

Your 2019 Formulary

Effective January 1, 2019



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



Call the member phone number on your ID card.



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

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

What is a formulary?

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

How do I use my formulary?

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

What are tiers?

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

When does the formulary change?

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

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

Why are some medications excluded from coverage?

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

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

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

About this formulary

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

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

Over-the-counter medications



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

Reading your formulary

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

Tier information

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost generics and some brand-name	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand-name	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
Tier i-P	 Preferred specialty injectables	Check your benefit plan documents to find out your specific pharmacy plan costs.
Tier i-NP	 Non-preferred specialty injectables	Check your benefit plan documents to find out your specific pharmacy plan costs.
Tier E	⊗ Excluded	May be excluded from coverage or subject to prior authorization. Lower-cost options are available and covered.

Drug list information

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

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

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

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

Drug Name	Drug Tier	Notes
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	3	QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
CHANTIX STARTING MONTH PAK	3	QL
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE SUBLINGUAL FILM	2	QL
ZUBSOLV	2	QL
Antibacterials		
ACTICLATE	E	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
cefdinir	1	
cefuroxime axetil oral tablet	1	

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
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
CLINDESSE	3	
DORYX MPC	E	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mupirocin external	1	
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
penicillin v potassium oral tablet	1	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	

Drug Name	Drug Tier	Notes
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
XIFAXAN	3	PA
Anticoagulants		
ELIQUIS	2	QL
enoxaparin sodium	i-NP	SP; QL
PRADAXA	2	QL
SAVAYSA	3	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
carbamazepine oral tablet	1	
DILANTIN INFATABS	E	
DILANTIN ORAL CAPSULE 100 MG	E	
DILANTIN ORAL SUSPENSION	E	
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral tablet delayed release	1	
gabapentin oral capsule	1	
gabapentin oral tablet	1	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
oxcarbazepine oral tablet	1	
OXTELLAR XR	E	
phenytoin sodium extended	1	

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
SABRIL ORAL PACKET	E	SP
topiramate er	1	ST
topiramate oral tablet	1	
TROKENDI XR	E	
VIMPAT	3	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG	2	QL
Antidepressants		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl)	1	QL
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	QL
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	2	QL

Drug Name	Drug Tier	Notes
LEXAPRO ORAL TABLET	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	1	
paroxetine hcl oral tablet	1	
PRISTIQ	E	
PROZAC ORAL CAPSULE	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD ORAL TABLET	3	QL
VIIBRYD STARTER PACK	3	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
Antiemetics - Drugs for Nausea and Vomiting		
meclizine hcl oral tablet	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
SANCUSO	E	
scopolamine	1	
VARUBI ORAL	3	QL

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

Drug Name	Drug Tier	Notes
Antifungals		
fluconazole oral tablet	1	
GYNAZOLE-1	3	
JUBLIA	E	
KERYDIN	3	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
Antigout Agents		
allopurinol oral	1	
COLCHICINE ORAL TABLET	3	ST
COLCRYS	2	
DUZALLO	3	ST
ULORIC	2	ST
ZURAMPIC	3	ST
Antimigraine Agents		
eletriptan hydrobromide	1	QL
MIGRANAL	3	QL
ONZETRA XSAIL	E	
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
ZEMBRACE SYMTOUCH	E	
ZOMIG ORAL	E	
ZOMIG ZMT	E	
Antineoplastics - Drugs for Cancer		
anastrozole oral	1	

