

# 2025 Premium Formulary

January 1, 2025

**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 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, your plan 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                                                                                          |
|---------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>Tier 1</b> | \$ <b>Lower-cost</b> generics and some brand name      | Use tier 1 drugs for the lowest out-of-pocket costs.                                                  |
| <b>Tier 2</b> | \$\$ <b>Mid-range cost</b> preferred brand name        | Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.                           |
| <b>Tier 3</b> | \$\$\$ <b>Higher-cost</b> 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. |
| <b>Tier E</b> | ⊗ <b>Excluded</b>                                      | May not be covered or need prior authorization. Lower-cost options are available and covered.         |

## Drug list information

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

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

## Premium Formulary

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| Drug Name                                                         | Drug Tier | Notes  |
|-------------------------------------------------------------------|-----------|--------|
| <b>Analgesics - Drugs for Pain</b>                                |           |        |
| acetaminophen-codeine oral tablet                                 | 1         | QL     |
| APADAZ                                                            | E         |        |
| apap-caff-dihydrocodeine                                          | 1         | QL     |
| bac                                                               | 1         |        |
| BELBUCA                                                           | 2         | PA; QL |
| BENZHYDROCODON E-ACETAMINOPHEN                                    | E         |        |
| butalbital-apap-caffeine                                          | 1         |        |
| BUTRANS                                                           | E         |        |
| CONZIP                                                            | E         |        |
| DILAUDID ORAL                                                     | E         |        |
| endocet                                                           | 1         | QL     |
| FENTANYL CITRATE BUCCAL TABLET                                    | E         | M      |
| FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | E         |        |
| FIORICET                                                          | E         |        |
| FIORICET/CODEINE                                                  | E         |        |
| hydrocodone-acetaminophen oral tablet                             | 1         | QL     |
| hydromorphone hcl oral tablet                                     | 1         | QL     |
| HYSINGLA ER                                                       | 2         | PA; QL |
| morphine sulfate er oral tablet extended release                  | 1         | PA; QL |
| MS CONTIN                                                         | E         |        |
| NUCYNTA                                                           | E         |        |
| NUCYNTA ER                                                        | E         |        |
| OXYCODONE HCL                                                     | E         |        |

| Drug Name                                                                       | Drug Tier | Notes  |
|---------------------------------------------------------------------------------|-----------|--------|
| OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG     | E         | M      |
| oxycodone hcl oral tablet                                                       | 1         | QL     |
| OXYCODONE HCL TABLET ABUSE-DETERRENT 15 MG ORAL                                 | E         | M      |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1         | QL     |
| OXYCONTIN                                                                       | 2         | PA; QL |
| PERCOCET                                                                        | E         |        |
| QDOLO                                                                           | E         |        |
| ROXICODONE                                                                      | E         |        |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG                         | E         |        |
| SEGLENTIS                                                                       | E         |        |
| TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR                | E         | M      |
| TRAMADOL HCL ORAL SOLUTION                                                      | E         | M      |
| tramadol hcl oral tablet                                                        | 1         | QL     |
| TREZIX                                                                          | 3         | QL     |
| XTAMPZA ER                                                                      | 2         | PA; QL |
| <b>Analgesics - Drugs for Pain and Inflammation</b>                             |           |        |
| ARTHROTEC                                                                       | E         |        |
| CELEBREX                                                                        | E         |        |
| celecoxib oral                                                                  | 1         | QL     |
| COXANTO                                                                         | 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 |
|----------------------------------------------|-----------|-------|
| DICLOFENAC PATCH 1.3%                        | E         | M     |
| diclofenac potassium oral tablet             | 1         |       |
| diclofenac sodium external gel 1 %           | 1         | QL    |
| diclofenac sodium oral                       | 1         |       |
| DUEXIS                                       | E         |       |
| ELYXYB                                       | E         |       |
| etodolac oral tablet                         | 1         |       |
| FLECTOR                                      | E         |       |
| ibuprofen oral suspension 100 mg/5ml         | 1         |       |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1         |       |
| ibuprofen-famotidine                         | E         |       |
| indomethacin oral capsule                    | 1         |       |
| ketorolac tromethamine oral                  | 1         | QL    |
| LICART                                       | E         |       |
| meloxicam oral tablet                        | 1         |       |
| nabumetone oral                              | 1         |       |
| NALFON                                       | E         |       |
| NAPRELAN                                     | E         | PA    |
| naproxen oral tablet                         | 1         |       |
| OXAPROZIN ORAL CAPSULE                       | E         | M     |
| PENNSAID                                     | E         |       |
| RELAFEN DS                                   | E         |       |
| SPRIX                                        | E         |       |
| VIMOVO                                       | E         |       |
| ZIPSOR                                       | E         |       |
| <b>Anesthetics</b>                           |           |       |
| lidocaine external ointment 5 %              | 1         |       |
| lidocaine external patch 5 %                 | 1         |       |

| Drug Name                                                       | Drug Tier | Notes  |
|-----------------------------------------------------------------|-----------|--------|
| lidocaine-prilocaine external cream                             | 1         |        |
| LIDOCAN                                                         | E         |        |
| LIDODERM                                                        | E         |        |
| TRIDACAINE II                                                   | E         |        |
| TRIDACAINE III                                                  | E         |        |
| ZTLIDO                                                          | E         |        |
| <b>Anti-Addiction / Substance Abuse Treatment Agents</b>        |           |        |
| BRIXADI                                                         | E         | SP     |
| BRIXADI (WEEKLY)                                                | E         | SP     |
| buprenorphine hcl sublingual                                    | 1         | QL     |
| buprenorphine hcl-naloxone hcl                                  | 1         | QL     |
| KLOXXADO                                                        | 2         |        |
| naloxone hcl nasal                                              | 1         |        |
| naltrexone hcl oral                                             | 1         |        |
| OPVEE                                                           | 2         |        |
| SUBLOCADE                                                       | 3         | SP     |
| SUBOXONE                                                        | E         |        |
| varenicline tartrate                                            | 1         | ++; QL |
| VIVITROL                                                        | E         | SP     |
| ZIMHI                                                           | 3         |        |
| ZUBSOLV                                                         | 2         | QL     |
| <b>Antibacterials</b>                                           |           |        |
| 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     |

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 |
|-------------------------------------------------------|-----------|-------|
| azithromycin oral suspension reconstituted            | 1         |       |
| azithromycin oral tablet                              | 1         |       |
| cefadroxil oral capsule                               | 1         |       |
| cefdinir                                              | 1         |       |
| cefpodoxime proxetil oral tablet                      | 1         |       |
| cefuroxime axetil                                     | 1         |       |
| cephalexin                                            | 1         |       |
| ciprofloxacin hcl oral                                | 1         |       |
| clarithromycin oral tablet                            | 1         |       |
| CLEOCIN VAGINAL                                       | E         |       |
| clindamycin hcl oral                                  | 1         |       |
| CLINDESSE                                             | 3         |       |
| DIFICID                                               | 3         |       |
| DORYX MPC                                             | E         |       |
| doxycycline hyclate oral capsule                      | 1         |       |
| doxycycline hyclate oral tablet                       | 1         |       |
| DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG | E         |       |
| doxycycline monohydrate oral capsule                  | 1         |       |
| doxycycline monohydrate oral tablet                   | 1         |       |
| levofloxacin oral tablet                              | 1         |       |
| LIKMEZ                                                | E         |       |
| metronidazole oral tablet                             | 1         |       |
| metronidazole vaginal                                 | 1         |       |
| minocycline hcl oral capsule                          | 1         |       |
| MINOLIRA                                              | E         |       |

| Drug Name                                                   | Drug Tier | Notes |
|-------------------------------------------------------------|-----------|-------|
| MONDOXYNE NL                                                | 3         | ST    |
| mupirocin ointment                                          | 1         |       |
| nitrofurantoin macrocrystal                                 | 1         |       |
| nitrofurantoin monohydrate macrocrystals                    | 1         |       |
| NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML                    | E         |       |
| NUVESSA                                                     | E         |       |
| NUZYRA ORAL                                                 | 3         | QL    |
| penicillin v potassium oral tablet                          | 1         |       |
| SEYSARA                                                     | 3         | ST    |
| SILVADENE                                                   | E         |       |
| sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml | 1         |       |
| sulfamethoxazole-trimethoprim oral tablet                   | 1         |       |
| sulfatrim pediatric                                         | 1         |       |
| TARGADOX                                                    | E         |       |
| XACIATO                                                     | 3         |       |
| XIFAXAN ORAL TABLET 200 MG                                  | E         |       |
| <b>Anticoagulants</b>                                       |           |       |
| ELIQUIS                                                     | 2         | QL    |
| ELIQUIS DVT/PE STARTER PACK                                 | 2         | QL    |
| enoxaparin sodium injection solution prefilled syringe      | 1         |       |
| jantoven                                                    | 1         |       |
| warfarin sodium oral                                        | 1         |       |
| XARELTO                                                     | 2         | QL    |
| XARELTO 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  |
|--------------------------------------------------------|-----------|--------|
| <b>Anticonvulsants -<br/>Drugs for Seizures</b>        |           |        |
| APTOM                                                  | 3         |        |
| BRIVIACT<br>INTRAVENOUS                                | E         |        |
| BRIVIACT ORAL                                          | 3         | ST     |
| CARBATROL                                              | E         |        |
| DEPAKOTE                                               | E         |        |
| DEPAKOTE ER                                            | E         |        |
| DEPAKOTE<br>SPRINKLES                                  | E         |        |
| DILANTIN INFATABS                                      | E         |        |
| DILANTIN ORAL<br>CAPSULE 100 MG                        | E         |        |
| DILANTIN ORAL<br>SUSPENSION                            | E         |        |
| divalproex sodium er                                   | 1         |        |
| divalproex sodium oral<br>tablet delayed release       | 1         |        |
| ELEPSIA XR                                             | E         |        |
| EPIDIOLEX                                              | 3         | PA; SP |
| EPRONTIA                                               | E         |        |
| FYCOMPA                                                | 3         |        |
| gabapentin oral<br>capsule                             | 1         |        |
| gabapentin oral tablet<br>600 mg, 800 mg               | 1         |        |
| KEPPRA ORAL                                            | E         |        |
| KEPPRA XR                                              | E         |        |
| lacosamide oral tablet                                 | 1         |        |
| LAMICTAL                                               | E         |        |
| LAMICTAL ODT                                           | E         |        |
| LAMICTAL STARTER                                       | E         |        |
| LAMICTAL XR ORAL<br>TABLET EXTENDED<br>RELEASE 24 HOUR | E         |        |
| lamotrigine er                                         | 1         |        |
| lamotrigine oral tablet                                | 1         |        |

| Drug Name                                                                           | Drug Tier | Notes |
|-------------------------------------------------------------------------------------|-----------|-------|
| levetiracetam<br>intravenous                                                        | E         |       |
| levetiracetam oral                                                                  | 1         |       |
| MOTPOLY XR                                                                          | 3         | ST    |
| NAYZILAM                                                                            | 3         | QL    |
| NEURONTIN                                                                           | E         |       |
| ONFI                                                                                | E         |       |
| oxcarbazepine oral<br>tablet                                                        | 1         |       |
| OXTELLAR XR                                                                         | E         |       |
| primidone oral                                                                      | 1         |       |
| QUDEXY XR                                                                           | E         |       |
| roweepra                                                                            | 1         |       |
| SABRIL                                                                              | E         | SP    |
| subvenite                                                                           | 1         |       |
| SYMPAZAN                                                                            | 3         | PA    |
| TEGRETOL                                                                            | E         |       |
| TEGRETOL-XR                                                                         | E         |       |
| TOPAMAX                                                                             | E         |       |
| TOPAMAX SPRINKLE                                                                    | E         |       |
| topiramate oral tablet                                                              | 1         |       |
| TRILEPTAL                                                                           | E         |       |
| TROKENDI XR                                                                         | E         |       |
| VALTOCO                                                                             | 3         | QL    |
| VIMPAT                                                                              | E         |       |
| XCOPRI                                                                              | 3         | ST    |
| ZONEGRAN                                                                            | E         |       |
| ZONISADE                                                                            | E         |       |
| zonisamide oral                                                                     | 1         |       |
| <b>Antidementia Agents<br/>- Drugs for<br/>Alzheimer's Disease<br/>and Dementia</b> |           |       |
| ADLARITY                                                                            | E         |       |
| ADUHELM                                                                             | E         | SP    |
| donepezil hcl oral tablet                                                           | 1         |       |
| LEQEMBI                                                                             | 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 |
|---------------------------------------------------------------------------|-----------|-------|
| memantine hcl oral tablet                                                 | 1         |       |
| NAMZARIC                                                                  | 2         | QL    |
| <b>Antidepressants</b>                                                    |           |       |
| amitriptyline hcl oral                                                    | 1         |       |
| AUVELITY                                                                  | E         |       |
| bupropion hcl er (sr)                                                     | 1         | QL    |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg | 1         | QL    |
| BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG         | E         | M     |
| bupropion hcl oral                                                        | 1         |       |
| CELEXA                                                                    | E         |       |
| CITALOPRAM HYDROBROMIDE ORAL CAPSULE                                      | E         |       |
| citalopram hydrobromide oral tablet                                       | 1         |       |
| CYMBALTA                                                                  | E         |       |
| desvenlafaxine succinate er                                               | 1         | QL    |
| doxepin hcl oral capsule                                                  | 1         |       |
| duloxetine hcl oral                                                       | 1         | QL    |
| EFFEXOR XR                                                                | E         |       |
| escitalopram oxalate oral tablet                                          | 1         |       |
| fluoxetine hcl oral capsule                                               | 1         |       |
| fluoxetine hcl oral tablet                                                | 1         |       |
| fluvoxamine maleate                                                       | 1         |       |
| FORFIVO XL                                                                | E         |       |
| LEXAPRO                                                                   | E         |       |
| mirtazapine oral tablet                                                   | 1         |       |

| Drug Name                                                | Drug Tier | Notes  |
|----------------------------------------------------------|-----------|--------|
| nortriptyline hcl oral capsule                           | 1         |        |
| paroxetine hcl oral tablet                               | 1         |        |
| PAXIL CR                                                 | E         |        |
| PAXIL ORAL TABLET                                        | E         |        |
| PRISTIQ                                                  | E         |        |
| PROZAC                                                   | E         |        |
| SERTRALINE HCL ORAL CAPSULE                              | E         |        |
| sertraline hcl oral tablet                               | 1         |        |
| SPRAVATO (56 MG DOSE)                                    | E         | PA; SP |
| SPRAVATO (84 MG DOSE)                                    | E         | PA; SP |
| trazodone hcl oral                                       | 1         |        |
| TRINTELLIX                                               | 3         | ST; QL |
| VENLAFAXINE BESYLATE ER                                  | E         |        |
| venlafaxine hcl                                          | 1         |        |
| venlafaxine hcl er oral capsule extended release 24 hour | 1         | QL     |
| venlafaxine hcl er oral tablet extended release 24 hour  | 1         |        |
| vilazodone hcl                                           | 1         | QL     |
| WELLBUTRIN SR                                            | E         |        |
| WELLBUTRIN XL                                            | E         |        |
| ZOLOFT                                                   | E         |        |
| <b>Antiemetics - Drugs for Nausea and Vomiting</b>       |           |        |
| GIMOTI                                                   | E         |        |
| meclizine hcl oral tablet                                | 1         | ++     |
| metoclopramide hcl oral tablet                           | 1         |        |
| ondansetron hcl oral tablet 24 mg                        | 1         | QL     |

