



2025 Select 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.



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.

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. Call the number on the back of your member ID card to learn more about where you can fill your specialty prescriptions.



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. |

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.

| | |
|-----------|---|
| 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. |

Select Standard Formulary

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| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| Analgesics - Drugs for Pain | | |
| acetaminophen-codeine oral tablet | 1 | QL |
| apap-caff-dihydrocodeine | 1 | QL |
| bac | 1 | |
| BELBUCA | 2 | PA; QL |
| butalbital-apap-caffeine | 1 | |
| endocet | 1 | QL |
| 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 |
| NUCYNTA | 3 | QL |
| oxycodone hcl oral tablet | 1 | QL |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 | QL |
| OXYCONTIN | 2 | PA; QL |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG | 3 | QL |
| tramadol hcl oral tablet | 1 | QL |
| TREZIX | 3 | QL |
| XTAMPZA ER | 2 | PA; QL |
| Analgesics - Drugs for Pain and Inflammation | | |
| celecoxib oral | 1 | QL |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| diclofenac potassium oral tablet | 1 | |
| diclofenac sodium external gel 1 % | 1 | QL |
| diclofenac sodium oral | 1 | |
| ELYXYB | 3 | PA; QL |
| etodolac oral tablet | 1 | |
| ibuprofen oral suspension 100 mg/5ml | 1 | |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1 | |
| indomethacin oral capsule | 1 | |
| ketorolac tromethamine oral | 1 | QL |
| meloxicam oral tablet | 1 | |
| nabumetone oral | 1 | |
| NAPRELAN | 3 | PA |
| naproxen oral tablet | 1 | |
| Anesthetics | | |
| lidocaine external ointment 5 % | 1 | |
| lidocaine external patch 5 % | 1 | |
| lidocaine-prilocaine external cream | 1 | |
| ZTLIDO | 3 | ST |
| Anti-Addiction / Substance Abuse Treatment Agents | | |
| BRIXADI | 3 | SP |
| BRIXADI (WEEKLY) | 3 | SP |
| buprenorphine hcl sublingual | 1 | QL |
| buprenorphine hcl-naloxone hcl | 1 | QL |
| KLOXXADO | 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 |
|---|-----------|--------|
| naloxone hcl nasal | 1 | |
| naltrexone hcl oral | 1 | |
| OPVEE | 2 | |
| SUBLOCADE | 3 | SP |
| varenicline tartrate | 1 | ++; QL |
| VIVITROL | 3 | SP |
| 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 | 3 | ST |
| azithromycin oral suspension reconstituted | 1 | |
| azithromycin oral tablet | 1 | |
| cefadroxil oral capsule | 1 | |
| cefdinir | 1 | |
| cefepodoxime proxetil oral tablet | 1 | |
| cefuroxime axetil | 1 | |
| cephalexin | 1 | |
| ciprofloxacin hcl oral | 1 | |
| clarithromycin oral tablet | 1 | |
| clindamycin hcl oral | 1 | |
| CLINDESSE | 3 | |
| DIFICID | 3 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| doxycycline hyclate oral capsule | 1 | |
| doxycycline hyclate oral tablet | 1 | |
| 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 | |
| MONDOXYNE NL | 3 | ST |
| mupirocin ointment | 1 | |
| nitrofurantoin macrocrystal | 1 | |
| nitrofurantoin monohydrate macrocrystals | 1 | |
| NUZYRA ORAL | 3 | QL |
| penicillin v potassium oral tablet | 1 | |
| SEYSARA | 3 | ST |
| sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml | 1 | |
| sulfamethoxazole-trimethoprim oral tablet | 1 | |
| sulfatrim pediatric | 1 | |
| XACIATO | 3 | |
| Anticoagulants | | |
| ELIQUIS | 2 | QL |
| ELIQUIS DVT/PE STARTER PACK | 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 |
|--|-----------|--------|
| enoxaparin sodium injection solution prefilled syringe | 1 | |
| jantoven | 1 | |
| warfarin sodium oral | 1 | |
| XARELTO | 2 | QL |
| XARELTO STARTER PACK | 2 | QL |
| Anticonvulsants - Drugs for Seizures | | |
| APTIOM | 3 | |
| BRIVIACT INTRAVENOUS | 3 | |
| BRIVIACT ORAL | 3 | ST |
| divalproex sodium er | 1 | |
| divalproex sodium oral tablet delayed release | 1 | |
| EPIDIOLEX | 3 | PA; SP |
| FYCOMPA | 3 | |
| gabapentin oral capsule | 1 | |
| gabapentin oral tablet 600 mg, 800 mg | 1 | |
| lacosamide oral tablet | 1 | |
| lamotrigine er | 1 | |
| lamotrigine oral tablet | 1 | |
| levetiracetam intravenous | 1 | |
| levetiracetam oral | 1 | |
| MOTPOLY XR | 3 | ST |
| NAYZILAM | 3 | QL |
| oxcarbazepine oral tablet | 1 | |
| primidone oral | 1 | |
| roweepra | 1 | |
| subvenite | 1 | |
| SYMPAZAN | 3 | PA |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| TOPAMAX | 3 | ST |
| TOPAMAX SPRINKLE | 3 | ST |
| topiramate oral tablet | 1 | |
| VALTOCO | 3 | QL |
| XCOPRI | 3 | ST |
| ZONEGRAN | 3 | ST |
| zonisamide oral | 1 | |
| Antidementia Agents - Drugs for Alzheimer's Disease and Dementia | | |
| donepezil hcl oral tablet | 1 | |
| memantine hcl oral tablet | 1 | |
| NAMZARIC | 2 | QL |
| Antidepressants | | |
| amitriptyline hcl oral | 1 | |
| bupropion hcl er (sr) | 1 | QL |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg | 1 | QL |
| bupropion hcl oral | 1 | |
| citalopram hydrobromide oral tablet | 1 | |
| desvenlafaxine succinate er | 1 | QL |
| doxepin hcl oral capsule | 1 | |
| duloxetine hcl oral | 1 | QL |
| escitalopram oxalate oral tablet | 1 | |
| fluoxetine hcl oral capsule | 1 | |
| fluoxetine hcl oral tablet | 1 | |
| fluvoxamine maleate | 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 |
|--|-----------|--------|
| mirtazapine oral tablet | 1 | |
| nortriptyline hcl oral capsule | 1 | |
| paroxetine hcl oral tablet | 1 | |
| 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 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 |
| Antiemetics - Drugs for Nausea and Vomiting | | |
| 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 oral tablet dispersible 4 mg, 8 mg | 1 | |
| prochlorperazine maleate oral | 1 | |
| promethazine hcl oral tablet | 1 | |
| SANCUSO | 3 | PA; QL |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| scopolamine | 1 | |
| VARUBI (180 MG DOSE) | 3 | QL |
| Antifungals | | |
| ciclodan | 1 | ++ |
| ciclopirox external solution | 1 | ++ |
| clotrimazole external cream | 1 | |
| clotrimazole-betamethasone external cream | 1 | |
| CRESEMBA INTRAVENOUS | 3 | |
| CRESEMBA ORAL CAPSULE 186 MG | 3 | PA |
| fluconazole oral tablet | 1 | |
| GYNAZOLE-1 | 3 | |
| JUBLIA | 3 | PA; ++ |
| ketoconazole external cream | 1 | |
| ketoconazole external shampoo | 1 | |
| klayesta | 1 | |
| nyamyc | 1 | |
| nystatin external | 1 | |
| nystatin mouth/throat | 1 | |
| nystop | 1 | |
| terbinafine hcl oral | 1 | QL |
| terconazole vaginal cream | 1 | |
| VIVJOA | 3 | PA |
| Antigout Agents | | |
| allopurinol oral tablet 100 mg, 300 mg | 1 | |
| colchicine 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 |
|--|-----------|------------|
| Antimigraine Agents | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO- INJECTOR 140 MG/ML, 70 MG/ML | 2 | PA; QL |
| AJOVY | 2 | PA; QL |
| eletriptan hydrobromide | 1 | QL |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO- INJECTOR 120 MG/ML | 3 | PA; QL |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 2 | PA; QL |
| naratriptan hcl | 1 | QL |
| NURTEC | 2 | PA; QL |
| QULIPTA | 2 | PA; QL |
| rizatriptan benzoate | 1 | QL |
| sumatriptan succinate oral | 1 | QL |
| UBRELVY | 2 | PA; QL |
| ZAVZPRET | 3 | PA; QL |
| Antineoplastics - Drugs for Cancer | | |
| abiraterone acetate | 1 | PA; SP |
| ALECENSA | 2 | PA; SP |
| ALUNBRIG | 2 | PA; SP; QL |
| anastrozole oral | 1 | |
| AUGTYRO | 3 | PA; SP |
| CABOMETYX ORAL TABLET 20 MG | 2 | PA; SP; QL |
| CABOMETYX ORAL TABLET 40 MG, 60 MG | 2 | PA; SP |
| CALQUENCE | 3 | PA; SP |

