZILAM | 3 | QL |
| NEURONTIN | E | |
| ONFI | E | |
| oxcarbazepine oral tablet | 1 | |
| OXTELLAR XR | E | |
| primidone oral | 1 | |
| QUDEXY XR | E | |
| roweepra | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| SABRIL | E | SP |
| subvenite | 1 | |
| SYMPAZAN | 3 | PA |
| TEGRETOL | E | |
| TEGRETOL-XR | E | |
| TOPAMAX | E | |
| TOPAMAX SPRINKLE | E | |
| topiramate oral tablet | 1 | |
| TRILEPTAL | E | |
| TROKENDI XR | E | |
| VALTOCO | 3 | QL |
| VIMPAT | E | |
| XCOPRI | 3 | ST |
| ZONEGRAN | E | |
| ZONISADE | E | |
| zonisamide oral | 1 | |
| Antidementia Agents - Drugs for Alzheimer's Disease and Dementia | | |
| ADLARITY | E | |
| ADUHELM | E | SP |
| donepezil hcl oral tablet | 1 | |
| memantine hcl oral tablet | 1 | |
| NAMZARIC | 2 | QL |
| Antidepressants | | |
| amitriptyline hcl oral | 1 | |
| AUVELITY | E | |
| bupropion hcl er (sr) | 1 | QL |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg | 1 | QL |

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

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG | E | M |
| bupropion hcl oral | 1 | |
| CELEXA | E | |
| CITALOPRAM HYDROBROMIDE ORAL CAPSULE | E | |
| citalopram hydrobromide oral tablet | 1 | |
| CYMBALTA | E | |
| desvenlafaxine succinate er | 1 | QL |
| doxepin hcl oral capsule | 1 | |
| duloxetine hcl oral | 1 | QL |
| EFFEXOR XR | E | |
| escitalopram oxalate oral tablet | 1 | |
| fluoxetine hcl oral capsule | 1 | |
| fluoxetine hcl oral tablet | 1 | |
| fluvoxamine maleate | 1 | |
| FORFIVO XL | E | |
| LEXAPRO | E | |
| LYBALVI | E | |
| mirtazapine oral tablet | 1 | |
| nortriptyline hcl oral capsule | 1 | |
| paroxetine hcl oral tablet | 1 | |
| PAXIL CR | E | |
| PAXIL ORAL TABLET | E | |
| PRISTIQ | E | |
| PROZAC | E | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| SERTRALINE HCL ORAL CAPSULE | E | |
| sertraline hcl oral tablet | 1 | |
| SPRAVATO (56 MG DOSE) | 3 | PA; SP |
| SPRAVATO (84 MG DOSE) | 3 | PA; SP |
| trazodone hcl oral | 1 | |
| TRINTELLIX | 3 | ST; QL |
| VENLAFAXINE BESYLATE ER | E | |
| venlafaxine hcl | 1 | |
| venlafaxine hcl er oral capsule extended release 24 hour | 1 | QL |
| venlafaxine hcl er oral tablet extended release 24 hour | 1 | |
| vilazodone hcl | 1 | QL |
| WELLBUTRIN SR | E | |
| WELLBUTRIN XL | E | |
| ZOLOFT | E | |
| Antiemetics - Drugs for Nausea and Vomiting | | |
| GIMOTI | E | |
| meclizine hcl oral tablet | 1 | ++ |
| metoclopramide hcl oral tablet | 1 | |
| ondansetron hcl oral tablet 24 mg | 1 | QL |
| ondansetron hcl oral tablet 4 mg, 8 mg | 1 | |
| ondansetron odt | 1 | |
| prochlorperazine maleate oral | 1 | |
| promethazine hcl oral tablet | 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 |
|---|-----------|-------|
| SANCUSO | E | |
| scopolamine | 1 | |
| VARUBI (180 MG DOSE) | 3 | QL |
| Antifungals | | |
| BREXAFEMME | E | |
| ciclodan | 1 | ++ |
| ciclopirox external solution | 1 | ++ |
| clotrimazole external cream | 1 | |
| clotrimazole-betamethasone external cream | 1 | |
| CRESEMBA INTRAVENOUS | 3 | |
| CRESEMBA ORAL | 3 | PA |
| fluconazole oral tablet | 1 | |
| GYNAZOLE-1 | 3 | |
| JUBLIA | E | |
| ketoconazole external cream | 1 | |
| ketoconazole external shampoo | 1 | |
| nyamyc | 1 | |
| nystatin external | 1 | |
| nystatin mouth/throat | 1 | |
| nystop | 1 | |
| terbinafine hcl oral | 1 | QL |
| terconazole vaginal cream | 1 | |
| TOLSURA | E | |
| VIVJOA | E | |
| Antigout Agents | | |
| allopurinol oral tablet 100 mg, 300 mg | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------------|
| ALLOPURINOL ORAL TABLET 200 MG | E | |
| COLCHICINE ORAL CAPSULE | E | M |
| colchicine tablet 0.6 mg oral | 1 | |
| colchicine tablet 0.6 mg oral | 1 | Made by Par |
| COLCRYS | E | |
| MITIGARE | E | |
| Antimigraine Agents | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML | 2 | PA; QL |
| AJOVY | 2 | PA; QL |
| CAMBIA | E | |
| eletriptan hydrobromide | 1 | QL |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML | E | |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 2 | PA; QL |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML | E | |
| IMITREX | E | |
| IMITREX STATDOSE REFILL | E | |
| IMITREX STATDOSE SYSTEM | E | |
| MAXALT | E | |

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

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------|
| MAXALT-MLT | E | |
| naratriptan hcl | 1 | QL |
| NURTEC | 2 | PA; QL |
| ONZETRA XSAIL | E | |
| QULIPTA | 2 | PA; QL |
| RELPAX | E | |
| REYVOW | E | |
| rizatriptan benzoate | 1 | QL |
| sumatriptan succinate oral | 1 | QL |
| TOSYMRA | E | |
| TREXIMET | E | |
| TRUDHESA | E | |
| UBRELVY | 2 | PA; QL |
| ZEMBRACE SYMTOUCH | E | |
| ZOMIG ORAL | E | |
| Antineoplastics - Drugs for Cancer | | |
| abiraterone acetate | 1 | PA; SP |
| AFINITOR | E | SP |
| AFINITOR DISPERZ | E | SP |
| ALECENSA | 2 | PA; SP |
| ALUNBRIG | 2 | PA; SP; QL |
| ALYMSYS | E | SP |
| anastrozole oral | 1 | |
| ARIMIDEX | E | |
| BELRAPZO | E | SP |
| BENDAMUSTINE HCL SOLUTION 100 MG/4ML INTRAVENOUS | E | Made by Apotex; SP |
| BENDAMUSTINE HCL SOLUTION 100 MG/4ML INTRAVENOUS | E | Made by Baxter; SP |

| Drug Name | Drug Tier | Notes |
|--------------------------------------|-----------|------------|
| BESREMI | E | SP |
| CABOMETYX | 2 | PA; SP |
| CALQUENCE | 3 | PA; SP |
| capecitabine | 1 | PA; SP |
| COSELA | E | SP |
| COTELLIC | 3 | PA; SP |
| DARZALEX FASPRO | E | SP |
| ERIVEDGE | 3 | PA; SP |
| ERLEADA | 3 | PA; SP |
| EXKIVITY | 3 | PA; SP |
| FOTIVDA | E | SP |
| GAVRETO | 3 | PA; SP |
| GLEEVEC | E | SP |
| HERZUMA | E | SP |
| IBRANCE ORAL TABLET | 3 | PA; SP |
| ICLUSIG ORAL TABLET 10 MG, 15 MG | 3 | PA; SP; QL |
| ICLUSIG ORAL TABLET 30 MG, 45 MG | 3 | PA; SP |
| IDHIFA | 3 | PA; SP; QL |
| imatinib mesylate | 1 | PA; SP |
| IMBRUVICA ORAL CAPSULE | 3 | PA; SP; QL |
| IMBRUVICA ORAL SUSPENSION | 3 | PA; SP |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG | E | SP |
| IMBRUVICA ORAL TABLET 420 MG | 3 | PA; SP; QL |
| INQOVI | E | SP |
| KANJINTI | 2 | PA; SP |
| KISQALI FEMARA | 3 | PA; SP |

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

| Drug Name | Drug Tier | Notes |
|---|-----------|------------|
| KISQALI ORAL TABLET THERAPY PACK 200 MG | 3 | PA; SP |
| KOSELUGO | 3 | PA; SP |
| letrozole oral | 1 | |
| LUMAKRAS | 3 | PA; SP |
| LYNPARZA | 2 | PA; SP |
| MEKINIST ORAL TABLET | 3 | PA; SP |
| MVASI | 2 | PA; SP |
| NUBEQA | 3 | PA; SP |
| ODOMZO | 3 | PA; SP |
| OGIVRI | E | SP |
| ONTRUZANT | E | SP |
| ORGOVYX | 3 | PA; SP |
| PANRETIN | 3 | |
| PEMAZYRE | E | SP |
| PHESGO | 2 | PA; SP |
| PIQRAY | 3 | PA; SP |
| POMALYST | 3 | PA; SP |
| RETEVMO | 3 | PA; SP |
| REVLIMID | 2 | PA; SP |
| REZLIDHIA | E | SP |
| RIABNI | E | SP |
| ROZLYTREK | 3 | PA; SP |
| RUBRACA | E | SP |
| RUXIENCE | 2 | PA; SP |
| RYDAPT | 3 | PA; SP |
| RYLAZE | E | SP |
| SCEMBLIX ORAL TABLET 20 MG | 3 | PA; SP; QL |
| SCEMBLIX ORAL TABLET 40 MG | 3 | PA; SP |
| SPRYCEL | 2 | PA; SP |
| STIVARGA | 2 | PA; SP |

