

Your 2019 Formulary

Effective January 1, 2019



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



Call the member phone number on your ID card.



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

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

What is a formulary?

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

How do I use my formulary?

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

What are tiers?

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

When does the formulary change?

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

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

Why are some medications excluded from coverage?

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

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

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

About this formulary

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

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

Over-the-counter medications





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

Reading your formulary

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

Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high deductible plan, the tier cost levels will apply once you hit 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	\$\$\$ Highest-cost non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
Tier i-G	 Generic specialty injectables	Check your benefit plan documents to find out your specific pharmacy plan costs.
Tier i-P	 Preferred specialty injectables	Check your benefit plan documents to find out your specific pharmacy plan costs.
Tier i-NP	 Non-preferred specialty injectables	Check your benefit plan documents to find out your specific pharmacy plan costs.
Tier E	 Excluded	May be excluded from coverage or subject to 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 determines how these medications may be covered for you.

M	Authorized generic or co-branded product
PA	Prior Authorization – Your doctor is required to provide additional information to determine coverage.
QL	Quantity Limit – Medication may be limited to a certain quantity.
SP	Specialty Medication – Medication is designated as specialty.
ST	Step Therapy – Trial of lower-cost medication(s) is required before a higher-cost medication can be covered.
3P	Tier 3 preferred
++	Benefit Design Options – Coverage is determined by consumer's prescription medication benefit plan.

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
ABSTRAL	E	
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
acetaminophen-codeine oral tablet	1	QL
ARYMO ER	E	
BELBUCA	3	PA; QL
butalbital-apap-caffeine oral capsule	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
DURAGESIC-100	E	
DURAGESIC-12	E	
DURAGESIC-25	E	
DURAGESIC-50	E	
DURAGESIC-75	E	
EMBEDA	2	PA; QL
fentanyl	1	PA; QL
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	E	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL
HYSINGLA ER	2	PA; QL

Drug Name	Drug Tier	Notes
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	E	
LAZANDA	E	
morphine sulfate er oral tablet extended release	1	PA; QL
NORCO	E	
NUCYNTA	E	
NUCYNTA ER	E	
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	E	
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 ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	PA; QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	E	
SUBSYS	E	
tramadol hcl ir	1	QL
tramadol-acetaminophen	1	QL
XTAMPZA ER	E	
ZOXYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	E	
Analgesics - Drugs for Pain and Inflammation		
CAMBIA	E	
CELEBREX	E	
celecoxib oral	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
diclofenac potassium	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	1	QL
DUEXIS	E	
etodolac oral tablet	1	
FLECTOR	3	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	QL
meloxicam oral tablet	1	
nabumetone oral	1	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID TRANSDERMAL SOLUTION 2 %	E	
SPRIX	E	
sulindac oral	1	
VIMOVO	E	
VOLTAREN GEL 1%	E	
ZORVOLEX	E	
Anesthetics		
lidocaine external ointment	1	
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
LIDODERM	E	
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	3	QL

Drug Name	Drug Tier	Notes
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
CHANTIX STARTING MONTH PAK	3	++; QL
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE SUBLINGUAL FILM	2	QL
ZUBSOLV	2	QL
Antibacterials		
ACTICLATE	E	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
cefdinir	1	
cefuroxime axetil oral tablet	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
ciprofloxacin 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
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
CLINDESSE	3	
DORYX MPC	E	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg	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	
mupirocin external	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
penicillin v potassium oral tablet	1	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
XIFAXAN	3	PA

Drug Name	Drug Tier	Notes
Anticoagulants		
ELIQUIS	2	QL
enoxaparin sodium	i-G	SP; QL
PRADAXA	2	QL
SAVAYSA	3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
carbamazepine oral tablet	1	
DILANTIN INFATABS	E	
DILANTIN ORAL CAPSULE 100 MG	E	
DILANTIN ORAL SUSPENSION	E	
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral tablet delayed release	1	
gabapentin oral capsule	1	
gabapentin oral tablet	1	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
oxcarbazepine oral tablet	1	
OXTELLAR XR	E	
phenytoin sodium extended	1	
SABRIL ORAL PACKET	E	SP
topiramate er	1	ST
topiramate oral tablet	1	
TROKENDI XR	E	
VIMPAT INTRAVENOUS	E	
VIMPAT ORAL	3	
zonisamide 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
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG	2	QL
Antidepressants		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl)	1	QL
bupropion hcl oral	1	
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	2	QL
LEXAPRO ORAL TABLET	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	1	
paroxetine hcl oral tablet	1	
PRISTIQ	E	