| Drug Name | Drug Tier | Notes |
|--|-----------|------------|
| capecitabine | 1 | SP |
| COTELLIC | 3 | PA; SP |
| ERIVEDGE | 3 | PA; SP |
| ERLEADA | 3 | PA; SP |
| GAVRETO | 3 | PA; SP |
| IBRANCE | 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 420 MG | 3 | PA; SP; QL |
| KANJINTI | 2 | PA; SP |
| KISQALI (200 MG DOSE) | 3 | PA; SP |
| KISQALI (400 MG DOSE) | 3 | PA; SP |
| KISQALI (600 MG DOSE) | 3 | PA; SP |
| KOSELUGO | 3 | PA; SP |
| letrozole oral | 1 | |
| LUMAKRAS | 3 | PA; SP |
| LYNPARZA | 2 | PA; SP |
| MEKINIST | 3 | PA; SP |
| MVASI | 2 | PA; SP |
| NUBEQA | 3 | PA; SP |
| ODOMZO | 3 | PA; SP |
| ORGOVYX | 3 | PA; SP |
| PANRETIN | 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 |
|------------------------------------|-----------|------------|
| PHESGO | 2 | PA; SP |
| PIQRAY | 3 | PA; SP |
| POMALYST ORAL CAPSULE 1 MG, 2 MG | 3 | PA; SP; QL |
| POMALYST ORAL CAPSULE 3 MG, 4 MG | 3 | PA; SP |
| RETEVMO ORAL CAPSULE | 3 | PA; SP |
| REVLIMID | 2 | PA; SP |
| ROZLYTREK | 3 | PA; SP |
| RUXIENCE | 2 | PA; SP |
| RYDAPT | 3 | PA; SP |
| SCEMBLIX ORAL TABLET 100 MG, 40 MG | 3 | PA; SP |
| SCEMBLIX ORAL TABLET 20 MG | 3 | PA; SP; QL |
| SPRYCEL | 2 | PA; SP |
| STIVARGA | 2 | PA; SP |
| TABRECTA | 3 | PA; SP |
| TAFINLAR | 3 | PA; SP |
| TAGRISSEO ORAL TABLET 40 MG | 3 | PA; SP; QL |
| TAGRISSEO ORAL TABLET 80 MG | 3 | PA; SP |
| tamoxifen citrate oral | 1 | |
| TASIGNA | 3 | PA; SP |
| temozolomide | 1 | PA; SP |
| TRAZIMERA | 2 | PA; SP |
| TRUQAP ORAL TABLET | 3 | PA; SP |
| VERZENIO | 3 | PA; SP |
| VITRAKVI | 3 | PA; SP |
| XTANDI | 3 | PA; SP |
| ZEJULA ORAL TABLET 100 MG | 2 | PA; SP; QL |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| ZEJULA ORAL TABLET 200 MG, 300 MG | 2 | PA; SP |
| ZELBORAF | 3 | PA; SP |
| ZIRABEV | 2 | PA; SP |
| Antiparasitics | | |
| ARAKODA | 3 | |
| atovaquone-proguanil hcl | 1 | |
| EMVERM | 2 | |
| hydroxychloroquine sulfate oral | 1 | |
| Antiparkinson Agents | | |
| benztropine mesylate oral | 1 | |
| carbidopa-levodopa oral tablet | 1 | |
| INBRIJA | 3 | PA; SP |
| NEUPRO | 3 | |
| ONGENTYS | 3 | ST |
| pramipexole dihydrochloride | 1 | |
| ropinirole hcl | 1 | |
| RYTARY | 3 | ST |
| Antiplatelets | | |
| BRILINTA | 2 | |
| clopidogrel bisulfate oral | 1 | |
| prasugrel hcl | 1 | |
| Antipsychotics - Drugs for Mood Disorders | | |
| ABILIFY ASIMTUFII | 3 | ++ |
| ABILIFY MAINTENA | 3 | ++ |
| aripiprazole oral tablet | 1 | QL |
| ARISTADA | 3 | ++ |
| ARISTADA INITIO | 3 | ++ |

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

| Drug Name | Drug Tier | Notes |
|-------------------------------|-----------|------------|
| INVEGA HAFYERA | 3 | ST; ++ |
| INVEGA SUSTENNA | 3 | ++ |
| INVEGA TRINZA | 3 | ++ |
| lurasidone hcl | 1 | QL |
| LYBALVI | 3 | ST; QL |
| olanzapine oral tablet | 1 | QL |
| PERSERIS | 3 | ++ |
| quetiapine fumarate | 1 | QL |
| quetiapine fumarate er | 1 | QL |
| REXULTI | 3 | QL |
| risperidone oral tablet | 1 | QL |
| RYKINDO | 3 | ++ |
| UZEDY | 3 | ++ |
| VRAYLAR | 3 | QL |
| ziprasidone hcl | 1 | QL |
| Antivirals | | |
| acyclovir external ointment | 1 | QL |
| acyclovir oral tablet | 1 | |
| BIKTARVY | 3 | |
| CIMDUO | 2 | |
| DESCOVY ORAL TABLET 120-15 MG | 3 | |
| DESCOVY ORAL TABLET 200-25 MG | 3 | PA |
| DOVATO | 2 | |
| emtricitabine-tenofovir df | 1 | |
| EPCLUSA | 2 | PA; SP; QL |
| HARVONI | 2 | PA; SP; QL |
| JULUCA | 2 | |
| MAVYRET | 2 | PA; SP; QL |
| oseltamivir phosphate oral | 1 | QL |
| PAXLOVID (150/100) | 2 | QL |

| Drug Name | Drug Tier | Notes |
|---|-----------|------------|
| PAXLOVID (300/100) | 2 | QL |
| PREZCOBIX | 2 | |
| SYMFI | 2 | |
| SYMFI LO | 2 | |
| SYMTUZA | 3 | |
| TRIUMEQ | 2 | |
| valacyclovir hcl oral | 1 | QL |
| VOSEVI | 2 | PA; SP; QL |
| XOFLUZA (40 MG DOSE) | 3 | QL |
| XOFLUZA (80 MG DOSE) | 3 | QL |
| Anxiolytics - Drugs for Anxiety | | |
| alprazolam oral tablet | 1 | QL |
| buspirone hcl oral | 1 | |
| clonazepam oral tablet | 1 | QL |
| diazepam oral tablet | 1 | |
| hydroxyzine hcl oral tablet | 1 | |
| hydroxyzine pamoate oral | 1 | |
| lorazepam oral tablet | 1 | QL |
| triazolam | 1 | QL |
| 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 |