| Drug Name | Drug Tier | Notes |
|-----------------------------------|-----------|------------|
| SUTENT | E | SP |
| TABRECTA | 3 | PA; SP |
| TAFINLAR | 3 | PA; SP |
| TAGRISSO ORAL TABLET 40 MG | 3 | PA; SP; QL |
| TAGRISSO ORAL TABLET 80 MG | 3 | PA; SP |
| TALZENNA | E | SP |
| tamoxifen citrate oral | 1 | |
| TARGRETIN ORAL | E | SP |
| TASIGNA | 3 | PA; SP |
| TAZVERIK | E | SP |
| temozolomide | 1 | PA; SP |
| TEPMETKO | E | SP |
| TRAZIMERA | 2 | PA; SP |
| TREANDA | E | SP |
| TRUXIMA | E | SP |
| VERZENIO | 3 | PA; SP |
| VIJOICE | E | SP |
| VITRAKVI | 3 | PA; SP |
| VIVIMUSTA | E | SP |
| XALKORI | E | SP |
| XTANDI | 3 | PA; SP |
| YONSA | E | SP |
| ZEJULA ORAL CAPSULE 100 MG | 2 | PA; SP |
| ZEJULA ORAL TABLET 100 MG | 2 | PA; SP; QL |
| ZEJULA ORAL TABLET 200 MG, 300 MG | 2 | PA; SP |
| ZELBORAF | 3 | PA; SP |
| ZIRABEV | 2 | PA; SP |
| ZYTIGA | E | SP |
| Antiparasitics | | |
| ARAKODA | 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 |
|--|-----------|--------|
| EMVERM | 2 | |
| hydroxychloroquine sulfate oral | 1 | |
| NATROBA | E | |
| PLAQUENIL | E | |
| Antiparkinson Agents | | |
| benztropine mesylate oral | 1 | |
| carbidopa-levodopa oral tablet | 1 | |
| DHIVY | E | |
| GOCOVRI | E | |
| INBRIJA | 3 | PA; SP |
| NEUPRO | 3 | |
| NOURIANZ | 3 | PA |
| ONGENTYS | 3 | ST |
| OSMOLEX ER | E | |
| pramipexole dihydrochloride | 1 | |
| ropinirole hcl | 1 | |
| RYTARY | 3 | ST |
| Antiplatelets | | |
| BRILINTA | 2 | |
| clopidogrel bisulfate oral | 1 | |
| PLAVIX | E | |
| prasugrel hcl | 1 | |
| YOSPRALA | E | |
| Antipsychotics - Drugs for Mood Disorders | | |
| ABILIFY | E | |
| ABILIFY MAINTENA | 3 | ++ |
| aripiprazole oral tablet | 1 | QL |
| ARISTADA | 3 | ++ |
| ARISTADA INITIO | 3 | ++ |

| Drug Name | Drug Tier | Notes |
|----------------------------|-----------|------------|
| INVEGA HAFYERA | 3 | ST; ++ |
| INVEGA SUSTENNA | 3 | ++ |
| INVEGA TRINZA | 3 | ++ |
| LATUDA | E | |
| lurasidone hcl | 1 | QL |
| olanzapine oral tablet | 1 | QL |
| PERSERIS | 3 | ++ |
| quetiapine fumarate | 1 | QL |
| quetiapine fumarate er | 1 | QL |
| REXULTI | 3 | QL |
| RISPERDAL | E | |
| risperidone oral tablet | 1 | QL |
| SAPHRIS | E | |
| SECUADO | E | |
| SEROQUEL | E | |
| SEROQUEL XR | E | |
| VRAYLAR | 3 | QL |
| ziprasidone hcl | 1 | QL |
| ZYPREXA | E | |
| Antivirals | | |
| acyclovir oral tablet | 1 | |
| APRETUDE | E | |
| BARACLUDE ORAL TABLET | E | |
| BIKTARVY | 3 | |
| CABENUVA | E | |
| CIMDUO | 2 | |
| DESCOVY | E | |
| DOVATO | 2 | |
| emtricitabine-tenofovir df | 1 | |
| entecavir | 1 | QL |
| EPCLUSA | 2 | PA; SP; QL |
| HARVONI | 2 | PA; SP; QL |
| JULUCA | 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 |
|--|-----------|------------|
| LEDIPASVIR-SOFOSBUVIR | E | M; SP |
| MAVYRET | 2 | PA; SP; QL |
| oseltamivir phosphate oral | 1 | QL |
| PAXLOVID (150/100) | 3 | QL |
| PAXLOVID (300/100) | 3 | QL |
| PREZCOBIX | 2 | |
| SOFOSBUVIR-VELPATASVIR | E | M; SP |
| SYMFI | 2 | |
| SYMFI LO | 2 | |
| SYMTUZA | 3 | |
| TAMIFLU | E | |
| TRIUMEQ | 2 | |
| TRUVADA | E | |
| valacyclovir hcl oral | 1 | QL |
| VALTREX | E | |
| VEMLIDY | E | |
| VOCABRIA | E | |
| VOSEVI | 2 | PA; SP; QL |
| XOFLUZA (40 MG DOSE) | 3 | QL |
| XOFLUZA (80 MG DOSE) | 3 | QL |
| ZOVIRAX | E | |
| Anxiolytics - Drugs for Anxiety | | |
| alprazolam oral tablet | 1 | QL |
| ATIVAN ORAL | E | |
| bupirone hcl oral | 1 | |
| clonazepam oral tablet | 1 | QL |
| diazepam oral tablet | 1 | |
| hydroxyzine hcl oral tablet | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| hydroxyzine pamoate oral | 1 | |
| KLONOPIN | E | |
| lorazepam oral tablet | 1 | QL |
| LOREEV XR | E | |
| triazolam | 1 | QL |
| VALIUM | E | |
| XANAX | E | |
| XANAX XR | E | |
| Bipolar Agents - Drugs for Mood Disorders | | |
| lithium carbonate er | 1 | |
| lithium carbonate oral capsule | 1 | |
| Blood Products and Modifiers - Drugs for Blood Disorders | | |
| ADVATE | 2 | SP |
| ADYNOVATE | 3 | SP |
| AFSTYLA | 3 | SP |
| ALPROLIX | 3 | SP |
| ARANESP (ALBUMIN FREE) | 2 | PA; SP |
| DOPTELET | 3 | PA; SP |
| ELOCTATE | 3 | SP |
| EMPAVELI | 3 | PA; SP |
| EPOGEN | E | SP |
| ESPEROCT | 3 | SP |
| FULPHILA | E | SP |
| FYLNETRA | E | SP |
| GRANIX | E | SP |
| IDELVION | 3 | SP |
| JIVI | 3 | SP |
| KOATE | 2 | SP |
| KOGENATE FS | 2 | SP |

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

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| KOVALTRY | 2 | SP |
| MULPLETA | 2 | PA; SP |
| NEULASTA | 3 | PA; SP |
| NEULASTA ONPRO | 3 | PA; SP |
| NEUPOGEN | E | SP |
| NIVESTYM | 2 | PA; SP |
| NOVOEIGHT | 2 | SP |
| NUWIQ | 2 | SP |
| NYVEPRIA | E | SP |
| PROCRIT | 2 | PA; SP |
| PROMACTA | 3 | PA; SP |
| REBINYN | 3 | SP |
| RECOMBINATE | 2 | SP |
| RELEUKO | E | SP |
| RETACRIT | 2 | PA; SP |
| ROLVEDON | E | SP |
| SEVENFACT | E | SP |
| SOLIRIS | 3 | PA; SP |
| STIMUFEND | E | SP |
| TAVALISSE | 3 | PA; SP |
| tranexamic acid oral | 1 | |
| UDENYCA | 3 | PA; SP |
| ULTOMIRIS | 3 | PA; SP |
| WILATE | 2 | SP |
| XYNTHA | 2 | SP |
| XYNTHA SOLOFUSE | 2 | SP |
| ZARXIO | 2 | PA; SP |
| ZIEXTENZO | E | SP |
| Cardiovascular Agents - Drugs for Heart and Circulation Conditions | | |
| ALTACE | E | |
| amiodarone hcl oral | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| amlodipine besylate oral | 1 | |
| amlodipine besylate-benazepril hcl | 1 | |
| amlodipine besylate-valsartan | 1 | |
| amlodipine-olmesartan | 1 | |
| ASPRUZYO SPRINKLE | E | |
| ATACAND | E | |
| atenolol oral | 1 | |
| atenolol-chlorthalidone | 1 | |
| atorvastatin calcium oral | 1 | |
| AVAPRO | E | |
| AZOR | E | |
| benazepril hcl oral | 1 | |
| BENICAR | E | |
| BENICAR HCT | E | |
| bisoprolol fumarate oral | 1 | |
| bisoprolol-hydrochlorothiazide | 1 | |
| bumetanide oral | 1 | |
| BYSTOLIC | E | |
| CAMZYOS | E | SP |
| candesartan cilexetil | 1 | |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | E | |
| cartia xt | 1 | |
| carvedilol | 1 | |
| CATAPRES-TTS-1 | E | |
| CATAPRES-TTS-2 | E | |
| CATAPRES-TTS-3 | E | |
| chlorthalidone | 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 |
|-------------------------------|-----------|--------|
| clonidine hcl oral | 1 | |
| COLESTID | E | |
| COLESTID FLAVORED | E | |
| CONJUPRI | E | |
| COREG | E | |
| COREG CR | E | |
| CORLANOR | 3 | PA; QL |
| COZAAR | E | |
| CRESTOR | E | |
| digoxin oral tablet | 1 | |
| diltiazem hcl er coated beads | 1 | |
| DIOVAN | E | |
| DIOVAN HCT | E | |
| doxazosin mesylate oral | 1 | |
| EDARBI | 3 | ST |
| EDARBYCLOR | 3 | ST |
| enalapril maleate oral tablet | 1 | |
| ENTRESTO | 2 | QL |
| EXFORGE | E | |
| EXFORGE HCT | E | |
| ezetimibe | 1 | |
| EZETIMIBE-ROSUVASTATIN | E | M |
| fenofibrate oral tablet | 1 | |
| flecainide acetate | 1 | |
| FUROSCIX | E | |
| furosemide oral tablet | 1 | |
| gemfibrozil oral | 1 | |
| guanfacine hcl | 1 | |
| HEMANGEOL | 3 | |
| hydralazine hcl oral | 1 | |