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

| Drug Name                                          | Drug Tier | Notes |
|----------------------------------------------------|-----------|-------|
| 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                                            | E         |       |
| scopolamine                                        | 1         |       |
| VARUBI (180 MG DOSE)                               | 3         | QL    |
| <b>Antifungals</b>                                 |           |       |
| BREXAFEMME                                         | E         |       |
| ciclodan                                           | 1         | ++    |
| ciclopirox external solution                       | 1         | ++    |
| clotrimazole external cream                        | 1         |       |
| clotrimazole-betamethasone external cream          | 1         |       |
| CRESEMBA INTRAVENOUS                               | E         |       |
| CRESEMBA ORAL CAPSULE 186 MG                       | 3         | PA    |
| fluconazole oral tablet                            | 1         |       |
| GYNAZOLE-1                                         | 3         |       |
| JUBLIA                                             | E         |       |
| ketoconazole external cream                        | 1         |       |
| ketoconazole external shampoo                      | 1         |       |
| klayesta                                           | 1         |       |
| nyamyc                                             | 1         |       |
| nystatin external                                  | 1         |       |
| nystatin mouth/throat                              | 1         |       |
| nystop                                             | 1         |       |

| Drug Name                                                       | Drug Tier | Notes  |
|-----------------------------------------------------------------|-----------|--------|
| terbinafine hcl oral                                            | 1         | QL     |
| terconazole vaginal cream                                       | 1         |        |
| TOLSURA                                                         | E         |        |
| VIVJOA                                                          | E         |        |
| <b>Antigout Agents</b>                                          |           |        |
| allopurinol oral tablet 100 mg, 300 mg                          | 1         |        |
| ALLOPURINOL ORAL TABLET 200 MG                                  | E         |        |
| colchicine oral tablet                                          | 1         |        |
| GLOPERBA                                                        | E         |        |
| MITIGARE                                                        | E         |        |
| <b>Antimigraine Agents</b>                                      |           |        |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML | 2         | PA; QL |
| AJOVY                                                           | 2         | PA; QL |
| CAMBIA                                                          | E         |        |
| eletriptan hydrobromide                                         | 1         | QL     |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML          | E         |        |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML      | 2         | PA; QL |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML      | E         |        |
| IMITREX                                                         | E         |        |
| IMITREX STATDOSE REFILL                                         | E         |        |
| IMITREX STATDOSE SYSTEM                                         | E         |        |

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

| Drug Name                                        | Drug Tier | Notes              |
|--------------------------------------------------|-----------|--------------------|
| MAXALT                                           | E         |                    |
| MAXALT-MLT                                       | E         |                    |
| naratriptan hcl                                  | 1         | QL                 |
| NURTEC                                           | 2         | PA; QL             |
| ONZETRA XSAIL                                    | E         |                    |
| QULIPTA                                          | 2         | PA; QL             |
| RELPAX                                           | E         |                    |
| REYVOW                                           | E         |                    |
| rizatriptan benzoate                             | 1         | QL                 |
| sumatriptan succinate oral                       | 1         | QL                 |
| TOSYMRA                                          | E         |                    |
| TREXIMET                                         | E         |                    |
| TRUDHESA                                         | E         |                    |
| UBRELVY                                          | 2         | PA; QL             |
| ZAVZPRET                                         | 3         | PA; QL             |
| ZEMBRACE SYMTOUCH                                | E         |                    |
| ZOMIG ORAL                                       | E         |                    |
| <b>Antineoplastics - Drugs for Cancer</b>        |           |                    |
| abiraterone acetate                              | 1         | PA; SP             |
| AFINITOR                                         | E         | SP                 |
| AFINITOR DISPERZ                                 | E         | SP                 |
| AKEEGA                                           | E         | SP                 |
| ALECENSA                                         | 2         | PA; SP             |
| ALUNBRIG                                         | 2         | PA; SP; QL         |
| ALYMSYS                                          | E         | SP                 |
| anastrozole oral                                 | 1         |                    |
| ARIMIDEX                                         | E         |                    |
| AUGTYRO                                          | 3         | PA; SP             |
| BELRAPZO                                         | E         | SP                 |
| BENDAMUSTINE HCL SOLUTION 100 MG/4ML INTRAVENOUS | E         | Made by Apotex; SP |

| Drug Name                                        | Drug Tier | Notes              |
|--------------------------------------------------|-----------|--------------------|
| BENDAMUSTINE HCL SOLUTION 100 MG/4ML INTRAVENOUS | E         | Made by Baxter; SP |
| BESREMI                                          | E         | SP                 |
| CABOMETYX ORAL TABLET 20 MG                      | 2         | PA; SP; QL         |
| CABOMETYX ORAL TABLET 40 MG, 60 MG               | 2         | PA; SP             |
| CALQUENCE                                        | 3         | PA; SP             |
| capecitabine                                     | 1         | SP                 |
| COSELA                                           | E         | SP                 |
| COTELLIC                                         | 3         | PA; SP             |
| DARZALEX FASPRO                                  | E         | SP                 |
| ERIVEDGE                                         | 3         | PA; SP             |
| ERLEADA                                          | 3         | PA; SP             |
| FOTIVDA                                          | E         | SP                 |
| GAVRETO                                          | 3         | PA; SP             |
| GLEEVEC                                          | E         | SP                 |
| HERZUMA                                          | E         | 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 140 MG, 280 MG             | E         | SP                 |
| IMBRUVICA ORAL TABLET 420 MG                     | 3         | PA; SP; QL         |
| INQOVI                                           | 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      |
|----------------------------------|-----------|------------|
| KANJINTI                         | E         | 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                            | E         | PA; SP     |
| NUBEQA                           | 3         | PA; SP     |
| ODOMZO                           | 3         | PA; SP     |
| OGIVRI                           | E         | SP         |
| OJJAARA                          | E         | SP         |
| ONTRUZANT                        | E         | SP         |
| ORGOVYX                          | 3         | PA; SP     |
| PANRETIN                         | 3         |            |
| PEMAZYRE                         | E         | SP         |
| PHESGO                           | E         | 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     |
| REZLIDHIA                        | E         | SP         |
| RIABNI                           | E         | SP         |
| ROZLYTREK                        | 3         | PA; SP     |
| RUBRACA                          | E         | SP         |
| RUXIENCE                         | E         | PA; SP     |
| RYDAPT                           | 3         | PA; SP     |
| RYLAZE                           | E         | SP         |

| Drug Name                          | Drug Tier | Notes      |
|------------------------------------|-----------|------------|
| 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     |
| SUTENT                             | E         | SP         |
| TABRECTA                           | 3         | PA; SP     |
| TAFINLAR                           | 3         | PA; SP     |
| TAGRISSE ORAL TABLET 40 MG         | 3         | PA; SP; QL |
| TAGRISSE ORAL TABLET 80 MG         | 3         | PA; SP     |
| TALZENNA                           | E         | SP         |
| tamoxifen citrate oral             | 1         |            |
| TARGRETIN ORAL                     | E         | SP         |
| TASIGNA                            | 3         | PA; SP     |
| TAZVERIK                           | E         | SP         |
| temozolomide                       | 1         | PA; SP     |
| TEPMETKO                           | E         | SP         |
| TRAZIMERA                          | E         | PA; SP     |
| TREANDA                            | E         | SP         |
| TRUQAP ORAL TABLET                 | 3         | PA; SP     |
| TRUXIMA                            | E         | SP         |
| VEGZELMA                           | E         | SP         |
| VERZENIO                           | 3         | PA; SP     |
| VIJOICE ORAL TABLET THERAPY PACK   | E         | SP         |
| VITRAKVI                           | 3         | PA; SP     |
| VIVIMUSTA                          | E         | SP         |
| XALKORI                            | E         | SP         |
| XTANDI                             | 3         | PA; SP     |
| YONSA                              | E         | SP         |
| ZEJULA ORAL TABLET 100 MG          | 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  |
|-----------------------------------------|-----------|--------|
| ZEJULA ORAL<br>TABLET 200 MG, 300<br>MG | 2         | PA; SP |
| ZELBORAF                                | 3         | PA; SP |
| ZIRABEV                                 | E         | PA; SP |
| ZYTIGA                                  | E         | SP     |
| <b>Antiparasitics</b>                   |           |        |
| ARAKODA                                 | 3         |        |
| atovaquone-proguanil<br>hcl             | 1         |        |
| EMVERM                                  | 2         |        |
| hydroxychloroquine<br>sulfate oral      | 1         |        |
| NATROBA                                 | E         |        |
| PLAQUENIL                               | E         |        |
| <b>Antiparkinson Agents</b>             |           |        |
| benztropine mesylate<br>oral            | 1         |        |
| carbidopa-levodopa<br>oral tablet       | 1         |        |
| DHIVY                                   | E         |        |
| GOCOVRI                                 | E         |        |
| INBRIJA                                 | 3         | PA; SP |
| NEUPRO                                  | 3         |        |
| ONGENTYS                                | 3         | ST     |
| OSMOLEX ER                              | E         |        |
| pramipexole<br>dihydrochloride          | 1         |        |
| ropinirole hcl                          | 1         |        |
| RYTARY                                  | 3         | ST     |
| <b>Antiplatelets</b>                    |           |        |
| BRILINTA                                | 2         |        |
| clopidogrel bisulfate<br>oral           | 1         |        |
| PLAVIX                                  | E         |        |
| prasugrel hcl                           | 1         |        |
| YOSPRALA                                | E         |        |

| Drug Name                                                | Drug Tier | Notes  |
|----------------------------------------------------------|-----------|--------|
| <b>Antipsychotics -<br/>Drugs for Mood<br/>Disorders</b> |           |        |
| ABILIFY                                                  | E         |        |
| ABILIFY ASIMTUFII                                        | E         | ++     |
| ABILIFY MAINTENA                                         | E         | ++     |
| aripiprazole oral tablet                                 | 1         | QL     |
| ARISTADA                                                 | E         | ++     |
| ARISTADA INITIO                                          | E         | ++     |
| INVEGA HAFYERA                                           | 3         | ST; ++ |
| INVEGA SUSTENNA                                          | E         | ++     |
| INVEGA TRINZA                                            | E         | ++     |
| LATUDA                                                   | E         |        |
| lurasidone hcl                                           | 1         | QL     |
| LYBALVI                                                  | E         |        |
| olanzapine oral tablet                                   | 1         | QL     |
| PERSERIS                                                 | E         | ++     |
| quetiapine fumarate                                      | 1         | QL     |
| quetiapine fumarate er                                   | 1         | QL     |
| REXULTI                                                  | 3         | QL     |
| RISPERDAL                                                | E         |        |
| risperidone oral tablet                                  | 1         | QL     |
| RYKINDO                                                  | E         | ++     |
| SAPHRIS                                                  | E         |        |
| SECUADO                                                  | E         |        |
| SEROQUEL                                                 | E         |        |
| SEROQUEL XR                                              | E         |        |
| UZEDY                                                    | E         | ++     |
| VRAYLAR                                                  | 3         | QL     |
| ziprasidone hcl                                          | 1         | QL     |
| ZYPREXA                                                  | E         |        |
| <b>Antivirals</b>                                        |           |        |
| acyclovir external<br>ointment                           | 1         | QL     |
| acyclovir oral tablet                                    | 1         |        |
| APRETUDE                                                 | 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      |
|--------------------------------|-----------|------------|
| BARACLUDE ORAL TABLET          | E         |            |
| BIKTARVY                       | 3         |            |
| CABENUVA                       | E         |            |
| CIMDUO                         | 2         |            |
| DESCOVY                        | E         |            |
| DOVATO                         | 2         |            |
| emtricitabine-tenofovir df     | 1         |            |
| EPCLUSA                        | 2         | PA; SP; QL |
| HARVONI                        | 2         | PA; SP; QL |
| JULUCA                         | 2         |            |
| LEDIPASVIR-SOFOSBUVIR          | E         | M; SP      |
| MAVYRET                        | 2         | PA; SP; QL |
| oseltamivir phosphate oral     | 1         | QL         |
| PAXLOVID (150/100)             | 2         | QL         |
| PAXLOVID (300/100)             | 2         | QL         |
| PREZCOBIX                      | 2         |            |
| SOFOVIR-SOFOSBUVIR-VELPATASVIR | E         | M; SP      |
| SYMFI                          | 2         |            |
| SYMFI LO                       | 2         |            |
| SYMTUZA                        | 3         |            |
| TAMIFLU                        | E         |            |
| TRIUMEQ                        | 2         |            |
| TRUVADA                        | E         |            |
| valacyclovir hcl oral          | 1         | QL         |
| VALTREX                        | E         |            |
| VEMLIDY                        | E         |            |
| VOCABRIA                       | E         |            |
| VOSEVI                         | 2         | PA; SP; QL |
| XOFLUZA (40 MG DOSE)           | 3         | QL         |
| XOFLUZA (80 MG DOSE)           | 3         | QL         |
| ZOVIRAX                        | E         |            |