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

| Drug Name | Drug Tier | Notes |
|------------------------|-----------|------------|
| ALTUVIIIIO | 3 | SP |
| ARANESP (ALBUMIN FREE) | 2 | PA; SP |
| DOPTELET | 3 | PA; SP |
| ELOCTATE | 3 | SP |
| EMPAVELI | 3 | PA; SP |
| ESPEROCT | 3 | SP |
| FABHALTA | 3 | PA; SP; QL |
| IDELVION | 3 | SP |
| JIVI | 3 | SP |
| KOATE | 2 | SP |
| KOGENATE FS | 2 | SP |
| KOVALTRY | 2 | SP |
| NEULASTA | 3 | PA; SP |
| NEULASTA ONPRO | 3 | PA; SP |
| NIVESTYM | 2 | PA; SP |
| NOVOEIGHT | 2 | SP |
| NUWIQ | 2 | SP |
| PROCRIT | 2 | PA; SP |
| PROMACTA | 3 | PA; SP |
| REBINYN | 3 | SP |
| RECOMBINATE | 2 | SP |
| RETACRIT | 2 | PA; SP |
| SOLIRIS | 3 | PA; SP |
| TAVALISSE | 3 | PA; SP |
| tranexamic acid oral | 1 | |
| UDENYCA | 3 | PA; SP |
| UDENYCA ONBODY | 3 | PA; SP |
| ULTOMIRIS | 3 | PA; SP |
| WILATE | 2 | SP |
| XYNTHA | 2 | SP |
| XYNTHA SOLOFUSE | 2 | SP |
| ZARXIO | 2 | PA; SP |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| Cardiovascular Agents - Drugs for Heart and Circulation Conditions | | |
| amiodarone hcl oral | 1 | |
| amlodipine besylate oral | 1 | |
| amlodipine besylate-benazepril hcl | 1 | |
| amlodipine besylate-valsartan | 1 | |
| amlodipine-olmesartan | 1 | |
| atenolol oral | 1 | |
| atenolol-chlorthalidone | 1 | |
| ATORVALIQ | 3 | PA |
| atorvastatin calcium oral | 1 | |
| benazepril hcl oral | 1 | |
| bisoprolol fumarate oral | 1 | |
| bisoprolol-hydrochlorothiazide | 1 | |
| bumetanide oral | 1 | |
| candesartan cilexetil | 1 | |
| cartia xt | 1 | |
| carvedilol | 1 | |
| chlorthalidone | 1 | |
| clonidine hcl oral | 1 | |
| CORLANOR | 3 | PA; QL |
| digoxin oral tablet | 1 | |
| diltiazem hcl er coated beads | 1 | |
| doxazosin mesylate oral | 1 | |
| EDARBI | 3 | ST |
| EDARBYCLOR | 3 | ST |
| enalapril maleate 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 |
|---|-----------|-------|
| ENTRESTO | 2 | QL |
| ezetimibe | 1 | |
| fenofibrate micronized | 1 | |
| fenofibrate oral capsule 134 mg, 200 mg, 67 mg | 1 | |
| fenofibrate oral tablet | 1 | |
| flecainide acetate | 1 | |
| FUROSCIX | 3 | PA |
| furosemide oral tablet | 1 | |
| gemfibrozil oral | 1 | |
| guanfacine hcl | 1 | |
| HEMANGEOL | 3 | PA |
| hydralazine hcl oral | 1 | |
| hydrochlorothiazide oral | 1 | |
| icosapent ethyl | 1 | PA |
| irbesartan | 1 | |
| irbesartan- hydrochlorothiazide | 1 | |
| isosorbide mononitrate er | 1 | |
| labetalol hcl oral | 1 | |
| lisinopril oral | 1 | |
| lisinopril- hydrochlorothiazide | 1 | |
| LIVALO | 3 | ST |
| losartan potassium oral | 1 | |
| losartan potassium-hctz | 1 | |
| lovastatin oral | 1 | |
| metoprolol succinate er | 1 | |
| metoprolol tartrate oral | 1 | |
| minoxidil oral | 1 | |
| MULTAQ | 3 | |
| nadolol oral | 1 | |
| nebivolol hcl | 1 | |

| Drug Name | Drug Tier | Notes |
|----------------------------------|-----------|--------|
| NEXLETOL | 2 | PA; QL |
| NEXLIZET | 2 | PA; QL |
| nifedipine er | 1 | |
| nifedipine er osmotic release | 1 | |
| nitroglycerin sublingual | 1 | |
| NORLIQVA | 3 | PA |
| olmesartan medoxomil oral | 1 | |
| olmesartan medoxomil- hctz | 1 | |
| omega-3-acid ethyl esters | 1 | |
| pravastatin sodium | 1 | |
| prazosin hcl oral | 1 | |
| propranolol hcl er | 1 | |
| propranolol hcl oral tablet | 1 | |
| ramipril | 1 | |
| ranolazine er | 1 | |
| REPATHA | 2 | PA; QL |
| REPATHA PUSHTRONEX SYSTEM | 2 | PA; QL |
| REPATHA SURECLICK | 2 | PA; QL |
| rosuvastatin calcium oral | 1 | |
| simvastatin oral | 1 | |
| SOAANZ | 3 | PA |
| sotalol hcl oral | 1 | |
| spironolactone oral tablet | 1 | |
| TEKTURNA | 2 | |
| telmisartan | 1 | |
| toremide | 1 | |
| triamterene-hctz | 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 |
|---|-----------|--------|
| valsartan oral tablet | 1 | |
| valsartan-hydrochlorothiazide | 1 | |
| VASCEPA | 2 | PA |
| verapamil hcl er oral tablet extended release | 1 | |
| VERQUVO | 3 | PA; QL |
| Central Nervous System Agents - Drugs for Attention Deficit Disorder | | |
| amphetamine-dextroamphetamine | 1 | QL |
| amphetamine-dextroamphetamine er | 1 | QL |
| amphet-dextroamphet 3-bead er | 1 | QL |
| atomoxetine hcl | 1 | QL |
| AZSTARYS | 2 | ST; QL |
| dexmethylphenidate hcl | 1 | QL |
| dexmethylphenidate hcl er | 1 | QL |
| guanfacine hcl er | 1 | |
| JORNAY PM | 3 | ST; QL |
| lisdexamfetamine dimesylate | 1 | QL |
| methylphenidate hcl er (cd) | 1 | ST; 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 |