Drug Name	Drug Tier	Notes
PROZAC ORAL CAPSULE	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD ORAL TABLET	3	QL
VIIBRYD STARTER PACK	3	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
Antiemetics - Drugs for Nausea and Vomiting		
meclizine hcl oral tablet	E	++
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	
SANCUSO	E	
scopolamine	1	
VARUBI ORAL	3	QL
Antifungals		
fluconazole oral tablet	1	
GYNAZOLE-1	3	
JUBLIA	E	++
KERYDIN	E	++
ketoconazole external cream	1	
ketoconazole external shampoo	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
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
Antigout Agents		
allopurinol oral	1	
COLCHICINE ORAL TABLET	3	ST
COLCRYS	2	
DUZALLO	3	ST
ULORIC	2	ST
ZURAMPIC	3	ST
Antimigraine Agents		
eletriptan hydrobromide	1	QL
MIGRANAL	3	QL
ONZETRA XSAIL	E	
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
ZEMBRACE SYMTOUCH	E	
ZOMIG ORAL	E	
ZOMIG ZMT	E	
Antineoplastics - Drugs for Cancer		
anastrozole oral	1	
CABOMETYX	2	PA; SP; QL
capecitabine	1	PA; SP
IBRANCE	3	PA; SP; QL
letrozole oral	1	
mercaptopurine oral	1	SP
REVLIMID	2	PA; SP
SPRYCEL	2	PA; SP; QL
tamoxifen citrate oral	1	
XTANDI	3	PA; SP
ZYTIGA	3	PA; SP

Drug Name	Drug Tier	Notes
Antiparasitics		
EMVERM	2	
hydroxychloroquine sulfate oral	1	
permethrin external cream	1	
Antiparkinson Agents		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
ZELAPAR	3	
Antiplatelets		
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	E	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	E	
aripiprazole oral tablet	1	QL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	E	
haloperidol oral	1	
INVEGA SUSTENNA	E	
INVEGA TRINZA	E	
LATUDA	3	QL

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

Drug Name	Drug Tier	Notes
olanzapine oral tablet	1	QL
quetiapine fumarate	1	QL
REXULTI	3	QL
risperidone oral tablet	1	QL
SAPHRIS	2	QL
VRAYLAR	3	ST; QL
ziprasidone hcl	1	QL
Antivirals		
abacavir sulfate-lamivudine	1	SP
acyclovir oral tablet	1	
ATRIPLA	E	SP
CIMDUO	2	SP
COMPLERA	2	SP
DESCOVY	3	SP
entecavir	1	SP; QL
EPCLUSA	2	PA; SP; QL
GENVOYA	3	SP
HARVONI	2	PA; SP; QL
INTELENCE	2	SP
ISENTRESS	2	SP
ISENTRESS HD	2	SP
JULUCA	2	SP
MAVYRET	2	PA; SP; QL
NORVIR ORAL TABLET	3	SP
ODEFSEY	3	SP
oseltamivir phosphate oral	1	QL
PREZCOBIX	2	SP
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	SP
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	SP
STRIBILD	3	SP