Drug Name	Drug Tier	Notes
CABOMETYX	2	PA; SP
capecitabine	1	PA; SP
IBRANCE	3	PA; SP
letrozole oral	1	
mercaptopurine oral	1	SP
REVLIMID	3	PA; SP
SPRYCEL	2	PA; SP
tamoxifen citrate oral	1	
XTANDI	3	PA; SP
ZYTIGA	3	PA; SP
Antiparasitics		
EMVERM	2	
hydroxychloroquine sulfate oral	1	
permethrin external cream	1	
Antiparkinson Agents		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
ZELAPAR	3	
Antiplatelets		
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	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
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	
aripiprazole oral tablet	1	QL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	3	
haloperidol oral	1	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA	3	QL
olanzapine oral tablet	1	QL
quetiapine fumarate	1	QL
REXULTI	3	QL
risperidone oral tablet	1	QL
SAPHRIS	2	QL
VRAYLAR	3	ST; QL
ziprasidone hcl	1	QL
Antivirals		
abacavir sulfate-lamivudine	1	SP
acyclovir oral tablet	1	
ATRIPLA	E	SP
CIMDUO	2	SP
COMPLERA	2	SP
DESCOVY	3	SP
entecavir	1	SP; QL
EPCLUSA	2	PA; SP; QL
GENVOYA	3	SP
HARVONI	2	PA; SP; QL
INTELENCE	2	SP
ISENTRESS	2	SP

Drug Name	Drug Tier	Notes
ISENTRESS HD	2	SP
JULUCA	2	SP
MAVYRET	2	PA; SP; QL
NORVIR ORAL TABLET	3	SP
ODEFSEY	3	SP
oseltamivir phosphate oral	1	QL
PREZCOBIX	2	SP
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	SP
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	SP
STRIBILD	3	SP
SYMFI	2	SP
SYMFI LO	2	SP
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL
tenofovir disoproxil fumarate	1	SP
TIVICAY	2	SP
TRIUMEQ	2	SP
TRUVADA	2	SP
valacyclovir hcl oral	1	QL
VOSEVI	2	PA; SP; QL
ZOVIRAX EXTERNAL CREAM	2	
ZOVIRAX EXTERNAL OINTMENT	E	
ZOVIRAX ORAL	E	
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	QL

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
ATIVAN ORAL	E	
bupirone hcl oral	1	
clonazepam oral tablet	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	QL
triazolam	1	QL
VALIUM	E	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders		
AFSTYLA	i-P	SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	E	SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	E	SP
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	E	SP
GRANIX	i-P	PA; SP

Drug Name	Drug Tier	Notes
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	i-P	PA; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	i-P	PA; SP
NUWIQ	i-P	SP
PROCRIT	i-P	PA; SP
ZARXIO	i-P	PA; SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral	1	
AZOR	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	2	
BYVALSON	2	
cartia xt	1	
carvedilol	1	

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
chlorthalidone oral tablet 25 mg, 50 mg	1	
choline fenofibrate	1	
clonidine hcl oral	1	
CORLANOR	3	PA; QL
CRESTOR	E	
digoxin oral tablet	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
diltiazem hcl oral	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral	1	
ENTRESTO	2	QL
ezetimibe	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	1	
ezetimibe-simvastatin oral tablet 10-80 mg	1	PA
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl oral	1	
hydralazine hcl oral	1	

Drug Name	Drug Tier	Notes
hydrochlorothiazide oral	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LIPITOR	E	
LIPOFEN	3	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	3	ST
losartan potassium	1	
losartan potassium-hctz	1	
lovastatin	1	
LOVAZA	E	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MULTAQ	3	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
niacin er (antihyperlipidemic)	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	E	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
pentoxifylline er	1	

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
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	i-P	PA; SP; QL
pravastatin sodium	1	
prazosin hcl oral	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
quinapril hcl	1	
ramipril	1	
RANEXA	2	ST
REPATHA	i-P	PA; SP; QL
REPATHA PUSHTRONEX SYSTEM	i-P	PA; SP; QL
REPATHA SURECLICK	i-P	PA; SP; QL
rosuvastatin calcium	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
simvastatin oral tablet 80 mg	1	PA
sotalol hcl oral	1	
spironolactone oral	1	
TEKTURNA	2	ST
TEKTURNA HCT	2	ST
telmisartan	1	
TOPROL XL	E	
toremide oral	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet	1	
TRIBENZOR	E	
valsartan	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	