| Drug Name | Drug Tier | Notes |
|---|-----------|------------|
| methylphenidate hcl er oral tablet extended release | 1 | QL |
| methylphenidate hcl oral tablet | 1 | QL |
| MYDAYIS | 3 | ST; QL |
| VYVANSE ORAL CAPSULE | 3 | ST; QL |
| Central Nervous System Agents - Drugs for Multiple Sclerosis | | |
| 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 40 MG/ML | 2 | PA; SP; QL |
| dalfampridine er | 1 | PA; SP; QL |
| dimethyl fumarate oral | 1 | PA; SP; QL |
| 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 | 3 | PA; SP; QL |
| REBIF | 3 | PA; SP; QL |
| REBIF REBIDOSE | 3 | PA; SP; QL |
| REBIF REBIDOSE TITRATION PACK | 3 | PA; SP; QL |
| REBIF TITRATION PACK | 3 | PA; SP; QL |
| VUMERITY | 2 | PA; SP; QL |
| ZEPOSIA | 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 |
|---|-----------|------------|
| ZEPOSIA 7-DAY STARTER PACK | 3 | PA; SP; QL |
| ZEPOSIA STARTER KIT | 3 | PA; SP; QL |
| Central Nervous System Agents - Miscellaneous | | |
| AUSTEDO | 3 | PA; SP; QL |
| AUSTEDO XR | 3 | PA; SP; QL |
| AUSTEDO XR PATIENT TITRATION | 3 | PA; SP; QL |
| GRALISE | 3 | ST; QL |
| GRALISE ORAL 300 (9) & 600(24) MG | 3 | ST; QL |
| HORIZANT | 3 | PA; QL |
| INGREZZA | 3 | PA; SP; QL |
| phentermine hcl oral | 1 | ++ |
| pregabalin oral capsule | 1 | QL |
| QSYMIA | 2 | PA; ++ |
| RADICAVA ORS | 2 | PA; SP |
| RADICAVA ORS STARTER KIT | 2 | PA; SP |
| SAXENDA | 2 | PA; ++; QL |
| TEGLUTIK | 2 | PA; QL |
| VYLEESI | 3 | PA; ++; QL |
| WAINUA | 3 | PA; SP; QL |
| WEGOVI | 2 | PA; ++; QL |
| ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; ++; QL |
| Dental and Oral Agents - Drugs for Mouth and Throat Conditions | | |
| chlorhexidine gluconate mouth/throat | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|------------|
| lidocaine hcl mouth/throat | 1 | |
| lidocaine viscous hcl | 1 | |
| periogard | 1 | |
| Dermatological Agents - Drugs for Skin Conditions | | |
| ABSORICA | 3 | PA |
| ABSORICA LD | 3 | PA |
| accutane | 1 | |
| adapalene-benzoyl peroxide external gel | 1 | |
| ADBRY | 2 | PA; SP; QL |
| AKLIEF | 3 | PA |
| ala-cort | 1 | |
| amnesteem | 1 | |
| AMZEEQ | 3 | |
| azelaic acid external | 1 | |
| betamethasone dipropionate external cream | 1 | |
| betamethasone dipropionate external ointment | 1 | |
| CIBINQO | 2 | PA; SP; QL |
| claravis | 1 | |
| clindacin etz external swab | 1 | |
| clindacin-p | 1 | |
| clindamycin phos-benzoyl perox external gel 1.2-3.75 % | 3 | PA |
| clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 % | 1 | |
| clindamycin phosphate external gel | 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 |
|---|-----------|------------|
| 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 | |
| desonide external cream | 1 | |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML | 2 | PA; SP; QL |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP; QL |
| ENSTILAR | 3 | QL |
| EPIDUO FORTE | 3 | |
| EUCRISA | 2 | ST |
| FINACEA EXTERNAL FOAM | 3 | |
| finasteride oral tablet 1 mg | 1 | |
| fluocinonide external cream | 1 | |
| fluocinonide external solution | 1 | |
| fluorouracil external cream | 1 | |
| hydrocortisone external cream 1 %, 2.5 % | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|------------|
| hydrocortisone external ointment 1 %, 2.5 % | 1 | |
| HYFTOR | 3 | PA |
| imiquimod external cream 3.75 % | 1 | ST |
| imiquimod external cream 5 % | 1 | |
| imiquimod pump | 1 | ST |
| isotretinoin oral | 1 | |
| KLISYRI | 3 | ST |
| LITFULO | 3 | PA; SP; QL |
| metronidazole external cream | 1 | |
| metronidazole external gel | 1 | |
| MIRVASO | 2 | |
| mometasone furoate external cream | 1 | |
| mometasone furoate external ointment | 1 | |
| ONEXTON | 1 | |
| OPZELURA | 2 | ST; QL |
| QBREXZA | 3 | QL |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % | 3 | PA; ++ |
| SANTYL | 3 | QL |
| SOOLANTRA | 3 | |
| TACLONEX | 3 | QL |
| tacrolimus external | 1 | QL |
| tretinoin external cream | 1 | ++ |
| triamcinolone acetonide external cream | 1 | |
| triamcinolone acetonide external ointment | 1 | |
| triamcinolone in absorbbase | 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 |
|--|-----------|--------|
| triderm | 1 | |
| TWYNEO | 3 | |
| VTAMA | 3 | PA |
| WINLEVI | 3 | PA |
| WYNZORA | 3 | QL |
| YCANTH | 3 | PA |
| zenatane | 1 | |
| ZILXI | 3 | ST |
| ZORYVE EXTERNAL CREAM 0.3 % | 3 | PA |
| Diabetes - Antidiabetic Agents | | |
| BYDUREON BCISE AUTOINJECTOR | 2 | PA; QL |
| BYETTA 10 MCG PEN | 2 | PA; QL |
| BYETTA 5 MCG PEN | 2 | PA; QL |
| DAPAGLIFLOZIN PRO-METFORMIN ER | 3 | PA |
| DAPAGLIFLOZIN PROPANEDIOL | 3 | PA |
| FARXIGA | 2 | |
| glimepiride oral tablet 1 mg, 2 mg, 4 mg | 1 | |
| glipizide er | 1 | |
| glipizide ir | 1 | |
| glipizide xl | 1 | |
| glyburide oral | 1 | |
| GLYXAMBI | 2 | |
| JANUMET | 2 | ST |
| JANUMET XR | 2 | ST |
| JANUVIA | 2 | ST |
| JARDIANCE | 2 | |
| JENTADUETO | 2 | ST |
| JENTADUETO XR | 2 | ST |
| metformin hcl er | 1 | |
| metformin hcl er (mod) | 1 | PA |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| metformin hcl er (osm) | 1 | PA |
| metformin hcl oral tablet 1000 mg, 500 mg, 850 mg | 1 | |
| metformin hcl oral tablet 625 mg | 1 | PA |
| MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML | 2 | PA; QL |
| OZEMPIC | 2 | PA; QL |
| pioglitazone hcl | 1 | |
| RYBELSUS | 2 | PA; QL |
| SOLIQUA | 2 | |
| SYMLINPEN 120 | 3 | PA |
| SYMLINPEN 60 | 3 | PA |
| SYNJARDY | 2 | |
| SYNJARDY XR | 2 | |
| TRADJENTA | 2 | ST |
| TRIJARDY XR | 2 | |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML | 2 | PA; QL |
| VICTOZA | 3 | PA; QL |
| XIGDUO XR | 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 |
|--------------------------------------|-----------|--------|
| Diabetes - Glucose Monitoring | | |
| ACCU-CHEK FASTCLIX LANCET KIT | 2 | ++ |
| 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 MONITOR KIT W/DEVICE | 2 | ++ |
| CONTOUR NEXT ONE KIT | 2 | ++ |
| CONTOUR NEXT GEN TEST STRIPS | 2 | ++; QL |
| CONTOUR 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 E3 SENSOR/HOLDER | 3 | PA; ++ |