| Drug Name                                                       | Drug Tier | Notes  |
|-----------------------------------------------------------------|-----------|--------|
| <b>Anxiolytics - Drugs for Anxiety</b>                          |           |        |
| alprazolam oral tablet                                          | 1         | QL     |
| ATIVAN ORAL                                                     | E         |        |
| buspirone hcl oral                                              | 1         |        |
| clonazepam oral tablet                                          | 1         | QL     |
| diazepam oral tablet                                            | 1         |        |
| hydroxyzine hcl oral tablet                                     | 1         |        |
| hydroxyzine pamoate oral                                        | 1         |        |
| KLONOPIN                                                        | E         |        |
| lorazepam oral tablet                                           | 1         | QL     |
| LOREEV XR                                                       | E         |        |
| triazolam                                                       | 1         | QL     |
| VALIUM                                                          | E         |        |
| XANAX                                                           | E         |        |
| XANAX XR                                                        | E         |        |
| <b>Bipolar Agents - Drugs for Mood Disorders</b>                |           |        |
| lithium carbonate er                                            | 1         |        |
| lithium carbonate oral capsule                                  | 1         |        |
| <b>Blood Products and Modifiers - Drugs for Blood Disorders</b> |           |        |
| ADVATE                                                          | 2         | SP     |
| ADYNOVATE                                                       | 3         | SP     |
| AFSTYLA                                                         | 3         | SP     |
| ALPROLIX                                                        | 3         | SP     |
| ALTUVIIIIO                                                      | 3         | SP     |
| ARANESP (ALBUMIN FREE)                                          | E         | PA; SP |
| DOPTelet                                                        | 3         | PA; SP |
| ELOCTATE                                                        | 3         | SP     |
| EMPAVELI                                                        | 3         | PA; SP |
| EPOGEN                                                          | 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      |
|----------------------|-----------|------------|
| ESPEROCT             | 3         | SP         |
| FABHALTA             | 3         | PA; SP; QL |
| FULPHILA             | E         | SP         |
| FYLNETRA             | E         | SP         |
| GRANIX               | E         | SP         |
| IDELVION             | 3         | SP         |
| JESDUVROQ            | E         | SP         |
| JIVI                 | 3         | SP         |
| KOATE                | 2         | SP         |
| KOGENATE FS          | 2         | SP         |
| KOVALTRY             | 2         | SP         |
| NEULASTA             | E         | PA; SP     |
| NEULASTA ONPRO       | E         | PA; SP     |
| NEUPOGEN             | E         | SP         |
| NIVESTYM             | E         | PA; SP     |
| NOVOEIGHT            | 2         | SP         |
| NUWIQ                | 2         | SP         |
| NYVEPRIA             | E         | SP         |
| PROCRIT              | E         | PA; SP     |
| PROMACTA             | 3         | PA; SP     |
| REBINYN              | 3         | SP         |
| RECOMBINATE          | 2         | SP         |
| RELEUKO              | E         | SP         |
| RETACRIT             | 2         | PA; SP     |
| ROLVEDON             | E         | SP         |
| SEVENFACT            | E         | SP         |
| SOLIRIS              | E         | PA; SP     |
| STIMUFEND            | E         | SP         |
| TAVALISSE            | 3         | PA; SP     |
| tranexamic acid oral | 1         |            |
| UDENYCA              | 3         | PA; SP     |
| UDENYCA ONBODY       | 3         | PA; SP     |
| ULTOMIRIS            | E         | PA; SP     |
| WILATE               | 2         | SP         |
| XYNTHA               | 2         | SP         |
| XYNTHA SOLOFUSE      | 2         | SP         |

| Drug Name                                                                 | Drug Tier | Notes  |
|---------------------------------------------------------------------------|-----------|--------|
| ZARXIO                                                                    | E         | PA; SP |
| ZIEXTENZO                                                                 | E         | SP     |
| <b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b> |           |        |
| ALTACE                                                                    | E         |        |
| amiodarone hcl oral                                                       | 1         |        |
| amlodipine besylate oral                                                  | 1         |        |
| amlodipine besylate-benazepril hcl                                        | 1         |        |
| amlodipine besylate-valsartan                                             | 1         |        |
| amlodipine-olmesartan                                                     | 1         |        |
| ASPRUZYO SPRINKLE                                                         | E         |        |
| ATACAND                                                                   | E         |        |
| atenolol oral                                                             | 1         |        |
| atenolol-chlorthalidone                                                   | 1         |        |
| ATORVALIQ                                                                 | E         |        |
| atorvastatin calcium oral                                                 | 1         |        |
| AVAPRO                                                                    | E         |        |
| AZOR                                                                      | E         |        |
| benazepril hcl oral                                                       | 1         |        |
| BENICAR                                                                   | E         |        |
| BENICAR HCT                                                               | E         |        |
| bisoprolol fumarate oral                                                  | 1         |        |
| bisoprolol-hydrochlorothiazide                                            | 1         |        |
| bumetanide oral                                                           | 1         |        |
| BYSTOLIC                                                                  | E         |        |
| CAMZYOS                                                                   | E         | SP     |
| candesartan cilexetil                                                     | 1         |        |
| CARDIZEM LA                                                               | E         |        |
| cartia xt                                                                 | 1         |        |
| carvedilol                                                                | 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  |
|------------------------------------------------|-----------|--------|
| CATAPRES-TTS-1                                 | E         |        |
| CATAPRES-TTS-2                                 | E         |        |
| CATAPRES-TTS-3                                 | E         |        |
| chlorthalidone                                 | 1         |        |
| clonidine hcl oral                             | 1         |        |
| COLESTID                                       | E         |        |
| CONJUPRI                                       | E         |        |
| COREG                                          | E         |        |
| COREG CR                                       | E         |        |
| CORLANOR                                       | 3         | PA; QL |
| COZAAR                                         | E         |        |
| CRESTOR                                        | E         |        |
| digoxin oral tablet                            | 1         |        |
| diltiazem hcl er coated beads                  | 1         |        |
| DIOVAN                                         | E         |        |
| DIOVAN HCT                                     | E         |        |
| doxazosin mesylate oral                        | 1         |        |
| EDARBI                                         | 3         | ST     |
| EDARBYCLOR                                     | 3         | ST     |
| enalapril maleate oral tablet                  | 1         |        |
| ENTRESTO                                       | 2         | QL     |
| EXFORGE                                        | E         |        |
| EXFORGE HCT                                    | E         |        |
| ezetimibe                                      | 1         |        |
| fenofibrate micronized                         | 1         |        |
| fenofibrate oral capsule 134 mg, 200 mg, 67 mg | 1         |        |
| fenofibrate oral tablet                        | 1         |        |
| flecainide acetate                             | 1         |        |
| FUROSCIX                                       | E         |        |
| furosemide oral tablet                         | 1         |        |
| gemfibrozil oral                               | 1         |        |
| guanfacine hcl                                 | 1         |        |
| HEMANGEOL                                      | 3         | PA     |

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| hydralazine hcl oral           | 1         |       |
| hydrochlorothiazide oral       | 1         |       |
| HYZAAR                         | E         |       |
| icosapent ethyl                | 1         | PA    |
| INDERAL LA                     | E         |       |
| INDERAL XL                     | E         |       |
| INNOPRAN XL                    | E         |       |
| INPEFA                         | E         |       |
| irbesartan                     | 1         |       |
| irbesartan-hydrochlorothiazide | 1         |       |
| isosorbide mononitrate er      | 1         |       |
| KAPSPARGO SPRINKLE             | E         |       |
| KATERZIA                       | E         |       |
| labetalol hcl oral             | 1         |       |
| LASIX                          | E         |       |
| LEQVIO                         | E         |       |
| LESCOL XL                      | E         |       |
| LEVAMLODIPINE MALEATE          | E         | M     |
| LIPITOR                        | E         |       |
| lisinopril oral                | 1         |       |
| lisinopril-hydrochlorothiazide | 1         |       |
| LIVALO                         | E         |       |
| LODOCO                         | E         |       |
| losartan potassium oral        | 1         |       |
| losartan potassium-hctz        | 1         |       |
| LOTREL                         | E         |       |
| lovastatin oral                | 1         |       |
| LOVAZA                         | E         |       |
| metoprolol succinate er        | 1         |       |
| metoprolol tartrate oral       | 1         |       |
| MICARDIS                       | E         |       |

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  |
|-------------------------------|-----------|--------|
| MICARDIS HCT                  | E         |        |
| minoxidil oral                | 1         |        |
| MULTAQ                        | 3         |        |
| nadolol oral                  | 1         |        |
| nebivolol hcl                 | 1         |        |
| NEXLETOL                      | 2         | PA; QL |
| NEXLIZET                      | 2         | PA; QL |
| nifedipine er                 | 1         |        |
| nifedipine er osmotic release | 1         |        |
| nitroglycerin sublingual      | 1         |        |
| NITROSTAT                     | E         |        |
| NORLIQVA                      | 3         | PA     |
| NORVASC                       | E         |        |
| olmesartan medoxomil oral     | 1         |        |
| olmesartan medoxomil-hctz     | 1         |        |
| omega-3-acid ethyl esters     | 1         |        |
| PRALUENT                      | E         |        |
| pravastatin sodium            | 1         |        |
| prazosin hcl oral             | 1         |        |
| propranolol hcl er            | 1         |        |
| propranolol hcl oral tablet   | 1         |        |
| QUESTRAN                      | E         |        |
| QUESTRAN LIGHT                | E         |        |
| ramipril                      | 1         |        |
| ranolazine er                 | 1         |        |
| REPATHA                       | 2         | PA; QL |
| REPATHA PUSHTRONEX SYSTEM     | 2         | PA; QL |
| REPATHA SURECLICK             | 2         | PA; QL |
| rosuvastatin calcium oral     | 1         |        |

| Drug Name                                                                   | Drug Tier | Notes  |
|-----------------------------------------------------------------------------|-----------|--------|
| simvastatin oral                                                            | 1         |        |
| SOAANZ                                                                      | E         |        |
| sotalol hcl oral                                                            | 1         |        |
| spironolactone oral tablet                                                  | 1         |        |
| TEKTURNIA                                                                   | 2         |        |
| telmisartan                                                                 | 1         |        |
| TENORMIN                                                                    | E         |        |
| TIKOSYN                                                                     | E         |        |
| TOPROL XL                                                                   | E         |        |
| toremide                                                                    | 1         |        |
| triamterene-hctz                                                            | 1         |        |
| TRIBENZOR                                                                   | E         |        |
| TRICOR                                                                      | E         |        |
| VALSARTAN ORAL SOLUTION                                                     | E         | M      |
| valsartan oral tablet                                                       | 1         |        |
| valsartan-hydrochlorothiazide                                               | 1         |        |
| VASCEPA                                                                     | 2         | PA     |
| verapamil hcl er oral tablet extended release                               | 1         |        |
| VERQUVO                                                                     | 3         | PA; QL |
| VYTORIN                                                                     | E         |        |
| WELCHOL                                                                     | E         |        |
| ZESTRIL                                                                     | E         |        |
| ZETIA                                                                       | E         |        |
| ZOCOR                                                                       | E         |        |
| ZYPITAMAG                                                                   | E         |        |
| <b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b> |           |        |
| ADDERALL                                                                    | E         |        |
| ADDERALL XR                                                                 | E         |        |
| ADZENYS XR-ODT                                                              | E         |        |
| amphetamine-dextroamphetamine                                               | 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  |
|---------------------------------------------------------------------------------------------|-----------|--------|
| amphetamine-dextroamphetamine er                                                            | 1         | QL     |
| amphet-dextroamphet 3-bead er                                                               | 1         | QL     |
| atomoxetine hcl                                                                             | 1         | QL     |
| AZSTARYS                                                                                    | 2         | ST; QL |
| CONCERTA                                                                                    | E         |        |
| COTEMPLA XR-ODT                                                                             | E         |        |
| DAYTRANA                                                                                    | E         |        |
| dexmethylphenidate hcl                                                                      | 1         | QL     |
| dexmethylphenidate hcl er                                                                   | 1         | QL     |
| DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE                                                | E         |        |
| DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG                 | E         |        |
| EVEKEO                                                                                      | E         |        |
| FOCALIN                                                                                     | E         |        |
| FOCALIN XR                                                                                  | E         |        |
| guanfacine hcl er                                                                           | 1         |        |
| INTUNIV                                                                                     | E         |        |
| JORNAY PM                                                                                   | 3         | ST; QL |
| lisdexamfetamine dimesylate                                                                 | 1         | QL     |
| METADATE CD                                                                                 | E         |        |
| 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                                                             | E         |            |
| QELBREE                                                             | E         |            |
| QUILLICHEW ER                                                       | E         |            |
| QUILLIVANT XR                                                       | E         |            |
| RITALIN                                                             | E         |            |
| RITALIN LA                                                          | E         |            |
| STRATTERA                                                           | E         |            |
| VYVANSE                                                             | E         |            |
| XELSTRYM                                                            | E         |            |
| ZENZEDI                                                             | E         |            |
| <b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b> |           |            |
| AMPYRA                                                              | E         | SP         |
| AUBAGIO                                                             | E         | SP         |
| AVONEX PEN                                                          | 2         | PA; SP; QL |
| AVONEX PREFILLED                                                    | 2         | PA; SP; QL |
| BAFIERTAM                                                           | 2         | PA; SP; QL |
| BETASERON                                                           | 2         | PA; SP; QL |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML           | E         | SP         |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML           | 2         | PA; SP; QL |
| dalfampridine er                                                    | 1         | PA; SP; QL |
| dimethyl fumarate oral                                              | 1         | PA; SP; QL |
| EXTAVIA                                                             | E         | SP         |
| GILENYA ORAL CAPSULE 0.5 MG                                         | 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      |
|-------------------------------------------------------------------------------|-----------|------------|
| 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 |
| PLEGRIDY INTRAMUSCULAR                                                        | E         | SP         |
| PLEGRIDY STARTER PACK<br>SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML | E         | SP         |
| PLEGRIDY STARTER PACK<br>SUBCUTANEOUS SOLUTION PREFILLED SYRINGE              | E         | SP         |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML                     | E         | SP         |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                              | E         | SP         |
| PONVORY                                                                       | E         | SP         |
| PONVORY STARTER PACK                                                          | E         | SP         |
| REBIF                                                                         | E         | SP         |
| REBIF REBIDOSE                                                                | E         | SP         |
| REBIF REBIDOSE TITRATION PACK                                                 | E         | SP         |
| REBIF TITRATION PACK                                                          | E         | SP         |
| TASCENSO ODT                                                                  | E         | SP         |
| TECFIDERA                                                                     | E         | SP         |
| VUMERITY                                                                      | 2         | PA; SP; QL |

| Drug Name                                            | Drug Tier | Notes      |
|------------------------------------------------------|-----------|------------|
| ZEPOSIA                                              | 3         | PA; SP; QL |
| ZEPOSIA 7-DAY STARTER PACK                           | 3         | PA; SP; QL |
| ZEPOSIA STARTER KIT                                  | 3         | PA; SP; QL |
| <b>Central Nervous System Agents - Miscellaneous</b> |           |            |
| ADIPEX-P                                             | E         |            |
| AUSTEDO                                              | 3         | PA; SP; QL |
| AUSTEDO XR                                           | 3         | PA; SP; QL |
| AUSTEDO XR PATIENT TITRATION                         | 3         | PA; SP; QL |
| CONTRACE                                             | E         |            |
| DAYBUE                                               | E         | SP         |
| EXSERVAN                                             | E         |            |
| GRALISE                                              | 3         | ST; QL     |
| GRALISE ORAL 300 (9) & 600(24) MG                    | 3         | ST; QL     |
| HORIZANT                                             | 3         | PA; QL     |
| IMCIVREE                                             | E         | SP         |
| INGREZZA                                             | 3         | PA; SP; QL |
| LYRICA                                               | E         |            |
| LYRICA CR                                            | E         |            |
| 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 |
| WEGOVY                                               | 2         | PA; ++; QL |