Drug Name	Drug Tier	Notes
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral	1	
VYTORIN	E	
ZETIA	E	
ZYPITAMAG	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	E	
ADZENYS ER	3	PA; ST; QL
ADZENYS XR-ODT	3	PA; ST; QL
amphetamine-dextroamphetamine	1	PA; QL
amphetamine-dextroamphetamine er	1	PA; QL
atomoxetine hcl	1	QL
CONCERTA	E	
COTEMPLA XR-ODT	3	PA; ST; QL
dexmethylphenidate hcl	1	PA; QL
dexmethylphenidate hcl er	1	PA; QL
guanfacine hcl er	1	
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	1	PA; QL
methylphenidate hcl er oral tablet extended release 24 hour	1	PA; QL
methylphenidate hcl oral tablet	1	PA; QL
VYVANSE	2	PA; QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	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	Drug Name	Drug Tier	Notes
AUBAGIO	3	PA; SP; QL	TECFIDERA	2	PA; SP; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	i-P	PA; SP; QL	Central Nervous System Agents - Miscellaneous		
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	i-P	PA; SP; QL	ADDYI	3	PA; QL
AVONEX VIAL INTRAMUSCULAR KIT	i-P	PA; SP; QL	CONTRAVE	2	PA
BETASERON SUBCUTANEOUS KIT	i-P	PA; SP; QL	GRALISE	3	ST; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-P	PA; SP; QL	GRALISE STARTER	3	ST; QL
EXTAVIA SUBCUTANEOUS KIT	E	SP	LYRICA ORAL CAPSULE	2	QL
GILENYA	3	PA; 3P; SP; QL	phentermine hcl oral tablet	1	PA
PLEGRIDY	E	SP	Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
PLEGRIDY STARTER PACK	E	SP	chlorhexidine gluconate mouth/throat	1	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	i-NP	PA; SP; QL	lidocaine viscous	1	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	i-NP	PA; SP; QL	Dermatological Agents - Drugs for Skin Conditions		
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-NP	PA; SP; QL	ABSORICA	3	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-NP	PA; SP; QL	ACANYA	E	
			ACZONE EXTERNAL GEL 5 %	E	
			ACZONE EXTERNAL GEL 7.5 %	2	
			adapalene external gel	1	PA
			AKTIPAK	E	
			ATRALIN	3	PA
			BENZAACLIN	E	
			BENZAACLIN WITH PUMP	E	
			BENZAMYCIN	E	
			claravis	1	PA
			CLINDAGEL	E	
			CLINDAMYCIN PHOS-BENZOYL PEROX EXTERNAL GEL 1.2-2.5 %	E	M

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

Drug Name	Drug Tier	Notes
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	M
clindamycin phosphate gel 1 % external	1	
clotrimazole-betamethasone external cream	1	
DIFFERIN EXTERNAL GEL 0.3 %	3	PA
DIFFERIN EXTERNAL LOTION	3	PA
DUAC	E	
DUPIXENT	i-P	PA; SP; QL
ELIDEL	2	ST
ENSTILAR	3	QL
EPIDUO	3	
EPIDUO FORTE	3	
EUCRISA	2	ST
FLUOROPLEX	3	
METROGEL EXTERNAL GEL	3	
metronidazole external gel	1	
MIRVASO	2	
myorisan	1	PA
NORITATE	E	
ONEXTON	3	
ORACEA	3	
OXSORALEN ULTRA	2	