| Drug Name | Drug Tier | Notes |
|--------------------------------|-----------|--------|
| EVERSENSE E3 SMART TRANSMITTER | 3 | PA; ++ |
| EVERSENSE SENSOR/HOLDER | 3 | PA; ++ |
| EVERSENSE SMART TRANSMITTER | 3 | PA; ++ |
| FREESTYLE LIBRE 14 DAY READER | 2 | PA; ++ |
| FREESTYLE LIBRE 14 DAY SENSOR | 2 | PA; ++ |
| FREESTYLE LIBRE 2 READER | 2 | PA; ++ |
| FREESTYLE LIBRE 2 SENSOR | 2 | PA; ++ |
| FREESTYLE LIBRE 3 PLUS SENSOR | 2 | PA; ++ |
| FREESTYLE LIBRE 3 READER | 2 | PA; ++ |
| FREESTYLE LIBRE 3 SENSOR | 2 | PA; ++ |
| 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 TEST STRIPS | 2 | ++; QL |
| ONETOUCH ULTRA 2 KIT W/DEVICE | 2 | ++ |
| ONETOUCH ULTRA TEST STRIPS | 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 |
|---|-----------|-----------------------|
| ONETOUGH VERIO FLEX SYSTEM DEVICE | 3 | ++ |
| ONETOUGH VERIO FLEX SYSTEM KIT | 2 | ++ |
| ONETOUGH VERIO TEST STRIPS | 2 | ++; QL |
| ONETOUGH VERIO REFLECT KIT W/DEVICE | 2 | ++ |
| Diabetes - Glycemic Agents | | |
| BAQSIMI ONE PACK | 2 | ++ |
| BAQSIMI TWO PACK | 2 | ++ |
| GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED | 2 | Made by Fresenius; ++ |
| ZEGALOGUE | 2 | ++ |
| Diabetes - Insulins | | |
| ADMELOG | 1 | ++ |
| ADMELOG SOLOSTAR | 1 | ++ |
| APIDRA SOLOSTAR | 1 | ++ |
| APIDRA VIAL | 1 | ++ |
| BASAGLAR KWIKPEN | 1 | ++ |
| BASAGLAR TEMPO PEN | 3 | ST; ++ |
| 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 | ++ |

| Drug Name | Drug Tier | Notes |
|-------------------------------|-----------|--------|
| 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 | ++ |
| HUMALOG TEMPO PEN | 3 | ST; ++ |
| 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 ASPART | 1 | PA; ++ |
| INSULIN ASPART FLEXPEN | 1 | PA; ++ |
| INSULIN DEGLUDEC FLEXTOUCH | 3 | PA; ++ |
| INSULIN GLARGINE MAX SOLOSTAR | 3 | PA; ++ |

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

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | 3 | PA; ++ |
| INSULIN LISPRO | 1 | ++ |
| INSULIN LISPRO (1 UNIT DIAL) | 1 | ++ |
| INSULIN LISPRO JUNIOR KWIKPEN | 1 | ++ |
| INSULIN LISPRO PROT & LISPRO | 1 | ++ |
| LANTUS SOLOSTAR | 1 | ++ |
| LANTUS U-100 VIAL | 1 | ++ |
| LYUMJEV KWIKPEN | 1 | ++ |
| LYUMJEV VIAL | 1 | ++ |
| NOVOLIN 70/30 FLEXPEN | 1 | ++ |
| NOVOLIN 70/30 FLEXPEN RELION | 1 | ++ |
| NOVOLIN 70/30 VIAL | 1 | ++ |
| NOVOLIN N FLEXPEN | 1 | ++ |
| NOVOLIN N FLEXPEN RELION | 1 | ++ |
| NOVOLIN N VIAL | 1 | ++ |
| NOVOLIN R FLEXPEN | 1 | ++ |
| NOVOLIN R FLEXPEN RELION | 1 | ++ |
| NOVOLIN R VIAL | 1 | ++ |
| NOVOLOG FLEXPEN | 1 | ++ |
| NOVOLOG MIX 70/30 FLEXPEN | 1 | ++ |
| NOVOLOG MIX 70/30 VIAL | 1 | ++ |
| NOVOLOG PENFILL | 1 | ++ |
| NOVOLOG U-100 VIAL | 1 | ++ |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------|
| REZVOGLAR KWIKPEN | 1 | ++ |
| TOUJEO MAX SOLOSTAR | 1 | ++ |
| TOUJEO SOLOSTAR | 1 | ++ |
| TRESIBA | 1 | ++ |
| TRESIBA FLEXTOUCH | 1 | ++ |
| Electrolytes / Minerals / Metals / Vitamins | | |
| ACCRUFER | 3 | ST |
| cyanocobalamin injection solution 1000 mcg/ml | 1 | ++ |
| cyanocobalamin nasal | 1 | ++ |
| ergocalciferol oral capsule | 1 | ++ |
| folic acid oral tablet 1 mg | 1 | ++ |
| klor-con 10 | 1 | |
| klor-con m10 | 1 | |
| klor-con m15 | 1 | |
| klor-con m20 | 1 | |
| klor-con oral tablet extended release | 1 | |
| LOKELMA | 3 | |
| NASCOBAL | 3 | ++ |
| potassium chloride cryster | 1 | |
| potassium chloride er | 1 | |
| potassium citrate er | 1 | |
| VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM | 3 | |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | 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 |
|--|-----------|--------|
| Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer | | |
| 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 | |
| omeprazole oral capsule delayed release | 1 | QL |
| pantoprazole sodium oral tablet delayed release | 1 | QL |
| rabeprazole sodium oral tablet delayed release | 1 | ++; QL |
| sucralfate oral tablet | 1 | |
| Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions | | |
| CLENPIQ | 3 | |
| constulose | 1 | |
| dicyclomine hcl oral capsule | 1 | |
| dicyclomine hcl oral tablet | 1 | |
| diphenoxylate-atropine oral tablet | 1 | |
| gavilyte-c | 1 | |

| Drug Name | Drug Tier | Notes |
|---------------------------------------|-----------|--------|
| gavilyte-g | 1 | |
| gavilyte-n with flavor pack | 1 | |
| glycopyrrolate oral tablet 1 mg, 2 mg | 1 | QL |
| hyoscyamine sulfate oral tablet | 1 | |
| hyoscyamine sulfate sublingual | 1 | |
| lactulose oral solution | 1 | |
| LINZESS | 2 | ST; QL |
| MOTEGRITY | 3 | ST; QL |
| MOVANTIK | 2 | ST; QL |
| na sulfate-k sulfate-mg sulf | 1 | |
| OMECLAMOX-PAK | 2 | |
| peg 3350-kcl-na bicarb-nacl | 1 | |
| peg-3350/electrolytes | 1 | |
| PYLERA | 3 | |
| REBYOTA | 3 | PA; SP |
| SUFLAVE | 3 | |
| SUPREP BOWEL PREP KIT | 3 | |
| SUTAB | 3 | |
| SYMPROIC | 2 | ST; QL |
| TALICIA | 3 | |
| VIBERZI | 3 | PA; QL |
| VOQUEZNA DUAL PAK | 3 | PA |
| VOQUEZNA TRIPLE PAK | 3 | PA |

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

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment | | |
| CERDELGA | 3 | PA; SP |
| CREON | 2 | |
| FABRAZYME | 2 | PA; SP |
| ORFADIN | 3 | PA; SP |
| PANCREAZE | 3 | ST |
| PERTZYE | 3 | ST |
| PHEBURANE | 3 | PA; SP |
| STRENSIQ | 2 | PA; SP |
| ZENPEP | 2 | |
| ZOLGENSMA | 3 | PA; SP |
| Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions | | |
| AURYXIA | 3 | |
| DEPEN TITRATABS | 2 | SP |
| MYRBETRIQ | 2 | |
| oxybutynin chloride er | 1 | |
| oxybutynin chloride oral tablet | 1 | |
| phenazo oral tablet 200 mg | 1 | |
| phenazopyridine hcl oral tablet 100 mg, 200 mg | 1 | |
| sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg | 1 | ++; QL |
| solifenacin succinate | 1 | |
| STENDRA | 3 | ++; QL |
| tadalafil oral | 1 | ++; QL |
| THIOLA | 3 | SP |