| Drug Name | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| hydrochlorothiazide oral | 1 | |
| HYZAAR | E | |
| icosapent ethyl | 1 | PA |
| INDERAL LA | E | |
| INDERAL XL | E | |
| INNOPRAN XL | E | |
| irbesartan | 1 | |
| irbesartan-hydrochlorothiazide | 1 | |
| isosorbide mononitrate er | 1 | |
| KAPSPARGO SPRINKLE | E | |
| KATERZIA | E | |
| labetalol hcl oral | 1 | |
| LASIX | E | |
| LEQVIO | E | |
| LESCOL XL | E | |
| LEVAMLODIPINE MALEATE | E | M |
| LIPITOR | E | |
| lisinopril oral | 1 | |
| lisinopril-hydrochlorothiazide | 1 | |
| LIVALO | E | |
| losartan potassium oral | 1 | |
| losartan potassium-hctz | 1 | |
| LOTREL | E | |
| lovastatin oral | 1 | |
| LOVAZA | E | |
| metoprolol succinate er | 1 | |
| metoprolol tartrate oral | 1 | |
| MICARDIS | E | |
| MICARDIS HCT | E | |
| minoxidil 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 |
|-------------------------------|-----------|--------|
| MULTAQ | 3 | |
| nadolol oral | 1 | |
| nebivolol hcl | 1 | |
| NEXLETOL | 2 | PA; QL |
| NEXLIZET | 2 | PA; QL |
| nifedipine er | 1 | |
| nifedipine er osmotic release | 1 | |
| nitroglycerin sublingual | 1 | |
| NITROSTAT | E | |
| NORLIQVA | 3 | PA |
| NORVASC | E | |
| olmesartan medoxomil oral | 1 | |
| olmesartan medoxomil-hctz | 1 | |
| omega-3-acid ethyl esters | 1 | |
| PRALUENT | E | |
| pravastatin sodium | 1 | |
| prazosin hcl oral | 1 | |
| propranolol hcl er | 1 | |
| propranolol hcl oral tablet | 1 | |
| QUESTRAN | E | |
| QUESTRAN LIGHT | E | |
| ramipril | 1 | |
| ranolazine er | 1 | |
| REPATHA | 2 | PA; QL |
| REPATHA PUSHTRONEX SYSTEM | 2 | PA; QL |
| REPATHA SURECLICK | 2 | PA; QL |
| rosuvastatin calcium | 1 | |
| ROSZET | E | |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| simvastatin oral | 1 | |
| SOAANZ | E | |
| spironolactone oral | 1 | |
| TEKTURNA | 2 | |
| TEKTURNA HCT | 2 | ST |
| telmisartan | 1 | |
| telmisartan-hctz | 1 | |
| TENORMIN | E | |
| TIKOSYN | E | |
| TOPROL XL | E | |
| toremide | 1 | |
| triamterene-hctz | 1 | |
| TRIBENZOR | E | |
| TRICOR | E | |
| VALSARTAN ORAL SOLUTION | E | |
| valsartan oral tablet | 1 | |
| valsartan-hydrochlorothiazide | 1 | |
| VASCEPA | 2 | PA |
| verapamil hcl er oral tablet extended release | 1 | |
| VERQUVO | 3 | PA; QL |
| VYTORIN | E | |
| WELCHOL | E | |
| ZESTRIL | E | |
| ZETIA | E | |
| ZOCOR | E | |
| ZYPITAMAG | E | |
| Central Nervous System Agents - Drugs for Attention Deficit Disorder | | |
| ADDERALL | E | |
| ADDERALL XR | E | |
| ADZENYS XR-ODT | E | |

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

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| amphetamine-dextroamphetamine | 1 | QL |
| amphetamine-dextroamphetamine er | 1 | QL |
| atomoxetine hcl | 1 | QL |
| AZSTARYS | 2 | ST; QL |
| COTEMPLA XR-ODT | E | |
| DAYTRANA | E | |
| dexmethylphenidate hcl | 1 | QL |
| dexmethylphenidate hcl er | 1 | QL |
| DYANAVEL XR | E | |
| EVEKEO | E | |
| FOCALIN | E | |
| FOCALIN XR | E | |
| guanfacine hcl er | 1 | |
| INTUNIV | E | |
| JORNAY PM | 3 | ST; QL |
| methylphenidate hcl er | 1 | QL |
| methylphenidate hcl er (cd) | 1 | QL |
| methylphenidate hcl er (la) | 1 | QL |
| methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg | 1 | QL |
| methylphenidate hcl er (xr) | 1 | QL |
| methylphenidate hcl oral tablet | 1 | QL |
| MYDAYIS | E | |
| QELBREE | E | |
| QUILLICHEW ER | E | |
| QUILLIVANT XR | E | |
| RITALIN | E | |

| Drug Name | Drug Tier | Notes |
|---|-----------|------------|
| RITALIN LA | E | |
| STRATTERA | E | |
| VYVANSE | E | |
| XELSTRYM | E | |
| ZENZEDI | E | |
| Central Nervous System Agents - Drugs for Multiple Sclerosis | | |
| AMPYRA | E | SP |
| AUBAGIO | E | SP |
| AVONEX PEN | 2 | PA; SP; QL |
| AVONEX PREFILLED | 2 | PA; SP; QL |
| BAFIERTAM | 2 | PA; SP; QL |
| BETASERON | 2 | PA; SP; QL |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | E | SP |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | 2 | PA; SP; QL |
| dimethyl fumarate oral | 1 | PA; SP; QL |
| EXTAVIA | E | SP |
| GILENYA ORAL CAPSULE 0.5 MG | E | SP |
| glatiramer acetate | 1 | PA; SP; QL |
| glatopa | 1 | PA; SP; QL |
| KESIMPTA | 2 | PA; SP; QL |
| MAVENCLAD | 3 | PA; SP |
| MAYZENT | 3 | PA; SP; QL |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG | 3 | PA; SP; 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 |
|--|-----------|------------|
| PLEGRIDY | E | SP |
| PLEGRIDY STARTER PACK | E | SP |
| PONVORY | E | SP |
| PONVORY STARTER PACK | E | SP |
| REBIF | E | SP |
| REBIF REBIDOSE | E | SP |
| REBIF REBIDOSE TITRATION PACK | E | SP |
| REBIF TITRATION PACK | E | SP |
| TASCENSO ODT | E | SP |
| TECFIDERA | E | SP |
| VUMERITY | 2 | PA; SP; QL |
| ZEPOSIA | 3 | PA; SP; QL |
| ZEPOSIA 7-DAY STARTER PACK | 3 | PA; SP; QL |
| ZEPOSIA STARTER KIT | 3 | PA; SP; QL |
| Central Nervous System Agents - Miscellaneous | | |
| ADDYI | 3 | PA; ++; QL |
| ADIPEX-P | E | |
| AUSTEDO | 3 | PA; SP; QL |
| AUSTEDO PATIENT TITRATION KIT | 3 | PA; SP; QL |
| AUSTEDO XR | 3 | PA; SP; QL |
| CONTRACE | E | |
| EXSERVAN | E | |
| GRALISE | 3 | ST; QL |
| HORIZANT | 3 | PA; QL |
| IMCIVREE | E | SP |
| INGREZZA | 3 | PA; SP; QL |
| LYRICA | E | |

| Drug Name | Drug Tier | Notes |
|---|-----------|------------|
| LYRICA CR | E | |
| phentermine hcl oral | 1 | ++ |
| pregabalin oral capsule | 1 | QL |
| QSYMIA | 3 | PA; ++ |
| RADICAVA ORS | 2 | PA; SP |
| RADICAVA ORS STARTER KIT | 2 | PA; SP |
| SAXENDA | 3 | PA; ++; QL |
| TEGSEDI | 3 | PA; SP; QL |
| TIGLUTIK | 2 | PA; QL |
| VYLEESI | 3 | PA; ++; QL |
| WEGOVY | 3 | PA; ++; QL |
| Dental and Oral Agents - Drugs for Mouth and Throat Conditions | | |
| chlorhexidine gluconate mouth/throat | 1 | |
| lidocaine hcl mouth/throat | 1 | |
| lidocaine viscous hcl | 1 | |
| periogard | 1 | |
| Dermatological Agents - Drugs for Skin Conditions | | |
| ABSORICA | E | |
| ABSORICA LD | 3 | PA |
| ACANYA | E | |
| acutane | 1 | |
| ACZONE | E | |
| adapalene-benzoyl peroxide external gel | 1 | |
| ADBRY | 2 | PA; SP; QL |
| AKLIEF | 3 | PA |
| ALA SCALP | E | |
| ala-cort | 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 |
|--|-----------|------------|
| amnesteem | 1 | |
| AMZEEQ | 3 | |
| APEXICON E | E | |
| ARAZLO | E | |
| AVITA | E | |
| azelaic acid external | 1 | |
| BENZAMYCIN | E | |
| betamethasone dipropionate external cream | 1 | |
| CALCIPOTRIENE EXTERNAL FOAM | E | M |
| CAPEX | E | |
| CIBINQO | 2 | PA; SP; QL |
| claravis | 1 | |
| clindacin etz external swab | 1 | |
| clindacin-p | 1 | |
| CLINDAGEL | E | |
| clindamycin phosph-benzoyl perox external gel 1-5 %, 1.2-2.5 % | 1 | |
| clindamycin phosphate external gel | 1 | |
| clindamycin phosphate external lotion | 1 | |
| clindamycin phosphate external solution | 1 | |
| clindamycin phosphate external swab | 1 | |
| clobetasol propionate external cream | 1 | |
| clobetasol propionate external ointment | 1 | |
| clobetasol propionate external solution | 1 | |
| CLOBEX | E | |

| Drug Name | Drug Tier | Notes |
|---|-----------|------------|
| CLOBEX SPRAY | E | |
| CLODERM | E | |
| CORDRAN EXTERNAL TAPE | E | |
| DIFFERIN EXTERNAL CREAM | E | |
| DIFFERIN EXTERNAL GEL 0.3 % | E | |
| DIFFERIN EXTERNAL LOTION | E | |
| DUOBRII | E | |
| DUPIXENT | 2 | PA; SP; QL |
| ELIDEL | E | |
| ENSTILAR | 3 | QL |
| EPIDUO | E | |
| EPIDUO FORTE | 3 | |
| EPSOLAY | E | |
| EUCRISA | 2 | ST |
| FABIOR | E | |
| FINACEA EXTERNAL FOAM | 3 | |
| fluocinonide external solution | 1 | |
| fluorouracil external cream 5 % | 1 | |
| HALOBETASOL PROPIONATE EXTERNAL FOAM | E | M |
| HALOG EXTERNAL CREAM | E | |
| HALOG EXTERNAL OINTMENT | E | |
| hydrocortisone external cream 1 %, 2.5 % | 1 | |
| hydrocortisone external ointment 1 %, 2.5 % | 1 | |
| HYFTOR | E | |