Drug Name	Drug Tier	Notes
RETIN-A MICRO GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	PA
SOOLANTRA	2	
TACLONEX EXTERNAL OINTMENT	E	
TACLONEX EXTERNAL SUSPENSION	3	QL
TAZORAC	3	
tretinoin external cream	1	PA
VECTICAL	3	
VELTIN	E	
ZIANA	E	
ZYCLARA	3	
ZYCLARA PUMP	3	
Diabetes - Antidiabetic Agents		
ADLYXIN	E	
ADLYXIN STARTER PACK	E	
ALOGLIPTIN BENZOATE	E	M
ALOGLIPTIN-METFORMIN HCL	E	M
ALOGLIPTIN-PIOGLITAZONE	E	M
BYDUREON BCISE AUTOINJECTOR	2	ST; QL
BYDUREON PEN	2	ST; QL
BYDUREON VIAL	2	ST; QL
BYETTA 10 MCG PEN	2	ST; QL
BYETTA 5 MCG PEN	2	ST; QL
FARXIGA	E	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FORTAMET	E		SOLIQUA	2	ST; QL
glimepiride	1		STEGLATRO	E	
glipizide er	1		STEGLUJAN	E	
glipizide ir	1		SYNJARDY	2	ST
glipizide xl	1		SYNJARDY XR	2	ST
GLUMETZA	E		TRADJENTA	2	ST
glyburide oral	1		TRULICITY	2	ST; QL
glyburide-metformin	1		VICTOZA	2	ST; QL
GLYXAMBI	2	ST	XIGDUO XR	E	
INVOKAMET	2	ST	Diabetes - Glucose Monitoring		
INVOKAMET XR	2	ST	ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
INVOKANA	2	ST	ACCU-CHEK AVIVA PLUS	E	
JANUMET	2	ST	ACCU-CHEK COMPACT PLUS CARE KIT	E	
JANUMET XR	2	ST	ACCU-CHEK COMPACT PLUS TEST STRIPS	E	
JANUVIA	2	ST	ACCU-CHEK FASTCLIX LANCET KIT	2	
JARDIANCE	2	ST	ACCU-CHEK FASTCLIX LANCETS	2	
JENTADUETO	2	ST	ACCU-CHEK GUIDE	E	
JENTADUETO XR	2	ST	ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2	
KAZANO	E		ACCU-CHEK MULTICLIX LANCETS	2	
KOMBIGLYZE XR	E		ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
metformin hcl er	1		ACCU-CHEK SMARTVIEW TEST STRIPS	E	
metformin hcl er (mod)	E		ACCU-CHEK SOFT TOUCH LANCETS	2	
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	E				
metformin hcl oral tablet	1				
NESINA	E				
ONGLYZA	E				
OSENI	E				
OZEMPIC	2	ST; QL			
pioglitazone hcl	1				
QTERN	E				
SEGLUROMET	E				

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2		APIDRA VIAL	E	
ACCU-CHEK SOFTCLIX LANCETS	2		BASAGLAR KWIKPEN	E	
DEXCOM G4 PLATINUM PEDIATRIC RECEIVER DEVICE	3		FIASP	E	
DEXCOM G4 PLATINUM RECEIVER, SENSOR, TRANSMITTER DEVICE	3		FIASP FLEXTOUCH	E	
DEXCOM G5 SENSOR, TRANSMITTER, MOBILE RECEIVER	3		HUMALOG U-100 AND U-200 KWIKPEN	2	
ONETOUCH ULTRA 2 KIT W/DEVICE	2		HUMALOG MIX 50/50 KWIKPEN	2	
ONETOUCH ULTRA BLUE TEST STRIPS	2	QL	HUMALOG MIX 50/50 VIAL	2	
ONETOUCH ULTRA MINI KIT W/DEVICE	2		HUMALOG MIX 75/25 KWIKPEN	2	
ONETOUCH VERIO	2		HUMALOG MIX 75/25 VIAL	2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	2		HUMALOG U-100 JUNIOR KWIKPEN	2	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	2		HUMALOG U-100 VIAL AND CARTRIDGE	2	
ONETOUCH VERIO STRIP IN VITRO	2	QL	HUMULIN 70/30 KWIKPEN	2	
V-GO 20	2		HUMULIN 70/30 VIAL	2	
V-GO 30	2		HUMULIN N KWIKPEN	2	
V-GO 40	2		HUMULIN N VIAL	2	
Diabetes - Glycemic Agents			HUMULIN R U-500 KWIKPEN	2	
GLUCAGON EMERGENCY	2		HUMULIN R U-500 VIAL (CONCENTRATED)	2	
Diabetes - Insulins			HUMULIN R VIAL	2	
ADMELOG	E		LANTUS U-100 SOLOSTAR	2	
ADMELOG SOLOSTAR	E		LANTUS U-100 VIAL	2	
APIDRA SOLOSTAR	E		LEVEMIR U-100 FLEXTOUCH	E	
			LEVEMIR U-100 VIAL	E	
			NOVOFINE AUTOCOVER PEN NEEDLE	2	