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| THIOLA EC | 3 | SP |
| tolterodine tartrate er | 1 | |
| Genitourinary Agents - Drugs for Prostate Conditions | | |
| alfuzosin hcl er | 1 | |
| dutasteride oral | 1 | |
| finasteride oral tablet 5 mg | 1 | |
| tamsulosin hcl | 1 | |
| Hormonal Agents - Adrenal | | |
| dexamethasone oral tablet | 1 | |
| fludrocortisone acetate oral | 1 | |
| hydrocortisone oral | 1 | |
| methylprednisolone oral | 1 | |
| prednisolone oral solution | 1 | |
| prednisolone sodium phosphate oral solution | 1 | |
| prednisone oral tablet | 1 | |
| prednisone oral tablet therapy pack | 1 | |
| Hormonal Agents - Men's Health | | |
| testosterone cypionate intramuscular | 1 | PA |
| testosterone transdermal gel | 1 | PA |
| XYOSTED | 3 | PA |
| Hormonal Agents - Pituitary | | |
| ACTHAR | 2 | PA; SP |
| cabergoline | 1 | |
| CORTROPHIN | 2 | 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 |
|--|-----------|-----------------------------|
| desmopressin acetate oral | 1 | |
| FOLLISTIM AQ | 2 | PA; ++; SP |
| ganirelix acetate | 1 | PA; Made by Organon; ++; 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 |
| LUPRON DEPOT-PED (6-MONTH) | 3 | PA; SP |
| MENOPUR | 3 | PA; ++; SP |
| NGENLA | 3 | PA; ++; SP |
| NOCDURNA | 3 | PA |
| NORDITROPIN FLEXPRO | 2 | PA; ++; SP |
| NUTROPIN AQ NUSPIN 10 | 3 | PA; ++; SP |
| NUTROPIN AQ NUSPIN 20 | 3 | PA; ++; SP |
| NUTROPIN AQ NUSPIN 5 | 3 | PA; ++; SP |
| OMNITROPE | 2 | PA; ++; SP |
| ORLISSA | 2 | PA; QL |

| Drug Name | Drug Tier | Notes |
|---|-----------|------------|
| OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML | 3 | PA; ++; SP |
| SKYTROFA | 3 | PA; ++; SP |
| SOMATULINE DEPOT | 3 | PA; SP |
| SUPPRELIN LA | 2 | PA; SP; QL |
| TRIPTODUR | 3 | PA; SP; QL |
| Hormonal Agents - Selective Estrogen Receptor Modifying Agents | | |
| OSPHENA | 3 | |
| Hormonal Agents - Sex Hormones and Birth Control | | |
| afirmelle | 1 | ++ |
| altavera | 1 | ++ |
| ANNOVERA | 3 | ++; QL |
| apri | 1 | ++ |
| 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 | ++ |
| BIJUVA | 3 | |
| blisovi 24 fe | 1 | ++ |
| blisovi fe 1.5/30 | 1 | ++ |
| blisovi fe 1/20 | 1 | ++ |
| camila | 1 | ++ |
| camrese | 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 |
|--|-----------|--------|
| camrese lo | 1 | ++; QL |
| chateal eq | 1 | ++ |
| CLIMARA PRO | 2 | |
| cryselle-28 | 1 | ++ |
| cyred eq | 1 | ++ |
| daysee | 1 | ++; QL |
| deblitane | 1 | ++ |
| delyla | 1 | ++ |
| DIVIGEL | 3 | |
| dotti | 1 | |
| drospirenone-ethinyl estradiol | 1 | ++ |
| DUAVEE | 2 | |
| ELESTRIN | 3 | |
| elinest | 1 | ++ |
| eluryng | 1 | ++ |
| emzahn | 1 | ++ |
| ENDOMETRIN | 2 | ++ |
| enilloring | 1 | ++ |
| enskyce | 1 | ++ |
| errin | 1 | ++ |
| estarylla | 1 | ++ |
| 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 | ++ |

| Drug Name | Drug Tier | Notes |
|-------------------------------|-----------|--------|
| 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 | |
| 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 |

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

| Drug Name | Drug Tier | Notes |
|---|-----------|--------|
| 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 | 3 | ++ |
| lojaimiess | 1 | ++; QL |
| loryna | 1 | ++ |
| low-ogestrel | 1 | ++ |
| lo-zumandimine | 1 | ++ |
| lutera | 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 oral tablet 1-20 mg-mcg | 1 | ++ |
| microgestin fe 1.5/30 | 1 | ++ |
| microgestin fe 1/20 | 1 | ++ |
| mili | 1 | ++ |
| mimvey | 1 | |
| MIRENA (52 MG) | 3 | ++ |
| mono-linyah | 1 | ++ |
| MYFEMBREE | 2 | PA; QL |
| NATAZIA | 2 | ++ |
| NEXTSTELLIS | 3 | ++ |
| nikki | 1 | ++ |
| nora-be | 1 | ++ |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| norelgestromin-eth estradiol | 1 | ++ |
| norethin ace-eth estrad-fe oral tablet | 1 | ++ |
| norethindrone acetate oral | 1 | |
| norethindrone acet-ethinyl est | 1 | ++ |
| norethindrone oral | 1 | ++ |
| norgestimate-eth estradiol | 1 | ++ |
| norgestimate-ethinyl estradiol triphasic | 1 | ++ |
| norlyroc | 1 | ++ |
| nymyo oral tablet 0.25-35 mg-mcg | 1 | ++ |
| ocella | 1 | ++ |
| ORIAHNN | 2 | PA; QL |
| portia-28 | 1 | ++ |
| PREMARIN ORAL | 2 | |
| PREMARIN VAGINAL | 2 | |
| PREMPHASE | 2 | |
| PREMPRO | 2 | |
| progesterone oral | 1 | |
| reclipsen | 1 | ++ |
| rivelsa | 1 | ++; QL |
| setlakin | 1 | ++; QL |
| sharobel | 1 | ++ |
| simpesse | 1 | ++; QL |
| SLYND | 3 | ST; ++ |
| sprintec 28 | 1 | ++ |
| sronyx | 1 | ++ |
| syeda | 1 | ++ |
| tarina 24 fe | 1 | ++ |
| tarina fe 1/20 eq | 1 | ++ |
| tri-estarylla | 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 |
|---|-----------|-------|
| tri-lynyah | 1 | ++ |
| tri-lo-estarylla | 1 | ++ |
| tri-lo-marzia | 1 | ++ |
| tri-lo-mili | 1 | ++ |
| tri-lo-sprintec | 1 | ++ |
| tri-mili | 1 | ++ |
| tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg | 1 | ++ |
| tri-sprintec | 1 | ++ |
| tri-vylibra | 1 | ++ |
| tri-vylibra lo | 1 | ++ |
| turqoz | 1 | ++ |
| vestura | 1 | ++ |
| vienva | 1 | ++ |
| vylibra | 1 | ++ |
| xulane | 1 | ++ |
| yuvafem | 1 | |
| zafemy | 1 | ++ |
| zumandimine | 1 | ++ |
| Hormonal Agents - Thyroid | | |
| ADTHYZA | 3 | |
| ARMOUR THYROID | 3 | |
| ERMEZA | 3 | |
| euthyrox | 1 | |
| levo-t | 1 | |
| levothyroxine sodium oral tablet | 1 | |
| levoxyl | 1 | |
| liothyronine sodium oral | 1 | |
| methimazole oral | 1 | |
| NIVA THYROID | 3 | |
| np thyroid oral tablet 15 mg, 30 mg, 60 mg | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------------------|
| SYNTHROID | 3 | |
| TIROSINT | 3 | |
| TIROSINT-SOL | 3 | |
| unithroid | 1 | |
| Immunological Agents - Drugs for Immune System Stimulation or Suppression | | |
| ACTEMRA ACTPEN | 3 | PA; 3P; SP; QL |
| ACTEMRA INTRAVENOUS | 3 | PA; 3P; SP |
| ACTEMRA SUBCUTANEOUS | 3 | PA; 3P; SP; QL |
| AMJEVITA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.8ML | 2 | PA; SP; QL |
| AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML | 2 | PA; SP; QL |
| AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML | 2 | PA; SP; QL |
| AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML | 2 | PA; SP; QL |
| AVSOLA | 2 | PA; SP |
| azathioprine oral | 1 | |
| BENLYSTA | 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 |
|---|-----------|------------|
| BIVIGAM | 3 | PA; SP |
| CIMZIA | 2 | PA; SP; QL |
| CIMZIA (2 SYRINGE) | 2 | PA; SP; QL |
| CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML | 2 | PA; SP; QL |
| COSENTYX (300 MG DOSE) | 3 | PA; SP; QL |
| COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML | 3 | PA; SP |
| COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML | 3 | PA; SP; QL |
| COSENTYX SENSOREADY (300 MG) | 3 | PA; SP; QL |
| COSENTYX SENSOREADY PEN | 3 | PA; SP; QL |
| COSENTYX UNOREADY | 3 | PA; SP; QL |
| CUTAQUIG | 3 | PA; SP |
| ENBREL | 2 | PA; SP; QL |
| ENBREL MINI | 2 | PA; SP; QL |
| ENBREL SURECLICK | 2 | PA; SP; QL |
| ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML | 3 | PA; SP; QL |
| HAEGARDA | 3 | PA; SP |