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

| Drug Name                                                                         | Drug Tier | Notes      |
|-----------------------------------------------------------------------------------|-----------|------------|
| ZEPBOUND<br>SUBCUTANEOUS<br>SOLUTION AUTO-<br>INJECTOR                            | 2         | PA; ++; QL |
| <b>Dental and Oral<br/>Agents - Drugs for<br/>Mouth and Throat<br/>Conditions</b> |           |            |
| chlorhexidine gluconate<br>mouth/throat                                           | 1         |            |
| lidocaine hcl<br>mouth/throat                                                     | 1         |            |
| lidocaine viscous hcl                                                             | 1         |            |
| periogard                                                                         | 1         |            |
| <b>Dermatological<br/>Agents - Drugs for<br/>Skin Conditions</b>                  |           |            |
| ABSORICA                                                                          | E         |            |
| ABSORICA LD                                                                       | 3         | PA         |
| ACANYA                                                                            | E         |            |
| accutane                                                                          | 1         |            |
| ACZONE                                                                            | E         |            |
| adapalene-benzoyl<br>peroxide external gel                                        | 1         |            |
| ADBRY                                                                             | 2         | PA; SP; QL |
| AKLIEF                                                                            | 3         | PA         |
| ALA SCALP                                                                         | E         |            |
| ala-cort                                                                          | 1         |            |
| amnesteam                                                                         | 1         |            |
| AMZEEQ                                                                            | 3         |            |
| APEXICON E                                                                        | E         |            |
| ARAZLO                                                                            | E         |            |
| azelaic acid external                                                             | 1         |            |
| BENZAMYCIN                                                                        | E         |            |
| betamethasone<br>dipropionate external<br>cream                                   | 1         |            |
| betamethasone<br>dipropionate external<br>ointment                                | 1         |            |

| Drug Name                                                                       | Drug Tier | Notes      |
|---------------------------------------------------------------------------------|-----------|------------|
| CABTREO                                                                         | E         |            |
| CALCIPOTRIENE<br>EXTERNAL FOAM                                                  | E         | M          |
| CIBINQO                                                                         | 2         | PA; SP; QL |
| claravis                                                                        | 1         |            |
| clindacin etz external<br>swab                                                  | 1         |            |
| clindacin-p                                                                     | 1         |            |
| CLINDAGEL                                                                       | E         |            |
| clindamycin phos-<br>benzoyl perox external<br>gel 1-5 %, 1.2-2.5 %, 1.2-3.75 % | 1         |            |
| clindamycin phosphate<br>external gel                                           | 1         |            |
| clindamycin phosphate<br>external lotion                                        | 1         |            |
| clindamycin phosphate<br>external solution                                      | 1         |            |
| clindamycin phosphate<br>external swab                                          | 1         |            |
| clobetasol propionate<br>external cream                                         | 1         |            |
| clobetasol propionate<br>external ointment                                      | 1         |            |
| clobetasol propionate<br>external solution                                      | 1         |            |
| CLOBEX                                                                          | E         |            |
| CLOBEX SPRAY                                                                    | E         |            |
| CLODERM                                                                         | E         |            |
| CORDRAN                                                                         | E         |            |
| desonide external<br>cream                                                      | 1         |            |
| DIFFERIN EXTERNAL<br>CREAM                                                      | E         |            |
| DIFFERIN EXTERNAL<br>GEL 0.3 %                                                  | E         |            |
| DIFFERIN EXTERNAL<br>LOTION                                                     | E         |            |
| DUOBRII                                                                         | 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      |
|---------------------------------------------------------------------------------------|-----------|------------|
| DUPIXENT<br>SUBCUTANEOUS<br>SOLUTION PEN-<br>INJECTOR 200<br>MG/1.14ML, 300<br>MG/2ML | 2         | PA; SP; QL |
| DUPIXENT<br>SUBCUTANEOUS<br>SOLUTION<br>PREFILLED SYRINGE                             | 2         | PA; SP; QL |
| ELIDEL                                                                                | E         |            |
| ENSTILAR                                                                              | 3         | QL         |
| EPIDUO                                                                                | E         |            |
| EPIDUO FORTE                                                                          | 3         |            |
| EPSOLAY                                                                               | E         |            |
| EUCRISA                                                                               | 2         | ST         |
| FABIOR                                                                                | E         |            |
| FINACEA EXTERNAL<br>FOAM                                                              | 3         |            |
| finasteride oral tablet 1<br>mg                                                       | 1         |            |
| fluocinonide external<br>cream                                                        | 1         |            |
| fluocinonide external<br>solution                                                     | 1         |            |
| fluorouracil external<br>cream                                                        | 1         |            |
| HALOG EXTERNAL<br>CREAM                                                               | E         |            |
| HALOG EXTERNAL<br>OINTMENT                                                            | E         |            |
| hydrocortisone external<br>cream 1 %, 2.5 %                                           | 1         |            |
| hydrocortisone external<br>ointment 1 %, 2.5 %                                        | 1         |            |
| HYFTOR                                                                                | E         |            |
| imiquimod external<br>cream 3.75 %                                                    | 1         | ST         |
| imiquimod external<br>cream 5 %                                                       | 1         |            |
| imiquimod pump                                                                        | 1         | ST         |

| Drug Name                                            | Drug Tier | Notes      |
|------------------------------------------------------|-----------|------------|
| IMPOYZ                                               | E         |            |
| isotretinoin oral                                    | 1         |            |
| KENALOG                                              | E         |            |
| KLISYRI                                              | 3         | ST         |
| LEXETTE                                              | E         |            |
| LITFULO                                              | 3         | PA; SP; QL |
| METROGEL                                             | E         |            |
| metronidazole external<br>cream                      | 1         |            |
| metronidazole external<br>gel                        | 1         |            |
| MIRVASO                                              | 2         |            |
| mometasone furoate<br>external cream                 | 1         |            |
| mometasone furoate<br>external ointment              | 1         |            |
| NORITATE                                             | E         |            |
| ONEXTON                                              | 3         | ST         |
| OPZELURA                                             | E         |            |
| ORACEA                                               | E         |            |
| PANDEL                                               | E         |            |
| PROPECIA                                             | E         |            |
| QBREXZA                                              | 3         | QL         |
| RETIN-A                                              | E         |            |
| RETIN-A MICRO GEL<br>0.04 %, 0.1 %                   | E         |            |
| RETIN-A MICRO<br>PUMP EXTERNAL<br>GEL 0.04 %, 0.1 %  | E         |            |
| RETIN-A MICRO<br>PUMP EXTERNAL<br>GEL 0.06 %, 0.08 % | 3         | PA; ++     |
| RHOFADE                                              | E         |            |
| SANTYL                                               | 3         | QL         |
| SOOLANTRA                                            | 3         |            |
| SORILUX                                              | E         |            |
| TACLONEX                                             | 3         | QL         |
| tacrolimus external                                  | 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 |
|-------------------------------------------|-----------|-------|
| TAZAROTENE EXTERNAL FOAM                  | E         |       |
| TAZORAC                                   | E         |       |
| TOPICORT SPRAY                            | E         |       |
| tretinoin external cream                  | E         | ++    |
| triamcinolone acetonide external cream    | 1         |       |
| triamcinolone acetonide external ointment | 1         |       |
| triamcinolone in absorbbase               | 1         |       |
| triderm                                   | 1         |       |
| TWYNEO                                    | 3         |       |
| ULTRAVATE                                 | E         |       |
| VECTICAL                                  | E         |       |
| VTAMA                                     | 3         | PA    |
| WINLEVI                                   | E         |       |
| WYNZORA                                   | 3         | QL    |
| YCANTH                                    | 3         | PA    |
| zenatane                                  | 1         |       |
| ZIANA                                     | E         |       |
| ZILXI                                     | 3         | ST    |
| ZORYVE EXTERNAL CREAM 0.3 %               | E         |       |
| ZORYVE EXTERNAL FOAM                      | E         |       |
| ZYCLARA                                   | E         |       |
| ZYCLARA PUMP                              | E         |       |
| <b>Diabetes - Antidiabetic Agents</b>     |           |       |
| ALOGLIPTIN BENZOATE                       | E         |       |
| ALOGLIPTIN-METFORMIN HCL                  | E         |       |
| ALOGLIPTIN-PIOGLITAZONE                   | E         |       |
| BEXAGLIFLOZIN                             | E         | M     |
| BRENZAVVY                                 | E         |       |

| Drug Name                                         | Drug Tier | Notes  |
|---------------------------------------------------|-----------|--------|
| BYDUREON BCISE AUTOINJECTOR                       | 2         | PA; QL |
| BYETTA 10 MCG PEN                                 | 2         | PA; QL |
| BYETTA 5 MCG PEN                                  | 2         | PA; QL |
| DAPAGLIFLOZIN PRO-METFORMIN ER                    | E         | M      |
| DAPAGLIFLOZIN PROPANEDIOL                         | E         | M      |
| FARXIGA                                           | 2         |        |
| glimepiride oral tablet 1 mg, 2 mg, 4 mg          | 1         |        |
| glipizide er                                      | 1         |        |
| glipizide ir                                      | 1         |        |
| glipizide xl                                      | 1         |        |
| GLUMETZA                                          | E         |        |
| glyburide oral                                    | 1         |        |
| GLYXAMBI                                          | 2         |        |
| INVOKAMET                                         | E         |        |
| INVOKAMET XR                                      | E         |        |
| INVOKANA                                          | E         |        |
| JANUMET                                           | 2         | ST     |
| JANUMET XR                                        | 2         | ST     |
| JANUVIA                                           | 2         | ST     |
| JARDIANCE                                         | 2         |        |
| JENTADUETO                                        | 2         | ST     |
| JENTADUETO XR                                     | 2         | ST     |
| metformin hcl er                                  | 1         |        |
| metformin hcl er (mod)                            | E         |        |
| metformin hcl er (osm)                            | E         |        |
| metformin hcl oral tablet 1000 mg, 500 mg, 850 mg | 1         |        |
| metformin hcl oral tablet 625 mg                  | E         |        |

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  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| MOUNJARO<br>SUBCUTANEOUS<br>SOLUTION PEN-<br>INJECTOR 10<br>MG/0.5ML, 12.5<br>MG/0.5ML, 15<br>MG/0.5ML, 2.5<br>MG/0.5ML, 5<br>MG/0.5ML, 7.5<br>MG/0.5ML | 2         | PA; QL |
| ONGLYZA                                                                                                                                                 | E         |        |
| OZEMPIC                                                                                                                                                 | 2         | PA; QL |
| pioglitazone hcl                                                                                                                                        | 1         |        |
| QTERN                                                                                                                                                   | E         |        |
| RYBELSUS                                                                                                                                                | 2         | PA; QL |
| SEGLUROMET                                                                                                                                              | E         |        |
| SITAGLIPTIN                                                                                                                                             | E         | M      |
| SOLIQUA                                                                                                                                                 | 2         |        |
| STEGLATRO                                                                                                                                               | E         |        |
| STEGLUJAN                                                                                                                                               | E         |        |
| SYMLINPEN 120                                                                                                                                           | 3         | PA     |
| SYMLINPEN 60                                                                                                                                            | 3         | PA     |
| SYNJARDY                                                                                                                                                | 2         |        |
| SYNJARDY XR                                                                                                                                             | 2         |        |
| TRADJENTA                                                                                                                                               | 2         | ST     |
| TRIJARDY XR                                                                                                                                             | 2         |        |
| TRULICITY<br>SUBCUTANEOUS<br>SOLUTION PEN-<br>INJECTOR 0.75<br>MG/0.5ML, 1.5<br>MG/0.5ML, 3<br>MG/0.5ML, 4.5<br>MG/0.5ML                                | 2         | PA; QL |
| TZIELD                                                                                                                                                  | E         |        |
| VICTOZA                                                                                                                                                 | E         |        |
| XIGDUO XR                                                                                                                                               | 2         |        |
| ZITUVIO                                                                                                                                                 | E         |        |