Drug Name	Drug Tier	Notes
SYMFI	2	SP
SYMFI LO	2	SP
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL
tenofovir disoproxil fumarate	1	SP
TIVICAY	2	SP
TRIUMEQ	2	SP
TRUVADA	2	SP
valacyclovir hcl oral	1	QL
VOSEVI	2	PA; SP; QL
ZOVIRAX EXTERNAL CREAM	2	
ZOVIRAX EXTERNAL OINTMENT	E	
ZOVIRAX ORAL	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	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	QL
triazolam	1	QL
VALIUM	E	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate 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
lithium carbonate oral capsule	1	
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders		
AFSTYLA	i-P	SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	E	SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	E	SP
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	E	SP
GRANIX	i-P	PA; SP; QL
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	i-P	PA; SP; QL
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	i-P	PA; SP; QL
NUWIQ	i-P	SP
PROCRIT	i-P	PA; SP; QL
ZARXIO	i-P	PA; SP; QL
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	

Drug Name	Drug Tier	Notes
amlodipine-olmesartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral	1	
AZOR	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	2	
BYVALSON	2	
cartia xt	1	
carvedilol	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
choline fenofibrate	1	
clonidine hcl oral	1	
CORLANOR	3	PA; QL
CRESTOR	E	
digoxin oral tablet	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
diltiazem hcl oral	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate 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
ENTRESTO	2	QL
ezetimibe	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	1	
ezetimibe-simvastatin oral tablet 10-80 mg	1	PA
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl oral	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LIPITOR	E	
LIPOFEN	2	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
losartan potassium	1	
losartan potassium-hctz	1	
lovastatin	1	
LOVAZA	E	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MULTAQ	3	

Drug Name	Drug Tier	Notes
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	E	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
pentoxifylline er	1	
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	i-P	PA; SP; QL
pravastatin sodium	1	
prazosin hcl oral	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
quinapril hcl	1	
ramipril	1	
RANEXA	2	ST
REPATHA	i-P	PA; SP; QL
REPATHA PUSHTRONEX SYSTEM	i-P	PA; SP; QL
REPATHA SURECLICK	i-P	PA; SP; QL
rosuvastatin calcium	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
simvastatin oral tablet 80 mg	1	PA
sotalol 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
spironolactone oral	1	
TEKTURNA	2	ST
TEKTURNA HCT	2	ST
telmisartan	1	
TOPROL XL	E	
torseamide oral	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet	1	
TRIBENZOR	E	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral	1	
VYTORIN	E	
ZETIA	E	
ZYPITAMAG	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	E	
ADZENYS ER	3	ST; QL
ADZENYS XR-ODT	3	ST; QL
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
atomoxetine hcl	1	QL
CONCERTA	E	
COTEMPLA XR-ODT	3	ST; QL
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL

Drug Name	Drug Tier	Notes
guanfacine hcl er	1	
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	1	QL
methylphenidate hcl er oral tablet extended release 24 hour	1	QL
methylphenidate hcl oral tablet	1	QL
VYVANSE	2	QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	2	PA; SP; QL
AUBAGIO	3	PA; SP; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	i-P	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	i-P	PA; SP; QL
AVONEX VIAL INTRAMUSCULAR KIT	i-P	PA; SP; QL
BETASERON SUBCUTANEOUS KIT	i-P	PA; SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-P	PA; SP; QL
EXTAVIA SUBCUTANEOUS KIT	E	SP
	3	PA; 3P; SP; QL
GILENYA	E	SP
PLEGRIDY	E	SP
PLEGRIDY STARTER PACK	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
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	i-NP	PA; SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	i-NP	PA; SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-NP	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-NP	PA; SP; QL
TECFIDERA	2	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
ADDYI	3	++; QL
CONTRACE	2	++
GRALISE	3	ST; QL
GRALISE STARTER	3	ST; QL
LYRICA ORAL CAPSULE	2	QL
phentermine hcl oral tablet	1	++
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine viscous	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	3	PA
ACANYA	E	
ACZONE EXTERNAL GEL 5 %	E	