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

Drug Name	Drug Tier	Notes
NOVOFINE PEN NEEDLE 32G X 6 MM	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG U-100 FLEXPEN	E	
NOVOLOG MIX 70/30 FLEXPEN	E	
NOVOLOG MIX 70/30 VIAL	E	
NOVOLOG U-100 PENFILL	E	
NOVOLOG U-100 VIAL	E	
NOVOTWIST PEN NEEDLE 32G X 5 MM	2	
TOUJEO SOLOSTAR	2	
TRESIBA FLEXTOUCH	E	
Electrolytes / Minerals / Metals / Vitamins		
cyanocobalamin injection	1	
folic acid oral tablet 1 mg	1	
klor-con m20	1	
potassium chloride cryster	1	
potassium chloride er	1	
potassium citrate er	1	
VELTASSA	3	
VITAFOL ORAL TABLET	E	
vitamin d (ergocalciferol) oral capsule 50000 unit	1	

Drug Name	Drug Tier	Notes
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	
CARAFATE ORAL TABLET	E	
DEXILANT	2	QL
esomeprazole magnesium	E	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule delayed release	1	QL
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	
omeppi	E	
omeprazole oral capsule delayed release	1	QL
omeprazole-sodium bicarbonate	E	
pantoprazole sodium oral	1	QL
PREVACID	E	
rabeprazole sodium	1	QL
ranitidine hcl oral capsule	1	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	1	
sucralfate oral tablet	1	
ZEGERID	E	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	E	
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	

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

Drug Name	Drug Tier	Notes
diphenoxylate-atropine oral tablet	1	
gavilyte-g	1	
LINZESS	2	ST; QL
MOTOFEN	E	
MOVANTIK	E	
MOVIPREP	3	
OMECLAMOX-PAK	2	
polyethylene glycol 3350 oral powder	1	
PREPOPIK	3	
PYLERA	2	
RELISTOR ORAL	E	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	E	
SUPREP BOWEL PREP KIT	3	
SYMPROIC	2	ST; QL
TRULANCE	E	
VIBERZI	3	PA; QL
Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment		
CERDELGA	3	PA; SP
CREON	2	
NITYR	3	PA; SP
PANCREAZE	E	
PERTZYE	E	
VIOKACE	E	

Drug Name	Drug Tier	Notes
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
CIALIS	2	QL
DEPEN TITRATABS	2	SP
LEVITRA	E	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
REVELA	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STAXYN	E	
STENDRA	E	
tolterodine tartrate er	1	
TOVIAZ	3	
VELPHORO	3	
VESICARE	2	
VIAGRA	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	

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
RAPAFLO	2	
tamsulosin hcl	1	
terazosin hcl oral	1	
Hormonal Agents - Adrenal		
ala-cort external cream 1 %	1	
betamethasone valerate external cream	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
CLOBEX SPRAY	3	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fluocinonide external cream	1	
HALOG	E	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 2.5 %	1	
hydrocortisone in absorbbase	1	
hydrocortisone oral	1	
methylprednisolone oral	1	
mometasone furoate external cream	1	
prednisolone oral solution	1	