| Drug Name                                  | Drug Tier | Notes  |
|--------------------------------------------|-----------|--------|
| <b>Diabetes - Glucose Monitoring</b>       |           |        |
| ACCU-CHEK<br>FASTCLIX LANCET<br>KIT        | 2         | ++     |
| ACCU-CHEK<br>SOFTCLIX LANCET<br>DEVICE KIT | 2         | ++     |
| CEQUR SIMPLICITY<br>2U 10PK                | 2         | ++     |
| CEQUR SIMPLICITY<br>INSERTER               | 2         | ++     |
| CONTOUR NEXT EZ<br>KIT W/DEVICE            | 2         | ++     |
| CONTOUR NEXT GEN<br>MONITOR                | 2         | ++     |
| CONTOUR NEXT<br>MONITOR KIT<br>W/DEVICE    | 2         | ++     |
| CONTOUR NEXT ONE<br>KIT                    | 2         | ++     |
| CONTOUR NEXT GEN<br>TEST STRIPS            | 2         | ++; QL |
| CONTOUR TEST<br>STRIPS                     | 2         | ++; QL |
| DEXCOM G6<br>RECEIVER                      | 2         | PA; ++ |
| DEXCOM G6 SENSOR                           | 2         | PA; ++ |
| DEXCOM G6<br>TRANSMITTER                   | 2         | PA; ++ |
| DEXCOM G7<br>RECEIVER                      | 2         | PA; ++ |
| DEXCOM G7 SENSOR                           | 2         | PA; ++ |
| ENLITE GLUCOSE<br>SENSOR                   | 3         | PA; ++ |
| EVERSENSE E3<br>SENSOR/HOLDER              | E         |        |
| EVERSENSE E3<br>SMART<br>TRANSMITTER       | 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  |
|-------------------------------------|-----------|--------|
| EVERSENSE SENSOR/HOLDER             | E         |        |
| EVERSENSE SMART TRANSMITTER         | E         |        |
| FREESTYLE LIBRE 14 DAY READER       | E         |        |
| FREESTYLE LIBRE 14 DAY SENSOR       | E         |        |
| FREESTYLE LIBRE 2 READER            | E         |        |
| FREESTYLE LIBRE 2 SENSOR            | E         |        |
| FREESTYLE LIBRE 3 PLUS SENSOR       | E         |        |
| FREESTYLE LIBRE 3 READER            | E         |        |
| FREESTYLE LIBRE 3 SENSOR            | E         |        |
| GUARDIAN 4 GLUCOSE SENSOR           | 3         | PA; ++ |
| GUARDIAN 4 TRANSMITTER              | 3         | PA; ++ |
| GUARDIAN CONNECT TRANSMITTER        | 3         | PA; ++ |
| GUARDIAN LINK 3 TRANSMITTER         | 3         | PA; ++ |
| GUARDIAN SENSOR (3)                 | 3         | PA; ++ |
| ONETOUCH ULTRA TEST STRIPS          | E         |        |
| ONETOUCH ULTRA 2 KIT W/DEVICE       | E         |        |
| ONETOUCH ULTRA TEST STRIPS          | E         |        |
| ONETOUCH VERIO KIT W/DEVICE         | E         |        |
| ONETOUCH VERIO FLEX SYSTEM          | E         |        |
| ONETOUCH VERIO REFLECT KIT W/DEVICE | E         |        |

| Drug Name                                                                                                                                                         | Drug Tier | Notes                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| TEMPO REFILL                                                                                                                                                      | E         |                       |
| TEMPO SMART BUTTON                                                                                                                                                | E         |                       |
| TEMPO WELCOME                                                                                                                                                     | E         |                       |
| <b>Diabetes - Glycemic Agents</b>                                                                                                                                 |           |                       |
| BAQSIMI ONE PACK                                                                                                                                                  | 2         | ++                    |
| BAQSIMI TWO PACK                                                                                                                                                  | 2         | ++                    |
| GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED                                                                                                           | 2         | Made by Fresenius; ++ |
| GVOKE HYPOPEN 1-PACK                                                                                                                                              | E         |                       |
| GVOKE HYPOPEN 2-PACK                                                                                                                                              | E         |                       |
| GVOKE KIT                                                                                                                                                         | E         |                       |
| GVOKE PFS                                                                                                                                                         | E         |                       |
| ZEGALOGUE                                                                                                                                                         | 2         | ++                    |
| <b>Diabetes - Insulins</b>                                                                                                                                        |           |                       |
| ADMELOG                                                                                                                                                           | 1         | ++                    |
| ADMELOG SOLOSTAR                                                                                                                                                  | 1         | ++                    |
| APIDRA SOLOSTAR                                                                                                                                                   | 1         | ++                    |
| APIDRA VIAL                                                                                                                                                       | 1         | ++                    |
| BASAGLAR KWIKPEN                                                                                                                                                  | 1         | ++                    |
| BASAGLAR TEMPO PEN                                                                                                                                                | E         |                       |
| BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2         | ++                    |
| FIASP                                                                                                                                                             | 1         | ++                    |
| FIASP FLEXTOUCH                                                                                                                                                   | 1         | ++                    |

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 |
|--------------------------------|-----------|-------|
| 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              | E         |       |
| HUMALOG U-100 JUNIOR KWIKPEN   | 1         | ++    |
| HUMULIN 70/30 KWIKPEN          | 1         | ++    |
| HUMULIN 70/30 VIAL             | 1         | ++    |
| HUMULIN N KWIKPEN              | 1         | ++    |
| HUMULIN N VIAL                 | 1         | ++    |
| HUMULIN R U-500 KWIKPEN        | 1         | ++    |
| HUMULIN R U-500 VIAL           | 1         | ++    |
| HUMULIN R VIAL                 | 1         | ++    |
| INSULIN ASP PROT & ASP FLEXPEN | E         |       |
| INSULIN ASPART                 | E         |       |
| INSULIN ASPART FLEXPEN         | E         |       |
| INSULIN ASPART PENFILL         | E         |       |
| INSULIN ASPART PROT & ASPART   | E         |       |
| INSULIN DEGLUDEC               | E         |       |
| INSULIN DEGLUDEC FLEXTouch     | E         |       |
| INSULIN GLARGINE MAX SOLOSTAR  | E         |       |

| Drug Name                                                                | Drug Tier | Notes |
|--------------------------------------------------------------------------|-----------|-------|
| INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | E         |       |
| INSULIN GLARGINE-YFGN                                                    | E         |       |
| 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         | ++    |
| LEVEMIR FLEXPEN                                                          | E         |       |
| LEVEMIR U-100 VIAL                                                       | E         |       |
| LYUMJEV KWIKPEN                                                          | 1         | ++    |
| LYUMJEV TEMPO PEN                                                        | E         |       |
| LYUMJEV VIAL                                                             | 1         | ++    |
| NOVOLIN 70/30 FLEXPEN                                                    | 1         | ++    |
| NOVOLIN 70/30 FLEXPEN RELION                                             | E         |       |
| NOVOLIN 70/30 RELION                                                     | E         |       |
| NOVOLIN 70/30 VIAL                                                       | 1         | ++    |
| NOVOLIN N FLEXPEN                                                        | 1         | ++    |
| NOVOLIN N FLEXPEN RELION                                                 | E         |       |
| NOVOLIN N RELION                                                         | E         |       |
| NOVOLIN N VIAL                                                           | 1         | ++    |
| NOVOLIN R FLEXPEN                                                        | 1         | ++    |
| NOVOLIN R FLEXPEN RELION                                                 | E         |       |
| NOVOLIN R RELION                                                         | E         |       |
| NOVOLIN R VIAL                                                           | 1         | ++    |

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 |
|----------------------------------------------------|-----------|-------|
| NOVOLOG 70/30 FLEXPEN RELION                       | E         |       |
| NOVOLOG FLEXPEN                                    | 1         | ++    |
| NOVOLOG FLEXPEN RELION                             | E         |       |
| NOVOLOG MIX 70/30 FLEXPEN                          | 1         | ++    |
| NOVOLOG MIX 70/30 RELION                           | E         |       |
| NOVOLOG MIX 70/30 VIAL                             | 1         | ++    |
| NOVOLOG PENFILL                                    | 1         | ++    |
| NOVOLOG RELION                                     | E         |       |
| NOVOLOG U-100 VIAL                                 | 1         | ++    |
| REZVOGLAR KWIKPEN                                  | 1         | ++    |
| SEMGLEE (YFGN)                                     | E         |       |
| TOUJEO MAX SOLOSTAR                                | 1         | ++    |
| TOUJEO SOLOSTAR                                    | 1         | ++    |
| TRESIBA                                            | E         |       |
| TRESIBA FLEXTOUCH                                  | E         |       |
| <b>Electrolytes / Minerals / Metals / Vitamins</b> |           |       |
| ACCRUFER                                           | E         |       |
| CARNITOR ORAL                                      | E         |       |
| CARNITOR SF                                        | E         |       |
| CUVRIOR                                            | E         | SP    |
| cyanocobalamin injection solution 1000 mcg/ml      | 1         | ++    |
| cyanocobalamin nasal                               | 1         | ++    |
| ergocalciferol oral capsule                        | 1         | ++    |
| folic acid oral tablet 1 mg                        | 1         | ++    |
| JYNARQUE                                           | E         | SP    |
| klor-con 10                                        | 1         |       |

| Drug Name                                                              | Drug Tier | Notes  |
|------------------------------------------------------------------------|-----------|--------|
| klor-con m10                                                           | 1         |        |
| klor-con m15                                                           | 1         |        |
| klor-con m20                                                           | 1         |        |
| klor-con oral tablet extended release                                  | 1         |        |
| K-TAB                                                                  | E         |        |
| LOKELMA                                                                | 3         |        |
| NASCOBAL                                                               | 3         | ++     |
| POKONZA                                                                | E         |        |
| potassium chloride crys er                                             | 1         |        |
| potassium chloride er                                                  | 1         |        |
| potassium citrate er                                                   | 1         |        |
| SYPRINE                                                                | E         | SP     |
| 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         | ++     |
| <b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>       |           |        |
| ACIPHEX                                                                | E         |        |
| CARAFATE ORAL TABLET                                                   | E         |        |
| DEXILANT                                                               | E         |        |
| dexlansoprazole                                                        | E         | ++; QL |
| esomeprazole magnesium oral capsule delayed release                    | E         | ++; QL |
| famotidine oral suspension reconstituted                               | 1         | ++     |
| famotidine oral tablet 20 mg, 40 mg                                    | E         | ++     |
| KONVOMEPE                                                              | 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  |
|------------------------------------------------------------------------------------|-----------|--------|
| lansoprazole oral capsule delayed release                                          | E         | ++; QL |
| misoprostol oral                                                                   | 1         |        |
| NEXIUM ORAL CAPSULE DELAYED RELEASE                                                | E         |        |
| omeprazole oral capsule delayed release                                            | 1         | QL     |
| omeprazole-sodium bicarbonate                                                      | E         |        |
| pantoprazole sodium oral tablet delayed release                                    | 1         | QL     |
| PREVACID                                                                           | E         |        |
| PREVACID SOLUTAB                                                                   | E         |        |
| PROTONIX ORAL TABLET DELAYED RELEASE                                               | E         |        |
| RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE                                           | E         | M      |
| rabeprazole sodium oral tablet delayed release                                     | E         | ++; QL |
| sucralfate oral tablet                                                             | 1         |        |
| VOQUEZNA                                                                           | E         |        |
| ZEGERID                                                                            | E         |        |
| <b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b> |           |        |
| AMITIZA                                                                            | E         |        |
| CLENPIQ                                                                            | 3         |        |
| constulose                                                                         | 1         |        |
| dicyclomine hcl oral capsule                                                       | 1         |        |
| dicyclomine hcl oral tablet                                                        | 1         |        |

| Drug Name                             | Drug Tier | Notes  |
|---------------------------------------|-----------|--------|
| diphenoxylate-atropine oral tablet    | 1         |        |
| gavilyte-c                            | 1         |        |
| gavilyte-g                            | 1         |        |
| gavilyte-n with flavor pack           | 1         |        |
| glycopyrrolate oral tablet 1 mg, 2 mg | 1         | QL     |
| GOLYTELY                              | E         |        |
| hyoscyamine sulfate oral tablet       | 1         |        |
| hyoscyamine sulfate sublingual        | 1         |        |
| IBSRELA                               | E         |        |
| lactulose oral solution               | 1         |        |
| LINZESS                               | 2         | ST; QL |
| MOTEGRITY                             | 3         | ST; QL |
| MOTOFEN                               | E         |        |
| MOVANTIK                              | E         |        |
| MOVIPREP                              | E         |        |
| na sulfate-k sulfate-mg sulf          | 1         |        |
| OMECLAMOX-PAK                         | 2         |        |
| peg 3350-kcl-na bicarb-nacl           | 1         |        |
| peg-3350/electrolytes                 | 1         |        |
| PLENVU                                | E         |        |
| PYLERA                                | 3         |        |
| REBYOTA                               | 3         | PA; SP |
| RELISTOR                              | E         |        |
| RELTONE                               | E         |        |
| SUFLAVE                               | 3         |        |
| SUPREP BOWEL PREP KIT                 | 3         |        |
| SUTAB                                 | 3         |        |
| SYMPROIC                              | 2         | ST; QL |
| TALICIA                               | 3         |        |
| TRULANCE                              | 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  |
|------------------------------------------------------------------------------------|-----------|--------|
| URSODIOL ORAL CAPSULE 200 MG, 400 MG                                               | E         | M      |
| VIBERZI                                                                            | 3         | PA; QL |
| VOQUEZNA DUAL PAK                                                                  | 3         | PA     |
| VOQUEZNA TRIPLE PAK                                                                | 3         | PA     |
| VOWST                                                                              | E         | SP     |
| <b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b> |           |        |
| AMONDYS 45                                                                         | E         | SP     |
| BUPHENYL                                                                           | E         | SP     |
| CERDELGA                                                                           | 3         | PA; SP |
| CREON                                                                              | 2         |        |
| ELEVIDYS                                                                           | E         | SP     |
| ELFABRIO                                                                           | E         | SP     |
| EXONDYS 51                                                                         | E         | SP     |
| FABRAZYME                                                                          | E         | PA; SP |
| JAVYGTOR                                                                           | E         | SP     |
| KUVAN                                                                              | E         | SP     |
| OLPRUVA (2 GM DOSE)                                                                | E         | SP     |
| OLPRUVA (3 GM DOSE)                                                                | E         | SP     |
| OLPRUVA (4 GM DOSE)                                                                | E         | SP     |
| OLPRUVA (5 GM DOSE)                                                                | E         | SP     |
| OLPRUVA (6 GM DOSE)                                                                | E         | SP     |
| OLPRUVA (6.67 GM DOSE)                                                             | E         | SP     |
| ORFADIN                                                                            | 3         | PA; SP |
| PALYNZIQ                                                                           | E         | SP     |
| PANCREAZE                                                                          | E         |        |

| Drug Name                                                                      | Drug Tier | Notes  |
|--------------------------------------------------------------------------------|-----------|--------|
| PERTZYE                                                                        | E         |        |
| PHEBURANE                                                                      | 3         | PA; SP |
| RAVICTI                                                                        | E         | SP     |
| STRENSIQ                                                                       | 2         | PA; SP |
| VILTEPSO                                                                       | E         | SP     |
| VIOKACE                                                                        | E         |        |
| VYONDYS 53                                                                     | E         | SP     |
| ZENPEP                                                                         | 2         |        |
| ZOLGENSMA                                                                      | E         | PA; SP |
| <b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b> |           |        |
| AURYXIA                                                                        | 3         |        |
| CIALIS                                                                         | E         |        |
| CUPRIMINE                                                                      | E         | SP     |
| DEPEN TITRATABS                                                                | 2         | SP     |
| ELMIRON                                                                        | E         |        |
| GEMTESA                                                                        | E         |        |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER                                     | E         |        |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR                                 | 2         |        |
| oxybutynin chloride er                                                         | 1         |        |
| oxybutynin chloride oral tablet                                                | 1         |        |
| penicillamine oral capsule                                                     | E         | SP     |
| 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         |        |