Drug Name	Drug Tier	Notes
ACZONE EXTERNAL GEL 7.5 %	2	
adapalene external gel 0.1 %	E	++
adapalene external gel 0.3 %	1	++
AKTIPAK	E	
ATRALIN	3	++
BENZAACLIN	E	
BENZAACLIN WITH PUMP	E	
BENZAMYCIN	E	
claravis	1	PA
CLINDAGEL	E	
CLINDAMYCIN PHOS-BENZOYL PEROX EXTERNAL GEL 1.2-2.5 %	E	M
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	M
clindamycin phosphate gel 1 % external	1	
clotrimazole-betamethasone external cream	1	
DIFFERIN EXTERNAL GEL 0.3 %	3	++
DIFFERIN EXTERNAL LOTION	3	++
DUAC	E	
DUPIXENT	i-P	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
ELIDEL	2	ST
ENSTILAR	3	PA; QL
EPIDUO	3	
EPIDUO FORTE	3	
EUCRISA	2	ST
FLUOROPLEX	3	
METROGEL EXTERNAL GEL	3	
metronidazole external gel	1	
MIRVASO	2	
myorisan	1	PA
NORITATE	E	
ONEXTON	3	
ORACEA	3	
OXSORALEN ULTRA	2	
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 %	2	++
SOOLANTRA	2	
TACLONEX EXTERNAL OINTMENT	E	
TACLONEX EXTERNAL SUSPENSION	3	QL
TAZORAC	3	
tretinoin external cream	1	++
VECTICAL	3	
VELTIN	E	
ZIANA	E	
ZYCLARA	3	
ZYCLARA PUMP	3	

Drug Name	Drug Tier	Notes
Diabetes - Antidiabetic Agents		
ADLYXIN	E	
ADLYXIN STARTER PACK	E	
ALOGLIPTIN BENZOATE	E	M
ALOGLIPTIN-METFORMIN HCL	E	M
ALOGLIPTIN-PIOGLITAZONE	E	M
BYDUREON BCISE AUTOINJECTOR	2	ST; QL
BYDUREON PEN	2	ST; QL
BYDUREON VIAL	2	ST; QL
BYETTA 10 MCG PEN	2	ST; QL
BYETTA 5 MCG PEN	2	ST; QL
FARXIGA	E	
FORTAMET	E	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUMETZA	E	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST
INVOKAMET	2	ST
INVOKAMET XR	2	ST
INVOKANA	2	ST
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	ST
JENTADUETO	2	ST
JENTADUETO XR	2	ST
KAZANO	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
KOMBIGLYZE XR	E	
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	E	
metformin hcl oral tablet	1	
NESINA	E	
ONGLYZA	E	
OSENI	E	
OZEMPIC	2	ST; QL
pioglitazone hcl	1	
QTERN	E	
SEGLUROMET	E	
SOLIQUA	2	ST; QL
STEGLATRO	E	
STEGLUJAN	E	
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	ST
TRULICITY	2	ST; QL
VICTOZA	2	ST; QL
XIGDUO XR	E	
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	++
ACCU-CHEK AVIVA PLUS	E	++
ACCU-CHEK COMPACT PLUS CARE KIT	E	++
ACCU-CHEK COMPACT PLUS TEST STRIPS	E	++
ACCU-CHEK FASTCLIX LANCET KIT	2	++

Drug Name	Drug Tier	Notes
ACCU-CHEK FASTCLIX LANCETS	2	++
ACCU-CHEK GUIDE	E	++
ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2	++
ACCU-CHEK MULTICLIX LANCETS	2	++
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	++
ACCU-CHEK SMARTVIEW TEST STRIPS	E	++
ACCU-CHEK SOFT TOUCH LANCETS	2	++
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	++
ACCU-CHEK SOFTCLIX LANCETS	2	++
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER DEVICE	E	++
DEXCOM G4 PLATINUM RECEIVER, SENSOR, TRANSMITTER DEVICE	E	++
DEXCOM G5 SENSOR, TRANSMITTER, MOBILE RECEIVER	E	++
ONETOUCH ULTRA 2 KIT W/DEVICE	2	++
ONETOUCH ULTRA BLUE TEST STRIPS	2	++; QL
ONETOUCH ULTRA MINI KIT W/DEVICE	2	++
ONETOUCH VERIO	2	++
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2	++