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

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| imiquimod external cream 3.75 % | 1 | ST |
| imiquimod external cream 5 % | 1 | |
| imiquimod pump | 1 | ST |
| IMPEKLO EXTERNAL LOTION 0.15 MG/ACT (0.05%) | E | |
| IMPOYZ | E | |
| isotretinoin oral | 1 | |
| KENALOG EXTERNAL | E | |
| KLISYRI | 3 | ST |
| LEXETTE | E | |
| METROGEL | E | |
| metronidazole external cream | 1 | |
| metronidazole external gel | 1 | |
| MIRVASO | 3 | |
| mometasone furoate external cream | 1 | |
| NORITATE | E | |
| ONEXTON | 3 | |
| OPZELURA | E | |
| ORACEA | E | |
| PANDEL | E | |
| PROPECIA | E | |
| QBREXZA | 3 | QL |
| RETIN-A | E | |
| RETIN-A MICRO GEL 0.04 %, 0.1 % | E | |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 % | E | |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % | 3 | PA; ++ |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| RHOFADE | 3 | |
| SANTYL | 3 | QL |
| SOOLANTRA | 3 | |
| SORILUX | E | |
| TACLONEX EXTERNAL OINTMENT | E | |
| TACLONEX EXTERNAL SUSPENSION | 3 | QL |
| tacrolimus external | 1 | QL |
| TAZAROTENE EXTERNAL FOAM | E | |
| TAZORAC | E | |
| TOPICORT SPRAY | E | |
| tretinoin external cream | 1 | ++ |
| triamcinolone acetonide external cream | 1 | |
| triamcinolone acetonide external ointment | 1 | |
| triamcinolone in absorbase | 1 | |
| TRIANEX | E | |
| triderm | 1 | |
| tritocin | 1 | |
| TWYNEO | 3 | |
| ULTRAVATE | E | |
| VECTICAL | E | |
| VELTIN | E | |
| VERDESO | E | |
| VTAMA | 3 | PA |
| WINLEVI | E | |
| WYNZORA | 3 | QL |
| zenatane | 1 | |
| ZIANA | E | |
| ZILXI | 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 |
|---------------------------------------|-----------|--------|
| ZORYVE | E | |
| ZYCLARA | E | |
| ZYCLARA PUMP | E | |
| Diabetes - Antidiabetic Agents | | |
| ALOGLIPTIN BENZOATE | E | M |
| ALOGLIPTIN-METFORMIN HCL | E | M |
| ALOGLIPTIN-PIOGLITAZONE | E | M |
| BYDUREON BCISE AUTOINJECTOR | 2 | PA; QL |
| BYETTA 10 MCG PEN | 2 | PA; QL |
| BYETTA 5 MCG PEN | 2 | PA; QL |
| FARXIGA | 2 | |
| glimepiride | 1 | |
| glipizide er | 1 | |
| glipizide ir | 1 | |
| glipizide xl | 1 | |
| GLUMETZA | E | |
| glyburide oral | 1 | |
| GLYXAMBI | 2 | |
| INVOKAMET | E | |
| INVOKAMET XR | E | |
| INVOKANA | E | |
| JANUMET | 2 | ST |
| JANUMET XR | 2 | ST |
| JANUVIA | 2 | ST |
| JARDIANCE | 2 | |
| JENTADUETO | 2 | ST |
| JENTADUETO XR | 2 | ST |
| KAZANO | E | |
| KOMBIGLYZE XR | E | |
| metformin hcl er | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| metformin hcl er (mod) | E | |
| metformin hcl er (osm) | E | |
| metformin hcl oral tablet 1000 mg, 500 mg, 850 mg | 1 | |
| metformin hcl oral tablet 625 mg | E | |
| MOUNJARO | 2 | PA; QL |
| NESINA | E | |
| ONGLYZA | E | |
| OSENI | E | |
| OZEMPIC | 2 | PA; QL |
| pioglitazone hcl | 1 | |
| QTERN | E | |
| RYBELSUS | 2 | PA; QL |
| SEGLUROMET | E | |
| SOLIQUA | 2 | ST; QL |
| STEGLATRO | E | |
| STEGLUJAN | E | |
| SYMLINPEN 120 | 3 | PA |
| SYMLINPEN 60 | 3 | PA |
| SYNJARDY | 2 | |
| SYNJARDY XR | 2 | |
| TRADJENTA | 2 | ST |
| TRIJARDY XR | 2 | |
| TRULICITY | 2 | PA; QL |
| TZIELD | E | |
| VICTOZA | 2 | PA; QL |
| XIGDUO XR | 2 | |
| Diabetes - Glucose Monitoring | | |
| ACCU-CHEK FASTCLIX LANCET KIT | 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 |
|--|-----------|--------|
| ACCU-CHEK SOFTCLIX LANCET DEVICE KIT | 2 | ++ |
| CEQUR SIMPLICITY 2U 10PK | 2 | ++ |
| CEQUR SIMPLICITY INSERTER | 2 | ++ |
| CONTOUR NEXT EZ KIT W/DEVICE | 2 | ++ |
| CONTOUR NEXT GEN MONITOR | 2 | ++ |
| CONTOUR NEXT ONE KIT | 2 | ++ |
| CONTOUR NEXT GEN TEST STRIPS | 2 | ++; QL |
| DEXCOM G6 RECEIVER | 2 | PA; ++ |
| DEXCOM G6 SENSOR | 2 | PA; ++ |
| DEXCOM G6 TRANSMITTER | 2 | PA; ++ |
| DEXCOM G7 RECEIVER | 2 | PA; ++ |
| DEXCOM G7 SENSOR | 2 | PA; ++ |
| ENLITE GLUCOSE SENSOR | 3 | PA; ++ |
| EVERSENSE SENSOR/HOLDER | E | |
| EVERSENSE SMART TRANSMITTER | E | |
| FREESTYLE LIBRE 14 DAY READER | E | |
| FREESTYLE LIBRE 14 DAY SENSOR | E | |
| FREESTYLE LIBRE 2 READER | E | |
| FREESTYLE LIBRE 2 SENSOR | E | |
| FREESTYLE LIBRE 3 SENSOR | E | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------------------|
| FREESTYLE LIBRE READER | E | |
| GUARDIAN 4 GLUCOSE SENSOR | 3 | PA; ++ |
| GUARDIAN 4 TRANSMITTER | 3 | PA; ++ |
| GUARDIAN CONNECT TRANSMITTER | 3 | PA; ++ |
| GUARDIAN LINK 3 TRANSMITTER | 3 | PA; ++ |
| GUARDIAN SENSOR (3) | 3 | PA; ++ |
| GUARDIAN SENSOR 3 | 3 | PA; ++ |
| ONETOUCH ULTRA 2 KIT W/DEVICE | E | |
| ONETOUCH ULTRA IN VITRO STRIP | E | |
| ONETOUCH VERIO FLEX SYSTEM | E | |
| ONETOUCH VERIO TEST STRIPS | E | |
| ONETOUCH VERIO REFLECT KIT W/DEVICE | E | |
| TEMPO REFILL | E | |
| TEMPO SMART BUTTON | E | |
| TEMPO WELCOME | E | |
| Diabetes - Glycemic Agents | | |
| BAQSIMI ONE PACK | 2 | |
| BAQSIMI TWO PACK | 2 | |
| GLUCAGEN HYPOKIT | E | |
| GLUCAGON EMERGENCY KIT | E | Made by Lilly |
| GLUCAGON EMERGENCY KIT | 2 | Made by Fresenius |

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

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| GVOKE HYPOPEN 1-PACK | E | |
| GVOKE HYPOPEN 2-PACK | E | |
| GVOKE KIT | E | |
| GVOKE PFS | E | |
| ZEGALOGUE | 2 | |
| Diabetes - Insulins | | |
| ADMELOG | 1 | ++ |
| ADMELOG SOLOSTAR | 1 | ++ |
| APIDRA SOLOSTAR | 1 | ++ |
| APIDRA VIAL | 1 | ++ |
| BASAGLAR KWIKPEN | 1 | ++ |
| BASAGLAR TEMPO PEN | E | |
| BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | ++ |
| FIASP | 1 | ++ |
| FIASP FLEXTOUCH | 1 | ++ |
| FIASP PENFILL | 1 | ++ |
| HUMALOG | 1 | ++ |
| HUMALOG KWIKPEN | 1 | ++ |
| HUMALOG MIX 50/50 KWIKPEN | 1 | ++ |
| HUMALOG MIX 50/50 VIAL | 1 | ++ |
| HUMALOG MIX 75/25 KWIKPEN | 1 | ++ |
| HUMALOG MIX 75/25 VIAL | 1 | ++ |