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  |
|-------------------------------------------------------------|-----------|--------|
| STENDRA                                                     | E         |        |
| tadalafil oral                                              | 1         | ++; QL |
| THIOLA                                                      | 3         | SP     |
| THIOLA EC                                                   | 3         | SP     |
| tolterodine tartrate er                                     | 1         |        |
| TOVIAZ                                                      | E         |        |
| VELPHORO                                                    | E         |        |
| VESICARE                                                    | E         |        |
| VESICARE LS                                                 | E         |        |
| VIAGRA                                                      | E         |        |
| <b>Genitourinary Agents - Drugs for Prostate Conditions</b> |           |        |
| alfuzosin hcl er                                            | 1         |        |
| AVODART                                                     | E         |        |
| dutasteride oral                                            | 1         |        |
| finasteride oral tablet 5 mg                                | 1         |        |
| FLOMAX                                                      | E         |        |
| tamsulosin hcl                                              | 1         |        |
| <b>Hormonal Agents - Adrenal</b>                            |           |        |
| ALKINDI SPRINKLE                                            | E         |        |
| CORTEF                                                      | E         |        |
| CORTISONE ACETATE ORAL                                      | E         |        |
| dexamethasone oral tablet                                   | 1         |        |
| EMFLAZA                                                     | E         | SP     |
| fludrocortisone acetate oral                                | 1         |        |
| HEMADY                                                      | E         |        |
| hydrocortisone oral                                         | 1         |        |
| KENALOG-40                                                  | E         |        |
| methylprednisolone oral                                     | 1         |        |
| prednisolone oral solution                                  | 1         |        |

| Drug Name                                   | Drug Tier | Notes                       |
|---------------------------------------------|-----------|-----------------------------|
| prednisolone sodium phosphate oral solution | 1         |                             |
| prednisone oral tablet                      | 1         |                             |
| prednisone oral tablet therapy pack         | 1         |                             |
| RAYOS                                       | E         |                             |
| <b>Hormonal Agents - Men's Health</b>       |           |                             |
| ANDROGEL PUMP                               | E         |                             |
| AVEED                                       | E         |                             |
| DEPO-TESTOSTERONE                           | E         |                             |
| JATENZO                                     | E         |                             |
| NATESTO                                     | E         |                             |
| TESTIM                                      | E         |                             |
| TESTOPEL                                    | E         |                             |
| testosterone cypionate intramuscular        | 1         | PA                          |
| testosterone transdermal gel                | 1         | PA                          |
| TLANDO                                      | E         |                             |
| VOGELXO                                     | E         |                             |
| VOGELXO PUMP                                | E         |                             |
| XYOSTED                                     | E         |                             |
| <b>Hormonal Agents - Pituitary</b>          |           |                             |
| ACTHAR                                      | E         | PA; SP                      |
| cabergoline                                 | 1         |                             |
| CETROTIDE                                   | E         | SP                          |
| CORTROPHIN                                  | E         | PA; SP                      |
| desmopressin acetate oral                   | 1         |                             |
| FOLLISTIM AQ                                | 2         | PA; ++; SP                  |
| ganirelix acetate                           | 1         | PA; Made by Organon; ++; SP |
| GENOTROPIN                                  | E         | SP                          |
| GENOTROPIN MINIQUICK                        | 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      |
|------------------------------------------------------------|-----------|------------|
| GONAL-F                                                    | E         | SP         |
| GONAL-F RFF                                                | E         | SP         |
| GONAL-F RFF<br>REDIJECT                                    | E         | SP         |
| HUMATROPE                                                  | E         | SP         |
| ISTURISA                                                   | E         | SP         |
| LANREOTIDE<br>ACETATE                                      | E         | SP         |
| LUPRON DEPOT (1-<br>MONTH)<br>INTRAMUSCULAR KIT<br>7.5 MG  | E         | PA; SP     |
| LUPRON DEPOT (3-<br>MONTH)<br>INTRAMUSCULAR KIT<br>22.5 MG | E         | PA; SP     |
| LUPRON DEPOT (4-<br>MONTH)<br>INTRAMUSCULAR KIT<br>30MG    | E         | PA; SP     |
| LUPRON DEPOT (6-<br>MONTH)<br>INTRAMUSCULAR KIT<br>45MG    | E         | PA; SP     |
| LUPRON DEPOT-PED<br>(6-MONTH)                              | E         | PA; SP     |
| MENOPUR                                                    | 3         | PA; ++; SP |
| MYCAPSSA                                                   | E         | SP         |
| NGENLA                                                     | 3         | PA; ++; SP |
| NOC DURNA                                                  | 3         | PA         |
| NORDITROPIN<br>FLEXPRO                                     | 2         | PA; ++; SP |
| NUTROPIN AQ<br>NUSPIN 10                                   | 3         | PA; ++; SP |
| NUTROPIN AQ<br>NUSPIN 20                                   | 3         | PA; ++; SP |
| NUTROPIN AQ<br>NUSPIN 5                                    | 3         | PA; ++; SP |
| OMNITROPE                                                  | 2         | PA; ++; SP |
| ORILISSA                                                   | 2         | PA; QL     |

| Drug Name                                                                         | Drug Tier | Notes      |
|-----------------------------------------------------------------------------------|-----------|------------|
| OVIDREL<br>SUBCUTANEOUS<br>INJECTABLE 250<br>MCG/0.5ML                            | 3         | PA; ++; SP |
| RECORLEV                                                                          | E         | SP         |
| SAIZEN                                                                            | E         | SP         |
| SANDOSTATIN                                                                       | E         | SP         |
| SIGNIFOR                                                                          | E         | SP         |
| SKYTROFA                                                                          | 3         | PA; ++; SP |
| SOGROYA                                                                           | E         | SP         |
| SOMATULINE DEPOT                                                                  | E         | PA; SP     |
| SUPPRELIN LA                                                                      | 2         | PA; SP; QL |
| TRIPTODUR                                                                         | E         | PA; SP; QL |
| ZOMACTON                                                                          | E         | SP         |
| <b>Hormonal Agents -<br/>Selective Estrogen<br/>Receptor Modifying<br/>Agents</b> |           |            |
| OSPHENA                                                                           | 3         |            |
| <b>Hormonal Agents -<br/>Sex Hormones and<br/>Birth Control</b>                   |           |            |
| 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         | ++         |
| BEYAZ                                                                             | E         |            |
| BIJUVA                                                                            | 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  |
|------------------------------------------|-----------|--------|
| blisovi 24 fe                            | 1         | ++     |
| blisovi fe 1.5/30                        | 1         | ++     |
| blisovi fe 1/20                          | 1         | ++     |
| camila                                   | 1         | ++     |
| camrese                                  | 1         | ++; QL |
| camrese lo                               | 1         | ++; QL |
| chateal eq                               | 1         | ++     |
| CLIMARA                                  | E         |        |
| CLIMARA PRO                              | 2         |        |
| cryselle-28                              | 1         | ++     |
| cyred eq                                 | 1         | ++     |
| daysee                                   | 1         | ++; QL |
| deblitane                                | 1         | ++     |
| DELESTROGEN                              | E         |        |
| delyla                                   | 1         | ++     |
| DIVIGEL                                  | 3         |        |
| dotti                                    | 1         |        |
| drospirenone-ethinyl estradiol           | 1         | ++     |
| DUAVEE                                   | 2         |        |
| ELESTRIN                                 | 3         |        |
| elinest                                  | 1         | ++     |
| eluryng                                  | 1         | ++     |
| emzahh                                   | 1         | ++     |
| ENDOMETRIN                               | 2         | ++     |
| enilloring                               | 1         | ++     |
| enskyce                                  | 1         | ++     |
| errin                                    | 1         | ++     |
| estarylla                                | 1         | ++     |
| ESTRACE                                  | E         |        |
| estradiol oral                           | 1         |        |
| estradiol transdermal patch twice weekly | 1         |        |
| estradiol transdermal patch weekly       | 1         |        |
| estradiol vaginal                        | 1         |        |

| Drug Name                      | Drug Tier | Notes  |
|--------------------------------|-----------|--------|
| estradiol-norethindrone acet   | 1         |        |
| ESTROGEL                       | 3         |        |
| etonogestrel-ethinyl estradiol | 1         | ++     |
| EVAMIST                        | 3         |        |
| falmina                        | 1         | ++     |
| 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         | ++     |

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  |
|-------------------------------------------------------------------------|-----------|--------|
| larin fe 1/20                                                           | 1         | ++     |
| lessina                                                                 | 1         | ++     |
| levonorgest-eth est & eth est                                           | 1         | ++; QL |
| levonorgest-eth estrad 91-day                                           | 1         | ++; QL |
| levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg | 1         | ++     |
| levora 0.15/30 (28)                                                     | 1         | ++     |
| LO LOESTRIN FE                                                          | E         |        |
| LOESTRIN 1.5/30 (21)                                                    | E         |        |
| LOESTRIN 1/20 (21)                                                      | E         |        |
| LOESTRIN FE 1.5/30                                                      | E         |        |
| LOESTRIN FE 1/20                                                        | E         |        |
| lojaimiess                                                              | 1         | ++; QL |
| loryna                                                                  | 1         | ++     |
| low-ogestrel                                                            | 1         | ++     |
| lo-zumandimine                                                          | 1         | ++     |
| lutra                                                                   | 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)                                                          | E         | ++     |

| Drug Name                                | Drug Tier | Notes  |
|------------------------------------------|-----------|--------|
| mono-linyah                              | 1         | ++     |
| MYFEMBREE                                | 2         | PA; QL |
| NATAZIA                                  | 2         | ++     |
| NEXTSTELLIS                              | E         |        |
| nikki                                    | 1         | ++     |
| nora-be                                  | 1         | ++     |
| 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         |        |
| PROMETRIUM                               | E         |        |
| reclipsen                                | 1         | ++     |
| rivelsa                                  | 1         | ++; QL |
| SAFYRAL                                  | E         |        |
| setlakin                                 | 1         | ++; QL |
| sharobel                                 | 1         | ++     |
| simpesse                                 | 1         | ++; QL |
| SLYND                                    | 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 |
|-------------------------------------------------------|-----------|-------|
| sprintec 28                                           | 1         | ++    |
| sronyx                                                | 1         | ++    |
| syeda                                                 | 1         | ++    |
| tarina 24 fe                                          | 1         | ++    |
| tarina fe 1/20 eq                                     | 1         | ++    |
| tri-estarylla                                         | 1         | ++    |
| 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<br>0.18/0.215/0.25 mg-35<br>mcg | 1         | ++    |
| tri-sprintec                                          | 1         | ++    |
| tri-vylibra                                           | 1         | ++    |
| tri-vylibra lo                                        | 1         | ++    |
| turqoz                                                | 1         | ++    |
| TWIRLA                                                | E         |       |
| VAGIFEM                                               | E         |       |
| vestura                                               | 1         | ++    |
| vienva                                                | 1         | ++    |
| VIVELLE-DOT                                           | E         |       |
| vylibra                                               | 1         | ++    |
| xulane                                                | 1         | ++    |
| YASMIN 28                                             | E         |       |
| YAZ                                                   | E         |       |
| yuvaferm                                              | 1         |       |
| zafemy                                                | 1         | ++    |
| zumandimine                                           | 1         | ++    |
| <b>Hormonal Agents -<br/>Thyroid</b>                  |           |       |
| ADTHYZA                                               | 3         |       |
| ARMOUR THYROID                                        | 3         |       |
| CYTOMEL                                               | E         |       |
| ERMEZA                                                | E         |       |

| Drug Name                                                                                        | Drug Tier | Notes             |
|--------------------------------------------------------------------------------------------------|-----------|-------------------|
| euthyrox                                                                                         | 1         |                   |
| levo-t                                                                                           | 1         |                   |
| LEVOTHYROXINE<br>SODIUM ORAL<br>CAPSULE                                                          | E         | M                 |
| levothyroxine sodium<br>oral tablet                                                              | 1         |                   |
| levoxyl                                                                                          | 1         |                   |
| liothyronine sodium oral                                                                         | 1         |                   |
| methimazole oral                                                                                 | 1         |                   |
| NIVA THYROID                                                                                     | 3         |                   |
| np thyroid oral tablet 15<br>mg, 30 mg, 60 mg                                                    | 1         |                   |
| SYNTHROID                                                                                        | E         |                   |
| THYQUIDITY                                                                                       | E         |                   |
| TIROSINT                                                                                         | E         |                   |
| TIROSINT-SOL                                                                                     | E         |                   |
| unithroid                                                                                        | 1         |                   |
| <b>Immunological<br/>Agents - Drugs for<br/>Immune System<br/>Stimulation or<br/>Suppression</b> |           |                   |
| ABRILADA (1 PEN)                                                                                 | E         | SP                |
| ABRILADA (2 PEN)                                                                                 | E         | SP                |
| ABRILADA (2<br>SYRINGE)                                                                          | E         | SP                |
| ACTEMRA ACTPEN                                                                                   | 3         | PA; 3P; SP;<br>QL |
| ACTEMRA<br>INTRAVENOUS                                                                           | E         | PA; 3P; SP        |
| ACTEMRA<br>SUBCUTANEOUS                                                                          | 3         | PA; 3P; SP;<br>QL |
| ADALIMUMAB-AACF<br>(2 PEN)                                                                       | E         | SP                |
| ADALIMUMAB-AATY<br>(1 PEN)                                                                       | E         | SP                |
| ADALIMUMAB-AATY<br>(2 PEN)                                                                       | 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      |
|-----------------------------------------------------------------------------|-----------|------------|
| ADALIMUMAB-AATY (2 SYRINGE)                                                 | E         | SP         |
| ADALIMUMAB-ADAZ                                                             | E         | SP         |
| ADALIMUMAB-ADBM (2 PEN)                                                     | E         | SP         |
| ADALIMUMAB-ADBM (2 SYRINGE)                                                 | E         | SP         |
| ADALIMUMAB-ADBM(CD/UC/HS STRT)                                              | E         | SP         |
| ADALIMUMAB-ADBM(PS/UV STARTER)                                              | E         | SP         |
| ADALIMUMAB-FKJP (2 PEN)                                                     | E         | SP         |
| ADALIMUMAB-FKJP (2 SYRINGE)                                                 | E         | SP         |
| ADALIMUMAB-FKJP SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML                  | E         | SP         |
| ADALIMUMAB-FKJP SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML | E         | SP         |
| ADALIMUMAB-RYVK (2 PEN)                                                     | E         | SP         |
| ALYGLO                                                                      | E         | SP         |
| 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 |