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	2	++	HUMULIN R U-500 KWIKPEN	2	++
ONETOUCH VERIO STRIP IN VITRO	2	++; QL	HUMULIN R U-500 VIAL (CONCENTRATED)	2	++
V-GO 20	2	++	HUMULIN R VIAL	2	++
V-GO 30	2	++	LANTUS U-100 SOLOSTAR	2	++
V-GO 40	2	++	LANTUS U-100 VIAL	2	++
Diabetes - Glycemic Agents			LEVEMIR U-100 FLEXTOUCH	E	++
GLUCAGON EMERGENCY	2		LEVEMIR U-100 VIAL	E	++
Diabetes - Insulins			NOVOFINE AUTOCOVER PEN NEEDLE	2	++
ADMELOG	E	++	NOVOFINE PEN NEEDLE 32G X 6 MM	2	++
ADMELOG SOLOSTAR	E	++	NOVOFINE PLUS PEN NEEDLE	2	++
APIDRA SOLOSTAR	E	++	NOVOLIN 70/30 RELION	E	++
APIDRA VIAL	E	++	NOVOLIN 70/30 VIAL	E	++
BASAGLAR KWIKPEN	E	++	NOVOLIN N RELION	E	++
FIASP	E	++	NOVOLIN N VIAL	E	++
FIASP FLEXTOUCH	E	++	NOVOLIN R RELION	E	++
HUMALOG U-100 AND U-200 KWIKPEN	2	++	NOVOLIN R VIAL	E	++
HUMALOG MIX 50/50 KWIKPEN	2	++	NOVOLOG U-100 FLEXPEN	E	++
HUMALOG MIX 50/50 VIAL	2	++	NOVOLOG MIX 70/30 FLEXPEN	E	++
HUMALOG MIX 75/25 KWIKPEN	2	++	NOVOLOG MIX 70/30 VIAL	E	++
HUMALOG MIX 75/25 VIAL	2	++	NOVOLOG U-100 PENFILL	E	++
HUMALOG U-100 JUNIOR KWIKPEN	2	++	NOVOLOG U-100 VIAL	E	++
HUMALOG U-100 VIAL AND CARTRIDGE	2	++	NOVOTWIST PEN NEEDLE 32G X 5 MM	2	++
HUMULIN 70/30 KWIKPEN	2	++	TOUJEO SOLOSTAR	2	++
HUMULIN 70/30 VIAL	2	++	TRESIBA FLEXTOUCH	E	++
HUMULIN N KWIKPEN	2	++			
HUMULIN N VIAL	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
Electrolytes / Minerals / Metals / Vitamins		
cyanocobalamin injection	1	++
folic acid oral tablet 1 mg	1	++
klor-con m20	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
VELTASSA	3	
VITAFOL ORAL TABLET	E	
vitamin d (ergocalciferol) oral capsule 50000 unit	1	++
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	++
CARAFATE ORAL TABLET	E	
DEXILANT	2	++; QL
esomeprazole magnesium	E	++
famotidine oral tablet 20 mg	E	++
famotidine oral tablet 40 mg	1	++
lansoprazole oral capsule delayed release 15 mg	E	++
lansoprazole oral capsule delayed release 30 mg	1	++; QL
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	++
omeppi oral capsule 20-1100 mg	E	++
omeppi oral capsule 40-1100 mg	E	
omeprazole oral capsule delayed release	1	++; QL

Drug Name	Drug Tier	Notes
omeprazole-sodium bicarbonate oral capsule 20-1100 mg	E	++
omeprazole-sodium bicarbonate oral capsule 40-1100 mg	E	
omeprazole-sodium bicarbonate oral packet	E	
pantoprazole sodium oral	1	++; QL
PREVACID	E	++
rabeprazole sodium	1	++; QL
ranitidine hcl oral capsule	1	++
ranitidine hcl oral syrup	1	++
ranitidine hcl oral tablet 150 mg	E	++
ranitidine hcl oral tablet 300 mg	1	++
sucralfate oral tablet	1	
ZEGERID ORAL CAPSULE 20-1100 MG	E	++
ZEGERID ORAL CAPSULE 40-1100 MG	E	
ZEGERID ORAL PACKET	E	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	E	
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-g	1	
LINZESS	2	ST; QL
MOTOFEN	E	
MOVANTIK	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
MOVIPREP	3	
OMECLAMOX-PAK	2	
polyethylene glycol 3350 oral powder	E	++
PREPOPIK	3	
PYLERA	2	
RELISTOR ORAL	E	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	E	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	ST; QL
TRULANCE	E	
VIBERZI	3	PA; QL
Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment		
CERDELGA	3	PA; SP
CREON	2	
NITYR	3	PA; SP
PANCREAZE	E	
PERTZYE	E	
VIOKACE	E	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
CIALIS	2	++; QL
DEPEN TITRATABS	2	SP