| Drug Name | Drug Tier | Notes |
|---|-----------|------------|
| HIZENTRA SUBCUTANEOUS SOLUTION | 3 | PA; SP |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML | 3 | PA; SP |
| HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML | 3 | PA; SP; QL |
| HUMIRA (2 SYRINGE) | 3 | PA; SP; QL |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | 3 | PA; SP; QL |
| HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML | 3 | PA; SP; QL |
| INFLECTRA | 2 | PA; SP |
| JYLAMVO | 3 | PA |
| leflunomide oral | 1 | |
| LUPKYNIS | 3 | PA; SP; QL |
| methotrexate sodium (pf) | 1 | |
| methotrexate sodium injection solution | 1 | |
| methotrexate sodium oral | 1 | |
| mycophenolate mofetil oral capsule | 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 |
|---|-----------|----------------|
| mycophenolate mofetil oral tablet | 1 | |
| OLUMIANT | 3 | PA; SP; QL |
| OMVOH | 2 | PA; SP; QL |
| 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 |
| PANZYGA | 3 | PA; SP |
| PRIVIGEN | 3 | PA; SP |
| RASUVO | 2 | PA; QL |
| RINVOQ | 2 | PA; SP; QL |
| RINVOQ LQ | 2 | PA; SP; QL |
| RUCONEST | 3 | PA; SP; QL |
| SIMPONI | 2 | PA; SP; QL |
| SIMPONI ARIA | 2 | PA; SP |
| SKYRIZI INTRAVENOUS | 2 | PA; SP |
| SKYRIZI PEN | 2 | PA; SP; QL |
| SKYRIZI SUBCUTANEOUS | 2 | PA; SP; QL |
| SOTYKTU | 2 | PA; SP; QL |
| STELARA INTRAVENOUS | 2 | PA; SP |
| STELARA SUBCUTANEOUS | 2 | PA; SP; QL |
| tacrolimus oral | 1 | |
| TAKHZYRO | 3 | PA; SP |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; SP; QL |

| Drug Name | Drug Tier | Notes |
|---|-----------|------------|
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML | 2 | PA; SP; QL |
| TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML | 2 | PA; SP; QL |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 2 | PA; SP; QL |
| TREXALL | 3 | |
| XELJANZ | 2 | PA; SP; QL |
| XELJANZ XR | 2 | PA; SP; QL |
| XEMBIFY | 3 | PA; SP |
| Inflammatory Bowel Disease Agents | | |
| APRISO | 1 | |
| budesonide oral | 1 | |
| CORTIFOAM | 3 | |
| DIPENTUM | 3 | |
| hydrocortisone (perianal) | 1 | |
| mesalamine er oral capsule 0.375 gm | 3 | PA |
| mesalamine oral tablet delayed release | 1 | |
| PROCTOFOAM HC | 2 | |
| procto-med hc | 1 | |
| PROCTOSOL HC | 3 | |
| PROCTOZONE-HC | 3 | |
| sulfasalazine oral tablet | 1 | |
| UCERIS RECTAL | 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 |
|--|-----------|------------|
| Metabolic Bone Disease Agents - Drugs for Osteoporosis | | |
| alendronate sodium oral tablet 10 mg, 5 mg | 1 | |
| alendronate sodium oral tablet 35 mg, 70 mg | 1 | QL |
| ibandronate sodium oral | 1 | QL |
| PROLIA | 2 | PA; SP; QL |
| TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML | 2 | PA; SP |
| TYMLOS | 2 | PA; SP |
| Metabolic Bone Disease Agents - Other | | |
| calcitriol oral capsule | 1 | |
| RAYALDEE | 3 | |
| Miscellaneous Therapeutic Agents | | |
| BD ULTRA-FINE PEN NEEDLES | 2 | ++ |
| DUROLANE | 2 | PA; ++ |
| DYSPORT | 2 | PA |
| ENDARI | 3 | PA |
| EUFLEXXA | 2 | PA; ++ |
| GELSYN-3 | 2 | PA; ++ |
| KERENDIA | 3 | PA; QL |
| MYOBLOC | 2 | PA |
| NOVOFINE PEN NEEDLE | 2 | ++ |
| NOVOFINE PLUS PEN NEEDLE | 2 | ++ |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 | 2 | ++ |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 | 2 | ++ |
| OMNIPOD CLASSIC PODS (GEN 3) | 2 | ++ |
| OMNIPOD DASH INTRO (GEN 4) | 2 | ++ |
| OMNIPOD DASH PODS (GEN 4) | 2 | ++ |
| OMNIPOD GO | 2 | ++ |
| VEOZAH | 3 | PA; QL |
| V-GO 20 | 2 | ++ |
| V-GO 30 | 2 | ++ |
| V-GO 40 | 2 | ++ |
| VYVGART | 3 | PA; SP |
| VYVGART HYTRULO | 3 | PA; SP |
| XEOMIN | 2 | PA |
| Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation | | |
| AZASITE | 3 | |
| BESIVANCE | 3 | |
| ciprofloxacin hcl ophthalmic | 1 | |
| erythromycin ophthalmic | 1 | |
| EYSUVIS | 3 | PA |
| FLAREX | 3 | |
| INVELTYS | 3 | |
| ketorolac tromethamine ophthalmic | 1 | |
| LOTEMAX SM | 3 | |
| moxifloxacin hcl ophthalmic | 1 | |