| Drug Name                                                                      | Drug Tier | Notes      |
|--------------------------------------------------------------------------------|-----------|------------|
| 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 |
| ASCENIV                                                                        | E         | SP         |
| AVSOLA                                                                         | E         | PA; SP     |
| azathioprine oral                                                              | 1         |            |
| BENLYSTA                                                                       | 3         | PA; SP     |
| BIMZELX                                                                        | E         | SP         |
| 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 |
| CINRYZE                                                                        | E         | SP         |
| COSENTYX (300 MG DOSE)                                                         | E         | SP         |
| COSENTYX 150 MG/ML                                                             | E         | SP         |
| COSENTYX SENSOREADY (300 MG)                                                   | E         | SP         |
| COSENTYX SENSOREADY PEN                                                        | E         | SP         |
| COSENTYX UNOREADY                                                              | E         | SP         |
| CUTAQUIG                                                                       | 3         | PA; SP     |
| CYLTEZO (2 PEN)                                                                | E         | SP         |
| CYLTEZO (2 SYRINGE)                                                            | 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      |
|------------------------------------------------------------------------------------|-----------|------------|
| CYLTEZO-CD/UC/HS STARTER                                                           | E         | SP         |
| CYLTEZO-PSORIASIS/UV STARTER                                                       | E         | 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 |
| FIRAZYR                                                                            | E         | SP         |
| HADLIMA                                                                            | E         | SP         |
| HADLIMA PUSHTOUCH                                                                  | E         | SP         |
| HAEGARDA                                                                           | 3         | PA; SP     |
| HIZENTRA SUBCUTANEOUS SOLUTION                                                     | 3         | PA; SP     |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML    | 3         | PA; SP     |
| HULIO (2 PEN)                                                                      | E         | SP         |
| HULIO (2 SYRINGE)                                                                  | E         | SP         |
| HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML | E         | SP         |
| HUMIRA (2 SYRINGE)                                                                 | E         | SP         |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML                  | E         | SP         |

| Drug Name                                                                            | Drug Tier | Notes      |
|--------------------------------------------------------------------------------------|-----------|------------|
| HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML | E         | SP         |
| HYRIMOZ                                                                              | E         | SP         |
| HYRIMOZ-CROHNS/UC STARTER                                                            | E         | SP         |
| HYRIMOZ-PED<40KG CROHN STARTER                                                       | E         | SP         |
| HYRIMOZ-PED>=40KG CROHN START                                                        | E         | SP         |
| HYRIMOZ-PLAQUE PSORIASIS START                                                       | E         | SP         |
| IDACIO (2 PEN)                                                                       | E         | SP         |
| IDACIO (2 SYRINGE)                                                                   | E         | SP         |
| IDACIO-CROHNS/UC STARTER                                                             | E         | SP         |
| IDACIO-PSORIASIS STARTER                                                             | E         | SP         |
| INFLECTRA                                                                            | E         | PA; SP     |
| INFLIXIMAB                                                                           | E         | SP         |
| JOENJA                                                                               | E         | SP         |
| JYLAMVO                                                                              | 3         | PA         |
| leflunomide oral                                                                     | 1         |            |
| LUPKYNIS                                                                             | E         | SP         |
| methotrexate sodium (pf)                                                             | 1         |            |
| methotrexate sodium injection solution                                               | 1         |            |
| methotrexate sodium oral                                                             | 1         |            |
| mycophenolate mofetil oral capsule                                                   | 1         |            |
| mycophenolate mofetil oral tablet                                                    | 1         |            |
| OLUMIANT                                                                             | 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          |
|-------------------------------------------|-----------|----------------|
| OMVOH                                     | 2         | PA; SP; QL     |
| ORENCIA CLICKJECT                         | 3         | PA; 3P; SP; QL |
| ORENCIA INTRAVENOUS                       | E         | PA; 3P; SP     |
| ORENCIA SUBCUTANEOUS                      | 3         | PA; 3P; SP; QL |
| ORLADEYO                                  | 3         | PA; SP; QL     |
| OTEZLA                                    | 2         | PA; SP; QL     |
| OTREXUP                                   | E         |                |
| PANZYGA                                   | 3         | PA; SP         |
| PRIVIGEN                                  | 3         | PA; SP         |
| RASUVO                                    | 2         | PA; QL         |
| REMICADE                                  | E         | SP             |
| RENFLEXIS                                 | E         | SP             |
| REZUROCK                                  | E         | SP             |
| RINVOQ                                    | 2         | PA; SP; QL     |
| RINVOQ LQ                                 | 2         | PA; SP; QL     |
| RUCONEST                                  | 3         | PA; SP; QL     |
| SAJAZIR                                   | E         | SP             |
| SIMPONI                                   | 2         | PA; SP; QL     |
| SIMPONI ARIA                              | E         | PA; SP         |
| SKYRIZI INTRAVENOUS                       | E         | PA; SP         |
| SKYRIZI PEN                               | 2         | PA; SP; QL     |
| SKYRIZI SUBCUTANEOUS                      | 2         | PA; SP; QL     |
| SOTYKTU                                   | 2         | PA; SP; QL     |
| STELARA INTRAVENOUS                       | E         | 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         |            |
| VELSIPITY                                                 | E         | SP         |
| XELJANZ                                                   | 2         | PA; SP; QL |
| XELJANZ XR                                                | 2         | PA; SP; QL |
| XEMBIFY                                                   | E         | PA; SP     |
| YUFLYMA (1 PEN)                                           | E         | SP         |
| YUFLYMA (2 PEN)                                           | E         | SP         |
| YUFLYMA (2 SYRINGE)                                       | E         | SP         |
| YUFLYMA-CD/UC/HS STARTER                                  | E         | SP         |
| YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML    | E         | SP         |
| <b>Inflammatory Bowel Disease Agents</b>                  |           |            |
| APRISO                                                    | 2         |            |
| budesonide oral                                           | 1         |            |
| CANASA                                                    | E         |            |
| CORTIFOAM                                                 | 3         |            |
| DELZICOL                                                  | E         |            |
| DIPENTUM                                                  | E         |            |
| hydrocortisone (perianal)                                 | 1         |            |
| LIALDA                                                    | 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      |
|----------------------------------------------------------------|-----------|------------|
| mesalamine er oral capsule 0.375 gm                            | 1         |            |
| mesalamine oral tablet delayed release                         | 1         |            |
| PENTASA                                                        | E         |            |
| PROCTOFOAM HC                                                  | 2         |            |
| procto-med hc                                                  | 1         |            |
| PROCTOSOL HC                                                   | 3         |            |
| PROCTOZONE-HC                                                  | 3         |            |
| sulfasalazine oral tablet                                      | 1         |            |
| TARPEYO                                                        | E         | SP         |
| UCERIS ORAL                                                    | E         |            |
| UCERIS RECTAL                                                  | 3         |            |
| <b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>  |           |            |
| alendronate sodium oral tablet 10 mg, 5 mg                     | 1         |            |
| alendronate sodium oral tablet 35 mg, 70 mg                    | 1         | QL         |
| FORTEO                                                         | E         | SP         |
| ibandronate sodium oral                                        | 1         | QL         |
| PROLIA                                                         | E         | PA; SP; QL |
| TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML | 2         | PA; SP     |
| TYMLOS                                                         | 2         | PA; SP     |
| <b>Metabolic Bone Disease Agents - Other</b>                   |           |            |
| calcitriol oral capsule                                        | 1         |            |
| RAYALDEE                                                       | 3         |            |
| SENSIPAR                                                       | E         |            |

| Drug Name                               | Drug Tier | Notes  |
|-----------------------------------------|-----------|--------|
| <b>Miscellaneous Therapeutic Agents</b> |           |        |
| BD ULTRA-FINE PEN NEEDLES               | 2         | ++     |
| DOJOLVI                                 | E         |        |
| DUROLANE                                | E         | PA; ++ |
| DYSPORT                                 | E         | PA     |
| ENDARI                                  | 3         | PA     |
| EUFLEXXA                                | E         | PA; ++ |
| FIRDAPSE                                | E         | SP     |
| GEL-ONE                                 | E         |        |
| GELSYN-3                                | E         | PA; ++ |
| GENVISC 850                             | E         |        |
| HYALGAN                                 | E         |        |
| HYMOVIS                                 | E         |        |
| KERENDIA                                | 3         | PA; QL |
| LIVMARLI ORAL SOLUTION 9.5 MG/ML        | E         | SP     |
| MONOVISC                                | E         |        |
| MYOBLOC                                 | 2         | PA     |
| NOVOFINE PEN NEEDLE                     | 2         | ++     |
| NOVOFINE PLUS PEN NEEDLE                | 2         | ++     |
| 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         | ++     |
| ORTHOVISC                               | 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  |
|------------------------------------------------------------------------------------------|-----------|--------|
| OXBRYTA ORAL<br>TABLET 300 MG, 500<br>MG                                                 | E         | SP     |
| OXBRYTA ORAL<br>TABLET SOLUBLE<br>300 MG                                                 | E         | SP     |
| PALFORZIA                                                                                | E         |        |
| PHEXXI                                                                                   | E         |        |
| SUPARTZ FX                                                                               | E         |        |
| SYNOJOYNT                                                                                | E         |        |
| SYNVISC                                                                                  | E         |        |
| SYNVISC ONE                                                                              | E         |        |
| TAVNEOS                                                                                  | E         | SP     |
| TRILURON                                                                                 | E         |        |
| TRIVISC                                                                                  | E         |        |
| VEOZAH                                                                                   | E         |        |
| V-GO 20                                                                                  | 2         | ++     |
| V-GO 30                                                                                  | 2         | ++     |
| V-GO 40                                                                                  | 2         | ++     |
| VISCO-3                                                                                  | E         |        |
| VYVGART                                                                                  | E         | PA; SP |
| VYVGART HYTRULO                                                                          | E         | PA; SP |
| XEOMIN                                                                                   | E         | PA     |
| XPHOZAH                                                                                  | E         | SP     |
| <b>Ophthalmic Agents -<br/>Drugs for Eye Allergy,<br/>Infection and<br/>Inflammation</b> |           |        |
| AZASITE                                                                                  | 3         |        |
| BEPREVE                                                                                  | E         |        |
| BESIVANCE                                                                                | 3         |        |
| BROMSITE                                                                                 | E         |        |
| ciprofloxacin hcl<br>ophthalmic                                                          | 1         |        |
| erythromycin<br>ophthalmic                                                               | 1         |        |
| EYSUVIS                                                                                  | 3         | PA     |
| FLAREX                                                                                   | 3         |        |

| Drug Name                                                                  | Drug Tier | Notes |
|----------------------------------------------------------------------------|-----------|-------|
| ILEVRO                                                                     | E         |       |
| INVELTYS                                                                   | 3         |       |
| ketorolac tromethamine<br>ophthalmic                                       | 1         |       |
| LOTEMAX<br>OPHTHALMIC<br>SUSPENSION                                        | E         |       |
| LOTEMAX SM                                                                 | 3         |       |
| moxifloxacin hcl<br>ophthalmic                                             | 1         |       |
| neomycin-polymyxin-<br>dexameth ophthalmic<br>ointment                     | 1         |       |
| neomycin-polymyxin-<br>dexameth ophthalmic<br>suspension 3.5-10000-<br>0.1 | 1         |       |
| NEVANAC                                                                    | E         |       |
| ofloxacin ophthalmic                                                       | 1         |       |
| PRED FORTE                                                                 | E         |       |
| prednisolone acetate<br>ophthalmic                                         | 1         |       |
| PROLENSA                                                                   | E         |       |
| TOBRADEX ST                                                                | 3         |       |
| tobramycin ophthalmic                                                      | 1         |       |
| tobramycin-<br>dexamethasone                                               | 1         |       |
| VIGAMOX                                                                    | E         |       |
| XDEMVY                                                                     | E         |       |
| ZERVIAE                                                                    | E         |       |
| <b>Ophthalmic Agents -<br/>Drugs for Glaucoma</b>                          |           |       |
| ALPHAGAN P                                                                 | E         |       |
| AZOPT                                                                      | E         |       |
| BETIMOL                                                                    | 3         |       |
| brimonidine tartrate<br>ophthalmic                                         | 1         |       |
| brimonidine tartrate-<br>timolol                                           | 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 |
|-------------------------------------------------------------------|-----------|-------|
| COMBIGAN                                                          | E         |       |
| COSOPT                                                            | E         |       |
| COSOPT PF                                                         | E         |       |
| dorzolamide hcl-timolol mal                                       | 1         |       |
| dorzolamide hcl-timolol mal pf                                    | 1         |       |
| IYUZEH                                                            | E         |       |
| latanoprost ophthalmic                                            | 1         |       |
| LUMIGAN                                                           | 2         | QL    |
| RHOPRESSA                                                         | 3         | QL    |
| ROCKLATAN                                                         | 3         | QL    |
| SIMBRINZA                                                         | 2         |       |
| timolol maleate (once-daily)                                      | 1         |       |
| timolol maleate ocudose                                           | 1         |       |
| timolol maleate ophthalmic solution                               | 1         |       |
| timolol maleate pf                                                | 1         |       |
| TIMOPTIC IN OCUDOSE OPTHALMIC SOLUTION 0.25 %                     | E         |       |
| TIMOPTIC OCUDOSE                                                  | E         |       |
| TRAVATAN Z                                                        | E         |       |
| VUITY                                                             | E         |       |
| VYZULTA                                                           | E         |       |
| XALATAN                                                           | E         |       |
| ZIOPTAN                                                           | E         |       |
| <b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b> |           |       |
| BEOVU                                                             | E         | SP    |
| BYOOVIZ                                                           | E         | SP    |
| CEQUA                                                             | 3         | PA    |
| cyclosporine ophthalmic                                           | 1         | PA    |