Drug Name	Drug Tier	Notes
LEVITRA	E	++
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
REVELA	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	++; QL
STAXYN	E	++
STENDRA	E	++
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	
VESICARE	2	
VIAGRA	E	++
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
RAPAFLO	2	
tamsulosin hcl	1	
terazosin hcl oral	1	
Hormonal Agents - Adrenal		
ala-cort external cream 1 %	E	
betamethasone valerate external cream	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external 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
CLOBEX SPRAY	3	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fluocinonide external cream	1	
HALOG	E	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 2.5 %	1	
hydrocortisone in absorbase	E	
hydrocortisone oral	1	
methylprednisolone oral	1	
mometasone furoate external cream	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS	E	
TOPICORT SPRAY	E	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	

Drug Name	Drug Tier	Notes
Hormonal Agents - Men's Health		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	2	PA
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	2	PA
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%)	E	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	E	
FORTESTA	E	
TESTIM	E	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA
TESTOSTERONE TRANSDERMAL GEL 10 MG/ACT (2%)	E	M
VOGELXO PUMP	E	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	E	
Hormonal Agents - Osteoporosis		
OSPHENA	3	
raloxifene hcl	1	
Hormonal Agents - Pituitary		
BRAVELLE	E	++; SP
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	i-P	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
FOLLISTIM AQ SUBCUTANEOUS	E	++; SP
GENOTROPIN	E	++; SP
GENOTROPIN MINIQUICK	E	++; SP
GONAL-F	i-P	PA; ++; SP
GONAL-F RFF	i-P	PA; ++; SP
GONAL-F RFF REDIJECT	i-P	PA; ++; SP
HP ACTHAR	i-P	PA; SP
HUMATROPE	E	++; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	i-P	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	i-P	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	i-P	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	i-P	PA; SP
NORDITROPIN FLEXPRO	i-P	PA; ++; SP
NUTROPIN AQ NUSPIN 10	i-P	PA; ++; SP
NUTROPIN AQ NUSPIN 20	i-P	PA; ++; SP
NUTROPIN AQ NUSPIN 5	i-P	PA; ++; SP
OMNITROPE	i-P	PA; ++; SP
OVIDREL	i-P	++; SP
SAIZEN	E	++; SP
SAIZENPREP	E	++; SP

Drug Name	Drug Tier	Notes
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	E	SP
ZOMACTON	E	++; SP
Hormonal Agents - Sex Hormones and Birth Control		
apri	1	++
aviane	1	++
BEYAZ	E	++
blisovi 24 fe	1	++
blisovi fe 1.5/30	1	++
blisovi fe 1/20	1	++
CLIMARA PRO	2	
cryselle-28	1	++
DIVIGEL	3	
drospirenone-ethinyl estradiol	1	++
DUAVEE	2	
ELESTRIN	3	
ENDOMETRIN	2	++
enskyce oral tablet 0.15-30 mg-mcg	1	++
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal cream	1	
gianvi	1	++
junel 1/20	1	++
junel fe 1.5/30	1	++
junel fe 1/20	1	++
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	++
LO LOESTRIN FE	3	++
loryna	1	++
low-ogestrel	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
MAKENA INTRAMUSCULAR	i-NP	PA; SP
medroxyprogesterone acetate intramuscular	1	++; QL
medroxyprogesterone acetate oral	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
microgestin 1.5/30	1	++
microgestin 1/20	1	++
microgestin fe 1/20	1	++
MINASTRIN 24 FE	E	++
MINIVELLE	3	
mono-lyyah	1	++
mononessa	1	++
NATAZIA	2	++
nikki	1	++
norethindrone acet-ethinyl est oral tablet	1	++
norethindrone oral	1	++
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	++
norgestimate-ethinyl estradiol triphasic	1	++
nortrel 1/35 (21)	1	++
nortrel 1/35 (28)	1	++
NUVARING	2	++
ocella	1	++
ORTHO TRI-CYCLEN (28)	E	++
ORTHO TRI-CYCLEN LO	E	++
portia-28	1	++
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	