Drug Name	Drug Tier	Notes
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS	E	
TOPICORT SPRAY	E	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
Hormonal Agents - Men's Health		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	2	PA
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	2	PA
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%)	E	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	E	
FORTESTA	E	
TESTIM	E	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
TESTOSTERONE TRANSDERMAL GEL 10 MG/ACT (2%)	E	M	LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	i-P	PA; SP
VOGELXO PUMP	E		NORDITROPIN FLEXPPO	i-P	PA; SP
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	E		NUTROPIN AQ NUSPIN 10	i-P	PA; SP
Hormonal Agents - Osteoporosis			NUTROPIN AQ NUSPIN 20	i-P	PA; SP
OSPHENA	3		NUTROPIN AQ NUSPIN 5	i-P	PA; SP
raloxifene hcl	1		OMNITROPE	i-P	PA; SP
Hormonal Agents - Pituitary			OVIDREL	i-P	SP
BRAVELLE	E	SP	SAIZEN	E	SP
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	i-P	PA; SP	SAIZENPREP	E	SP
FOLLISTIM AQ SUBCUTANEOUS	E	SP	SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	E	SP
GENOTROPIN	E	SP	ZOMACTON	E	SP
GENOTROPIN MINIQUICK	E	SP	Hormonal Agents - Sex Hormones and Birth Control		
GONAL-F	i-P	PA; SP	apri	1	
GONAL-F RFF	i-P	PA; SP	aviane	1	
GONAL-F RFF REDIJECT	i-P	PA; SP	BEYAZ	E	
HP ACTHAR	i-P	PA; SP	blisovi 24 fe	1	
HUMATROPE	E	SP	blisovi fe 1.5/30	1	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	i-P	PA; SP	blisovi fe 1/20	1	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	i-P	PA; SP	CLIMARA PRO	2	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	i-P	PA; SP	cryselle-28	1	
			DIVIGEL	3	
			drospirenone-ethinyl estradiol	1	
			DUAVEE	2	
			ELESTRIN	3	
			ENDOMETRIN	2	

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

Drug Name	Drug Tier	Notes
enskyce oral tablet 0.15-30 mg-mcg	1	
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal cream	1	
gianvi	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	
LO LOESTRIN FE	3	
loryna	1	
low-ogestrel	1	
MAKENA INTRAMUSCULAR	i-NP	PA; SP
medroxyprogesterone acetate intramuscular	1	QL
medroxyprogesterone acetate oral	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1/20	1	
MINASTRIN 24 FE	E	
MINIVELLE	3	
mono-lynyah	1	
mononessa	1	
NATAZIA	2	
nikki	1	
norethindrone acet-ethinyl est oral tablet	1	