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

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| neomycin-polymyxin-dexameth ophthalmic ointment | 1 | |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | 1 | |
| ofloxacin ophthalmic | 1 | |
| prednisolone acetate ophthalmic | 1 | |
| TOBRADEX ST | 3 | |
| tobramycin ophthalmic | 1 | |
| tobramycin-dexamethasone | 1 | |
| Ophthalmic Agents - Drugs for Glaucoma | | |
| ALPHAGAN P OPTHALMIC SOLUTION 0.15 % | 2 | |
| BETIMOL | 3 | |
| brimonidine tartrate ophthalmic | 1 | |
| brimonidine tartrate-timolol | 1 | |
| 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 | |
| timolol maleate (once-daily) | 1 | |
| timolol maleate ocudose | 1 | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------|
| timolol maleate ophthalmic solution | 1 | |
| timolol maleate pf | 1 | |
| ZIOPTAN | 3 | QL |
| Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions | | |
| CEQUA | 3 | PA |
| cyclosporine ophthalmic | 3 | PA |
| MIEBO | 2 | PA; QL |
| polymyxin b-trimethoprim | 1 | |
| RESTASIS | 1 | PA |
| RESTASIS MULTIDOSE | 2 | PA |
| TYRVAYA | 3 | PA; QL |
| VERKAZIA | 3 | PA; QL |
| XIIDRA | 2 | PA |
| ZYLET | 3 | |
| Otic Agents - Drugs for Ear Conditions | | |
| ciprofloxacin-dexamethasone | 1 | |
| neomycin-polymyxin-hc otic | 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 | ++ |

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

| Drug Name | Drug Tier | Notes |
|--|-----------|------------|
| 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 |
| QNASL CHILDRENS | 3 | ++; QL |
| RYALTRIS | 3 | QL |
| XHANCE | 3 | ST; ++; QL |
| Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions | | |
| ADVAIR DISKUS | 3 | ST; QL |
| ADVAIR HFA | 1 | QL |
| AIRSUPRA | 2 | QL |
| albuterol sulfate hfa | 1 | QL |
| albuterol sulfate inhalation | 1 | QL |
| ALVESCO | 3 | ST; QL |
| ANORO ELLIPTA | 2 | QL |
| ARNUIITY ELLIPTA | 2 | QL |
| ATROVENT HFA | 3 | QL |
| AUVI-Q | 3 | |
| BREO ELLIPTA | 1 | QL |

| Drug Name | Drug Tier | Notes |
|--|-----------|------------|
| breyana | 3 | PA; QL |
| BREZTRI AEROSPHERE | 2 | QL |
| budesonide inhalation | 1 | QL |
| budesonide-formoterol fumarate | 3 | PA; QL |
| COMBIVENT RESPIMAT | 2 | QL |
| epinephrine injection solution auto-injector | 1 | |
| EPIPEN 2-PAK | 3 | ST |
| EPIPEN JR 2-PAK | 3 | ST |
| FASENRA | 2 | PA; SP; QL |
| FASENRA PEN | 2 | PA; SP; QL |
| FLUTICASONE FUROATE-VILANTEROL | 3 | PA; QL |
| FLUTICASONE PROPIONATE HFA | 3 | ST; QL |
| FLUTICASONE-SALMETEROL INHALATION AEROSOL | 3 | PA; QL |
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 1 | ST; QL |
| ipratropium-albuterol | 1 | QL |
| montelukast sodium oral tablet | 1 | |
| montelukast sodium oral tablet chewable | 1 | |
| NUCALA | 2 | PA; SP; QL |
| OFEV | 3 | PA; SP |
| PERFOROMIST | 3 | QL |
| QVAR REDHALER | 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 |
|---|-----------|------------|
| SEREVENT DISKUS | 2 | QL |
| SPIRIVA HANDIHALER | 1 | QL |
| SPIRIVA RESPIMAT | 2 | QL |
| STIOLTO RESPIMAT | 2 | QL |
| STRIVERDI RESPIMAT | 2 | QL |
| SYMBICORT | 1 | QL |
| TEZSPIRE | 2 | PA; SP; QL |
| tiotropium bromide monohydrate | 3 | PA; QL |
| TRELEGY ELLIPTA | 2 | QL |
| VENTOLIN HFA | 3 | ST; QL |
| wixela inhub | 1 | ST; QL |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; SP; QL |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP; QL |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | 2 | PA; SP |
| YUPELRI | 3 | QL |
| Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis | | |
| BRONCHITOL | 3 | PA; SP; QL |
| BRONCHITOL TOLERANCE TEST | 3 | PA; SP; QL |
| PULMOZYME | 2 | PA; SP |
| TOBI PODHALER | 3 | SP; QL |
| TRIKAFTA | 3 | PA; SP; QL |

| Drug Name | Drug Tier | Notes |
|--|-----------|------------------------|
| Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension | | |
| ADEMPAS | 2 | PA; SP; QL |
| OPSUMIT | 2 | PA; SP; QL |
| ORENITRAM | 3 | PA; SP |
| ORENITRAM MONTH 1 | 3 | PA; SP; QL |
| ORENITRAM MONTH 2 | 3 | PA; SP; QL |
| ORENITRAM MONTH 3 | 3 | PA; SP; QL |
| sildenafil citrate oral suspension reconstituted | 1 | PA; SP; QL |
| sildenafil citrate oral tablet 20 mg | 1 | PA; SP; QL |
| TADLIQ | 3 | PA; SP; QL |
| treprostinil solution 100 mg/20ml injection | 1 | PA; SP |
| treprostinil solution 100 mg/20ml injection | 1 | PA; Made by Sandoz; SP |
| treprostinil solution 20 mg/20ml injection | 1 | PA; SP |
| treprostinil solution 20 mg/20ml injection | 1 | PA; Made by Sandoz; SP |
| treprostinil solution 200 mg/20ml injection | 1 | PA; SP |
| treprostinil solution 200 mg/20ml injection | 1 | PA; Made by Sandoz; SP |
| treprostinil solution 50 mg/20ml injection | 1 | PA; SP |
| treprostinil solution 50 mg/20ml injection | 1 | PA; Made by Sandoz; SP |
| TYVASO | 3 | PA; SP; QL |
| TYVASO DPI INSTITUTIONAL KIT | 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 |
|--|-----------|---------------------------|
| TYVASO DPI MAINTENANCE KIT | 3 | PA; SP; QL |
| TYVASO DPI TITRATION KIT | 3 | PA; SP; QL |
| TYVASO REFILL KIT | 3 | PA; SP; QL |
| TYVASO STARTER KIT | 3 | PA; SP; QL |
| Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm | | |
| baclofen oral tablet | 1 | |
| carisoprodol oral | 1 | |
| cyclobenzaprine hcl oral | 1 | |
| LORZONE ORAL TABLET 375 MG, 750 MG | 3 | |
| methocarbamol oral tablet 500 mg, 750 mg | 1 | |
| tizanidine hcl oral | 1 | |
| Sleep Disorder Agents | | |
| armodafinil | 1 | PA; QL |
| BELSOMRA | 3 | ST; QL |
| DAYVIGO | 3 | ST; QL |
| eszopiclone | 1 | QL |
| LUMRYZ | 3 | PA; SP; QL |
| modafinil oral | 1 | PA; QL |
| SODIUM OXYBATE | 3 | PA; Made by Hikma; SP; QL |
| SUNOSI | 2 | PA; QL |
| temazepam | 1 | QL |
| WAKIX | 3 | PA; SP; QL |
| XYWAV | 3 | PA; SP; QL |
| zolpidem tartrate er | 1 | QL |

| Drug Name | Drug Tier | Notes |
|-------------------------------|-----------|-------|
| 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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