| Drug Name | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| HUMALOG TEMPO PEN | E | |
| HUMALOG U-100 JUNIOR KWIKPEN | 1 | ++ |
| HUMULIN 70/30 KWIKPEN | 1 | ++ |
| HUMULIN 70/30 VIAL | 1 | ++ |
| HUMULIN N KWIKPEN | 1 | ++ |
| HUMULIN N VIAL | 1 | ++ |
| HUMULIN R U-500 KWIKPEN | 1 | ++ |
| HUMULIN R U-500 VIAL | 1 | ++ |
| HUMULIN R VIAL | 1 | ++ |
| INSULIN ASP PROT & ASP FLEXPEN | E | |
| INSULIN ASPART | E | |
| INSULIN ASPART FLEXPEN | E | |
| INSULIN ASPART PENFILL | E | |
| INSULIN ASPART PROT & ASPART | E | |
| INSULIN DEGLUDEC | E | |
| INSULIN DEGLUDEC FLEXTOUCH | E | |
| INSULIN GLARGINE | E | |
| INSULIN GLARGINE SOLOSTAR | E | |
| INSULIN GLARGINE-YFGN | E | |
| INSULIN LISPRO | 1 | ++ |
| INSULIN LISPRO (1 UNIT DIAL) | 1 | ++ |
| INSULIN LISPRO JUNIOR KWIKPEN | 1 | ++ |
| INSULIN LISPRO PROT & LISPRO | 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 |
|------------------------------|-----------|-------|
| LANTUS SOLOSTAR | 1 | ++ |
| LANTUS U-100 VIAL | 1 | ++ |
| LEVEMIR FLEXPEN | E | |
| LEVEMIR U-100 VIAL | E | |
| LYUMJEV KWIKPEN | 1 | ++ |
| LYUMJEV TEMPO PEN | E | |
| LYUMJEV VIAL | 1 | ++ |
| NOVOLIN 70/30 FLEXPEN | 1 | ++ |
| NOVOLIN 70/30 FLEXPEN RELION | E | |
| NOVOLIN 70/30 RELION | E | |
| NOVOLIN 70/30 VIAL | 1 | ++ |
| NOVOLIN N FLEXPEN | 1 | ++ |
| NOVOLIN N FLEXPEN RELION | E | |
| NOVOLIN N RELION | E | |
| NOVOLIN N VIAL | 1 | ++ |
| NOVOLIN R FLEXPEN | 1 | ++ |
| NOVOLIN R FLEXPEN RELION | E | |
| NOVOLIN R RELION | E | |
| NOVOLIN R VIAL | 1 | ++ |
| NOVOLOG 70/30 FLEXPEN RELION | E | |
| NOVOLOG FLEXPEN | 1 | ++ |
| NOVOLOG FLEXPEN RELION | E | |
| NOVOLOG MIX 70/30 FLEXPEN | 1 | ++ |
| NOVOLOG MIX 70/30 RELION | E | |
| NOVOLOG MIX 70/30 VIAL | 1 | ++ |
| NOVOLOG PENFILL | 1 | ++ |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| NOVOLOG RELION | E | |
| NOVOLOG U-100 VIAL | 1 | ++ |
| REZVOGLAR KWIKPEN | 1 | ++ |
| SEMGLEE (YFGN) | E | |
| TOUJEO MAX SOLOSTAR | 1 | ++ |
| TOUJEO SOLOSTAR | 1 | ++ |
| TRESIBA | E | |
| TRESIBA FLEXTOUCH | E | |
| Electrolytes / Minerals / Metals / Vitamins | | |
| ACCRUFER | E | |
| CARNITOR ORAL | E | |
| CARNITOR SF | E | |
| cyanocobalamin injection solution 1000 mcg/ml | 1 | ++ |
| ergocalciferol oral capsule | 1 | ++ |
| folic acid oral tablet 1 mg | 1 | ++ |
| JYNARQUE | E | SP |
| klor-con 10 | 1 | |
| klor-con m10 | 1 | |
| klor-con m15 | 1 | |
| klor-con m20 | 1 | |
| klor-con oral tablet extended release | 1 | |
| K-TAB | E | |
| LOKELMA | 3 | |
| NASCOBAL | 3 | ++ |
| potassium chloride cryster | 1 | |
| potassium chloride er | 1 | |
| potassium citrate 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 |
|--|-----------|--------|
| VELTASSA | 3 | |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | 1 | ++ |
| Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer | | |
| ACIPHEX | E | |
| CARAFATE ORAL TABLET | E | |
| DEXILANT | E | |
| dexlansoprazole | 1 | ++; QL |
| esomeprazole magnesium oral capsule delayed release | 1 | ++; QL |
| famotidine oral suspension reconstituted | 1 | ++ |
| famotidine oral tablet 20 mg, 40 mg | 1 | ++ |
| lansoprazole oral capsule delayed release | 1 | ++; QL |
| misoprostol oral | 1 | |
| NEXIUM ORAL CAPSULE DELAYED RELEASE | E | |
| omeprazole oral capsule delayed release | 1 | QL |
| omeprazole-sodium bicarbonate | E | |
| pantoprazole sodium oral tablet delayed release | 1 | QL |
| PREVACID | E | |
| PREVACID SOLUTAB | E | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| PROTONIX ORAL TABLET DELAYED RELEASE | E | |
| RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE | E | M |
| rabeprazole sodium oral tablet delayed release | 1 | ++; QL |
| sucralfate oral tablet | 1 | |
| ZEGERID | E | |
| Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions | | |
| AMITIZA | E | |
| CLENPIQ | 3 | |
| constulose | 1 | |
| DARTISLA ODT | E | |
| dicyclomine hcl oral capsule | 1 | |
| dicyclomine hcl oral tablet | 1 | |
| diphenoxylate-atropine oral tablet | 1 | |
| gavilyte-c | 1 | |
| gavilyte-g | 1 | |
| glycopyrrolate oral tablet 1 mg, 2 mg | 1 | QL |
| GOLYTELY | E | |
| hyoscyamine sulfate sl | 1 | |
| hyoscyamine sulfate sublingual | 1 | |
| IBSRELA | E | |
| lactulose oral solution | 1 | |
| LINZESS | 2 | ST; QL |
| MOTEGRITY | 3 | ST; QL |
| MOTOFEN | E | |

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

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| MOVANTIK | E | |
| MOVIPREP | E | |
| na sulfate-k sulfate-mg sulf | 1 | |
| OMECLAMOX-PAK | 2 | |
| peg 3350-kcl-na bicarb-nacl | 1 | |
| peg-3350/electrolytes | 1 | |
| PLENVU | E | |
| REBYOTA | E | SP |
| RELISTOR | E | |
| RELTONE | E | |
| SUPREP BOWEL PREP KIT | 3 | |
| SUTAB | 3 | |
| SYMPROIC | 2 | ST; QL |
| TALICIA | 3 | |
| TRULANCE | E | |
| URSODIOL ORAL CAPSULE 200 MG, 400 MG | E | M |
| VIBERZI | 3 | PA; QL |
| Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment | | |
| AMONDYS 45 | E | SP |
| BUPHENYL | E | SP |
| CERDELGA | 3 | PA; SP |
| CREON | 2 | |
| EXONDYS 51 | E | SP |
| FABRAZYME | 2 | PA; SP |
| JAVYGTOR | E | SP |
| KUVAN | E | SP |
| NITYR | 3 | PA; SP |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| ORFADIN | 3 | PA; SP |
| PALYNZIQ | E | SP |
| PANCREAZE | E | |
| PERTZYE | E | |
| RAVICTI | E | SP |
| STRENSIQ | 2 | PA; SP |
| VIOKACE | E | |
| VYONDYS 53 | E | SP |
| ZENPEP | 2 | |
| ZOLGENSMA | 3 | PA; SP |
| Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment | | |
| VILTEPSO | E | SP |
| Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions | | |
| AURYXIA | E | |
| CIALIS | E | |
| CUPRIMINE | E | SP |
| DEPEN TITRATABS | 2 | SP |
| ELMIRON | E | |
| GEMTESA | E | |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER | E | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | |
| oxybutynin chloride er | 1 | |
| oxybutynin chloride oral tablet | 1 | |
| penicillamine oral capsule | E | SP |

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

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| phenazo oral tablet 200 mg | 1 | |
| phenazopyridine hcl oral | 1 | |
| sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg | 1 | ++; QL |
| solifenacin succinate | 1 | |
| STENDRA | E | |
| tadalafil oral | 1 | ++; QL |
| THIOLA | 3 | SP |
| THIOLA EC | 3 | SP |
| tolterodine tartrate er | 1 | |
| TOVIAZ | E | |
| VELPHORO | 3 | |
| VESICARE | E | |
| VESICARE LS | E | |
| VIAGRA | E | |
| Genitourinary Agents - Drugs for Prostate Conditions | | |
| alfuzosin hcl er | 1 | |
| AVODART | E | |
| dutasteride oral | 1 | |
| finasteride oral tablet 5 mg | 1 | |
| FLOMAX | E | |
| tamsulosin hcl | 1 | |
| Hormonal Agents - Adrenal | | |
| ALKINDI SPRINKLE | E | |
| CORTEF | E | |
| CORTISONE ACETATE ORAL | E | |
| dexamethasone oral tablet | 1 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| fludrocortisone acetate oral | 1 | |
| HEMADY | E | |
| hydrocortisone oral | 1 | |
| KENALOG INJECTION SUSPENSION 40 MG/ML | E | |
| methylprednisolone oral | 1 | |
| prednisolone oral solution | 1 | |
| prednisolone sodium phosphate oral solution | 1 | |
| prednisone oral tablet | 1 | |
| prednisone oral tablet therapy pack | 1 | |
| RAYOS | E | |
| Hormonal Agents - Men's Health | | |
| ANDRODERM | 2 | PA |
| ANDROGEL PUMP | E | |
| AVEED | E | |
| DEPO-TESTOSTERONE | E | |
| FORTESTA | E | |
| JATENZO | E | |
| NATESTO | E | |
| TESTIM | E | |
| TESTOPEL | E | |
| testosterone cypionate intramuscular | 1 | PA |
| testosterone transdermal gel | 1 | PA |
| TLANDO | E | |
| VOGELXO | E | |
| VOGELXO PUMP | E | |
| XYOSTED | E | |