Drug Name	Drug Tier	Notes
norethindrone oral	1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
NUVARING	2	
ocella	1	
ORTHO TRI-CYCLEN (28)	E	
ORTHO TRI-CYCLEN LO	E	
portia-28	1	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone micronized oral	1	
sprintec 28	1	
tri-estarylla	1	
tri-lynyah	1	
tri-lo-marzia	1	
trinessa (28)	1	
trinessa lo	1	
tri-previfem	1	
tri-sprintec	1	
VAGIFEM VAGINAL TABLET 10 MCG	E	
vienva	1	
viorele	1	
VIVELLE-DOT	E	
xulane	1	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
YAZ	E		ENBREL		
yuvafem	1		SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-NP	PA; SP
Hormonal Agents - Thyroid			ENBREL SURECLICK		
ARMOUR THYROID	3		SUBCUTANEOUS SOLUTION AUTO-INJECTOR	i-NP	PA; SP
CYTOMEL	E		HAEGARDA	i-P	PA; SP
levo-t	1		HUMIRA PEDIATRIC CROHNS START		
levothyroxine sodium oral	1		SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	i-P	PA; SP
levoxyl	1		HUMIRA PEN		
liothyronine sodium oral	1		SUBCUTANEOUS PEN-INJECTOR KIT	i-P	PA; SP
methimazole oral	1		HUMIRA PEN-CD/UC/HS STARTER		
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	3		SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	i-P	PA; SP
SYNTHROID	3		HUMIRA PEN-PS/UV STARTER		
TIROSINT	3		SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	i-P	PA; SP
Immunological Agents - Drugs for Immune System Stimulation or Suppression			HUMIRA PEN-PS/UV STARTER		
azathioprine oral	1		SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	i-P	PA; SP
CIMZIA PREFILLED KIT	i-P	PA; SP	HUMIRA		
CIMZIA STARTER KIT	i-P	PA; SP	SUBCUTANEOUS PREFILLED SYRINGE KIT	i-P	PA; SP
CIMZIA VIAL KIT	i-P	PA; SP	INFLECTRA	E	SP
COSENTYX 150 MG/ML	i-P	PA; 3P; SP	KEVZARA		
COSENTYX 300 DOSE	i-P	PA; 3P; SP	SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-P	PA; 3P; SP
COSENTYX SENSOREADY 300 DOSE	i-P	PA; 3P; SP	methotrexate oral	1	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	i-P	PA; 3P; SP	methotrexate sodium oral	1	
			mycophenolate mofetil oral capsule	1	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	Drug Name	Drug Tier	Notes
mycophenolate mofetil oral tablet	1	SP	XELJANZ ORAL TABLET 5 MG	3	PA; 3P; SP
mycophenolate sodium	1	SP	XELJANZ XR	3	PA; 3P; SP
OTEZLA ORAL TABLET	2	PA; SP	Immunological Agents - Drugs for Vaccination		
OTEZLA ORAL TABLET THERAPY PACK	2	PA; SP	AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PROGRAF ORAL	3	SP	FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	2	PA; QL	SHINGRIX	3	
REMICADE	i-P	PA; SP	Inflammatory Bowel Disease Agents		
SIMPONI ARIA	i-P	PA; SP	APRISO	2	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	i-P	PA; SP	ASACOL HD	E	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-P	PA; SP	CANASA	2	
STELARA INTRAVENOUS	i-P	PA; SP	DELZICOL	E	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	i-P	PA; SP	DIPENTUM	E	
tacrolimus oral	1	SP	LIALDA	E	
TALTZ	E	SP	mesalamine oral	1	
TREMFYA	i-P	PA; SP	PENTASA	3	
			PROCTOFOAM HC	2	
			sulfasalazine oral tablet	1	
			UCERIS	3	
			Metabolic Bone Disease Agents - Drugs for Osteoporosis		
			alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	1	
			alendronate sodium oral tablet 35 mg, 70 mg	1	QL
			BINOSTO	3	QL
			calcitriol oral capsule	1	

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
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	i-P	PA; SP
ibandronate sodium oral	1	QL
TYMLOS	i-P	PA; SP
Miscellaneous Therapeutic Agents		
BOTOX	i-NP	PA; Non-Cosmetic; SP
CETYLEV	3	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	i-P	PA; SP
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	i-P	PA; SP
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	i-P	PA; SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
BESIVANCE	3	
BROMSITE	E	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
ILEVRO	E	
ketorolac tromethamine ophthalmic	1	
MOXEZA	2	
moxifloxacin hcl ophthalmic	1	
NEVANAC	E	
ofloxacin ophthalmic	1	

Drug Name	Drug Tier	Notes
olopatadine hcl ophthalmic	1	
PAZEO	2	
prednisolone acetate ophthalmic	1	
PROLENSA	2	QL
tobramycin ophthalmic	1	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPTHALMIC SOLUTION 0.15 %	E	
AZOPT	2	
BETIMOL	3	
BETOPTIC-S	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT PF	3	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	QL
LUMIGAN OPTHALMIC SOLUTION 0.01 %	2	QL
RHOPRESSA	E	
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TIMOPTIC OCUDOSE	3	
TRAVATAN Z	2	QL
ZIOPTAN	E	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
LASTACAPT	3	ST

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

Drug Name	Drug Tier	Notes
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
polymyxin b-trimethoprim	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
TOBRADEX OPHTHALMIC SUSPENSION	E	
tobramycin-dexamethasone	1	
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	2	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
ASTEPRO NASAL SOLUTION 0.15 %	3	QL
azelastine hcl nasal	1	QL
benzonatate	1	
cetirizine hcl oral solution	1	
desloratadine oral tablet	1	
DYMISTA	2	QL
fluticasone propionate nasal	1	
hydrocodone polst-cpm polst er oral suspension extended release 10-8 mg/5ml	1	PA; QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	