| Drug Name                                                                      | Drug Tier | Notes  |
|--------------------------------------------------------------------------------|-----------|--------|
| LATISSE                                                                        | E         |        |
| LUCENTIS                                                                       | E         | SP     |
| MIEBO                                                                          | 2         | PA; QL |
| polymyxin b-trimethoprim                                                       | 1         |        |
| RESTASIS                                                                       | 2         | PA     |
| RESTASIS MULTIDOSE                                                             | 2         | PA     |
| TYRVAYA                                                                        | 3         | PA; QL |
| VERKAZIA                                                                       | E         |        |
| VEVYE                                                                          | E         |        |
| XIIDRA                                                                         | 2         | PA     |
| ZYLET                                                                          | 3         |        |
| <b>Otic Agents - Drugs for Ear Conditions</b>                                  |           |        |
| ciprofloxacin-dexamethasone                                                    | 1         |        |
| neomycin-polymyxin-hc otic                                                     | 1         |        |
| ofloxacin otic                                                                 | 1         |        |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b> |           |        |
| azelastine hcl nasal                                                           | 1         | QL     |
| azelastine-fluticasone                                                         | 1         | QL     |
| benzonatate                                                                    | 1         |        |
| cetirizine hcl oral solution                                                   | E         | ++     |
| CLARINEX                                                                       | E         |        |
| CLARINEX-D 12 HOUR                                                             | E         |        |
| cyproheptadine hcl oral tablet                                                 | 1         |        |
| DYMISTA                                                                        | 2         | QL     |
| fluticasone propionate nasal                                                   | E         | ++     |
| ipratropium bromide nasal                                                      | 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  |
|------------------------------------------------------------------------------------------|-----------|--------|
| levocetirizine dihydrochloride oral tablet                                               | E         | ++     |
| mometasone furoate nasal                                                                 | E         | ++; QL |
| OMNARIS                                                                                  | E         | ++; QL |
| promethazine-dm                                                                          | 1         |        |
| pseudoephedrine-bromphen-dm                                                              | 1         |        |
| QNASL                                                                                    | E         | ++; QL |
| QNASL CHILDRENS                                                                          | E         | ++; QL |
| RYALTRIS                                                                                 | 3         | QL     |
| XHANCE                                                                                   | E         |        |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b> |           |        |
| ADVAIR DISKUS                                                                            | E         |        |
| ADVAIR HFA                                                                               | 1         | QL     |
| AIRDUO RESPICLICK 113/14                                                                 | E         |        |
| AIRDUO RESPICLICK 232/14                                                                 | E         |        |
| AIRDUO RESPICLICK 55/14                                                                  | E         |        |
| AIRSUPRA                                                                                 | 2         | QL     |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation                  | 1         | QL     |
| ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION                  | E         | M      |

| Drug Name                                                                                                      | Drug Tier | Notes |
|----------------------------------------------------------------------------------------------------------------|-----------|-------|
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml | 1         | QL    |
| albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation                                              | 1         | QL    |
| ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION                                              | 2         | QL    |
| ALVESCO                                                                                                        | E         |       |
| ANORO ELLIPTA                                                                                                  | 2         | QL    |
| ARNUITY ELLIPTA                                                                                                | 2         | QL    |
| ASMANEX (120 METERED DOSES)                                                                                    | E         |       |
| ASMANEX (14 METERED DOSES)                                                                                     | E         |       |
| ASMANEX (30 METERED DOSES)                                                                                     | E         |       |
| ASMANEX (60 METERED DOSES)                                                                                     | E         |       |
| ASMANEX HFA                                                                                                    | E         |       |
| ATROVENT HFA                                                                                                   | 3         | QL    |
| AUVI-Q                                                                                                         | 3         |       |
| BEVESPI AEROSPHERE                                                                                             | E         |       |
| BREO ELLIPTA                                                                                                   | 1         | QL    |
| breyna                                                                                                         | 1         | QL    |
| BREZTRI AEROSPHERE                                                                                             | 2         | QL    |
| BROVANA                                                                                                        | E         |       |
| budesonide inhalation                                                                                          | 1         | QL    |
| budesonide-formoterol fumarate                                                                                 | 1         | QL    |
| COMBIVENT RESPIMAT                                                                                             | 2         | QL    |
| DUAKLIR PRESSAIR                                                                                               | 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      |
|------------------------------------------------------------------------------------------------------------------|-----------|------------|
| DULERA                                                                                                           | E         |            |
| epinephrine injection solution auto-injector                                                                     | 1         |            |
| EPIPEN 2-PAK                                                                                                     | 3         | ST         |
| EPIPEN JR 2-PAK                                                                                                  | E         |            |
| ESBRIET                                                                                                          | E         | SP         |
| FASENRA                                                                                                          | 2         | PA; SP; QL |
| FASENRA PEN                                                                                                      | 2         | PA; SP; QL |
| FLUTICASONE FUROATE-VILANTEROL                                                                                   | E         | M          |
| FLUTICASONE PROPIONATE DISKUS                                                                                    | E         | M          |
| FLUTICASONE PROPIONATE HFA                                                                                       | E         | M          |
| FLUTICASONE-SALMETEROL INHALATION AEROSOL                                                                        | E         | M          |
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 1         | ST; QL     |
| FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT  | E         | M          |
| INCRUSE ELLIPTA                                                                                                  | E         |            |
| ipratropium-albuterol                                                                                            | 1         | QL         |
| LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT                                                                   | E         | M          |
| montelukast sodium oral tablet                                                                                   | 1         |            |

| Drug Name                                                       | Drug Tier | Notes      |
|-----------------------------------------------------------------|-----------|------------|
| montelukast sodium oral tablet chewable                         | 1         |            |
| NUCALA                                                          | 2         | PA; SP; QL |
| OFEV                                                            | 3         | PA; SP     |
| PERFOROMIST                                                     | 3         | QL         |
| PROAIR RESPICLICK                                               | E         |            |
| PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT | E         |            |
| PULMICORT FLEXHALER                                             | E         |            |
| PULMICORT SUSPENSION                                            | E         |            |
| QVAR REDHALER                                                   | 2         | QL         |
| SEREVENT DISKUS                                                 | 2         | QL         |
| SINGULAIR                                                       | E         |            |
| SPIRIVA HANDHALER                                               | E         |            |
| SPIRIVA RESPIMAT                                                | 2         | QL         |
| STIOLTO RESPIMAT                                                | 2         | QL         |
| STRIVERDI RESPIMAT                                              | 2         | QL         |
| SYMBICORT                                                       | 3         | ST; QL     |
| TEZSPIRE                                                        | 2         | PA; SP; QL |
| tiotropium bromide monohydrate                                  | 1         | QL         |
| TRELEGY ELLIPTA                                                 | 2         | QL         |
| TUDORZA PRESSAIR                                                | E         |            |
| VENTOLIN HFA                                                    | E         |            |
| wixela inhub                                                    | 1         | ST; QL     |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR                      | 2         | PA; SP; QL |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                  | 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      |
|--------------------------------------------------------------------------------------------|-----------|------------|
| XOLAIR<br>SUBCUTANEOUS<br>SOLUTION<br>RECONSTITUTED                                        | E         | PA; SP     |
| XOPENEX HFA                                                                                | E         |            |
| YUPELRI                                                                                    | 3         | QL         |
| <b>Respiratory Tract /<br/>Pulmonary Agents -<br/>Drugs for Cystic<br/>Fibrosis</b>        |           |            |
| BETHKIS                                                                                    | E         | SP         |
| BRONCHITOL                                                                                 | E         | SP         |
| CAYSTON                                                                                    | E         | SP         |
| KITABIS PAK                                                                                | E         | SP         |
| PULMOZYME                                                                                  | 2         | PA; SP     |
| TOBI NEBULIZER                                                                             | E         | SP         |
| TOBI PODHALER                                                                              | 3         | SP; QL     |
| TOBRAMYCIN<br>NEBULIZATION<br>SOLUTION 300<br>MG/5ML INHALATION                            | E         | M; SP      |
| TRIKAFTA                                                                                   | 3         | PA; SP; QL |
| <b>Respiratory Tract /<br/>Pulmonary Agents -<br/>Drugs for Pulmonary<br/>Hypertension</b> |           |            |
| ADCIRCA                                                                                    | E         | SP         |
| ADEMPAS                                                                                    | 2         | PA; SP; QL |
| LETAIRIS                                                                                   | E         | SP         |
| OPSUMIT                                                                                    | 2         | PA; SP; QL |
| ORENITRAM                                                                                  | 3         | PA; SP     |
| ORENITRAM MONTH<br>1                                                                       | 3         | PA; SP; QL |
| ORENITRAM MONTH<br>2                                                                       | 3         | PA; SP; QL |
| ORENITRAM MONTH<br>3                                                                       | 3         | PA; SP; QL |
| REMODULIN                                                                                  | E         | SP         |
| REVATIO                                                                                    | E         | SP         |

| Drug Name                                               | Drug Tier | Notes                     |
|---------------------------------------------------------|-----------|---------------------------|
| REVATIO ORAL<br>SUSPENSION<br>RECONSTITUTED 10<br>MG/ML | E         | SP                        |
| sildenafil citrate oral<br>suspension<br>reconstituted  | 1         | PA; SP; QL                |
| sildenafil citrate oral<br>tablet 20 mg                 | 1         | PA; SP; QL                |
| TADLIQ                                                  | E         | SP                        |
| TRACLEER 62.5 MG,<br>125 MG                             | E         | SP                        |
| treprostinil solution 100<br>mg/20ml injection          | 1         | PA; SP                    |
| treprostinil solution 100<br>mg/20ml injection          | 1         | PA; Made by<br>Sandoz; SP |
| treprostinil solution 20<br>mg/20ml injection           | 1         | PA; SP                    |
| treprostinil solution 20<br>mg/20ml injection           | 1         | PA; Made by<br>Sandoz; SP |
| treprostinil solution 200<br>mg/20ml injection          | 1         | PA; SP                    |
| treprostinil solution 200<br>mg/20ml injection          | 1         | PA; Made by<br>Sandoz; SP |
| treprostinil solution 50<br>mg/20ml injection           | 1         | PA; SP                    |
| treprostinil solution 50<br>mg/20ml injection           | 1         | PA; Made by<br>Sandoz; SP |
| TYVASO                                                  | 3         | PA; SP; QL                |
| TYVASO DPI<br>INSTITUTIONAL KIT                         | 3         | PA; SP; QL                |
| TYVASO DPI<br>MAINTENANCE KIT                           | 3         | PA; SP; QL                |
| TYVASO DPI<br>TITRATION KIT                             | 3         | PA; SP; QL                |
| TYVASO REFILL KIT                                       | 3         | PA; SP; QL                |
| TYVASO STARTER<br>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  |
|--------------------------------------------------------------------|-----------|--------|
| <b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b> |           |        |
| AMRIX                                                              | E         |        |
| BACLOFEN ORAL SOLUTION 10 MG/5ML                                   | E         |        |
| BACLOFEN ORAL SOLUTION 5 MG/5ML                                    | E         | M      |
| baclofen oral tablet                                               | 1         |        |
| carisoprodol oral                                                  | 1         |        |
| cyclobenzaprine hcl oral                                           | 1         |        |
| FLEQSUVY                                                           | E         |        |
| LORZONE ORAL TABLET 375 MG, 750 MG                                 | 3         |        |
| LYVISPAH                                                           | E         |        |
| methocarbamol oral tablet 500 mg, 750 mg                           | 1         |        |
| NORGESIC                                                           | E         |        |
| NORGESIC FORTE                                                     | E         |        |
| ORPHENGESIC FORTE                                                  | E         | M      |
| OZOBAX DS                                                          | E         |        |
| SOMA                                                               | E         |        |
| tizanidine hcl oral                                                | 1         |        |
| ZANAFLEX                                                           | E         |        |
| <b>Sleep Disorder Agents</b>                                       |           |        |
| AMBIEN                                                             | E         |        |
| AMBIEN CR                                                          | E         |        |
| armodafinil                                                        | 1         | PA; QL |
| BELSOMRA                                                           | 3         | ST; QL |
| DAYVIGO                                                            | 3         | ST; QL |
| eszopiclone                                                        | 1         | QL     |
| HETLIOZ                                                            | E         | SP     |
| HETLIOZ LQ                                                         | E         | SP     |

| Drug Name                              | Drug Tier | Notes                        |
|----------------------------------------|-----------|------------------------------|
| LUMRYZ                                 | E         | SP                           |
| LUNESTA                                | E         |                              |
| modafinil oral                         | 1         | PA; QL                       |
| NUVIGIL                                | E         |                              |
| PROVIGIL                               | E         |                              |
| QUVIVIQ                                | E         |                              |
| RESTORIL                               | E         |                              |
| SODIUM OXYBATE SOLUTION 500 MG/ML ORAL | 3         | PA; Made by Hikma; M; SP; QL |
| SODIUM OXYBATE SOLUTION 500 MG/ML ORAL | E         | Made by Amneal; M; SP        |
| SUNOSI                                 | 2         | PA; QL                       |
| temazepam                              | 1         | QL                           |
| WAKIX                                  | 3         | PA; SP; QL                   |
| XYREM                                  | E         | SP                           |
| XYWAV                                  | 3         | PA; SP; QL                   |
| zolpidem tartrate er                   | 1         | QL                           |
| ZOLPIDEM TARTRATE ORAL CAPSULE         | E         |                              |
| 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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