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

| Drug Name | Drug Tier | Notes |
|--|-----------|----------------------------------|
| Hormonal Agents - Pituitary | | |
| ACTHAR | 2 | PA; SP |
| cabergoline | 1 | |
| CETROTIDE | E | SP |
| CORTROPHIN | 2 | PA; SP |
| desmopressin acetate oral | 1 | |
| FOLLISTIM AQ | 2 | PA; ++; SP |
| ganirelix acetate | 1 | PA; Made by Organon/Merk; ++; SP |
| GENOTROPIN | E | SP |
| GENOTROPIN MINIQUICK | E | SP |
| GONAL-F | E | SP |
| GONAL-F RFF | E | SP |
| GONAL-F RFF REDIJECT | E | SP |
| HUMATROPE | E | SP |
| ISTURISA | E | SP |
| LANREOTIDE ACETATE | E | SP |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG | 2 | PA; SP |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG | 2 | PA; SP |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG | 2 | PA; SP |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG | 2 | PA; SP |

| Drug Name | Drug Tier | Notes |
|---|-----------|------------|
| MYCAPSSA | E | SP |
| NOCDURNA | 3 | PA |
| NORDITROPIN FLEXPPO | 2 | PA; ++; SP |
| NUTROPIN AQ NUSPIN 10 | 2 | PA; ++; SP |
| NUTROPIN AQ NUSPIN 20 | 2 | PA; ++; SP |
| NUTROPIN AQ NUSPIN 5 | 2 | PA; ++; SP |
| ORILISSA | 2 | PA; QL |
| OVIDREL | 3 | PA; ++; SP |
| RECORLEV | E | SP |
| SAIZEN | E | SP |
| SANDOSTATIN | E | SP |
| SIGNIFOR | E | SP |
| SKYTROFA | E | SP |
| SOMATULINE DEPOT | 3 | PA; SP |
| SUPPRELIN LA | 2 | PA; SP; QL |
| TRIPTODUR | 3 | PA; SP; QL |
| ZOMACTON | E | SP |
| Hormonal Agents - Selective Estrogen Receptor Modifying Agents | | |
| OSPHENA | 3 | |
| Hormonal Agents - Sex Hormones and Birth Control | | |
| afirmelle | 1 | ++ |
| altavera | 1 | ++ |
| alyacen 1/35 | 1 | ++ |
| amabelz | 1 | |
| amethia | 1 | ++; QL |
| ANNOVERA | 3 | ++; QL |
| apri | 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 |
|-----------------------------------|-----------|--------|
| ashlyna | 1 | ++; QL |
| aubra eq | 1 | ++ |
| aurovela 1.5/30 | 1 | ++ |
| aurovela 1/20 | 1 | ++ |
| aurovela 24 fe | 1 | ++ |
| aurovela fe 1.5/30 | 1 | ++ |
| aurovela fe 1/20 | 1 | ++ |
| aviane | 1 | ++ |
| ayuna | 1 | ++ |
| BALCOLTRA | 3 | ++ |
| balziva | 1 | ++ |
| BEYAZ | E | |
| BIJUVA | 3 | |
| blisovi 24 fe | 1 | ++ |
| blisovi fe 1.5/30 | 1 | ++ |
| blisovi fe 1/20 | 1 | ++ |
| briellyn | 1 | ++ |
| camila | 1 | ++ |
| camrese | 1 | ++; QL |
| camrese lo | 1 | ++; QL |
| chateal eq | 1 | ++ |
| CLIMARA | E | |
| CLIMARA PRO | 2 | |
| cryselle-28 | 1 | ++ |
| cyred eq | 1 | ++ |
| dasetta 1/35 | 1 | ++ |
| daysee | 1 | ++; QL |
| deblitane | 1 | ++ |
| DELESTROGEN | E | |
| delyla | 1 | ++ |
| DIVIGEL | 3 | |
| dotti | 1 | |
| drospirenone-ethinyl estradiol | 1 | ++ |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| DUAVEE | 2 | |
| ELESTRIN | 3 | |
| elinest | 1 | ++ |
| eluryng | 1 | ++ |
| ENDOMETRIN | 2 | ++ |
| enskyce | 1 | ++ |
| errin | 1 | ++ |
| estarylla | 1 | ++ |
| ESTRACE | E | |
| estradiol oral | 1 | |
| estradiol transdermal patch twice weekly | 1 | |
| estradiol transdermal patch weekly | 1 | |
| estradiol vaginal | 1 | |
| estradiol-norethindrone acet | 1 | |
| ESTROGEL | 3 | |
| etonogestrel-ethinyl estradiol | 1 | ++ |
| EVAMIST | 3 | |
| falmina | 1 | ++ |
| fayosim oral tablet 42- 21-21-7 days | 1 | ++; QL |
| GENERESS FE | E | |
| hailey 1.5/30 | 1 | ++ |
| hailey 24 fe | 1 | ++ |
| hailey fe 1.5/30 | 1 | ++ |
| hailey fe 1/20 | 1 | ++ |
| haloette | 1 | ++ |
| heather | 1 | ++ |
| iclevia | 1 | ++; QL |
| IMVEXXY MAINTENANCE PACK | 2 | |
| IMVEXXY STARTER PACK | 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 |
|---|-----------|--------|
| incassia | 1 | ++ |
| introvale | 1 | ++; QL |
| isibloom | 1 | ++ |
| jaimiess | 1 | ++; QL |
| jasmiel | 1 | ++ |
| jencycla | 1 | ++ |
| jolessa | 1 | ++; QL |
| juleber | 1 | ++ |
| junel 1.5/30 | 1 | ++ |
| junel 1/20 | 1 | ++ |
| junel fe 1.5/30 | 1 | ++ |
| junel fe 1/20 | 1 | ++ |
| junel fe 24 | 1 | ++ |
| kalliga | 1 | ++ |
| kurvelo | 1 | ++ |
| larin 1.5/30 | 1 | ++ |
| larin 1/20 | 1 | ++ |
| larin 24 fe | 1 | ++ |
| larin fe 1.5/30 | 1 | ++ |
| larin fe 1/20 | 1 | ++ |
| lessina | 1 | ++ |
| levonorgest-eth est & eth est | 1 | ++; QL |
| levonorgest-eth estrad 91-day | 1 | ++; QL |
| levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg | 1 | ++ |
| levora 0.15/30 (28) | 1 | ++ |
| LO LOESTRIN FE | E | |
| LOESTRIN 1.5/30 (21) | E | |
| LOESTRIN 1/20 (21) | E | |
| LOESTRIN FE 1.5/30 | E | |
| LOESTRIN FE 1/20 | E | |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| lojaimiess | 1 | ++; QL |
| loryna | 1 | ++ |
| low-ogestrel | 1 | ++ |
| lo-zumandimine | 1 | ++ |
| luteru | 1 | ++ |
| lyleq | 1 | ++ |
| lyllana | 1 | |
| lyza | 1 | ++ |
| marlissa | 1 | ++ |
| medroxyprogesterone acetate intramuscular | 1 | ++; QL |
| medroxyprogesterone acetate oral | 1 | |
| microgestin 1.5/30 | 1 | ++ |
| microgestin 1/20 | 1 | ++ |
| microgestin 24 fe | 1 | ++ |
| microgestin fe 1.5/30 | 1 | ++ |
| microgestin fe 1/20 | 1 | ++ |
| mili | 1 | ++ |
| mimvey | 1 | |
| MINASTRIN 24 FE | E | |
| MIRENA (52 MG) | 3 | ++ |
| mono-lynyah | 1 | ++ |
| MYFEMBREE | 2 | PA; QL |
| NATAZIA | 2 | ++ |
| necon 0.5/35 (28) | 1 | ++ |
| NEXTSTELLIS | E | |
| nikki | 1 | ++ |
| nora-be | 1 | ++ |
| norethin ace-eth estrad-fe oral tablet | 1 | ++ |
| norethindrone acetate oral | 1 | |
| norethindrone acet-ethinyl est | 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 |
|--|-----------|--------|
| norethindrone oral | 1 | ++ |
| norgestimate-eth estradiol | 1 | ++ |
| norgestimate-ethinyl estradiol triphasic | 1 | ++ |
| norlyroc | 1 | ++ |
| nortrel 0.5/35 (28) | 1 | ++ |
| nortrel 1/35 (21) | 1 | ++ |
| nortrel 1/35 (28) | 1 | ++ |
| nylia 1/35 | 1 | ++ |
| nymyo | 1 | ++ |
| ocella | 1 | ++ |
| ORIAHNN | 2 | PA; QL |
| philith | 1 | ++ |
| pirmella 1/35 oral tablet 1-35 mg-mcg | 1 | ++ |
| portia-28 | 1 | ++ |
| PREMARIN ORAL | 2 | |
| PREMARIN VAGINAL | 2 | |
| PREMPHASE | 2 | |
| PREMPRO | 2 | |
| progesterone oral | 1 | |
| PROMETRIUM | E | |
| reclipsen | 1 | ++ |
| rivelsa | 1 | ++; QL |
| SAFYRAL | E | |
| SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG | E | |
| setlakin | 1 | ++; QL |
| sharobel | 1 | ++ |
| simpesse | 1 | ++; QL |
| SLYND | E | |
| sprintec 28 | 1 | ++ |
| sronyx | 1 | ++ |

| Drug Name | Drug Tier | Notes |
|----------------------------------|-----------|-------|
| syeda | 1 | ++ |
| tarina 24 fe | 1 | ++ |
| tarina fe 1/20 eq | 1 | ++ |
| tri-estarylla | 1 | ++ |
| tri-linyah | 1 | ++ |
| tri-lo-estarylla | 1 | ++ |
| tri-lo-marzia | 1 | ++ |
| tri-lo-mili | 1 | ++ |
| tri-lo-sprintec | 1 | ++ |
| tri-mili | 1 | ++ |
| tri-nymyo | 1 | ++ |
| tri-sprintec | 1 | ++ |
| tri-vylibra | 1 | ++ |
| tri-vylibra lo | 1 | ++ |
| TWIRLA | E | |
| VAGIFEM | E | |
| vestura | 1 | ++ |
| vienva | 1 | ++ |
| VIVELLE-DOT | E | |
| vyfemla | 1 | ++ |
| vylibra | 1 | ++ |
| wera | 1 | ++ |
| xulane | 1 | ++ |
| YASMIN 28 | E | |
| YAZ | E | |
| yuvaferm | 1 | |
| zafemy | 1 | ++ |
| zumandimine | 1 | ++ |
| Hormonal Agents - Thyroid | | |
| ADTHYZA | 3 | ST |
| ARMOUR THYROID | 3 | ST |
| CYTOMEL | E | |
| ERMEZA | E | |