Drug Name	Drug Tier	Notes
mometasone furoate nasal	1	QL
NASONEX	E	
OMNARIS	3	QL
promethazine hcl oral tablet	1	
promethazine-codeine oral syrup	1	PA; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
QNASL	3	QL
QNASL CHILDRENS	3	QL
XOLAIR	i-NP	PA; SP
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL
AIRDUO RESPICLICK 113/14	E	
AIRDUO RESPICLICK 232/14	E	
AIRDUO RESPICLICK 55/14	E	
albuterol sulfate inhalation	1	QL
ALVESCO	E	
ANORO ELLIPTA	2	QL
ARMONAIR RESPICLICK 113	E	
ARMONAIR RESPICLICK 232	E	
ARMONAIR RESPICLICK 55	E	

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

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	2	QL	EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	E	
ASMANEX 120 METERED DOSES	E		EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	E	
ASMANEX 14 METERED DOSES	E		FLOVENT DISKUS	2	QL
ASMANEX 30 METERED DOSES	E		FLOVENT HFA	2	QL
ASMANEX 60 METERED DOSES	E		INCRUSE ELLIPTA	2	QL
ASMANEX 7 METERED DOSES	E		ipratropium bromide inhalation	1	QL
ASMANEX HFA	E		ipratropium-albuterol	1	QL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	E		LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
BEVESPI AEROSPHERE	E		montelukast sodium oral tablet	1	
BREO ELLIPTA	2	QL	montelukast sodium oral tablet chewable	1	
budesonide inhalation	1	QL	PERFOROMIST	3	QL
COMBIVENT RESPIMAT	2	QL	PROAIR HFA	2	QL
DULERA	E		PROAIR RESPICLICK	2	QL
EPINEPHRINE INJECTION SOLUTION 0.3 MG/0.3ML	E	Made by Impax; M	PROVENTIL HFA	E	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	E	Made by Impax; M	PULMICORT FLEXHALER	2	QL
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	Made by Mylan	PULMICORT SUSPENSION	E	
			QVAR REDHALER	E	
			SEEBRI NEOHALER	E	
			SEREVENT DISKUS	2	QL
			SINGULAIR	E	
			SPIRIVA HANDHALER	2	QL
			SPIRIVA RESPIMAT	2	QL
			STIOLTO RESPIMAT	2	QL
			SYMBICORT	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
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	E	
UTIBRON NEOHALER	E	
VENTOLIN HFA	2	QL
XOPENEX HFA	E	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	2	SP
KITABIS PAK	E	SP
TOBI NEBULIZER	E	SP
TOBI PODHALER	E	SP
tobramycin nebulization solution 300 mg/5ml inhalation	1	ST; SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	M; SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	3	PA; SP; QL
ADEMPAS	2	PA; SP; QL
LETAIRIS	2	PA; SP; QL
OPSUMIT	2	PA; SP; QL
ORENITRAM	3	PA; SP
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TRACLEER	2	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
baclofen oral	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
LORZONE	3	

Drug Name	Drug Tier	Notes
metaxalone	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
eszopiclone	1	QL
LUNESTA	E	
modafinil	1	PA; QL
NUVIGIL	E	
SILENOR	3	QL
temazepam	1	QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL

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

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dexamethasone.....	27	venlafaxine hcl er.....	9	ZETIA.....	14
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TOVIAZ.....	20	VIAGRA.....	20	zolpidem tartrate er.....	29
TRACLEER.....	29	VIBERZI.....	20	ZOMACTON.....	22
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tramadol hcl.....	6	vienna.....	23	ZOMIG ZMT.....	10
tramadol-acetaminophen.....	6	VIIBRYD.....	9	zonisamide.....	9
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TREMFYA.....	25	VIMPAT.....	9	ZUBSOLV.....	7
TRESIBA FLEXTOUCH.....	19	VIOKACE.....	20	ZURAMPIC.....	10
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CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

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

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

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

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



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