Drug Name	Drug Tier	Notes
PREMPHASE	2	
PREMPRO	2	
progesterone micronized oral	1	
sprintec 28	1	++
tri-estarylla	1	++
tri-lyyah	1	++
tri-lo-marzia	1	++
trinessa (28)	1	++
trinessa lo	1	++
tri-previfem	1	++
tri-sprintec	1	++
VAGIFEM VAGINAL TABLET 10 MCG	E	
vienva	1	++
violele	1	++
VIVELLE-DOT	E	
xulane	1	++
YAZ	E	++
yuvaferm	1	
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
CYTOMEL	E	
levo-t	1	
levothyroxine sodium oral	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	3	
SYNTHROID	3	
TIROSINT	3	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Immunological Agents - Drugs for Immune System Stimulation or Suppression					
azathioprine oral	1		HUMIRA PEN-PS/UV STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	i-P	PA; SP
CIMZIA PREFILLED KIT	i-P	PA; SP	HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	i-P	PA; SP
CIMZIA STARTER KIT	i-P	PA; SP	INFLECTRA	E	SP
CIMZIA VIAL KIT	i-P	PA; SP	KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-P	PA; 3P; SP
COSENTYX 150 MG/ML	i-P	PA; 3P; SP	methotrexate oral	1	
COSENTYX 300 DOSE	i-P	PA; 3P; SP	methotrexate sodium oral	1	
COSENTYX SENSOREADY 300 DOSE	i-P	PA; 3P; SP	mycophenolate mofetil oral capsule	1	SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	i-P	PA; 3P; SP	mycophenolate mofetil oral tablet	1	SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-NP	PA; SP	mycophenolate sodium	1	SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	i-NP	PA; SP	OTEZLA ORAL TABLET	2	PA; SP
HAEGARDA	i-P	PA; SP	OTEZLA ORAL TABLET THERAPY PACK	2	PA; SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	i-P	PA; SP	PROGRAF ORAL	3	SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	i-P	PA; SP	RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	2	PA; QL
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	i-P	PA; SP	REMICADE	i-P	PA; SP
			SIMPONI ARIA	i-P	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
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	i-P	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-P	PA; SP
STELARA INTRAVENOUS	i-P	PA; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-P	PA; SP
tacrolimus oral	1	SP
TALTZ	E	SP
TREMFYA	i-P	PA; SP
XELJANZ ORAL TABLET 5 MG	3	PA; 3P; SP
XELJANZ XR	3	PA; 3P; SP
Immunological Agents - Drugs for Vaccination		
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	E	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	E	
SHINGRIX	E	
Inflammatory Bowel Disease Agents		
APRISO	2	
ASACOL HD	E	
CANASA	2	
DELZICOL	E	
DIPENTUM	E	
LIALDA	E	

Drug Name	Drug Tier	Notes
mesalamine oral	1	
PENTASA	3	
PROCTOFOAM HC	2	
sulfasalazine oral tablet	1	
UCERIS	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BINOSTO	3	QL
calcitriol oral capsule	1	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	i-P	PA; SP
ibandronate sodium oral	1	QL
TYMLOS	i-P	PA; SP
Miscellaneous Therapeutic Agents		
BOTOX	i-NP	PA; Non-Cosmetic; SP
CETYLEV	3	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	i-P	PA; SP
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	i-P	PA; SP
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	i-P	PA; SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
BESIVANCE	3	
BROMSITE	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
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
ILEVRO	E	
ketorolac tromethamine ophthalmic	1	
MOXEZA	2	
moxifloxacin hcl ophthalmic	1	
NEVANAC	E	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PAZEO	2	
prednisolone acetate ophthalmic	1	
PROLENSA	2	QL
tobramycin ophthalmic	1	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	E	
AZOPT	2	
BETIMOL	3	
BETOPTIC-S	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT PF	3	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	QL