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

| Drug Name | Drug Tier | Notes |
|--|-----------|----------------|
| euthyrox | 1 | |
| levo-t | 1 | |
| LEVOTHYROXINE SODIUM ORAL CAPSULE | E | M |
| levothyroxine sodium oral tablet | 1 | |
| levoxyl | 1 | |
| liothyronine sodium oral | 1 | |
| methimazole oral | 1 | |
| np thyroid oral tablet 15 mg, 30 mg, 60 mg | 1 | |
| SYNTHROID | E | |
| THYQUIDITY | E | |
| TIROSINT | E | |
| TIROSINT-SOL | E | |
| unithroid | 1 | |
| Immunological Agents - Drugs for Immune System Stimulation or Suppression | | |
| ACTEMRA ACTPEN | 3 | PA; 3P; SP; QL |
| ACTEMRA SUBCUTANEOUS | 3 | PA; 3P; SP; QL |
| ADALIMUMAB-ADAZ | 2 | PA; SP; QL |
| ADALIMUMAB-FKJP | E | SP |
| AMJEVITA | 2 | PA; SP; QL |
| ASCENIV | E | SP |
| AVSOLA | 2 | PA; SP |
| azathioprine oral | 1 | |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; SP |
| CIMZIA | 2 | PA; SP; QL |

| Drug Name | Drug Tier | Notes |
|------------------------------------|-----------|------------|
| CIMZIA STARTER KIT | 2 | PA; SP; QL |
| CINRYZE | E | SP |
| COSENTYX (300 MG DOSE) | E | SP |
| COSENTYX 150 MG/ML | E | SP |
| COSENTYX SENSOREADY (300 MG) | E | SP |
| COSENTYX SENSOREADY PEN | E | SP |
| COSENTYX UNOREADY | E | SP |
| CUTAQUIG | E | SP |
| cyclosporine modified oral capsule | 1 | |
| CYLTEZO | 2 | PA; SP; QL |
| CYLTEZO-CD/UC/HS STARTER | 2 | PA; SP; QL |
| CYLTEZO-PSORIASIS STARTER | 2 | PA; SP; QL |
| ENBREL | 2 | PA; SP; QL |
| ENBREL MINI | 2 | PA; SP; QL |
| ENBREL SURECLICK | 2 | PA; SP; QL |
| ENVARUSUS XR | 3 | |
| FIRAZYR | E | SP |
| gengraf oral capsule | 1 | |
| HADLIMA | E | SP |
| HADLIMA PUSHTOUCH | E | SP |
| HAEGARDA | 3 | PA; SP |
| HIZENTRA | 3 | PA; SP |
| HULIO | E | SP |
| HUMIRA | 2 | PA; SP; QL |
| HUMIRA PEDIATRIC CROHNS START | 2 | PA; SP; QL |
| HUMIRA PEN | 2 | PA; SP; 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 |
|------------------------------------|-----------|------------|
| HUMIRA PEN-CD/UC/HS STARTER | 2 | PA; SP; QL |
| HUMIRA PEN-PEDIATRIC UC START | 2 | PA; SP; QL |
| HUMIRA PEN-PS/UV/ADOL HS START | 2 | PA; SP; QL |
| HUMIRA PEN-PSOR/UEIT STARTER | 2 | PA; SP; QL |
| HYRIMOZ | 2 | PA; SP; QL |
| HYRIMOZ-CROHNS/UC STARTER PACK | 2 | PA; SP; QL |
| HYRIMOZ-PED CROHNS STARTER | 2 | PA; SP; QL |
| HYRIMOZ-PLAQUE PSORIASIS START | 2 | PA; SP; QL |
| IDACIO | E | SP |
| IDACIO FOR CROHNS DISEASE/UC | E | SP |
| IDACIO FOR PLAQUE PSORIASIS | E | SP |
| INFLECTRA | 2 | PA; SP |
| INFLIXIMAB | E | SP |
| leflunomide oral | 1 | |
| LUPKYNIS | E | SP |
| methotrexate oral | 1 | |
| methotrexate sodium oral | 1 | |
| mycophenolate mofetil oral capsule | 1 | |
| mycophenolate mofetil oral tablet | 1 | |
| mycophenolate sodium | 1 | |
| OLUMIANT | 3 | PA; SP; QL |

| Drug Name | Drug Tier | Notes |
|--------------------------------|-----------|----------------|
| ORENCIA CLICKJECT | 3 | PA; 3P; SP; QL |
| ORENCIA INTRAVENOUS | 3 | PA; 3P; SP |
| ORENCIA SUBCUTANEOUS | 3 | PA; 3P; SP; QL |
| ORLADEYO | 3 | PA; SP; QL |
| OTEZLA | 2 | PA; SP; QL |
| OTREXUP | E | |
| PANZYGA | E | SP |
| RASUVO | 2 | PA; QL |
| REDITREX | E | |
| REMICADE | E | SP |
| RENFLEXIS | E | SP |
| REZUROCK | E | SP |
| RINVOQ | 2 | PA; SP; QL |
| RUCONEST | 3 | PA; SP; QL |
| SIMPONI | 2 | PA; SP; QL |
| SIMPONI ARIA | 2 | PA; SP |
| sirolimus oral tablet | 1 | |
| SKYRIZI | 2 | PA; SP; QL |
| SKYRIZI PEN | 2 | PA; SP; QL |
| SOTYKTU | E | SP |
| STELARA INTRAVENOUS | 2 | PA; SP |
| STELARA SUBCUTANEOUS | 2 | PA; SP; QL |
| tacrolimus oral | 1 | |
| TAKHZYRO SUBCUTANEOUS SOLUTION | 3 | PA; SP |
| TALTZ | 3 | PA; 3P; SP; QL |
| TREMFYA | 2 | PA; SP; QL |
| TREXALL | 3 | |
| XELJANZ | 2 | PA; SP; 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 |
|---|-----------|------------|
| XELJANZ XR | 2 | PA; SP; QL |
| XEMBIFY | 3 | PA; SP |
| YUFLYMA SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML | E | SP |
| YUSIMRY | E | SP |
| Inflammatory Bowel Disease Agents | | |
| APRISO | 1 | |
| CANASA | E | |
| CORTIFOAM | 3 | |
| DELZICOL | E | |
| DIPENTUM | E | |
| hydrocortisone (perianal) | 1 | |
| LIALDA | E | |
| mesalamine er oral capsule 0.375 gm | E | |
| mesalamine oral tablet delayed release | 1 | |
| ORTIKOS | E | |
| PENTASA | E | |
| PROCTOFOAM HC | 2 | |
| procto-med hc | 1 | |
| proctosol hc | 1 | |
| proctozone-hc | 1 | |
| sulfasalazine oral tablet | 1 | |
| TARPEYO | E | SP |
| UCERIS ORAL | E | |
| UCERIS RECTAL | 3 | |
| Metabolic Bone Disease Agents - Drugs for Osteoporosis | | |
| alendronate sodium oral tablet 10 mg, 5 mg | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|----------------------|
| alendronate sodium oral tablet 35 mg, 70 mg | 1 | QL |
| FORTEO | E | SP |
| ibandronate sodium oral | 1 | QL |
| TERIPARATIDE (RECOMBINANT) | 2 | PA; SP |
| TYMLOS | 2 | PA; SP |
| Metabolic Bone Disease Agents - Other | | |
| calcitriol oral capsule | 1 | |
| RAYALDEE | 3 | |
| SENSIPAR | E | |
| Miscellaneous Therapeutic Agents | | |
| BD ULTRA-FINE PEN NEEDLES | 2 | ++ |
| BOTOX | 3 | PA; Non- Cosmetic |
| DOJOLVI | E | |
| DUROLANE | 2 | PA |
| DYSFORT | 2 | PA |
| ENDARI | 3 | PA |
| EUFLEXXA | 2 | PA |
| FIRDAPSE | E | SP |
| GEL-ONE | E | |
| GELSYN-3 | 2 | PA |
| GENVISC 850 | E | |
| HYALGAN | E | |
| HYMOVIS | E | |
| KERENDIA | 3 | PA; QL |
| LIVMARLI | E | SP |
| MONOVISC | E | |
| MYOBLOC | 2 | 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 |
|-------------------------------|-----------|-------|
| NOVOFINE AUTOCOVER PEN NEEDLE | 2 | ++ |
| NOVOFINE PEN NEEDLE | 2 | ++ |
| NOVOFINE PLUS PEN NEEDLE | 2 | ++ |
| OMNIPOD 5 G6 INTRO (GEN 5) | 2 | ++ |
| OMNIPOD 5 G6 POD (GEN 5) | 2 | ++ |
| OMNIPOD CLASSIC PODS (GEN 3) | 2 | ++ |
| OMNIPOD DASH INTRO (GEN 4) | 2 | ++ |
| OMNIPOD DASH PODS (GEN 4) | 2 | ++ |
| ORTHOVISC | E | |
| OXBRYTA | E | SP |
| PALFORZIA | E | SP |
| PHEXXI | E | |
| SUPARTZ FX | E | |
| SYNOJOYNT | E | |
| SYNVISC | E | |
| SYNVISC ONE | E | |
| TAVNEOS | E | SP |
| TRILURON | E | |
| TRIVISC | E | |
| V-GO 20 | 2 | ++ |
| V-GO 30 | 2 | ++ |
| V-GO 40 | 2 | ++ |
| VISCO-3 | E | |
| XEOMIN | 2 | PA |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation | | |
| AZASITE | 3 | |
| BEPREVE | E | |
| BESIVANCE | 3 | |
| BROMSITE | E | |
| ciprofloxacin hcl ophthalmic | 1 | |
| erythromycin ophthalmic | 1 | |
| EYSUVIS | 3 | PA |
| FLAREX | 3 | |
| gentamicin sulfate ophthalmic | 1 | |
| ILEVRO | E | |
| INVELTYS | 3 | |
| ketorolac tromethamine ophthalmic | 1 | |
| LOTEMAX OPHTHALMIC SUSPENSION | E | |
| LOTEMAX SM | 3 | |
| moxifloxacin hcl ophthalmic | 1 | |
| neomycin-polymyxin-dexameth ophthalmic ointment | 1 | |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | 1 | |
| NEVANAC | E | |
| ofloxacin ophthalmic | 1 | |
| olopatadine hcl ophthalmic | 1 | |
| PRED FORTE | E | |