Drug Name	Drug Tier	Notes
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	QL
RHOPRESSA	E	
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TIMOPTIC OCUDOSE	3	
TRAVATAN Z	2	QL
ZIOPTAN	E	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
LASTACAPT	3	ST
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
polymyxin b-trimethoprim	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
TOBRADEX OPHTHALMIC SUSPENSION	E	
tobramycin-dexamethasone	1	
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	2	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
ASTEPRO NASAL SOLUTION 0.15 %	3	QL
azelastine hcl nasal	1	QL
benzonatate	1	
cetirizine hcl oral solution	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
desloratadine oral tablet	1	++
DYMISTA	2	QL
fluticasone propionate nasal	E	
hydrocodone polst-cpm polst er oral suspension extended release 10-8 mg/5ml	1	PA; QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	E	++
mometasone furoate nasal	1	QL
NASONEX	E	
OMNARIS	3	QL
promethazine hcl oral tablet	1	
promethazine-codeine oral syrup	1	PA; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	E	
QNASL	3	QL
QNASL CHILDRENS	3	QL
XOLAIR	i-NP	PA; SP
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL
AIRDUO RESPICLICK 113/14	E	
AIRDUO RESPICLICK 232/14	E	

Drug Name	Drug Tier	Notes
AIRDUO RESPICLICK 55/14	E	
albuterol sulfate inhalation	1	QL
ALVESCO	E	
ANORO ELLIPTA	2	QL
ARMONAIR RESPICLICK 113	E	
ARMONAIR RESPICLICK 232	E	
ARMONAIR RESPICLICK 55	E	
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	2	QL
ASMANEX 120 METERED DOSES	E	
ASMANEX 14 METERED DOSES	E	
ASMANEX 30 METERED DOSES	E	
ASMANEX 60 METERED DOSES	E	
ASMANEX 7 METERED DOSES	E	
ASMANEX HFA	E	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	E	
BEVESPI AEROSPHERE	E	
BREO ELLIPTA	2	QL
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	2	QL
DULERA	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
EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML	E	Made by Impax; M
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	E	Made by Impax; M
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	Made by Mylan
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	E	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	E	
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
INCRUSE ELLIPTA	2	QL
ipratropium bromide inhalation	1	QL
ipratropium-albuterol	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
PERFOROMIST	3	QL
PROAIR HFA	2	QL
PROAIR RESPICLICK	2	QL
PROVENTIL HFA	E	
PULMICORT FLEXHALER	2	QL
PULMICORT SUSPENSION	E	
QVAR REDHALER	E	

Drug Name	Drug Tier	Notes
SEEBRI NEOHALER	E	
SEREVENT DISKUS	2	QL
SINGULAIR	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	QL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	QL
SYMBICORT	2	QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	E	
UTIBRON NEOHALER	E	
VENTOLIN HFA	2	QL
XOPENEX HFA	E	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	2	SP
KITABIS PAK	E	SP
TOBI NEBULIZER	E	SP
TOBI PODHALER	E	SP
tobramycin nebulization solution 300 mg/5ml inhalation	1	SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	M; SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	3	PA; SP; QL
ADEMPAS	2	PA; SP; QL
LETAIRIS	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
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TRACLEER	2	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
LORZONE	3	
metaxalone	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
eszopiclone	1	QL
LUNESTA	E	
modafinil	1	PA; QL
NUVIGIL	E	
SILENOR	3	QL
temazepam	1	QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	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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CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយ **ភាសាខ្មែរ (Khmer)** សម្រាប់ជំនួយភាសាដទៃទៀត គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីទទួលបានសេវាបំណុលរបស់អ្នក។

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

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

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



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