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

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| PRED MILD | 3 | |
| PROLENSA | 2 | QL |
| TOBRADEX OPHTHALMIC SUSPENSION | E | |
| TOBRADEX ST | 3 | |
| tobramycin ophthalmic | 1 | |
| tobramycin- dexamethasone | 1 | |
| VIGAMOX | E | |
| ZERVIATE | E | |
| Ophthalmic Agents - Drugs for Glaucoma | | |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | 2 | |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % | E | |
| AZOPT | E | |
| BETIMOL | 3 | |
| brimonidine tartrate ophthalmic solution 0.15 %, 0.2 % | 1 | |
| COMBIGAN | E | |
| COSOPT | E | |
| COSOPT PF | E | |
| dorzolamide hcl-timolol mal | 1 | |
| dorzolamide hcl-timolol mal pf | 1 | |
| latanoprost ophthalmic | 1 | |
| LUMIGAN | 2 | QL |
| RHOPRESSA | 3 | QL |
| ROCKLATAN | 3 | QL |
| SIMBRINZA | 2 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| timolol maleate (once- daily) | 1 | |
| timolol maleate ocudose | 1 | |
| timolol maleate ophthalmic solution | 1 | |
| timolol maleate pf | 1 | |
| TIMOPTIC OCUDOSE | E | |
| TRAVATAN Z | E | |
| VUITY | E | |
| VYZULTA | E | |
| XALATAN | E | |
| ZIOPTAN | E | |
| Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions | | |
| BEOVU | E | SP |
| BYOOVIZ | E | SP |
| CEQUA | E | |
| CIMERLI | 2 | PA; SP |
| cyclosporine ophthalmic | E | |
| LATISSE | E | |
| LUCENTIS | E | SP |
| LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML | E | SP |
| polymyxin b- trimethoprim | 1 | |
| RESTASIS | 1 | PA |
| RESTASIS MULTIDOSE | 2 | PA |
| TYRVAYA | 3 | PA; QL |
| VERKAZIA | E | |
| XIIDRA | 2 | 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 |
|--|-----------|--------|
| ZYLET | 3 | |
| Otic Agents - Drugs for Ear Conditions | | |
| CIPRODEX | E | |
| ciprofloxacin-dexamethasone | 1 | |
| neomycin-polymyxin-hc otic suspension | 1 | |
| ofloxacin otic | 1 | |
| Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold | | |
| azelastine hcl nasal | 1 | QL |
| azelastine-fluticasone | 1 | QL |
| benzonatate | 1 | |
| cetirizine hcl oral solution 1 mg/ml | 1 | ++ |
| CLARINEX | E | |
| CLARINEX-D 12 HOUR | E | |
| cyproheptadine hcl oral tablet | 1 | |
| DYMISTA | 2 | QL |
| fluticasone propionate nasal | 1 | ++ |
| ipratropium bromide nasal | 1 | |
| levocetirizine dihydrochloride oral tablet | 1 | ++ |
| mometasone furoate nasal | 1 | ++; QL |
| OMNARIS | 3 | ++; QL |
| promethazine-dm | 1 | |
| pseudoephedrine-bromphen-dm | 1 | |
| QNASL | 3 | ++; QL |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------------------|
| QNASL CHILDRENS | 3 | ++; QL |
| RYALTRIS | 3 | QL |
| XHANCE | E | |
| ZETONNA | 3 | ++; QL |
| Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions | | |
| ADVAIR DISKUS | E | |
| ADVAIR HFA | 1 | QL |
| AIRDUO DIGIHALER | E | |
| AIRDUO RESPICLICK 113/14 | E | |
| AIRDUO RESPICLICK 232/14 | E | |
| AIRDUO RESPICLICK 55/14 | E | |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation | 1 | QL |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation | 1 | Made by Teva; QL |
| ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION | E | Made by Prasco; M |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml | 1 | QL |
| ALVESCO | E | |
| ANORO ELLIPTA | 2 | QL |

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

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| ARMONAIR DIGIHALER | E | |
| ARNUITY ELLIPTA | 2 | QL |
| ASMANEX (120 METERED DOSES) | E | |
| ASMANEX (14 METERED DOSES) | E | |
| ASMANEX (30 METERED DOSES) | E | |
| ASMANEX (60 METERED DOSES) | E | |
| ASMANEX HFA | E | |
| ATROVENT HFA | 3 | QL |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML | 3 | QL |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML | E | |
| BEVESPI AEROSPHERE | E | |
| BREO ELLIPTA | 1 | QL |
| breyana | E | |
| BREZTRI AEROSPHERE | 2 | QL |
| BROVANA | E | |
| budesonide inhalation | 1 | QL |
| budesonide-formoterol fumarate | E | |
| COMBIVENT RESPIMAT | 2 | QL |
| DUAKLIR PRESSAIR | E | |
| DULERA | E | |
| epinephrine injection solution auto-injector 0.15 mg/0.15ml | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|---------------|
| epinephrine solution auto-injector 0.15 mg/0.3ml injection | 1 | Made by Mylan |
| epinephrine solution auto-injector 0.15 mg/0.3ml injection | 1 | |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection | 1 | Made by Mylan |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection | 1 | |
| EPIPEN 2-PAK | 3 | ST |
| EPIPEN JR 2-PAK | E | |
| ESBRIET | E | SP |
| FASENRA | 2 | PA; SP |
| FASENRA PEN | 2 | PA; SP |
| FLOVENT DISKUS | E | |
| FLOVENT HFA | E | |
| FLUTICASONE FUROATE-VILANTEROL | E | M |
| FLUTICASONE PROPIONATE HFA | E | M |
| FLUTICASONE-SALMETEROL INHALATION AEROSOL | E | M |
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 1 | 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 |
|---|-----------|------------|
| FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT | E | M |
| INCRUSE ELLIPTA | E | |
| ipratropium-albuterol | 1 | QL |
| LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT | E | M |
| montelukast sodium oral tablet | 1 | |
| montelukast sodium oral tablet chewable | 1 | |
| NUCALA | 2 | PA; SP; QL |
| OFEV | 3 | PA; SP |
| PERFOROMIST | 3 | QL |
| PROAIR DIGIHALER | E | |
| PROAIR RESPICLICK | E | |
| PROVENTIL HFA | E | |
| PULMICORT FLEXHALER | E | |
| PULMICORT SUSPENSION | E | |
| QVAR REDIHALER | 2 | QL |
| SEREVENT DISKUS | 2 | QL |
| SINGULAIR | E | |
| SPIRIVA HANDIHALER | 2 | QL |
| SPIRIVA RESPIMAT | 2 | QL |
| STIOLTO RESPIMAT | 2 | QL |
| STRIVERDI RESPIMAT | 2 | QL |
| SYMBICORT | 1 | QL |

| Drug Name | Drug Tier | Notes |
|--|-----------|------------|
| SYMJEPI | 3 | |
| TEZSPIRE | 2 | PA; SP; QL |
| TRELEGY ELLIPTA | 2 | QL |
| TUDORZA PRESSAIR | E | |
| VENTOLIN HFA | E | |
| wixela inhub | 1 | ST; QL |
| XOLAIR | 2 | PA; SP |
| XOPENEX HFA | E | |
| YUPELRI | 3 | QL |
| Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis | | |
| BETHKIS | E | SP |
| BRONCHITOL | E | |
| CAYSTON | E | SP |
| KITABIS PAK | E | SP |
| PULMOZYME | 2 | PA; SP |
| TOBI NEBULIZER | E | SP |
| TOBI PODHALER | 3 | SP; QL |
| TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION | E | M; SP |
| TRIKAFTA ORAL TABLET THERAPY PACK | 3 | PA; SP; QL |
| Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension | | |
| ADCIRCA | E | SP |
| ADEMPAS | 2 | PA; SP; QL |
| LETAIRIS | E | SP |
| OPSUMIT | 2 | PA; SP; QL |
| ORENITRAM | 3 | PA; SP |

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

| Drug Name | Drug Tier | Notes |
|--|-----------|------------|
| ORENITRAM MONTH 1 | 3 | PA; SP; QL |
| ORENITRAM MONTH 2 | 3 | PA; SP; QL |
| ORENITRAM MONTH 3 | 3 | PA; SP; QL |
| REMODULIN | E | SP |
| REVATIO | E | SP |
| sildenafil citrate oral tablet 20 mg | 1 | PA; SP; QL |
| TADLIQ | E | SP |
| TRACLEER 62.5 MG, 125 MG | E | SP |
| treprostinil | 1 | PA; SP |
| TYVASO | 3 | PA; SP; QL |
| TYVASO DPI MAINTENANCE KIT | 3 | PA; SP; QL |
| TYVASO DPI TITRATION KIT | 3 | PA; SP; QL |
| TYVASO REFILL | 3 | PA; SP; QL |
| TYVASO STARTER | 3 | PA; SP; QL |
| Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm | | |
| AMRIX | E | |
| BACLOFEN ORAL SOLUTION | E | M |
| baclofen oral tablet | 1 | |
| carisoprodol oral | 1 | |
| cyclobenzaprine hcl oral | 1 | |
| FLEQSUVY | E | |
| LORZONE | 3 | |
| LYVISPAH | E | |
| methocarbamol oral tablet 1000 mg | 1 | PA |

| Drug Name | Drug Tier | Notes |
|--|-----------|------------------------------|
| methocarbamol oral tablet 500 mg, 750 mg | 1 | |
| NORGESIC | E | |
| NORGESIC FORTE | E | |
| ORPHENGESIC FORTE | E | M |
| OZOBAX | E | |
| SOMA | E | |
| tizanidine hcl oral | 1 | |
| VANADOM | E | |
| ZANAFLEX | E | |
| Sleep Disorder Agents | | |
| AMBIEN | E | |
| AMBIEN CR | E | |
| armodafinil | 1 | PA; QL |
| BELSOMRA | 3 | ST; QL |
| DAYVIGO | 3 | ST; QL |
| eszopiclone | 1 | QL |
| HETLIOZ | E | SP |
| HETLIOZ LQ | E | SP |
| LUNESTA | E | |
| modafinil | 1 | PA; QL |
| NUVIGIL | E | |
| PROVIGIL | E | |
| QUVIVIQ | E | |
| RESTORIL | E | |
| SODIUM OXYBATE SOLUTION 500 MG/ML ORAL | 3 | PA; Made by Hikma; M; SP; QL |
| SODIUM OXYBATE SOLUTION 500 MG/ML ORAL | E | Made by Amneal; M; SP |
| SUNOSI | 2 | PA; QL |
| temazepam | 1 | QL |
| WAKIX | 3 | PA; SP; 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 |
|-------------------------------|-----------|------------|
| XYREM | E | SP |
| XYWAV | 3 | PA; SP; QL |
| zolpidem tartrate er | 1 | QL |
| zolpidem tartrate oral tablet | 1 | QL |

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

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| XARELTO..... | 8 | ZIANA..... | 22 | | |
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